

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/CS/HB 599 Child Welfare

**SPONSOR(S):** Health & Human Services Committee; Children, Families & Seniors Subcommittee; Combee

**TIED BILLS:** **IDEN./SIM. BILLS:** SB 7018

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	12 Y, 0 N, As CS	Tuszynski	Brazzell
2) Health Care Appropriations Subcommittee	10 Y, 0 N	Fontaine	Pridgeon
3) Health & Human Services Committee	14 Y, 0 N, As CS	Tuszynski	Calamas

### SUMMARY ANALYSIS

Chapter 39, F.S., creates the child welfare dependency system, administered by the Department of Children and Families' (DCF) Office of Child Welfare in partnership with local communities and the courts. DCF contracts for foster care placement and related services with lead agencies, also known as community-based care organizations (CBC).

DCF is required to administer a system of care that prevents the separation of children from their families and provides interventions to allow children to remain safely in their own homes. However, when it is determined that in-home services are not enough to allow a child to safely remain in his or her home, the child is removed from his or her home and placed with a safe and appropriate temporary out-of-home placement. In 2013, DCF began implementing a child welfare practice model that standardized the approach to safety decision making and risk assessment to determine a child's safety.

CS/CS/HB 599 requires CBCs to provide a continuum of care through direct provision, subcontract, referral, or other effective means, and requires DCF to specify the minimum services available through contract. The bill details the intervention services to be provided by the CBCs.

The bill requires DCF to develop a quality rating system for group homes and foster homes by June 30, 2017, and implement it by July 1, 2018. The bill requires CBCs to develop a plan for out-of-home care utilization. DCF is to report annually on the plans' implementation. The bill creates permanency teams that are required to review out-of-home placements for children placed in residential group care. It also repeals obsolete sections of law dealing with residential group care.

The bill makes conforming changes to align statute with the new language and practice of DCF's practice model, such as:

- Extending jurisdiction for children older than 18 years of age until the age of 22 for young adults having a disability;
- Making 'maintaining and strengthening' permanency goals by moving provisions from the case planning sections of statute to s. 39.621, F.S.;
- Requiring a transition plan to be approved by the child's 18<sup>th</sup> birthday; and
- Changing the standard for the court to return a child to the home.

The bill also:

- Revises who is allowed to access confidential child welfare records from a designee of a "group home" to a designee of a "child-caring agency";
- Creates reporting requirements for the Critical Incident Rapid Response Team advisory committee; and
- Makes conforming cross reference changes.

The bill has an indeterminate fiscal impact, but costs will be mitigated by funding provided in the House proposed General Appropriations Act for Fiscal Year 2016-17 (See Fiscal Comments section).

The bill provides an effective date of July 1, 2016.

**This document does not reflect the intent or official position of the bill sponsor or House of Representatives.**

**STORAGE NAME:** h0599f.HHSC

**DATE:** 2/21/2016

# FULL ANALYSIS

## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### **Present Situation**

##### The Child Welfare System

Chapter 39, F.S., creates the dependency system that is charged with protecting child welfare. The Department of Children and Families (DCF) Office of Child Welfare works in partnership with local communities and the courts to ensure the safety, timely permanency and well-being of children.

Child welfare services are directed toward the prevention of abandonment, abuse, and neglect of children.<sup>1</sup> DCF's practice model is based on preserving and strengthening the child's family ties whenever possible, removing the child from his or her home on when his or her welfare cannot be adequately safeguarded otherwise.<sup>2</sup> Services are coordinated by community-based care lead agencies (CBC) which are contracted by DCF.

##### *Safety Methodology*

In 2013, DCF began implementing a new child welfare practice model (model) that standardized the approach to safety decision making and risk assessment to determine a child's safety.<sup>3</sup> The model seeks to achieve the goals of safety, permanency, and child and family well-being.<sup>4</sup> The model emphasizes parent engagement and empowerment as well as the training and support of child welfare professionals to assess child safety.<sup>5</sup> Several key practices are used to achieve these goals.<sup>6</sup>

- Engaging the family: Build rapport and trust with the family.
- Partner with all involved: Form partnerships with family members and others who support them.
- Plan for child safety: Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care.
- Plan for family change: Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being.
- Monitor and adapt case plans: Link family members to services and help them navigate formal systems.

The model shifts the focus from the previously used incident-centered risk-based practice to a safety-focused and family-centered practice.<sup>7</sup>

##### *Community-Based Care Organizations and Services*

DCF contracts for foster care and related services with lead agencies, also known as community-based care organizations (CBCs). The use of CBCs to provide child welfare services was intended to increase local community ownership of service delivery and design.<sup>8</sup>

DCF, through the CBCs, is required to administer a system of care<sup>9</sup> for children that is directed toward:

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<sup>1</sup> S. 39.001(8), F.S.

<sup>2</sup> S. 39.001(4), F.S.

<sup>3</sup> The Department of Children and Families, *2013 Year in Review*, accessible at: <http://www.dcf.state.fl.us/admin/publications/year-in-review/2013/page19.shtml> (last accessed February 12, 2016).

<sup>4</sup> The Department of Children and Families, *Florida's Child Welfare Practice Model*, accessible at: <http://www.myflfamilies.com/service-programs/child-welfare/child-welfare-practice-model> (last accessed February 12, 2016).

<sup>5</sup> Supra. at FN 3.

<sup>6</sup> Supra. at FN 4.

<sup>7</sup> The Department of Children and Families, *2012 Year in Review*, accessible at: <http://www.dcf.state.fl.us/admin/publications/year-in-review/2012/page9.shtml> (last accessed February 14, 2016).

<sup>8</sup> Community-Based Care, The Department of Children and Families, accessible at <http://www.myflfamilies.com/service-programs/community-based-care> (last viewed February 12, 2016).

- Prevention of separation of children from their families;
- Intervention to allow children to remain safely in their own homes;
- Reunification of families who have had children removed from their care;
- Safety for children who are separated from their families;
- Focus on the well-being of children through emphasis on educational stability and timely health care;
- Permanency; and
- Transition to independence and self-sufficiency.

CBCs are responsible for providing foster care and related services. These services include, but are not limited to, counseling, domestic violence services, substance abuse services, family preservation, emergency shelter, and adoption.<sup>10</sup> The CBC must give priority to services that are evidence-based and trauma informed.<sup>11</sup> CBCs contract with a number of subcontractors for case management and direct care services to children and their families.<sup>12</sup> There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.<sup>13</sup>

### *Dependency Case Process*

When a child is removed from his or her home, a series of dependency court proceedings must occur to adjudicate the child dependent and place him or her in out-of-home care, as indicated by the chart below.

Proceeding	Description	Statute
Removal	The child's home is determined to be unsafe, and the child is removed	s. 39.401, F.S.
Shelter Hearing	A shelter hearing occurs within 24 hours after removal. The judge determines whether to keep the child out-of-home.	s. 39.401, F.S.
Petition for Dependency	A petition for dependency occurs within 21 days of the shelter hearing. This petition seeks to find the child dependent.	s. 39.501, F.S.
Arraignment Hearing and Shelter Review	An arraignment and shelter review occurs within 28 days of the shelter hearing. This allows the parent to admit, deny, or consent to the allegations within the petition for dependency and allows the court to review any shelter placement.	s. 39.506, F.S.
Adjudicatory Trial	An adjudicatory trial is held within 30 days of arraignment, to determine whether a child is dependent.	s. 39.507, F.S.
Disposition Hearing	Disposition occurs within 15 days of arraignment or 30 days of adjudication. The judge reviews and orders the case plan for the family and the appropriate placement of the child.	ss. 39. 506 and 39.521, F.S.
Judicial Review Hearings	The court must review the case plan and placement every 6 months, or upon motion of a party.	s. 39.701, F.S.

### *Case Plans*

DCF must develop a case plan with input from all parties to the dependency case that details the problems being addressed as well as the goals, tasks, services, and responsibilities required to

<sup>9</sup> S. 409.145(1), F.S.

<sup>10</sup> Id.

<sup>11</sup> S. 409.988(3), F.S.

<sup>12</sup> Supra. at FN 8.

<sup>13</sup> Community Based Care Lead Agency Map, The Department of Children and Families, accessible at <http://www.myflfamilies.com/service-programs/community-based-care/cbc-map> (last accessed February 12, 2016).

ameliorate the concerns of the state.<sup>14</sup> The case plan follows the child from the provision of voluntary services through dependency, or termination of parental rights.<sup>15</sup> Once a child is found dependent, a judge reviews the case plan, and if the judge accepts the case plan as drafted, orders the case plan to be followed.<sup>16</sup>

Section 39.6011, F.S., details the development of the case plan and who must be involved, such as the parent, guardian ad litem, and if appropriate, the child. This section also details what must be in the case plan, such as descriptions of the identified problems, the permanency goal, timelines, and notice requirements.

When determining whether to place a child back into the home he or she was removed from, or whether to move forward with another permanency option, the court uses the case plan to determine whether the parent has complied with the tasks and services to the extent that the safety, well-being, and the physical, mental and emotional health of the child is not endangered by the return of the child to the home.<sup>17</sup>

### Placements of Children in the Child Welfare System

#### *In-Home with Services*

DCF is required to administer a system of care that prevents the separation of children from their families and provides interventions to allow children to remain safely in their own homes.<sup>18</sup> Protective investigators and CBC case managers can refer families for in-home services to allow a child, who would otherwise be unsafe, to remain in his or her own home.

#### *Out-of-Home Care*

When a child protective investigator determines that in-home services are not enough to allow a child to safely remain in his or her home, the investigator removes the child from his or her home and places the child with a safe and appropriate temporary placement. These temporary placements, referred to as out-of-home care, provide housing and services to children until they can return home to their family or achieve permanency with another family through adoption or guardianship.<sup>19</sup>

CBCs must place all children in out-of-home care in the most appropriate available setting after conducting an assessment using child-specific factors.<sup>20</sup> When possible, child protective investigators and lead agency case managers place the children with a relative or responsible adult that the child knows and with whom they have a relationship.<sup>21</sup> When a relative or non-relative caregiver placement is not possible, protective investigators and case managers try to place the children in family foster homes licensed by DCF.<sup>22</sup>

Some children have extraordinary needs, such as multiple placement disruptions, mental and behavioral health problems, juvenile justice involvement, or children with disabilities, which may require case managers to place them in residential group care. The primary purpose of residential group care is to provide a setting that addresses the unique needs of children and youth who require more intensive services than a family setting can provide.<sup>23</sup>

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<sup>14</sup> Ss, 39.6011 and 39.6012, F.S.

<sup>15</sup> S. 39.01(11), F.S.

<sup>16</sup> S. 39.521, F.S.

<sup>17</sup> S. 39.522, F.S.

<sup>18</sup> Supra. at FN 9.

<sup>19</sup> Office of Program Policy and Government Accountability, Research Memorandum, Florida's Residential Group Care Program for Children in the Child Welfare System (December 22, 2014) (on file with the Children, Families, and Seniors Subcommittee).

<sup>20</sup> Child-specific factors include age, sex, sibling status, physical, educational, emotional, and developmental needs, maltreatment, community ties, and school placement. (Rule 65C-28.004, F.A.C.)

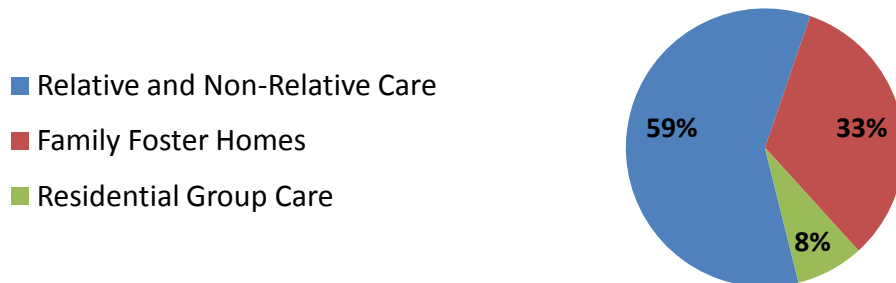
<sup>21</sup> Supra. at FN 19

<sup>22</sup> Id.

<sup>23</sup> Supra. at FN 19.

As of June 1, 2015, there were 21,916 children in out-of-home care.<sup>24</sup>

### Distribution of Children in Out-of-Home Placements FY 2014-15<sup>25</sup>



#### *Relatives and Non-Relative Caregivers*

Research indicates that children in the care of relatives and non-relatives, such as grandparents or family friends, benefit from increased placement stability and are less likely to change placements as compared to children placed in general foster care.<sup>26</sup> Relative and non-relative caregivers are not required to be licensed, but do undergo a walk-through of their home to determine if the home is appropriate to place the child.

Florida created the Relative Caregiver Program in 1998,<sup>27</sup> to provide financial assistance to eligible relatives caring for children who would otherwise be in the foster care system. The monthly amount of the relative payment is:<sup>28</sup>

- Age zero through five years – \$242
- Age six through 12 years – \$249
- Age 13 to 18 years – \$298

#### *Family Foster Homes*

A family foster home is a licensed private residence in which children who are unattended by a parent or legal guardian are provided 24-hour care. Such homes include emergency shelter family homes and specialized foster homes for children with special needs.<sup>29</sup> Foster homes are inspected and licensed,<sup>30</sup> and foster parents go through a rigorous interview process before being approved.<sup>31</sup> Family foster home room and board rates are set by statute<sup>32</sup> and are currently:<sup>33</sup>

- Age zero through five years – \$439.30
- Age six through 12 years – \$450.56
- Age 13 to 21 years – \$527.36

#### *Residential Group Care*

<sup>24</sup> Office of Program Policy and Government Accountability, Research Memorandum, *Florida's Child Welfare System: Out-of-Home Care* (November 12, 2015) (on file with the Children, Families, and Seniors Subcommittee).

<sup>25</sup> Id.

<sup>26</sup> David Rubin and Downes, K., et al., *The Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care* (June 2, 2008), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654276/> (last accessed February 12, 2016).

<sup>27</sup> S. 39.5085, F.S.

<sup>28</sup> 65C-28.008, F.A.C.

<sup>29</sup> S. 409.175, F.S.

<sup>30</sup> Id.

<sup>31</sup> Florida Department of Children and Families, *Fostering Definitions*, available at <http://www.myflfamilies.com/service-programs/foster-care/definitions> (last visited February 12, 2016).

<sup>32</sup> S. 409.145(4), F.S.

<sup>33</sup> Department of Children and Families, *Memorandum on 2015 Foster Parent Cost of Living Allowance Increase* (December 31, 2014) (on file with Children, Families, and Seniors subcommittee staff).

Residential group care (RGC) placements are licensed by DCF as residential child-caring agencies<sup>34</sup> that provide staffed 24-hour care for children in facilities maintained for that purpose, regardless of whether operated for profit or whether a fee is charged.<sup>35</sup> These include maternity homes, runaway shelters, group homes, and emergency shelters.<sup>36</sup> The two primary models of group care are the shift model, with staff working in shifts providing 24-hour supervision, and the family model, which has a house parent or parents that live with and are responsible for 24-hour care of children in the group home.<sup>37</sup>

CBCs must assess any child that meets the following criteria for placement in RGC:

- The child is 11 or older;
- The child has been in licensed family foster care for six months or longer and removed from family foster care more than once; and
- The child has serious behavioral problems or has been determined to be without the options of either family reunification or adoption.<sup>38</sup>

In addition, the CBC must consider psychological evaluations, information provided by professionals with knowledge of the child, and the desires of the child concerning placement.<sup>39</sup> Children who do not meet the specified criteria may still be placed in RGC if it is determined that such placement is the most appropriate for the child.<sup>40</sup>

RGC placement can also serve as a treatment component of the children's mental and behavioral health care.<sup>41</sup> Children in RGC with behavioral health needs receive mental health, substance abuse, and support services that are provided through Medicaid-funded Behavioral Health Overlay Services.<sup>42</sup> Residential group homes also directly employ or contract with therapists and counselors to provide services within the group home setting.<sup>43</sup>

Because RGC can be part of a dependent child's mental health system of care, they are one of the most expensive placement options for children in the child welfare system. Unlike rates for foster parents and relative caregivers, which are set in statute or by rule, CBCs annually negotiate rates for RGC placements with providers.

During the 2013-2014 fiscal year, the per diem rate for the shift-care group home model averaged \$124, and costs ranged from \$52 to \$283. The per diem rate for a family group home model averaged \$97, and costs ranged from \$17 to \$175. In contrast, family foster homes had an average daily rate of \$15.<sup>44</sup> The total cost of group home care in Florida for the 2013-2014 fiscal year was \$81.7 million.<sup>45</sup> In fiscal year 2014-2015, the cost of group home care was \$89.8 million.<sup>46</sup>

### *Licensure*

DCF licenses most out-of-home placements, including family foster homes, residential child-caring agencies (residential group care), and child-placing agencies.<sup>47</sup> The following placements do not require licensure:<sup>48</sup>

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<sup>34</sup> Supra. at FN 19.

<sup>35</sup> S. 409.175, F.S.

<sup>36</sup> Id.

<sup>37</sup> Supra. at FN 19.

<sup>38</sup> S. 39.523(1), F.S.

<sup>39</sup> Id.

<sup>40</sup> S. 39.523(4), F.S.

<sup>41</sup> Richard Barth, *Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate*. Chapel Hill, NC: University of North Carolina, School of Social Work, Jordan Institute for Families (June 17, 2002), available at:

[http://www.researchgate.net/publication/237273744\\_vs.\\_Foster\\_Homes\\_The\\_Empirical\\_Base\\_for\\_a\\_Century\\_of\\_Action](http://www.researchgate.net/publication/237273744_vs._Foster_Homes_The_Empirical_Base_for_a_Century_of_Action).

<sup>42</sup> Office of Program Policy and Government Accountability, Research Memorandum, Florida's Child Welfare System: Out-of-Home Care (November 12, 2015) (on file with the Children, Families, and Seniors Subcommittee).

<sup>43</sup> Id.

<sup>44</sup> Supra. at FN 19.

<sup>45</sup> Supra. at FN 42.

<sup>46</sup> Supra. at FN 24.

<sup>47</sup> S. 409.175, F.S.

- Relative caregivers;
- Non-relative caregivers;
- An adoptive home which has been approved by the department or by a licensed child-placing agency for children placed for adoption; and
- Persons or neighbors who care for children in their homes for less than 90 days.

Licensure involves meeting rules and regulations pertaining to:<sup>49</sup>

- The good moral character of personnel and foster parents based on background screening, education, training, and experience requirements;
- Operation, conduct, and maintenance;
- The provision of food, clothing, educational opportunities, services, equipment, and individual supplies to assure the healthy physical, emotional, and mental development of the children served;
- The appropriateness, safety, cleanliness, and general adequacy of the premises, including fire prevention and health standards, to provide for the physical comfort, care, and well-being of the children served;
- The ratio of staff to children required to provide adequate care and supervision of the children served; and
- In the case of foster homes, the maximum number of children in the home.

These licensure standards are the minimum requirements that must be met to care for children within the child welfare system. DCF must issue a license for those homes and agencies that meet the minimum licensure standards.<sup>50</sup> However, the issuance of a license does not require a CBC to place a child with any home or agency.<sup>51</sup>

### Residential Group Care Quality Standards

#### *Florida Institute for Child Welfare*

The Florida Institute for Child Welfare (FICW) published a technical report titled “Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations” in July of 2015. This report looked at the current trends and evidence related to residential group care, finding that:

“Although the appropriate use of RGC has been a subject of longstanding debate, most child welfare experts, including practitioners, researchers, and advocacy groups, acknowledge that for some youth involved in the child welfare system, high quality group care is an essential and even lifesaving intervention.”<sup>52</sup>

Based on reviews of current trends and issues, findings from research, and reviews of recommendations proposed by child welfare experts and advocacy groups, the FICW made the following seven recommendations.<sup>53</sup>

1. Develop and implement a basic set of common quality standards for RGC.
2. Increase evaluation efforts to identify and support evidence-based RGC services.
3. Support RGC providers in strengthening efforts to engage families.
4. Explore innovative approaches, including those that are trauma-informed and relationship-based.

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<sup>48</sup> Id.

<sup>49</sup> S. 409.175, F.S.

<sup>50</sup> S. 409.175(6)(h), F.S.

<sup>51</sup> S. 409.175(6)(i), F.S.

<sup>52</sup> Boel-Studt, S. M. (2015). *Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations* (Florida Institute for Child Welfare).

<sup>53</sup> Id.

5. Increase efforts to identify and implement culturally competent practices that are supported by research.
6. Continue to build upon efforts to strengthen the child welfare workforce.
7. Explore flexible funding strategies that can help facilitate higher quality services and innovative uses of RGC that are consistent with systems of care principles.

The recommendations made by the FICW focus mainly on quality and implementing strategies to facilitate high quality services within RGC.

### *Group Care Quality Standards Workgroup*

Also in 2015, DCF and the Florida Coalition for Children established the Group Care Quality Standards Workgroup (workgroup), with representation from group care providers, CBCs, and DCF. The workgroup reviewed standards-related literature to determine consensus and ensure a high quality of group care standards.<sup>54</sup> The workgroup identified eight specific categories for quality standards with 251 distinct quality standards for residential group care.<sup>55</sup>

### Extended Foster Care

In 2014, the Legislature provided foster youth the option to extend foster care.<sup>56</sup> Previously, youth did not have the option to remain in foster care after their 18th birthday. Now, through extended foster care, they have the option to remain in care until they turn 21 or, if enrolled in an eligible post-secondary institution, receive financial assistance as they continue pursuing academic and career goals.<sup>57</sup> In extended foster care, young adults continue to receive case management services and other supports to provide them with a sound platform for success as independent adults.

### Critical Incident Rapid Response Team

Critical Incident Rapid Response Teams (CIRRTs) were created by the Legislature in 2014. The CIRRTs are established within DCF to conduct investigations of child death or other serious incidents reported to the central abuse hotline if the child or another child in his or her home was the subject of a verified report of abuse or neglect within the previous 12 months.<sup>58</sup> The purpose of a CIRRT is to perform an immediate root-cause analysis of critical incidents and rapidly determine the need to change policies and practices related to child protection and welfare.<sup>59</sup>

The CIRRT advisory committee meets quarterly as an independent review of the CIRRT reports and makes recommendations to improve policies and practices related to child protection and welfare.<sup>60</sup> The CIRRT advisory committee creates a quarterly report that is submitted to the Governor and Legislature.<sup>61</sup>

## **Effect of Proposed Changes**

### Safety Methodology

CS/CS/HB 599 makes the following conforming changes to better align current law with practice of the safety methodology:

- Changing the term ‘preventative services’ to ‘safety management services’ as used in practice;

<sup>54</sup> Group Care Quality Standards Workgroup, *Quality Standards for Group Care*, Florida Department of Children and Families and the Florida Coalition of Children (2015) (on file with Children, Families, and Seniors subcommittee staff).

<sup>55</sup> Id.

<sup>56</sup> S. 39.6251, F.S.

<sup>57</sup> The Department of Children and Families, *Extended Foster Care – My Future My Choice*, *accessible at*:

<http://www.myflfamilies.com/service-programs/independent-living/extended-foster-care> (last accessed February 12, 2016).

<sup>58</sup> S. 39.2015(2), F.S.

<sup>59</sup> S. 39.2015(1), F.S.

<sup>60</sup> S. 39.2015(11), F.S.

<sup>61</sup> Id.



- Making provisions relating to ‘maintaining and strengthening’ a placement a permanency goal by moving the provisions from the case planning section of statute to s. 39.621, F.S., dealing with the determination of permanency goals;
- Requiring a transition plan to be approved by the child’s 18<sup>th</sup> birthday;
- Changing time frames for court filings to better align with new practice, giving more time to investigators and case managers to gather and document information on the family;
- Requiring the judicial review social study report to state whether the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan will not be detrimental to the child’s safety, well-being, and physical, mental, and emotional health; and
- Changing the standard for the court to return a child to the home from the older incident-based language to the new safety-focused language.

### Residential Group Care

The bill requires the CBCs to develop plans to manage out-of-home care utilization to ensure a sufficient number of quality placements by January 1, 2017. These plans must include strategies, action steps, timeframes, and performance measures to manage the use of out-of-home care. Plans must maintain residential group care as an option for out-of-home placement. DCF must submit an annual report to the Governor and Legislature on October 1 of each year beginning in 2017 and continuing through 2022 evaluating the progress of the CBCs.

The bill also requires CBCs to establish permanency teams to convene multi-disciplinary staffings to review the appropriateness of RGC placements.

### Quality Rating System

The bill requires DCF to develop, by June 30, in collaboration with CBCs, service providers, and other community stakeholders, a statewide quality rating system for providers of residential group care and foster homes. The system must promote high quality in services and accommodations by creating measurable quality standards that providers must meet to contract with CBCs.

DCF must submit a report to the Governor and Legislature by October 1 of each year that includes a plan for oversight of the implementation of the system, lists providers meeting minimum quality standards, the percentage of children placed with highly rated providers, and any negative actions taken against providers for not meeting minimum quality standards.

### Case Plans

The bill revises requirements for involving the child in the case planning process. These procedures include consulting the child during the case planning process, allowing the child an opportunity to attend a face-to-face case plan conference, if appropriate, and to choose two case-plan team members. The requirements allow DCF to reject a case-plan team member chosen by the child if there is good cause to believe that the individual would not act in the best interest of the child.

### Critical Incident Rapid Response Team

The bill requires the CIRRT advisory committee to describe the implementation status of all recommendations from quarterly advisory committee reports within the last 18 months, categorized by the entity to which the recommendation was directed, including any reason for not implementing the recommendation, within the quarterly report it is required to produce.

### Placements and Services for Children in the Child Welfare System

The bill requires CBCs to provide a continuum of care through direct provision, subcontract, referral, or other effective means, and requires DCF to specify the minimum services available through contract.

The bill outlines intervention services for unsafe children and the types of services that must be available for eligible individuals and adds specific references to domestic violence services to better align domestic violence services and treatment with the child welfare system; and

### Extended Foster Care

The bill extends the dependency court's jurisdiction over young adults older than 18 years of age with a disability who choose to remain in extended foster care until the age of 22.

### Licensing

The bill revises who is allowed to access confidential records from a designee of a "group home" to a designee of a "child-caring agency." This is a conforming change to align with the licensing statute, s. 409.175, F.S. Under the licensing statute, group homes are considered child-caring agencies.<sup>62</sup>

Finally, the bill repeals obsolete sections of law related to residential group care, including provisions dealing with placement in group care, equitable reimbursement for group care services, services required for children with extraordinary needs in group care, and reimbursement methodology.

The bill provides an effective date of July 1, 2016.

## B. SECTION DIRECTORY:

- Section 1:** Amends s. 39.013, F.S., relating to procedures and jurisdiction.
- Section 2:** Amends s. 39.2015, F.S., relating to critical incident rapid response teams.
- Section 3:** Amends s. 39.402, F.S., relating to placement in shelter.
- Section 4:** Amends s. 39.521, F.S., relating to disposition hearings.
- Section 5:** Amends s. 39.522, F.S., relating to postdisposition change of custody.
- Section 6:** Amends s. 39.6011, F.S., relating to case plan development.
- Section 7:** Amends s. 39.6035, F.S., relating to transition plans.
- Section 8:** Amends s. 39.621, F.S., relating to permanency determination by the court.
- Section 9:** Amends s. 39.701, F.S., relating to judicial review.
- Section 10:** Amends s. 409.1451, F.S., relating to the Road-to-Independence program.
- Section 11:** Amends s. 409.986, F.S., relating to legislative findings and intent; child protection and child welfare outcomes; and definitions.
- Section 12:** Amends s. 409.988, F.S., relating to lead agency duties.
- Section 13:** Amends s. 409.996, F.S., relating to duties of the Department of Children and Families.
- Section 14:** Amends s. 39.01, F.S., relating to definitions
- Section 15:** Amends s. 39.202, F.S., relating to confidentiality of reports and records.
- Section 16:** Amends s. 39.5085, F.S., relating to the relative caregiver program.
- Section 17:** Amends s. 1002.3305, F.S., relating to the college-preparatory boarding academy pilot program for at-risk students.
- Section 18:** Repeals s. 39.523, F.S., relating to placement in group care.
- Section 19:** Repeals s. 409.141, F.S., relating to the equitable reimbursement methodology for nonprofit residential group care services.
- Section 20:** Repeals s. 409.1676, F.S., relating to residential group care services.
- Section 21:** Repeals s. 409.4677, F.S., relating to model comprehensive group care services for children with extraordinary needs.
- Section 22:** Repeals s. 409.1679, F.S., relating to the reimbursement methodology for group care.
- Section 23:** Provides for an effective date of July 1, 2016.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

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<sup>62</sup> S. 409.175, F.S.  
STORAGE NAME: h0599f.HHSC  
DATE: 2/21/2016

1. Revenues:

None.

2. Expenditures:

The bill has an indeterminate fiscal impact on state government. See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill has an indeterminate fiscal impact on the private sector. See Fiscal Comments.

D. FISCAL COMMENTS:

Multiple provisions in the bill appear to have an indeterminate fiscal impact upon DCF or CBCs. The House-proposed General Appropriations Act (GAA) for FY 2016-17 includes additional funding specifically for CBCs sufficient to pay for the bill's requirements.

The bill requires CBCs to provide intervention and treatment services to an unsafe child and his or her parent(s). The House-proposed GAA includes \$8.9 million to CBCs for safety management services, which include behavior management, crisis management, resource support and other services to keep a child in the home.

The bill requires CBCs to develop out-of-home care plans. The House-proposed GAA includes \$14.8 million to CBCs for core service functions, which would include the administrative functions to create such plans.

The bill imposes new data requirements for inclusion in the social study report for judicial review. The House-proposed GAA includes \$6.7 million for enhancements to the Florida Safe Family Network (FSFN) information system that collects socio-demographic data on children in care.

The bill establishes permanency teams to meet every 180 days to reassess the appropriateness of the child's placement and services. It is expected the CBCs will develop the teams locally, but DCF's office of Children's Legal Services may have to travel and may experience a workload increase. Based upon a review of budgetary reversions, DCF can absorb these costs within existing resources.

The bill requires court review of the child's transition plan prior to the child's 18<sup>th</sup> birthday. Currently, a transition plan must be completed during the 180 period after the child reaches age 17. Since a judicial review of the child's case is required every six months, this provision should have a minimal fiscal impact on the court system.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

**B. RULE-MAKING AUTHORITY:**

The bill grants rule making authority to create a continuum of care, as well as create, implement and monitor the out-of-home care utilization plan.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

On January 20, 2016, the Children, Families and Seniors Subcommittee adopted a strike-all amendment. The amendment made the following changes:

- Aligned statutory language and standards with DCF's safety methodology;
- Required the Critical Incident Rapid Response advisory committee to include in its quarterly reports updates on the implementation status of recommendations;
- Required lead agencies to provide a continuum of care through direct provision, subcontract, referral, or other effective means, and requires DCF to specify the minimum services available through contract;
- Specifies the intervention services CBC's are to make available;
- Removed the requirement to develop and implement a two-pronged assessment for placement and services, and creates a workgroup to evaluate whether the state should develop an *initial assessment* to help make appropriate initial placements;
- Clarified and updates case planning requirements to add new federal requirements for children's involvement in case planning under certain circumstances;
- Required a quality rating system for group homes and foster homes to be developed by June 30, 2017, and implemented by July 1, 2018;
- Required CBC's to do a plan for managing group home utilization, including specific targets for reductions over a five-year period if the CBC has utilization over 8%;
- Revised the definition of "Permanency Goal" to remove language that is already elsewhere in substantive law; and
- Removed the requirement for education and training vouchers as these programs already exist.

On February 17, 2016, the Health and Human Services Committee adopted a strike-all amendment, and the bill was reported favorably as a committee substitute. The amendment:

- Removed the requirement for DCF to convene a workgroup pertaining to an initial screening assessment; and
- Refocused the CBC's plans regarding group care utilization to have the goal of ensuring a sufficient number of quality out-of-home placements so each child may be placed in the most appropriate setting, and removed the specific target percentage for group home utilization.

The analysis is drafted to the committee substitute.