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A bill to be entitled An act relating to child protection and child welfare services; amending s. 20.19, F.S.; requiring the Secretary of Children and Families to appoint an Assistant Secretary for Child Welfare; providing qualifications and responsibilities; revising duties, appointment, and membership of community alliances; amending s. 39.001, F.S.; revising the purposes of chapter 39, F.S.; requiring the Department of Children and Families to provide for certain services for medically complex children; amending s. 39.01, F.S.; providing, revising, and deleting definitions; creating s. 39.2015, F.S.; requiring the department to conduct specified investigations using critical incident rapid response teams; providing requirements for such investigations and for team membership; authorizing team access to specified information; requiring the cooperation of specified agencies and organizations; providing for reimbursement of team members; requiring the team to provide an investigation report; requiring the secretary to develop guidelines for investigations and provide team member training; requiring the secretary to appoint an advisory committee; requiring the committee to submit a report to the secretary; requiring the secretary to submit such report to the Governor and the

Page 1 of 122

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Legislature; creating s. 39.2022, F.S.; providing legislative intent; requiring the department to publish specified information on its website regarding the death of a child reported to the central abuse hotline; amending s. 39.301, F.S.; authorizing the use of safety plans in child protection investigations in cases of present or impending danger; providing requirements for implementation of a safety plan; providing conditions for filing a petition for dependency; amending s. 39.303, F.S.; requiring physician involvement when a child protection team evaluates a report of medical neglect of a medically complex child; creating s. 39.3068, F.S.; providing requirements for investigating medical neglect; providing duties of the department; amending s. 39.402, F.S.; requiring the department to make a reasonable effort to keep siblings together when they are placed in out-of-home care under certain circumstances; providing for sibling visitation under certain conditions; amending s. 39.501, F.S.; requiring compliance with a safety plan to be considered when deciding a petition for dependency; amending s. 39.604, F.S.; requiring certain children to attend a licensed early education or child care program; requiring the inclusion of attendance at a licensed early education or child care program in a

Page 2 of 122

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child's safety plan; amending s. 39.701, F.S.; requiring the court to consider contact among siblings in judicial reviews; authorizing the court to remove specified disabilities of nonage at judicial reviews; amending s. 39.802, F.S.; removing department authorization to sign a petition for termination of parental rights; amending s. 63.212, F.S.; requiring a person who places an advertisement for adoption services to provide specified information; amending s. 383.402, F.S.; requiring review of all child deaths reported to the department's central abuse hotline; revising the due date for a report; amending s. 402.40, F.S.; requiring a third-party credentialing entity to establish an advisory committee; authorizing the department to approve certification of specializations; creating s. 402.402, F.S.; providing definitions; providing education requirements for child protection and child welfare personnel; providing training requirements for department attorneys; creating s. 402.403, F.S.; establishing a tuition exemption program for child protective and child welfare personnel; providing eligibility requirements; creating s. 402.404, F.S.; establishing a student loan forgiveness program for child protective investigators and supervisors; providing eligibility requirements; authorizing community-based

Page 3 of 122

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care lead agencies to provide student loan forgiveness to case managers employed by a community-based care lead agency or its subcontractor; amending s. 409.165; enhancing provision of care to medically complex children; requiring a report to the Legislature on the provision of information by managed care plans; creating part V of chapter 409, F.S.; creating s. 409.986, F.S.; providing legislative findings and intent; providing child protection and child welfare outcome goals; providing definitions; creating s. 409.987, F.S.; providing for department procurement of community-based care lead agencies; providing requirements for contracting as a lead agency; creating s. 409.988, F.S.; providing duties of a community-based care lead agency; providing licensure requirements for a lead agency; specifying services provided by a lead agency; providing conditions for an agency or provider to act as a child's guardian; creating s. 409.990, F.S.; providing general funding provisions for lead agencies; providing for a matching grant program and the maximum amount of funds that may be awarded; requiring the department to develop and implement a community-based care risk pool initiative; providing requirements for the risk pool; transferring, renumbering, and amending s. 409.16713, F.S.; transferring provisions relating to the

Page 4 of 122

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allocation of funds for community-based lead care agencies; conforming a cross-reference; creating s. 409.992, F.S.; providing requirements for communitybased care lead agency expenditures; creating s. 409.993, F.S.; providing legislative findings; providing for lead agency and subcontractor liability; providing limitations on damages; transferring, renumbering, and amending s. 409.1675, F.S.; transferring provisions relating to receivership from community-based providers to lead agencies; conforming cross-references and terminology; creating s. 409.996, F.S.; providing duties of the department relating to community-based care and lead agencies; creating s. 409.997, F.S.; providing outcome goals for the department and specified entities with respect to delivery of child welfare services; requiring the department to issue a request for information for an accountability system; establishing requirements for the request for information; requiring an annual report to the Governor and Legislature; requiring the department to establish a technical advisory panel; requiring a report to the Governor and Legislature relating to procurement with respect to the child welfare results-oriented accountability system; creating s. 409.998, F.S.; providing for oversight of community-based care by community alliances; creating

Page 5 of 122

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s. 827.10, F.S.; providing definitions; establishing the criminal offense of unlawful abandonment of a child; providing criminal penalties; providing exceptions; creating s. 1004.615, F.S.; establishing the Florida Institute for Child Welfare; providing purpose, duties, and responsibilities of the institute; requiring the institute to contract and work with specified entities; providing for the administration of the institute; requiring a report to the Governor and the Legislature by a specified date; creating a task force; requiring the task force to establish workgroups on specified topics; amending s. 1009.25, F.S.; exempting specified child protective investigators and child protective investigation supervisors from certain tuition and fee requirements; repealing s. 409.1671, F.S., relating to outsourcing of foster care and related services; repealing s. 409.16745, F.S., relating to the community partnership matching grant program; amending ss. 39.201, 409.16713, 409.1675, 409.1676, 409.1677, 409.906, and 420.628, F.S.; conforming cross-references; providing appropriations and authorizing positions; providing an effective date. Be It Enacted by the Legislature of the State of Florida:

Page 6 of 122

Section 1. Subsections (3) through (5) of section 20.19, Florida Statutes, are renumbered as subsections (4) through (6), respectively, present subsections (2) and (4) are amended, and a new subsection (3) is added to that section, to read:

- 20.19 Department of Children and Families.—There is created a Department of Children and Families.
 - (2) SECRETARY OF CHILDREN AND FAMILIES; DEPUTY SECRETARY.-
- (a) The head of the department is the Secretary of Children and Families. The secretary is appointed by the Governor, subject to confirmation by the Senate. The secretary serves at the pleasure of the Governor.
- (b) The secretary shall appoint a deputy secretary who shall act in the absence of the secretary. The deputy secretary is directly responsible to the secretary, performs such duties as are assigned by the secretary, and serves at the pleasure of the secretary.
 - (3) ASSISTANT SECRETARIES.—
 - (a) Child welfare.-

- 1. The secretary shall appoint an Assistant Secretary for Child Welfare to lead the department in carrying out its duties and responsibilities for child protection and child welfare. The assistant secretary shall serve at the pleasure of the secretary.
- 2. The assistant secretary must have at least 7 years of experience working in organizations that deliver child protective or child welfare services.

Page 7 of 122

(b) Substance abuse and mental health.-

- (c)1. The secretary shall appoint an Assistant Secretary for Substance Abuse and Mental Health. The assistant secretary shall serve at the pleasure of the secretary and must have expertise in both areas of responsibility.
- 2. The secretary shall appoint a Director for Substance Abuse and Mental Health who has the requisite expertise and experience to head the state's Substance Abuse and Mental Health Program Office.

(5) (4) COMMUNITY ALLIANCES.—

- (a) The department shall, in consultation with local communities, establish a community alliance or similar group of the stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services. An alliance may cover more than one county when such arrangement is determined to provide for more effective representation. The community alliance shall represent the diversity of the community.
- (b) The duties of the community alliance include, but are not limited to:
- 1. Providing independent, community-focused oversight of child protection and child welfare services and the local system of community-based care, as described in s. 409.998.
- 2.1. Joint planning for resource utilization in the community, including resources appropriated to the department

Page 8 of 122

209 and any funds that local funding sources choose to provide.

210 3.2. Needs assessment and establishment of community 211 priorities for service delivery.

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- $\underline{4.3.}$ Determining community outcome goals to supplement state-required outcomes.
- $\underline{5.4.}$ Serving as a catalyst for community resource development.
- $\underline{6.5.}$ Providing for community education and advocacy on issues related to delivery of services.
 - 7.6. Promoting prevention and early intervention services.
- (c) The department shall ensure, to the greatest extent possible, that the formation of each community alliance builds on the strengths of the existing community human services infrastructure.
- (d) The initial membership of the community alliance in a county shall be composed of the following, who shall be appointed by the entities they represent:
- 1. A representative from the department, who shall serve as a nonvoting member.
 - 2. A representative from county government.
 - 3. A representative from the school district.
 - 4. A representative from the county United Way.
- 5. A representative from the county sheriff's office. <u>If</u> the county sheriff's office is providing child protective services, the representative shall serve as a nonvoting member.
 - 6. A representative from the circuit court corresponding

Page 9 of 122

235 to the county.

- 7. A representative from the county children's board, if one exists.
- 8. An advocate for persons receiving child protection and child welfare services chosen by the secretary.
- 9. A representative from the community-based care lead agency, who shall serve as a nonvoting member.
- (e) At any time after the initial meeting of the community alliance, the community alliance shall adopt bylaws and may increase the membership of the alliance to include the state attorney for the judicial circuit in which the community alliance is located, or his or her designee, the public defender for the judicial circuit in which the community alliance is located, or his or her designee, and other individuals and organizations who represent funding organizations, are community leaders, have knowledge of community-based service issues, or otherwise represent perspectives that will enable them to accomplish the duties listed in paragraph (b), if, in the judgment of the alliance, such change is necessary to adequately represent the diversity of the population within the community alliance service circuits.
- (f) A member of the community alliance, other than a member specified in paragraph (d), may not receive payment for contractual services from the department or a community-based care lead agency.
 - (g) Members of the community alliances shall serve without

Page 10 of 122

compensation, but are entitled to receive reimbursement for per diem and travel expenses, as provided in s. 112.061. Payment may also be authorized for preapproved child care expenses or lost wages for members who are consumers of the department's services and for preapproved child care expenses for other members who demonstrate hardship.

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- (h) Members of a community alliance are subject to the provisions of part III of chapter 112, the Code of Ethics for Public Officers and Employees.
- (i) Actions taken by a community alliance must be consistent with department policy and state and federal laws, rules, and regulations.
- (j) Alliance members shall annually submit a disclosure statement of services interests to the department's inspector general. Any member who has an interest in a matter under consideration by the alliance must abstain from voting on that matter.
- (k) All alliance meetings are open to the public pursuant to s. 286.011 and the public records provision of s. 119.07(1).
- Section 2. Paragraphs (b), (c), (g), and (k) of subsection
- (1) of section 39.001, Florida Statutes, are amended, paragraphs
- (o) and (p) are added to that subsection, paragraphs (f) through
- (h) of subsection (3) are redesignated as paragraphs (g) through
- (i), respectively, a new paragraph (f) is added to that
- subsection, present subsections (4) through (11) are renumbered
- as subsections (5) through (12), respectively, a new subsection

Page 11 of 122

(4) is added to that section, and paragraph (c) of present subsection (8) and paragraph (b) of present subsection (10) of that section are amended, to read:

39.001 Purposes and intent; personnel standards and screening.—

- (1) PURPOSES OF CHAPTER.—The purposes of this chapter are:
- (b) To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. Therefore, the Legislature finds that policies and procedures that provide for prevention and intervention through the department's child protection system should be based on the following principles:
- 1. The health and safety of the children served shall be of paramount concern.
- 2. The prevention and intervention should engage families in constructive, supportive, and nonadversarial relationships.
- 3. The prevention and intervention should intrude as little as possible into the life of the family, be focused on clearly defined objectives, and take the most parsimonious path to remedy a family's problems, keeping the safety of the child or children as the paramount concern.
- 4. The prevention and intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.

Page 12 of 122

(c) To provide a child protection system that reflects a partnership between the department, other agencies, the courts, law enforcement, service providers, and local communities.

- (g) To ensure that the parent or legal custodian from whose custody the child has been taken assists the department to the fullest extent possible in locating relatives suitable to serve as caregivers for the child and provides all medical and educational information, or consent for access thereto, needed to help the child.
- (k) To make every possible effort, <u>if</u> when two or more children who are in the care or under the supervision of the department are siblings, to place the siblings in the same home; and in the event of permanent placement of the siblings, to place them in the same adoptive home or, if the siblings are separated while under the care or supervision of the department or in a permanent placement, to keep them in contact with each other.
- (o) To preserve and strengthen families who are caring for medically complex children.
- (p) To provide protective investigations that are conducted by trained persons in a complete and fair manner, that are promptly concluded, and that consider the purposes of this subsection and the general protections provided by law relating to child welfare.
- (3) GENERAL PROTECTIONS FOR CHILDREN.—It is a purpose of the Legislature that the children of this state be provided with

Page 13 of 122

the following protections:

- (f) Access to sufficient supports and services for medically complex children to allow them to remain in the least restrictive and most nurturing environment, which includes services in an amount and scope comparable to those the child would receive in out-of-home care placement.
- department shall maintain a program of family-centered services and supports for medically complex children. The purpose of the program is to prevent abuse and neglect of medically complex children while enhancing the capacity of families to provide for their children's needs. Program services must include outreach, early intervention, and provision of other supports and services to meet the child's needs. The department shall collaborate with all relevant state and local agencies to provide the needed services.
 - (9) (8) OFFICE OF ADOPTION AND CHILD PROTECTION. -
 - (c) The office is authorized and directed to:
- 1. Oversee the preparation and implementation of the state plan established under subsection (10) (9) and revise and update the state plan as necessary.
- 2. Provide for or make available continuing professional education and training in the prevention of child abuse and neglect.
- 3. Work to secure funding in the form of appropriations, gifts, and grants from the state, the Federal Government, and

Page 14 of 122

other public and private sources in order to ensure that sufficient funds are available for the promotion of adoption, support of adoptive families, and child abuse prevention efforts.

- 4. Make recommendations pertaining to agreements or contracts for the establishment and development of:
- a. Programs and services for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.
- b. Training programs for the prevention of child abuse and neglect.
- c. Multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, young adults, and families.
 - d. Efforts to promote adoption.

- e. Postadoptive services to support adoptive families.
- 5. Monitor, evaluate, and review the development and quality of local and statewide services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect and shall publish and distribute an annual report of its findings on or before January 1 of each year to the Governor, the Speaker of the House of Representatives, the President of the Senate, the head of each state agency affected by the report, and the appropriate substantive committees of the Legislature. The report shall include:

Page 15 of 122

a. A summary of the activities of the office.

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- b. A summary of the adoption data collected and reported to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and the federal Administration for Children and Families.
- c. A summary of the child abuse prevention data collected and reported to the National Child Abuse and Neglect Data System (NCANDS) and the federal Administration for Children and Families.
- d. A summary detailing the timeliness of the adoption process for children adopted from within the child welfare system.
- e. Recommendations, by state agency, for the further development and improvement of services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.
- f. Budget requests, adoption promotion and support needs, and child abuse prevention program needs by state agency.
- 6. Work with the direct-support organization established under s. 39.0011 to receive financial assistance.
 - (11) (10) FUNDING AND SUBSEQUENT PLANS.—
- (b) The office and the other agencies and organizations listed in paragraph (10)(a)(9)(a) shall readdress the state plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than

Page 16 of 122

June 30 of each year divisible by 5. At least biennially, the office shall review the state plan and make any necessary revisions based on changing needs and program evaluation results. An annual progress report shall be submitted to update the state plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required under this section above.

Section 3. Subsections (28) through (76) of section 39.01, Florida Statutes, are renumbered as subsections (26) through (79), respectively, new subsections (31), (41), (59), (67), and (72) are added to that section, and present subsections (18), (22), (26), (27), (59), and (65) of that section are amended, to read:

- 39.01 Definitions.—When used in this chapter, unless the context otherwise requires:
- (18) "Comprehensive assessment" or "assessment" means the gathering of information for the evaluation of a child's and caregiver's physical, psychiatric, psychological, or mental health; developmental delays or challenges; and, educational,

Page 17 of 122

vocational, and social condition and family environment as they relate to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services, as appropriate.

- (22) "Diligent efforts by a parent" means a course of conduct which results in a meaningful change in the behavior of a parent that reduces reduction in risk to the child in the child's home to the extent that would allow the child may to be safely placed permanently back in the home as set forth in the case plan.
- (26) "District" means any one of the 15 service districts of the department established pursuant to s. 20.19.
- (27) "District administrator" means the chief operating officer of each service district of the department as defined in s. 20.19(5) and, where appropriate, includes any district administrator whose service district falls within the boundaries of a judicial circuit.
- (31) "Impending danger" means a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time.
- (41) "Medical neglect" means the failure to provide or the failure to allow needed care as recommended by a health care

Page 18 of 122

practitioner for a physical injury, illness, medical condition, or impairment, or the failure to seek timely and appropriate medical care for a serious health problem that a reasonable person would have recognized as requiring professional medical attention. Medical neglect does not occur if the parent or legal guardian of the child has made reasonable attempts to obtain necessary health care services or the immediate health condition giving rise to the allegation of neglect is a known and expected complication of the child's diagnosis or treatment and:

- (a) The recommended care offers limited net benefit to the child and the morbidity or other side effects of the treatment may be considered to be greater than the anticipated benefit; or
- (b) The parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations.
- (59) "Present danger" means a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child's safety.
- (60) (59) "Preventive services" means social services and other supportive and rehabilitative services provided to the parent or legal custodian of the child and to the child for the purpose of averting the removal of the child from the home or disruption of a family which will or could result in the

Page 19 of 122

placement of a child in foster care. Social services and other supportive and rehabilitative services shall promote the child's developmental needs and need for physical, mental, and emotional health and a safe, stable, living environment: T shall promote family autonomy: T and shall strengthen family life, whenever possible.

- (66) (65) "Reunification services" means social services and other supportive and rehabilitative services provided to the parent of the child, to the child, and, where appropriate, to the relative placement, nonrelative placement, or foster parents of the child, for the purpose of enabling a child who has been placed in out-of-home care to safely return to his or her parent at the earliest possible time. The health and safety of the child shall be the paramount goal of social services and other supportive and rehabilitative services. The services shall promote the child's need for physical, developmental, mental, and emotional health and a safe, stable, living environment; shall promote family autonomy; and shall strengthen family life, whenever possible.
- or impending danger using the least intrusive means appropriate to protect a child when a parent, caregiver, or legal custodian is unavailable, unwilling, or unable to do so.
 - (72) "Sibling" means:

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

Page 20 of 122

(b) A child who has lived together in a family with one or more other children whom he or she identifies as siblings.

Section 4. Section 39.2015, Florida Statutes, is created to read:

39.2015 Critical incident rapid response team.—

- investigation of deaths or other serious incidents involving children using critical incident rapid response teams as provided in subsection (2). The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.
- (2) An immediate onsite investigation conducted by a critical incident rapid response team is required for all child deaths reported to the department if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous 12 months. The secretary may direct an immediate investigation for other cases involving serious injury to a child.
- (3) Each investigation shall be conducted by a team of at least five professionals with expertise in child protection, child welfare, and organizational management. The team may consist of employees of the department, community-based care lead agencies, and other provider organizations; faculty from the institute consisting of public and private universities offering degrees in social work established pursuant to s.

Page 21 of 122

1004.615,; or any other person with the required expertise. The majority of the team must reside in judicial circuits outside the location of the incident. The secretary shall appoint the team leader and the members of each group assigned to an investigation.

- (4) An investigation shall be initiated as soon as possible, but not later than 2 business days after the case is reported to the department. A preliminary report on each case shall be provided to the secretary no later than 30 days after the investigation begins.
- (5) Each member of the team is authorized to access all information in the case file.
- (6) All employees of the department or other state agencies and all personnel from contracted provider organizations must cooperate with the investigation by participating in interviews and timely responding to any requests for information. However, records or information of contracted provider organizations that are made confidential or privileged by state or federal law may be shared among team members but not outside the team.
- (7) The secretary shall develop cooperative agreements with other entities and organizations as necessary to facilitate the work of the team.
- (8) The members of the team may be reimbursed by the department for per diem, mileage, and other reasonable expenses as provided in s. 112.061. The department may also reimburse the

Page 22 of 122

team member's employer for the associated salary and benefits during the time the team member is fulfilling the duties required under this section.

- (9) Upon completion of the investigation, the department shall make the team's final report available on its website.
- established pursuant to s. 1004.615 shall develop guidelines for investigations conducted by critical incident rapid response teams and provide training to team members. Such guidelines must direct the teams in the conduct of a root-cause analysis that identifies, classifies, and attributes responsibility for both direct and latent causes for the death or other incident, including organizational factors, preconditions, and specific acts or omissions resulting from either error or a violation of procedures. The department shall ensure that each team member receives training on the guidelines before conducting an investigation.
- (11) The secretary shall appoint an advisory committee to conduct an independent review of investigative reports from the critical incident rapid response teams and make recommendations to improve policies and practices related to child protection and child welfare services. The advisory committee shall include, but not be limited to, a representative from the institute established pursuant to s. 1004.615, an expert in organizational management, the statewide medical director for child protection or a designee, and an attorney with experience

Page 23 of 122

599	in child welfare. By October 1 of each year, the advisory
600	committee shall submit a report to the secretary that includes
601	findings and recommendations. The secretary shall submit the
602	report to the Governor, the President of the Senate, and the
603	Speaker of the House of Representatives.
604	Section 5. Section 39.2022, Florida Statutes, is created
605	to read:
606	39.2022 Public disclosure of reported child deaths.
607	(1) It is the intent of the Legislature to provide prompt
608	disclosure of the basic facts of all deaths of children from
609	birth through 18 years of age that occur in this state and that
610	are reported to the department's central abuse hotline.
611	Disclosure shall be posted on the department's public website.
612	This section does not limit the public access to records under
613	any other provision of law.
614	(2) If a child death is reported to the central abuse
615	hotline, the department shall post on its website all of the
616	<pre>following:</pre>
617	(a) Age, race, and gender of the child.
618	(b) Date of the child's death.
619	(c) Allegations of the cause of death or the preliminary
620	cause of death, until verified, at which time the verified cause
621	of death shall also be posted.
622	(d) County and placement of the child at the time of the
623	incident leading to the child's death, if applicable.
624	(e) Name of the community-based care lead agency, case

Page 24 of 122

management agency, or out-of-home licensing agency involved with the child, family, or licensed caregiver, if applicable.

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

- Section 6. Subsections (9) and (14) of section 39.301, Florida Statutes, are amended to read:
 - 39.301 Initiation of protective investigations.-
- (9) (a) For each report received from the central abuse hotline and accepted for investigation, the department or the sheriff providing child protective investigative services under s. 39.3065, shall perform the following child protective investigation activities to determine child safety:
- 1. Conduct a review of all relevant, available information specific to the child and family and alleged maltreatment; family child welfare history; local, state, and federal criminal records checks; and requests for law enforcement assistance provided by the abuse hotline. Based on a review of available information, including the allegations in the current report, a determination shall be made as to whether immediate consultation should occur with law enforcement, the child protection team, a domestic violence shelter or advocate, or a substance abuse or mental health professional. Such consultations should include discussion as to whether a joint response is necessary and feasible. A determination shall be made as to whether the person making the report should be contacted before the face-to-face interviews with the child and family members.

Page 25 of 122

2. Conduct face-to-face interviews with the child; other siblings, if any; and the parents, legal custodians, or caregivers.

- 3. Assess the child's residence, including a determination of the composition of the family and household, including the name, address, date of birth, social security number, sex, and race of each child named in the report; any siblings or other children in the same household or in the care of the same adults; the parents, legal custodians, or caregivers; and any other adults in the same household.
- 4. Determine whether there is any indication that any child in the family or household has been abused, abandoned, or neglected; the nature and extent of present or prior injuries, abuse, or neglect, and any evidence thereof; and a determination as to the person or persons apparently responsible for the abuse, abandonment, or neglect, including the name, address, date of birth, social security number, sex, and race of each such person.
- 5. Complete assessment of immediate child safety for each child based on available records, interviews, and observations with all persons named in subparagraph 2. and appropriate collateral contacts, which may include other professionals. The department's child protection investigators are hereby designated a criminal justice agency for the purpose of accessing criminal justice information to be used for enforcing this state's laws concerning the crimes of child abuse,

Page 26 of 122

abandonment, and neglect. This information shall be used solely for purposes supporting the detection, apprehension, prosecution, pretrial release, posttrial release, or rehabilitation of criminal offenders or persons accused of the crimes of child abuse, abandonment, or neglect and may not be further disseminated or used for any other purpose.

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Document the present and impending dangers to each child based on the identification of inadequate protective capacity through utilization of a standardized safety assessment instrument. If present or impending danger is identified, the child protective investigator must implement a safety plan that is specific, sufficient, feasible, and <u>sustainable in response</u> to the realities of the present or impending danger. A safety plan may be exclusively an in-home plan, an out-of-home plan, or a combination of both. The child protective investigator shall collaborate with the community-based care lead agency in the development of the safety plan as necessary to ensure that the safety plan is specific, sufficient, feasible, and sustainable. A safety plan may not rely on promissory commitments by the parent, caregiver, or legal custodian who is currently not able to protect the child or on services that are not available or will not result in the safety of the child. A safety plan may not be implemented if for any reason the parents, guardian, or legal custodian lacks the capacity or ability to comply with the plan. If the department is not able to develop a plan that is specific, sufficient, feasible, and sustainable, the department

Page 27 of 122

shall file a petition for adjudication of dependency. A child protective investigator shall support the implementation of separate safety plans for the perpetrator of domestic violence and the parent who is a victim of domestic violence, as defined in s. 741.28. The safety plan for the parent who is a victim of domestic violence shall not be shared with the perpetrator. The child protective investigator shall monitor the implementation of the plan as necessary to ensure child safety until the case is transferred to the lead agency, at which time the lead agency shall monitor the implementation. If a parent, guardian, or legal custodian fails to comply with the safety plan, the department shall file a petition for adjudication of dependency.

- <u>a. If present danger is identified, the child protective</u>

 <u>investigator shall create and implement a safety plan before</u>

 leaving the home or the location where there is present danger.
- b. If impending danger is identified, the child protective investigator shall create and implement a safety plan as soon as necessary to protect the safety of the child. The child protective investigator may modify the plan if he or she identifies additional impending danger.
- (b) Upon completion of the immediate safety assessment, the department shall determine the additional activities necessary to assess impending dangers, if any, and close the investigation.
- (b)(c) For each report received from the central abuse hotline, the department or the sheriff providing child

Page 28 of 122

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protective investigative services under s. 39.3065, shall determine the protective, treatment, and ameliorative services necessary to safeguard and ensure the child's safety and wellbeing and development, and cause the delivery of those services through the early intervention of the department or its agent. As applicable, child protective investigators must inform parents and caregivers how and when to use the injunction process under s. 741.30 to remove a perpetrator of domestic violence from the home as an intervention to protect the child. 1. If the department or the sheriff providing child protective investigative services determines that the interests of the child and the public will be best served by providing the child care or other treatment voluntarily accepted by the child and the parents or legal custodians, the parent or legal custodian and child may be referred for such care, case management, or other community resources.

- 2. If the department or the sheriff providing child protective investigative services determines that the child is in need of protection and supervision, the department may file a petition for dependency.
- 3. If a petition for dependency is not being filed by the department, the person or agency originating the report shall be advised of the right to file a petition pursuant to this part.
- 4. At the close of an investigation, the department or the sheriff providing child protective services shall provide to the person who is alleged to have caused the abuse, neglect, or

Page 29 of 122

abandonment and the parent or legal custodian a summary of findings from the investigation and provide information about their right to access confidential reports in accordance with s. 39.202.

- (14) (a) If the department or its agent determines that a child requires immediate or long-term protection through:
 - 1. medical or other health care; or

- 2. homemaker care, day care, protective supervision, or other services to stabilize the home environment, including intensive family preservation services through the Intensive Crisis Counseling Program, such services shall first be offered for voluntary acceptance unless:
- 1. There are high-risk factors that may impact the ability of the parents or legal custodians to exercise judgment. Such factors may include the parents' or legal custodians' young age or history of substance abuse, mental illness, or domestic violence; or
- 2. There is a high likelihood of lack of compliance with voluntary services, and such noncompliance would result in the child being unsafe.
- (b) The parents or legal custodians shall be informed of the right to refuse services, as well as the responsibility of the department to protect the child regardless of the acceptance or refusal of services. If the services are refused, a collateral contact shall include a relative, if the protective investigator has knowledge of and the ability to contact a

Page 30 of 122

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relative. If the services are refused and the department deems that the child's need for protection so requires services, the department shall take the child into protective custody or petition the court as provided in this chapter. At any time after the commencement of a protective investigation, a relative may submit in writing to the protective investigator or case manager a request to receive notification of all proceedings and hearings in accordance with s. 39.502. The request shall include the relative's name, address, and phone number and the relative's relationship to the child. The protective investigator or case manager shall forward such request to the attorney for the department. The failure to provide notice to either a relative who requests it pursuant to this subsection or to a relative who is providing out-of-home care for a child may not result in any previous action of the court at any stage or proceeding in dependency or termination of parental rights under any part of this chapter being set aside, reversed, modified, or in any way changed absent a finding by the court that a change is required in the child's best interests.

- (c) The department, in consultation with the judiciary, shall adopt by rule:
- 1. Criteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review. Such factors must include, but are not limited to,

Page 31 of 122

noncompliance with a safety plan or the case plan developed by the department, or its agent, and the family under this chapter, and prior abuse reports with findings that involve the child, the child's sibling, or the child's caregiver.

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- 2. Requirements that if after an administrative review the department determines not to take the child into custody or petition the court, the department shall document the reason for its decision in writing and include it in the investigative file. For all cases that were accepted by the local law enforcement agency for criminal investigation pursuant to subsection (2), the department must include in the file written documentation that the administrative review included input from law enforcement. In addition, for all cases that must be referred to child protection teams pursuant to s. 39.303(2) and (3), the file must include written documentation that the administrative review included the results of the team's evaluation. Factors that must be included in the development of the rule include noncompliance with the case plan developed by the department, or its agent, and the family under this chapter and prior abuse reports with findings that involve the child or caregiver.
- Section 7. Section 39.303, Florida Statutes, is amended to read:
- 39.303 Child protection teams; services; eligible cases.—
 The Children's Medical Services Program in the Department of
 Health shall develop, maintain, and coordinate the services of

Page 32 of 122

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one or more multidisciplinary child protection teams in each of the service districts of the Department of Children and Families Family Services. Such teams may be composed of appropriate representatives of school districts and appropriate health, mental health, social service, legal service, and law enforcement agencies. The Legislature finds that optimal coordination of child protection teams and sexual abuse treatment programs requires collaboration between The Department of Health and the Department of Children and Families Family Services. The two departments shall maintain an interagency agreement that establishes protocols for oversight and operations of child protection teams and sexual abuse treatment programs. The State Surgeon General and the Deputy Secretary for Children's Medical Services, in consultation with the Secretary of Children and Families Family Services, shall maintain the responsibility for the screening, employment, and, if necessary, the termination of child protection team medical directors, at headquarters and in the 15 districts. Child protection team medical directors shall be responsible for oversight of the teams in the districts.

(1) The Department of Health shall <u>use utilize</u> and convene the teams to supplement the assessment and protective supervision activities of the family safety and preservation program of the Department of Children and <u>Families Family</u>

Services. Nothing in This section <u>does not shall be construed to</u> remove or reduce the duty and responsibility of any person to

Page 33 of 122

report pursuant to this chapter all suspected or actual cases of child abuse, abandonment, or neglect or sexual abuse of a child. The role of the teams shall be to support activities of the program and to provide services deemed by the teams to be necessary and appropriate to abused, abandoned, and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a child protection team shall be capable of providing include, but are not limited to, the following:

- (a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services, as needed, and documentation of <u>related</u> findings relative thereto.
- (b) Telephone consultation services in emergencies and in other situations.
- (c) Medical evaluation related to abuse, abandonment, or neglect, as defined by policy or rule of the Department of Health.
- (d) Such psychological and psychiatric diagnosis and evaluation services for the child or the child's parent or parents, legal custodian or custodians, or other caregivers, or any other individual involved in a child abuse, abandonment, or neglect case, as the team may determine to be needed.
- (e) Expert medical, psychological, and related professional testimony in court cases.
 - (f) Case staffings to develop treatment plans for children

Page 34 of 122

whose cases have been referred to the team. A child protection team may provide consultation with respect to a child who is alleged or is shown to be abused, abandoned, or neglected, which consultation shall be provided at the request of a representative of the family safety and preservation program or at the request of any other professional involved with a child or the child's parent or parents, legal custodian or custodians, or other caregivers. In every such child protection team case staffing, consultation, or staff activity involving a child, a family safety and preservation program representative shall attend and participate.

- (g) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.
- (h) Such training services for program and other employees of the Department of Children and Families Family Services, employees of the Department of Health, and other medical professionals as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse, abandonment, and neglect cases.
- (i) Educational and community awareness campaigns on child abuse, abandonment, and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse, abandonment, and neglect in the community.
- (j) Child protection team assessments that include, as appropriate, medical evaluations, medical consultations, family

Page 35 of 122

psychosocial interviews, specialized clinical interviews, or forensic interviews.

- All medical personnel participating on a child protection team must successfully complete the required child protection team training curriculum as set forth in protocols determined by the Deputy Secretary for Children's Medical Services and the Statewide Medical Director for Child Protection. A child protection team that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child shall involve a physician who has experience in treating children with the same condition. Such physician may include, but not be limited to, a physician who is a member of the child protection team, the child's treating physician, a physician
- (2) The child abuse, abandonment, and neglect reports that must be referred by the department to child protection teams of the Department of Health for an assessment and other appropriate available support services as set forth in subsection (1) must include cases involving:

within the Children's Medical Services network, or a specialist.

- (a) Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
 - (b) Bruises anywhere on a child 5 years of age or under.
 - (c) Any report alleging sexual abuse of a child.
- 935 (d) Any sexually transmitted disease in a prepubescent 936 child.

Page 36 of 122

(e) Reported malnutrition of a child and failure of a child to thrive.

(f) Reported medical neglect of a child.

- (g) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
- (h) Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.
- (3) All abuse and neglect cases transmitted for investigation to a district by the hotline must be simultaneously transmitted to the Department of Health child protection team for review. For the purpose of determining whether face-to-face medical evaluation by a child protection team is necessary, all cases transmitted to the child protection team which meet the criteria in subsection (2) must be timely reviewed by:
- (a) A physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a child protection team;
- (b) A physician licensed under chapter 458 or chapter 459 who holds board certification in a specialty other than pediatrics, who may complete the review only when working under the direction of a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a

Page 37 of 122

member of a child protection team;

- (c) An advanced registered nurse practitioner licensed under chapter 464 who has a <u>specialty</u> speciality in pediatrics or family medicine and is a member of a child protection team;
- (d) A physician assistant licensed under chapter 458 or chapter 459, who may complete the review only when working under the supervision of a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a child protection team; or
- (e) A registered nurse licensed under chapter 464, who may complete the review only when working under the direct supervision of a physician licensed under chapter 458 or chapter 459 who holds certification in pediatrics and is a member of a child protection team.
- (4) A face-to-face medical evaluation by a child protection team is not necessary when:
- (a) The child was examined for the alleged abuse or neglect by a physician who is not a member of the child protection team, and a consultation between the child protection team board-certified pediatrician, advanced registered nurse practitioner, physician assistant working under the supervision of a child protection team board-certified pediatrician, or registered nurse working under the direct supervision of a child protection team board-certified pediatrician, and the examining physician concludes that a further medical evaluation is unnecessary;

Page 38 of 122

(b) The child protective investigator, with supervisory approval, has determined, after conducting a child safety assessment, that there are no indications of injuries as described in paragraphs (2)(a)-(h) as reported; or

- (c) The child protection team board-certified pediatrician, as authorized in subsection (3), determines that a medical evaluation is not required.
- Notwithstanding paragraphs (a), (b), and (c), a child protection team pediatrician, as authorized in subsection (3), may determine that a face-to-face medical evaluation is necessary.
- (5) In all instances in which a child protection team is providing certain services to abused, abandoned, or neglected children, other offices and units of the Department of Health, and offices and units of the Department of Children and <u>Families</u> Family Services, shall avoid duplicating the provision of those services.
- assurance program and the Family Safety Program Office of the Department of Children and Families Family Services' Family Safety Program Office quality assurance program shall collaborate to ensure referrals and responses to child abuse, abandonment, and neglect reports are appropriate. Each quality assurance program shall include a review of records in which there are no findings of abuse, abandonment, or neglect, and the findings of these reviews shall be included in each department's

Page 39 of 122

quality assurance reports.

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Section 8. Section 39.3068, Florida Statutes, is created to read:

39.3068 Reports of medical neglect.-

- (1) Upon receiving a report alleging medical neglect, the department or sheriff's office shall assign the case to a child protective investigator who has specialized training in addressing medical neglect or working with medically complex children.
- (2) The child protective investigator who has interacted with the child and the child's family shall promptly contact and provide information to the child protection team. The child protection team shall assist the child protective investigator in identifying immediate responses to address the medical needs of the child with the priority of maintaining the child in the home if the parents will be able to meet the needs of the child with additional services. The child protective investigator and the child protection team must use a family-centered approach to assess the capacity of the family to meet those needs. A familycentered approach is intended to increase independence on the part of the family, accessibility to programs and services within the community, and collaboration between families and their service providers. The ethnic, cultural, economic, racial, social, and religious diversity of families must be respected and considered in the development and provision of services.

Page 40 of 122

The child shall be evaluated by the child protection

team as soon as practicable. After receipt of the report from the child protection team, the department shall convene a case staffing which shall be attended, at a minimum, by the child protective investigator; department legal staff; and representatives from the child protection team that evaluated the child, Children's Medical Services, the Agency for Health Care Administration, the community-based care lead agency, and any providers of services to the child. However, the Agency for Health Care Administration is not required to attend the staffing if the child is not Medicaid-eligible. The staffing shall consider, at a minimum, which services are available, given the family's eligibility for services, which services are effective in addressing conditions leading to medical neglect allegations, and which services would enable the child to safely remain at home. If such services are available and effective, they shall be provided.

Section 9. Paragraph (h) of subsection (8) and subsection (9) of section 39.402, Florida Statutes, are amended to read:

39.402 Placement in a shelter.—

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- (h) The order for placement of a child in shelter care must identify the parties present at the hearing and must contain written findings:
- 1. That placement in shelter care is necessary based on the criteria in subsections (1) and (2).
 - 2. That placement in shelter care is in the best interest

Page 41 of 122

1067 of the child.

- 3. That continuation of the child in the home is contrary to the welfare of the child because the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services.
- 4. That based upon the allegations of the petition for placement in shelter care, there is probable cause to believe that the child is dependent or that the court needs additional time, which may not exceed 72 hours, in which to obtain and review documents pertaining to the family in order to appropriately determine the risk to the child.
- 5. That the department has made reasonable efforts to prevent or eliminate the need for removal of the child from the home. A finding of reasonable effort by the department to prevent or eliminate the need for removal may be made and the department is deemed to have made reasonable efforts to prevent or eliminate the need for removal if:
- a. The first contact of the department with the family occurs during an emergency;
- b. The appraisal of the home situation by the department indicates that the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services;
 - c. The child cannot safely remain at home, either because

Page 42 of 122

there are no preventive services that can ensure the health and safety of the child or because, even with appropriate and available services being provided, the health and safety of the child cannot be ensured; or

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

- 6. That the department has made reasonable efforts to keep siblings together if they are removed and placed in out-of-home care unless such placement is not in the best interest of each child. The department shall report to the court its efforts to place siblings together unless the court finds that such placement is not in the best interest of a child or his or her sibling.
- 7.6. That the court notified the parents, relatives that are providing out-of-home care for the child, or legal custodians of the time, date, and location of the next dependency hearing and of the importance of the active participation of the parents, relatives that are providing out-of-home care for the child, or legal custodians in all proceedings and hearings.
- 8.7. That the court notified the parents or legal custodians of their right to counsel to represent them at the shelter hearing and at each subsequent hearing or proceeding, and the right of the parents to appointed counsel, pursuant to the procedures set forth in s. 39.013.

Page 43 of 122

9.8. That the court notified relatives who are providing out-of-home care for a child as a result of the shelter petition being granted that they have the right to attend all subsequent hearings, to submit reports to the court, and to speak to the court regarding the child, if they so desire.

- (9) (a) At any shelter hearing, the department shall provide to the court a recommendation for scheduled contact between the child and parents, if appropriate. The court shall determine visitation rights absent a clear and convincing showing that visitation is not in the best interest of the child. Any order for visitation or other contact must conform to the provisions of s. 39.0139. If visitation is ordered but will not commence within 72 hours of the shelter hearing, the department shall provide justification to the court.
- (b) If siblings who are removed from the home cannot be placed together, the department shall provide to the court a recommendation for frequent visitation or other ongoing interaction between 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 department shall provide justification to the court for the delay.
- Section 10. Paragraph (d) of subsection (3) of section 39.501, Florida Statutes, is amended to read:
- 39.501 Petition for dependency.—

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Page 44 of 122

1145	(d)	The	petitioner	must	state	in	the	petition,	if	known
1146	whether:									

- 1. A parent or legal custodian named in the petition has previously unsuccessfully participated in voluntary services offered by the department;
- 2. A parent or legal custodian named in the petition has participated in mediation and whether a mediation agreement exists;
- 3. A parent or legal custodian has rejected the voluntary services offered by the department;
- 4. A parent or legal custodian named in the petition has not fully complied with a safety plan; or
- 5.4. The department has determined that voluntary services are not appropriate for the parent or legal custodian and the reasons for such determination.

If the department is the petitioner, it shall provide all safety assessments and safety plans involving the parent or legal custodian to the court.

Section 11. Subsections (3) and (4) of section 39.604, Florida Statutes, are amended to read:

- 39.604 Rilya Wilson Act; short title; legislative intent; requirements; attendance and reporting responsibilities.—
- (3) REQUIREMENTS.—A child from birth to the age of who is age 3 years to school entry, under court-ordered court ordered protective supervision or in the custody of the Family Safety

Page 45 of 122

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Program Office of the Department of Children and Families Family Services or a community-based lead agency, and enrolled in a licensed early education or child care program must attend be enrolled to participate in the program 5 days a week. Notwithstanding the requirements of s. 39.202, the Department of Children and Families Family Services must notify operators of the licensed early education or child care program, subject to the reporting requirements of this act, of the enrollment of any child from birth to the age of age 3 years to school entry, under court-ordered court ordered protective supervision or in the custody of the Family Safety Program Office of the Department of Children and Families Family Services or a community-based lead agency. When a child is enrolled in an early education or child care program regulated by the department, the child's attendance in the program must be a required action in the safety plan or the case plan developed for the a child pursuant to this chapter who is enrolled in a licensed early education or child care program must contain the participation in this program as a required action. An exemption to participating in the licensed early education or child care program 5 days a week may be granted by the court.

- (4) ATTENDANCE AND REPORTING REQUIREMENTS.-
- (a) A child enrolled in a licensed early education or child care program who meets the requirements of subsection (3) may not be withdrawn from the program without the prior written approval of the Family Safety Program Office of the Department

Page 46 of 122

of Children and <u>Families</u> <u>Family Services</u> or the community-based lead agency.

- (b)1. If a child covered by this section is absent from the program on a day when he or she is supposed to be present, the person with whom the child resides must report the absence to the program by the end of the business day. If the person with whom the child resides, whether the parent or caregiver, fails to timely report the absence, the absence is considered to be unexcused. The program shall report any unexcused absence or seven consecutive excused absences of a child who is enrolled in the program and covered by this act to the local designated staff of the Family Safety Program Office of the Department of Children and Families Family Services or the community-based lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.
- 2. The department or community-based lead agency shall conduct a site visit to the residence of the child upon receiving a report of two consecutive unexcused absences or seven consecutive excused absences.
- 3. If the site visit results in a determination that the child is missing, the department or community-based lead agency shall report the child as missing to a law enforcement agency and proceed with the necessary actions to locate the child pursuant to procedures for locating missing children.
- 4. If the site visit results in a determination that the child is not missing, the parent or caregiver shall be notified

Page 47 of 122

that failure to ensure that the child attends the licensed early education or child care program is a violation of the <u>safety</u> <u>plan or the</u> case plan. If more than two site visits are conducted pursuant to this subsection, staff shall initiate action to notify the court of the parent or caregiver's noncompliance with the case plan.

Section 12. Paragraph (c) of subsection (2) and paragraph (a) of subsection (3) of section 39.701, Florida Statutes, are amended to read:

39.701 Judicial review.-

- (2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF AGE.—
- (c) Review determinations.—The court and any citizen review panel shall take into consideration the information contained in the social services study and investigation and all medical, psychological, and educational records that support the terms of the case plan; testimony by the social services agency, the parent, the foster parent or legal custodian, the guardian ad litem or surrogate parent for educational decisionmaking if one has been appointed for the child, and any other person deemed appropriate; and any relevant and material evidence submitted to the court, including written and oral reports to the extent of their probative value. These reports and evidence may be received by the court in its effort to determine the action to be taken with regard to the child and may be relied upon to the extent of their probative value, even though not

Page 48 of 122

competent in an adjudicatory hearing. In its deliberations, the court and any citizen review panel shall seek to determine:

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

- 2. If the parent has been advised of the right to have counsel present at the judicial review or citizen review hearings. If not so advised, the court or citizen review panel shall advise the parent of such right.
- 3. If a guardian ad litem needs to be appointed for the child in a case in which a guardian ad litem has not previously been appointed or if there is a need to continue a guardian ad litem in a case in which a guardian ad litem has been appointed.
- 4. Who holds the rights to make educational decisions for the child. If appropriate, the court may refer the child to the district school superintendent for appointment of a surrogate parent or may itself appoint a surrogate parent under the Individuals with Disabilities Education Act and s. 39.0016.
- 5. The compliance or lack of compliance of all parties with applicable items of the case plan, including the parents' compliance with child support orders.
- 6. The compliance or lack of compliance with a visitation contract between the parent and the social service agency for contact with the child, including the frequency, duration, and results of the parent-child visitation and the reason for any noncompliance.

Page 49 of 122

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

- 8.7. The compliance or lack of compliance of the parent in meeting specified financial obligations pertaining to the care of the child, including the reason for failure to comply, if applicable such is the case.
- 9.8. Whether the child is receiving safe and proper care according to s. 39.6012, including, but not limited to, the appropriateness of the child's current placement, including whether the child is in a setting that is as family-like and as close to the parent's home as possible, consistent with the child's best interests and special needs, and including maintaining stability in the child's educational placement, as documented by assurances from the community-based care provider that:
- a. The placement of the child takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement.
- b. The community-based care agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement.
 - 10.9. A projected date likely for the child's return home

Page 50 of 122

or other permanent placement.

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

- 12.11. For a child who has reached 13 years of age but is not yet 18 years of age, the adequacy of the child's preparation for adulthood and independent living.
- 13.12. If amendments to the case plan are required. Amendments to the case plan must be made under s. 39.6013.
 - (3) REVIEW HEARINGS FOR CHILDREN 17 YEARS OF AGE.-
- (a) In addition to the review and report required under paragraphs (1)(a) and (2)(a), respectively, the court shall hold a judicial review hearing within 90 days after a child's 17th birthday. The court shall also issue an order, separate from the order on judicial review, that the disability of nonage of the child has been removed pursuant to ss. 743.044, 743.045, and 743.046, and for any of these disabilities that the court finds is in the child's best interest to remove. The court s. 743.045 and shall continue to hold timely judicial review hearings. If necessary, the court may review the status of the child more frequently during the year before the child's 18th birthday. At each review hearing held under this subsection, in addition to any information or report provided to the court by the foster parent, legal custodian, or guardian ad litem, the child shall

Page 51 of 122

be given the opportunity to address the court with any information relevant to the child's best interest, particularly in relation to independent living transition services. The department shall include in the social study report for judicial review written verification that the child has:

- 1. A current Medicaid card and all necessary information concerning the Medicaid program sufficient to prepare the child to apply for coverage upon reaching the age of 18, if such application is appropriate.
- 2. A certified copy of the child's birth certificate and, if the child does not have a valid driver license, a Florida identification card issued under s. 322.051.
- 3. A social security card and information relating to social security insurance benefits if the child is eligible for those benefits. If the child has received such benefits and they are being held in trust for the child, a full accounting of these funds must be provided and the child must be informed as to how to access those funds.
- 4. All relevant information related to the Road-to-Independence Program, including, but not limited to, eligibility requirements, information on participation, and assistance in gaining admission to the program. If the child is eligible for the Road-to-Independence Program, he or she must be advised that he or she may continue to reside with the licensed family home or group care provider with whom the child was residing at the time the child attained his or her 18th birthday, in another

Page 52 of 122

licensed family home, or with a group care provider arranged by the department.

- 5. An open bank account or the identification necessary to open a bank account and to acquire essential banking and budgeting skills.
- 1358 6. Information on public assistance and how to apply for public assistance.
- 7. A clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and the educational program or school in which he or she will be enrolled.
- 8. Information related to the ability of the child to remain in care until he or she reaches 21 years of age under s. 39.013.
- 9. A letter providing the dates that the child is under the jurisdiction of the court.
- 1369 10. A letter stating that the child is in compliance with 1370 financial aid documentation requirements.
 - 11. The child's educational records.
- 1372 12. The child's entire health and mental health records.
 - 13. The process for accessing his or her case file.
- 1374 14. A statement encouraging the child to attend all judicial review hearings occurring after the child's 17th
- 1376 birthday.

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Section 13. Subsection (2) of section 39.802, Florida
1378 Statutes, is amended to read:

Page 53 of 122

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

- (2) The form of the petition is governed by the Florida Rules of Juvenile Procedure. The petition must be in writing and signed by the petitioner or, if the department is the petitioner, by an employee of the department, under oath stating the petitioner's good faith in filing the petition.
- Section 14. Paragraph (g) of subsection (1) of section 1387 63.212, Florida Statutes, is amended to read:
 - 63.212 Prohibited acts; penalties for violation.-
 - (1) It is unlawful for any person:

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- (g) Except an adoption entity, to advertise or offer to the public, in any way, by any medium whatever that a minor is available for adoption or that a minor is sought for adoption; and, further, it is unlawful for any person to publish or broadcast any such advertisement or assist an unlicensed person or entity in publishing or broadcasting any such advertisement without including a Florida license number of the agency or attorney placing the advertisement.
- 1. Only a person who is an attorney licensed to practice law in this state or an adoption entity licensed under the laws of this state may place a paid advertisement or paid listing of the person's telephone number, on the person's own behalf, in a telephone directory that:
 - a. A child is offered or wanted for adoption; or
 - b. The person is able to place, locate, or receive a child

Page 54 of 122

1405 for adoption.

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- 2. A person who publishes a telephone directory that is distributed in this state:
- a. shall include, at the beginning of any classified heading for adoption and adoption services, a statement that informs directory users that only attorneys licensed to practice law in this state and licensed adoption entities may legally provide adoption services under state law.
- 3.b. A person who places may publish an advertisement described in subparagraph 1. in <u>a</u> the telephone directory <u>mustinclude</u> only if the advertisement contains the following <u>information</u>:
- (I) For an attorney licensed to practice law in this state, the person's Florida Bar number.
- (II) For a child placing agency licensed under the laws of this state, the number on the person's adoption entity license.
- Section 15. Subsection (1) and paragraph (c) of subsection (3) of section 383.402, Florida Statutes, are amended to read:
- 383.402 Child abuse death review; State Child Abuse Death
- 1424 Review Committee; local child abuse death review committees.-
 - (1) It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency child abuse death assessment and prevention system that consists of state and local review committees. The state and local review committees shall review the facts and circumstances of all deaths of children from birth through age 18 which occur in this state and

Page 55 of 122

are reported to the central abuse hotline of the Department of Children and Families as the result of verified child abuse or neglect. The purpose of the review shall be to:

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

- (b) Whenever possible, develop a communitywide approach to address such cases and contributing factors.
- (c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.
- (d) Make and implement recommendations for changes in law, rules, and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.
 - (3) The State Child Abuse Death Review Committee shall:
- and causes of death resulting from <u>reported</u> child abuse in the state during the prior calendar year. The state committee shall submit a copy of the report by <u>October 1 December 31</u> of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must include recommendations for state and local action, including specific policy, procedural, regulatory, or statutory changes, and any other recommended preventive action.
 - Section 16. Subsection (5) of section 402.40, Florida

Page 56 of 122

Statutes, is amended, and paragraph (g) is added to subsection (3) of that section, to read:

402.40 Child welfare training and certification.-

- (3) THIRD-PARTY CREDENTIALING ENTITIES.—The department shall approve one or more third-party credentialing entities for the purpose of developing and administering child welfare certification programs for persons who provide child welfare services. A third-party credentialing entity shall request such approval in writing from the department. In order to obtain approval, the third-party credentialing entity must:
- (g) Maintain an advisory committee, including representatives from each region of the department, each sheriff's office providing child protective services, and each community-based care lead agency, who shall be appointed by the organization they represent. The third-party credentialing entity may appoint additional members to the advisory committee.
 - (5) CORE COMPETENCIES AND SPECIALIZATIONS.-
- (a) The Department of Children and Families Family Services shall approve the core competencies and related preservice curricula that ensures that each person delivering child welfare services obtains the knowledge, skills, and abilities to competently carry out his or her work responsibilities.
- (b) The identification of these core competencies and development of preservice curricula shall be a collaborative effort that includes professionals who have expertise in child

Page 57 of 122

welfare services, department-approved third-party credentialing entities, and providers that will be affected by the curriculum, including, but not limited to, representatives from the community-based care lead agencies, sheriffs' offices conducting child protection investigations, and child welfare legal services providers.

- (c) Community-based care agencies, sheriffs' offices, and the department may contract for the delivery of preservice and any additional training for persons delivering child welfare services if the curriculum satisfies the department-approved core competencies.
- (d) The department may also approve certifications involving specializations in serving specific populations or in skills relevant to child protection to be awarded to persons delivering child welfare services by a third-party credentialing entity approved pursuant to subsection (3).
- (e) (d) Department-approved credentialing entities shall, for a period of at least 12 months after implementation of the third-party child welfare certification programs, grant reciprocity and award a child welfare certification to individuals who hold current department-issued child welfare certification in good standing, at no cost to the department or the certificateholder.
- Section 17. Section 402.402, Florida Statutes, is created to read:
 - 402.402 Child protection and child welfare personnel;

Page 58 of 122

1509 attorneys employed by the department.-1510 (1) DEFINITIONS.—As used in this section, the term: "Child protection and child welfare personnel" 1511 (a) 1512 includes child protective investigators and child protective 1513 investigator supervisors employed by the department or, 1514 beginning July 1, 2018, a sheriff's office, and case managers 1515 and case manager supervisors employed by a community-based care 1516 lead agency or a subcontractor of a community-based care lead 1517 agency. 1518 (b) "Human services-related field" means psychology, sociology, counseling, special education, human development, 1519 1520 child development, family development, marriage and family 1521 therapy, and nursing. 1522 "Relevant coursework" means coursework that imparts (C) 1523 knowledge and leads to the development of skills with direct 1524 application to the child protection and child welfare field from 1525 a college or university social work program accredited by the 1526 Council on Social Work Education. 1527 CHILD PROTECTION AND CHILD WELFARE PERSONNEL 1528 REQUIREMENTS.-1529 Child protection and child welfare personnel hired on (a) or after July 1, 2014, must have one of the following: 1530 1531 1. A bachelor's degree or a master's degree in social work 1532 from a college or university social work program accredited by

Page 59 of 122

the Council on Social Work Education. The individual shall have

CODING: Words stricken are deletions; words underlined are additions.

at least 12 credit hours of relevant coursework.

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2. A bachelor's degree or a master's degree in a human services-related field and at least 12 credit hours of relevant coursework.

- 3. A bachelor's degree or a master's degree in a human services-related field. Within 3 years after hire, the individual must complete 12 credit hours of relevant coursework. The sequence of courses may be designed to provide in-depth knowledge in serving a specific subpopulation or developing a specific set of skills relevant to child protection and child welfare. The department shall consult with the Florida Institute for Child Welfare established pursuant to s. 1004.615 to identify courses available through the consortium of public and private universities in the state offering degrees in social work that fulfill this requirement.
- 4. At a minimum, a bachelor's degree and 5 years of experience directly relevant to child protection, if the individual will be employed as a child protective investigator or child protective investigator supervisor, or child welfare, if the individual will be employed as a case manager or case manager supervisor, and demonstrated competence regarding required skills and aptitudes.
- (b) All child protective investigators and child protective investigation supervisors employed by the department or a sheriff's office must complete specialized training either focused on serving a specific population, including, but not limited to, medically fragile children, sexually exploited

Page 60 of 122

1561	children, children under 3 years of age, or families with a
1562	history of domestic violence, mental illness, or substance
1563	abuse, or focused on performing certain aspects of child
1564	protection practice, including, but not limited to,
1565	investigation techniques and analysis of family dynamics. The
1566	specialized training may be used to fulfill continuing education
1567	requirements under s. 402.40(3)(e). Individuals hired before
1568	July 1, 2014, shall complete the specialized training by June
1569	30, 2016, and individuals hired on or after July 1, 2014, shall
1570	complete the specialized training within 2 years after hire. An
1571	individual may receive specialized training in multiple areas.
1572	(3) ATTORNEYS EMPLOYED BY THE DEPARTMENT TO HANDLE CHILD
1573	WELFARE CASES.—Attorneys employed by the department to handle
1574	child welfare cases hired on or after July 1, 2014, shall:
1575	(a) Receive, at a minimum, the same core preservice
1576	training provided to child protective investigators.
1577	(b) Within 60 days after hire, shadow an experienced child
1578	protective investigator and an experienced case manager for at
1579	<pre>least 8 hours each.</pre>
1580	Section 18. Section 402.403, Florida Statutes, is created
1581	to read:
1582	402.403 Child Protection and Child Welfare Personnel
1583	Tuition Exemption Program.—
1584	(1) There is established within the department the Child
1585	Protection and Child Welfare Personnel Tuition Exemption Program

Page 61 of 122

for the purpose of recruiting and retaining high-performing

individuals who are employed as child protection and child welfare personnel, as defined in s. 402.402, and who do not have a bachelor's degree or a master's degree in social work or the required hours of relevant coursework, as defined in and required by s. 402.402.

- (2) The employer of the child protection and child welfare personnel may approve the exemption from tuition and fees for a state university for child protection and child welfare personnel who:
- (a) Have been employed as child protection and child welfare personnel for at least 1 year and who are determined by their employers to have a high level of performance.
- (b) Are accepted in an upper-division undergraduate or graduate level college or university social work program accredited by the Council on Social Work Education which leads to either a bachelor's degree or a master's degree in social work, or who are completing 12 credit hours of relevant coursework as required under s. 402.402(2)(a)3.
- Section 19. Section 402.404, Florida Statutes, is created to read:
- 402.404 Child Protective Investigator and Supervisor Student Loan Forgiveness Program.—
- (1) There is established within the department the Child Protective Investigator and Supervisor Student Loan Forgiveness Program. The purpose of the program is to increase employment and retention of high-performing individuals who have either a

Page 62 of 122

bachelor's degree or a master's degree in social work as a child protective investigator or child protective investigation supervisor with the department or the sheriff's office by making payments toward loans received by students from federal or state programs or commercial lending institutions for the support of prior postsecondary study in accredited social work programs.

- employed as a child protective investigator or a child protective investigator or a child protective investigation supervisor by the department or, beginning July 1, 2018, by a sheriff's office for at least 1 year, must be determined by the department or the sheriff's office to have a high level of performance, and must have graduated from an accredited social work program with either a bachelor's degree or a master's degree in social work.
- (3) Only loans to pay the costs of tuition, books, fees, and living expenses shall be covered.
- (4) The department may make loan payments of up to \$3,000 each year for up to 4 years on behalf of selected graduates of an accredited social work program from the funds appropriated for this purpose. All payments are contingent upon continued proof of employment as a child protective investigator or a child protective investigation supervisor with the department or the sheriff's office and shall be made directly to the holder of the loan.
- (5) A student who receives a tuition exemption pursuant to s. 402.403 is not eligible to participate in the Child

Page 63 of 122

Protective Investigator and Supervisor Student Loan Forgiveness
Program.

- (6) A community-based care lead agency may provide loan forgiveness for case managers and case manager supervisors whom it employs or who are employed by its subcontractors.
- Section 20. Section 409.165, Florida Statutes, is amended to read:
 - 409.165 Alternate care for children.-

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- (1) Within funds appropriated, the department shall establish and supervise a program of emergency shelters, runaway shelters, foster homes, group homes, agency-operated group treatment homes, nonpsychiatric residential group care facilities, psychiatric residential treatment facilities, and other appropriate facilities to provide shelter and care for dependent children who must be placed away from their families. The department, in accordance with <u>outcome established</u> goals <u>established</u> in s. 409.986, shall contract for the provision of such shelter and care by counties, municipalities, nonprofit corporations, and other entities capable of providing needed services if:
- (a) The services so provided comply with all department standards, policies, and procedures are available;
- (b) The services <u>can be</u> so provided <u>at a reasonable cost</u> are more cost-effective than those provided by the department; and
 - (c) Unless otherwise provided by law, such providers of

Page 64 of 122

shelter and care are licensed by the department.

It is the legislative intent that the

(2) Funds appropriated for the alternate care of children as described in this section may be used to meet the needs of children in their own homes or those of relatives if the children can be safely served in <u>such settings</u> their own homes, or the homes of relatives, and the expenditure of funds in such manner is <u>equal</u> to or less than the cost of out-of-home <u>placement</u> calculated by the department to be an eventual cost savings over placement of children.

- (3) (2) The department shall may cooperate with all child service institutions or agencies within the state which meet the department's standards in order to maintain a comprehensive, coordinated, and inclusive system for promoting and protecting the well-being of children, consistent with the goals established in s. 409.986 rules for proper care and supervision prescribed by the department for the well-being of children.
- (a) The department shall work with the Department of Health in the development, utilization, and monitoring of medical foster homes for medically complex children.
- (b) The department shall collaborate with all relevant state and local agencies to provide such supports and services as may be necessary to maintain medically complex children in the least restrictive and most nurturing environment.
 - $\underline{\text{(4)}}$ With the written consent of parents, custodians, or

Page 65 of 122

guardians, or in accordance with those provisions in chapter 39 that relate to dependent children, the department, under rules properly adopted, may place a child:

(a) With a relative;

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- (b) With an adult nonrelative approved by the court for long-term custody;
- (c) With a person who is considering the adoption of a child in the manner provided for by law;
- (d) When limited, except as provided in paragraph (b), to temporary emergency situations, with a responsible adult approved by the court;
- (e) With a person or family approved by the department to serve as a medical foster home;
- $\underline{\text{(f)}}$ (e) With a person or agency licensed by the department in accordance with s. 409.175; or
- $\underline{\text{(g)}}$ In a subsidized independent living situation, subject to the provisions of s. 409.1451(4)(c),

under such conditions as are determined to be for the best interests or the welfare of the child. Any child placed in an institution or in a family home by the department or its agency may be removed by the department or its agency, and such other disposition may be made as is for the best interest of the child, including transfer of the child to another institution, another home, or the home of the child. Expenditure of funds appropriated for out-of-home care can be used to meet the needs

Page 66 of 122

17/17/	of a child in the child's own home or the home of a relative if					
1718	the child can be safely served in the child's own home or that					
1719	of a relative if placement can be avoided by the expenditure of					
1720	such funds, and if the expenditure of such funds in this manner					
1721	is equal to or less than the cost of out-of-home placement					
1722	calculated by the department to be a potential cost savings.					
1723	Section 21. The Department of Children and Families and					
1724	the Agency for Health Care Administration shall jointly produce					
1725	a report that includes detailed operational and spending plans					
1726	for requiring managed care plans serving children in the care					
1727	and custody of the department to provide complete medical,					
1728	dental, and behavioral health information for inclusion in the					
1729	state's child welfare data system. The report shall, at a					
1730	minimum, identify a range of possible methods for sharing this					
1731	information, document existing methods used by managed care					
1732	plans to share this information with the department or					
1733	community-based care organizations, and identify ways to build					
1734	upon existing methods. The Department of Children and Families					
1735	shall submit the report to the President of the Senate and the					
1736	Speaker of the House of Representatives by December 1, 2014.					
1737	Section 22. Part V of chapter 409, Florida Statutes,					
1738	consisting of ss. 409.986-409.998, is created and entitled					
1739	"COMMUNITY-BASED CHILD WELFARE."					
1740	Section 23. Section 409.986, Florida Statutes, is created					
1741	to read:					
1742	409.986 Legislative findings and intent; child protection					

Page 67 of 122

and child welfare outcomes; definitions.-

- (1) LEGISLATIVE FINDINGS AND INTENT.—
- (a) It is the intent of the Legislature that the Department of Children and Families provide child protection and child welfare services to children through contracting with community-based care lead agencies. It is the further intent of the Legislature that communities have responsibility for and participate in ensuring safety, permanence, and well-being for all children in the state.
- (b) The Legislature finds that when private entities assume responsibility for the care of children in the child protection and child welfare system, adequate oversight of the programmatic, administrative, and fiscal operation of those entities is essential. The Legislature further finds that the appropriate care of children is ultimately the responsibility of the state and that outsourcing such care does not relieve the state of its responsibility to ensure that appropriate care is provided.
- (2) CHILD PROTECTION AND CHILD WELFARE OUTCOMES.—It is the goal of the department to achieve the following outcomes in conjunction with the community-based care lead agency, community-based subcontractors, and the community alliance:
- (a) Children are first and foremost protected from abuse and neglect.
- (b) Children are safely maintained in their homes, if possible and appropriate.

Page 68 of 122

(c) Services are provided to protect children and prevent
their removal from their home.
(d) Children have permanency and stability in their living
arrangements.
(e) Family relationships and connections are preserved for
children.
(f) Families have enhanced capacity to provide for their
children's needs.
(g) Children receive appropriate services to meet their
educational needs.
(h) Children receive adequate services to meet their
physical and mental health needs.
(i) Children develop the capacity for independent living
and competence as an adult.
(3) DEFINITIONS.—As used in this part, except as otherwise
provided, the term:
(a) "Care" means services of any kind that are designed to
facilitate a child remaining safely in his or her own home,
returning safely to his or her own home if he or she is removed
from the home, or obtaining an alternative permanent home if he
or she cannot remain at home or be returned home. The term
includes, but is not be limited to, prevention, diversion, and
related services.
(b) "Child" or "children" has the same meaning as provided
<u>in s. 39.01.</u>

Page 69 of 122

(c) "Community alliance" or "alliance" means the group of

stakeholders, community leaders, client representatives, and funders of human services established pursuant to s. 20.19(5) to provide a focal point for community participation and oversight of community-based services.

- (d) "Community-based care lead agency" or "lead agency" means a single entity with which the department has a contract for the provision of care for children in the child protection and child welfare system in a community that is no smaller than a county and no larger than two contiguous judicial circuits.

 The secretary of the department may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children.
- (e) "Dependent child" means a child who is determined by the court to be in need of care due to allegations of abuse, neglect, or abandonment.
- (f) "Related services" includes, but is not limited to, family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, coordination of mental health services, postplacement supervision, permanent foster care, and family reunification.
- Section 24. Section 409.987, Florida Statutes, is created to read:
- 1819 409.987 Lead agency procurement.—

(1) Community-based care lead agencies shall be procured

Page 70 of 122

by the department through a competitive process as required by chapter 287.

- (2) The department shall produce a schedule for the procurement of community-based care lead agencies and provide the schedule to the community alliances established pursuant to s. 409.998 and post the schedule on the department's website.
- (3) Notwithstanding s. 287.057, the department shall use 5-year contracts with lead agencies.
 - (4) In order to serve as a lead agency, an entity must:
- (a) Be organized as a Florida corporation or a governmental entity.
- (b) Be governed by a board of directors or a board committee composed of board members. The membership of the board of directors or board committee must be described in the bylaws or articles of incorporation of each lead agency, which must provide that at least 75 percent of the membership of the board of directors or board committee must be composed of persons residing in this state, and at least 51 percent of the state residents on the board of directors must reside within the service area of the lead agency. However, for procurements of lead agency contracts initiated on or after July 1, 2014:
- 1. At least 75 percent of the membership of the board of directors must be persons residing in this state, and at least 51 percent of the membership of the board of directors must be persons residing within the service area of the lead agency. If a board committee governs the lead agency, 100 percent of its

Page 71 of 122

membership must be persons residing within the service area of the lead agency.

- 2. The powers of the board of directors or board committee must include, but need not be limited to, approving the lead agency's budget and setting the lead agency's operational policy and procedures. A board of directors must additionally have the power to hire the lead agency's executive director, unless a board committee governs the lead agency, in which case the board committee must have the power to confirm the selection of the lead agency's executive director.
- (c) Demonstrate financial responsibility through an organized plan for regular fiscal audits and the posting of a performance bond.
- (5) The department's procurement team procuring any lead agencies' contracts must include individuals from the community alliance in the area to be served under the contract. All meetings at which vendors make presentations to or negotiate with the procurement team shall be held in the area to be served by the contract.
- Section 25. Section 409.988, Florida Statutes, is created to read:
 - 409.988 Lead agency duties; general provisions.-
- 1869 (1) DUTIES.—A lead agency:

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1870 (a) Shall serve all children referred as a result of a

1871 report of abuse, neglect, or abandonment to the department's

1872 central abuse hotline, including, but not limited to, children

Page 72 of 122

who are the subjects of verified reports and children who are not the subjects of verified reports but who are at moderate to extremely high risk of abuse, neglect, or abandonment, as determined using the department's risk assessment instrument, regardless of the level of funding allocated to the lead agency by the state if all related funding is transferred. The lead agency may also serve children who have not been subjects of reports of abuse, neglect, or abandonment, but who are at risk of abuse, neglect, or abandonment, to prevent their entry into the child protection and child welfare system.

- (b) Shall provide accurate and timely information necessary for oversight by the department pursuant to the child welfare results-oriented accountability system required by s. 409.997.
- (c) Shall follow the financial guidelines developed by the department and provide for a regular independent auditing of its financial activities. Such financial information shall be provided to the community alliance established under s. 409.998.
- (d) Shall post on its website the current budget for the lead agency, including the salaries, bonuses, and other compensation paid, by position, for the agency's chief executive officer, chief financial officer, chief operating officer, or their equivalents.
- (e) Shall prepare all judicial reviews, case plans, and other reports necessary for court hearings for dependent children, except those related to the investigation of a

Page 73 of 122

referral from the department's central abuse hotline, and shall provide testimony as required for dependency court proceedings.

This duty does not include the preparation of legal pleadings or other legal documents, which shall remain the responsibility of the department.

- (f) Shall ensure that all individuals providing care for dependent children receive appropriate training and meet the minimum employment standards established by the department.
- (g) Shall maintain eligibility to receive all available federal child welfare funds.
- (h) Shall maintain written agreements with Healthy
 Families Florida lead entities in its service area pursuant to
 s. 409.153 to promote cooperative planning for the provision of
 prevention and intervention services.
- (i) Shall comply with federal and state statutory requirements and agency rules in the provision of contractual services.
- (j) May subcontract for the provision of services required by the contract with the lead agency and the department; however, the subcontracts must specify how the provider will contribute to the lead agency meeting the performance standards established pursuant to the child welfare results-oriented accountability system required by s. 409.997. The lead agency shall directly provide no more than 35 percent of all child welfare services provided.
 - (k) Shall post on its website by the 15th day of each

Page 74 of 122

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month at a minimum the information contained in subparagraphs 1.-4. for the preceding calendar month regarding its case management services. The following information shall be reported by each individual subcontracted case management provider, by the lead agency, if the lead agency provides case management services, and in total for all case management services subcontracted or directly provided by the lead agency: The average caseload of case managers, including only filled positions; 2. The turnover rate for case managers and case management supervisors for the previous 12 months; 3. The percentage of required home visits completed; and The performance on outcome measures required pursuant to s. 409.997 for the previous 12 months. (2) LICENSURE.-A lead agency must be licensed as a child-caring or (a) child-placing agency by the department under this chapter. Each foster home, therapeutic foster home, emergency shelter, or other placement facility operated by the lead agency must be licensed by the department under chapter 402 or this

(c) Substitute care providers who are licensed under s.

409.175 and who have contracted with a lead agency are also
authorized to provide registered or licensed family day care
under s. 402.313 if such care is consistent with federal law and
if the home has met the requirements of s. 402.313.

Page 75 of 122

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

(e) The department may adopt rules to administer this subsection.

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- (3) SERVICES.—A lead agency shall prioritize the use of services supported by research and shall use evidence-based services whenever possible. A decision to use a service that has not yet been substantiated to be effective through research shall be based on factors, including, but not limited to, whether the theory on which the service is based and the service's practice are consistent with current knowledge about effective interventions, whether the service meets the specific needs of the children and families being served, and whether the agency can implement the service in a high-quality manner. A lead agency may not use a service if its effectiveness has been clearly disproven through research. Lead agencies shall work with the institute established in s. 1004.615 to learn about advancements in research on services as well as innovative approaches.
 - (4) LEAD AGENCY ACTING AS GUARDIAN.-
- (a) If a lead agency or other provider has accepted case management responsibilities for a child who is sheltered or found to be dependent and who is assigned to the care of the lead agency or other provider, the agency or provider may act as

Page 76 of 122

the child's guardian for the purpose of registering the child in school if a parent or guardian of the child is unavailable and his or her whereabouts cannot reasonably be ascertained.

- (b) The lead agency or other provider may also seek emergency medical attention for the child, but only if a parent or guardian of the child is unavailable, the parent or guardian's whereabouts cannot reasonably be ascertained, and a court order for such emergency medical services cannot be obtained because of the severity of the emergency or because it is after normal working hours.
- (c) A lead agency or other provider may not consent to sterilization, abortion, or termination of life support.
- (d) If a child's parents' rights have been terminated, the lead agency shall act as guardian of the child in all circumstances.
- Section 26. Section 409.990, Florida Statutes, is created to read:
- 409.990 Funding for lead agencies.—A contract established between the department and a lead agency must be funded by a grant of general revenue, other applicable state funds, or applicable federal funding sources.
- (1) The method of payment for a fixed-price contract with a lead agency must provide for a 2-month advance payment at the beginning of each fiscal year and equal monthly payments thereafter.
 - (2) Notwithstanding s. 215.425, all documented federal

Page 77 of 122

funds earned for the current fiscal year by the department and lead agencies that exceed the amount appropriated by the Legislature shall be distributed to all entities that contributed to the excess earnings based on a schedule and methodology developed by the department and approved by the Executive Office of the Governor.

- (a) Distribution shall be pro rata based on total earnings and shall be made only to those entities that contributed to excess earnings.
- (b) Excess earnings of lead agencies shall be used only in the service district in which they were earned.
- (c) Additional state funds appropriated by the Legislature for lead agencies or made available pursuant to the budgetary amendment process described in s. 216.177 shall be transferred to the lead agencies.
- (d) The department shall amend a lead agency's contract to permit expenditure of the funds.
- (3) Notwithstanding any other provision of this section, the amount of the annual contract for a lead agency may be increased by excess federal funds earned in accordance with s. 216.181(11).
- (4) Each contract with a lead agency shall provide for the payment by the department to the lead agency of a reasonable administrative cost in addition to funding for the provision of services.
 - (5) A lead agency may carry forward documented unexpended

Page 78 of 122

state funds from one fiscal year to the next; however, the cumulative amount carried forward may not exceed 8 percent of the total contract. Any unexpended state funds in excess of that percentage must be returned to the department.

- (a) The funds carried forward may not be used in any way that would create increased recurring future obligations, and such funds may not be used for any type of program or service that is not currently authorized by the existing contract with the department.
- (b) Expenditures of funds carried forward must be separately reported to the department.
- (c) Any unexpended funds that remain at the end of the contract period shall be returned to the department.
- (d) Funds carried forward may be retained through any contract renewals and any new procurements as long as the same lead agency is retained by the department.
- (6) It is the intent of the Legislature to improve services and local participation in community-based care initiatives by fostering community support and providing enhanced prevention and in-home services, thereby reducing the risk otherwise faced by lead agencies. A community partnership matching grant program is established and shall be operated by the department to encourage local participation in community-based care for children in the child welfare system. A children's services council or another local entity that makes a financial commitment to a community-based care lead agency may

Page 79 of 122

be eligible for a matching grant. The total amount of the local contribution may be matched on a one-to-one basis up to a maximum annual amount of \$500,000 per lead agency. Awarded matching grant funds may be used for any prevention or in-home services that can be reasonably expected to reduce the number of children entering the child welfare system. Funding available for the matching grant program is subject to legislative appropriation of nonrecurring funds provided for this purpose.

- (7) (a) The department, in consultation with the Florida

 Coalition for Children, Inc., shall develop and implement a

 community-based care risk pool initiative to mitigate the

 financial risk to eligible lead agencies. This initiative must

 include:
- 1. A risk pool application and protocol developed by the department that outlines submission criteria, including, but not limited to, financial and program management, descriptive data requirements, and timeframes for submission of applications.

 Requests for funding from risk pool applicants must be based on relevant and verifiable service trends and changes that have occurred during the current fiscal year. The application must confirm that expenditure of approved risk pool funds by the lead agency will be completed within the current fiscal year.
- 2. A risk pool peer review committee, appointed by the secretary and consisting of department staff and representatives from at least three nonapplicant lead agencies, that reviews and assesses all risk pool applications. Upon completion of each

Page 80 of 122

application review, the peer review committee shall report its findings and recommendations to the secretary, providing, at a minimum, the following information:

- a. Justification for the specific funding amount required by the risk pool applicant based on the current year's service trend data, including validation that the applicant's financial need was caused by circumstances beyond the control of the lead agency management;
- b. Verification that the proposed use of risk pool funds meets at least one of the purposes in paragraph (c); and
- c. Evidence of technical assistance provided in an effort to avoid the need to access the risk pool and recommendations for technical assistance to the lead agency to ensure that risk pool funds are expended effectively and that the agency's need for future risk pool funding is diminished.
- (b) Upon approval by the secretary of a risk pool application, the department may request funds from the risk pool in accordance with s. 216.181(6)(a).
- (c) The purposes for which the community-based care risk pool shall be used include:
- 1. Significant changes in the number or composition of clients eligible to receive services.
- 2. Significant changes in the services that are eligible for reimbursement.
- 2105 <u>3. Continuity of care in the event of failure,</u>
 2106 <u>discontinuance of service, or financial misconduct by a lead</u>

Page 81 of 122

2107 agency.

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- 4. Significant changes in the mix of available funds.
- 2110 degislative budget request, and the Governor may recommend, that the funding necessary to carry out paragraph (c) be appropriated to the department. In addition, the department may request the allocation of funds from the community-based care risk pool in accordance with s. 216.181(6)(a). Funds from the pool may be used to match available federal dollars.
 - 1. Such funds shall constitute partial security for contract performance by lead agencies and shall be used to offset the need for a performance bond.
 - 2. The department may separately require a bond to mitigate the financial consequences of potential acts of malfeasance or misfeasance or criminal violations by the service provider.
 - Section 27. Section 409.16713, Florida Statutes, is transferred, renumbered as section 409.991, Florida Statutes, and paragraph (a) of subsection (1) of that section is amended to read:
 - $\underline{409.991}$ $\underline{409.16713}$ Allocation of funds for community-based care lead agencies.—
 - (1) As used in this section, the term:
 - (a) "Core services funding" means all funds allocated to community-based care lead agencies operating under contract with the department pursuant to $\underline{s.\ 409.987}\ \underline{s.\ 409.1671}$, with the

Page 82 of 122

2133	following exceptions:
2134	1. Funds appropriated for independent living;
2135	2. Funds appropriated for maintenance adoption subsidies;
2136	3. Funds allocated by the department for protective
2137	investigations training;
2138	4. Nonrecurring funds;
2139	5. Designated mental health wrap-around services funds;
2140	and
2141	6. Funds for special projects for a designated community-
2142	based care lead agency.
2143	Section 28. Section 409.992, Florida Statutes, is created
2144	to read:
2145	409.992 Lead agency expenditures.—
2146	(1) The procurement of commodities or contractual services
2147	by lead agencies shall be governed by the financial guidelines
2148	developed by the department which comply with applicable state
2149	and federal law and follow good business practices. Pursuant to
2150	s. 11.45, the Auditor General may provide technical advice in
2151	the development of the financial guidelines.
2152	(2) Notwithstanding any other provision of law, a
2153	community-based care lead agency may make expenditures for staff
2154	cellular telephone allowances, contracts requiring deferred
2155	payments and maintenance agreements, security deposits for
2156	office leases, related agency professional membership dues other

Page 83 of 122

materials, and grant writing services. Expenditures for food and

than personal professional membership dues, promotional

CODING: Words stricken are deletions; words underlined are additions.

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refreshments, other than those provided to clients in the care of the agency or to foster parents, adoptive parents, and caseworkers during training sessions, are not allowable.

(3) A lead community-based care agency and its subcontractors are exempt from state travel policies as provided in s. 112.061(3)(a) for their travel expenses incurred in order to comply with the requirements of this section.

Section 29. Section 409.993, Florida Statutes, is created to read:

409.993 Lead agencies and subcontractor liability.-

(1) FINDINGS.-

(a) The Legislature finds that the state has traditionally provided foster care services to children who are the responsibility of the state. As such, foster children have not had the right to recover for injuries beyond the limitations specified in s. 768.28. The Legislature has determined that foster care and related services should be outsourced pursuant to this section and that the provision of such services is of paramount importance to the state. The purpose of such outsourcing is to increase the level of safety, security, and stability of children who are or become the responsibility of the state. One of the components necessary to secure a safe and stable environment for such children is the requirement that private providers maintain liability insurance. As such, insurance needs to be available and remain available to nongovernmental foster care and related services providers

Page 84 of 122

without the resources of such providers being significantly reduced by the cost of maintaining such insurance.

- (b) The Legislature further finds that, by requiring the following minimum levels of insurance, children in outsourced foster care and related services will gain increased protection and rights of recovery in the event of injury than currently provided in s. 768.28.
 - (2) LEAD AGENCY LIABILITY.-

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Other than an entity to which s. 768.28 applies, an eligible community-based care lead agency, or its employees or officers, except as otherwise provided in paragraph (b), must, as a part of its contract, obtain a minimum of \$1 million per claim and \$3 million per incident in general liability insurance coverage. The department shall verify the community-based care lead agency's insurance coverage through its monitoring processes. The community-based care lead agency must also require that staff who transport client children and families in their personal automobiles in order to carry out their job responsibilities obtain minimum bodily injury liability insurance in the amount of \$100,000 per claim and \$300,000 per incident on their personal automobiles. In lieu of personal motor vehicle insurance, the lead agency's casualty, liability, or motor vehicle insurance carrier may provide nonowned automobile liability coverage. Such insurance provides liability insurance for automobiles that the provider uses in connection with the agency's business but does not own, lease, rent, or

Page 85 of 122

2211	borrow. Such coverage includes automobiles owned by the
2212	employees of the lead agency or a member of the employee's
2213	household but only while the automobiles are used in connection
2214	with the agency's business. The nonowned automobile coverage for
2215	the lead agency applies as excess coverage over any other
2216	collectible insurance. The personal automobile policy for the
2217	employee of the lead agency must be primary insurance, and the
2218	nonowned automobile coverage of the agency acts as excess
2219	insurance to the primary insurance. The lead agency shall
2220	provide a minimum limit of \$1 million in nonowned automobile
2221	coverage. In a tort action brought against such an eligible
2222	community-based care lead agency or employee, net economic
2223	damages shall be limited to \$1 million per liability claim and
2224	\$100,000 per automobile claim, including, but not limited to,
2225	past and future medical expenses, wage loss, and loss of earning
2226	capacity, offset by any collateral source payment paid or
2227	payable. In any tort action brought against such an eligible
2228	community-based care lead agency, noneconomic damages shall be
2229	limited to \$200,000 per claim. A claim bill may be brought on
2230	behalf of a claimant pursuant to s. 768.28 for any amount
2231	exceeding the limits specified in this paragraph. Any offset of
2232	collateral source payments made as of the date of the settlement
2233	or judgment shall be in accordance with s. 768.76. The
2234	community-based care lead agency is not liable in tort for the
2235	acts or omissions of its subcontractors or the officers, agents,
2236	or employees of its subcontractors.

Page 86 of 122

2237	(b) The liability of an eligible community-based care lead
2238	agency described in this section shall be exclusive and in place
2239	of all other liability of such lead agency. The same immunities
2240	from liability enjoyed by such lead agencies shall extend to
2241	each employee of the lead agency when such employee is acting in
2242	furtherance of the agency's business, including the
2243	transportation of clients served, as described in this
2244	subsection, in privately owned vehicles. Such immunities are not
2245	applicable to a lead agency or an employee who acts in a
2246	culpably negligent manner or with willful and wanton disregard
2247	or unprovoked physical aggression if such acts result in injury
2248	or death or if such acts proximately cause such injury or death.
2249	Such immunities are not applicable to employees of the same lead
2250	agency when each is operating in the furtherance of the agency's
2251	business but they are assigned primarily to unrelated work
2252	within private or public employment. The same immunity
2253	provisions enjoyed by a lead agency also apply to any sole
2254	proprietor, partner, corporate officer or director, supervisor,
2255	or other person who in the course and scope of his or her duties
2256	acts in a managerial or policymaking capacity and the conduct
2257	that caused the alleged injury arose within the course and scope
2258	of those managerial or policymaking duties. As used in this
2259	subsection and subsection (3), the term "culpably negligent
2260	manner" means reckless indifference or grossly careless
2261	disregard of human life.
2262	(3) SUBCONTRACTOR LIABILITY

Page 87 of 122

CS/HB 7169

2263	(a) A subcontractor of an eligible community-based care
2264	lead agency that is a direct provider of foster care and related
2265	services to children and families, and its employees or
2266	officers, except as otherwise provided in paragraph (b), must,
2267	as a part of its contract, obtain a minimum of \$1 million per
2268	claim and \$3 million per incident in general liability insurance
2269	coverage. The subcontractor of an eligible community-based care
2270	lead agency must also require that staff who transport client
2271	children and families in their personal automobiles in order to
2272	carry out their job responsibilities obtain minimum bodily
2273	injury liability insurance in the amount of \$100,000 per claim
2274	and \$300,000 per incident on their personal automobiles. In lieu
2275	of personal motor vehicle insurance, the subcontractor's
2276	casualty, liability, or motor vehicle insurance carrier may
2277	provide nonowned automobile liability coverage. Such insurance
2278	provides liability insurance for automobiles that the
2279	subcontractor uses in connection with the subcontractor's
2280	business but does not own, lease, rent, or borrow. Such coverage
2281	includes automobiles owned by the employees of the subcontractor
2282	or a member of the employee's household but only while the
2283	automobiles are used in connection with the subcontractor's
2284	business. The nonowned automobile coverage for the subcontractor
2285	applies as excess coverage over any other collectible insurance.
2286	The personal automobile policy for the employee of the
2287	subcontractor shall be primary insurance, and the nonowned
2288	automobile coverage of the subcontractor acts as excess

Page 88 of 122

2289 insurance to the primary insurance. The subcontractor shall 2290 provide a minimum limit of \$1 million in nonowned automobile 2291 coverage. In a tort action brought against such subcontractor or 2292 employee, net economic damages shall be limited to \$1 million 2293 per liability claim and \$100,000 per automobile claim, 2294 including, but not limited to, past and future medical expenses, 2295 wage loss, and loss of earning capacity, offset by any 2296 collateral source payment paid or payable. In a tort action 2297 brought against such subcontractor, noneconomic damages shall be 2298 limited to \$200,000 per claim. A claims bill may be brought on 2299 behalf of a claimant pursuant to s. 768.28 for any amount 2300 exceeding the limits specified in this paragraph. Any offset of 2301 collateral source payments made as of the date of the settlement 2302 or judgment shall be in accordance with s. 768.76. 2303 The liability of a subcontractor of an eligible (b) 2304 community-based care lead agency that is a direct provider of 2305 foster care and related services as described in this section 2306 shall be exclusive and in place of all other liability of such 2307 provider. The same immunities from liability enjoyed by such 2308 subcontractor provider shall extend to each employee of the 2309 subcontractor when such employee is acting in furtherance of the 2310 subcontractor's business, including the transportation of 2311 clients served, as described in this subsection, in privately 2312 owned vehicles. Such immunities are not applicable to a 2313 subcontractor or an employee who acts in a culpably negligent 2314 manner or with willful and wanton disregard or unprovoked

Page 89 of 122

physical aggression if such acts result in injury or death or if
such acts proximately cause such injury or death. Such
immunities are not applicable to employees of the same
subcontractor when each is operating in the furtherance of the
subcontractor's business but they are assigned primarily to
unrelated works within private or public employment. The same
immunity provisions enjoyed by a subcontractor also apply to any
sole proprietor, partner, corporate officer or director,
supervisor, or other person who in the course and scope of his
or her duties acts in a managerial or policymaking capacity and
the conduct that caused the alleged injury arose within the
course and scope of those managerial or policymaking duties.
Section 30. Section 409.1675, Florida Statutes, is
transferred, renumbered as section 409.994, Florida Statutes,
and amended to read:

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

- (1) The Department of Children and <u>Families</u> Family Services may petition a court of competent jurisdiction for the appointment of a receiver for a lead community-based <u>care lead</u> <u>agency provider</u> established pursuant to <u>s. 409.987 if</u> s. 409.1671 when any of the following conditions exist:
- (a) The lead <u>agency</u> community-based provider is operating without a license as a child-placing agency.
- (b) The lead <u>agency community-based provider</u> has given less than 120 days' notice of its intent to cease operations,

Page 90 of 122

and arrangements have not been made for another lead <u>agency</u> community-based provider or for the department to continue the uninterrupted provision of services.

- (c) The department determines that conditions exist in the lead <u>agency community-based provider</u> which present an imminent danger to the health, safety, or welfare of the dependent children under that <u>agency's provider's</u> care or supervision. Whenever possible, the department shall make a reasonable effort to facilitate the continued operation of the program.
- (d) The lead <u>agency</u> <u>community-based provider</u> cannot meet its current financial obligations to its employees, contractors, or foster parents. Issuance of bad checks or the existence of delinquent obligations for payment of salaries, utilities, or invoices for essential services or commodities shall constitute prima facie evidence that the lead <u>agency community-based</u> provider lacks the financial ability to meet its financial obligations.
- (2)(a) The petition for receivership shall take precedence over other court business unless the court determines that some other pending proceeding, having statutory precedence, has priority.
- (b) A hearing shall be conducted within 5 days after the filing of the petition, at which time interested parties shall have the opportunity to present evidence as to whether a receiver should be appointed. The department shall give reasonable notice of the hearing on the petition to the lead

Page 91 of 122

agency community-based provider.

- (c) The court shall grant the petition upon finding that one or more of the conditions in subsection (1) exists and the continued existence of the condition or conditions jeopardizes the health, safety, or welfare of dependent children. A receiver may be appointed ex parte when the court determines that one or more of the conditions in subsection (1) exists. After such finding, the court may appoint any person, including an employee of the department who is qualified by education, training, or experience to carry out the duties of the receiver pursuant to this section, except that the court may shall not appoint any member of the governing board or any officer of the lead agency community based provider. The receiver may be selected from a list of persons qualified to act as receivers which is developed by the department and presented to the court with each petition of receivership.
- (d) A receiver may be appointed for up to 90 days, and the department may petition the court for additional 30-day extensions. Sixty days after appointment of a receiver and every 30 days thereafter until the receivership is terminated, the department shall submit to the court an assessment of the lead agency's community-based provider's ability to ensure the health, safety, and welfare of the dependent children under its supervision.
- (3) The receiver shall take such steps as are reasonably necessary to ensure the continued health, safety, and welfare of

Page 92 of 122

the dependent children under the supervision of the lead <u>agency</u> community-based provider and shall exercise those powers and perform those duties set out by the court, including, but not limited to:

- (a) Taking such action as is reasonably necessary to protect or conserve the assets or property of the lead <u>agency</u> community-based provider. The receiver may use the assets and property and any proceeds from any transfer thereof only in the performance of the powers and duties <u>provided</u> set forth in this section and by order of the court.
- (b) Using the assets of the lead <u>agency</u> community-based provider in the provision of care and services to dependent children.
- (c) Entering into contracts and hiring agents and employees to carry out the powers and duties of the receiver under this section.
- (d) Having full power to direct, manage, hire, and discharge employees of the lead <u>agency community-based provider</u>. The receiver shall hire and pay new employees at the rate of compensation, including benefits, approved by the court.
- (e) Honoring all leases, mortgages, and contractual obligations of the lead <u>agency</u> community-based provider, but only to the extent of payments that become due during the period of the receivership.
- (4)(a) The receiver shall deposit funds received in a separate account and shall use this account for all

Page 93 of 122

2419 disbursements.

- (b) A payment to the receiver of any sum owing to the lead <u>agency community-based provider</u> shall discharge any obligation to the provider to the extent of the payment.
- (5) A receiver may petition the court for temporary relief from obligations entered into by the lead agency community-based provider if the rent, price, or rate of interest required to be paid under the agreement was substantially in excess of a reasonable rent, price, or rate of interest at the time the contract was entered into, or if any material provision of the agreement was unreasonable when compared to contracts negotiated under similar conditions. Any relief in this form provided by the court shall be limited to the life of the receivership, unless otherwise determined by the court.
- (6) The court shall set the compensation of the receiver, which shall be considered a necessary expense of a receivership and may grant to the receiver such other authority necessary to ensure the health, safety, and welfare of the children served.
- (7) A receiver may be held liable in a personal capacity only for the receiver's own gross negligence, intentional acts, or breaches of fiduciary duty. This section <u>may shall</u> not be interpreted to be a waiver of sovereign immunity should the department be appointed receiver.
- (8) If the receiver is not the department, the court may require a receiver to post a bond to ensure the faithful performance of these duties.

Page 94 of 122

(9) The court may terminate a receivership when:

- (a) The court determines that the receivership is no longer necessary because the conditions that gave rise to the receivership no longer exist; or
- (b) The department has entered into a contract with a new lead <u>agency community-based provider</u> pursuant to <u>s. 409.987</u> s. 409.1671, and that contractor is ready and able to assume the duties of the previous lead agency <u>provider</u>.
- (10) Within 30 days after the termination, unless this time period is extended by the court, the receiver shall give the court a complete accounting of all property of which the receiver has taken possession, of all funds collected and disbursed, and of the expenses of the receivership.
- to relieve any employee of the lead agency community-based provider placed in receivership of any civil or criminal liability incurred, or any duty imposed by law, by reason of acts or omissions of the employee before prior to the appointment of a receiver, and; nor shall anything contained in this section does not be construed to suspend during the receivership any obligation of the employee for payment of taxes or other operating or maintenance expenses of the lead agency community-based provider or for the payment of mortgages or liens. The lead agency community-based provider shall retain the right to sell or mortgage any facility under receivership, subject to the prior approval of the court that ordered the

Page 95 of 122

2471 receivership.

Section 31. Section 409.996, Florida Statutes, is created to read:

409.996 Duties of the Department of Children and Families.—The department shall contract for the delivery, administration, or management of care for children in the child protection and child welfare system. In doing so, the department retains responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.

- (1) The department shall enter into contracts with lead agencies to perform the duties of a lead agency pursuant to s. 409.988. At a minimum, the contracts must:
- (a) Provide for the services needed to accomplish the duties established in s. 409.988 and provide information to the department that is necessary to meet the requirements for a quality assurance program pursuant to subsection (18) and the child welfare results-oriented accountability system pursuant to s. 409.997.
- (b) Provide for graduated penalties for failure to comply with contract terms. Such penalties may include financial penalties, enhanced monitoring and reporting, corrective action plans, and early termination of contracts or other appropriate action to ensure contract compliance. The financial penalties shall require a lead agency to reallocate funds from

Page 96 of 122

administrative costs to direct care for children.

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- (c) Ensure that the lead agency shall furnish current and accurate information on its activities in all cases in client case records in the state's statewide automated child welfare information system.
- (d) Specify the procedures to be used by the parties to resolve differences in interpreting the contract or to resolve disputes as to the adequacy of the parties' compliance with their respective obligations under the contract.
- (2) The department must adopt written policies and procedures for monitoring the contract for delivery of services by lead agencies which must be posted on the department's website. These policies and procedures must, at a minimum, address the evaluation of fiscal accountability and program operations, including provider achievement of performance standards, provider monitoring of subcontractors, and timely follow up of corrective actions for significant monitoring findings related to providers and subcontractors. These policies and procedures must also include provisions for reducing the duplication of the department's program monitoring activities both internally and with other agencies, to the extent possible. The department's written procedures must ensure that the written findings, conclusions, and recommendations from monitoring the contract for services of lead agencies are communicated to the director of the provider agency and the community alliance as expeditiously as possible.

Page 97 of 122

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

- (4) The department shall provide technical assistance and consultation to lead agencies in the provision of care to children in the child protection and child welfare system.
- (5) The department retains the responsibility for the review, approval or denial, and issuances of all foster home licenses.
- (6) The department shall process all applications submitted by lead agencies for the Interstate Compact on the Placement of Children and the Interstate Compact on Adoption and Medical Assistance.
- (7) The department shall assist lead agencies with access to and coordination with other service programs within the department.
- (8) The department shall determine Medicaid eligibility for all referred children and shall coordinate services with the Agency for Health Care Administration.
- (9) The department shall develop, in cooperation with the lead agencies and the third-party credentialing entity approved

Page 98 of 122

pursuant to s. 402.40(3), a standardized competency-based curriculum for certification training for child protection staff.

- (10) The department shall maintain the statewide adoptions website and provide information and training to the lead agencies relating to the website.
- (11) The department shall provide training and assistance to lead agencies regarding the responsibility of lead agencies relating to children receiving supplemental security income, social security, railroad retirement, or veterans' benefits.
- (12) With the assistance of a lead agency, the department shall develop and implement statewide and local interagency agreements needed to coordinate services for children and parents involved in the child welfare system who are also involved with the Agency for Persons with Disabilities, the Department of Juvenile Justice, the Department of Education, the Department of Health, and other governmental organizations that share responsibilities for children or parents in the child welfare system.
- (13) With the assistance of a lead agency, the department shall develop and implement a working agreement between the lead agency and the substance abuse and mental health managing entity to integrate services and supports for children and parents serviced in the child welfare system.
- (14) The department shall work with the Agency for Health Care Administration to provide each Medicaid-eligible child with

Page 99 of 122

early and periodic screening, diagnosis, and treatment, including 72-hour screening, periodic child health checkups, and prescribed follow up for ordered services, including, but not limited to, medical, dental, and vision care.

- (15) The department shall assist lead agencies in developing an array of services in compliance with the Title IV-E waiver and shall monitor the provision of such services.
- (16) The department shall provide a mechanism to allow lead agencies to request a waiver of department policies and procedures that create inefficiencies or inhibit the performance of the lead agency's duties.
- court and shall ensure that the court is provided with adequate information for informed decisionmaking in dependency cases, including a fact sheet for each case that lists the names and contact information for any child protective investigator, child protective investigation supervisor, case manager, and case manager supervisor, and the regional department official responsible for the lead agency contract. For the Sixth Judicial Circuit, the department shall contract with the state attorney for the provision of these services.
- (18) The department, in consultation with lead agencies, shall establish a quality assurance program for contracted services to dependent children. The quality assurance program shall be based on standards established by federal and state law

Page 100 of 122

and national accrediting organizations.

- (a) The department must evaluate each lead agency under contract at least annually. These evaluations shall cover the programmatic, operational, and fiscal operations of the lead agency and must be consistent with the child welfare results-oriented accountability system required by s. 409.997. The department must consult with dependency judges in the circuit or circuits served by the lead agency on the performance of the lead agency.
- (b) The department shall, to the extent possible, use independent financial audits provided by the lead agency to eliminate or reduce the ongoing contract and administrative reviews conducted by the department. If the department determines that such independent financial audits are inadequate, other audits, as necessary, may be conducted by the department. This paragraph does not abrogate the requirements of s. 215.97.
- (c) The department may suggest additional items to be included in such independent financial audits to meet the department's needs.
- (d) The department may outsource programmatic, administrative, or fiscal monitoring oversight of lead agencies.
- (e) A lead agency must assure that all subcontractors are subject to the same quality assurance activities as the lead agency.
- Section 32. Section 409.997, Florida Statutes, is created

Page 101 of 122

2627 to read: 2628 409.997 Child welfare results-oriented accountability 2629 system.-2630 (1)The department and its contract providers, including 2631 lead agencies, community-based care providers, and other 2632 community partners participating in the state's child protection 2633 and child welfare system, share the responsibility for achieving 2634 the outcome goals specified in s. 409.986(2). 2635 (2) The department shall issue a request for information 2636 for a comprehensive, results-oriented accountability system to 2637 assess the achievement of the outcome goals specified in s. 2638 409.986(2). The department shall use the request for information 2639 to identify system development and implementation approaches, 2640 technical and operational solutions, timeframes for 2641 implementation, pricing and costs, and implementation 2642 considerations; assess respondents' experience in providing 2643 similar systems and interest in providing this system; and 2644 generate any other information determined by the department to 2645 be of use in establishing the system. The purpose of the system 2646 is to monitor and measure the use of resources, the quality and 2647 amount of services provided, and child and family outcomes 2648 through data analysis, research review, and evaluation. The 2649 system shall provide information about individual entities' 2650 performance as well as the performance of groups of entities 2651 working together as an integrated system of care on a local, 2652 regional, and statewide basis. Data generated by the system

Page 102 of 122

shall inform the department's development and maintenance of an inclusive, interactive, and evidence-supported program of quality improvement that promotes individual skill building as well as organizational learning. Additionally, data generated by the system shall provide the basis for payment of performance incentives if funds for such payments are made available through the General Appropriations Act. The request for information shall generate information for a system that must incorporate, at a minimum:

- (a) Valid and reliable outcome measures for each of the goals specified in this subsection. The outcome data set must consist of a limited number of understandable measures using available data to quantify outcomes as children move through the system of care. Such measures may aggregate multiple variables that affect the overall achievement of the outcome goals. Valid and reliable measures must be based on adequate sample sizes, be gathered over suitable time periods, and reflect authentic rather than spurious results, and may not be susceptible to manipulation.
- (b) A monitoring system to track the identified outcome measures on a statewide, regional, and provider-specific basis.

 The monitoring system must identify trends and chart progress toward achievement of the goals specified in this subsection.

 The accountability system may not rank or compare performance among community-based care regions unless adequate and specific adjustments are adopted that account for the diversity in

Page 103 of 122

regions' demographics, resources, and other relevant characteristics. The requirements of the monitoring system may be incorporated into the quality assurance program required under s. 409.996(18).

- monitoring system to assess the statistical validity of observed associations between child welfare interventions and the measured outcomes. The analysis must use quantitative methods to adjust for variations in demographic or other conditions. The analysis must include longitudinal studies to evaluate longer term outcomes, such as continued safety, family permanence, and transition to self-sufficiency. The analysis may also include qualitative research methods to provide insight into statistical patterns.
- (d) A program of research review to identify interventions that are supported by evidence as causally linked to improved outcomes.
- (e) An ongoing process of evaluation to determine the efficacy and effectiveness of various interventions. Efficacy evaluation is intended to determine the validity of a causal relationship between an intervention and an outcome.

 Effectiveness evaluation is intended to determine the extent to which the results can be generalized.
- (f) A method for making the results of the accountability system transparent for all parties involved in the child welfare system as well as policymakers and the public, which shall be

Page 104 of 122

made available to the public at least quarterly through publication on the department's website in a manner that allows custom searches of the performance data. The presentation of the data shall provide a comprehensible, visual report card for the state and each community-based care region, indicating the current status of the outcomes relative to each goal and trends in that status over time. The presentation shall identify and report outcome measures that assess the performance of the department, the community-based care lead agencies, and their subcontractors working together as an integrated system of care.

- (g) Collaboration with the department to produce an annual report on the statewide and individual community-based care lead agency results for child protection and child welfare systems.

 The department shall use the accountability system and consult with the community alliance and the dependency judge or judges in the community-based care service area to prepare the report, and shall submit the report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1 of each year.
- (3) The department shall establish a technical advisory panel consisting of representatives from the Florida Institute for Child Welfare established pursuant to s. 1004.615, lead agencies, community-based care providers, other contract providers, community alliances, and family representatives. The President of the Senate and the Speaker of the House of Representatives shall each appoint a member to serve as a

Page 105 of 122

2731 <u>legislative liaison to the panel. The technical advisory panel</u>
2732 <u>shall advise the department on meeting the requirements of this</u>
2733 section.

Section 33. The Department of Children and Families shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by February 1, 2015, summarizing the responses to the request for information required by s. 409.997, Florida Statutes, and providing the department's recommendations regarding procurement, expected system costs, and implementation of the child welfare results-oriented accountability system.

Section 34. Section 409.998, Florida Statutes, is created to read:

- 409.998 Community-based care; oversight by community alliances.—To provide independent, community-focused oversight of child protection and child welfare services and the local system of community-based care, community alliances created in s. 20.19(5) shall, with the assistance of the department, perform the following duties:
- (1) Conduct a needs assessment and establish community priorities for child protection and child welfare services.
- (2) Review the performance of the department, the sheriff's office, if the office provides child protective services, and the lead agency individually and as an integrated system of care, and advise the department, the sheriff's office, if applicable, and the lead agency regarding concerns and

Page 106 of 122

2757 suggested areas of improvement.

- agency if programmatic or financial performance is poor. The community alliance shall make recommendations on the development of the procurement document for such competitive procurement and may suggest specific requirements relating to local needs and services.
- (4) Recommend a contract extension for the lead agency if programmatic and financial performance is superior.
- (5) In partnership with the Florida Institute for Child Welfare established pursuant to s. 1004.615, develop recommendations and submit such recommendations to the department and the community-based care lead agency to improve child protection and child welfare policies and practices.
- (6) Promote greater community involvement in community-based care through participation in community-based care lead agency services and activities, recruitment and retention of community volunteers, and public awareness efforts.
- Section 35. Section 827.10, Florida Statutes, is created to read:
 - 827.10 Unlawful abandonment of a child.-
 - (1) As used in this section, the term:
- (a) "Abandons" or "abandonment" means to leave a child in a place or with a person other than a relative with the intent not to return to the child and with the intent not to provide for the care of the child.

Page 107 of 122

2783	(b) "Care" means support and services necessary to
2784	maintain the child's physical and mental health, including, but
2785	not limited to, food, nutrition, clothing, shelter, supervision,
2786	medicine, and medical services that a prudent person would
2787	consider essential for the well-being of the child.
2788	(c) "Caregiver" has the same meaning as provided in s.
2789	39.01(10).
2790	(d) "Child" means a child for whose care the caregiver is
2791	legally responsible.
2792	(e) "Relative" has the same meaning as provided in s.
2793	39.01(64).
2794	(2) A caregiver who abandons a child under circumstances
2795	in which the caregiver knew or should have known that the
2796	abandonment exposes the child to unreasonable risk of harm
2797	commits a felony of the third degree, punishable as provided in
2798	s. 775.082, s. 775.083, or s. 775.084.
2799	(3) This section does not apply to a person who surrenders
2800	a newborn infant in compliance with s. 383.50.
2801	(4) This section does not preclude prosecution for a
2802	criminal act under any other law, including, but not limited to,
2803	prosecution of child abuse or neglect of a child under s.
2804	<u>827.03.</u>
2805	Section 36. Section 1004.615, Florida Statutes, is created
2806	to read:
2007	1004 615 Elevide Tretitute for Child Melfers

Page 108 of 122

There is established the Florida Institute for Child

CODING: Words stricken are deletions; words underlined are additions.

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(1)

Work. The purpose of the institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The institute shall consist of a consortium of public and private universities offering degrees in social work and shall be housed within the Florida State University College of Social Work.

- (2) Using such resources as authorized in the General Appropriations Act, the Department of Children and Families shall contract with the institute for performance of the duties described in subsection (4).
- (3) The institute shall work with the department, sheriffs providing child protective investigative services, community—based care lead agencies, community—based care provider organizations, the court system, the Department of Juvenile Justice, the federally recognized statewide association for Florida's certified domestic violence centers, and other partners who contribute to and participate in providing child protection and child welfare services.
 - (4) The institute shall:

- (a) Maintain a program of research that contributes to scientific knowledge and informs both policy and practice related to child safety, permanency, and child and family wellbeing.
 - (b) Advise the department and other organizations

Page 109 of 122

participating in the child protection and child welfare system regarding scientific evidence on policy and practice related to child safety, permanency, and child and family well-being.

- (c) Provide advice regarding management practices and administrative processes used by the department and other organizations participating in the child protection and child welfare system and recommend improvements that reduce burdensome, ineffective requirements for frontline staff and their supervisors while enhancing their ability to effectively investigate, analyze, problem-solve, and supervise.
- (d) Assess the performance of child protection and child welfare services based on specific outcome measures.
- (e) Evaluate the scope and effectiveness of preservice and inservice training for child protection and child welfare employees and advise and assist the department in efforts to improve such training.
- (f) Assess the readiness of social work graduates to assume job responsibilities in the child protection and child welfare system and identify gaps in education that can be addressed through the modification of curricula or the establishment of industry certifications.
- (g) Develop and maintain a program of professional support including training courses and consulting services that assist both individuals and organizations in implementing adaptive and resilient responses to workplace stress.
 - (h) Participate in the department's critical incident

Page 110 of 122

response team, assist in the preparation of reports about such incidents, and support the committee review of reports and development of recommendations.

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- (i) Identify effective policies and promising practices, including, but not limited to, innovations in coordination between entities participating in the child protection and child welfare system, data analytics, working with the local community, and management of human service organizations and communicate these findings to the department and other organizations participating in the child protection and child welfare system.
- (5) The President of the Florida State University shall appoint a director of the institute. The director must be a child welfare professional with a doctoral degree in social work who holds a faculty appointment in the Florida State University College of Social Work. The institute shall be administered by the director, and the director's office shall be located at the Florida State University. The director is responsible for overall management of the institute and for developing and executing the work of the institute consistent with the responsibilities in subsection (4). The director shall engage individuals in other state universities with accredited colleges of social work to participate in the institute. Individuals from other university programs relevant to the institute's work, including, but not limited to, economics, management, law, medicine, and education, may also be invited by the director to

Page 111 of 122

contribute to the institute. The universities involved in the institute shall provide facilities, staff, and other resources to the institute to establish statewide access to institute programs and services.

- (6) By October 1 of each year, the institute shall provide a written report to the Governor, the President of the Senate, and the Speaker of the House of Representatives that outlines its activities in the preceding year, reports significant research findings, as well as results of other programs, and provides specific recommendations for improving child protection and child welfare services.
- (a) The institute shall include an evaluation of the results of the educational and training requirements for child protection and child welfare personnel established under this act and recommendations for application of the results to child protection personnel employed by sheriff's offices providing child protection services in its report due October 1, 2017.
- (b) The institute shall include an evaluation of the effects of the other provisions of this act and recommendations for improvements in child protection and child welfare services in its report due October 1, 2018.
- (7) (a) The institute, or the Florida State University

 College of Social Work until the institute is operational, shall convene a task force to make recommendations for improving the state's child welfare system. The task force shall include, but not be limited to, representatives of the department, the

Page 112 of 122

Department of Juvenile Justice, community-based care lead agencies, the Florida Coalition for Children, Inc., child welfare services providers, including case management providers, the court system, the federally recognized statewide association for Florida's certified domestic violence centers, and child welfare advocates. The task force shall include individuals working directly with children and families, administrators, and experts. Individual members of the task force shall be responsible for their own travel expenses. The task force may meet in person, telephonically, through web-based technology, or through any combination thereof.

- (b) The task force shall establish individual workgroups on the following topics, which may include additional members with directly relevant experience and expertise to make specific recommendations:
- 1. Reducing paperwork and increasing the retention of case managers.
- 2. Care of medically complex children within the child welfare system, with the goal of allowing the child to remain in the least restrictive and most nurturing environment.
- (c) The institute, or the Florida State University College of Social Work until the institute is operational, shall submit interim reports from the task force and workgroups by February 1, 2015, and final reports by November 1, 2015, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Page 113 of 122

2939	Section 37. Paragraph (h) is added to subsection (1) of
2940	section 1009.25, Florida Statutes, to read:
2941	1009.25 Fee exemptions.—
2942	(1) The following students are exempt from the payment of
2943	tuition and fees, including lab fees, at a school district that
2944	provides workforce education programs, Florida College System
2945	institution, or state university:
2946	(h) Pursuant to s. 402.403, child protection and child
2947	welfare personnel, as defined in s. 402.402(1)(a), who are
2948	enrolled in an accredited bachelor's degree or master's degree
2949	in social work program or completing coursework required
2950	pursuant to s. 402.402(2)(a)2. and 3., provided that the student
2951	attains at least a grade of "B" in all courses for which tuition
2952	and fees are exempted.
2953	Section 38. Section 409.1671, Florida Statutes, is
2954	repealed.
2955	Section 39. <u>Section 409.16745</u> , Florida Statutes, is
2956	repealed.
2957	Section 40. Paragraph (g) of subsection (1) of section
2958	39.201, Florida Statutes, is amended to read:
2959	39.201 Mandatory reports of child abuse, abandonment, or
2960	neglect; mandatory reports of death; central abuse hotline
2961	(1)
2962	(g) Nothing in this chapter or in the contracting with
2963	community-based care providers for foster care and related
2964	services as specified in <u>s. 409.987</u> s. 409.1671 shall be
	Page 114 of 122

CS/HB 7169 2014

construed to remove or reduce the duty and responsibility of any

2966	person, including any employee of the community-based care
	person, increasing any emproyee or the community based care
2967	provider, to report a suspected or actual case of child abuse,
2968	abandonment, or neglect or the sexual abuse of a child to the
2969	department's central abuse hotline.
2970	Section 41. Paragraph (a) of subsection (1) of section
2971	409.16713, Florida Statutes, is amended to read:
2972	409.16713 Allocation of funds for community-based care
2973	lead agencies.—
2974	(1) As used in this section, the term:
2975	(a) "Core services funding" means all funds allocated to
2976	community-based care lead agencies operating under contract with
2977	the department pursuant to <u>s. 409.987</u> s. 409.1671, with the
2978	following exceptions:
2979	1. Funds appropriated for independent living;
2980	2. Funds appropriated for maintenance adoption subsidies:

- Funds appropriated for maintenance adoption subsidies;
- Funds allocated by the department for protective investigations training;
 - 4. Nonrecurring funds;

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- Designated mental health wrap-around services funds; and
- Funds for special projects for a designated communitybased care lead agency.
 - Section 42. Subsection (1) and paragraph (b) of subsection (9) of section 409.1675, Florida Statutes, are amended to read: 409.1675 Lead community-based providers; receivership.

Page 115 of 122

(1) The Department of Children and <u>Families</u> Family Services may petition a court of competent jurisdiction for the appointment of a receiver for a lead community-based provider established pursuant to $\underline{s.\ 409.987}\ s.\ 409.1671$ when any of the following conditions exist:

- (a) The lead community-based provider is operating without a license as a child-placing agency.
- (b) The lead community-based provider has given less than 120 days' notice of its intent to cease operations, and arrangements have not been made for another lead community-based provider or for the department to continue the uninterrupted provision of services.
- (c) The department determines that conditions exist in the lead community-based provider which present an imminent danger to the health, safety, or welfare of the dependent children under that provider's care or supervision. Whenever possible, the department shall make a reasonable effort to facilitate the continued operation of the program.
- (d) The lead community-based provider cannot meet its current financial obligations to its employees, contractors, or foster parents. Issuance of bad checks or the existence of delinquent obligations for payment of salaries, utilities, or invoices for essential services or commodities shall constitute prima facie evidence that the lead community-based provider lacks the financial ability to meet its financial obligations.
 - (9) The court may terminate a receivership when:

Page 116 of 122

(b) The department has entered into a contract with a new lead community-based provider pursuant to $\underline{s.\ 409.987}\ \underline{s.}$ 409.1671, and that contractor is ready and able to assume the duties of the previous provider.

Section 43. Subsections (1), (3), and (5) of section 409.1676, Florida Statutes, are amended to read:

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409.1676 Comprehensive residential group care services to children who have extraordinary needs.—

It is the intent of the Legislature to provide comprehensive residential group care services, including residential care, case management, and other services, to children in the child protection system who have extraordinary needs. These services are to be provided in a residential group care setting by a not-for-profit corporation or a local government entity under a contract with the Department of Children and Families Family Services or by a lead agency as described in s. 409.987 s. 409.1671. These contracts should be designed to provide an identified number of children with access to a full array of services for a fixed price. Further, it is the intent of the Legislature that the Department of Children and Families Family Services and the Department of Juvenile Justice establish an interagency agreement by December 1, 2002, which describes respective agency responsibilities for referral, placement, service provision, and service coordination for dependent and delinquent youth who are referred to these residential group care facilities. The agreement must require

Page 117 of 122

interagency collaboration in the development of terms, conditions, and performance outcomes for residential group care contracts serving the youth referred who have been adjudicated both dependent and delinquent.

- appropriation for this program, shall contract with a not-for-profit corporation, a local government entity, or the lead agency that has been established in accordance with <u>s. 409.987</u> <u>s. 409.1671</u> for the performance of residential group care services described in this section. A lead agency that is currently providing residential care may provide this service directly with the approval of the local community alliance. The department or a lead agency may contract for more than one site in a county if that is determined to be the most effective way to achieve the goals set forth in this section.
- (5) The department may transfer all casework responsibilities for children served under this program to the entity that provides this service, including case management and development and implementation of a case plan in accordance with current standards for child protection services. When the department establishes this program in a community that has a lead agency as described in <u>s. 409.987</u> <u>s. 409.1671</u>, the casework responsibilities must be transferred to the lead agency.

Section 44. Subsection (2) of section 409.1677, Florida Statutes, is amended to read:

409.1677 Model comprehensive residential services

Page 118 of 122

programs.-

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

Section 45. Subsection (24) of section 409.906, Florida Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be

Page 119 of 122

construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

for Health Care Administration, in consultation with the Department of Children and <u>Families Family Services</u>, may establish a targeted case-management project in those counties identified by the Department of Children and <u>Families Family Services</u> and for all counties with a community-based child welfare project, as authorized under <u>s. 409.987 s. 409.1671</u>, which have been specifically approved by the department. The covered group of individuals who are eligible to receive targeted case management include children who are eligible for Medicaid; who are between the ages of birth through 21; and who are under protective supervision or postplacement supervision, under foster-care supervision, or in shelter care or foster care. The number of individuals who are eligible to receive

Page 120 of 122

targeted case management is limited to the number for whom the Department of Children and <u>Families Family Services</u> has matching funds to cover the costs. The general revenue funds required to match the funds for services provided by the community-based child welfare projects are limited to funds available for services described under <u>s. 409.990 s. 409.1671.</u> The Department of Children and <u>Families Family Services</u> may transfer the general revenue matching funds as billed by the Agency for Health Care Administration.

Section 46. Paragraph (d) of subsection (1) of section 420.628, Florida Statutes, is amended to read:

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

(1)

(d) The Legislature intends that the Florida Housing Finance Corporation, agencies within the State Housing Initiative Partnership Program, local housing finance agencies, public housing authorities, and their agents, and other providers of affordable housing coordinate with the Department of Children and Families Family Services, their agents, and community-based care providers who provide services under s. 409.987 s. 409.1671 to develop and implement strategies and procedures designed to make affordable housing available whenever and wherever possible to young adults who leave the child welfare system.

Section 47. For the 2014-2015 fiscal year, the sum of

Page 121 of 122

3147	\$3,291,903 in recurring funds and \$85,161 in nonrecurring funds
3148	from the General Revenue Fund, and \$560,000 in recurring funds
3149	from the Federal Grants Trust fund, are appropriated to the
3150	Department of Children and Families, and 21 full-time equivalent
3151	positions with associated salary rate of 999,991 are authorized,
3152	for the purpose of implementing this act.
3153	Section 48. For the 2014-2015 fiscal year, the sum of
3154	\$122,936 in recurring funds from the General Revenue Fund are
3155	appropriated to the Department of Health for the purpose of
3156	implementing this act.
3157	Section 49. This act shall take effect July 1, 2014.