

FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

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BILL #: [HB 1127](#)

TITLE: Child Welfare

SPONSOR(S): Weinberger

COMPANION BILL: [SB 7012](#)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Human Services](#)

18 Y, 0 N



[Health Care Budget](#)



[Health & Human Services](#)

SUMMARY

Effect of the Bill:

HB 1127 requires the Department of Children and Families (DCF) to create a pilot program for treatment foster care to serve foster children with high behavioral health needs in a family-like setting. The bill requires DCF to develop and maintain a professional recruitment program to fill long-term vacancies in child protection investigator and case manager roles and to mitigate the effect of high turnover rates. The bill requires DCF to convene a case management workgroup to improve these professions. The bill requires DCF to commission a study to evaluate residential bed capacity and non-residential services for commercial sexual exploitation of children (CSEC) victims and to enhance data collection and legislative reporting on the plight of CSEC victims.

Fiscal or Economic Impact:

There is an indeterminate, significant negative fiscal impact on DCF to develop and implement the child welfare professional recruitment program, treatment foster care pilot program, and the convening of the case management workgroup. There is an additional fiscal impact on DCF to contract for a bed capacity study and gap analysis of non-residential treatment for CSEC victims. To the extent licensed caregivers participate in the treatment foster care pilot program, such caregivers may be compensated with room and board rates that function as full-time compensation without creating an employment or independent contractor relationship.

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ANALYSIS

EFFECT OF THE BILL:

Treatment Foster Care Pilot Program

Although less children enter Florida's child welfare system now compared to recent years, a critical mass of the children in the system require extended time in specialized congregate care settings, which offer higher levels of intervention to address childhood trauma. While the current therapeutic family foster home is a family-like setting, licensed caregivers lack the specialized training to treat children with serious mental health, substance abuse, and behavioral health issues. These children need full-time, professional, and individualized attention, but the current therapeutic family foster home, with a typical licensed bed capacity of 5 beds, cannot meet this need.

The bill requires the Department of Children and Families (DCF) to engineer a 4-year pilot program of [treatment foster care](#) (or a substantially similar evidence-based program of professional foster care) for high acuity youth in the child welfare system, to be treated in a foster home setting by foster parents specially trained and supported by DCF to treat youth with unmet, elevated behavioral health needs. The bill caps the number of eligible high acuity youth that can be treated simultaneously in a treatment foster care home at 2. The bill restricts an admitted child's stay to a maximum of 9 months, plus a one-time 3-month extension at DCF's discretion.

The bill requires DCF to hand-pick two judicial circuits for pilot program implementation by January 1, 2026, identifying areas with the greatest need given placement and removal data, and to arrange for an independent

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evaluation of the pilot program. The bill requires DCF to submit a final report to the Governor, President of the Senate, and Speaker of the House by January 1, 2030. (Section [3](#)).

Child Protection Investigator and Case Manager Workforce

Frontline child welfare professionals handle significant caseloads and experience high levels of stress. Burnout is common amongst child protection investigators and case managers and turnover remains high; child protection investigator and case manager vacancies remain unfilled for long periods of time.

The bill requires DCF to programmatically recruit former public safety and public service professionals, including former law enforcement officers, first responders, military servicemembers, teachers, health care practitioners, and emergency management professionals, for [child protective investigator](#) and [case manager](#) roles. The bill requires DCF and the [Community-Based Care Lead Agencies \(CBCs\)](#) to develop and distribute employment and training information and to create a case manager employment referral system that tracks certain performance metrics. The bill authorizes rulemaking to implement the recruitment program. (Section [2](#)).

In addition, the bill requires DCF to assemble a workgroup of certain persons with subject-matter expertise in case management and child welfare policy. The bill requires the workgroup, in collaboration with the [Florida Institute for Child Welfare](#) at the Florida State University, to perform a comprehensive inventory of, conduct analysis of, and propose recommendations for case management public policy in the state. The bill requires the workgroup to convene by July 1, 2025, and to submit a final report to the Governor, President of the Senate, and Speaker of the House by December 1, 2025. (Section [4](#)).

Commercial Sexual Exploitation of Children

While DCF can systematically process verified reports of commercial sexual exploitation of children (CSEC) victims, the current process is inadequate. DCF manually scans hardcopy reports into the child welfare information system. Data extraction and analysis is inevitably cumbersome and time-consuming. The Legislature's Office of Program Policy Analysis and Government Accountability (OPPAGA) recommends that DCF collect individual-level data in a format that allows for easy extraction, aggregation, and analysis.

The bill requires the Department of Children and Families (DCF)'s [legislatively mandated annual report on the commercial sexual exploitation of children \(CSEC\)](#) to include, in redacted format, each DCF placement assessment involving verified CSEC victims for placements at safe foster homes or safe houses.

The bill requires DCF to maintain child-specific data and to extract and analyze child-specific data on an anonymized and aggregate basis. The bill requires this mode of data extraction and analysis to fulfill legislative data requests. (Section [1](#)).

CSEC Bed Capacity Study

DCF certifies licensed safe family homes and safe houses as placements to serve CSEC victims. However, the state lacks sufficient data to assess the current need for these placements, much less to anticipate future bed capacity demand. The bill requires DCF to contract with a vendor to inventory and project [residential treatment bed capacity](#) for CSEC victims, both from within and outside the child welfare system, and to provide a gap analysis of non-residential treatment services for CSEC victims. The bill sets the study completion deadline for December 31, 2025, and the study must include policy recommendations for ensuring sufficient bed capacity and services for CSEC victims. (Section [5](#)).

The effective date of the bill is July 1, 2025, except for Sections [4](#) and [5](#), which become effective upon the act becoming law. (Section [6](#)).

RULEMAKING:

The bill creates new rulemaking authority by authorizing DCF to adopt rules to implement the child welfare professional recruitment program.

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

There is an indeterminate, significant negative fiscal impact on DCF to develop and implement the child welfare professional recruitment program, treatment foster care pilot program, and the convening of the case management workgroup.

There is an additional fiscal impact on DCF to contract for a bed capacity study and gap analysis of non-residential treatment for CSEC victims.

PRIVATE SECTOR:

To the extent licensed caregivers participate in the treatment foster care pilot program, such caregivers may be compensated with room and board rates that function as full-time compensation without creating an employment or independent contractor relationship.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida's Child Welfare System

Administered by the Department of Children and Families (DCF), Florida's child welfare system seeks to:

- Provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development;
- Ensure secure and safe custody;
- Promote the health and well-being of all children under the state's care; and
- Prevent the occurrence of child abuse, neglect, and abandonment.¹

Community-Based Care Lead Agencies (CBCs)

DCF outsources some child protection and child welfare services to 16 community based-care lead agencies (CBCs).² CBCs organize services such as family preservation, mental health services, case management, emergency shelter, foster care, residential group care, postplacement supervision, independent living, and permanency.³ CBCs may subcontract case management and direct care services to other provider groups under certain conditions.⁴

Meanwhile, DCF retains direct control over a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.⁵ Ultimately, DCF must ensure children receive appropriate, quality care. ⁶ For Fiscal Year 2023-2024, the child welfare system served 55,092 children with family support services, in-home child protective services, or out-of-home care.⁷

¹ S. [39.001\(1\)\(a\), F.S.](#)

² S. [409.986, F.S.](#)

³ S. [409.986\(3\), F.S.](#)

⁴ S. [409.988\(1\)\(j\), F.S.](#) Current law requires a CBC to recruit other provider groups when the CBC seeks DCF's approval for an exemption to exceed the 35% cap on the direct provision of child welfare services. Current law conditions the exemption upon a showing that the CBC's geographic service area still lacks a qualified provider after the CBC's good faith recruitment efforts. s. [409.988\(1\)\(j\), F.S.](#)

⁵ S. [409.996, F.S.](#)

⁶ Ss. [409.986\(1\)\(b\), F.S.](#), [409.996, F.S.](#), [409.997, F.S.](#)

⁷ Department of Children and Families, "A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis: State Fiscal Years 2022-2023 and 2023-2024", p. 12 (Dec. 1, 2024)

Child Protection Investigations

Child Abuse Hotline

The Department of Children and Families (DCF) operates a 24/7 central abuse hotline to receive reports of known or suspected child abuse, abandonment, or neglect and of situations where the child needs supervision and care in the absence of an immediately known and available parent, legal custodian, or responsible adult relative.⁸ Florida is a mandatory reporter state, and a knowledgeable and willful failure to report constitutes a third-degree felony.⁹ Notwithstanding mandatory reporting, members of the general public may make reports anonymously.¹⁰ For Fiscal Year 2023-2024, DCF received 323,182 total hotline reports and special conditions contacts.^{11,12}

Verification

Once DCF's Child Abuse Hotline receives a report, the Hotline operator must determine if the report meets the statutory criteria for abuse, abandonment, or neglect, which the table below depicts.¹³

Offense	Statutory Criteria (For Dependency Proceedings – Not Criminal Proceedings)
Child Abuse	Any willful act or threatened act that: <ul style="list-style-type: none">- Results in physical injury,¹⁴ mental injury,¹⁵ or sexual injury;¹⁶ or- Results in harm¹⁷ that causes or is likely to cause significant impairment of the child's physical, mental, or emotional health.

<https://www.myflfamilies.com/sites/default/files/2024-12/2024%20Multi-Year%20Review%20of%20Financial%20Position%20for%20Lead%20Agencies%20Report.pdf> (last visited Feb. 2, 2025).

⁸ S. [39.101\(1\)\(a\), F.S.](#)

⁹ S. [39.205\(1\), F.S.](#) However, the court exempts a victim of domestic violence or persons experiencing other mitigating circumstances from the mandatory reporting requirements. [s. 39.205\(2\), F.S.](#)

¹⁰ S. [39.201\(1\), F.S.](#) Current law requires health care practitioners, school personnel, social workers, professional child care workers, law enforcement officers, judges, animal control officers to identify themselves. However, their identities are kept confidential and exempt from public records disclosure.

¹¹ Department of Children and Families, "A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis: State Fiscal Years 2022-2023 and 2023-2024", p. 12 (Dec. 1, 2024)

<https://www.myflfamilies.com/sites/default/files/2024-12/2024%20Multi-Year%20Review%20of%20Financial%20Position%20for%20Lead%20Agencies%20Report.pdf> (last visited Mar. 5, 2025).

¹² Special condition referrals do not constitute willful abuse, neglect, or abandonment. Instead, special conditions referrals arise when a caregiver experiences incarceration, hospitalization, or death and there is no plan of immediate care for the child. Special condition referrals also include caregiver difficulty in caring for the child to a degree that makes impending danger likely. DCF also treats foster care referrals and reports of child-on-child abuse as special condition referrals. R. 65C-30.001(115), F.A.C.

¹³ [Ss. 39.01\(1\), F.S.](#), [39.01\(2\), F.S.](#), [39.01\(53\), F.S.](#); [s. 39.201\(4\), F.S.](#) Child abuse includes acts or omissions.

¹⁴ Physical injury means the death, permanent or temporary disfigurement, or impairment of any bodily part. [s. 39.01\(66\), F.S.](#)

¹⁵ Mental injury means an injury to the intellectual or psychological capacity of a child as evidenced by a discernable and substantial impairment in the ability to function within the normal range of performance and behavior. [s. 39.01\(51\), F.S.](#)

¹⁶ While sexual injury lacks a chapter-wide definition, sexual abuse of a child covers the offenses listed under [s. 39.01\(80\), F.S.](#)

¹⁷ S. [39.01\(37\), F.S.](#) Harm to a child's health or welfare can occur when any person:

- Inflicts or allows to be inflicted upon the child physical mental or emotional injury (e.g., willful acts that produce statutorily enumerated injuries; purposefully furnishing poison, alcohol, drugs, or related substances; leaving the child without adult supervision or an appropriate arrangement; inappropriate or excessively harsh disciplinary action).
- Commits or allows to be committed sexual battery or lewd/lascivious acts against the child.
- Allows, encourages, or forces the sexual exploitation of a child.
- Exploits, or allows to be exploited, the child's labor so that the child unjustifiably suffers or is endangered.
- Abandons the child.
- Neglects the child.
- Exposes the child to a controlled substance or alcohol.
- Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.
- Engages in violent behavior that demonstrates wanton disregard for the presence of a child and could reasonably result in serious injury to the child.
- Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.
- Allowed a child's sibling to die as a result of abuse, abandonment, or neglect.
- Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

Offense	Statutory Criteria (For Dependency Proceedings – Not Criminal Proceedings)
Child Abandonment	While being able to do so, the caregiver: <ul style="list-style-type: none"> - Fails to make a significant contribution to the child’s care and maintenance; or - Fails to establish or maintain a substantial and positive relationship with the child. Includes infrequent/irregular visitation or communication with the child. Includes the failure to exercise parental rights and responsibilities.
Child Neglect	The active or passive deprivation of necessary food, clothing, shelter, or medical treatment; or the child’s living environment causes significant impairment, or creates a danger of significant impairment, to the child’s physical, mental, or emotional health. Financial inability does not count (unless the parent rejected an offer of relief).

If the report meets one or more of these statutory criteria, then the Hotline operator accepts the report as a verified maltreatment event, opens a new (or reopens an existing case file)¹⁸ for the child, and refers the report for investigation by a DCF Child Protection Investigator (CPI).¹⁹ For FY 2023-24, DCF screened-in 185,390 reports for meeting the statutory requirements to open an investigation.²⁰

Commercial Sexual Exploitation of Children

The commercial sexual exploitation of children (CSEC) – which is the use of any person under the age of 18 years for sexual purposes in exchange for, or, in the promise of, money, goods, or services – is child abuse.²¹ Researchers struggle to obtain an accurate headcount of CSEC victims because CSEC victims do not have immediately recognizable characteristics, many do not have identification, and they are often physically or psychologically controlled by adult traffickers. CSEC victims rarely disclose or provide information on exploitation.²²

In 2023, the DCF verified 339 youth as CSEC victims from 3,358 reports alleging commercial sexual exploitation to the hotline.²³ Of the reports referred for investigation, most came from law enforcement and criminal justice personnel.²⁴ Many of the youth verified as a victim of CSEC were considered “dependent,” meaning they were under the care of the child welfare system within six months prior to their CSEC investigation.²⁵ Generally, dependent youth had higher incidences of maltreatment before their verification of CSEC than children who had no prior child welfare involvement.

The graph below measures the prior maltreatment experiences of CSEC victims, comparing dependent youth with community youth.²⁶

¹⁸ DCF maintains single, standard electronic child welfare case file for each child whose report is accepted by the central abuse hotline for investigation. [s. 39.301\(3\), F.S.](#)

¹⁹ [s. 39.201\(4\), F.S.](#)

²⁰ Department of Children and Families, “A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis: State Fiscal Years 2022-2023 and 2023-2024”, p. 12 (Dec. 1, 2024)

<https://www.myflfamilies.com/sites/default/files/2024-12/2024%20Multi-Year%20Review%20of%20Financial%20Position%20for%20Lead%20Agencies%20Report.pdf> (last visited Mar. 5, 2025).

²¹ Ss. 39.01(2), F.S., [39.01\(80\)\(g\), F.S.](#), [409.016\(1\), F.S.](#)

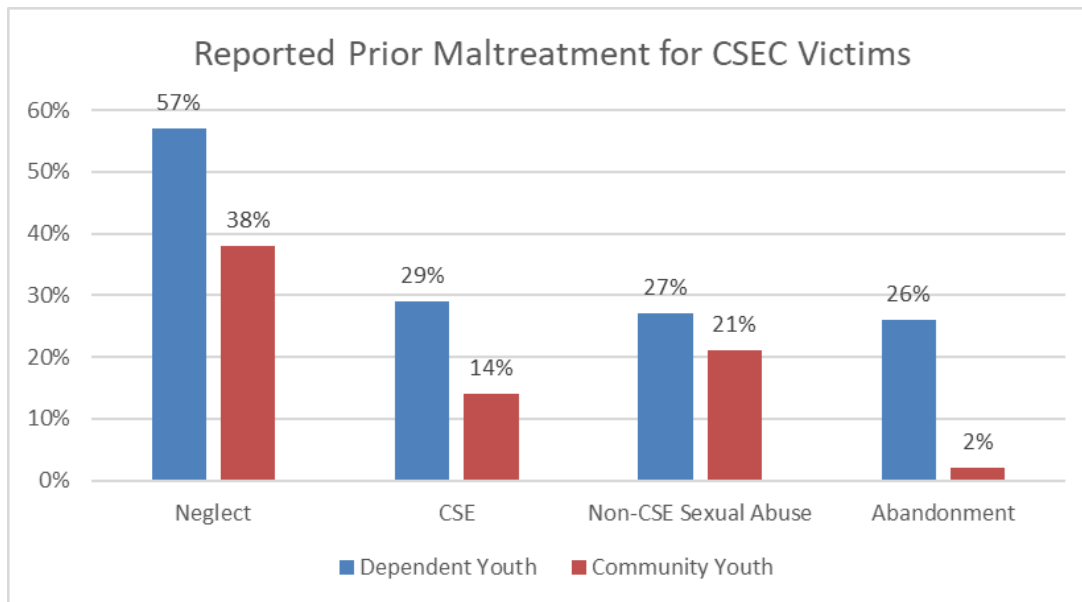
²² The Office of Program Policy Analysis and Government Accountability, *Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2016*, p. 2, available at: <https://oppaga.fl.gov/Products/ReportDetail?rn=16-04> (last visited 2/23/25); U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Commercial Sexual Exploitation of Children and Sex Trafficking*, available at: https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/commercial_sexual_exploitation_of_children_and_sex_trafficking.pdf (last visited 2/23/25).

²³ The Office of Program Policy Analysis and Government Accountability, *Annual Report on the Commercial Sexual Exploitation of Minors 2024*, available at: <https://oppaga.fl.gov/Products/ReportDetail?rn=24-04> (last visited 2/23/25).

²⁴ *Id.*

²⁵ *Id.*

²⁶ Community youth are youth who did not enter the child welfare system within six months of their CSEC investigation. See The Office of Program Policy Analysis and Government Accountability, *Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2024, Report 24-04*, p. 7-8, available at: <https://oppaga.fl.gov/Documents/Reports/24-04.pdf> (last visited 2/23/25).



DCF investigates CSEC victimization reports as human trafficking,²⁷ and current law requires DCF to immediately forward allegations of human trafficking to local law enforcement.²⁸ Various offenses of human trafficking, such as commercial sexual activity, are at least first-degree felonies.²⁹

Investigations

A CPI determines the child’s safety. To this end, a CPI first creates a dossier of the child that documents familial history, child welfare history, household criminal records checks,³⁰ and prior law enforcement contact. The CPI must then conduct face-to-face interviews with the child and other family members, document contemporaneous observations, and solicit opinions from collateral contacts in the child’s life. In addition, a CPI may consult, as applicable, with law enforcement, the Department of Health’s Child Protection Team,³¹ a domestic violence shelter or advocate, or a substance abuse/mental health professional about the necessity and feasibility of a joint response to the verified report of maltreatment.³² DCF assigns CSEC victim cases to CPIs with the prerequisite specialized intensive training.³³

If the CPI discovers impending danger³⁴ or present danger³⁵ to the child, he or she must implement a specific, sufficient, feasible, and sustainable safety plan, in collaboration with a CBC case manager.³⁶

Children’s Medical Services for Victims of Sexual Abuse

²⁷ Human trafficking means transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, purchasing, patronizing, procuring, or obtaining another person for the purpose of exploitation of that person. [s. 787.06\(2\)\(d\), F.S.](#)

²⁸ S. [39.301\(2\), F.S.](#)

²⁹ S. [787.06\(3\), F.S.](#)

³⁰ DCF CPIs hold the designation of “a criminal justice agency” for the purpose of accessing criminal justice information to be used for enforcing Florida law concerning the crimes of child abuse, abandonment, and neglect. CPIs may not use or distribute such information for any purpose other than to support the detection, apprehension, prosecution, pretrial release, posttrial release, or rehabilitation of criminal offenders or persons accused of the crimes of child abuse, abandonment, or neglect. [s. 39.301\(9\)\(a\), F.S.](#)

³¹ A Child Protection Team is a team of professionals established by the Department of Health to receive referrals from the protective investigators and protective supervision staff of the department and to provide specialized and supportive services to the program in processing child abuse, abandonment, or neglect cases. A Child Protection Team shall provide consultation to other programs of the department and other persons regarding child abuse, abandonment, or neglect cases. [s. 39.01\(13\), F.S.](#)

³² [s. 39.301\(9\)\(a\), F.S.](#) See [Ss. 39.01\(72\), F.S., 39.01\(73\), F.S.](#)

³³ S. [409.1754\(3\), F.S.](#)

³⁴ “Impending danger” means a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time. [s. 39.01\(38\), F.S.](#)

³⁵ “Present danger” means a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child’s safety. [s. 39.01\(69\), F.S.](#)

³⁶ [s. 39.301\(9\)\(a\), F.S.](#)

The Children’s Medical Services program at the Department of Health deploys Child Protection Teams for referred cases involving any report alleging sexual abuse of a child.³⁷ Child Protection Teams provide specialized diagnostic assessments, medical evaluations, expert testimony in court cases, and case managers to develop treatment plans for children referred by CPIs.³⁸ Children’s Medical Services develops, maintains, and coordinates sexual abuse treatment programs for victims. Specifically, specialized therapeutic treatment (i.e., crisis intervention, clinical treatment, and therapy) must assist the victim’s recovery from sexual abuse, prevent developmental impairment, restore the child’s developmental functioning, and promote healthy, non-abusive relationships.³⁹

Case Management Services

CBCs employ, or subcontract for, case managers, who are child welfare professionals who coordinate the safety plan and service array for the children referred to the CBCs by the CPIs.⁴⁰ The safety plan may include in-home prevention services like parental coaching, family therapy, and cognitive-behavioral interventions to mitigate impending danger or present danger to the child.⁴¹ DCF regulation requires each case manager to make regular face-to-face contact visits with the children he or she is responsible for to evaluate their progress towards health and well-being.⁴² The frequency of these visits depends on the child’s safety plan and placement, but may not be less frequently than every 30 days.⁴³ Case managers act as liaisons between services providers and the child’s family to measure the sufficiency of services and the effectiveness of the safety plan.⁴⁴

If preventative services are successful, DCF prevents a home removal, a disrupted family, and a foster care placement.⁴⁵

CBCs assign cases involving the commercial sexual exploitation of children to case managers with the prerequisite specialized intensive training.⁴⁶

Dependency Proceedings

The safety plan may not rely on a caregiver’s promises of good behavior and may not offset a his or her lack of capacity or ability to comply.⁴⁷ At any time during the life of the safety plan, should DCF develop probable cause, backed by sufficient facts, that a child cannot remain safely at home, current law authorizes DCF to take custody of the child. Within 24 hours of the home removal, DCF must file a petition for a shelter hearing.^{48,49} DCF may temporarily shelter the child overnight with a relative or nonrelative or in a licensed home or facility.⁵⁰ At the shelter hearing, the court appoints a guardian ad litem for the child.⁵¹

³⁷ S. [39.303\(1\), F.S.](#), [39.303\(4\), F.S.](#)

³⁸ S. [39.303\(3\), F.S.](#)

³⁹ S. [39.303\(10\), F.S.](#)

⁴⁰ Rules 65C-30.001(13), 65C-30.002(1) F.A.C. CBC case managers serve children through community referral, children under DCF investigation, children in shelter status, and children adjudicated dependent.

⁴¹ S. [39.01\(70\), F.S.](#)

⁴² Rule 65C-30.007, F.A.C.

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ S. [39.01\(70\), F.S.](#)

⁴⁶ S. [409.1754\(3\), F.S.](#)

⁴⁷ [s. 39.301\(9\), F.S.](#)

⁴⁸ “Shelter hearing” means a hearing in which the court determines whether probable cause exists to keep a child in shelter status pending further investigation of the case. [s. 39.01\(82\), F.S.](#)

⁴⁹ [Ss. 39.401\(1\), F.S.](#), [39.401\(3\), F.S.](#) To establish probable cause, DCF must find evidence of:

- Past abuse, neglect or abandonment to the child;
- Present suffering of the child from illness or injury as a result of abuse, neglect, or abandonment;
- Imminent suffering of the child from illness or injury as a result of abuse, neglect, or abandonment;
- A material violation of the court’s order of protective supervision (Ss. 39.01(74), F.S., [39.521\(3\), F.S.](#)) or out-of-home placement; or
- The lack of an immediately known or available legal caregiver or kinship caregiver to provide care and supervision for the child.

⁵⁰ [Ss. 39.01\(81\), F.S.](#), [39.402\(8\)\(a\), F.S.](#) DCF must determine the shelter placement according to the same standard as foster care placements – balance the child’s best interests (see [s. 39.01375, F.S.](#)) against the statutory hierarchy of preferred placements (see [s. 39.4021, F.S.](#)).

⁵¹ S. [39.402\(8\)\(c\), F.S.](#)

If the presiding judge agrees with the necessity of home removal and that in-home remedial services will not eliminate the necessity of out-of-home care, the judge will continue the child’s shelter placement.⁵² At the next scheduled hearing (i.e., disposition), the judge orders an out-of-home placement for the child and, if necessary, the accompanying array of social and rehabilitative services.⁵³

Out-of-Home Placements

Current law prioritizes out-of-home placements that are the least restrictive, most family-like settings which are available in close proximity to the child’s home and meets the child’s needs.⁵⁴ Licensed foster care consists of a range of placements for children in out-of-home care that vary in service level. The following chart displays the levels of licensed care.⁵⁵

Licensed Care Placements	
Placement Type	Description
Level I: Child-Specific Foster Home	Places a child with relatives or non-relatives who have an existing relationship with the child and are willing and able to provide care for the child.
Level II: Non-Child Specific Foster Home	Places a child with a foster parent without having a prior relationship between the child and foster parent.
Level III: Safe Foster Home for Victims of Human Trafficking	Places a victim of human trafficking in a safe and stable environment.
Level IV: Therapeutic Foster Home	Places a child with a foster parent that has received specialized training to care for children and adolescents that have significant emotional, behavioral, or social needs.
Group Homes	Places a child in a single family or multi-family community with no greater than 14 children to meet the physical, emotional, and social needs of the child.

During Fiscal Year 2023-2024, DCF served 27,251 children in out-of-home care.⁵⁶

Placement Assessments and Case Plans

To prepare for an out-of-home care placement, DCF must first complete a comprehensive assessment⁵⁷ to identify the level of care needed by the child and match the child with the most appropriate placement. To this end, DCF must organize a multidisciplinary team (MDT) staffing⁵⁸ for the child’s benefit and screen the child for trauma. The

⁵² [Ss. 39.402\(2\), F.S., 39.402\(8\)\(h\), F.S.](#)

⁵³ [S. 39.521\(1\)\(a\), F.S.](#)

⁵⁴ [Ss. 39.4021, F.S., 39.523\(1\), F.S.](#) The statutory hierarchy of preferred placements for a child, in descending order, is with the nonoffending parent, a relative caregiver, an adoptive parent of the child’s sibling, fictive kin with a close existing relationship to the child, a nonrelative caregiver who lacks an existing relationship with the child, licensed foster care, and group or congregate care.

⁵⁵ See generally The Department of Children and Families, *Foster Home Licensing*, available at:

<https://www.myflfamilies.com/services/licensing/foster-care-licensing> (last visited 2/24/25); and Section [409.175, F.S.](#)

⁵⁶ Department of Children and Families, “A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis: State Fiscal Years 2022-2023 and 2023-2024”, p. 12 (Dec. 1, 2024) <https://www.myflfamilies.com/sites/default/files/2024-12/2024%20Multi-Year%20Review%20of%20Financial%20Position%20for%20Lead%20Agencies%20Report.pdf> (last visited Mar. 5, 2025).

⁵⁷ A “comprehensive assessment” entails the gathering of information for the evaluation of a child’s and caregiver’s physical, psychiatric, psychological, or mental health; developmental delays or challenges; and educational, vocational, and social condition and family environment as they relate to the child’s and caregiver’s need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services, as appropriate.” [s. 39.01\(18\), F.S.](#)

⁵⁸ A multidisciplinary team staffing builds consensus towards an informed placement decision by bringing together the child (if he or she is of sufficient age or capacity to participate), the child’s guardian ad litem, the child’s family members (as appropriate) or fictive kin, the current caregiver, a DCF representative (other than a DCF Children’s Legal Services attorney), a CBC representative, the child’s case

MDT integrates the trauma screening results, the assessment results, and the recommended services and interventions into the child’s overall behavioral health treatment plan.⁵⁹

Next, DCF prepares a written case plan from the results of a family functioning assessment, which describes, among other elements, the outstanding domestic problems that necessitated DCF’s intervention on behalf of the child, the permanency goal, and the terms of substantial compliance towards reunification.⁶⁰ Then, at the disposition hearing, the presiding judge reviews DCF’s work and authorizes the child’s out-of-home placement only if he or she approves of the case plan and family functioning assessment.⁶¹

Commercial Sexual Exploitation of Children

DCF summons a MDT staffing⁶² to perform an initial screen and assessment of verified or suspected CSEC victims. The MDT staffing analyzes the results of the assessment to develop a service plan for the CSEC victim. The service plan must identify the CSEC victim’s needs (including family needs), the local services available to meet those needs in the least restrictive environment,⁶³ and whether the CSEC victim needs a safe foster home or safe house setting.⁶⁴ The best interest of the child standard applies to proposed placements for CSEC victims.⁶⁵

Safe Harbor Placements: Safe Foster Homes and Safe Houses

Current law authorizes CSEC victims to access therapeutic treatment services through safe foster homes and safe houses, whether voluntarily, as a condition of probation, through a diversion program, through a dependency proceeding, or through a referral from a CBC or social service agency.⁶⁶ Safe foster homes and safe houses must be DCF-licensed and DCF-certified. The chart below details the general parameters of licensing and certification.⁶⁷

manager, and a Department of Juvenile Justice representative (if the child is dually involved). At DCF’s discretion, the MDT staffing may invite the participation of a Children’s Medical Services representative, a school official who has direct contact with the child, a therapist or other behavioral health professional, a mental health professional with expertise in sibling bonding, or other community service providers. [s. 39.4022\(4\), F.S.](#)

⁵⁹ [S. 39.523\(2\), F.S.](#)

⁶⁰ [S. 39.6011\(2\), F.S.](#), “Substantial compliance” means that the circumstances which caused the creation of the case plan have been significantly remedied to the extent that the well-being and safety of the child will not be endangered upon the child’s remaining with or being returned to the child’s parent. [s. 39.01\(87\), F.S.](#)

⁶¹ [S. 39.521\(1\)\(a\), F.S.](#)

⁶² A multidisciplinary staffing may include, but is not limited to, the child, if appropriate; the child’s family or legal guardian; the child’s guardian ad litem; Department of Juvenile Justice staff; school district staff; local health and human services providers; victim advocates; and any other persons who may be able to assist the child. *See* Section [409.1754, F.S.](#)

⁶³ The nonexhaustive list of available services may be emergency shelters and runaway center services, outpatient individual or group counseling for the victim and the victim’s family or legal guardian, substance use disorder treatment services, drop-in centers or mentoring programs, commercial sexual exploitation treatment programs, child advocacy center services, prevention services, family foster care, therapeutic foster care, safe houses or safe foster homes, residential treatment programs, and employment or workforce training. [s. 409.1754\(1\)\(c\), F.S.](#)

⁶⁴ The MDT staffing must consider seven factors in proposing a placement: 1) risk of the child running away, 2) risk of the child recruiting other children into the commercial sex trade, 3) the level of the child’s attachment to his or her exploiter, 4) the level and type of trauma that the child endured, 5) the nature of the child’s interactions with law enforcement, 6) the length of time that the child was a victim of commercial sexual exploitation, and 7) the extent of any substance abuse by the child. [s. 409.1754\(1\), F.S.](#)

⁶⁵ [S. 39.01375\(12\), F.S.](#)

⁶⁶ [S. 409.1678\(5\), F.S.](#)

⁶⁷ *See* [Ss. 409.175, F.S., 409.1678, F.S.](#)

	Safe Foster Home	Safe House
DCF License Class	Family Foster Home (Level III)	Residential Child-Caring Agency
Bed Capacity (March 2025). ⁶⁸	25 licensed safe foster home beds across 25 certified safe foster homes.	48 licensed safe house beds across 9 certified safe houses.
Shared Certification Requirements	Employs a strength-based, trauma-informed care model. Serves exclusively one sex. Groups CSEC victims by age or maturity level. Keeps CSEC victims and other youth separate. Provides appropriate security infrastructure. Meet personnel qualifications, staffing ratios, and service array requirements. Complete intensive CSEC-related training.	
Unique Certification Requirements	None.	Maintain awake staff members on duty 24/7. Take one of the following security actions: <ul style="list-style-type: none"> • Employ or contract with at least one person with law enforcement, investigative, or similar DCF-approved training; or • Execute a contract or memorandum of understanding with a law enforcement agency to provide appropriate security. Post human trafficking awareness signs and law enforcement contact information.
Other Requirements	Annual DCF inspection. Provide access for CSEC victims to residential treatment centers, mental health treatment at hospitals, and CBC case management services. Keep location of premises confidential and exemption from public records disclosure.	

In FY 2023-2024, the CBCs collectively recommended 115 of 392 youth for safe family home or safe house placement, but only placed 36 in those settings. To this point, safe house bed utilization hinges on two factors outside of CBC control.

First, the selection criteria of safe house providers may prevent some high acuity youth (e.g., severe mental health or active substance abuse) from safe house placement until those youth receive stabilizing treatment. Of the 115 the CBCs recommended for placement, 79 required higher levels of intervention in a substance abuse treatment program, mental health facility, or DJJ commitment program. Geographic restrictions and individual bedroom requirements also inform providers' selection criteria. Second, a CSEC victim reserves the right to refuse safe house placement, a right frequently exercised due to restrictive policies on cell phone privileges and other electronics. DCF reports 49 CSEC victims refused safe house placement in FY 2023-2024.⁶⁹

[Annual Reports](#)

Current law requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) and DCF to gather and analyze CSEC victimization data and submit separate annual reports, supplied with policy

⁶⁸ Email from Christopher Klaban, Deputy Legislative Affairs Director, Department of Children and Families on March 6, 2025, on file with the Health and Human Services Committee.

⁶⁹ Office of Program Policy Analysis and Government Accountability; *Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2024; Report 24-04*, p.12, (July 2024) <https://oppaga.fl.gov/Documents/Reports/24-04.pdf> (last visited Mar. 5, 2025); Office of Child and Family Well-Being, *Annual Report on the Human Trafficking of Children, 2024*, pp. 7-8, (Oct. 1, 2024) https://www.myflfamilies.com/sites/default/files/2024-10/Human_Trafficking_Report_2023-24.pdf (last visited Mar. 5, 2025).

recommendations, to the Governor and the Legislature.⁷⁰ The chart below summarizes the objectives of both reports and the most recently proposed recommendations.⁷¹

	Annual Report on the Commercial Exploitation of Children	Annual Report on the Human Trafficking of Children
Agency	OPPAGA	DCF
Publication	July	October
Main Objectives	<ol style="list-style-type: none"> Analyze the number of CSEC victims identified and tracked by DCF. Describe the specialized services provided to CSEC victims. Present short-term and long-term outcomes. 	<ol style="list-style-type: none"> Identify the prevalence of CSEC. Describe the specialized services and placements for CSEC victims. Describe local service capacity. Describe safe house and safe foster home placements and criteria. Report number of CSEC victims placed and not placed upon evaluation. Supply DCF’s response to OPAGGA findings and recommendations.
Recommendations (2024)	<ul style="list-style-type: none"> - DCF should continue efforts to expand Tier 1 safe house options for CSEC victims (Tier 1 homes are less restrictive than the Tier 2 homes). - Work with Baker Act Reporting Center to improve involuntary commitment data for CSEC victims. - The Department of Juvenile Justice (DJJ) should collaborate with survivor mentors to improve mentors’ ability to enter DJJ facilities. 	<ul style="list-style-type: none"> - DCF supports. - DCF supports. - Not applicable to DCF.

In addition, OPPAGA found that the DCF’s Level of Human Trafficking Placement Tool is a manual paper process, scanned into the child welfare information system, that does not allow for the easy extraction of data.⁷² OPPAGA recommends that individual-level data be collected in a format that allows for easy extraction, aggregation, and analysis.⁷³

[Treatment Foster Care](#)

Overview

Several state legislatures have implemented treatment or professionalized foster care programs as part of their child welfare systems in recent years. Often referred to as treatment foster care, professional foster care, therapeutic foster care, specialized foster care, or foster family-based treatment, these programs aim to place

⁷⁰ [Ss. 39.524\(3\), F.S., 409.16791, F.S.](#)

⁷¹ Office of Program Policy Analysis and Government Accountability; *Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2024; Report 24-04*, pp. 25-26, (July 2024) <https://oppaga.fl.gov/Documents/Reports/24-04.pdf> (last visited Mar. 5, 2025); Office of Child and Family Well-Being, *Annual Report on the Human Trafficking of Children, 2024*, pp. 10-11, (Oct. 1, 2024) https://www.myflfamilies.com/sites/default/files/2024-10/Human_Trafficking_Report_2023-24.pdf (last visited Mar. 5, 2025).

⁷² Office of Program Policy Analysis and Government Accountability; *Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2024; Report 24-04*, p. 23, (July 2024) <https://oppaga.fl.gov/Documents/Reports/24-04.pdf> (last visited Mar. 5, 2025).

⁷³ *Id.*

children with high acuity behavioral needs in settings that are less restrictive than placements such as residential treatment centers, psychiatric hospitals, or group care settings.⁷⁴

Treatment foster parents often receive full-time compensation due to the higher pre-service training requirements and the expectation that treatment foster parents are a vital part of the child's treatment team.⁷⁵ The requirements to become treatment foster parents vary by state, with some requiring one member of the household to stay home full-time,⁷⁶ whereas others require employed foster parents to have flexible work hours.⁷⁷

Program Outcomes

States that have implemented treatment or professionalized foster care programs have reported positive outcomes from these programs. Many children that spend a short period of time in a treatment or professional foster care program require less intense services in their next placement. This is often seen as "stepping down" into a placement level such as a traditional foster care that has less restrictions than professional foster care, or achieving reunification, adoption, or kinship.⁷⁸

Treatment and professional foster care has also been associated with higher rates of placement stability and positive discharges than other types of foster care, such as residential treatment.⁷⁹ Placement stability is important for children in foster care and has been shown to positively impact their safety, permanency, and well-being.⁸⁰ Experiencing multiple placements as a child has been associated with academic difficulties, social challenges, and may delay permanency.⁸¹

Funding Professional Foster Care

Due to increased training requirements and higher reimbursement amounts for professional foster parents, professional foster care can equal higher costs to the state than other types of foster care, including residential treatment.⁸² However, professional foster care has been associated with increased placement stability and an increase in likelihood of a positive discharge from placement.⁸³

States that have implemented professionalized foster care programs use a blend of matched federal funding from Title IV-E and Medicaid.⁸⁴

⁷⁴ Bustillos, Sheila; et.al, Treatment Foster Care in Texas: A Mixed Methods Descriptive Analysis, Texas Alliance of Child and Family Services and the Texas Center for Child and Family Studies, available at: <https://tacfs.org/wp-content/uploads/2021/03/TFC-Research-Report.pdf> (last accessed 11/18/24) and The Florida Institute for Child Welfare, *The Professionalization of Foster Caregiving: Empirical Evidence and Evidence Based Models* (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁷⁵ Bishop-Fitzpatrick, Lauren; et.al. *Outcomes of an Agency-Developed Treatment Foster Care Model for Adolescents*, (2015), Journal of Emotional and Behavioral Disorders, DOI:10.1177/1063426614530470 (last visited 1/17/25).

⁷⁶ The Florida Institute for Child Welfare, *The Professionalization of Foster Caregiving: Empirical Evidence and Evidence Based Models* (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁷⁷ DFPS, Treatment Foster Family Care, available at: https://www.dfps.texas.gov/Child_Protection/Foster_Care/TFFC.asp (last visited 11/18/24).

⁷⁸ DFPS, Treatment Foster Family Care Model and Overview, available at: <https://texaschildrenscommission.gov/media/waler5zp/tffc-powerpoint-legal-final-combined.pdf> (last visited 2/18/25).

⁷⁹ DFPS, Treatment Foster Family Care DFPS Model and Overview, available at: <https://texaschildrenscommission.gov/media/waler5zp/tffc-powerpoint-legal-final-combined.pdf> (last visited 2/18/25).

⁸⁰ Casey Family Programs, *Placement Stability Impacts*, available at: <https://www.casey.org/placement-stability-impacts/> (last visited 2/24/25).

⁸¹ *Id.*

⁸² DFPS, Treatment Foster Family Care DFPS Model and Overview, available at: <https://texaschildrenscommission.gov/media/waler5zp/tffc-powerpoint-legal-final-combined.pdf> (last visited 2/23/25).

⁸³ DFPS, Treatment Foster Family Care DFPS Model and Overview, available at: <https://texaschildrenscommission.gov/media/waler5zp/tffc-powerpoint-legal-final-combined.pdf> (last visited 2/23/25).

⁸⁴ U.S. Department of Health and Human Services, Siebert, et. al, *State Practices in Treatment/Therapeutic Foster Care April 2018*, available at: <https://ncrapidresource.org/wp-content/uploads/2019/12/State-Practices-in-Treatment-Foster-Care.pdf> (last visited 1/21/25).

Title IV-E Funding

Title IV-E of the Social Security Act provides matching federal funding to states to reimburse certain out-of-home services for eligible children and youth in the child welfare system.⁸⁵ To receive these federal dollars, states are subject to Title IV-E reviews to determine the states' eligibility compliance and validate its reimbursement claims.⁸⁶ States can use these funds for room and board costs, administration costs, and recruiting and training treatment foster parents.⁸⁷

Medicaid Funding

Since states have varying Medicaid programs, each state utilizes Medicaid funds differently. States may utilize Medicaid funding to cover treatment services, pay foster parents a paraprofessional caregiver rate, or define treatment foster care as a rehabilitative service.⁸⁸

Child Welfare Workforce

Onboarding

Current law authorizes DCF to use funds from the Child Welfare Training Trust Fund towards the professional development of child welfare professionals providing child welfare services.⁸⁹

Current law requires DCF to approve the core competencies and related preservice curricula that ensures each person delivering child welfare services obtains the knowledge, skills, and abilities to competently carry out his or her work responsibilities.⁹⁰ The Child Welfare Pre-Service Training Program curriculum is primarily comprised of classroom instruction and supplemented with on-line learning and experiential learning (i.e., field activities).⁹¹

DCF regulation classifies three types of child welfare professionals: Child Protective Investigator (CPI), Case Manager, and Licensing Counselor. Regardless of classification, each professional must achieve certification within one year from successful completion of the post-test⁹² or waiver test⁹³ for their respective classification. Certification is valid for two years, and a professional may hold more than one certification.⁹⁴

Turnover and Vacancies

[DCF Child Protection Investigators](#)

The high-stress nature of child protective investigations often contributes to high CPI turnover rates and long-term CPI job vacancies. The following table shows the turnover rate of CPIs in recent years.⁹⁵

⁸⁵ Administration for Children and Families, *Title IV-E Foster Care*, available at: <https://www.acf.hhs.gov/cb/grant-funding/title-iv-e-foster-care> (last visited 1/21/25).

⁸⁶ Administration for Children and Families, *Title IV-E Foster Care Eligibility Reviews Fact Sheet*, available at: <https://www.acf.hhs.gov/cb/fact-sheet/title-iv-e-foster-care-eligibility-reviews-fact-sheet> (last visited 1/21/25).

⁸⁷ U.S. Department of Health and Human Services, Siebert, et. al, *State Practices in Treatment/Therapeutic Foster Care April 2018*, available at: <https://ncrapidresource.org/wp-content/uploads/2019/12/State-Practices-in-Treatment-Foster-Care.pdf> (last visited 1/21/25).

⁸⁸ *Id.*

⁸⁹ S. 402.40(4)(a), F.S.

⁹⁰ S. 402.40(5)(a), F.S.

⁹¹ Rules 65C-33.001(10), 65C-33.003(1), F.A.C.

⁹² The post-test is a competency-based, criterion-referenced, proctored, written or on-line test which is administered at the conclusion of the State of Florida Child Welfare Pre-Service Training Program classroom curriculum. Rule 65C-33.001(18), F.A.C.

⁹³ The waiver test is a competency-based, criterion-referenced, proctored, written or online test which may be administered to individuals whose prior experience allows them the opportunity to take the test in lieu of completing the pre-service training requirements in order to achieve provisional certification. Rule 65C-33.001(29), F.A.C. Once the provisionally certified professional completes specific on-the-job experience and direct supervision requirements, he or she may acquire full certification. See Rule 65C-33.001(12), F.A.C.

⁹⁴ Rule 65C-33.002, F.A.C.

⁹⁵ DCF, *Child Protective Investigator and Child Protective Investigator Supervisor Annual Report 2023*, available at: https://www.myflfamilies.com/sites/default/files/2023-10/CPI_Workforce_2022-23.pdf (last visited 2/25/24).; and Florida Department of Children and Families, *Child Protective Investigator and Child Protective Investigator Supervisor Annual Report*, October 1, 2024, available at: https://www.myflfamilies.com/sites/default/files/2024-09/CPI_Workforce_2023-24.pdf (last visited 2/25/25).

Turnover Rates of DCF Child Protective Investigation Positions			
Position	SFY 21-22	SFY 22-23	SFY 23-24
CPI	71.18%	64.00%	64.30%
Senior CPI	46.38%	14.47%	16.16%
Field Support Consultant	12.42%	16.37%	12.50%
Supervisor	20.21%	11.23%	8.40%
Total	55.40%	45.84%	45.98%

The following chart shows the vacancy rates for child protective investigations staff from SFY 2022-2024.⁹⁶

Vacancy Rates for Child Protective Investigations Staff			
Position	SFY 2022-2023	SFY 2023-2024	Difference in Vacancy Rates
CPI	13.66%	11.31%	-2.35%
Senior CPI	42.11%	16.33%	-25.78%
Field Support Consultant	30.7%	14.63%	-16.07%
Supervisor	18.3%	14.71%	-3.59%

[CBC Case Managers](#)

Similar to DCF's CPI workforce challenges, the CBCs also experience difficulty to retain and fill case manager positions, as the chart below shows.⁹⁷

Case manager caseloads are high and contribute to workforce burnout. From the statewide vantage point, the average caseload ratio across all judicial circuits is 14.17, which means there are 1,709 CBC case managers for 24,216 children subject to child welfare proceedings or services compared to total number of case managers. The chart below records average caseload ratios for each CBC.

Caseload Average for Case Carrying Case Managers by CBC			
CBC	Number of Case Managers	Number of Primary ⁹⁸ Children	Child:Case Manager Average Ratio
Family Integrity Program	16	89	5.56
Communities Connected for Kids	59	579	9.81
ChildNet Broward	124	1229	9.91
ChildNet Palm Beach	94	954	10.15
Children's Network of SW Florida	117	1365	11.67
Safe Children Coalition	64	781	12.20
Community Partnership for Children	86	1069	12.43
NWF Health Network-East	86	1101	12.80
Kids Central, Inc.	138	1861	13.49
Citrus Health Network	105	1550	14.76

⁹⁶ *Id.*

⁹⁷ E-mail from Brittany Lyons, Legislative Specialist with the Florida Department of Children and Families, February 21, 2025 (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁹⁸ A "primary" child is the child subject to the child welfare proceedings or services.

Caseload Average for Case Carrying Case Managers by CBC			
CBC	Number of Case Managers	Number of Primary⁹⁸ Children	Child:Case Manager Average Ratio
Partnership for Strong Families	67	1022	15.25
Family Support Services of Suncoast	141	2167	15.37
Children's Network Hillsborough	133	2132	16.03
NWF Health Network-West	107	1803	16.85
Family Partnerships Central FL	155	2628	16.95
Kids First of Florida Inc	15	259	17.27
Family Support Services of North FL	114	2032	17.82
Heartland for Children	88	1595	18.13
Statewide Average	1,709	24,216	14.17

The vacancy rate for case managers is difficult to calculate as those positions are not set as Full-time Equivalents (FTE) in the annual budget or lead agency contracts with the DCF. The CBCs have the ability to contract for or hire case managers as needed to maintain a sufficient case manager to child ratio.⁹⁹

Through January 2025, the CBCs collectively retained 1115 of the 2032 case managers they had on payroll in January 2024. This represents a 54.87% retention rate and a 45.13% turnover rate, a three percent improvement in both rates from the 2023-2024 calendar year.¹⁰⁰

Recruitment Efforts

In recent years, the DCF has implemented several strategies to increase recruitment for child protection investigations staff to mitigate the high caseloads of staff.

Hiring Fairs

The DCF has increased the number of hiring fairs conducted, with some “on the spot” fairs allowing potential candidates to complete applications and employment screenings onsite.¹⁰¹ Additionally, the DCF has utilized the digital platform Indeed to target the advertisement of hiring events to the appropriate populations. As of February 2024, 35% of attendees of one of the DCF’s virtual hiring events were recommended for interviews.¹⁰²

Continue the Mission

First Lady Casey DeSantis launched the DCF’s Continue the Mission program in 2022.¹⁰³ In collaboration with Florida’s Department of Veteran’s Affairs, the program recruits veterans, military spouses, and former law

⁹⁹ A case manager to child ratio is not set or defined in law. It is a dynamic number that takes many things into account such as the experience of the case manager; acuity of children on the caseload; administrative and non-case-management support services provided by the employing agency; and other relevant factors.

¹⁰⁰ Email from Christopher Klaban, Deputy Legislative Affairs Director, Department of Children and Families on March 6, 2025, on file with the Health and Human Services Committee.

¹⁰¹ Florida Department of Children and Families, *Child Protective Investigator and Child Protective Investigator Supervisor Annual Report*, October 1, 2024, available at: https://www.myflfamilies.com/sites/default/files/2024-09/CPI_Workforce_2023-24.pdf (last visited 2/25/25).

¹⁰² *Id.*

¹⁰³ DCF, *Continue the Mission*, available at: <https://www.myflfamilies.com/continue-the-mission> (last visited 2/25/25).

enforcement officers to further utilize their skills and experiences to become child protective investigators.¹⁰⁴ As of January 2025, 324 Continue the Mission applicants were hired to become child protective investigators.¹⁰⁵

Increased Base Rate of Pay

To increase recruitment efforts, the DCF has increased the base rate of pay for CPIs to remain competitive in the workforce.¹⁰⁶ The following chart shows the increase in base rates for CPIs, Senior CPIs, and CPI Supervisors.

Base Rate Increase for Child Protective Investigations Staff			
Position Title	Base Rate Prior to July 2022	Current Base Rate of Pay as of October 2024	% Increase
Child Protective Investigator (CPI)	\$39,600.08	\$50,000.08	26.26%
Senior CPI	\$41,500.16	\$54,500.16	31.33%
CPI Supervisor	\$49,200.06	\$57,200.00	16.26%

Retention Efforts

Career Advancement

In 2017, the DCF implemented a Child Protection Glide Path to increase the recruitment and retention of CPIs.¹⁰⁷ The Glide Path had three salary levels for CPIs based on skills and core competencies achieved.¹⁰⁸ CPIs who demonstrated specific skills and core competencies had the opportunity to achieve a competency-based salary increase.¹⁰⁹ However, the Glide Path model did not provide the expected career advancement outcomes, and the DCF ended the program in June 2019.¹¹⁰

Workforce Wellness Unit (WWU)

The DCF established the Workforce Wellness Unit (WWU) initiative to enhance the overall well-being of DCF staff and prevent secondary traumatic stress and burnout among CPI staff. Initiatives in the program include the Critical Incident Stress Management (CISM) Team, wellness offerings aimed at promoting holistic wellness, and specialized training programs that address trauma and resilience.¹¹¹

The DCF reports that the recruitment and retention strategies implemented over the past 3 years have reduced the CPI vacancy rate from 13% to 11%, and the CPI Supervisor vacancy rate from 18% to 14%.¹¹²

¹⁰⁴ *Id.*

¹⁰⁵ The Department of Children and Families, Presentation to The Committee on Children, Families, and Elder Affairs, February 11, 2025, *Continue The Mission: An Update on Recruitment and Retention*, slide 6, available at:

https://www.flsenate.gov/Committees/Show/CF/MeetingPacket/6308/11018_MeetingPacket_6308_2.pdf (last visited 3/1/25).

¹⁰⁶ DCF, *Child Protective Investigator and Child Protective Investigator Supervisor Annual Report*, October 1, 2024, available at:

https://www.myflfamilies.com/sites/default/files/2024-09/CPI_Workforce_2023-24.pdf (last visited 2/24/25).

¹⁰⁷ DCF, *Child Protective Investigator and Child Protective Investigator Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report October 2019*, available at: <https://www.myflfamilies.com/sites/default/files/2023-06/CPI%20SuperCPI%20and%20CPI%20Supervisor%20%20Workforce%202019.docx.pdf> (last visited 2/25/25).

¹⁰⁸ *Id.*

¹⁰⁹ *Id.*

¹¹⁰ DCF, *Child Protective Investigations Career Ladder Report*, 2020, available at: https://www.myflfamilies.com/sites/default/files/2023-02/CPI_Career_Ladder_Report_2020.pdf (last visited 2/25/25).

¹¹¹ Florida Department of Children and Families, *Child Protective Investigator and Child Protective Investigator Supervisor Annual Report*, October 1, 2024, available at: https://www.myflfamilies.com/sites/default/files/2024-09/CPI_Workforce_2023-24.pdf (last visited 2/24/25).

¹¹² *Supra* note 106, slide 8

Florida Institute for Child Welfare

The [Florida Institute for Child Welfare](#) (FICW) within the Florida State University College of Social Work evaluates the scope and effectiveness of preservice and in-service training for CPIs and case managers to advise and assist DCF in efforts to improve such training. FICW assesses the readiness of social work graduates to assume job responsibilities in the child protection and child welfare system. FICW identifies gaps in education which can be addressed through the modification of curricula or the establishment of industry certifications. Furthermore, FICW develops and maintains a program of professional support which cultivates adaptive and resilient responses to workplace stress.¹¹³

FICW's flagship workforce education program, Greater Resilience of the Workforce (GROW), targets professional development in the classroom, on-the-job, and through special initiatives. Academically, GROW augments textbook assignments with virtual reality simulations, field exposure, and case study seminars that capture the nuance and complexity of working with children and families. GROW also invests in workforce longevity with specialized professional development tracks and advanced certification programs. In addition, child welfare organizations consult with FICW's GROW program to assess organizational strengths and challenges and to apply best practice recommendations.¹¹⁴

During the 2020 legislative session, the Legislature directed DCF to collaborate with FICW to develop a career ladder for CPIs and CPI Supervisors that included multiple levels of child protective investigator classifications; corresponding milestones and professional development opportunities for advancement; and compensation ranges.¹¹⁵ The Career Ladder provides employees with access to targeted training based on their specific career desires, monetary incentives for moving through the pathways, and supervisory training through mentoring and coaching, if desired.¹¹⁶

FICW publishes a comprehensive annual report on its activities, research, program results, and specific public policy recommendations for improving child protection and child welfare services.¹¹⁷

RECENT LEGISLATION:

YEAR	BILL #	HOUSE SPONSOR(S)	SENATE SPONSOR	OTHER INFORMATION
2023	CS/SB 664	Altman	Burgess	Became law on July 1, 2023.
2023	CS/CS/CS/SB 1064	Borrero	Yarborough	Became law on July 1, 2023.
2023	CS/CS/CS/SB 1690	Salzman	Ingoglia	Became law on July 1, 2023.

OTHER RESOURCES:

[DCF Annual Report on the Human Trafficking of Children \(2024\)](#)

[DCF Annual Report on Child Protective Investigator Workforce \(2024\)](#)

¹¹³ S. [1004.615, F.S.](#)

¹¹⁴ Florida Institute for Child Welfare, Annual Report FY 2023-2024, Florida State University, pp. 13-19, (Oct. 1, 2024). Print. On file with the Health & Human Services Committee. The State Library of Florida maintains all prior annual reports at <https://state-reports.floridacollections.org/florida-institute-child-welfare-fy-annual-report> (last visited Mar. 7, 2025).

¹¹⁵ Ch. 2020-152, Laws of Fla.

¹¹⁶ DCF, Child Protective Investigator and Child Protective Investigator Supervisor Annual Report, October 1, 2024, available at: https://www.myflfamilies.com/sites/default/files/2024-09/CPI_Workforce_2023-24.pdf (last visited 1/14/25).

¹¹⁷ S. [1004.615, F.S.](#)

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	18 Y, 0 N	3/11/2025	Mitz	DesRochers
Health Care Budget Subcommittee				
Health & Human Services Committee				