

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: CS/SB 560

INTRODUCER: Children, Families, and Elder Affairs Committee Senator Garcia

SUBJECT: Child Welfare

DATE: January 20, 2025

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	Fav/CS
2.			HP	
3.			RC	

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

PLEASE MAKE SELECTION

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**I. Summary:**

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 expands the Postsecondary Education Services and Support (PESS) services available to young adults aging out of the foster care system. Specifically, the bill allows an individual who has not received PESS financial assistance for longer than 60 months to renew PESS services, provided he or she meets the other eligibility requirements. The bill clarifies that the lifetime limit of 60 months applies whether the 60 months were consecutive or nonconsecutive.

The bill creates reporting requirements for the DCF for the PESS program and aftercare services. The metrics must be aggregated on a statewide basis and disaggregated by CBC lead agency, age, race, and postsecondary educational institution type.

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

The bill requires physicians that 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 may have an indeterminate positive fiscal impact on the private sector and an indeterminate negative fiscal impact on the state.

The bill is effective July 1, 2026.

## II. Present Situation:

### Florida's Child Welfare System

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.<sup>1</sup> Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.<sup>2</sup> The Department of Children and Families (DCF) and community-based care (CBC) lead agencies<sup>3</sup> 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.<sup>4</sup>

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.<sup>5</sup>

The department contracts with community-based care (CBC) lead agencies for case management, out-of-home services, and related services for children and families.<sup>6</sup> The outsourced provision of child welfare services is intended to increase local community

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<sup>1</sup> Chapter 39, F.S.

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

<sup>3</sup> 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.*

<sup>4</sup> Chapter 39, F.S.

<sup>5</sup> 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/FLCSPPracticeModel\\_0.pdf](https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPPracticeModel_0.pdf) (last visited 1/14/25).

<sup>6</sup> Section 409.986(3)(e), F.S.; see generally Part V, Chapter 409, F.S. (regulating community-based child welfare).

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.<sup>7</sup> There are 16 lead agencies statewide that serve the states 20 judicial circuits.<sup>8</sup> Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.<sup>9</sup> Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.<sup>10</sup>

### ***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 free the child 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 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.<sup>11</sup>
- 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.<sup>12</sup>

A child is found to be dependent if he or she is found by the court to be:<sup>13</sup>

- Abandoned, abused, or neglected by a parent or legal custodian;
- Surrendered to the DCF or a licensed child-placing agency for purpose of adoption;
- Voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, the DCF, or the former Department of Health and Rehabilitative Services, after which placement, under the requirements of Ch. 39, F.S., a case plan has expired and the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;

<sup>7</sup> Department of Children and Families, *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).

<sup>8</sup> Department of Children and Families, *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).

<sup>9</sup> Section 39.101, F.S.

<sup>10</sup> *Id.*

<sup>11</sup> 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.

<sup>12</sup> 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.

<sup>13</sup> Section 39.01(15), F.S.

- Voluntarily placed with a licensed child-placing agency for the purposes of 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.

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

### ***Florida's Independent Living Services***

The DCF strives to achieve permanency for all children in care before their 18<sup>th</sup> birthday.<sup>15</sup> However, a child will “age out” of care upon reaching 18 years of age if a permanent placement is not found.<sup>16</sup> From December 2024 to December 2025, there were 823 young adults that aged out of the foster care system.<sup>17</sup>

Florida provides independent living services to young adults to help them transition out of foster care and to prepare them to become self-sufficient adults. In 2013, the Legislature created the extended foster care (EFC) program, which allows young adults who were in licensed foster care upon turning 18 years of age to remain in licensed care if he or she meets certain work or education requirements.<sup>18</sup> Additionally, the Road-to-Independence Program, established in 2013,<sup>19</sup> provides for the Postsecondary Education Services and Support (PESS) Program and Aftercare Services (Aftercare). The following table provides information on the eligibility requirements to participate in Florida's independent living programs and the services provided by each:

Florida's Independent Living Programs		
Program	Eligibility	Services
Extended Foster Care (EFC) <sup>20</sup>	<p>A child living in licensed care on his or her 18<sup>th</sup> birthday who has not achieved permanency and:</p> <ul style="list-style-type: none"> <li>• Completing secondary education or a program leading to an equivalent credential;</li> </ul>	Young adults may choose to remain in licensed foster care and receive foster care services until the age of 21

<sup>14</sup> Section 39.501, F.S.

<sup>15</sup> Section 39.01, F.S., Section 39.621, F.S. lists the permanency goals, in order of preference, as: (1) reunification; (2) reunification; (3) adoption, if a petition for termination of parental rights has been or will be filed; (4) permanent guardianship; (5) permanent placement with a fit and willing relative; or (6) placement in another planned permanent living arrangement.

<sup>16</sup> 65C-30.022, F.A.C.

<sup>17</sup> Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://app.powerbigov.us/view?r=eyJrIjoieYzcZTFjOTktYzg1NC00MjJmLTlhMzgtYzU0Nzg0MDFhMmMzIiwidCI6ImY3MGRiYTO4LWlYODMtNGM1Ny04ODMxLWNiNDExNDQ1YTk0YyJ9> (last visited 1/20/26).

<sup>18</sup> Ch. 2013-178, L.O.F.

<sup>19</sup> Ch. 2013-178, L.O.F.

<sup>20</sup> Section 39.6251, F.S.

Florida's Independent Living Programs		
Program	Eligibility	Services
	<ul style="list-style-type: none"> <li>Enrolled in an institution that provides postsecondary or vocational education;</li> <li>Participating in a program or activity designed to promote or eliminate barriers to employment;</li> <li>Employed for at least 80 hours per month; or</li> <li>Is unable to participate in the programs or activities listed above due to a physical, intellectual, emotional, or psychiatric condition that limits participation.</li> </ul> <p>To stay in EFC, the young adult must:</p> <ul style="list-style-type: none"> <li>Meet with a case manager monthly.</li> <li>Continue to participate in a required activity.</li> </ul> <p>A young adult may remain in EFC until the earliest date the young adult:</p> <ul style="list-style-type: none"> <li>Reaches 21 years of age, or, in the case of a young adult with a disability, reaches 22 years of age;</li> <li>Leaves care to live in a permanent home consistent with his or her permanency plan; or</li> <li>Knowingly and voluntarily withdraws his or her consent to participate in EFC.</li> </ul>	(or until 22 years of age if the child has a disability).
Postsecondary Education Services and Support (PESS) <sup>21</sup>	<p>Young adults who:</p> <ul style="list-style-type: none"> <li>Turned 18 years of age in foster care or is currently living in foster care; or</li> <li>Was at least 14 years of age and was adopted from foster care or placed with a court-approved dependency guardian after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; <i>and</i> <ul style="list-style-type: none"> <li>Spent at least 6 months in licensed care before reaching his or her 18<sup>th</sup> birthday;</li> <li>Earned a high school diploma or equivalent;</li> <li>Are attending a college or vocational school that is Bright Futures eligible;</li> <li>Has reached 18 years of age but not 23 years of age.</li> <li>Has applied for grants and scholarships;</li> <li>Has submitted a Free Application for Federal Student Aid; and</li> <li>Signed an agreement to allow the DCF and CBC lead agency access to school records.</li> </ul> </li> </ul>	\$1,720 monthly or the monthly room and board rate, depending on the eligibility conditions the child meets.
Aftercare <sup>22</sup>	<p>Young adults who have reached 18 years of age but are not yet 23 and are:</p> <ul style="list-style-type: none"> <li>Not in EFC.</li> <li>Temporarily not receiving PESS.</li> </ul> <p>Subject to available funding, aftercare services are also available to a young adult who is between the ages of 18 and 22, and is:</p> <ul style="list-style-type: none"> <li>Receiving PESS during an emergency situation but lacks the sufficient resources to meet the emergency situation; or</li> </ul>	<p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>Mentoring and tutoring.</li> <li>Mental health and substance abuse counseling.</li> <li>Life skills classes.</li> </ul>

<sup>21</sup> Section 409.1451(2), F.S.<sup>22</sup> Section 409.1451(3), F.S.

Florida's Independent Living Programs		
Program	Eligibility	Services
	<ul style="list-style-type: none"> <li>Was placed by a court in out-of-home care, lived in out-of-home care for at least 6 months after turning 14 years of age, and did not achieve reunification with his or her parent or guardian.</li> </ul>	<ul style="list-style-type: none"> <li>Parenting classes.</li> <li>Job and career skills training.</li> <li>Counselor consultations.</li> <li>Temporary financial assistance.</li> </ul>

### 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 have the effect of altering brain chemistry.<sup>23</sup> The following medications are considered psychotropic medications:<sup>24</sup>

- Antipsychotics;
- Antidepressants;
- Sedative Hypnotics;
- Lithium;
- Stimulants;
- Non-stimulant Attention Deficit Hyperactivity Disorder medication;
- Anti-dementia medications and cognition enhancers; and
- Anticonvulsants.

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.<sup>25</sup> 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.<sup>26</sup> The Legislature created different sets of procedures for initiating psychotropic medication for children that were not taking psychotropic medication at the time of removal, and children that had a current prescription for psychotropic medication at the time of removal.<sup>27</sup>

As of December 22, 2025, there were 2,036 children in out-of-home care that had one or more current prescriptions for psychotropic medication.<sup>28</sup>

<sup>23</sup> 65C-35.001(22), F.A.C.

<sup>24</sup> *Id.*

<sup>25</sup> 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).

<sup>26</sup> Chapter 2005-65, L.O.F.

<sup>27</sup> *Id.*

<sup>28</sup> Florida Department of Children and Families, *Psychotropic Medications Report for Children in Out-of-Home Care with One or More Current Prescriptions for a Psychotropic Medication*, available at:

### 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.<sup>29</sup> 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 nurse<sup>30</sup> may prescribe the child psychotropic medications, providing certain conditions are met.<sup>31</sup> The physician or psychiatric nurse is required to consider alternate treatment interventions and assess the child's prior health conditions to determine if the prescription of psychotropic medication is an appropriate treatment.<sup>32</sup> Additionally, the prescribing physician or psychiatric nurse must attempt to obtain express and informed consent<sup>33</sup> from the child's parent or legal guardian before prescribing the psychotropic medication.<sup>34</sup> Child protective staff and the prescribing physician or psychiatric 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.<sup>35</sup>

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.<sup>36</sup>

### 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:<sup>37</sup>

- 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.

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<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).

<sup>29</sup> 65C-35.006, F.A.C.

<sup>30</sup> 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* Section 39.407(3)(a)1., F.S.

<sup>31</sup> 65C-35.002, F.A.C. and 65C-35.006, F.A.C.

<sup>32</sup> 65C-35.002, F.A.C.

<sup>33</sup> 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.

<sup>34</sup> Section 39.407, F.S.

<sup>35</sup> 65C-35.003-65C-35.005, F.A.C. *See also* Section 39.407(3)(a)1., F.S.

<sup>36</sup> Section 39.407(3)(a)1., F.S.

<sup>37</sup> 65C-35.006, F.A.C.

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.<sup>38</sup> 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.<sup>39</sup> Current law requires these rules to include, but need not be limited to, the following:<sup>40</sup>

- 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.

#### 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 medical report signed by the prescribing physician or psychiatric nurse.<sup>41</sup> The medical report must include the following:<sup>42</sup>

- 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 which has been provided.
- A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnoses 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.

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<sup>38</sup> Section 39.407, F.S.

<sup>39</sup> Section 39.407(3)(g), F.S.

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

<sup>41</sup> Section 39.407(3)(c), F.S.

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



## 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.<sup>43</sup> In Florida, the Agency for Health Care Administration (AHCA) administers Medicaid.<sup>44</sup> 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.<sup>45</sup>

If a child is in the Medicaid program and requires psychotropic medications, AHCA is prohibited from paying for such psychotropic medication without the express and informed consent of the child's parent or legal guardian.<sup>46</sup> 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.<sup>47</sup> 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.<sup>48</sup>

### III. Effect of Proposed Changes:

**Section 1** of the bill 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 that 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 circumstance 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 the prescribing physician or psychiatric nurse belonging to the same group practice.

**Section 2** of the bill amends s. 409.1451, F.S. to allow an individual who has not received PESS financial assistance for longer than the lifetime limit of 60 months to renew PESS services, provided he or she meets the other eligibility requirements. The bill clarifies that the lifetime limit of 60 months applies whether the 60 months were consecutive or nonconsecutive.

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<sup>43</sup> Medicaid.gov, *Medicaid*, available at: <https://www.medicaid.gov/medicaid> (last visited 1/12/26).

<sup>44</sup> Agency for Health Care Administration, *Medicaid*, available at: <https://ahca.myflorida.com/medicaid> (last visited 1/12/26).

<sup>45</sup> Section 409.912, F.S.

<sup>46</sup> Section 409.912(13), F.S.

<sup>47</sup> *Id.*

<sup>48</sup> *Id.*

The bill requires the DCF to report specific metrics for both PESS and aftercare services. The metrics must be aggregated on a statewide basis and disaggregated by CBC lead agency, age, race, and postsecondary educational institution type.

The bill requires the metrics for the reporting of PESS services to include, but not be limited to, the following information for the preceding state fiscal year:

- The total number of young adults eligible for PESS services.
- The total number of applicants and the total number of applicants applied for PESS services.
- The rate of housing instability or homelessness experienced by award recipients during their enrollment period.
- The percentage of award recipients that are experiencing housing instability or homelessness who also receive financial assistance from Aftercare services, including the average amount of such assistance.
- The primary reason for an award recipient's termination, discontinuation, or nonrenewal under the PESS program, including, but not limited to, academic deficiency, voluntary withdrawal, reaching the age limit, or reaching the lifetime limit.
- The educational achievements of award recipients, including, but not limited to:
  - The postsecondary student retention rate, expressed as a percentage of award recipients who remain continuously enrolled or reenroll for the subsequent academic term.
  - The postsecondary degree, certificate, or vocational program completion rate.
  - The average time in which award recipients complete their program of study.
  - The average unweighted grade point average of award recipients, aggregated on a statewide basis and disaggregated only by postsecondary educational institution type.
  - The percentage of award recipients who graduated from a postsecondary educational institution.

The bill requires the metrics for aftercare services to include, but need not be limited to, the following information for the preceding state fiscal year:

- The total number of young adults eligible for aftercare services.
- The total number of young adults who received aftercare services.
- The average duration of a young adult's participation in the aftercare program.
- The primary reason that a young adult seeks aftercare services.
- The total number of temporary financial assistance disbursements made for necessities, including, but not limited to, education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses **or** temporary financial assistance to address emergency situations including, but not limited to, automobile repairs or large medical expenses.
- The utilization rate of key aftercare components, including but not limited to, the percentage of participants who:
  - Receive mentoring or tutoring services.
  - Receive mental health or substance abuse counseling referrals.
  - Complete a life skills class, which may include, but is not limited to, a financial literacy or credit management class.
  - Receive job or career skills training.
  - Report housing stability within 90 days after receiving housing-related assistance, which may include, but is not limited to, security deposits for rent and utilities.

- Enroll in educational or vocational programs, including, but not limited to, PESS services, while receiving at least one aftercare service disbursement.

**Section 3** of the bill 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 member.” These changes exclude such children from being subject to background screening requirements such as fingerprinting or criminal history records checks.

**Section 4** of the bill 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.

**Section 5** of the bill provides an effective date of 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:

There is a potential, indeterminate, likely insignificant positive fiscal impact to the private sector relating to the reduced number of medical reports required for prescriptions of psychotropic medications for children in out-of-home care.

C. **Government Sector Impact:**

There is an indeterminate, likely significant negative fiscal impact to the state due to the expansion of the PESS program.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 39.407, 409.1451, 409.175, 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 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.