

**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: SB 560

INTRODUCER: Senator Garcia

SUBJECT: Child Welfare

DATE: January 16, 2025

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

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Rao	Tuszynski	CF	Pre-meeting
2.		HP	
3.		RC	

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### I. Summary:

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 standardizes the licensure and experience requirements for qualified evaluators for residential treatment centers, therapeutic group homes, and hospitals. The bill adds licensed clinical social workers and licensed marriage and family therapists to the list of professionals that can conduct an examination and suitability assessment for placement of a child in a residential treatment program.

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.

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 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 state's 20 judicial circuits.<sup>8</sup> Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of

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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/FLCSPRACTICEMODEL\\_0.pdf](https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPRACTICEMODEL_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).

<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).

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;
- 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

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<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.

- 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>

### ***Continuing Care for Young Adults***

Children that “age out” of the child welfare system before achieving permanency may be eligible to remain in licensed care under the court’s jurisdiction and in the care of the DCF.<sup>15</sup> If a child<sup>16</sup> is living in licensed care on his or her 18<sup>th</sup> birthday and meets the following conditions, he or she is eligible to remain in licensed care:<sup>17</sup>

- The child is completing secondary education or a program leading to an equivalent credential;
- The child is enrolled in an institution that provides postsecondary or vocational education;
- The child is participating in a program or activity designed to promote or eliminate barriers to employment;
- The child is employed for at least 80 hours per month; or
- The child is unable to participate in the aforementioned programs or activities due to a physical, intellectual, emotional, or psychiatric condition that limits participation.

### **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>18</sup> The following medications are considered psychotropic medications:<sup>19</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

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

<sup>15</sup> Section 39.6251, F.S.

<sup>16</sup> The term “child” refers to an individual who has not attained 21 years of age. See Section 39.6251 (1), F.S.

<sup>17</sup> Section 39.6251(2), F.S.

<sup>18</sup> 65C-35.001(22), F.A.C.

<sup>19</sup> *Id.*

the child welfare system.<sup>20</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>21</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>22</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>23</sup>

#### 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>24</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>25</sup> may prescribe the child psychotropic medications, providing certain conditions are met.<sup>26</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>27</sup> Additionally, the prescribing physician or psychiatric nurse must attempt to obtain express and informed consent<sup>28</sup> from the child's parent or legal guardian before prescribing the psychotropic medication.<sup>29</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>30</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

<sup>20</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>21</sup> Chapter 2005-65, L.O.F.

<sup>22</sup> *Id.*

<sup>23</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: <https://www.myflfamilies.com/sites/default/files/2025-12/Gabriel%20Myers%20-%20Medication%20Report%20%28December%202023%202025%29.pdf> (last visited 1/12/26).

<sup>24</sup> 65C-35.006, F.A.C.

<sup>25</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>26</sup> 65C-35.002, F.A.C. and 65C-35.006, F.A.C.

<sup>27</sup> 65C-35.002, F.A.C.

<sup>28</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>29</sup> Section 39.407, F.S.

<sup>30</sup> 65C-35.003-65C-35.005, F.A.C. *See also Section 39.407(3)(a)1., F.S.*

and cannot be reasonably ascertained, or the parent declines to give express and informed consent.<sup>31</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>32</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.

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>33</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>34</sup> Current law requires these rules to include, but need not be limited to, the following:<sup>35</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>36</sup> The medical report must include the following:<sup>37</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.

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<sup>31</sup> Section 39.407(3)(a)1., F.S.

<sup>32</sup> 65C-35.006, F.A.C.

<sup>33</sup> Section 39.407, F.S.

<sup>34</sup> Section 39.407(3)(g), F.S.

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

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

<sup>37</sup> *Id.*

- 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.

## 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>38</sup> In Florida, the Agency for Health Care Administration (AHCA) administers Medicaid.<sup>39</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>40</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>41</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>42</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>43</sup>

## Residential Mental Health Treatment for Children

If the DCF believes that a child in its legal custody is emotionally disturbed and may require residential treatment,<sup>44</sup> the DCF may place the child, without prior court approval, in a residential treatment center or hospital for such treatment.<sup>45</sup> To be considered suitable for

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<sup>38</sup> Medicaid.gov, *Medicaid*, available at: <https://www.medicaid.gov/medicaid> (last visited 1/12/26).

<sup>39</sup> Agency for Health Care Administration, *Medicaid*, available at: <https://ahca.myflorida.com/medicaid> (last visited 1/12/26).

<sup>40</sup> Section 409.912, F.S.

<sup>41</sup> Section 409.912(13), F.S.

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

<sup>43</sup> *Id.*

<sup>44</sup> "Residential treatment" refers to a placement for observation, diagnosis, or treatment of an emotional disturbance in a residential treatment center licensed under s. 394.875, F.S. or a hospital licensed under Ch. 395, F.S.

<sup>45</sup> Section 39.407(6), F.S.

residential treatment, there must be a determination that a child or adolescent has an emotional disturbance<sup>46</sup> or serious emotional disturbance<sup>47</sup> that each of the following criteria is met:<sup>48</sup>

- The child requires residential treatment.
- The child is in need of a residential treatment program and is expected to benefit from mental or behavioral health treatment.
- An appropriate, less restrictive alternative to residential treatment is unavailable.

#### Residential Treatment Centers

Residential treatment centers are 24-hour residential programs<sup>49</sup> licensed under Florida's Mental Health Act in Ch. 394, F.S..<sup>50</sup> In such programs, children receive mental health services in an environment that is the least restrictive and most normal environment that is clinically appropriate for the child's behavioral needs.<sup>51</sup> Children that are experiencing an acute mental or emotional crisis; a serious emotional disturbance or mental illness; or an emotional disturbance are eligible for service in a residential treatment center.<sup>52</sup> Children that are at risk of an emotional disturbance do not meet the level of need for service in a residential treatment center and may be served in a less restrictive environment.<sup>53</sup>

#### Therapeutic Group Homes

Therapeutic group homes are a type of 24-hour residential program that provides community-based mental health treatment and mental health support services to children.<sup>54</sup> No more than 12 children are placed in a home-like therapeutic group home setting at a time.<sup>55</sup> Only children who already have an emotional disturbance or a serious emotional disturbance are eligible for placement in a therapeutic group home; children who are simply *at risk* of an emotional disturbance are not served by therapeutic group homes.<sup>56</sup>

#### Hospitals

Hospitals are licensed under Ch. 395, F.S. and offer services more intensive than those required for room, board, personal services and general nursing care, and offers facilities and beds for use

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<sup>46</sup> A child or adolescent who has an emotional disturbance means a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community. The emotional disturbance must not be considered to be a temporary response to a stressful situation. The term does not include a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1), F.S.

<sup>47</sup> A child or adolescent who has a serious emotional disturbance means a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association; and exhibits behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation. The term includes a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1), F.S.

<sup>48</sup> Section 39.407(6)3., F.S.

<sup>49</sup> 65E-9.002(30), F.A.C.

<sup>50</sup> See Chapter 394, F.S.

<sup>51</sup> Section 394.491, F.S.

<sup>52</sup> Section 394.493, F.S.; Section 394.875, F.S.

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

<sup>54</sup> Section 39.407(6)(a)4., F.S.

<sup>55</sup> *Id.*

<sup>56</sup> Section 394.492, F.S.

beyond 24 hours by individuals requiring medical, surgical, psychiatric, testing, diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy.<sup>57</sup>

### ***Qualified Evaluators***

In order for the DCF to place a child in residential treatment, it must appoint a qualified evaluator to conduct an examination and suitability assessment before the placement of the child.<sup>58</sup> The licensure requirements for a qualified evaluator differ based on the type of residential treatment program the child is placed in, as follows:<sup>59</sup>

<b>Qualified Evaluator Requirements for Residential Treatment</b>		
<b>Facility Type</b>	<b>Licensure Requirement</b>	<b>Experience Requirement</b>
Residential treatment center* or hospital  <i>*Other than a therapeutic group home</i>	- Psychiatrist or psychologist licensed in Florida	3 years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual or perceived conflict of interest with any inpatient facility or residential treatment center or program.
Therapeutic group home	- Psychiatrist licensed under Ch. 458, F.S. or Ch. 459, F.S.; - Psychologist licensed under Ch. 490, F.S.; or - Mental health counselor licensed under Ch. 491, F.S.	2 years of experience in the diagnosis and treatment of serious emotional or behavioral disturbance in children and adolescents and who has no actual or perceived conflict of interest with any residential treatment center or program.

After an examination and suitability assessment of a child, the qualified evaluator must make written findings that include the following:<sup>60</sup>

- The child appears to have an emotional disturbance serious enough to require treatment in a residential treatment program and is reasonably likely to benefit from the treatment.
- The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment.
- All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable.

The DCF must be provided with the opportunity to discuss the findings of the examination and suitability assessment with the qualified evaluator.<sup>61</sup>

### ***Licensed Clinical Social Workers and Licensed Marriage and Family Therapists***

#### Licensed Clinical Social Workers

Licensed clinical social workers (LCSWs) hold a master's degree in social work, have completed a supervised field placement providing direct clinical services to clients, have passed a national

<sup>57</sup> Agency for Health Care Administration, *Hospitals*, available at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/hospitals> (last visited 1/12/26).

<sup>58</sup> Section 39.407(6)(b), F.S.

<sup>59</sup> Section 39.407(6)(b), F.S.

<sup>60</sup> Section 39.407(6)(c), F.S.

<sup>61</sup> Section 39.407(6), F.S.

examination, and have completed two years of post-master's experience under the supervision of a current LCSW that consisted of the following:<sup>62</sup>

- At least 100 hours of supervision in no less than 100 weeks;
- 1,500 hours of face-to-face psychotherapy with clients; and
- 1 hour of supervision every two weeks.

Once licensed, LCSWs must complete continuing education requirements in subjects such as ethics and boundaries, laws and rules, and domestic violence.<sup>63</sup>

#### Licensed Marriage and Family Therapist

Licensed marriage and family therapists (LMFTs) have earned a master's degree with major emphasis in marriage and family therapy, have completed a supervised clinical practicum, internship, or field experience in a Marriage and Family Setting, have passed a national examination, and have completed two years of post-master's experience under qualified supervision that consisted of the following.<sup>64</sup>

- At least 100 hours of supervision in no less than 100 weeks;
- 1,500 hours of face-to-face psychotherapy with clients; and
- 1 hour of supervision every two weeks.

LMFTs are required to participate in regular continuing education courses approved by the Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling.<sup>65</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

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<sup>62</sup> Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, *Licensed Clinical Social Worker*, available at: <https://floridasmentalhealthprofessions.gov/licensed-clinical-social-worker/> (last visited 1/12/26).

<sup>63</sup> *Id.*

<sup>64</sup> Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, *Licensed Marriage and Family Therapist*, available at: <https://floridasmentalhealthprofessions.gov/licensed-marriage-and-family-therapist/> (last visited 1/12/26).

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

administration), regardless of the prescribing physician or psychiatric nurse belonging to the same group practice.

The bill standardizes the licensure and experience requirements for qualified evaluators for residential treatment centers, therapeutic group homes, and hospitals, as opposed to the current statutory carveout in licensure requirements for qualified evaluators for therapeutic group homes. Under the bill, to be a qualified evaluator for residential treatment centers, therapeutic group homes, or hospitals, an individual must:

- Be a psychiatrist or a psychologist licensed in Florida with at least three years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents; or
- Be a licensed clinical social worker or a licensed marriage and family therapist with comparable experience.

Qualified evaluators must not have actual or perceived conflicts of interest with any inpatient facility or residential treatment center or program.

**Section 2** 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 3** 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 4** 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, and the streamlining of qualified evaluators that are able to conduct examinations and suitability assessments for placement in a residential treatment program.

**C. Government Sector Impact:**

None.

**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, 409.912

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

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

None.

**B. Amendments:**

None.