

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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

BILL: CS/CS/SB 560

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

SUBJECT: Child Welfare

DATE: February 16, 2026 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 560 streamlines the procedures to provide or continue a psychotropic medication prescription for a child in the legal custody of the Department of Children and Families (DCF). The bill clarifies the instances in which a *new* medical report must be filed and considers prescribing physicians and psychiatric nurses that belong to the same group practice as a single prescriber, removing potentially unnecessary and duplicative medical reports.

The bill requires physicians who prescribe psychotropic medication to a child in the Medicaid program to provide the pharmacy filling the prescription with a *copy* of the parent or legal guardian's consent, rather than a *signed attestation* of consent.

The bill excludes dependent children or children in continuing care who have not yet reached 21 years of age from background screening requirements to reduce duplicative screenings.

The bill has no fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Florida's Child Welfare System

Chapter 39, F.S., creates Florida's dependency system to help protect children from abuse, abandonment, or neglect.¹ Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.² The Department of Children and Families (DCF) and community-based care (CBC) lead agencies³ 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.⁴

The department's practice model for child and family well-being is a safety-focused, trauma-informed, and family-centered approach. It is implemented to ensure:

- Permanency: Florida's children should enjoy long-term, secure relationships within strong families and communities.
- Child Well-Being: Florida's children should be physically and emotionally healthy and socially competent.
- Safety: Florida's children should live free from maltreatment.
- Family Well-Being: Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.⁵

The department contracts with CBC lead agencies for dependency case management, care coordination, foster care, adoptions, services for youth aging out of foster care, and other related services for children and families.⁶ The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.⁷ There are 18 lead agencies statewide that serve the state's 20 judicial circuits.⁸ Ultimately, the DCF remains responsible for the operation of the central abuse hotline

¹ Chapter 39, F.S.

² See generally s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

³ See s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with CBC lead agencies"). A "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*

⁴ Chapter 39, F.S.

⁵ See generally Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited 1/14/25).

⁶ Section 409.986(3)(e), F.S.; see generally Part V, ch. 409, F.S. (regulating community-based child welfare).

⁷ DCF, *About Community-Based Care (CBC)*, available at: <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about> (last visited 1/14/25).

⁸ DCF, *Lead Agency Information*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 1/14/25).

and investigations of abuse, abandonment, and neglect.⁹ Additionally, the DCF is responsible for all program oversight and the overall performance of the child welfare system.¹⁰

Dependency System Process

In some instances, services may not be enough to maintain a safe environment for a child to live in. When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place the child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and make the child eligible for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that determines the child should not remain in his or her home, notwithstanding services that the DCF provides. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- A court finding that the child is dependent.¹¹
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or another option, such as adoption, to establish permanency.¹²

A child is found to be dependent if he or she is found by the court to be:

- Abandoned, abused, or neglected by a parent or legal custodian;
- Surrendered to the DCF or a licensed child-placing agency for the purpose of adoption;
- Voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, or the DCF, after a case plan has expired, or the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;
- Voluntarily placed with a licensed child-placing agency for subsequent adoption, and a parent or parents have signed a consent pursuant to the Florida Rules of Juvenile Procedure;
- Have no parent or legal custodian capable of providing supervision and care;
- Are at substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians; or
- Have been sexually exploited and have no parent, legal custodian, or responsible adult relative currently known and capable of providing the necessary and appropriate supervision and care.¹³

⁹ Section 39.101, F.S.

¹⁰ *Id.*

¹¹ A "child who is found to be dependent" refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child's parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for the purpose of adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for the purpose of reunification; to have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

¹² Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court*, available at: <https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf> (last visited 1/14/25); see also ch. 39, F.S.

¹³ Section 39.01(15), F.S.

A petition for dependency may be filed by an attorney for the DCF or a person who has knowledge of the alleged facts, or is informed of them and believes they are true.¹⁴

In-Home Services and Out-of-Home Care

The DCF is required to make all efforts to keep children with their families and provide interventions that allow children to remain safely in their own homes.¹⁵ CPIs and CBC case managers refer families for in-home services to allow children to remain in their own homes.

When a CPI determines that in-home services are not enough to ensure a child's safety, the CPI removes the child from the home and places him or her in a safe and appropriate temporary out-of-home placement.¹⁶ These placements are aimed to be the least restrictive, most family-like placements available, and are intended to provide short-term housing and support to a child until the child can safely return home, or the child achieves an alternate form of permanency, such as adoption, if reunification is not attainable.¹⁷ The DCF is required to consider a child's placement in out-of-home care in the following priority order:

- Non-offending parent.
- Relative caregiver.
- Adoptive parent of the child's sibling.
- Fictive kin who has a close existing relationship to the child.
- Nonrelative caregiver that does not have an existing relationship to the child.
- Licensed foster care.
- Group or congregate care.¹⁸

As of December 31, 2025, there were 14,688 children in out-of-home placements.¹⁹

Psychotropic Medications for Children in the Child Welfare System

Psychotropic medication refers to any medication prescribed with the intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness that has the effect of altering brain chemistry.²⁰ The following medications are considered psychotropic medications:

- Antipsychotics;
- Antidepressants;
- Sedative Hypnotics;
- Lithium;
- Stimulants;
- Non-stimulant Attention Deficit Hyperactivity Disorder medication;

¹⁴ Section 39.501, F.S.

¹⁵ Sections 39.402(7), 39.521(1)(f), and 39.701(d), F.S.

¹⁶ Section 39.4021, F.S.

¹⁷ Florida Department of Children and Families, *Florida's Child Welfare Practice Model*, available at:

<https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 1/30/26).

¹⁸ Section 39.4021, F.S.

¹⁹ Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at:

<https://www.myflfamilies.com/ocfw-dashboard> (last visited 2/11/26).

²⁰ Rule 65C-35.001(22), F.A.C.

- Anti-dementia medications and cognition enhancers; and
- Anticonvulsants.²¹

In the early 2000s, reports began to circulate that children in the child welfare system were being prescribed psychotropic medications at a disproportionate rate when compared to children not in the child welfare system.²² Thus, states examined the procedures for prescribing children psychotropic medication while in out-of-home care.

In 2005, the Florida Legislature created statutory procedures that allowed the DCF to provide children with psychotropic medications.²³ The Legislature created different sets of procedures for initiating psychotropic medication for children who were not taking psychotropic medication at the time of removal, and children who had a current prescription for psychotropic medication at the time of removal.²⁴

As of December 22, 2025, there were 2,036 children in out-of-home care who had one or more current prescriptions for psychotropic medication.²⁵

Initiating the Prescription of Psychotropic Medications to a Child in Out-of-Home Care

When a child protective investigator (CPI) takes a child into the custody of the DCF, the CPI is required to ascertain if the child is taking psychotropic medications.²⁶ If the child is not currently on psychotropic medication but an assessment of the child determines the need for such medication, a prescribing physician or psychiatric nurse²⁷ may prescribe the child psychotropic medications, providing certain conditions are met.²⁸ The physician or psychiatric nurse is required to consider alternative treatment interventions and assess the child's prior health conditions to determine if the prescription of psychotropic medication is an appropriate treatment.²⁹ Additionally, the prescribing physician or psychiatric nurse must attempt to obtain express and informed consent³⁰ from the child's parent or legal guardian before prescribing the psychotropic medication.³¹ Child protective staff and the prescribing physician or psychiatric

²¹ *Id.*

²² National Library of Medicine, *State Variation in Psychotropic Medication Use by Foster Care Children with Autism Spectrum Disorder*, doi: 10.1542/peds.2008-3713, available at: <https://pubmed.ncbi.nlm.nih.gov/19620187/> (last visited 1/14/25).

²³ Chapter 2005-65, L.O.F.

²⁴ *Id.*

²⁵ DCF, *Psychotropic Medications Report for Children in Out-of-Home Care with One or More Current Prescriptions for a Psychotropic Medication*, available at: <https://www.myflfamilies.com/sites/default/files/2025-12/Gabriel%20Myers%20-%20Medication%20Report%20%28December%2023%202025%29.pdf> (last visited 1/12/26).

²⁶ Rule 65C-35.006, F.A.C.

²⁷ For use in this section, a "psychiatric nurse" uses the definition in s. 394.455, F.S. to refer to an advanced practice registered nurse licensed under s. 464.012, F.S. who has a master's or doctoral degree in psychiatric nursing and holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has one year of post-master's clinical experience under the supervision of a physician. *See* s. 39.407(3)(a)1., F.S.

²⁸ Rules 65C-35.002 and 65C-35.006, F.A.C.

²⁹ Rule 65C-35.002, F.A.C.

³⁰ Express and informed consent refers to consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. *See* Section 394.455(16), F.S.

³¹ Section 39.407, F.S.

nurse are required to make efforts to involve the parents, legal guardians, the child, and the child's caregiver in out-of-home placement during the treatment of the child.³²

The DCF may seek court authorization to provide psychotropic medications to a child if the parental rights of the parent have been terminated, the parent's location or identity is unknown and cannot be reasonably ascertained, or the parent declines to give express and informed consent.³³

Continuity of Psychotropic Medication Prescription

If a child taken into the custody of the DCF is taking psychotropic medications at the time of removal, the CPI is required to determine the following:

- The purpose of the medication;
- The name and phone number of the prescribing physician or psychiatric nurse;
- The dosage;
- Instructions regarding the administration of the medication (e.g. timing, whether to administer with food); and
- Any other relevant information.³⁴

Florida law details the process that the DCF must take to obtain authorization to continue the provision of psychotropic medications to a child removed from his or her home.³⁵ Additionally, once the DCF has obtained this authorization, the DCF has administrative rules to ensure that children receive timely access to clinically appropriate psychotropic medications.³⁶ Current law requires these rules to include, but need not be limited to, the following:

- The process for determining which adjunctive services are needed;
- The uniform process for facilitating the prescribing physician's or psychiatric nurse's ability to obtain the express and informed consent of a child's parent or guardian;
- The procedures for obtaining court authorization for the provision of psychotropic medication;
- The frequency of medical monitoring and reporting on the status of the child to the court;
- How the child's parents will be involved in the treatment-planning process if their parental rights have not been terminated;
- How caretakers are to be provided with information contained in the physician's or psychiatric nurse's signed medical report; and
- Uniform forms to be used in requesting court authorization for the use of a psychotropic medication and provide for the integration of each child's treatment plan and case plan.³⁷

Medical Reports

When the DCF files a motion to seek the court's authorization to initiate or continue the provision of psychotropic medication to a child in legal custody, the motion must include a

³² Rule 65C-35.003-65C-35.005, F.A.C.; *see also* s. 39.407(3)(a)1., F.S.

³³ Section 39.407(3)(a)1., F.S.

³⁴ Rule 65C-35.006, F.A.C.

³⁵ Section 39.407, F.S.

³⁶ Section 39.407(3)(g), F.S.

³⁷ *Id.*

medical report signed by the prescribing physician or psychiatric nurse.³⁸ The medical report must include the following:

- The name of the child, the name and range of the dosage of psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.
- A statement indicating that the physician or psychiatric nurse has reviewed all medical information concerning the child that has been provided.
- A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
- An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child, if age appropriate, and to the child's caregiver.
- Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician or psychiatric nurse recommends.³⁹

Medicaid

The Medicaid program is a joint federal-state program that finances health coverage for individuals, including eligible low-income adults, children, pregnant women, elderly adults, and persons with disabilities.⁴⁰ In Florida, the Agency for Health Care Administration (AHCA) administers Medicaid.⁴¹ The AHCA is responsible for purchasing the goods and services Medicaid recipients receive, such as medications and medical equipment, provided the goods and services are cost-effective in a manner that is consistent with the delivery of quality medical care.⁴²

If a child is in the Medicaid program and requires psychotropic medications, the AHCA is prohibited from paying for such psychotropic medication without the express and informed consent of the child's parent or legal guardian.⁴³ Current law requires a physician to provide the pharmacy with a signed attestation of the parent or legal guardian's consent when ordering the prescription of psychotropic medication.⁴⁴ If the child is in the custody of the DCF, the prescription must include the express and informed consent or court authorization pursuant to the procedures listed in s. 39.407, F.S., to prescribe psychotropic medications to a child in out-of-home care.⁴⁵

³⁸ Section 39.407(3)(c), F.S.

³⁹ *Id.*

⁴⁰ Medicaid.gov, *Medicaid*, available at: <https://www.medicaid.gov/medicaid> (last visited 1/12/26).

⁴¹ Agency for Health Care Administration, *Medicaid*, available at: <https://ahca.myflorida.com/medicaid> (last visited 1/12/26).

⁴² Section 409.912, F.S.

⁴³ Section 409.912(13), F.S.

⁴⁴ *Id.*

⁴⁵ *Id.*

Background Screenings

To be licensed as a family foster home, residential child-caring agency, or a child-placing agency, personnel must have good moral character based upon background screening, education, training, and experience requirements.⁴⁶ Screening refers to assessing the background of personnel through level 2 background screening requirements set forth in Chapter 435, F.S.⁴⁷ For purposes of screening, personnel in a residential-child caring agency includes the following persons:⁴⁸

- Agency owners;
- Agency operators;
- Agency employees;
- Agency volunteers;
- Any person over the age of 12 years who is a family member of the agency owner or agency operator; and
- Any person other than a client over the age of 12 years who resides with the agency owner or agency operator if the agency is located in or adjacent to the home of the owner or operator or if the person has direct contact with the children in out-of-home care.

Current law does not require persons between the ages of 12 years and 18 years who are family members of, or reside with, the agency owner or agency operator to undergo a fingerprint-based background check; however, the DCF must screen such persons for delinquency records.⁴⁹

III. Effect of Proposed Changes:

Section 1 amends s. 39.407, F.S., which establishes procedures for the provision or continuation of a prescription for psychotropic medication for a child in the legal custody of the DCF. The bill requires a new medical report *only* when there is a change in the following:

- The dosage or dosage range of the medication;
- The type of medication prescribed;
- The manner of medication administration; or
- The prescribing physician or psychiatric nurse.

The bill considers prescribing physicians and psychiatric nurses who belong to the same group practice as a single prescriber; thus, this removes the need for multiple new medical reports if the only change in the youth's situation is that he or she sees a different prescribing physician or psychiatric nurse in the same practice. However, a new medical report is still required upon a change in the other aforementioned conditions (such as a change in dosage or medication administration), regardless of whether the prescribing physician or psychiatric nurse belongs to the same group practice.

Section 2 amends s. 409.175, F.S., to exclude dependent children or children in continuing care who have not yet reached 21 years of age from the definition of "personnel" and "household

⁴⁶ Section 409.175, F.S.

⁴⁷ Section 409.175(2)(m), F.S.

⁴⁸ Section 409.175(2)(j), F.S.

⁴⁹ Section 409.175(2)(j), F.S.

member.” These changes exclude such children from being subject to background screening requirements such as fingerprinting or criminal history records checks.

Section 3 amends s. 409.912, F.S., to require a physician prescribing psychotropic medication to a child in the Medicaid program to provide a *copy* of the parent or legal guardian’s consent to the pharmacy with the prescription, rather than a signed attestation of the parent or guardian’s consent.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.407, 409.175, and 409.912.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Appropriations Committee on Health and Human Services on February 12, 2026:

The committee substitute removes all provisions relating to the Postsecondary Education and Support (PESS) program and aftercare services.

CS by Children, Families, and Elder Affairs on January 20, 2026:

- Eliminates changes made to the licensure and experience requirements for qualified evaluators of residential treatment programs, therapeutic group homes, and hospitals to maintain current law.
- Changes the renewal eligibility of Postsecondary Education Services and Support (PESS) to allow individuals who have not received PESS financial assistance for longer than 60 months to renew such services. The lifetime limit applies regardless of whether the 60 months of services were consecutive or nonconsecutive.
- Requires the DCF to report on specified metrics for PESS and aftercare services that must be aggregated on a statewide basis and disaggregated by CBC lead agency, age, race, and postsecondary institution type.

B. Amendments:

None.