

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [HB 763](#)

TITLE: Child Welfare

SPONSOR(S): Trabulsy

COMPANION BILL: [CS/SB 560](#) (Garcia)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Human Services](#)

16 Y, 0 N



[Health Care Budget](#)



[Health & Human Services](#)

SUMMARY

Effect of the Bill:

HB 763 exempts children and young adults in the child welfare system who are under the age of 21 and reside in out-of-home care placements at family foster homes or residential child-caring agencies from background screening requirements.

The bill specifies when a new medical report related to a child in the Department of Children and Families' (DCF) custody must be filed with the court and treats prescribing physicians and psychiatric nurses within the same group practice as a single prescriber to reduce the number of report filings required when nothing else has changed. It also removes the requirement for a signed attestation when submitting consent documentation to pharmacies.

The bill extends the maximum age of eligibility for Post-Secondary Education Services and Support (PESS) from 22 to 25 and applies an aggregate 60-month lifetime limit on PESS participation. The bill requires DCF to publish specific outcome measures relating to PESS and aftercare services in its annual Road-to-Independence performance report.

Fiscal or Economic Impact:

The bill has a significant negative fiscal impact on DCF to accommodate an increased number of young adults whom the bill makes eligible for PESS.

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ANALYSIS

EFFECT OF THE BILL:

Florida's Child Welfare System

Background Screening for Out-of-Home Care Providers

HB 763 exempts certain persons residing in [out-of-home care placements](#) at [family foster homes](#) and [residential child-caring agency](#) from background [screening](#) requirements, which includes:

- Young adults in extended foster care who have not reached the age of 21; and
- Children adjudicated dependent. (Section [3](#)).

STORAGE NAME: h0763a.HSS

DATE: 2/4/2026

Psychotropic Medications for Children in the Child Welfare System

The bill streamlines court reporting requirements for children in out-of-home care who are prescribed [psychotropic medications](#). The bill establishes that prescribing physicians and psychiatric nurses working within the same group practice are treated as a single prescriber.

Consequently, a new [medical report](#) must be filed with the court only when there is a change in:

- 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. (Section [1](#)).

The bill also eliminates the requirement that a physician seeking [Medicaid reimbursement](#) provide a signed attestation of the parent or legal guardian's express and informed consent to the pharmacy that fills a child's prescription for psychotropic medication; instead of a signed attestation, the bill requires the physician to simply provide a copy of such consent to the pharmacy. (Section [4](#)).

Transitions into Adulthood

Road-to-Independence Program

The bill increases the maximum age of eligibility under the [Post-Secondary Education Services and Support](#) program (PESS) from 22 to 25 and establishes a lifetime limit on the number of months a person can receive PESS assistance, up to 60 months in the aggregate.

The bill requires the [Department of Children and Families](#) (DCF) to publish specific outcome measures relating to PESS and [aftercare services](#), ensuring transparency and accountability, as a part of DCF's ongoing obligation to submit an annual [Road-to-Independence Program](#) performance report to the Legislature and the Governor by January 31st each year.

Specific Metrics for PESS

The bill requires DCF to report specific metrics for PESS on both a statewide aggregate basis and a categorical disaggregate basis by [community-based care lead agency](#), age, race, and postsecondary educational institution type as provided in [s. 1009.533, F.S.](#)¹ These metrics must include, but are not limited to, the following information for the preceding state fiscal year:

- The total number of young adults eligible for the PESS;
- The total number of PESS applicants and approved PESS recipients;
- The rate of housing instability or homelessness experienced by PESS recipients during their enrollment period;
- The percentage of PESS recipients with housing instability or homelessness experience who also received aftercare services, and the average amount of aftercare services received;
- The primary reasons for a PESS recipient's termination, discontinuation, or nonrenewal from the PESS program, including, but not limited to, academic deficiency, voluntary withdrawal, reaching the age limit, or reaching the lifetime limit; and
- The educational achievements of PESS recipients, including, but not limited to:

¹ Eligible postsecondary education institutions include Florida public universities, Florida College System institutions, career centers, and certain independent Florida colleges or universities licensed by the Commission for Independent Education (or otherwise accredited by a comparable association) or that offers a nursing diploma approved by the Board of Nursing.

- Retention rates, expressed as a percentage of PESS recipients who remain continuously enrolled or reenroll for the subsequent academic term;
- Completion rates for a postsecondary degree, certificate, or vocational program;
- The average time that it takes a PESS recipient to complete their program of study;
- The average unweighted grade point average of PESS recipients, aggregated on a statewide basis and disaggregated only by postsecondary educational institution type as provided in [s. 1009.533, F.S.](#)
- The percentage of PESS recipients who graduated from a postsecondary education institution.

Specific Metrics for Aftercare Services

The bill requires DCF to report specific metrics for aftercare services on both a statewide aggregate basis and a categorical disaggregate basis by community-based care lead agency (CBC), age, race, and postsecondary educational institution type as provided in [s. 1009.533, F.S.](#) These metrics must include, but are not 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 aftercare services;
- The primary reason that a young adult seeks aftercare services;
- The total number of financial assistance disbursements made through aftercare services for temporary necessities and emergency situations; and
- The utilization rate of key program components, including, but not limited to, the percentage of aftercare services participants who:
 - Receive mentoring or tutoring services;
 - Receive mental health or substance abuse counseling referrals;
 - Complete a life skill 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; and
 - Enroll in educational and vocational programs, including but not limited to, the PESS program, while receiving at least one aftercare service disbursement. (Section [2](#)).

The bill has an effective date of July 1, 2026. (Section [5](#)).

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill has a significant negative fiscal impact on DCF because DCF estimates that the number of PESS participants will increase from 798 active PESS participants at the end of state fiscal year (SFY) 2024-2025 to 1,266 PESS participants in SFY 2026-27. DCF reports that the total PESS utilization rate for 2024-25 was 19%, and that the average PESS disbursement per participant was \$20,640/year. DCF expects 468 newly eligible young adults aged 23-25 will participate in PESS, assuming a 19% PESS utilization rate, which would put the increased fiscal need at \$9,659,520 to absorb increased PESS demand.

However, DCF projects that it likely needs an increase of \$13,766,880 annually to accommodate an increased average of 1,465 total young adults in PESS each year, which means DCF expects 667 newly eligible young adults

aged 23-25 will participate in PESS. DCF anticipates a 22% PESS utilization rate going forward because DCF observes that utilization increases with the age of the participant, as the table below shows.²

Years of Age	Active PESS Participants SFY 24-25	PESS Utilization Rate (Jan. 2026)	Total Eligible PESS Participants under this Bill (Jan. 2026)
18	64	7%	950
19	162	18%	903
20	184	21%	857
21	188	24%	819
22	200	26%	781
23	Ineligible	Ineligible	715
24	Ineligible	Ineligible	737
25	Ineligible	Ineligible	899
Total (18-22)	798	19%	4,310
Total (18-25)	N/A	N/A	6,661

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida's Child Welfare System

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

- Provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development;
- Ensure secure and safe custody;
- Promote the health and well-being of all children under the state's care; and
- Prevent the occurrence of child abuse, neglect, and abandonment.³

Community-Based Care Lead Agencies (CBCs)

DCF outsources some child protection and child welfare services to 15 [community based-care lead agencies](#) (CBCs).⁴ CBCs organize services such as family preservation, mental health services, case management, emergency shelter, foster care, residential group care, postplacement supervision, independent living, and permanency.⁵ CBCs may subcontract case management and direct care services to other provider groups under certain conditions.⁶

² Email from Chancer Teel, Legislative Affairs Director at the Department of Children and Families on January 28, 2026, on file with the House Health and Human Services Committee.

³ S. [39.001\(1\)\(a\), F.S.](#)

⁴ S. [409.986, F.S.](#)

⁵ S. [409.986\(3\), F.S.](#)

⁶ S. [409.988\(1\)\(j\), F.S.](#) Current law requires a CBC to recruit other provider groups when the CBC seeks DCF's approval for an exemption to exceed the 35% cap on the direct provision of child welfare services. Current law conditions the exemption upon a showing that the CBC's geographic service area still lacks a qualified provider after the CBC's good faith recruitment efforts. s. 409.988(1)(j). F.S.

Meanwhile, DCF retains direct control over a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.⁷ Ultimately, DCF must ensure children receive appropriate, quality care.⁸

DCF Interventions

In-Home Preventative Services

If a DCF child protective investigator discovers impending danger⁹ or present danger¹⁰ to a child, he or she must implement a specific, sufficient, feasible, and sustainable safety plan.¹¹ DCF may activate in-home prevention services like parental coaching, family therapy, and cognitive-behavioral interventions to mitigate danger. If these services are successful, DCF prevents a home removal, a disrupted family, and a foster care placement.¹²

Temporary Shelter

At any time during the life of the safety plan, should DCF develop probable cause that a child cannot remain safely at home, current law authorizes DCF to take custody of the child. Within 24 hours of the home removal, DCF must file a petition for a shelter hearing.^{13,14} DCF may temporarily shelter the child overnight with a relative or nonrelative or in a licensed home or facility.¹⁵ At the shelter hearing, the court appoints a guardian ad litem for the child.¹⁶

If the presiding judge agrees with the necessity of home removal and that in-home remedial services will not eliminate the necessity of out-of-home care, the judge will continue the child's shelter placement.¹⁷ At the next scheduled hearing (i.e., disposition), the judge orders an out-of-home care placement for the child and, if necessary, the accompanying array of social and rehabilitative services.¹⁸

Out-of-Home Care Placements

Current law prioritizes out-of-home care placements that are the least restrictive, most family-like settings which are available in close proximity to the child's home and meets the child's needs.¹⁹ Licensed foster care consists of a

⁷ S. [409.996, F.S.](#)

⁸ Ss. [409.986\(1\)\(b\), F.S.](#), [409.996, F.S.](#), [409.997, F.S.](#)

⁹ "Impending danger" means a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time. S. [39.01\(38\), F.S.](#)

¹⁰ "Present danger" means a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child's safety. S. [39.01\(69\), F.S.](#)

¹¹ S. [39.301\(9\)\(a\), F.S.](#)

¹² S. [39.01\(70\), F.S.](#)

¹³ "Shelter hearing" means a hearing in which the court determines whether probable cause exists to keep a child in shelter status pending further investigation of the case. S. [39.01\(82\), F.S.](#)

¹⁴ Ss. [39.401\(1\), F.S.](#), [39.401\(3\), F.S.](#) To establish probable cause, DCF must find evidence of:

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

¹⁵ Ss. [39.01\(81\), F.S.](#), [39.402\(8\)\(a\), F.S.](#) DCF must determine the shelter placement according to the same standard as foster care placements – balance the child's best interests (*see* [s. 39.01375, F.S.](#)) against the statutory hierarchy of preferred placements (*see* [s. 39.4021, F.S.](#)).

¹⁶ S. [39.402\(8\)\(c\), F.S.](#)

¹⁷ Ss. [39.402\(2\), F.S.](#), [39.402\(8\)\(h\), F.S.](#)

¹⁸ S. [39.521\(1\)\(a\), F.S.](#)

¹⁹ Ss. [39.4021, F.S.](#), [39.523\(1\), F.S.](#) The statutory hierarchy of preferred placements for a child, in descending order, is with the nonoffending parent, a relative caregiver, an adoptive parent of the child's sibling, fictive kin with a close existing relationship to the child, a nonrelative caregiver who lacks an existing relationship with the child, licensed foster care, and group or congregated care.

range of placements for children in out-of-home care that vary in service level. The following chart displays the levels of licensed care.²⁰

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

Across all placement categories, DCF served an average of 14,634 children and young adults in out-of-home care per month in calendar year 2025. In calendar year 2024, the monthly average was 16,979, which means DCF served on average 13% less children and young adults per month in out-of-home care year-over-year.²¹

As of June 2025, DCF records a total bed capacity of license Levels I through V at 14,078. This is a decrease in total bed capacity of 19.4% from 2023 levels, where DCF recorded total bed capacity at 17,470 in January 2023.²²

Out-of-Home Care Providers

DCF licenses and regulates out-of-home care placement service providers (i.e., child-placing agencies)²³ and foster care providers (i.e., family foster homes and residential child-caring agencies).²⁴

²⁰ S. 409.175, F.S.: The Department of Children and Families, *Foster Home Licensing*, <https://www.myflfamilies.com/services/licensing/foster-care-licensing> (last visited Jan. 6, 2026).

²¹ Office of Child and Family Well-Being, “Office of Child and Family Well-Being Dashboard: Monthly Trend,” *Department of Children and Families*, (last updated Jan. 12, 2026) <https://www.myflfamilies.com/ocfw-dashboard> (last visited Jan. 14, 2026). Select the box for “Children and Young Adults in Out-of-Home Care”. On the next page, click the grid symbol in the upper right-hand corner. On the next page, add up data entries for January 2025 through December 2025 yields 175,614. Divide that figure by 12 to yield monthly average. Repeat for calendar year 2024.

²² Department of Children and Families, “Placement in Out-of-Home Care Data: Percent and Count of Foster Home Bed Capacity by License Type and CBC Lead Agency,” (last updated Jun. 2025) <https://www.myflfamilies.com/services/child-family/placement-data> (last visited Jan. 13, 2025). Scroll down to “Percent and Count of Foster Home Bed Capacity by License Type and CBC Lead Agency” interactive graph chart. Note that bed capacity is highly concentrated in License Levels I and II.

²³ A child-placing agency is an entity or person other than the child’s parent or legal guardian that receives a child for placement and places or arranges for the placement of a child in a family foster home, residential child-caring agency, or an adoptive home. [s. 409.175\(2\)\(d\), F.S.](#)

²⁴ S. 409.175, F.S.

A [family foster home](#) is a DCF-licensed residence in which children unattended by a parent or legal guardian are provided 24-hour care.²⁵ A [residential child-caring agency](#) is an entity or person other than the child's parent or legal guardian that provides staffed 24-hour care for children in facilities maintained for that purpose.²⁶ As of January 7, 2026, DCF licensed 6,169 family foster homes and 289 residential child-caring agencies.²⁷

Foster Care Provider Screening

As a condition of licensure, foster care providers must be of good moral character based upon screening, education, training, and experience requirements for personnel and family foster homes, respectively.²⁸ When DCF [screens](#) foster care providers, DCF assesses the background of personnel at residential child-placing agencies or Levels II-V family foster homes; screening includes, but is not limited to, employment history checks as provided in ch. 435, F.S., using the Level 2 standards for screening set forth in that chapter.²⁹ All foster care providers must submit to a criminal background screening as a condition of employment, which includes, but is not limited to, fingerprinting for statewide criminal history records checks the Department of Law Enforcement, national criminal history records checks through the Federal Bureau of Investigation, and local criminal records checks through local law enforcement agencies.³⁰ Current law authorizes DCF to make the good moral character determination.³¹

For purposes of screening, residential child-caring agency personnel includes the following persons:

- Agency owners (i.e., the licensees);
- Agency operators (i.e., the onsite persons charged with ultimate responsibility for the overall operation of the agency);
- Agency employees;
- Agency volunteers;
- Any person over the age of 12 who is a family member of the agency owner or agency operator; and
- Any person over the age of 12 who resides with the agency owner or agency operator when the agency is located in or adjacent to the home of the owner or operator or the person has direct contact with the children in out-of-home care.

Current law does not require persons between the ages of 12 and 18 who are family members of, or reside with, the agency owner or agency operator to undergo a fingerprint-based background check; however, DCF must screen these persons for delinquency records.³²

For purposes of family foster home placement screening, household members include those persons over the age of 12, other than children in out-of-home care, who reside at the family foster home and who have direct contact with the children in out-of-home care. Current law does not require household members between the ages of 12 and 18 years to undergo a fingerprint-based background check; however, DCF must screen these persons for delinquency records.³³

Psychotropic Medications for Children in the Child Welfare System

[Psychotropic medications](#), including antipsychotics, antidepressants, and stimulants, are utilized to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness by altering brain chemistry.³⁴

²⁵ [S. 409.175\(2\)\(e\), F.S.](#)

²⁶ [S. 409.175\(2\)\(f\), F.S.](#)

²⁷ Email from Chancer Teel, Deputy Legislative Affairs Director at the Department of Children and Families, on January 7, 2026, on file with the House Health and Human Services Committee.

²⁸ [S. 409.175\(5\)\(b\), F.S.](#)

²⁹ [S. 409.175\(2\)\(m\), F.S.](#)

³⁰ See Ss. [435.04\(1\), F.S.](#), [409.175, F.S.](#)

³¹ [S. 409.175\(6\)\(a\), F.S.](#)

³² [S. 409.175\(2\)\(f\), F.S.](#), [s. 409.175\(2\)\(m\), F.S.](#)

³³ [S. 409.175\(2\)\(k\), F.S.](#)

³⁴ 65C-35.001(22), F.A.C

In the early 2000s, emerging reports revealed that children in the child welfare system were being prescribed psychotropic medications at significantly higher rates than their peers in the general population.³⁵ Thus, states began auditing the protocols for prescribing children psychotropic medication while residing in out-of-home placements.

In 2005, the Florida Legislature enacted statutory oversight procedures to allow the DCF to provide children with psychotropic medications.³⁶ The Legislature established distinct protocols for two groups: children who arrived with an existing prescription and those who were not on psychotropic medication when they entered the child welfare system.³⁷

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.³⁸

Continuity of Psychotropic Medication Prescription

When a child protective investigator (CPI) takes a child into the custody of DCF, the CPI is required to ascertain if the child is taking psychotropic medications.³⁹ If a child taken into DCF custody is taking psychotropic medications at the time of removal, the CPI is required to ascertain the following:⁴⁰

- The purpose of the medication;
- The name and phone number of the prescribing physician or psychiatric nurse⁴¹;
- The dosage;
- Instructions regarding the administration of the medication (e.g., timing, whether to administer with food); and
- Any other relevant information.

Florida law outlines the steps that DCF must follow to secure authorization for the continued use of psychotropic medications for a child removed from his or her home.⁴² Furthermore, after DCF has secured the necessary authorization, DCF implements administrative rules designed to guarantee that children receive prompt access to clinically appropriate psychotropic medications.⁴³ Current law requires these rules to include, but need not be limited to, the following:⁴⁴

- 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;

³⁵ National Library of Medicine, *State Variation in Psychotropic Medication Use by Foster Care Children with Autism Spectrum Disorder*, <https://pubmed.ncbi.nlm.nih.gov/19620187/> (last visited Jan. 25, 2026).

³⁶ Chapter 2005-65, L.O.F.

³⁷ *Id.*

³⁸ 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*, <https://www.myflfamilies.com/sites/default/files/2025-12/Gabriel%20Myers%20-%20Medication%20Report%20%28December%2023%202025%29.pdf> (last visited Jan. 26, 2026).

³⁹ 65C-35.006, F.A.C.

⁴⁰ *Id.*

⁴¹ A psychiatric nurse means an advanced practice registered nurse licensed under s. 464.012 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. 394.455\(36\), F.S.](#)

⁴² [S. 39.407, F.S.](#)

⁴³ [S. 39.407\(3\)\(g\), F.S.](#)

⁴⁴ *Id.*

- 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.

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

If a child taken into DCF custody is not currently on psychotropic medication but is subsequently diagnosed as needing them, the prescribing physician or psychiatric nurse is permitted to issue a prescription, providing certain criteria are met.⁴⁵ The physician or psychiatric nurse is required to consider other treatment interventions that may include medical, mental health, behavioral, counseling, or other services.⁴⁶ Additionally, the prescribing physician or psychiatric nurse must attempt to obtain express and informed consent⁴⁷ from the child's parent or legal guardian before prescribing the psychotropic medication.⁴⁸ Child protective staff and the prescribing physician or psychiatric nurse are required to take steps to facilitate the inclusion of the parents, legal guardians, the child, and the child's caregiver in out-of-home placement during the treatment of the child.⁴⁹ 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 refuses to provide express and informed consent.⁵⁰

Medical Reports

When DCF files a motion seeking the court's authorization to initiate or continue to provide psychotropic medication to a child in its custody, the motion must include a medical report signed by the prescribing physician or psychiatric nurse.⁵¹ The medical report must include the following:⁵²

- The name of the child, the name and range of the dosage of psychotropic medication, and an indication 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 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.

⁴⁵ 65C-35.002, F.A.C.

⁴⁶ *Id.*

⁴⁷ Express and informed consent means 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.](#)

⁴⁸ [S. 39.407, F.S.](#)

⁴⁹ S. 39.407(3)(a)1., F.S., R. 65C-35.003-65C-35.005, F.A.C.

⁵⁰ S. 39.407(3)(a)1., F.S.

⁵¹ [S. 39.407\(3\)\(c\), F.S.](#)

⁵² *Id.*

Medicaid Reimbursement

Current law requires the Agency for Health Care Administration (AHCA) to purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care, which includes minimizing the exposure of Medicaid recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services.⁵³

To this end, current law prohibits AHCA from using Medicaid to pay for a child's psychotropic medication without first obtaining the express and informed consent of the child's parent or legal guardian. If the child is in DCF custody, DCF must secure court authorization to prescribe psychotropic medications to a child in out-of-home care if DCF cannot secure the express and informed consent of the child's parent or legal guardian. Before a pharmacy is authorized to dispense a child's prescribed psychotropic medication, current law requires the child's physician to provide the pharmacy with a signed attestation of the parent or legal guardian's consent.⁵⁴

Transitions into Adulthood

Transition Plans

Current law requires DCF and the CBCs to assist an older foster youth in developing a transition plan during the year after his or her 16th birthday. A transition plan targets the state's independent living programs to help older foster youth access housing, health insurance, financial literacy, a driver's license, workforce support, and employment services.⁵⁵ DCF must regularly review the transition plan, and the court must approve it before the older youth's 18th birthday.⁵⁶ DCF tracks the number young adults who transition out of foster care, as the table below records.

Children and Young Adults Exiting Out-of-Home Care: Reason for Exit			
State Fiscal Year (SFY)	Guardianship (at age 14-17)⁵⁷	Adoption (at age 14-17)⁵⁸	Age of Majority (18th Birthday)⁵⁹
2021-2022	514	346	462
2022-2023	478	341	464
2023-2024	472	342	441
2024-2025	448	349	472
4-Year Average	478	344.5	459.8

The DCF Office of Continuing Care (OCC) helps individuals who have exited the child welfare system until age 26. OCC provides ongoing support and care coordination needed for young adults to achieve self-sufficiency through food assistance, behavioral health services, housing, Medicaid, educational services, and workforce development.⁶⁰

⁵³ [S. 409.912, F.S.](#)

⁵⁴ [S. 409.912\(13\), F.S.](#), [s. 39.407\(3\), F.S.](#) If the child's prescribing physician or psychiatric nurse certifies in the signed medical report that delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may be provided in advance of the issuance of a court order at hospitals, crisis stabilization units, and in statewide inpatient psychiatric programs. In such event, the medical report must provide the specific reasons why the child may experience significant harm and the nature and the extent of the potential harm.

⁵⁵ Ss. 39.6035, [409.14515, F.S.](#)

⁵⁶ S. 39.6035(3)-(4), F.S.

⁵⁷ Department of Children and Families, "Office of Child and Family Well-Being Dashboard: Monthly Trend - Children and Young Adults Exiting Out-of-Home Care," <https://myflfamilies.com/ocfw-dashboard> (last visited Jan 30, 2026). Instructions: Add up the number of children for ages 14-17 each month for each reporting period. (state fiscal year is Jul. - Jun.).

⁵⁸ *Id.*

⁵⁹ *Id.* Instructions: Add up the number of young adults by age 18 each month for each reporting period. (state fiscal year is Jul. - Jun.).

⁶⁰ [S. 414.56, F.S.](#)

OCC uses state and federal funding for independent living programs and services for youth aging out of foster care. For State Fiscal Year 2024-2025, the Florida Legislature appropriated \$58.9 million in pass-through funding to the CBCs specifically for independent living programs.⁶¹

Independent Living Programs

Road-to-Independence Program

The Florida Legislature established the [Road-to-Independence Program, s. 409.1454, F.S.](#), which includes the [Postsecondary Education Services and Support](#) (PESS) and [Aftercare Services](#) programs, to help eligible young adults who were in the child welfare system transition into independent living.

PESS is a room-and-board stipend (typically \$1,720/month) available to certain former foster youth aged 18-22 who are enrolled in postsecondary education. Aftercare services include mentoring and tutoring, mental health services, substance abuse counseling, life skills classes, parenting classes, job and career skills training, counselor consultations, financial literacy skills training, emergency financial assistance for auto repairs or large medical expenses, and temporary financial assistance for basic living necessities (e.g., education supplies, transportation expenses, security deposits, furnishings, household goods).⁶²

During SFY 2024-25, 909 young adults received PESS stipends and 493 young adults received aftercare services.⁶³

Road-to-Independence Program		
SFY	PESS Recipients	Aftercare Recipients
2016-17	1541	419
2017-18	1318	398
2018-19	1221	427
2019-20	809	411
2020-21	832	366
2021-22	864	433
2022-23	837	467
2023-24	879	609
2024-25	909	493
9-Year Average	1,023	447

⁶¹ This funding includes a recurring base of approximately \$54 million plus nearly \$5 million to address ongoing deficits experienced by the community-based care lead agencies in recent years, related to independent living programs. DCF reports that these deficits are largely attributable to rising extended foster care room and board rates statewide. When a lead agency exceeds its independent living pass-through allocation, the lead agency must use core funds to absorb excess independent living spending. Department of Children and Families, "Independent Living Services Advisory Council (ILSAC) Annual Report 2025," pp. 30-31, Table 5 (Jan. 7, 2026) <https://www.myflfamilies.com/sites/default/files/2026-01/2025%20Annual%20Independent%20Living%20Services%20Advisory%20Council%20Report%20and%202025%20Annual%20Response%20to%20the%20Independent%20Living%20Services%20Advisory%20Council%20Report.pdf> (last visited Jan. 25, 2026).

⁶² [S. 409.1451, F.S.](#)

⁶³ Department of Children and Families, "Independent Living Services - Annual Report", <https://www.myflfamilies.com/services/child-family/lmr> (last visited Oct. 13, 2025). Instructions: On DCF's webpage for Legislatively Mandated Reports, find the bubble for Independent Living Services for individual annual reports. Table 1 in each report records total PESS recipients (The FY 2016-2017 and 2017-2018 report records data in Appendix D). For 2024-2025, refer to the following document: Department of Children and Families, *Independent Living Services Advisory Council (ILSAC) Annual Report 2025*, p. 22-23 (Jan. 7, 2026) <https://www.myflfamilies.com/sites/default/files/2026-01/2025%20Annual%20Independent%20Living%20Services%20Advisory%20Council%20Report%20and%202025%20Annual%20Response%20to%20the%20Independent%20Living%20Services%20Advisory%20Council%20Report.pdf> (last visited Jan. 25, 2026).

While the number of aftercare services recipients has fluctuated over the past 9 years, the number of PESS recipients has decreased significantly since 2016-2017 levels.

DCF Annual Reports on Specific Service and Outcome Measures

To the Governor and the Legislature

Current law requires DCF to develop outcome and performance measures for the Road-to-Independence program no later than January 31 of each year, as an oversight mechanism for the Governor and the Legislature.⁶⁴ There is no statutory requirement of what specific outcome and performance measures DCF must include, and DCF exercises discretion in how to analyze and report its findings on the Road-to-Independence program.

As an accountability check, current law requires the Independent Living Services Advisory Council (ILSAC)⁶⁵ to review and to make non-binding recommendations concerning the implementation and operation of the Road-to-Independence Program, culminating in an annual DCF report to the Governor and the Legislature by December 31 each year that responds to ILSAC’s annual review. DCF must report to ILSAC the most recent data regarding the status of and outcomes for young adults who turned 18 years of age while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, and an analysis of such data and outcomes.⁶⁶ For the Road-to-Independence independent living program in particular, the ILSAC/DCF report records two outcome data points, which the table below reproduces.⁶⁷

Road-to-Independence Outcome Data (ILSAC/DCF Report)		
SFY	Post-Secondary Educational Achievement ⁶⁸	Employment + Aftercare Services ⁶⁹
SFY 2022-23	8	131
SFY 2023-24	11	156
SFY 2024-25	22	116

To the Federal Government

The U.S. Congress annually appropriates \$143 million into the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), which provides states with flexible, supplemental funding to support young adults aging out of foster care in their transition to adulthood. A state may apply to the U.S. Department of Health and Human Services (HHS) with a responsive state plan and required Governor certifications, including a 30% cap on room and board expenditures from the state’s allotment for the fiscal year. If HHS accepts, HHS awards a

⁶⁴ [S. 409.1451\(6\), F.S.](#)

⁶⁵ The DCF Secretary appoints ILSAC members, which must include, at a minimum, young adults who receive services and funding through the Road-to-Independence Program, representatives from the headquarters and regional offices of the department, community-based care lead agencies, the Department of Juvenile Justice, the Department of Commerce, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, CareerSource Florida, Inc., the Statewide Guardian ad Litem Office, foster parents, and advocates for children in care. Members serve a term of up to 4 years. [s. 409.1451\(7\)\(c\), F.S.](#)

⁶⁶ [S. 409.1451\(7\), F.S.](#)

⁶⁷ Department of Children and Families, *Independent Living Services Advisory Council (ILSAC) Annual Report 2025*, p. 22-23 (Jan. 7, 2026) <https://www.myflfamilies.com/sites/default/files/2026-01/2025%20Annual%20Independent%20Living%20Services%20Advisory%20Council%20Report%20and%202025%20Annual%20Response%20to%20the%20Independent%20Living%20Services%20Advisory%20Council%20Report.pdf> (last visited Jan. 25, 2026).

⁶⁸ Post-secondary educational achievement covers young adults with an associate degree, a bachelor’s degree, a post-graduate degree, or a vocational certificate of completion.

⁶⁹ While employment or school enrollment is not an ongoing eligibility requirement for aftercare services, DCF expects young adults to engage in activities that support progress toward self-sufficiency, of which employment is one indicator.

formula grant, based on the state’s foster care ratio, to the state’s child welfare agency.⁷⁰ In turn, the state must provide a 20% non-federal cash or in-kind match to receive their full allotment.⁷¹ The table below records Florida’s funding amount under Chafee in recent years.

Federal and State Chafee Contributions (Florida) ⁷²		
FFY ⁷³	Federal Contribution	Florida’s Required 20% Contribution
2022	\$7,175,951	\$1,435,190
2023	\$8,420,863	\$1,684,172
2024	\$7,560,625	\$1,512,125
2025	TBA - Spring 2026	TBA - Spring 2026

As a condition of receiving federal Chafee funds, Florida must report certain independent living services outcome measures to the HHS National Youth in Transition Database (NYTD), as the twin tables record below.

To alert the reader to conflicting terminology between federal and state independent living programs, note that the Florida Road-to-Independent PESS program would fall under the federal Chafee “Room and Board Financial Assistance” column because the Florida Road-to-Independence PESS program is a room and board stipend⁷⁴ and Chafee “Room and Board Financial Assistance” means room and board expenses like rent deposits, utilities, and other household start-up expenses.⁷⁵ Also, the Florida Road-to-Independence Aftercare Services program covers multiple Chafee categories, including the Chafee “Post-Secondary Educational Support” services category. Chafee “Post-Secondary Educational Support” covers collegiate test preparation classes, college and career counseling, and tutoring while in college.⁷⁶

⁷⁰ 42 U.S.C. § 677. The state foster care ratio means the ratio of the number of children in foster care under a program of the state in the most recent fiscal year for which the information is available to the total number of children in foster care in all states for the most recent fiscal year.

⁷¹ Patrick Landers, *John H. Chafee Foster Care Program for Successful Transition to Adulthood*, Congressional Research Service, (updated Mar. 13, 2024) <https://crsreports.congress.gov/product/pdf/IF/IF11070> (last visited Jan. 29, 2025); see 42 U.S.C. § 674(a)(4).

⁷² Administration for Children and Families, Program Instruction 23-01: Attachment A: FY 2022 Allotment for Chafee Foster Care Program for Successful Transition to Adulthood Grants, U.S. Department of Health and Human Services, p. 9 (Feb. 3, 2023) <https://acf.gov/cb/policy-guidance/pi-23-01> (last visited Jan 26, 2026); Administration for Children and Families, Program Instruction 24-02: Attachment A: FY 2023 Allotment for Chafee Foster Care Program for Successful Transition to Adulthood Grants, U.S. Department of Health and Human Services, p. 10 (Feb. 15, 2024) <https://www.acf.hhs.gov/cb/policy-guidance/pi-24-02> (last visited Jan. 26, 2026); Administration for Children and Families, Program Instruction 25-01: Attachment A: FY 2024 Allotment for Chafee Foster Care Program for Successful Transition to Adulthood Grants, U.S. Department of Health and Human Services, p. 9 (Apr. 21, 2025) <https://acf.gov/cb/policy-guidance/pi-25-01> (last visited Jan. 26, 2026).

⁷³ The Federal Fiscal Year (FFY) runs from October 1 to September 30.

⁷⁴ [S. 409.1451\(2\)\(b\), F.S.](#)

⁷⁵ 45 C.F.R. § 1356.83(g)(31)

⁷⁶ 45 C.F.R. § 1356.83(g)(22)

Select Independent Living Services Funded by Chafee (Florida) ⁷⁷						
FFY	Youths Served by DCF	Percentage of Youths Served by DCF Receiving Services				
		Florida PESS	Florida Aftercare Services			
		Room and Board Financial Assistance ⁷⁸	Budget and Financial Management Training ⁷⁹	Housing Education and Home Management Training ⁸⁰	Post-Secondary Educational Support ⁸¹	Other Financial Assistance ⁸²
2019	3,414	30%	35%	30%	26%	37%
2020	3,283	11%	30%	26%	25%	37%
2021	3,816	10%	23%	21%	18%	44%
2022	4,894	8%	36%	25%	15%	46%
2023	4,371	9%	36%	31%	23%	31%

As the table above indicates, there has been a significant drop in Florida PESS utilization *supported by federal Chafee funds* dating back the onset of the COVID-19 pandemic in 2020. This drop has occurred even as the number of young adults provided with independent living services has increased over this same period. Meanwhile, Aftercare Services utilization *supported by federal Chafee funds* has increased since the start of the pandemic. It is unclear whether DCF is allocating its share of Chafee funds more towards Aftercare Services in the event there happens to be a growing demand for Aftercare Services. It is also unclear whether the demand for Florida PESS is low.⁸³ It is also important to note that Florida's allocation of Chafee funds has fluctuated by roughly \$1 million in recent years.

In the next table below, DCF complied self-reported survey responses from a cohort of young adults who received independent living services supported by federal Chafee funds. DCF complied responses from those young adults who reported at each of the three requested intervals (i.e., age 17, age 19, and age 21) to assess how independent living services were helping young adults transition from foster care into adulthood.

⁷⁷ Administration for Children and Families, National Youth in Transition Database State Data Snapshots: Florida 2019-2023 Independent Living Services Data, U.S. Department of Health and Human Services https://www.acf.hhs.gov/cb/data-research/data-and-statistics-nytd#FL_26606 (last visited Jan. 29, 2025).

⁷⁸ Chafee "Room and Board Financial Assistance" means room and board expenses like rent deposits, utilities, and other household start-up expenses. 45 C.F.R. § 1356.83(g)(31)

⁷⁹ Chafee "Budget and Financial Management Training" covers financial literacy skill sets (e.g., living within a budget, opening a checking and savings account, accessing information about credit, loans, and taxes). 45 C.F.R. § 1356.83(g)(25)

⁸⁰ Chafee "Home Education and Home Management Training" is to help young adults learn how to navigate housing searches, contracting for a rental unit, food preparation, laundry, housekeeping, and basic maintenance and repairs, among other training opportunities. 45 C.F.R. § 1356.83(g)(26)

⁸¹ Chafee "Post-Secondary Educational Support" covers collegiate test preparation classes, college and career counseling, and tutoring while in college. Note that this is different from Florida Road-to-Independence PESS room-and-board stipend. 45 C.F.R. § 1356.83(g)(22)

⁸² Chafee "Other Financial Assistance" includes any other payments made or provided by DCF to help young adults live independently. 45 C.F.R. § 1356.83(g)(33)

⁸³ The agency bill analysis was requested from DCF on January 5, 2026: as of the date of this analysis, that request remains unfulfilled.

Select Independent Living Outcomes Funded by Chafee (Florida)⁸⁴

Age Interval	Eligible Survey Participants⁸⁵	Actual Survey Participants⁸⁶	Actual Survey Participants In Foster Care	Enrollment and Attendance⁸⁷	Educational Aid⁸⁸	Current Employment⁸⁹
Age 17 (2020)	792	469	100%	440	23	70 (part-time) 13 (full-time)
Age 19 (2022)	468	329	37.4%	177	65	105 (part-time) 82 (full-time)
Age 21 (2024)	451	300	14.7%	129	111	93 (part-time) 102 (full-time)

As the table records, only 44 of the 300 young adults surveyed (14.7%) remained in extended foster care at age 21. Note that the “Educational Aid” outcome measure in the table below refers to a youth who reports using a scholarship, voucher, grant, stipend, student loan, or other type of education financial aid to cover educational expenses. This means Florida used a portion of its total federal Chafee allocation to financially support at least 111 students aged 21 in 2024 as they advanced towards their academic goals.

Extended Foster Care

The permanency goal for a young adult who chooses to remain in care past his or her 18th birthday is to transition to independence. To this end, current law gives these young adults the option to remain in DCF care under judicial supervision as long as they participate in a qualifying self-sufficiency activity (e.g., pursuing a high school diploma, GED, postsecondary education, vocational education, workforce development programs, or maintaining employment for at least 80 hours a month).⁹⁰

Extended foster care ends on the young adult’s 21st birthday (or 22nd for those with disabilities), when the young adult achieves a statutorily preferred permanency outcome, or when the young adult knowingly and voluntarily withdraws consent to participate in extended foster care.⁹¹

During SFY 2024-25, 1,382 young adults participated in extended foster care.⁹²

⁸⁴ Administration for Children and Families, National Youth in Transition Database State Data Snapshots: Florida 2017-2021 Outcomes Data, https://www.acf.hhs.gov/cb/data-research/data-and-statistics-nytd#FL_26606 (last visited Jan. 29, 2025). HHS is finalizing the 2020-2024 Youth Outcomes Data Snapshot for Florida. HHS published the baseline (age 17) and the progress (age 19) intervals, but the outcome interval (age 21) data for 2024 is not ready as of the publication date of this analysis.

⁸⁵ HHS advises that eligible participants include all youth whom Florida reported were in foster care at age 17 at baseline and all youth in the follow-up population at age 19 and 21 who were not reported incarcerated, incapacitated, or deceased.

⁸⁶ HHS advises that youth who participated includes youth who provided at least one valid response to a survey question.

⁸⁷ The “enrollment and attendance” outcome metric measures whether a person is enrolled in and attending high school, GED classes, or postsecondary vocational training or college. 45 C.F.R. § 1356.83(g)(47)

⁸⁸ The “educational aid” outcome metric measures how many young adults reported using a scholarship, voucher, grant, stipend, student loan, or other type of education financial aid to cover educational expenses. 45 C.F.R. § 1356.83(g)(41)

⁸⁹ The “current employment” outcome metric measures how many young adults reported being employed at least 35 hours per week (full-time) or between one and 34 hours per week (part-time). 45 C.F.R. § 1356.83(g)(37)-(38).

⁹⁰ However, the young adult may be excused from the self-sufficiency activities if the young adult documents a physical, intellectual, emotional, or a psychiatric condition that limits the young adult’s full-time participation. [S. 39.6251\(2\)\(e\), F.S.](#)

⁹¹ [S. 39.6251\(5\), F.S.](#)

⁹² Department of Children and Families, *Independent Living Services Advisory Council (ILSAC) Annual Report 2025*, p. 22-23 (Jan. 7, 2026)

<https://www.myflfamilies.com/sites/default/files/2026-01/2025%20Annual%20Independent%20Living%20Services%20Advisory%20Council%20Report%20and%202025%20Annual%20Response%20to%20the%20Independent%20Living%20Services%20Advisory%20Council%20Report.pdf> (last visited Jan. 25, 2026).

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2024	CS/CS/CS/HB 1083 - Permanency for Children	Trabulsy, Abbott/ <i>Collins</i>	Became law on July 1, 2024.
2024	CS/CS/SB 564 - Young Adult Aftercare Services	Tramont/ <i>Garcia</i>	Became law on July 1, 2024.
2022	HB 7065 - Child Welfare	Altman	Became law on July 1, 2022.
2021	CS/CS/SB 80 - Child Welfare	Busatta/ <i>Brodeur</i>	Became law on October 1, 2021.

OTHER RESOURCES:

[Code of Federal Regulations: Glossary of Terms for National Youth in Transition Database \(45 C.F.R. § 1356.83\)](#)
[HHS National Youth in Transition Database: Services Data Snapshot: Florida \(FFY 2019-2023\)](#)
[HHS National Youth in Transition Database: Outcomes Data Snapshot: Florida \(FFY 2020-2024\)](#)

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	16 Y, 0 N	2/4/2026	Mitz	DesRochers
Health Care Budget Subcommittee				
Health & Human Services Committee				