

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/CS/HB 1473 Children and Young Adults in Out-of-home Care

**SPONSOR(S):** Health & Human Services Committee, Children, Families & Seniors Subcommittee, Busatta Cabrera and others

**TIED BILLS:** **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	17 Y, 0 N, As CS	Woodruff	Brazzell
2) Health Care Appropriations Subcommittee	15 Y, 0 N	Fontaine	Clark
3) Health & Human Services Committee	20 Y, 0 N, As CS	Woodruff	Calamas

### SUMMARY ANALYSIS

Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with families to address the problems endangering children. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children. In most cases, children are reunified with their families. When reunification is not possible, DCF attempts to place the child in a permanent home with relatives or adoptive families. When permanency is not achieved, a child in foster care will age out of the system at 18, or may enter extended foster care until age 21 (or 22 with a disability). To prepare older foster youth for adulthood and transition out of care, Florida provides independent living services.

The bill supports older youth by better preparing them for adulthood, improving permanency so they don't stay in foster care until 18, and providing additional supports to those who do age out of the child welfare system. Specifically, the bill:

- Requires DCF to assess each child's readiness for transition to adulthood and requires transition planning at an earlier age to allow more time for preparation.
- Requires the Florida Institute for Child Welfare to evaluate the state's delivery of life skill services and DCF to provide more support to caregivers in delivering those services.
- Improves collection and reporting of performance measures and outcomes for independent living skill development and transition success.
- Allows the court to consider a motion to reinstate parental rights, under very limited circumstances.
- Requires CBCs to provide post-adoption supports to avoid dissolution of adoptions.
- Creates an Office of Continuing Care at DCF to help people who have aged out of the child welfare system and requires CBCs to annually contact young adults to reconnect them to independent living services.
- Expands eligibility for the Keys-to-Independence program to young adults in the Postsecondary Education Supports and Services (PESS) program, rather than only for young adults in Extended Foster Care.
- Allows young adults in the PESS program to access financial assistance in emergencies.
- Requires CBCs to provide intensive supports for young adults who aged out of care.

Some children experience multiple placement moves while in care because the child's current placement cannot be stabilized and is not in the child's best interest. The bill seeks to reduce placement trauma by minimizing placement moves, requiring thoughtful transitions when moves happen, and enhancing sibling contact. Specifically, the bill:

- Requires a face sheet of important information so all are aware of the child's history and situation.
- Specifies priority of placements in situations where moves may not be developmentally appropriate.
- Creates child and family teams to review proposed placement moves by DCF when the proposed placement goes against the priority placement for that child.
- Gives more guidance on how child welfare professionals can support sibling connections.
- Requires placement transitions that support the child's specific needs.

The bill has significant, negative recurring fiscal impacts on DCF. The House proposed General Appropriations Act includes funding for certain provisions of the bill.

The bill provides an effective date of October 1, 2021.

# FULL ANALYSIS

## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### **Background**

#### **Department of Children and Families**

The Department of Children and Families (DCF) mission is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.<sup>1</sup> DCF must develop a strategic plan to fulfill its mission and establish measureable goals, objectives, performance standards, and quality assurance requirements to ensure the department is accountable to taxpayers.<sup>2</sup>

Under s. 20.19(4), F.S., DCF must provide services relating to:

- Adult protection.
- Child care regulation.
- Child welfare.
- Domestic violence.
- Economic self-sufficiency.
- Homelessness.
- Mental health.
- Refugees.
- Substance abuse.

DCF must also deliver services by contract through private providers to the extent allowed by law and funding.<sup>3</sup> These private providers include managing entities delivering behavioral health services and community-based care lead agencies (CBC's) delivering child welfare services.

The total agency budget is \$3.2 billion.

#### **Florida's Child Welfare System**

Chapter 39, F.S., creates the dependency system charged with protecting child welfare. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. DCF and CBC's work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.

DCF's practice model is based on the safety of the child within the home by using in-home services, such as parenting coaching and counseling, to maintain and strengthen that child's natural supports in his or her environment. The graph below shows the responses for children determined to be unsafe, depicting the percentage of such children placed in out-of-home placements, receiving services in the home or through family support services, which are offered to families on a voluntary basis, and receiving no services.<sup>4</sup>

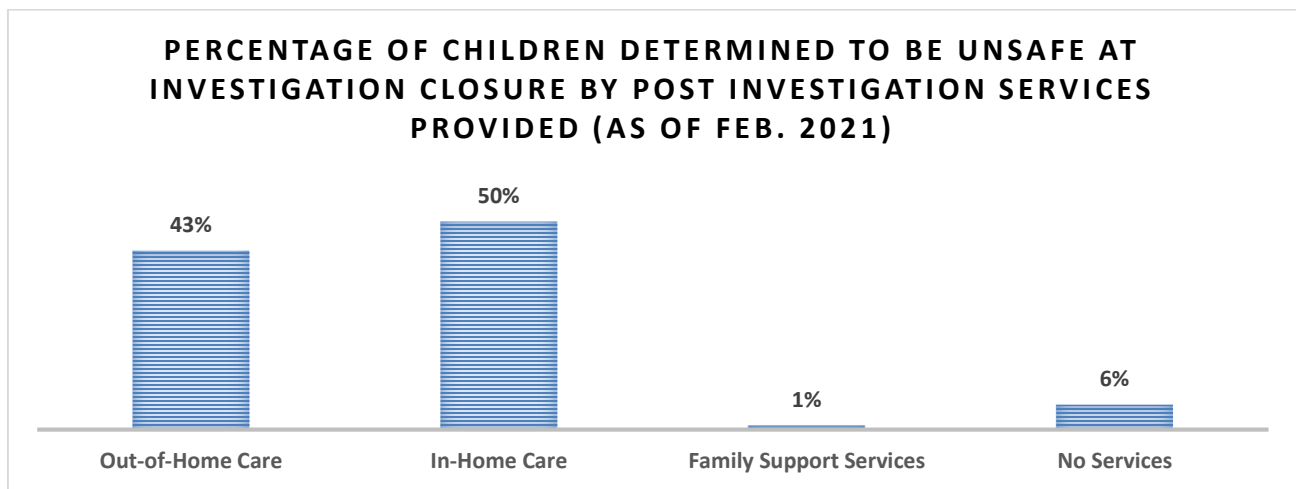
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<sup>1</sup> S. 20.19(1), F.S.

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> Florida Department of Children and Families, Child Welfare Key Indicators Monthly Report, (Feb. 2021), [http://centerforchildwelfare.fmhi.usf.edu/qa/cwkeyindicator/KI\\_Monthly\\_Report\\_Feb%202021.pdf](http://centerforchildwelfare.fmhi.usf.edu/qa/cwkeyindicator/KI_Monthly_Report_Feb%202021.pdf) (last visited Mar. 2, 2021).



DCF contracts for case management, out-of-home services, and related services with CBC's. The outsourced provision of child welfare services is intended to increase local community ownership of service delivery and design. CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.

DCF remains responsible for a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.<sup>5</sup> Ultimately, DCF is responsible for program oversight and the overall performance of the child welfare system.<sup>6</sup>

### Dependency Case Process

When child welfare necessitates that DCF remove a child from the home, a series of dependency court proceedings must occur to adjudicate the child dependent and place that child in out-of-home care. Steps in the dependency process may include:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in their child's dependency.
- Placement in out-of-home care, if necessary.
- Reunification with the child's parent or another option to establish permanency, such as adoption.

## The Dependency Court Process

<sup>5</sup> OPPAGA, report 06-50.

<sup>6</sup> *Id.*

<b>Dependency Proceeding</b>	<b>Description of Process</b>	<b>Controlling Statute</b>
Removal	A child protective investigation determines the child's home is unsafe, and the child is removed.	s. 39.401, F.S.
Shelter Hearing	A shelter hearing occurs within 24 hours after removal. The judge determines whether to keep the child out-of-home.	s. 39.401, F.S.
Petition for Dependency	A petition for dependency occurs within 21 days of the shelter hearing. This petition seeks to find the child dependent.	s. 39.501, F.S.
Arraignment Hearing and Shelter Review	An arraignment and shelter review occurs within 28 days of the shelter hearing. This allows the parent to admit, deny, or consent to the allegations within the petition for dependency and allows the court to review any shelter placement.	s. 39.506, F.S.
Adjudicatory Trial	An adjudicatory trial is held within 30 days of arraignment. The judge determines whether a child is dependent during trial.	s. 39.507, F.S.
Disposition Hearing	If the child is found dependent, disposition occurs within 15 days of arraignment or 30 days of adjudication. The judge reviews the case plan and placement of the child. The judge orders the case plan for the family and the appropriate placement of the child.	s. 39.506, F.S. s. 39.521, F.S.
Postdisposition hearing	The court may change temporary placement at a postdisposition hearing any time after disposition but before the child is residing in the permanent placement approved at a permanency hearing.	s. 39.522, F.S.
Judicial Review Hearings	The court must review the case plan and placement every 6 months, or upon motion of a party.	s. 39.701, F.S.
Petition for Termination of Parental Rights	Once the child has been out-of-home for 12 months, if DCF determines that reunification is no longer a viable goal, termination of parental rights is in the best interest of the child, and other requirements are met, a petition for termination of parental rights is filed.	s. 39.802, F.S. s. 39.8055, F.S. s. 39.806, F.S. s. 39.810, F.S.
Advisory Hearing	This hearing is set as soon as possible after all parties have been served with the petition for termination of parental rights. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for termination of parental rights.	s. 39.808, F.S.
Adjudicatory Hearing	An adjudicatory trial shall be set within 45 days after the advisory hearing. The judge determines whether to terminate parental rights to the child at this trial.	s. 39.809, F.S.

## *Judicial Review Hearings*

Under current law, courts hold judicial review hearings at least every six months until the child reaches permanency status. Permanency status is reached when the child has found or has been placed in a permanent home. At every judicial review hearing, the social service agency is required to make an investigation and social study concerning all pertinent details relating to the child and provide a written report to the court. The report must include a variety of information including a description of the placement of the child, the services provided to address the child's needs, and a statement concerning the frequency, duration, and results of parent-child visitation.

The court is required to hold a judicial review hearing within 90 days after a child's 17<sup>th</sup> birthday. The social study report at the hearing is required to include additional information related to transitioning the child from foster care to adulthood. The report must include written verification that the child has:

- 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.
- A certified copy of the child's birth certificate and, if the child does not have a valid driver license, a Florida identification card.
- A social security card and information relating to social security insurance benefits if the child is eligible for such 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 the funds.
- 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, the child must be advised that he or she may continue to reside in the licensed family home or with the group care provider with whom the child is residing on his or her 18<sup>th</sup> birthday, in another licensed family home, or with a group care provider arranged by DCF.
- An open bank account or the identification necessary to open a bank account and essential banking and budgeting skills.
- Information on public assistance and how to apply for public assistance.
- A clear understanding of where he or she will be living on his or her 18<sup>th</sup> birthday, how living expenses will be paid, and the educational program or school in which he or she will be enrolled.
- Information related to the ability of the child to remain in care under the age of 21.
- A letter providing the dates that the child is under the jurisdiction of the court.
- A letter stating that the child is in compliance with financial aid documentation requirements.
- The child's educational records.
- The child's entire health and mental health records.
- The process for accessing his or her case file.
- A statement encouraging the child to attend all judicial review hearings occurring after the child's 17<sup>th</sup> birthday.
- Information on how to obtain a driver license or learner's driver license.

At the first judicial review hearing held subsequent to the child's 17<sup>th</sup> birthday, DCF has to provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13<sup>th</sup> birthday, or since the date the child came into care, whichever came later.<sup>7</sup>

At the last review hearing before the child reaches 18 years of age, the court shall also:

- Address whether the child plans to remain in foster care, and if so, ensure the child's transition plan includes a plan for meeting one or more of the criteria for remaining in care.
- Ensure that the transition plan includes a supervised living arrangement.
- Ensure the child has been informed of:

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<sup>7</sup> S. 39.701(3)(b), F.S.  
**STORAGE NAME:** h1473e.HHS  
**DATE:** 4/20/2021

- The right to continued support and services from DCF and CBC's.
- The right to request termination of dependency jurisdiction and be discharged from foster care.
- The opportunity to reenter foster care.
- Ensure the child, if the child requests termination of dependency jurisdiction and discharge from foster care, has been informed of:
  - Services or benefits for which the child may be eligible based on his or her former placement in foster care.
  - Services or benefits that may be lost through termination of dependency jurisdiction.
  - Other federal, state, local, or community-based services or supports available to him or her.

When a young adult remains in foster care after reaching 18 years of age, the court shall review the status of the young adult at least every 6 months and must hold a permanency hearing at least annually.<sup>8</sup> DCF and CBC's must prepare a report for the court, in collaboration with the young adult, that addresses the young adult's progress in meeting the goals in the case plan. The report must include progress information related to the young adult's independent living plan and transition plan, if applicable, and shall propose modifications as necessary to further the young adult's goals.

### Foster Care Placements

When children cannot safely remain at home with parents, Florida's child welfare system finds safe out-of-home placements for children. After a placement assessment to determine the most appropriate out-of-home placement, a child may be placed with a relative, fictive kin, licensed foster parent, in a group home or residential setting.<sup>9</sup> When a child is placed in foster care, DCF has placement care and responsibility and may move a child at any time and without court approval.

National research has shown an association between frequent placement disruptions and outcomes that are adverse to the child.<sup>10</sup> Some of the adverse outcomes include poor academic performance and social or emotional adjustment difficulties such as aggression, withdrawal, and poor social interaction with peers and teachers. Despite this evidence, in the past, child welfare systems made limited efforts to intervene and reduce placement instability as a mechanism for improving outcomes for children.<sup>11</sup> Mismatching placements to children's needs has been identified as a factor that negatively affects placement stability. Identifying the right placement requires an effective assessment.<sup>12</sup>

In 2008, the Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act) shifted policies to increase federal support to states to place more children permanently with relative guardians or adoptive parents, and enhance aid to foster youth.<sup>13</sup> The Fostering Connections Act, in part, increased kinship guardianship assistance payments and increased grants to specified entities which provided kinship navigator programs. The changes included that:

- A child must be placed in the least restrictive, most family-like setting available in close proximity to the home of his or her parents.
- The placement must meet the needs of the child.
- Within a timely manner, a child must be placed in a permanent home.<sup>14</sup>

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<sup>8</sup> S. 39.701(4), F.S.

<sup>9</sup> R. 65C-28.004, F.A.C.

<sup>10</sup> See The Imprint, A Look Back at the Impact of Research on Child Welfare Policy, <https://imprintnews.org/analysis/look-back-impact-research-child-welfare-policy/28350> (last visited Feb. 22, 2021).

<sup>11</sup> Noonan, K. and Rubin, D., et al., The Children's Hospital of Philadelphia Research Institute, *Securing Child Safety, Well-being, and Permanency Through Placement Stability in Foster Care*, Fall 2009, p. 2, [https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab\\_EtoA\\_CSAW\\_Fall\\_2009.pdf](https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_EtoA_CSAW_Fall_2009.pdf) (last visited Feb. 17, 2021).

<sup>12</sup> Teija Sudol, *Placement Stability Information Packet*, National Resource Center for Permanency and Family Connections, Dec. 2009, [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/Placement\\_Stability\\_Info\\_Pack.htm](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Placement_Stability_Info_Pack.htm) (last visited Feb. 22, 2021).

<sup>13</sup> See Fostering Connections to Success and Increasing Adoptions Act; Pub. L. 110-351; See also the National Conference of State Legislatures, *Fostering Connections to Success and Increasing Adoptions Act of 2008*, <https://www.ncsl.org/documents/cyf/FosteringConnectionsSummary.pdf> (last visited Feb. 22, 2021).

<sup>14</sup> See Adoption Assistance and Child Welfare Act of 1980; Pub. L. 96-272.

In 2017, the Florida Legislature recognized the above-mentioned shift in federal policy by amending s. 39.523, F.S., to require a comprehensive placement assessment when any child is placed into out-of-home care. The placement assessment determines the child's needed level of care and matches the child with the most appropriate placement.<sup>15</sup> The CBC or subcontracted agency with the responsibility for assessment and placement must coordinate a multidisciplinary team (MDT) staffing with any individual who is currently involved with the child.<sup>16</sup> The participants include, but are not limited to:

- A representative from DCF and the case manager for the child.
- A therapist.
- Attorney ad litem.
- Guardian ad litem.
- Teachers.
- Coaches.
- Children's Medical Services.
- Other community providers of services to the child or stakeholders, as applicable.
- Clergy, relatives, and fictive kin, if appropriate.<sup>17</sup>

Team participants must gather data and information on the child which is known at the time of the staffing including, but not limited, to:

- Mental, medical, behavioral health, and medication history.
- Community ties and school placement.
- Current placement decisions relating to any siblings.
- Alleged type of abuse or neglect including sexual abuse and trafficking history.
- The child's age, maturity, strengths, hobbies or activities, and the child's preference for placement.<sup>18</sup>

The most appropriate available out-of-home placement must be chosen after the members of the MDT consider all of the information and data gathered, including the results and recommendations of any evaluations conducted.<sup>19</sup> Out-of-home placement decisions must be reviewed as often as necessary to ensure permanency and to address special issues related to children in out-of-home care.<sup>20</sup> Placement assessments and placement decisions must be documented in the Florida Safe Families Network (FSFN).<sup>21, 22</sup>

At each judicial review, the court is required to consider the results of the placement assessment, the placement decision, and services provided to the child.<sup>23</sup>

### *Siblings*

An important consideration in the placement of children into out-of-home care involves the placement of sibling groups. Children may experience additional trauma if they are separated from their siblings while

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<sup>15</sup> Ch. 2017-151, L.O.F.

<sup>16</sup> S. 39.523(2)(a), F.S.

<sup>17</sup> *Id.*

<sup>18</sup> *Id.* The comprehensive placement assessment process may also include the use of an assessment instrument or tool that is best suited for the individual child.

<sup>19</sup> S. 39.523(2)(c), F.S.

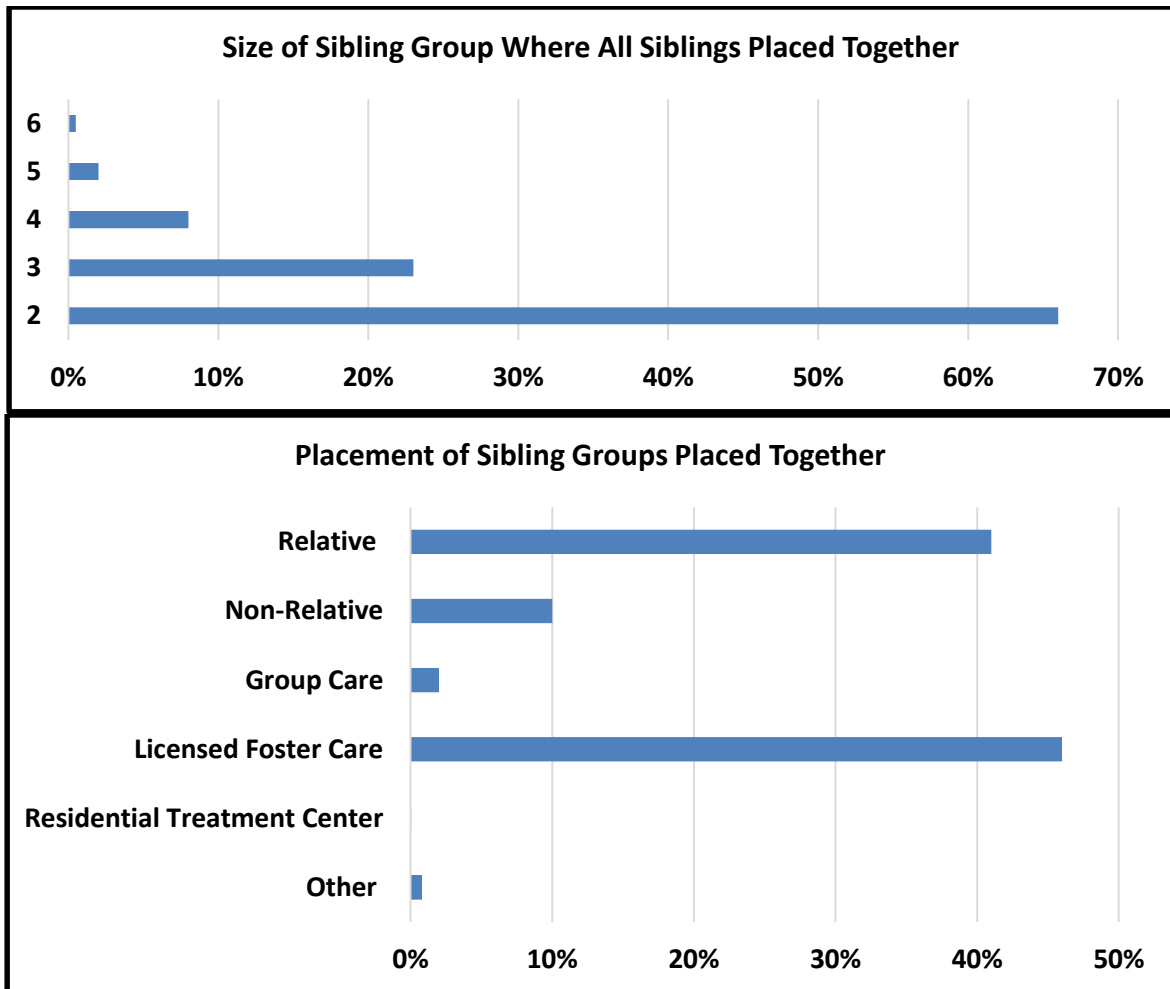
<sup>20</sup> S. 39.523(2)(d), F.S. Further, s. 39.523(2)(f), F.S., provides that if it is determined during the comprehensive placement assessment process that residential treatment as defined in s. 39.407, F.S., would be suitable for the child, the procedures in that section must be followed.

<sup>21</sup> S. 39.523(2)(e), F.S.

<sup>22</sup> The FSFN system is Florida's implementation of the Statewide and Tribal Automated Child Welfare Information Systems (SACWIS/TACWIS), which is a federally funded data collection system. All states were required to collect and report particular information to the federal government. States had the option of creating a SACWIS model in order to comply with these federal reporting requirements or they may implement an alternative data collection model. This information was then compiled into the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). Both systems are made publicly available on the Children's Bureau's Child Welfare Outcomes Report Data website. See the National Conference of State Legislatures, *Child Welfare Information Systems*, June 25, 2020, <https://www.ncsl.org/research/human-services/child-welfare-information-systems.aspx> (last visited Feb. 22, 2021).

<sup>23</sup> S. 39.523(3), F.S.

in care. The sibling bond is crucial to child development and adjustment.<sup>24</sup> Joint sibling placements can increase the likelihood of achieving permanency and stability.<sup>25</sup> Approximately two-thirds of children in foster care have a sibling in care, yet it is estimated that more than 70 percent of children with siblings are separated from one or more of their siblings while in care.<sup>26</sup> The graphs below show how many sibling groups were all placed together and the placement type as of December 31, 2020.<sup>27</sup>



Child welfare agencies experience a number of obstacles to placing siblings together while in care including:

- Children in sibling groups often have diverse and special needs, some of whom may require one-on-one attention or medical attention.
- When there's sexually or physically abusive behavior between siblings.
- Foster and adoptive parents often unwilling to take in sibling groups.
- Having resources to find and maintain placements for sibling groups.
- Children entering care through different agencies, possibly in different jurisdictions.<sup>28</sup>

Federal law has attempted to increase joint sibling placements and maintain sibling relationships. The Fostering Connections Act addresses the importance of keeping siblings together by requiring states to

<sup>24</sup> The Children's Bureau, Child Welfare Information Gateway, *Sibling Issues in Foster Care and Adoption*, <https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>

<sup>25</sup> *Id.*  
<sup>26</sup> The Casey Family Programs, *How are child protection agencies promoting and supporting joint sibling placements and adoptions?*, <https://www.casey.org/joint-sibling-placements/> (last visited Feb. 22, 2021).

<sup>27</sup> Florida Department of Children and Families, Florida's Child Welfare Statistics, *Sibling Groups Where All Siblings are Placed Together*, <https://www.myflfamilies.com/programs/childwelfare/dashboard/siblings-together.shtml> (last visited Mar. 3, 2021).

<sup>28</sup> The National Center for Youth Law, *Keeping Siblings together: Past, Present, and Future*, <https://youthlaw.org/publication/keeping-siblings-together-past-present-and-future/> (last visited Feb. 22, 2021).



make reasonable efforts to maintain sibling connections in order to receive federal funding. To receive federal funding states must:

- Make reasonable efforts to place siblings together in out of home care unless it documents that it would be contrary to their safety or well-being.
- Allowing frequent visitation if siblings are not placed together, unless the state documents that it would be contrary to the children's safety or well-being.<sup>29</sup>

In general, child protection agencies understand the importance of maintaining sibling connections and have embraced approaches that support sibling placements. Thirty-seven states and the District of Columbia have statutes requiring agencies to make reasonable efforts to place siblings together unless a joint placement would not be in the best interests of one of the siblings, such as when one sibling poses a risk to the other.<sup>30</sup> Additionally, 35 states and Puerto Rico have statutes requiring agencies to make provisions for siblings who cannot be placed together, including opportunities for visits and other forms of contact or communication.<sup>31</sup>

Strategies to mitigate the barriers to joint sibling placements include:

- Prioritizing placement with kin.
- Establishing clear policies and training for caseworkers and foster or adoptive parents about the importance of preserving sibling connections, and ensuring siblings are assigned to the same caseworker, regardless of when they enter care.
- Involving children in placement decisions for the sibling group.
- Utilizing targeted foster or adoptive parent recruitment and retention strategies that aim to recruit foster and adoptive homes specifically for sibling groups, and homes that are reflective of the racial and ethnic diversity of children in care.<sup>32</sup>

Florida law currently addresses sibling placement and visitation throughout Ch. 39 and 409, F.S. However, there is no single consolidated section specifically related to siblings in foster care.

- Section 409.996(19)(b), F.S., requires DCF and CBC's to monitor and document any reasons that siblings are not placed together in out-of-home care. It also requires sibling placement information to be incorporated into the results-oriented accountability system and into the evaluation of outcomes and made available to the Florida Institute for Child Welfare for use in assessing the performance of child welfare services.
- Section 39.522(1)(a)8., F.S., requires the court, when determining whether a change of placement is in the best interests of the child, to consider the child's previous and current relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.
- Section 39.6012(3)(b), F.S., requires that the case plan include a description of the parent's visitation rights and obligations and the plan for sibling visitation if the child has siblings from whom he or she is separated.

#### *Postdisposition Change of Custody*

The dependency court may change the temporary legal custody or the conditions of protective supervision at a postdisposition hearing when a child is already under the jurisdiction of the court, without the necessity of another adjudicatory hearing.

At any time before a child is residing in the permanent placement approved at the permanency hearing, DCF or any other interested person in the child's case may file a motion alleging a need for a change in the conditions of protective supervision or the placement for a child who has been placed in:

- The child's own home under the protective supervision of an authorized agent of DCF;
- The home of a relative;
- The home of a legal custodian; or

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<sup>29</sup> *Supra* note 13.

<sup>30</sup> *Supra* note 24.

<sup>31</sup> The Children's Bureau, Child Welfare Information Gateway, *Placement of Children with Relatives*, <https://www.childwelfare.gov/pubPDFs/placement.pdf>

<sup>32</sup> *Supra* note 24.

- Some other place.<sup>33</sup>

If the parents or other legal custodians deny the need for a change, the court must hear all parties in person or by counsel, or both. Upon the admission of a need for a placement change or after the hearing, the court must enter an order changing the placement, modifying the conditions of protective supervision, or continuing the conditions of protective supervision as ordered.<sup>34</sup>

The standard for changing custody of the child must be in the child's best interests. In making a determination whether a change of legal custody or placement is in the best interests of the child, the court must consider:

- The child's age.
- The physical, mental, and emotional health benefits to the child by remaining in his or her current placement or moving to the proposed placement.
- The stability and longevity of the child's current placement.
- The established bonded relationship between the child and the current or proposed caregiver.
- The reasonable preference of the child, if the court has found that the child is of sufficient intelligence, understanding, and experience to express a preference.
- The recommendation of the child's current caregiver.
- The recommendation of the child's guardian ad litem, if one has been appointed.
- The child's previous and current relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.
- The likelihood of the child attaining permanency in the current or proposed placement.
- Any other relevant factors.<sup>35</sup>

If the child is not placed in foster care, the new placement for the child must meet the home study criteria and court approval under Ch. 39, F.S.<sup>36</sup>

A court must consider additional factors when deciding whether to place a child in out-of-home care after the child was placed in the child's own home with an in-home safety plan or the child was reunified with a parent or caregiver with an in-home safety plan to determine whether to place the child in out-of-home care. The factors include, at a minimum:

- The circumstances that caused the child's dependency and other subsequently identified issues.
- The length of time the child has been placed in the home with an in-home safety plan.
- The parent's or caregiver's current level of protective capacities.
- The level of increase, if any, in the parent's or caregiver's protective capacities since the child's placement in the home based on the length of time the child has been placed in the home.<sup>37</sup>

In addition, the court is required to evaluate the child's permanency goal and change the permanency goal as needed if doing so would be in the best interests of the child. If the court changes the permanency goal, the case plan must be amended pursuant to s. 39.6013(5), F.S.<sup>38</sup>

### *Placement Transitions*

Transition planning and practice may be used for any move from one caregiver to another, including to or from a biological parent. It is important to minimize the number of out-of-home care placements in every child's case. However, in some situations, a change in out-of-home care placement might be considered necessary.<sup>39</sup>

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<sup>33</sup> S. 39.522(1)(a), F.S.

<sup>34</sup> *Id.*

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

<sup>36</sup> S. 39.522(1)(b), F.S.

<sup>37</sup> S. 39.522(4), F.S.

<sup>38</sup> S. 39.522, F.S.

<sup>39</sup> Advokids, *Transition Planning*, available at <https://advokids.org/childhood-mental-health/transitions/> (last visited Feb. 22, 2021).

Once the child establishes a bond with a caregiver who becomes the psychological parent, transition planning from one caregiver's home to another must be as emotionally protective as possible.<sup>40</sup> Poorly executed or improperly timed transitions may adversely affect a child's healthy development and capacity to attach to others.<sup>41</sup>

Any change in primary caregiver may be very traumatic, and this trauma can be minimized by implementing a caring transition plan. Visitation with a future caregiver does not establish the same bond that develops with a caregiver who provides day-to-day care. This even includes visitation with a biological parent or relative who has been visiting consistently and appropriately, which suggests there will inevitably be trauma when the child is moved to a different day-to-day caregiver when the child has formed an attachment to a current caregiver.<sup>42</sup>

Transition planning and visitation should be tailored to the individual child's circumstances, and consideration must be given to certain factors such as the child's age and attachment to his or her current caregiver. Special consideration should be given to transitioning infants and toddlers who are removed from their placement during developmental phases that may be adverse to such change, given they may lack verbal skills or developmental ability and maturity to understand what is happening to them.<sup>43</sup>

The fundamental task in early childhood is the formation of attachment. Attachment is an emotional bond with another person. It is believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. Typical attachment stages are:

- At 0-8 weeks of age, the stage for developing secure attachment is being set. During this pre-attachment period the mother will 'warm up' the emotional bond with her sensitive and consistent responses. The infant may distinguish between caregivers but in general displays little preference. Baby separation anxiety in relation to the mother has not kicked in yet.
- At 2-6 months, the child starts to distinguish more clearly between known and unknown figures. The child starts to get a sense of how his or her mother will react when they are anxious or distressed.
- At 6-11 months, the baby has developed a clear understanding as to who his or her primary caregiver is.
- At 18-24 months, the child's attachment behavior is very clear. The child is very conscious of good strategies for reaching the desired proximity of his or her caregiver.<sup>44</sup>

Infants and toddlers who are removed from their home and placed in out-of-home care need special consideration through transitions from one caregiver to another. Because they may be non-verbal or lack the developmental ability and maturity to understand what is happening to them, let alone articulate it, their feelings are easily overlooked or misinterpreted. Young children in out-of-home care suffer the same grief and loss and doubts that older children do, without the ability to express what the child is feeling.<sup>45</sup>

Florida law addresses out-of-home care transitions and educational stability in a number of circumstances, including, but not limited to:

- Section 39.6035(1), F.S., requires, within 180 days after a child reaches 17 years old, DCF and CBC's to collaborate with the caregiver and other individuals identified by the child to assist the child with developing a transition plan to prepare for aging out of care.<sup>46</sup>

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<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

<sup>42</sup> *Id.*

<sup>43</sup> Child Advocates, *Smooth Transitions for Young Children in Foster Care*, <https://www.childadvocates.net/smooth-transitions-young-children-foster-care/> (last visited Feb. 22, 2021).

<sup>44</sup> Positive Parenting Ally, *Psychology Attachment Behavior*, <https://www.positive-parenting-ally.com/psychology-attachment.html> (last visited Feb. 22, 2021).

<sup>45</sup> *Supra* note 39.

<sup>46</sup> Sec. 39.6035(1), F.S. The plan must address housing, health insurance, education, and workforce support and employment services.

- Section 39.604(5), F.S., requires transition plans when it is not in a child's best interest to remain in the child care or early education setting that he or she attended prior to being placed into out-of-home care and requires the caregiver to collaborate with specified individuals to determine the best setting for the child.
- Section 39.701(3)(d), F.S., requires certain transition planning at the last judicial review hearing before the child reaches 18 years of age.

DCF's administrative rules require two weeks' notice prior to a change of placement except in emergency situations and requires a transition plan to a new placement if the child's current placement is unable to be stabilized and is not in the child's best interest.<sup>47</sup>

DCF also has operating procedures for transition planning for youth to ensure that children develop necessary life skills and to prepare children to transition to adulthood.<sup>48</sup> Caregivers are required to take the lead role in ensuring children and young adults in their home are provided the skills necessary to transition to adulthood and report on the progress of skills development. These skills include daily living activities and other essential independent living skills for enhanced well-being and self-sufficiency.<sup>49</sup> Child welfare professionals are also required to assess life skill progress and incorporate assessment outcomes into relevant case management planning and reporting functions.<sup>50</sup> An Informational Needs Assessment is completed monthly for youth and young adults 13 years of age or older.<sup>51</sup>

### *Education Transitions*

Federal law contains requirements to ensure educational stability for a child in out-of-home care. The Every Student Succeeds Act (ESSA)<sup>52</sup> was signed into law on December 10, 2015. ESSA reauthorized the Elementary and Secondary Education Act and includes new provisions that promote educational stability for children in foster care so they can continue their education without disruption, maintain important relationships, and have the opportunity to achieve college and career readiness. The law also emphasizes the importance of collaboration and joint decision-making between child welfare and educational agencies.

Specific protections related to children in out-of-home care include:

- Being able to remain in the same school when in the child's best interest.
- Immediate enrollment in school and transfer of school records.
- School transportation when changing schools.
- Point of contact designated within the state educational agency.
- Local educational agency point of contact.
- Required data collection and reporting. State educational agencies are required to report annually on student achievement and graduation rates for students in out-of-home care.<sup>53</sup>

The Fostering Connections Act also places requirements on child welfare agencies to work with schools to support the educational needs of children in foster care. The Fostering Connections Act helps children in out-of-home care, guardianship, and adoption achieve their educational goals by requiring states to ensure children attend school and, when placed in out-of-home care, remain in the same school where appropriate, or, when a move is necessary, get help transferring promptly to a new school. It also provides increased federal support to assist with school-related transportation costs.

<sup>47</sup> Rule 65C-28.005, F.A.C.

<sup>48</sup> Department of Children and Families, *CFOP 170-17 Transitioning Youth and Young Adults*, July 29, 2019, <https://myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-17%20Services%20for%20Transitioning%20Youth%20and%20Young%20Adults/CFOP%20170-17,%20%20Chapter%2002,%20Transition%20Planning%20for%20Youth.pdf>.

<sup>49</sup> *Id.*

<sup>50</sup> *Id.*

<sup>51</sup> *Id.*

<sup>52</sup> The Every Student Succeeds Act, Public Law 114-95.

<sup>53</sup> *Id.*

Section 39.604, F.S, requires transition plans when it is not in a child's best interest to remain with the child care provider or early education setting attended prior to out-of-home care placement and requires the caregiver to collaborate with specified individuals to determine the best setting for the child.

### Multidisciplinary Teams

The use of a multidisciplinary team (MDT) in child welfare settings is a concept that has been an established practice for over 60 years with hospital-based child protection teams<sup>54</sup> and, more recently, child advocacy centers.<sup>55</sup> Because of the complex nature of child abuse and neglect investigations and family assessments and interventions, MDT's are used to enhance and improve child protective investigations and responses necessary for children and families to recover and succeed. MDT's are becoming more widely used to involve a variety of individuals, both professional and non-professional, that interact and coordinate their efforts to plan for children and families receiving child welfare services.

Utilizing a MDT approach builds upon existing family-centered approaches to care. The use of a strengths-based, family-centered multidisciplinary process is important in engaging children, youth and families in the development and implementation of their individual case or treatment plans or other related services designed to meet their needs.<sup>56</sup> By sharing decision-making and working together, it is more likely that positive and lasting outcomes will be achieved.<sup>57</sup>

MDT's can help eliminate, or at least reduce, many barriers to effective action, including a lack of understanding by the members of one profession of the objectives, standards, conceptual bases, and ethics of the others; lack of effective communication; confusion over roles and responsibilities; interagency competition; mutual distrust; and institutional relationships that limit interprofessional contact.<sup>58</sup> As a result, a number of states<sup>59</sup> are using a MDT team model, also known as a "Child and Family Team". This model is premised on the notion that children and families have the capacity to resolve their problems if given sufficient support and resources to help them do so.<sup>60</sup>

In California, for example, creation of a child and family team begins when a child enters out-of-home care. A child welfare social worker engages with a child and his or her family, and then uses a variety of strategies to identify other team members and factors to develop a plan to help achieve positive outcomes for a child's safety, permanency, and well-being.<sup>61</sup> This strengths-based approach to child welfare recognizes that families are experts in their own lives, and they can achieve success when they have an active role in creating and implementing solutions.<sup>62</sup>

Currently, Florida law provides for the use of MDT's in a number of circumstances, including:

- Child Protection Teams under s. 39.303, F.S.;
- Child advocacy center multidisciplinary case review teams under s. 39.3035, F.S.;
- Out-of-home placement assessments under s. 39.523, F.S. ; and

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<sup>54</sup> The Kempe Foundation, *Child Protection Team Celebrates 60 Years*, <http://www.kempe.org/child-protection-team-celebrates-60-years/> (last visited Feb. 22, 2021).

<sup>55</sup> The National Children's Alliance, *History of NCA*, <https://www.nationalchildrensalliance.org/history-of-nca/#:~:text=The%20history%20of%20National%20Children's,system%20to%20help%20abused%20children> (last visited Feb. 22, 2021).

<sup>56</sup> The Kinship Center, *The Importance of the Child and Family Team*, <http://www.kinshipcenter.org/about-kinship-center/news-and-events/breaking-news/the-importance-of-the-child-and-family-team-cft.html> (last visited Feb. 22, 2021).

<sup>57</sup> *Id.*

<sup>58</sup> National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health, Education, and Welfare, *Multidisciplinary Teams In Child Abuse And Neglect Programs*, 1978, <https://www.ojp.gov/pdffiles1/Digitization/51625NCJRS.pdf> (last visited February 22, 2021).

<sup>59</sup> See Clark County Department of Family Services, *Child and Family Team Meetings Nevada Case Planning and Assessment Policies*, [https://www.childwelfare.gov/pubPDFs/NV\\_CaseManagementTrainingFacilitator.pdf](https://www.childwelfare.gov/pubPDFs/NV_CaseManagementTrainingFacilitator.pdf); State of Tennessee Department of Children's Services, *Administrative Policies and Procedures: 31.7*, <https://files.dcs.tn.gov/policies/chap31/31.7.pdf>; Indiana Department of Child Services, *Child Welfare Policy*, Jan. 1, 2020, <https://www.in.gov/dcs/files/5.07%20Child%20and%20Family%20Team%20Meetings.pdf> (all sites last visited Feb. 22, 2021).

<sup>60</sup> California Department of Social Services, *About Child and Family Teams*, <https://www.cdss.ca.gov/inforesources/foster-care/child-and-family-teams/about> (last visited Feb. 22, 2021).

<sup>61</sup> *Id.*

<sup>62</sup> *Id.*

- When a child is suspected of being a victim of human trafficking under ss. 39.524 and 409.1754, F.S.

DCF or CBC's coordinate MDT's for a numbers of additional purposes including adoption, case planning conferences, permanency, safety management issues, when siblings are in separate placements, and institutional placements, among others.<sup>63</sup>

### Permanency

When children are placed in out-of-home care, child welfare agencies must find safe, permanent homes for them as quickly as possible. In most cases, children are reunified with their families. When reunification is not possible, children are placed in permanent homes with relatives or adoptive families. Florida law requires a permanency hearing no later than 12 months after the child was removed from the home or within 30 days after a court determines that reasonable efforts to return the child to either parent are not required, whichever occurs first.<sup>64</sup> The purpose of the permanency hearing is for the court to determine when the child will achieve permanency or whether modifying the permanency goal is in the best interests of the child.<sup>65</sup> A permanency hearing must be held at least every 12 months for any child who continues to be supervised by DCF or awaits adoption.<sup>66</sup>

The permanency goals under Florida law, listed in order of preference are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship under s. 39.6221, F.S.;
- Permanent placement with a fit and willing relative under 39.6231, F.S.; or
- Placement in another planned permanent living arrangement under s. 39.6241, F.S.<sup>67</sup>

Using data that states are required to provide to the federal government, the federal Department of Health and Human Services conducted an analysis of national permanency outcomes for children in the foster care system.<sup>68</sup> The following graph describes the outcomes of children exiting care by age at entry.

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<sup>63</sup> The DCF, Electronic mail from John Paul Fiore, Legislative Specialist, *RE: Follow up on data request from last week*, February 12, 2021 (on file with the Senate Committee on Children, Families, and Elder Affairs) (noting several other meetings and conferences that are held for other purposes throughout dependency cases) (hereinafter cited as "The DCF Supplemental Information").

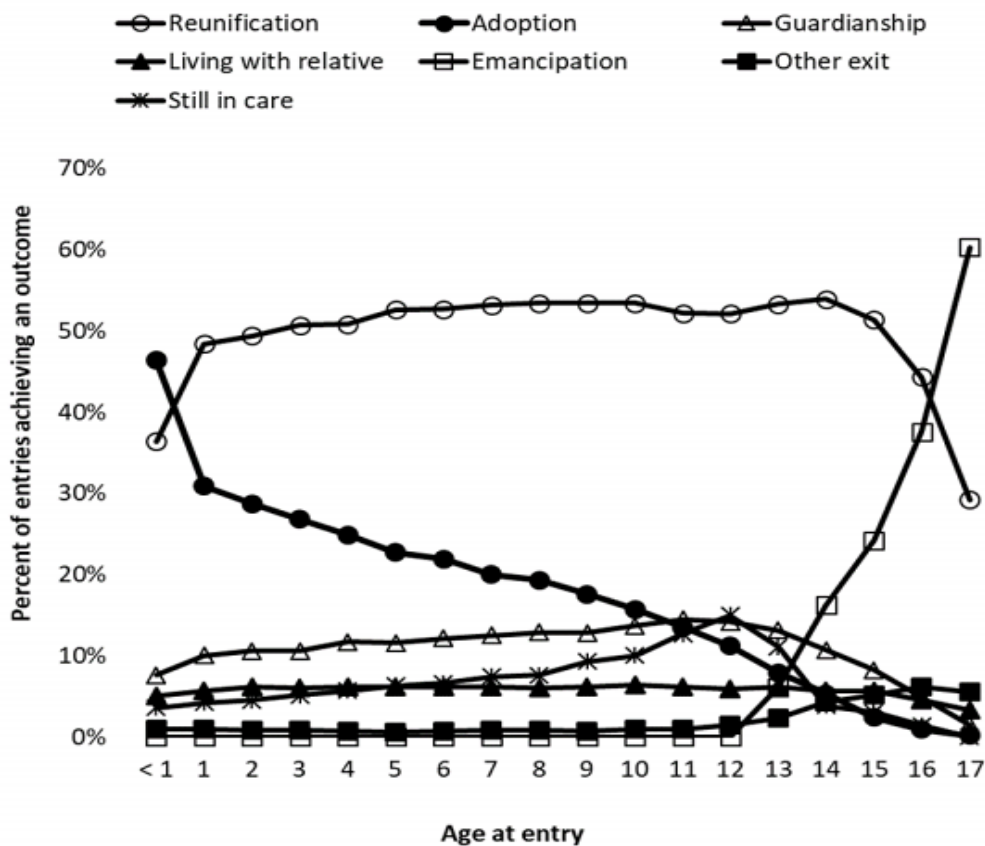
<sup>64</sup> S. 39.621(1), F.S.

<sup>65</sup> *Id.*

<sup>66</sup> *Id.*

<sup>67</sup> S. 39.621(3), F.S.

<sup>68</sup> U.S. Department of Health and Human Services, Administration for Children and Families, ACYF-CB-IM-21-01



The graph documents likely outcomes for children in care.

- Reunification is the most likely outcome for children who enter care between ages 1 and 16.
- Children under age 1 who enter care are the only group for whom adoption is the most likely outcome. The likelihood of adoption decreases the older the child is when they enter care.
- Guardianship likelihood increases the older the child is when they enter care, until age 13.
- Most likely to still be in care after 4 years are those who enter care between ages 9 and 13.
- Emancipation likelihood increases the older the age of entry, for entry between ages 13 and 17.

Children who enter foster care between the ages of 9 and 13 who do not reunify within the first two years may stay in foster care longer, either waiting to be adopted or aging out. For youth entering at age 16 or older, aging out of care is the most likely outcome. Additionally, children who are not reunified within the first year are much less likely to be reunified in subsequent years when compared to younger children who enter care and do not reunify in the first year.

### Older Foster Youth

Young adults who age out of the foster care system have trouble achieving self-sufficiency. Compared to young adults without foster care involvement, these young adults are less likely to earn a high school diploma or GED, or attend colleg. They suffer more from mental health problems, have a higher rate of criminal justice system involvement. They are more likely to have difficulty achieving financial independence, to need public assistance and to experience housing instability and homelessness.

In Federal Fiscal Year 2017, about 189,000 teens and young adults spent at least one day in foster care.<sup>69</sup> Of those who left care during that year, more than 19,000 aged out of care. This generally means youth reached a state's legal age of adulthood without having reached permanency.

In State Fiscal Year (SFY) 2019-20, 1,043 young adults 17 years of age were in Florida's foster care system. Of those, 866 (83%) aged out of care at the age of 18. Such foster youth can elect to enter

<sup>69</sup> Congressional Research Services, *John H. Chafee Foster Care Program for Successful Transition to Adulthood* (Jan. 15, 2019)

<https://fas.org/sqp/crs/misc/IF11070.pdf>

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Florida's extended foster care program if they meet certain requirements. Of these, 487 entered extended foster care and were eligible to receive foster care services until age 21 (or 22 if disabled).

### Independent Living Services

Florida provides independent living services to older youth to help them transition out of foster care and to prepare them to become self-sufficient adults. DCF contracts with Daniel Kids to operate Florida's Independent Living Resource Center. It serves as an information clearinghouse to address all areas of independent living in Florida. It provides information and referral services to former foster youth and others and provides annual statewide training opportunities for Independent Living professionals.<sup>70</sup>

Florida's independent living services include extended foster care (EFC), which applies to young adults who were in licensed foster care upon turning 18.<sup>71</sup> Florida also offers two other independent living programs: Postsecondary Education Services and Supports (PESS) and Aftercare Services. The following table provides information about each program.

Program	Eligibility	Services
<b>Extended Foster Care (EFC)</b>	<p>Young adults who turned 18 in foster care and are:</p> <ul style="list-style-type: none"> <li>• Completing high school or its equivalent; <b>or</b></li> <li>• Enrolled in college or vocational schooling; <b>or</b></li> <li>• Working at least 80 hours per month.</li> </ul> <p>To stay in EFC, the young adult must:</p> <ul style="list-style-type: none"> <li>• Meet with a case manager every month.</li> <li>• Continue to participate in at least one of the required activities above.</li> <li>• Attend court reviews every six months.</li> </ul>	<p>Young adults may choose to remain in licensed foster care and receive foster care services until the age of 21 (22 with a disability).</p>
<b>Postsecondary Education Services and Support (PESS)</b>	<ol style="list-style-type: none"> <li>1. Young adults who turned 18 in foster care and spent at least 6 months in licensed out-of-home care before age 18.</li> <li>2. Young adults who are at least 18 and were adopted from foster care after age 16 or were placed with a court-approved guardian after spending at least 6 months in licensed foster care within the 12 months immediately preceding such adoption or placement; <b>and</b> <ul style="list-style-type: none"> <li>• Have earned a high school diploma or equivalent; <b>and</b></li> <li>• Are attending a college or vocational school that is Florida Bright Futures eligible.</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• \$1,256 per month for: <ul style="list-style-type: none"> <li>○ Housing</li> <li>○ Utilities</li> <li>○ Living expenses</li> </ul> </li> <li>• Available until the age 23.</li> </ul>
<b>Aftercare Services</b>	<p>Young adults who turned 18 while in licensed foster care, but are not yet 23, and</p> <ul style="list-style-type: none"> <li>• Are <i>not</i> in EFC; <b>or</b></li> <li>• Are <i>not</i> in PESS.</li> </ul>	<ul style="list-style-type: none"> <li>• Mentoring</li> <li>• Tutoring</li> <li>• Substance abuse treatment</li> <li>• Counseling</li> <li>• Job and career skills training</li> <li>• Temporary financial assistance for necessities</li> </ul>

The following table provides information on the number of young adults served in each program by each CBC over the last two state fiscal years.

Young Adults* Receiving Services After Turning 18 by Program Type, Lead Agency, and SFY						
CBC	SFY 2017-18			SFY 2018-19		
	EFC	PESS	Aftercare	EFC	PESS	Aftercare
Big Bend Community Based Care	48	56	12	43	50	9
Brevard Family Partnerships	52	38	15	42	25	15
ChildNet (Broward)	195	173	37	175	161	46
ChildNet (Palm Beach)	131	114	30	126	94	21

<sup>70</sup> Daniel, *Florida's Independent Living Resource Center*, <https://www.danielkids.org/our-programs/floridas-i-l-resource-center/> (last visited Feb. 22, 2021).

<sup>71</sup> Ch. 2013-178, L.O.F.



Children's Network of SW Florida	52	67	5	49	78	1
Citrus Family Care Network**	229	236	14	252	230	14
Communities Connected for Kids	35	43	16	41	39	26
Community Partnership for Children	30	61	13	42	53	14
Eckerd Connects (Pasco/Pinellas)	79	77	43	94	86	50
Eckerd Connects (Hillsborough)	82	114	82	81	100	84
Embrace Families***	85	89	40	88	87	43
Families First Network	88	44	15	93	44	16
Family Integrity Program	9	7	2	9	6	2
Family Support Services of North Florida	53	53	36	57	38	36
Heartland for Children	55	41	17	47	43	19
Kids Central	40	45	2	45	32	3
Kids First of Florida	9	15	1	14	18	1
Partnership for Strong Families	10	21	10	10	17	12
Safe Children Coalition	24	25	11	36	20	15
<b>Statewide</b>	<b>1306</b>	<b>1319</b>	<b>401</b>	<b>1344</b>	<b>1221</b>	<b>427</b>

\*Young adults are those who have turned 18 but who have not yet turned 21 (22 with a disability).

\*\*Citrus Family Care Network was formerly Our Kids of Miami-Dade/Monroe.

\*\*\*Embrace Families was formerly Community Based Care of Central Florida.

### *The Federal National Youth in Transition Database*

The National Youth in Transition Database (NYTD), which became operational in 2011, seeks to capture the characteristics and experiences of current and former foster youth across the country. The NYTD tracks the independent living services each state provides to foster youth in care and assesses each state's performance in providing independent living and transition services.

To comply with this requirement, DCF conducts periodic surveys of current and former foster youth ages 18-22, who turned 18 in licensed care. Many of the young adults completing the survey are receiving services through EFC, PESS, and Aftercare. The following table has some results from the 2018 Florida NYTD spring survey. The survey provided outcomes related to education, employment, housing, finances and transportation, health and well-being, and connections.<sup>72</sup> The report contained the survey responses of 933 young adults.

Area	Outcome
<b>Education</b>	<ul style="list-style-type: none"> <li>74% are enrolled in and attending high school, GED classes, post-high school vocational training, or college.</li> <li>12% experienced barriers that prevented them from continuing education. The top three reported barriers included the need to work full-time, not having transportation, and having academic difficulties.</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>15% are employed full-time (35 hours per week or more).</li> <li>26% are employed part-time.</li> <li>78% had a paid job over the last year.</li> <li>22% completed an apprenticeship, internship, or other on-the-job training, either paid or unpaid.</li> </ul>

<sup>72</sup> Florida National Youth Transition Database, 2018 Survey Data Report, <https://www.myflfamilies.com/service-programs/independent-living/docs/2018%20Florida%20NYTD%20Statewide%20Report%20Final.pdf> (last visited Feb 22, 2021).

<b>Housing</b>	<ul style="list-style-type: none"> <li>• The top three current living situations included living in their own apartment, house, or trailer; living with friends or a roommate; and living in a group care setting (including a group home or residential care facility).</li> <li>• 41% had to couch surf or move from house to house because they didn't have a permanent place to stay.</li> <li>• 27% experienced some type of homelessness in the past year.<sup>73</sup></li> </ul>
<b>Financial &amp; Transportation</b>	<ul style="list-style-type: none"> <li>• 46% receive public food assistance.</li> <li>• 10% received social security payments (Supplemental Security Income, Social Security Disability Insurance, or dependents' payments).</li> <li>• 83% have a reliable means of transportation to school/work.</li> <li>• 76% have an open bank account.</li> </ul>
<b>Health &amp; Well-Being</b>	<ul style="list-style-type: none"> <li>• 85% are on Medicaid.</li> <li>• 18% have children.</li> <li>• 34% did not receive medical care for a physical health problem, treatment for a mental health problem, or dental care in the past two years for some health problem needing to be addressed.</li> <li>• 24% were confined in a jail, prison, correctional facility, or juvenile detention facility within the past two years.</li> </ul>
<b>Connections</b>	<ul style="list-style-type: none"> <li>• 85% currently have at least one adult in their life, other than their case manager, to go to for advice or emotional support.</li> <li>• 67% currently have a close relationship with biological family members.</li> </ul>

### Independent Living Services Advisory Council

DCF formed the Independent Living Services Advisory Council (ILSAC) in 2005 to improve interagency policy and service coordination to better support older eligible foster youth in the successful transition to adulthood. The purpose of ILSAC is to review and make recommendations concerning the implementation of Florida's EFC program and independent living services.<sup>74</sup>

DCF's Secretary appoints members of the ILSAC. The membership of the council must include, at a minimum, representatives from DCF's headquarters and regional offices, CBC's, the Department of Juvenile Justice, the Department of Economic Opportunity, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, CareerSource Florida, the Statewide Guardian ad Litem Office, foster parents, recipients of independent living services, and advocates for children in care.<sup>75</sup>

The ILSAC is required to provide an annual report on the implementation of Florida' independent living services efforts to publicize the availability of independent living services, the success of the services, problems identified, recommendations for DCF or legislative action, and DCF's implementation of the recommendations contained in the report.<sup>76</sup>

The 2020 Annual ILSAC Report provided several recommendations to strengthen the independent living services in Florida, including the need for a more standardized approach to reaching young people to educate them on the independent living supports and services available.<sup>77</sup>

### Keys-to-Independence

The Keys-to-Independence program is a state-funded program designed to remove barriers to obtaining a driver license for foster youth and former foster youth.<sup>78</sup> The program pays the cost of driver education, licensure and other costs incidental to licensure and motor vehicle insurance for children in

<sup>73</sup> *Id.*

<sup>74</sup> S. 409.1451(7), F.S.

<sup>75</sup> S. 409.1451(7)(d), F.S.

<sup>76</sup> S. 409.1454(7)(b), F.S.

<sup>77</sup> Department of Children and Families, *The Independent Living Services Advisory Council 2020 Annual Report*, [https://www.myflfamilies.com/service-programs/child-welfare/lmr/docs/2020LMRs/ILSAC\\_Annual\\_Report\\_2020\\_and\\_DCF\\_Response.pdf](https://www.myflfamilies.com/service-programs/child-welfare/lmr/docs/2020LMRs/ILSAC_Annual_Report_2020_and_DCF_Response.pdf) (last visited Feb 22, 2021).

<sup>78</sup> S. 409.1454, F.S.

out-of-home care who have successfully completed a driver education program.<sup>79</sup> Program services are provided to eligible youth to the extent funding permits.

Young adults in EFC are eligible for the program as long as they are enrolled in EFC. The young adult in EFC must demonstrate that the costs of licensure and incidental to licensure are creating a barrier for obtaining employment or completing educational goals.<sup>80</sup> Young adults in PESS qualify for the program for up to six months from their PESS acceptance date. If the young adult does not sign up for the Keys to Independence Program within the six months after acceptance into PESS, the young adult is no longer eligible for the Keys-to-Independence Program.

### Termination of Parental Rights

Beginning with the Adoption Assistance and Child Welfare Act of 1980,<sup>81</sup> federal law has required states to show they have made reasonable efforts to provide assistance and services to prevent a child's removal or to reunify a child with his or her family prior to terminating parental rights. The Adoption and Safe Families Act of 1997 stated, however, that the child's health and safety are the primary concern when assessing the degree for a state to strive in making reasonable efforts.<sup>82</sup> Additionally, that Act does not require states to make reasonable efforts when a court has determined that the parent has subjected the child to aggravated circumstances as defined in state law, which includes but is not limited to, abandonment, torture, chronic abuse, and sexual abuse.<sup>83</sup>

Section 39.806, F.S., regarding grounds for terminating parental rights, addresses DCF's reasonable efforts.

Children whose parents' parental rights have been terminated may have longer durations in care that may not result in finalized adoption.<sup>84</sup> Just over 10 percent of children who enter care between the ages of 11 and 16 have their parents' parental rights terminated. As the age of entry increases, the likelihood of these children staying in care also increases. Typically, 55 percent of children who enter care between the ages of 11 and 16 and have their parents' parental rights terminated are adopted. Those in this age group who are not adopted are most likely to age out of care when compared to younger children or children of the same age whose parents' parental rights are not terminated.

### *Reinstating Parental Rights*

Laws to reinstate parental rights developed in response to children who were aging out of foster care and re-establishing ties with parents and family members.<sup>85</sup> Approximately 22 states<sup>86</sup> have legislation for the reinstatement of parental rights following termination of parental rights. In 13 states,<sup>87</sup> if a permanent placement has not been achieved within a specific timeframe, a petition may be filed with the court requiring reinstatement of the parent's rights. If the court determines that the parent is able to provide a safe home for the child, the request may be granted. In 10 states,<sup>88</sup> statutes specify that reinstatement is only available for older children who have not attained permanent placement. In all cases, the court must determine whether the parent has made substantial progress in correcting the conditions that led to the termination of parental rights and now is able and willing to provide the child

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<sup>79</sup> S. 409.1454(2), F.S.

<sup>80</sup> S. 409.1454(4), F.S.

<sup>81</sup> Adoption Assistance and Child Welfare Act of 1980, Public L. No. 96-272, H.R. 3434, 96th Cong. (1980).

<sup>82</sup> Child Welfare Information Gateway, Children's Bureau, U.S. Department of Health and Human Services, Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children, <https://www.childwelfare.gov/pubPDFs/reunify.pdf> (last visited Feb. 22, 2021).

<sup>83</sup> 42 U.S.C. § 671(a)(15)(D)(i).

<sup>84</sup> *Supra* note 69.

<sup>85</sup> National Conference of State Legislatures, *Reinstatement of Parental Rights State Statute Summary*, <https://www.ncsl.org/research/human-services/reinstatement-of-parental-rights-state-statute-sum.aspx> (last visited Feb. 22, 2021).

<sup>86</sup> Alaska, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Illinois, Iowa, Louisiana, Maine, Michigan, Minnesota, Nevada, New York, North Carolina, Oklahoma, Utah, Virginia, Washington, West Virginia, and Wisconsin.

<sup>87</sup> California (3 years), Colorado (3 years), Delaware (2 years), Georgia (3 years), Hawaii (1 year), Illinois (3 years), Maine (1 year), Minnesota (3 years), New York (2 years), North Carolina (3 years), Oklahoma (3 years), Virginia (2 years), and Washington (3 years).

<sup>88</sup> Delaware (age 14 or older), Hawaii (age 14), Illinois (age 13), Louisiana (age 15), Minnesota (age 15), New York (age 14), North Carolina (age 12), Oklahoma (age 15), Virginia (age 14), and Washington (age 12).

a safe home. The court also must find that reinstatement of the parent's rights is in the best interests of the child and that the parent and the child both agree to the reinstatement.<sup>89</sup>

### Florida Institute for Child Welfare

In 2014, the Legislature established the Florida Institute for Child Welfare (FICW) at the Florida State University College of Social Work. The Legislature created the FICW to provide research and evaluation that contributes to a more sustainable, accountable, and effective child welfare system. The purpose of the FICW 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.<sup>90</sup> Current law requires the FICW to establish an affiliate network of public and private universities with accredited degrees in social work. All public universities with such programs in Florida are currently part of the network. In 2017, the FICW expanded its affiliate network to include research affiliates, and there are now over 50 research faculty affiliates.

The FICW is statutorily mandated to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about scientific evidence regarding child welfare practice, as well as management practices and administrative processes.
- Assess performance of child welfare services based on specified outcome measures.
- Evaluate training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training and consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Recommend improvements in the state's child welfare system.
- Submit annual reports to the Governor and Legislature.

The FICW sponsors and supports interdisciplinary research projects and program evaluation initiatives that contribute to knowledge relevant to enhancing Florida's child welfare outcomes.

### Case Record Face Sheet

A case record face sheet is generally defined as any cover sheet to a multipage document that contains the relevant points covered in the document itself. They are commonly used in the medical or healthcare arenas and typically provides a patient's information at a quick glance. Such face sheets can include contact details, a brief medical history and the patient's level of functioning, along with patient preferences and wishes.<sup>91</sup>

A number of states also use similar face sheets to record pertinent information about a child welfare case, including most notably Iowa and Illinois.<sup>92</sup>

Currently, Florida law does not require a face sheet to be included in the case file for child welfare cases.

## **Effect of Proposed Changes**

### Transitions to Adulthood

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<sup>89</sup> The Children's Bureau, Child Welfare Information Gateway, Grounds for Involuntary Termination of Parental Rights, <https://www.childwelfare.gov/pubPDFs/groundtermin.pdf> (last visited Feb. 22, 2021).

<sup>90</sup> S. 1004.615, F.S.

<sup>91</sup> Caring.com, *What is a Face Sheet*, <https://www.caring.com/articles/what-is-a-face-sheet/>; The Medical Dictionary, <https://medical-dictionary.thefreedictionary.com/face+sheet> (all sites last visited Feb. 22, 2021).

<sup>92</sup> Iowa Department of Human Services, *Child Welfare Services Referral Face Sheet*, <https://dhs.iowa.gov/sites/default/files/470-5150.pdf?102920201715>; State of Illinois, Department of Children and Family Service, *Help Unit Face Sheet*, [https://www2.illinois.gov/dcfs/aboutus/notices/Documents/cfs399\\_2.pdf#search=face%20sheet](https://www2.illinois.gov/dcfs/aboutus/notices/Documents/cfs399_2.pdf#search=face%20sheet) (all sites last visited Feb. 22, 2021).

The bill requires DCF to assist children in foster care in making the transition to independent living and self-sufficiency as adults. To support opportunities for participation in age-appropriate life skills, the bill requires DCF to:

- Identify important life skills that children in out-of-home care should acquire.
- Develop a list of age-appropriate activities and responsibilities useful for the development of specific life skills for use by children and their caregivers. The list of age-appropriate activities must address specific topics tailored to the needs of each child's developmental stage.
- Inform young adults of available independent living services and community resources and how to apply for services.
- Design and disseminate training for caregivers related to building needed life skills.
- Regularly assess each child's readiness, beginning at age 13, for transitions to adulthood. DCF would be required to share the results of the assessments with the caregiver and support the caregiver in creating, implementing, monitoring, and revising plans as necessary to address the child's life deficits, if any.
- Provide opportunities for children in foster care to interact with qualified, trained mentors who are committed to engaging reliably with the child long-term.
- Develop and implement procedures for children of sufficient age and understanding to directly access and manage the personal allowance they receive from DCF.

The bill amends s. 36.701(3), F.S., to begin judicial review transition planning at age 16, rather than 17. This will allow more time and thought for transitions out of foster care.

The bill requires the FICW to evaluate the state's efforts to assist youth in foster care in developing needed life skills to become self-sufficient adults. Specifically, the evaluation must:

- Describe current requirements for caregivers to assist youth in acquiring life skills, the information and available supports provided to caregivers for doing so, and the actual level of engagement in these efforts by caregivers.
- Specify methods and measures used to determine if youth have acquired or developed adequate life skills and how that information is used to support life skills development for youth.
- Describe outcomes on a statewide basis, as well as by individual CBC, and describe how this information is currently being used to improve performance.
- Identify best practices for helping youth in foster care develop life skills and compare the state's current approach to best practices.
- Specify any barriers that may prevent youth from becoming self-sufficient.
- Evaluate whether the state's current approach to developing life skills for youth in foster care is adequate, and recommend any changes to enhance the effectiveness of the state's approach to prepare youth for self-sufficiency. However, such recommendations may also include additional options for achieving the goal of effectively preparing youth for self-sufficiency.
- Include the input from current and former foster youth in its evaluation. The FICW must attempt to interview current and former foster youth on their experience with the state's approach on preparing them for adulthood, what life skills provided were age-appropriate or helpful, and what recommendations the current or former foster youth have to improve the state's approach in preparing them for adulthood.

The bill requires the FICW to submit its evaluation by November 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The bill improves collection and reporting of performance measures and outcomes for independent living skill development and transition success. The bill amends s. 409.1415(7)(b)2., F.S., to require DCF to include the most recent data regarding the status of and outcomes for young adults who turned 18 years of age while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, and an analysis of such data and outcomes. This information will be required in the annual report on the Road-to-Independence program DCF submits by December 31 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Additionally, the bill allows the Independent Living Services Council to consult with current and former foster youth about independent living service delivery and support.

### Permanency

The bill creates s. 39.8155, F.S., to allow courts to consider a motion to reinstate a parent's parental rights after parental rights have been terminated. The bill allows DCF, a parent whose rights were terminated, or the child to file a motion to reinstate parental rights if:

- The grounds for termination of parental rights were based on s. 39.806(1)(a) or (e)1.-3.
- The parent was not the verified perpetrator of sexual or physical abuse of the child.
- The parent has not been a perpetrator involved in any verified reports of abuse, neglect, or abandonment since his or her parental rights for the child were terminated, or the parent has not had his or her parental rights terminated for any other child, under any grounds, in this state or any other jurisdiction.
- The child is at least 13 years of age.
- The child has not achieved permanency and is not in a preadoptive placement, and at least 36 months have passed since the termination of parental rights.

The court will be required to dismiss the motion if the criteria for filing the motion are not met. If a motion to reinstate parental rights is filed, the court must consider all relevant evidence including whether:

- The child possesses sufficient maturity to express a preference regarding the reinstatement of parental rights.
- The child is not in a preadoptive home or under permanent guardianship.
- The parent has a documented change in behavior such that, given the current age and maturity of the child, the circumstances that brought the child into care are remedied.
- The parent demonstrates sufficient protective capacities, given the child's age, physical and behavioral health, and any other specific characteristics and needs, such that the risk of the child reentering care is low.
- Both the parent and child wish to reinstate parental rights.
- A child and family team was convened under s. 39.525, F.S., and recommends the reinstatement of parental rights and has developed a plan to transition the child to the former parent's care.

If all the criteria on the motion for reinstatement of parental rights are established by clear and convincing evidence, the bill requires the court to order DCF to conduct supervised visitation and trial home visits between the child and former parent for at least 3 consecutive months after the completion of a home study. The bill also requires the court to consider the plan developed by the child and family team. DCF would be required to report to the court at least once every 30 days regarding the former parent's interactions with the child and recommend whether the court should reinstate parental rights. If there is an allegation of abuse, neglect, or abandonment of the child by the parent, DCF determines that the child's safety or well-being is threatened, or that such visitation is not in the child's best interest, the bill requires DCF to immediately cease the visitation with the former parent and immediately notify the court.

The court may reinstate parental rights upon a finding of clear and convincing evidence that it is in the child's best interest. The court must place the child in the custody of the former parent with an in-home safety plan upon ordering reinstatement of parental rights. The bill requires the court to retain jurisdiction for at least 6 months after placing the child in the custody of the former parent, during which DCF must supervise the placement and report to the court on the stability of the placement. The bill allows the court to continue jurisdiction for up to 12 months after it reinstates parental rights.

The bill requires the FICW to do a Florida-specific study on age-specific permanency trends to inform prevention and permanency strategies. The analysis must include, at a minimum, all of the following:

- The frequency of permanency outcomes, both long-term and within 2 years of entering foster care, and the differences observed when data are disaggregated by the child's age at entry into foster care.

- The length of time before parental rights are terminated, disaggregated by the child's age at entry into foster care.
- The frequency of permanency outcomes for children whose parents have had their parental rights terminated, the length of time before permanency is achieved, and the differences in the type of permanency and length of time it took to achieve permanency, disaggregated by age of the child when parental rights were terminated.
- The patterns, indicated by the analysis, regarding the length of time it took to achieve permanency, the types of permanency outcomes experienced by children entering foster care at different ages, and how the types of permanency vary based on the status of the rights of the parents of the children.

The FICW is required to submit its report by October 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Additionally, the bill requires CBCs to provide post-adoption support to families who adopt children from the child welfare system. This would help in avoiding dissolution of adoptions that would result in children re-entering care, especially during late adolescence.

### Supports for Former Older Foster Youth

The bill requires CBCs to at least annually attempt to contact older foster youth who have aged out of the foster care system to try to reconnect them to available services. Through this contact, the CBC will communicate to the former foster youth the availability of independent living programs and inquire into the young adult's needs and refer him or her to other programs that may be of assistance.

It also creates an Office of Continuing Care at DCF to help individuals who have aged out of the child welfare system until age 26. The office will provide ongoing support and care coordination needed for young adults to achieve self-sufficiency. Duties of the office include, but are not limited to:

- Informing young adults who age out of the foster care system of the purpose of the office, the types of support the office provides, and how to contact the office.
- Serving as a direct contact to the young adult in order to provide information on how to access services to support the young adult's self-sufficiency, including but not limited to, food assistance, behavioral health services, housing, Medicaid, and educational services.
- Assisting in accessing services and supports for the young adult to attain self-sufficiency, including, but not limited to, completing documentation required to apply for services.
- Collaborating with CBC's to identify local resources that can provide support to young adults served by the office.

The bill expands eligibility for the Keys-to-Independence program to young adults in the PESS program on a case-by-case basis, rather than it just being available to young adults in EFC.

The bill also amends s. 409.1451, F.S., to allow young adults in the PESS program to access financial assistance, through the Aftercare services program, in emergency situations.

Additionally, the bill requires CBCs to provide intensive transition supports for young adults who aged out of care.

### Placement Stability and Transitions

#### *Face Sheets for Child Welfare Cases*

The bill requires DCF to use face sheets containing important information about a child, including all placements. This will make all those involved in the case aware of the child's history and situation.

#### *Postdisposition Change of Custody*

The bill amends s. 39.522, F.S., to allow any party or the current caregiver, rather than just the parents or other legal custodians, to deny a need for a change of placement at postdisposition. If a party or current caregiver denies a change of placement, the court will be required to hear from all parties as to why a change placement is not in the child’s best interest.

*Priority Placements for Initial and Subsequent Placements*

The bill also includes priority of initial and subsequent placements. When a child cannot remain safely at home with a parent, DCF would be required to consider the following options, in order of priority, as the initial out-of-home placement for the child:

- The nonoffending parent.
- A relative caregiver.
- An adoptive parent of the child’s sibling.
- A fictive kin or nonrelative.
- A licensed foster home.
- A group home or congregate care.

The bill requires DCF to place siblings together, if possible and if placement together is in the best interest of each child. DCF would be required to consider the child’s current child care provider or school and seek to maintain attendance at the same child care provider or school until a review is conducted to determine whether changing child care providers or schools is in the child’s best interest.

For subsequent placements, the bill requires DCF to prioritize specific placement options when it is considering moving a child. DCF must keep the child the current placement in three situations:

1	2	3
<ul style="list-style-type: none"> <li>• Reunification is not an option.</li> <li>• The child has resided in the same placement for over 9 months.</li> <li>• The current caregiver requests and is eligible to be an adoptive parent or permanent custodian.</li> <li>• The child is under age 6; or is of sufficient age and understanding to express a preference and prefers to remain.</li> </ul>	<ul style="list-style-type: none"> <li>• The child is between the ages of 1 and 2 years old and has been in the placement for at least 1 month.</li> <li>• The proposed placement is not to reunify the child with a parent.</li> <li>• The current caregiver is willing to continue caring for the child</li> </ul>	<ul style="list-style-type: none"> <li>• The proposed placement is not to reunify a child with a parent or intended to be a permanent placement.</li> <li>• The child has a strong bond with the current caregiver.</li> <li>• The proposed placement is to unify the child with a sibling with whom the child does not have an existing relationship; or the child, if of sufficient age and understanding, expresses a preference to remain.</li> <li>• The current caregiver is willing to continue caring for the child.</li> </ul>

The bill requires DCF to consider moving a child to a new placement when the circumstances do not fit in the three situations to remain in the current placement and:

- The child is separated from a sibling with whom the child had a preexisting relationship with before the most recent removal, and the placement would be with that sibling.
- The child’s placement would not be contrary to the safety or well-being of any child within the group of siblings placed together.
- The child is of sufficient age and understanding to express a preference and that preference is to be placed with the child’s sibling.
- One or more children from the same sibling group are currently placed with a foster parent or in a group home, and the new placement would reunify the entire sibling group with a relative or fictive kin.

*Child and Family Teams*



The bill specifies that child and family teams must be convened under specific circumstances. The bill creates s. 39.525, F.S., to address what child and family teams are, when team meetings should occur, and what is required at each meeting. The bill allows child and family team meetings when an important decision has to be made about the child's life and requires a meeting to be held when a proposed subsequent placement is not consistent with the prioritized placement for that child. The bill requires a child and family team to be led by a trained, skilled facilitator. When possible, and subject to the ability of the facilitator to carry out his or her responsibilities, a child and family team must include:

- The child, if of sufficient age and understanding to participate.
- The child's family members and other individuals identified by the family as being important. However, a parent who has a no contact order or injunction, is alleged to have sexually abused the child, or is subject to a termination of parental rights may not participate.
- The child's current caregiver.
- The child's case manager.
- The child's therapist or other behavioral health professionals, when applicable.

Additionally, the child and family team may also include other professionals, including, but not limited to:

- A representative from Children's Medical Services, if Children's Medical Services is involved with the family;
- A guardian ad litem, if one is appointed;
- The parent's attorney, if applicable;
- A representative from the child's school or child care provider who personally knows the child; or
- Other community providers of services to the child or parents, when applicable.

The child and family team may also include other individuals associated with and supportive of the child and family, including, but not limited to, relatives, friends, neighbors, coaches or other adult leaders of the child's extracurricular activities, clergy or other members of the family's religious community, coworkers of the parents, or other individuals with whom the family identifies as a potential source of support. The bill requires the case manager to determine which individuals are necessary for the meeting; however, the team must be as diverse as possible to ensure that the optimal combination of technical skills, cultural knowledge, community resources, and personal relationships is developed and maintained for the child and family. The bill requires child and family team meetings to be structured to accomplish the identified goal of the meeting and requires members to consider certain things when developing a plan to address the identified goal.

After a child and family team meeting, the bill requires the child's case manager to:

- Document in the child's case plan a description of the roles, responsibilities, and tasks of team members in carrying out the plan to address the identified goal.
- Monitor the plan for progress and ensure that plans are revised or updated as the child's or family's circumstances change.
- Notify the court of the reason for the child and family team meeting and action steps to carry out the team's plan to address the identified goal for the child and family.

If, however, the child and family team cannot come to a unanimous consensus on a plan to address the identified goal, the bill requires the facilitator to notify the court and DCF within 48 hours after the conclusion of the team meeting. DCF must then determine how to address the identified goal of the meeting by what is in the child's best interest.

When a proposed placement is not consistent with the prioritized placement for that child, the bill requires a child and family team to convene to recommend what placement would be in the child's best interest. The bill requires the case manager to provide a report to DCF on the recommended placement and why it is in the child's best interest. If, however, the child and family team cannot come to a unanimous consensus on a placement for the child, the bill requires the facilitator to provide a report to the court and DCF of the concerns raised during the meeting. DCF must then determine what placement is in the child's best interest by considering the facilitator's report and the best interest factors provided in s. 39.522, F.S.

Additionally, the bill requires the FICW to provide recommendations to DCF on the effective use of child and family teams to ensure that Florida is using best practices when a child and family team is convened.

### *Placement Transitions*

The bill requires transitions that support the child's specific needs and avoid unnecessary trauma. Specifically, HB 1473 requires an individualized transition plan for each placement change of a child. The transition plan must begin as early as possible before moving a child and extend as long as necessary to meet the child's developmental stage and psychological needs. However, if a change of placement is due to an emergency, DCF must create a transition plan as soon as possible after the move to assist the child in achieving closure with the former placement and adjusting to the new placement. Additionally, DCF or the CBC must provide support services immediately before, during and after the move.

Except in emergency situations, the bill requires DCF or the CBC to provide at least 14 days' notice of the planned move and must include in the notice for the reason a placement change is necessary. A copy of the notice must be filed with the court and be provided to the parties involved in the child's case and the child's current caregiver.

The bill requires the transition plan to be developed through cooperation among the parties to the child's case and the case manager, and such persons must share any relevant information necessary to develop the transition plan. To the extent it is in the child's best interests, the bill requires transition plans to:

- Respect the child's developmental stage and psychological needs.
- Ensure the child has all of his or her belongings and is allowed to help pack those belongings when age appropriate.
- Allow for a gradual transition from the current caregiver's home with adequate overlap between the two caregivers, and must permit the child to have a final visitation with everyone important to the child from the current placement, including, but not limited to, pets.
- Allow, when possible, for continued contact with the previous caregiver and others in the home after removal.
- Except in an emergency, prohibit a change in placement that occurs between 7 p.m. and 8 a.m.

The bill requires DCF or the CBC to file the transition plan with the court within 48 hours after the creation of such plan and provide a copy of the plan to the parties involved in the child's case and the child's current caregiver.

### Siblings

The bill gives more guidance on how child welfare professionals can support sibling connections. Specifically, DCF and the CBC's must make reasonable efforts to place siblings with an existing relationship in the same out-of-home placement, unless placement is not in the best interests of one of the siblings. If siblings are placed separately, DCF and the CBC's must document in the child's case file and in the face sheet the reasons that joint placement for the siblings was not able to occur and the reasonable efforts DCF will make to provide frequent visitation or other ongoing interaction between siblings.

As long as it is in the best interest of each sibling, the bill requires DCF and the CBC's to:

- Assign siblings to the same case manager, regardless of when a child enters care.
- Provide training to case managers on the importance of preserving sibling connections.
- Periodically reassess sibling placements, visitation, and other sibling interaction in cases where siblings are separated, not visiting, or not interacting to determine if a change of placement is needed.
- Place siblings geographically near each other, such as in the same neighborhood or school district, to make it easier for the siblings to see each other regularly, when possible.

The bill also requires DCF and the CBCs to work with caregivers to help maintain or strengthen relationships among separated siblings by:

- Creating opportunities for siblings to engage in frequent and regular visitation, to be actively involved in each other's lives and to participate in celebrations of life milestones.
- Utilizing other forms of interactions when regular in-person meetings are not possible or are not sufficient to meet the needs or desires of the siblings.
- Coordinating joint outings or summer or weekend camp experiences to facilitate time together.
- Utilizing joint respite care to assist the caregivers who are caring for separated siblings to have needed breaks.
- Prohibiting withholding visitation or interaction among the siblings as a form of punishment.
- Providing a caregiver with information, guidance, training, and support necessary to maintain or strengthen relationships among separated siblings.
- Promptly providing a child with information as to the location of and contact information for his or her siblings who are under DCF's supervision.

The bill further requires DCF and the CBCs to determine whether a child's current placement or permanency plan requires modification and whether contact between siblings would be in the best interests of each child if it becomes known that a child in out-of-home care has a sibling of whom the child was previously unaware.

The bill provides an effective date of

#### B. SECTION DIRECTORY:

- Section 1:** Creating s. 39.00146, F.S., relating to case record face sheets.
- Section 2:** Amending s. 39.522, F.S., relating to postdisposition change of custody.
- Section 3:** Amending s. 39.523, F.S., relating to placement in out-of-home care.
- Section 4:** Creating s. 39.525, F.S., relating to child and family teams.
- Section 5:** Creating s. 39.526, F.S., relating to siblings in out-of-home care.
- Section 6:** Amending s. 39.6035, F.S., relating to transition plan.
- Section 7:** Amending s. 39.701, F.S., relating to judicial review.
- Section 8:** Amending s. 39.806, F.S., relating to grounds for termination of parental rights.
- Section 9:** Creating s. 39.8155, F.S., relating to reinstatement of parental rights.
- Section 10:** Amending s. 409.1451, F.S., relating to the Road-to-Independence program.
- Section 11:** Creating s. 409.14515, F.S., relating to independent living preparation.
- Section 12:** Amending s. 409.1454, F.S., relating to motor vehicle insurance and driver licenses for children in care.
- Section 13:** Amending s. 409.988, F.S., relating to community-based care lead agency duties; general provisions.
- Section 14:** Creating s. 414.56, F.S., relating to Office of Continuing Care.
- Section 15:** Requiring an evaluation and study by the Florida Institute of Child Welfare.
- Section 16:** Provides an effective date.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

##### 1. Revenues:

None.

##### 2. Expenditures:

The House proposed General Appropriations Act (GAA) for Fiscal Year 2021-2022 provides a total of \$18,303,024 to fund various provisions of the bill. The budget proposal includes the following appropriations attributable to the estimated costs incurred by DCF:

- \$2,284,000 – Technology modifications to the Florida Safe Families Network (FSFN) that are necessary to develop case record face sheets. This includes the cost for licensing and support, web services, and for an external provider solution.
- \$5,433,904 – For an additional 98.00 FTE that the DCF estimates will be needed to fulfill the provisions relating to child and family teams that require facilitation by a trained professional. This level of funding is for the salary and benefits, and travel, costs of the new FTE.
- \$2,109,597 – The cost of expanding the Keys-to-Independence program to provide motor vehicle insurance to youth who are receiving postsecondary education services and supports.
- \$3,700,792 – Specifically to assist older children in the foster care system in making a transition towards independent living. These funds are available to develop age-appropriate life skills, training to caregivers, and for the establishment of the Office of Continuing Care.

The State Court System and the Guardian ad Litem program may experience an increased workload due to the additional hearings for sixteen year olds in care regarding transition planning. The impact of these changes is indeterminate.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

#### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill's provisions requiring a transition plan for each placement change is expected to have a significant, negative fiscal impact on CBCs. According to DCF, there were 18,587 instances during FY 2019-2020 that may have required a transition plan. The department estimates that CBCs will require 81 new case management positions to meet these provisions. The House proposed GAA for FY 2021-2022 includes \$4,050,000 to CBCs for the purpose of developing these transition plans.

The bill requires CBCs to continue offering certain services to families whose child was adopted from the child welfare system. The House proposed GAA for FY 2021-2022 includes \$724,731 for post-adoption services provided by CBCs to adoptive parents who may require temporary case management support, information and referral assistance and other related services.

#### D. FISCAL COMMENTS:

None.

### III. COMMENTS

#### A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

**B. RULE-MAKING AUTHORITY:**

The bill provides DCF sufficient rulemaking authority to implement the bill's provisions.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

On April 19, 2021, the Health and Human Services Committee adopted an amendment and reported the bill favorably as amended. The amendment:

- Requires a home study before DCF conducts home visits between a child and former parent whose parental rights may be reinstated.
- Provides an opportunity for young adults in the Postsecondary Education Services and Supports program to access financial assistance in emergency situations.
- Allows the Independent Living Services Advisory Council to consult with current and former foster youth about independent living services delivery and support, rather than requiring the creation of a separate committee.
- Corrects terminology related to life skills and independent living services throughout the bill.

On March 8, 2021, the Children, Families, and Seniors Subcommittee adopted two amendments and reported the bill favorably as amended. The amendments:

- Remove the requirements for the court to hold a judicial review hearing 90 days after the 16<sup>th</sup> birthday of a child in the child welfare system and instead require the court to inquire about the child's independent living skills at the first judicial review subsequent to the child's 16<sup>th</sup> birthday.
- Require the list of age appropriate activities to address specific topics tailored to the needs of each child's developmental stage, and for DCF and CBC's to inform young adults of available independent living services and community resources.
- Require the Florida Institute for Child Welfare to include input from current and former foster youth in its evaluation of the state's efforts to deliver independent living services.
- Include a technical change to reflect that the Office of Continuing Care provides supports to individuals who aged out of foster care up to age 26.

The analysis is drafted to the amended bill as passed by the Health and Human Services Committee.