<table>
<thead>
<tr>
<th>Tab 5</th>
<th>SB 68 by Book; (Similar to H 00163) Homelessness</th>
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<tr>
<td>Tab 6</td>
<td>SB 160 by Perry (CO-INTRODUCERS) Hooper; Peer-to-peer Support for First Responders</td>
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<td>Tab 1</td>
<td>SPB 7000 by CF; Reporting Abuse, Abandonment, and Neglect</td>
</tr>
<tr>
<td>Tab 7</td>
<td>SB 192 by Berman (CO-INTRODUCERS) Cruz; (Similar to H 00093) Sales Tax Exemption/Independent Living</td>
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### COMMITTEE MEETING EXPANDED AGENDA

**CHILDREN, FAMILIES, AND ELDER AFFAIRS**  
Senator Book, Chair  
Senator Mayfield, Vice Chair

**MEETING DATE:** Tuesday, October 22, 2019  
**TIME:** 11:00 a.m.—12:30 p.m.  
**PLACE:** 301 Senate Building

**MEMBERS:** Senator Book, Chair; Senator Mayfield, Vice Chair; Senators Bean, Harrell, Rader, Torres, and Wright

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<tr>
<th>TAB</th>
<th>BILL NO. and INTRODUCER</th>
<th>BILL DESCRIPTION and SENATE COMMITTEE ACTIONS</th>
<th>COMMITTEE ACTION</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>SPB 7000</strong></td>
<td>Reporting Abuse, Abandonment, and Neglect; Relocating existing provisions relating to the central abuse hotline of the Department of Children and Families; revising when a person is required to report to the central abuse hotline; providing penalties for the failure to report known or suspected child abuse, abandonment, or neglect; providing responsibilities for child protective investigators relating to animal abuse and neglect; requiring the Education Practices Commission to suspend the educator certificate of certain personnel and administrators for failing to report known or suspected child abuse, etc.</td>
<td>Submitted and Reported Favorably as Committee Bill Yeas 6 Nays 0</td>
</tr>
<tr>
<td>2</td>
<td>Presentation on Mental Health Telehealth in Schools in the Panhandle by Art Cooksey of Let's Talk Interactive, and Franklin County Sheriff A.J. Smith</td>
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<td>Presented</td>
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<tr>
<td>3</td>
<td>Presentation on the Lazarus Project by Victoria Mallette, Executive Director of the Miami-Dade County Homeless Trust</td>
<td></td>
<td>Presented</td>
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<tr>
<td>4</td>
<td>Presentation on Gender Dysphoria by Gilbert Smith, D.O., Department of Psychiatry, Nicklaus Children's Hospital</td>
<td></td>
<td>Not Considered</td>
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<td>5</td>
<td>SB 68 Book (Similar H 163)</td>
<td>Homelessness; Requiring that certain taxes of a specified amount be transferred annually to the Grants and Donations Trust Fund within the Department of Children and Families for the purpose of funding challenge grants; expanding the membership of the Council on Homelessness to include a representative of the Florida Housing Coalition and the Secretary of the Department of Elderly Affairs or his or her designee; increasing the maximum amount of grant awards per continuum of care lead agency; requiring each continuum of care, pursuant to federal law, to designate a collaborative applicant that is responsible for submitting the continuum of care funding application for the designated catchment area to the United States Department of Housing and Urban Development, etc.</td>
<td>Favorable Yeas 6 Nays 0</td>
</tr>
<tr>
<td>6</td>
<td>SB 160 Perry</td>
<td>Peer-to-peer Support for First Responders; Prohibiting a person who is not a health care practitioner and who provides peer-to-peer support to a first responder from testifying or divulging specified information under certain circumstances, etc.</td>
<td>Favorable Yeas 6 Nays 0</td>
</tr>
<tr>
<td>7</td>
<td>SB 192 Berman (Similar H 93)</td>
<td>Sales Tax Exemption/Independent Living; Exempting from the sales and use tax specified items that assist in independent living, etc.</td>
<td>Favorable Yeas 6 Nays 0</td>
</tr>
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**Other Related Meeting Documents**
Current State: A Mental Health Crisis

In a given year, one in six American children, and one in five adults are affected by a mental health disorder, but fewer than half, 43.3% of adults and 50.6% of youth ages 6-17, seek treatment. In an average classroom of 24 students – four are suffering with anxiety, learning disabilities, depression, and even suicidal thoughts. Youth frequently experience multiple mental health issues simultaneously, compounding the already overwhelming effects.

There are a number of variables preventing individuals from accessing care in the community, leading variables being access to care, and availability of transportation.

Our goals are simple:

- To utilize telehealth technology to integrate primary care and behavioral health in a patient centered, family drive, trauma informed recovery-oriented system of care, delivered in schools, jails, assisted living facilities, disaster relief zones, critical incidents, as well as to aid in the treatment of substance-abuse issues ranging from alcohol abuse to combating the opioid epidemic. Telehealth technology offers relief from distance barriers, increased organizational productivity, and offers an unmatched level of convenience when the provider, patient, caregiver, or family member can join sessions remotely.
- To aid in erasing the stigma associated with mental health and in educating individuals that there are “doors” available to seek assistance, and there is no wrong door. By expanding availability of services, telehealth increases the number of “doors” available to seek treatment.
- To partner with institutions to educate on the benefits adding telehealth, implementation of a telehealth infrastructure built to fit the needs and specifications of an organization that will easily integrate with current workflow, and to train employees and patients on ease of use to promote high utilization of services.

The mental health crisis is adversely affecting adults, children, and adolescents. 34.3 million American adults self-reported needing treatment for alcohol or illicit drug use, and/or needing mental health treatment. There have been 4,627 mental health shortage areas across the country, leaving over 100-million people without adequate access to mental health services.

According to Mental Health America’s overall state ranking, based on 15 measures including but not limited to: adults with any mental illness (AMI), adults with serious thoughts of suicide, youth with at least one major depressive episode (MDE) in the past year, youth with severe MDE who received some consistent treatment, the State of Florida ranked statistically at 32, 24 among adults, and 36 among children. These ranking indicate a higher prevalence of mental illness and lower rates of access to care.

Suicide is the second leading cause of death among youth and young adults. The increasing rates of suicide nationally are alarming:

- 30%: The increase in the rate of death by suicide in the United States between 2000 and 2016, from 10.4 to 13.5 per 100,000 people, according to a National Center for Health Statistics analysis of data from the National Vital Statistics System. This rate increased by about 1% per year from 2000-2006 and about 2% per year from 2006 to 2016.
- 50%: The increase in suicides among girls and women between 2000 and 2016, from 4 to 6 per 100,000.
- 21%: The increase in suicides among boys and men between 2000 and 2016, from 17.7 to 21.4 per 100,000.

Mental health disorders among children and adolescents can lead to school failure, alcohol or other drug abuse, family discord, violence, and suicide.
The opioid crisis is also tied closely to mental health; the use of opioids is very common among people with mental health issues—they receive more than half of all opioid prescriptions.

People with mood and anxiety disorders are twice as likely to use these drugs than people without mental health conditions. They’re also more than three times as likely to misuse opioids.

Improving mental health is not a simple, one-time fix. It requires rethinking of how we define healthcare to include behavioral health, erasing the stigma so people feel comfortable seeking care, educating our children, and the coming together of multiple stakeholders to develop new ways to deliver that care.

**Telemedicine Overview**

Telemedicine is emerging as a critical component of the health crisis solution. It holds the promise to significantly impact some of the most challenging problems of our current system including access to care, cost effective delivery, better support for patients and families, and improved organizational productivity.

The technology allows health care professionals to evaluate, diagnosis and treat patients at a distance by means of telecommunications technology.

Telehealth is defined as the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. Telehealth does not include audio-only telephone calls, e-mail messages, or fax transmissions.

A telehealth provider is broadly defined as an individual who provides a health care service using telehealth, which includes, but is not limited to, a licensed physician, podiatrist, optometrist, nurse, nurse practitioner, pharmacist, dentist, chiropractor, acupuncturist, midwife, speech language pathologist, audiologist, occupational therapist, radiological personnel, respiratory therapist, dietician, athletic trainer, orthotist, pedorthist, prosthethist, electrologist, massage therapist, medical physicist, optician, hearing aid specialist, physical therapist, psychologist, clinical social worker, mental health counselor, psychotherapist, marriage and family therapist, behavior analyst, basic or advanced life support service, or air ambulance service. Telehealth provider also includes an individual licensed under a multi-state health care licensure compact of which Florida is a member state or an individual who obtains an out-of-state telehealth registration.

A telemedicine infrastructure can be as basic or complex as an institution requires; ranging from a simple software application on an existing computer or tablet, to a dedicated kiosk or telemedicine cart. A telemedicine infrastructure can be customized to any practitioner workflow.

**House Bill No. 23**

House Bill No. 23, passed in April of 2019, authorizes Florida licensed health care professionals, as well as those licensed under a multistate health care licensure compact of which Florida is a member, to use telehealth to deliver health care services within their respective scopes of practice. The bill also establishes standards of practice for services provided using telehealth, including patient examination, record-keeping, and controlled substances prescribing.

The bill also authorizes out-of-state health care professionals to use telehealth to deliver health care services to Florida patients if they register with the Department of Health (DOH) or the applicable board, meet certain eligibility requirements, and pay a fee. A registered telehealth provider may use telehealth, within the relevant scope of practice
established by Florida law and rule, to provide health care services to Florida patients, but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida. The bill requires out-of-state telehealth providers to meet the same financial responsibility requirements as in-state providers in the same profession. The bill authorizes a regulatory board or DOH, if there is no board, to take disciplinary action against an out-of-state provider. The bill also establishes venue for civil or administrative actions brought by DOH or a patient.

Necessity of Change

Telemedicine eliminates the geographical barriers tied to availability of care in traditional healthcare and mental healthcare. We live in a society where convenience is key, and telemedicine is the equivalent of a modern-day house call.

Patients diagnosed and treated earlier often have improved outcomes and less costly treatments. In Telemedicine supported ICU’s (intensive care units), patients have substantially reduced mortality rates, complications, and hospital stays.

The high cost of healthcare is top of mind for many individuals. A high-cost hospitalization can be a financially devastating event to a patient and their family. Home monitoring programs can reduce high cost hospital visits; when patients are monitored on a consistent basis versus solely during follow up appointments, readmission rates are reduced significantly. High cost patient transfers for stroke and other emergencies are reduced when access to specialists is more readily available.

This technology also aids in the distribution of limited providers, allowing providers to serve more patients. Nursing and mental healthcare shortages can be addressed using telemedicine technology. Over one-quarter of Psychiatrists in the United States are over the age of 65; the average age is 55, and low enrollment in Psychiatric programs is putting us on the course for a critical provider shortage in the coming years.

Telemedicine supports clinical education programs, allowing rural clinicians to more easily obtain continuing education and readily consult with specialists, resulting in less time away from their current patients.

Allowing patients to stay within their local communities versus a costly transfer to another hospital, likely in a more urban area, allows family members to remain close to provide support without incurring expenses associated with an out-of-town hospital stay. Family members also have the capability to join sessions remotely to provide support, regardless of their geographic location.

By reducing extended travel by patients to obtain necessary care, as well as reduced travel by providers, the related carbon footprint will be reduced, helping the environment.

Employees and students can avoid absences from work or school when telehealth services are available on-site, or when they can participate remotely in consultations about family members, resulting in improved organizational productivity.

Use Cases, Utilization, & Successes

Telemedicine can be utilized by both physicians and mental health providers in a variety of use cases, including schools, jails, assisted living facilities, disaster relief zones, as well as to aid in the treatment of substance-abuse issues ranging from alcohol abuse to combating the opioid epidemic.

Hurricane Michael caused an increased need for behavioral health services in several counties in Northwest Florida, particularly as identified by the school systems. This area was devastated by Hurricane Michael; in addition to children...
facing PTSD, a high number of individuals and families are coping with alcohol abuse and illicit drug use. The people of the impacted area have private or public insurance; self-pay; or rely on state/federal funding for services.

In response to the need, First Lady Casey DeSantis announced the Department of Children and Families through Big Bend Community Based Care (BBCBC) would provide access to telehealth mental health services – via a school-based kiosk – to every student enrolled in publicly funded schools most impacted by the hurricane. The services would be accessible regardless of insurance or service provider. The technology within the kiosks has the capacity to support a broad scope of functions, ranging from behavioral health to primary care, and increases provider capacity by eliminating geographical barriers and travel time between multiple sites.

There are now 63 kiosks (each including an additional tablet) physically installed at schools in Bay, Calhoun, Franklin, Gulf, Jackson, and Liberty counties. With these physical units in place we have turned our attention to the very important task of training and educating school staff to ensure that these kiosks are deployed safely, in compliance with all HIPAA standards and appropriate protocols. To that end, protocols are being developed in accordance with standard clinical practices and the school safety plans of the individual counties. Training for the use of the kiosks by school and service provider staff is being provided. The kiosk manufacturer has deployed a full-time staff person to assist and expedite this training and BBCBC is in the process of deploying staff for that purpose as well. And while a mechanism for on-going training is being developed, it is vital that providers and staff are fully educated and trained on the usage and implementation of these vital tele-health portals.

Session feedback has been overwhelmingly positive; children have commented that the technology is “really cool” and that they “liked it all and want to go back and talk some more”. Parents have also enjoyed the convenience of being able to join sessions remotely, without having to miss work to attend. The technology has also aided in allowing a student to get help for a crisis situation, as well has speak to a counselor on-demand when they were simply having a “really bad day”. In another instance, the parent broke down after the session was completed and the provider was still online. The provider quickly identified the parent’s need for assistance and was able to schedule a follow up session. This technology is not only helping students; it is aiding in the wellbeing of entire families.

Improving mental health is not a simple, one-time fix. It requires rethinking of how we define healthcare to include behavioral health, erasing the stigma so people feel comfortable seeking care, educating our children, and the coming together of multiple stakeholders to develop new ways to deliver that care. It is critical that we foster an environment of acceptance and education to encourage youth and adults that there is no wrong “door” to seek treatment. Telehealth has given us a unique opportunity to utilize technology to integrate primary and behavioral health and to minimize the top barriers to seeking treatment, bettering the lives of countless youth and adults.

About Let’s Talk Interactive, Inc.

Let’s Talk Interactive, Inc. is a complete end-to-end Telehealth solutions provider, arming medical and behavioral health professionals with cutting-edge Health Insurance Portability Accountability Act (HIPAA) video conferencing software, kiosks and medical carts, network solutions, virtual clinics, and safe and secure online video conferencing capabilities while giving those in need instant access to care through its innovative technology platform. The company’s telemedicine solutions enable providers to offer care at any time, from any location in the world and patients to directly connect to a licensed professional in real-time. For more information about Let’s Talk Interactive, visit https://letstalkinteractive.com.
Schools indicated that the mental health services most needed increased availability for children were both prevention services (50.0% of respondents) and Psychiatry (46.9% of respondents). Respondents felt that Suicide Prevention, Inpatient Services, and Crisis Stabilization (all endorsed by 43.8% of respondents) also needed significant increased availability in the community.

Top barrier to receiving services is lack of available services (34.6% of respondents) along with affordable treatment, stigma, and transportation unavailable.
Health Professional Shortage Areas
Mental Health

Note: Alaska and Hawaii not to scale
HRSA scores HPSAs on a scale of a whole number (0-25 for mental health), with higher scores indicating greater need

Source(s): data.HRSA.gov, U.S. Department of Health and Human Services, July 2019
<table>
<thead>
<tr>
<th>Topic</th>
<th>Telehealth</th>
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<tbody>
<tr>
<td>Name</td>
<td>AJ Smith</td>
</tr>
<tr>
<td>Job Title</td>
<td>Sheriff</td>
</tr>
<tr>
<td>Address</td>
<td>210 Hyde St</td>
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<td>Representing</td>
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<td>Appearing at request of Chair:</td>
<td>Yes</td>
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<tr>
<td>Lobbyist registered with Legislature:</td>
<td>Yes</td>
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While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
Meeting Date: 10/22

Topic: Telehealth/Mental Health

Name: Art Cooksey

Job Title: CEO, Let’s Talk Interactive

Address: 2911 Sharon Rd., Charlotte, NC 28211

Phone: 704-728-1678

Email: gc@letstalkinteractive.com

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against

Representing ____________________________

Appearing at request of Chair: ☑ Yes ☐ No

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S-001 (10/14/14)
The Lazarus Project
Specialized Outreach for Unsheltered Single Adults
HOMELESSNESS 20+ YEARS AGO

- Approximately 8,000 people on the streets*
- Homeless Encampments Throughout the Urban Core
- Fewer than 1,000 beds available

*using duplicator model
HOMELESSNESS 20+ YEARS AGO

- No meaningful funding
- No identified plan to address the increasing problem
  - Loose-knit collection of social service agencies and faith-based organizations serving the homeless
  - Little to no coordination among the system of services
- No defined leadership/involvement by the private sector/business community
ADDRESSING HOMELESSNESS TODAY

- **Food & Beverage Tax**
  - 1st dedicated source of funding for homelessness in the country
  - 85% for homeless; 15% for domestic violence
  - Collected at all restaurants in Miami-Dade County* that have >$400k in sales and a liquor license

- **Community Plan to End Homelessness: Priority Home**

- **27-Member Board**
  - Administers 1% Tax
  - Implements Homeless Plan
  - Serves as “Lead Agency” for the Continuum of Care
ADDRESSING HOMELESSNESS TODAY

- Approximately 8,008 people on the streets (January 24, 2019 Count)
  - Total of 2,464 sheltered
  - TOTAL COUNT = 3,472 (Lowest total on record!)

- Homeless encampments throughout urban core
  - No large homeless encampments

- Fewer than 1,000 beds available
  - 8600+ beds/units in the Continuum of Care
ADDRESSING HOMELESSNESS TODAY

“Close the Front Door”
Reduce the number of people who become homeless

“Open the Back Door”
Rapidly place homeless people back into housing

Prevent homelessness whenever possible.
Ensure homelessness is rare, brief and one-time.
THE LAZARUS PROJECT

- Named after longtime outreach worker Lazaro Trueba

- Specialized street outreach targeting chronically homeless individuals, particularly those identified as the most service resistant

- Often tri-morbid (severe mental illness + poor physical health + substance misuse)

- Diagnose, draft a treatment plan, administer medications and monitor progress of clients with the goal of permanently housing them.

- Follow-up case management and outpatient mental health treatment support to ensure clients remain stably housed
THE LAZARUS PROJECT

Referrals

- City of Miami Outreach
- Law Enforcement
- Community Members
THE LAZARUS PROJECT

Case Management

- Birth Certificate
- Food Stamps
- Florida ID
- Social Security Card
- SOAR (Disability)
- Immigration Assistance
- Cell Phone
MEET THE CLIENTS

Olga

- 8 years homeless
- Severe Mentally Illness
- Hard to approach
- Repeatedly refused shelter
- Engaged for a year
MEET THE CLIENTS

Olga

- Placed directly into permanent housing
- Medicated
- Handles all daily living skills
MEET THE CLIENTS

Olga

- Reconnected with son and grandchildren
- Received local television makeover
MEET THE CLIENTS

Luz

BEFORE

AFTER
MEET THE CLIENTS

Mike

BEFORE

AFTER
Scholarship to Lawrenceville Prep near Princeton, NJ

Accepted to MIT
MEET THE CLIENTS
Virgil

BEFORE

- Psychotic break freshman year of college
- Homeless half his life
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- Homeless half his life
MEET THE CLIENTS
Virgil

AFTER

- Permanently Housed
- Reunited with family
QUESTIONS?
Gender Dysphoria

Gilbert A. Smith DO
Child and Adolescent Psychiatrist
Nicklaus Children's Hospital
Objectives

- Explain Gender Dysphoria and related Terminology
- Explain Prevalence Rates
- Suicide/Victimization of Gender Diverse Youths
- Importance of Gender Affirmative Care Model
- How the Department Children and Family Services can Help Affirm youths in need.
Terms

- Sex Assigned at Birth
- Gender Identity
- Transgender
- Gender Diverse
- Male to Female (Trans-female)
- Female to Male (Trans-male)
- NonBinary
- CisGender
- Social Transitioning
- Medical Transitioning
- Surgical Transitioning
Gender Dysphoria in Children

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least six of the following (one of which must be Criterion A1)

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender).

2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.

3. A strong preference for cross-gender roles in make-believe play or fantasy play.

4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.

5. A strong preference for playmates of the other gender.

6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.

7. A strong dislike of one’s sexual anatomy.

8. A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender.

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.
A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:
   1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
   2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
   3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
   4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).
   5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender).
   6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
An estimated 0.7 percent of youth ages 13 to 17, or 150,000 youth, identify as transgender in the United States. “There have been no large-scale prevalence studies among children and adolescents.” In the clinic setting more clinicians are seeing more female to male present vs male to female. Further longitudinal studies need to be performed and overall there aren’t any studies in Florida or any Floridian Counties.
As a traditionally underserved population that faces numerous health disparities, youth who identify as transgender and gender diverse (TGD) and their families are increasingly presenting to pediatric providers for education, care, and referrals. The need for more formal training, standardized treatment, and research on safety and medical outcomes often leaves providers feeling ill equipped to support and care for patients that identify as TGD and families.

In 1 retrospective cohort study, 56% of youth who identified as transgender reported previous suicidal ideation, and 31% reported a previous suicide attempt, compared with 20% and 11% among matched youth who identified as cisgender.

Being transgender or gender variant implies no impairment in judgment, stability, reliability, or general social or vocational capabilities; however, these individuals often experience discrimination due to a lack of civil rights protections 8.5 years; however, they did not disclose such feelings until an average of 10 years later. For their gender identity or expression.... [Such] discrimination and lack of equal civil rights is damaging to the mental health of transgender and gender variant individuals.
Transgender youth are far more likely than their non-transgender peers to experience depression — nearly four times the risk, according to one study.  

Trans youth are over 2x more likely to be taunted or mocked by family for their LGBTQ identity than cisgender LGBQ youth
Female to male adolescents reported the highest rate of attempted suicide (50.8%), followed by adolescents who identified as not exclusively male or female (41.8%), male to female adolescents (29.9%), questioning adolescents (27.9%), female adolescents (17.6%), and male adolescents (9.8%).
29% of transgender and non-binary youth respondents have attempted suicide

53% of transgender and non-binary youth attempted suicide vs 44% cisgender who attempted suicide

57% of Transgender and non-binary youth who have undergone conversion therapy report a suicide attempt in the last year
For transgender children and youth, family and community support makes all the difference.

Although research has repeatedly found that transgender children experience mental health problems, including suicidality, at high rates, studies found that transgender children whose families affirmed their gender identity were as psychologically healthy as their non-transgender peers (Olson 2016).
Gender Affirmative Care Model focuses on a non-judgmental approach with the following messages:

- Youth with gender dysphoria and diverse gender expressions do not constitute a mental disorder.
- Variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities.
- Gender identity evolves as an interplay of biology, development, socialization, and culture.
- If a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child.
Treatment Team

- It is facilitated through integration of medical professionals, mental health professionals and social services professionals, including specific resources and supports for parents and families.

- The team works together to decrease de-stigmatize gender variance and the youths self esteem, resilience, and coping skills.
Affirmative Care

- Social Affirmation
  - Gender Affirming hairstyles, clothing, name, gender pronouns
  - Peer Support for youths while they exploring their gender identity
  - Family Therapy; support Groups for legal guardians and siblings to help the youth explore their gender identity
- School Support
- Legal Name Change
Affirmative Care

- Medical Transitioning
  - Pubertal Blockers
  - Cross Sex Hormone Therapy
- Surgical Transitioning
  - Approved for 18 years or older
November Transgender Awareness Month

November 20th is Transgender Day Of Remembrance
Recommendations

- Education sessions focusing on Gender Affirming Care for the Department of Children and Family Services (DCFS)
- Recommend DCFS Staff, Foster parents, and Residential Treatment Centers take education courses about youths who have gender dysphoria
- Increase coordination among all healthcare providers for children in the DCFS
- Recommend reaching out to transgender community and having a conversation
Resources

- Trans Lifeline: Crisis/Suicide hotline for Transgender individuals (https://www.translifeline.org) 877-565-8860
- Trevor Project: Crisis/Suicide Hotline for LGBT Teens (https://www.thetrevorproject.org) 1-866-488-7386
- World Professional Association for Transgender Health: health organization focusing on treatment and education of gender dysphoria (https://www.wpath.org)
- Gay, Lesbian, and Straight Education Network: Education network focusing on anti-bullying of students who are sexual and gender minorities (https://www.glsen.org)
- YES Institute: Their mission is to prevent suicide and ensure the healthy development of all youth through powerful communication and education on gender and orientation; based in Miami Florida. (https://yesinstitute.org)
Gender Programs

Gender Program

The Nicklaus Children’s Hospital Gender Program was developed to create a supportive network for gender-variant youth and their families. When a child and family begin their journey, the path forward may not always seem clear. Nicklaus Children’s Gender Program is dedicated to fulfilling the psychological, educational, and medical needs of gender-variant children and their families. The goal is to create happy, healthy, and confident individuals and families.

The Team Approach to Care

The Gender Program at Nicklaus Children’s Is comprised of a collaborative multidisciplinary team that offers comprehensive support and care management for children and their families. The team includes specialists in the following disciplines:

- Adolescent medicine
- Endocrinology
- Plastic and reconstructive surgery
- Psychiatry
- Psychology
- Urology

Conditions We Treat

Nicklaus Children's Hospital Gender Program (https://www.nicklauschildrens.org/medical-services/adolescent-medicine/gender-program)


3. Rafferty, Jason, MPH, EdM, FAAP, “Diverse Children and Adolescents” ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS


7. Shramko, Maura; Syvertsen, Amy K; Toomey, Russell B. “Transgender Adolescent Suicide Behavior” Journal of American Academy of Child and Adolescent Psychiatry September 2017; 56 (9) 739-746

8. Diagnostic Statistical Manual 5 from the American Psychiatric Association


The Florida Senate

APPEARANCE RECORD

10-22-19

Meeting Date

Topic Introduce FCC One Voice IMPAACT Youth Ambassadors

Name Victoria Zepp

Job Title Chief Policy and Research Officer

Address 411 E. College Avenue

Street

Tallahassee

City

FL

State

32301

Zip

Phone 850/561-1102

Email Victoria@flchildren.org

Speaking: □ For □ Against □ Information

Waive Speaking: □ In Support □ Against

(The Chair will read this information into the record.)

Representing Florida Coalition for Children (FCC)

Appearing at request of Chair: □ Yes □ No

Lobbyist registered with Legislature: □ Yes □ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic

Name

Job Title

Address

City

State

Zip

Phone

Email

Speaking: □ For □ Against □ Information

Waive Speaking: □ In Support □ Against

(The Chair will read this information into the record.)

Representing

 Appearing at request of Chair: □ Yes □ No

Lobbyist registered with Legislature: □ Yes □ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
I. Summary:

SB 68 creates a dedicated revenue source for challenge grants provided to the State Office on Homelessness and local homeless continuums of care (CoC), which are dedicated to preventing and ending homelessness throughout the state. The bill also increases the amount of funds each CoC may receive annually through challenge grants.

The bill makes a number of changes to chapter 420, F.S., relating to homelessness, with the aim of bringing state law in line with corresponding federal statutes in order to eliminate outdated provisions and allow sources of federal funding matches to be accessed on an expedited basis.

The bill will likely have a fiscal impact on the state by creating a dedicated funding source for homelessness challenge grants, and has an effective date of July 1, 2020.

II. Present Situation:

Housing for Individuals with Lower Incomes

In 1986\(^1\) the Legislature found that:

- Decent, safe, and sanitary housing for individuals of very low income, low income, and moderate income is a critical need in the state;
- New and rehabilitated housing must be provided at a cost affordable to such persons in order to alleviate this critical need;
- Special programs are needed to stimulate private enterprise to build and rehabilitate housing in order to help eradicate slum conditions and provide housing for very-low-income persons, low-income persons, and moderate-income persons as a matter of public purpose; and

\(^{1}\) Chapter 86-192, Laws of Fla.
• Public-private partnerships are an essential means of bringing together resources to provide affordable housing.²

As a result of these findings, the Legislature determined that legislation was urgently needed to alleviate crucial problems related to housing shortages for individuals with very low,³ low⁴ and moderate⁵ incomes. In 1986, part VI of ch. 420, F.S., was titled as the “Florida Affordable Care Act of 1986”⁶ and programs and funding mechanisms were created over the years to help remedy low-income housing issues.

State Office on Homelessness

In 2001, the Legislature created the State Office on Homelessness within the Department of Children and Families (DCF) to serve as a central point of contact within state government on homelessness. The State Office on Homelessness is responsible for coordinating resources and programs across all levels of government, and with private providers that serve the homeless. It also manages targeted state grants to support the implementation of local homeless service continuum of care plans.⁷

Council on Homelessness

The inter-agency Council on Homelessness was also created in 2001. The 17-member council is charged with developing recommendations on how to reduce homelessness statewide and advising the State Office on Homelessness.⁸

Local Coalitions for the Homeless

DCF is required to establish local coalitions to plan, network, coordinate, and monitor the delivery of services to the homeless.⁹ Groups and organizations provided the opportunity to participate in such coalitions include:

• Organizations and agencies providing mental health and substance abuse services;
• County health departments and community health centers;

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² Section 420.6015, F.S.
³ “Very-low-income persons” means one or more persons or a family, the total annual adjusted gross household income of which does not exceed 50 percent of the median annual adjusted gross income for households within the state, or 50 percent of the median annual adjusted gross income for households within the metropolitan statistical area (MSA) or within the county in which the person or family resides, whichever is greater.
⁴ “Low-income persons” means one or more persons or a family, the total annual adjusted gross household income of which does not exceed 80 percent of the median annual adjusted gross income for households within the state, or 80 percent of the median annual adjusted gross income for households within the metropolitan statistical area (MSA) or within the county in which the person or family resides, whichever is greater.
⁵ “Moderate-income persons” means one or more persons or a family, the total annual adjusted gross household income of which is less than 120 percent of the median annual adjusted gross income for households within the state, or 120 percent of the median annual adjusted gross income for households within the metropolitan statistical area (MSA) or within the county in which the household is located, whichever is greater.
⁶ Chapter 86-192, Laws of Fla., Part VI, was subsequently renamed the “Affordable Housing Planning and Community Assistance Act.” Chapter 92-317, Laws of Fla.
⁷ Section 420.622(1), F.S.
⁸ Id.
⁹ Section 420.623, F.S.
- Organizations and agencies providing food, shelter, or other services targeted to the homeless;
- Local law enforcement agencies;
- Local workforce development boards;
- County and municipal governments;
- Local public housing authorities;
- Local school districts;
- Local organizations and agencies serving specific subgroups of the homeless population such as veterans, victims of domestic violence, persons with HIV/AIDS, and runaway youth; and
- Local community-based care alliances.

**Continuum of Care**

A local coalition serves as the lead agency for the local homeless assistance continuum of care.\(^{11}\) A local CoC is a framework for a comprehensive and seamless array of emergency, transitional, and permanent housing, and services to address the various needs of the homeless and those at risk of homelessness.\(^{12}\) The purpose of a CoC is to help communities or regions envision, plan, and implement comprehensive and long-term solutions.\(^{13}\)

DCF interacts with the state’s 28 CoCs through the State Office on Homelessness, which serves as the state’s central point of contact on homelessness. The State Office on Homelessness has designated local entities to serve as lead agencies for local planning efforts to create homeless assistance CoC systems. The State Office on Homelessness has made these designations in consultation with the local homeless coalitions and the Florida offices of the federal Department of Housing and Urban Development (HUD).

The CoC planning effort is an ongoing process that addresses all subpopulations of the homeless. The development of a local CoC plan is a prerequisite to applying for federal housing grants through HUD. The plan also makes the community eligible to compete for the state’s Challenge Grants and Homeless Housing Assistance Grants.\(^{14}\)

**Challenge Grants**

The State Office on Homelessness is authorized to accept and provide moneys appropriated for Challenge Grants annually to designated lead agencies of homeless assistance CoCs.\(^{15}\) The State Office on Homelessness may award grants in an amount of up to $500,000 per lead agency.\(^{16}\) A lead agency may spend a maximum of 8 percent of its funding on administrative costs. To qualify for the grant, a lead agency must develop and implement a local homeless assistance

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\(^{10}\) Id.
\(^{11}\) Id.
\(^{12}\) Section 420.624, F.S.
\(^{13}\) Id.
\(^{15}\) “Section 420.621(1), F.S., defines “Continuum of Care” to mean the community components needed to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.”
\(^{16}\) Section 420.622, F.S.
continuum of care plan for its designated area. There is no dedicated revenue for these grants which in the past have been funded by the Sadowski State and Local Housing Trust Funds, general revenue, and state trust funds.

Pursuant to s. 420.624, F.S., the DCF provides funding for local homeless assistance CoC, which is a framework for providing an array of emergency, transitional, and permanent housing, and services to address the various needs of homeless persons and persons at risk of becoming homeless.

In 2017, the Collier homeless coalition used the challenge grant to help the Shelter for Abused Women & Children with staffing of two case managers who work in outreach and transitional housing, and the remainder of the funds provided emergency rental or utility assistance to nearly 89 adults and 129 children. The Volusia/Flagler coalition have utilized challenge grant funding to help lower-income residents pay rent following job losses, car accidents, and other costly expenses. The Tampa-Hillsborough Homeless Initiative has used challenge grant money to establish a financial incentive program for developers, landlords, and property owners which has been successful at reducing levels of homelessness throughout Hillsborough County.

### Rapid ReHousing

Rapid ReHousing is a model for providing housing for individuals and families who are homeless. The model places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, hopefully within 30 days of a client becoming homeless and entering a program. While originally focused primarily on people experiencing homelessness due to short-term financial crises, programs across the country have begun to assist individuals and families who are traditionally perceived as more difficult to serve. This includes people with limited or no income, survivors of domestic violence, and those with substance abuse issues. Although the duration of financial assistance may vary, many programs find that, on average, 4 to 6 months of financial assistance is sufficient to stably re-house a household.

Since federal funding for rapid re-housing first became available in 2008, a number of communities, including Palm Beach County, Florida, that prioritized rapid re-housing as a response to homelessness have seen decreases in the amount of time that households spend homeless, less recidivism, and improved permanent housing outcomes relative to other available interventions.

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17 Id.
22 Id.
There are three core components of rapid re-housing: housing identification, rent and move-in assistance (financial), and rapid re-housing case management and services. While all three components are present and available in effective rapid re-housing programs, there are instances where the components are provided by different entities or agencies, or where a household does not utilize all three.²³ A key element of rapid re-housing is the “Housing First” philosophy, which offers housing without preconditions such as employment, income, lack of a criminal background, or sobriety. If issues such as these need to be addressed, the household can address them most effectively once they are in housing.²⁴

III. Effect of Proposed Changes:

Section 1 amends s. 201.15, F.S., requiring that $10 million of all document stamp tax money collected annually by the state be dedicated to funding the Grants and Donations Trust Fund for the challenge grant program within DCF.

Section 2 amends s. 420.621, F.S., modifying the definition of ‘continuum of care’ to mean a group organized to carry out responsibilities imposed under ch. 420, F.S., to coordinate, plan, and pursue ending homelessness in a designated catchment area. The bill provides that a CoC should be comprised of local community organizations to the extent that they are represented within the catchment area and available to participate.

The bill defines ‘continuum of care lead agency’ or ‘continuum of care collaborative applicant’ as the organization designated by a CoC pursuant to s. 420.6225, F.S.

The bill also redefines ‘homeless’ to mean either:
- an individual or family who lacks a fixed, regular, and adequate nighttime residence as defined under ‘homeless’ in federal statute; or
- an individual or family who will immediately lose their primary nighttime residence as defined under ‘homeless’ in federal statute.

Section 3 amends s. 420.622, F.S., adding one member of the Florida Housing Finance Corporation, the Secretary of the Department of Elder Affairs, or his or her designee, one representative of the Florida Coalition for the Homeless, and one representative of the Florida Housing Coalition, to the Council on Homelessness. The bill provides that members of the council are encouraged to have experience in the administration or provision of resources, services, or housing that addresses the needs of persons experiencing homelessness.

The bill replaces the term ‘regionally developed plans’ with the term ‘local continuum of care plans’ to bring state statute in line with federal law. The bill also requires the State Office on Homelessness to collect, maintain, and make available information concerning persons who are homeless, including summary demographics information drawn from the local continuum of care Homeless Management Information System or the annual Point-In-Time Count and the local continuum of care Housing Inventory Chart required by HUD. The bill specifies that all entities

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²³ Id.
²⁴ The Florida Legislature expressed the intent to encourage homeless continuums of care to adopt the Housing First approach to ending homelessness for individuals and families in 2009. See s. 420.6275, F.S.
receiving state funding that provide the Council with data on homelessness must provide summary aggregated data, and no individual identifying information. The bill replaces all instances of the term ‘local homeless continuum of care’ and ‘local homeless assistance coalition’ with ‘continuum of care.’

The bill also revises the goals of the State Office on Homelessness to promote a federal policy agenda that is responsive to the needs of those who are homeless or at risk of homelessness, rather than only the current homeless population. The bill modifies policy objectives to reflect an emphasis on ending homelessness in the state, as opposed to meeting the needs of the homeless.

The bill increases the amount of funds available to each CoC for challenge grants from $500,000 to $750,000 per continuum of care lead agency, and requires each CoC lead agency to document the commitment of local government or private organizations to provide matching funds or in-kind support in an amount equal to 25 percent of the grant requested.

Section 4 creates s. 420.6225, F.S., to provide that the purpose of a CoC is to coordinate community efforts to prevent and end homelessness in its catchment area. The bill requires each CoC to designate a collaborative applicant that is responsible for submitting a CoC funding application for the designated catchment area to HUD. The bill provides that the collaborative applicant shall serve as the point of contact to the State Office on Homelessness. The bill also requires CoC catchment areas to be designated and revised as necessary by the State Office on Homelessness, and the catchment areas must be consistent with the CoC catchment areas recognized by HUD. The bill provides that the State Office on Homelessness shall recognize only one CoC lead agency for each catchment area.

The bill requires each CoC to create a ‘continuum of care plan,’ which must include outreach to unsheltered individuals and families, a coordinated entry system for services, identification of emergency shelters, identification of permanent supportive housing, rapid rehousing, and an ongoing planning mechanism to homelessness for all subpopulations of persons experiencing homelessness.

The bill also requires CoCs to promote participation by all interested individuals and organizations and may not exclude anyone on the basis of race, color, national origin, sex, handicap, familial status, or religion. The bill also provides for coordination of these individuals and organizations, to the extent possible, with other mainstream health and social services.

Section 5 creates s. 420.6227, F.S., to create a new version of the grant-in-aid program already existing under current law in s. 420.625, F.S. The bill replaces references to ‘local agencies’ with references to ‘continuums of care’ in order to bring the state grant-in-aid program language and requirements in line with federal statutes and ultimately allow federal matching dollars to be drawn down more efficiently.

Section 6 repeals s. 420.623, F.S., relating to local coalitions for the homeless.

Section 7 repeals s. 420.624, F.S., relating to local homeless assistance continuums of care.

Section 8 repeals s. 420.625, F.S., relating to the grant-in-aid program.
Section 9 amends s. 420.626, F.S., making technical revisions to discharge guidelines for homelessness facilities and institutions.

Section 10 amends s. 420.6265, F.S., to revise legislative intent with respect to rapid rehousing. The bill provides that findings that rapid rehousing should employ temporary financial assistance for the purposes of both quickly moving families and individuals into permanent housing and using housing stabilization support services to help them remain stably housed. The bill also expands legislative intent to provide that rapid rehousing has proven to be a cost-effective approach to ending homelessness, and is demonstrably proven to be more cost-effective than alternative approaches.

Section 11 amends s. 420.6275, F.S., to revise legislative intent with respect to the housing first methodology. The bill provides findings that housing first is a cost-effective approach to ending homelessness and reducing the length of time of homelessness for many individuals and families. The bill also provides legislative intent to emphasize maintaining stable housing under the housing first approach.

Section 12 amends s. 420.507, F.S., to correct two cross references.

Section 13 provides an effective date of July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

   None.

B. Public Records/Open Meetings Issues:

   None.

C. Trust Funds Restrictions:

   None.

D. State Tax or Fee Increases:

   None.

E. Other Constitutional Issues:

   None identified.
V. **Fiscal Impact Statement:**

A. **Tax/Fee Issues:**

   The bill will direct $10 million annually from the Sadowski State and Local Housing Trust Funds to the challenge grants.

B. **Private Sector Impact:**

   None.

C. **Government Sector Impact:**

   The bill will reduce the funding available in the Sadowski State and Local Housing Trust Funds. Challenge grants totaled $3.8 million statewide for fiscal year 2019-2020.\(^25\)

VI. **Technical Deficiencies:**

   None.

VII. **Related Issues:**

   None.

VIII. **Statutes Affected:**

   This bill substantially amends sections 201.15, 420.621, 420.622, 420.626, 420.6265, 420.6275, and 420.507 of the Florida Statutes.

   This bill creates sections 420.6225 and 420.6227 of the Florida Statutes.

   This bill repeals sections 420.623, 420.624, and 420.625 of the Florida Statutes.

IX. **Additional Information:**

A. **Committee Substitute – Statement of Changes:**

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

   None.

B. **Amendments:**

   None.

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By Senator Book

A bill to be entitled
An act relating to homelessness; amending s. 201.15, F.S.; requiring that certain taxes of a specified amount be transferred annually to the Grants and Donations Trust Fund within the Department of Children and Families for the purpose of funding challenge grants; amending s. 420.621, F.S.; revising, adding, and deleting defined terms; amending s. 420.622, F.S.; expanding the membership of the Council on Homelessness to include a representative of the Florida Housing Coalition and the Secretary of the Department of Elderly Affairs or his or her designee; providing that the Governor is encouraged to appoint council members who have certain experience; revising the duties of the State Office on Homelessness; revising requirements for the state’s homeless programs; requiring entities that receive state funding to provide summary aggregated data to assist the council in providing certain information; removing the requirement that the office have the concurrence of the council to accept and administer moneys appropriated to it to provide certain annual challenge grants to continuums of care lead agencies; clarifying the source of such appropriation; increasing the maximum amount of grant awards per continuum of care lead agency; conforming provisions to changes made by the act; revising requirements for the use of grant funds by continuum of care lead agencies; revising preference criteria for certain grants; increasing the
maximum percentage of its funding which a continuum of
care lead agency may spend on administrative costs;
requiring such agencies to submit a final report to
the Department of Children and Families documenting
certain outcomes achieved by grant-funded programs;
removing the requirement that the office have the
concurrence of the council to administer moneys given
to it to provide homeless housing assistance grants
annually to certain continuum of care lead agencies to
acquire, construct, or rehabilitate permanent housing
units for homeless persons; conforming a provision to
changes made by the act; requiring grant applicants to
be ranked competitively based on criteria determined
by the office; deleting preference requirements;
increasing the minimum number of years for which
projects must reserve certain units acquired,
constructed, or rehabilitated; increasing the maximum
percentage of funds the office and each applicant may
spend on administrative costs; revising certain
performance measure requirements; authorizing, instead
of requiring, the Department of Children and Families,
with input from the council, to adopt rules relating
to certain grants and related issues; revising
requirements for an annual report the council must
submit to the Governor, Legislature, and Secretary of
Children and Families; authorizing the office to
administer moneys appropriated to it for distribution
among certain designated continuum of care lead
agencies and entities; creating s. 420.6225, F.S.;
specifying the purposes of a continuum of care;
requiring each continuum of care, pursuant to federal
law, to designate a collaborative applicant that is
responsible for submitting the continuum of care
funding application for the designated catchment area
to the United States Department of Housing and Urban
Development; providing requirements for such
designated collaborative applicants; authorizing the
applicant to be referred to as the continuum of care
lead agency; providing requirements for the office for
the purpose of awarding certain federal funding for
continuum of care programs; requiring that each
continuum of care create a continuum of care plan for
specified purposes; specifying requirements for such
plans; requiring continuums of care to promote
participation by all interested individuals and
organizations, subject to certain requirements;
creating s. 420.6227, F.S.; providing legislative
findings and program purpose; establishing a grant-in-
aid program to help continuums of care prevent and end
homelessness, which may include any aspect of the
local continuum of care plan; requiring continuums of
care to submit an application for grant-in-aid funds
to the office for review; requiring the office to
develop guidelines for the development, evaluation,
and approval of spending plans; requiring grant-in-aid
funds for continuums of care to be administered by the
office and awarded on a competitive basis; requiring
the office to distribute such funds to local agencies
to fund programs that are required by the local continuum of care plan, based on certain recommendations; limiting the percentage of the total state funds awarded under a spending plan which may be used by the continuum of care lead agency for staffing and administrative expenditures; requiring entities that contract with local agencies to provide services and that receive certain financial assistance to provide a specified minimum percentage of the funding necessary for the support of project operations; authorizing in-kind contributions to be evaluated and counted as part or all of the required local funding, at the discretion of the office; repealing s. 420.623, F.S., relating to local coalitions for the homeless; repealing s. 420.624, F.S., relating to local homeless assistance continuums of care; repealing s. 420.625, F.S., relating to a grant-in-aid program; amending s. 420.626, F.S.; revising procedures that certain facilities and institutions are encouraged to develop and implement to reduce the discharge of persons into homelessness when such persons are admitted to or housed for a specified period at such facilities or institutions; amending s. 420.6265, F.S.; revising legislative findings and intent for Rapid ReHousing; revising the Rapid ReHousing methodology; amending s. 420.6275, F.S.; revising legislative findings relating to Housing First; revising the Housing First methodology to reflect current practice; amending s. 420.507, F.S.; conforming cross-references; providing
Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (c) of subsection (4) of section 201.15, Florida Statutes, is amended, and subsection (5) of that section is republished, to read:

201.15 Distribution of taxes collected.—All taxes collected under this chapter are hereby pledged and shall be first made available to make payments when due on bonds issued pursuant to s. 215.618 or s. 215.619, or any other bonds authorized to be issued on a parity basis with such bonds. Such pledge and availability for the payment of these bonds shall have priority over any requirement for the payment of service charges or costs of collection and enforcement under this section. All taxes collected under this chapter, except taxes distributed to the Land Acquisition Trust Fund pursuant to subsections (1) and (2), are subject to the service charge imposed in s. 215.20(1).

Before distribution pursuant to this section, the Department of Revenue shall deduct amounts necessary to pay the costs of the collection and enforcement of the tax levied by this chapter. The costs and service charge may not be levied against any portion of taxes pledged to debt service on bonds to the extent that the costs and service charge are required to pay any amounts relating to the bonds. All of the costs of the collection and enforcement of the tax levied by this chapter and the service charge shall be available and transferred to the extent necessary to pay debt service and any other amounts payable with respect to bonds authorized before January 1, 2017,
secured by revenues distributed pursuant to this section. All taxes remaining after deduction of costs shall be distributed as follows:

(4) After the required distributions to the Land Acquisition Trust Fund pursuant to subsections (1) and (2) and deduction of the service charge imposed pursuant to s. 215.20(1), the remainder shall be distributed as follows:

(c) Eleven and twenty-four hundredths percent of the remainder in each fiscal year shall be paid into the State Treasury to the credit of the State Housing Trust Fund. Of such funds, the first $35 million shall be transferred annually, subject to any distribution required under subsection (5), to the State Economic Enhancement and Development Trust Fund within the Department of Economic Opportunity. The next $10 million shall be transferred annually, subject to any distribution required under subsection (5), to the Grants and Donations Trust Fund within the Department of Children and Families for the purpose of funding the challenge grants established in s. 420.622(4). The remainder shall be used as follows:

1. Half of that amount shall be used for the purposes for which the State Housing Trust Fund was created and exists by law.

2. Half of that amount shall be paid into the State Treasury to the credit of the Local Government Housing Trust Fund and used for the purposes for which the Local Government Housing Trust Fund was created and exists by law.

(5) Distributions to the State Housing Trust Fund pursuant to paragraphs (4)(c) and (d) must be sufficient to cover amounts required to be transferred to the Florida Affordable Housing
Guarantee Program’s annual debt service reserve and guarantee fund pursuant to s. 420.5092(6)(a) and (b) up to the amount required to be transferred to such reserve and fund based on the percentage distribution of documentary stamp tax revenues to the State Housing Trust Fund which is in effect in the 2004-2005 fiscal year.

Section 2. Section 420.621, Florida Statutes, is amended to read:

420.621 Definitions.—As used in ss. 420.621-420.628, the term:

(1) “Continuum of care” means the group organized to carry out the responsibilities imposed under ss. 420.621-420.628 to coordinate, plan, and pursue ending homelessness in a designated catchment area. The group is composed of representatives from certain organizations, including, but not limited to, nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and organizations that serve other homeless and formerly homeless persons, to the extent that these organizations are represented within the designated catchment area and are available to participate the community components needed to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.
(2) "Continuum of care lead agency" or "continuum of care collaborative applicant" means the organization designated by a continuum of care pursuant to s. 420.6225.

(3) "Council on Homelessness" means the council created in s. 420.622.

(4) "Department" means the Department of Children and Families.

(4) "District" means a service district of the department, as set forth in s. 20.19.

(5) "Homeless" means an individual who or a family that:

(a) Lacks a fixed, regular, and adequate nighttime residence, as defined under "homeless" in 24 C.F.R. 578.3; or

(b) Will imminently lose his, her, or its primary nighttime residence, as defined under "homeless" in 24 C.F.R. 578.3 applied to an individual, or "individual experiencing homelessness" means an individual who lacks a fixed, regular, and adequate nighttime residence and includes an individual who:

(a) Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;

(b) Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations;

(c) Is living in an emergency or transitional shelter;

(d) Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;

(e) Is living in a car, park, public space, abandoned building, bus or train station, or similar setting; or

(f) Is a migratory individual who qualifies as homeless.
because he or she is living in circumstances described in paragraphs (a)-(e).

The terms do not refer to an individual imprisoned pursuant to state or federal law or to individuals or families who are sharing housing due to cultural preferences, voluntary arrangements, or traditional networks of support. The terms include an individual who has been released from jail, prison, the juvenile justice system, the child welfare system, a mental health and developmental disability facility, a residential addiction treatment program, or a hospital, for whom no subsequent residence has been identified, and who lacks the resources and support network to obtain housing.

(6) “Local coalition for the homeless” means a coalition established pursuant to s. 420.623.

(7) “New and temporary homeless” means individuals or families who are homeless due to societal factors.

(6)(8) “State Office on Homelessness” means the state office created in s. 420.622.

Section 3. Section 420.622, Florida Statutes, is amended to read:

420.622 State Office on Homelessness; Council on Homelessness.—

(1) The State Office on Homelessness is created within the Department of Children and Families to provide interagency, council, and other related coordination on issues relating to homelessness.

(2) The Council on Homelessness is created to consist of 19 members 17 representatives of public and private agencies who
shall develop policy and advise the State Office on Homelessness. The council is composed of the following members:

- the Secretary of Children and Families, or his or her designee;
- the executive director of the Department of Economic Opportunity, or his or her designee, who shall advise the council on issues related to rural development; the State Surgeon General, or his or her designee; the Executive Director of Veterans’ Affairs, or his or her designee; the Secretary of Corrections, or his or her designee; the Secretary of Health Care Administration, or his or her designee; the Commissioner of Education, or his or her designee; the Director of CareerSource Florida, Inc., or his or her designee; the Executive Director of the Florida Housing Finance Corporation, or his or her designee; the Secretary of the Department of Elderly Affairs, or his or her designee; one representative of the Florida Association of Counties; one representative of the Florida League of Cities; one representative of the Florida Supportive Housing Coalition; one representative of the Florida Coalition for the Homeless; one representative of the Florida Housing Coalition; the Executive Director of the Florida Housing Finance Corporation, or his or her designee; one representative of the Florida Coalition for the Homeless; and four members appointed by the Governor, who is encouraged to appoint members who have experience in the administration or the provision of resources or services that address, or of housing that addresses, the needs of persons experiencing homelessness. The council members shall be nonpaid volunteers and shall be reimbursed only for travel expenses. The appointed members of the council appointed by the Governor shall be appointed to staggered 2-year terms.
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he council shall meet at least four times per year. The
importance of minority, gender, and geographic representation
must shall be considered in appointing members to the council.

(3) The State Office on Homelessness, pursuant to the
policies set by the council and subject to the availability of
funding, shall:

(a) Coordinate among state, local, and private agencies and
providers to produce a statewide consolidated inventory of for
the state’s entire system of homeless programs, including local
continuum of care plans which incorporates regionally developed
plans. Such programs include, but are not limited to:

1. Programs authorized under the McKinney-Vento Homeless
Assistance Stewart B. McKinney Homeless Assistance Act of 1987,
as amended by the Homeless Emergency Assistance and Rapid
Transition to Housing (HEARTH) Act of 2009, 42 U.S.C. ss. 11302
ss. 11371 et seq., and carried out under funds awarded to this
state; and

2. Programs, components thereof, or activities that assist
persons who are homeless or at risk for homelessness.

(b) Collect, maintain, and make available information
concerning persons who are homeless or at risk for homelessness,
including summary demographic demographics information drawn
from the local continuum of care Homeless Management Information
System or the annual Point-in-Time Count and the local continuum
of care Housing Inventory Chart required by the Department of
Housing and Urban Development, current services and resources
available, the cost and availability of services and programs,
and the met and unmet needs of this population. To assist the
council in providing this information, all entities that receive
state funding must provide the council with summary aggregated access to all data they maintain in summary form, which may not include with no individual identifying information, to assist the council in providing this information. The State Office on Homelessness, in consultation with the designated lead agencies for a local homeless continuum of care and with the Council on Homelessness, shall develop a process by which summary data is collected the system and process of data collection from all lead agencies for the purpose of analyzing trends and assessing impacts in the statewide homeless delivery system for delivering services to the homeless. Any statewide homelessness survey and database system must comply with all state and federal statutory and regulatory confidentiality requirements.

(c) Annually evaluate state and continuum of care programs local services and resources and develop a consolidated plan for addressing the needs of the homeless or those at risk for homelessness.

(d) Explore, compile, and disseminate information regarding public and private funding sources for state and local programs serving the homeless and provide technical assistance in applying for such funding.

(e) Monitor and provide recommendations for coordinating the activities and programs of continuums of care local coalitions for the homeless and promote the effectiveness of programs to prevent and end homelessness in the state addressing the needs of the homeless.

(f) Provide technical assistance to facilitate efforts to support and strengthen establish, maintain, and expand local homeless assistance continuums of care.
(g) Develop and assist in the coordination of policies and procedures relating to the discharge or transfer from the care or custody of state-supported or state-regulated entities persons who are homeless or at risk for homelessness.

(h) Spearhead outreach efforts for maximizing access by people who are homeless or at risk for homelessness to state and federal programs and resources.

(i) Promote a federal policy agenda that is responsive to the needs of those who are homeless or at risk of homelessness the homeless population in this state.

(j) Review reports on continuum of care performance measures and Develop outcome and accountability measures and promote and use such measures to evaluate program effectiveness and make recommendations for improving current practices to work toward ending homelessness in this state in order to best meet the needs of the homeless.

(k) Formulate policies and legislative proposals aimed at preventing and ending homelessness in this state to address more effectively the needs of the homeless and coordinate the implementation of state and federal legislative policies.

(l) Convene meetings and workshops of state and local agencies, continuums of care local coalitions and programs, and other stakeholders for the purpose of developing and reviewing policies, services, activities, coordination, and funding of efforts to end homelessness meet the needs of the homeless.

(m) With the input of the continuums of care, conduct or promote research on the effectiveness of current programs and propose pilot projects aimed at ending homelessness improving services.
(n) Serve as an advocate for issues relating to homelessness.

(o) Investigate ways to improve access to participation in state funding and other programs for prevention and alleviation of homelessness to faith-based organizations and coordinate with faith-based organizations, investigate ways to improve such organizations’ access to state funding, and investigate ways to improve such organizations’ participation in other programs that are intended to prevent and reduce homelessness.

(4) The State Office on Homelessness, with the concurrence of the Council on Homelessness, shall accept and administer moneys appropriated to it pursuant to s. 201.15(4)(c) to provide annual “challenge grants” to lead agencies of homeless assistance continuums of care designated by the State Office on Homelessness pursuant to s. 420.6225(6), s. 420.624. The department shall establish varying levels of grant awards up to $750,000 or $500,000 per continuum of care lead agency. The department, in consultation with the Council on Homelessness, shall specify a grant award level in the notice of the solicitation of grant applications.

(a) To qualify for the grant, a continuum of care lead agency must develop and implement a local homeless assistance continuum of care plan for its designated catchment area. The services and housing funded through the grant must be implemented through the continuum of care’s continuum of care plan must implement a coordinated assessment or central intake entry system as provided in s. 420.6225(4)(b) and must be designed to screen, assess, and refer persons seeking assistance.
to the appropriate housing intervention and service provider. The continuum of care lead agency shall also document the commitment of local government or private organizations to provide matching funds or in-kind support in an amount equal to 25 percent of the grant requested. Expenditures of leveraged funds or resources, including third-party cash or in-kind contributions, may be made only for eligible activities carried out in connection with a committed on one project. Such funds or resources may which have not have been used as leverage or match for any other project or program. The expenditures and must be certified through a written commitment.

(b) Preference must be given to continuum of care those lead agencies that have demonstrated the ability of their continuum of care to help households move out of homelessness provide quality services to homeless persons and the ability to leverage federal homeless assistance funding under the Stewart B. McKinney Act with local government funding or private funding for the provision of services to homeless persons.

(c) Preference must be given to lead agencies in catchment areas with the greatest need for the provision of housing and services to the homeless, relative to the population of the catchment area.

(c) The grant may be used to fund any of the housing, program, or service needs included in the local homeless assistance continuum of care plan. The continuum of care lead agency may allocate the grant to programs, services, or housing providers that implement the local homeless assistance continuum of care plan. The lead agency may provide subgrants to a local agency to implement programs or services or provide housing

CODING: Words stricken are deletions; words underlined are additions.
identified for funding in the lead agency’s application to the department. A lead agency may spend a maximum of 10% of its funding on administrative costs.

(d)(e) The continuum of care lead agency shall submit a final report to the department documenting the outcomes achieved by the grant-funded programs in enabling persons who are homeless to return to permanent housing, thereby ending such person’s episode of homelessness.

(5) The State Office on Homelessness, with the concurrence of the Council on Homelessness, may administer moneys given appropriated to it to provide homeless housing assistance grants annually to continuum of care lead agencies for local homeless assistance continuum of care, as recognized by the State Office on Homelessness, to acquire, construct, or rehabilitate transitional or permanent housing units for homeless persons. These moneys shall consist of any sums that the state may appropriate, as well as money received from donations, gifts, bequests, or otherwise from any public or private source, which are intended to acquire, construct, or rehabilitate transitional or permanent housing units for homeless persons.

(a) Grant applicants shall be ranked competitively based on criteria determined by the State Office on Homelessness. Preference must be given to applicants who leverage additional private funds and public funds, particularly federal funds designated for the acquisition, construction, or rehabilitation of transitional or permanent housing for homeless persons; who acquire, build, or rehabilitate the greatest number of units; or who acquire, build, or rehabilitate in catchment areas having the greatest need for housing for the homeless relative to the
population of the catchment area.

(b) Funding for any particular project may not exceed $750,000.

(c) Projects must reserve, for a minimum of 20 years, the number of units acquired, constructed, or rehabilitated through homeless housing assistance grant funding to serve persons who are homeless at the time they assume tenancy.

(d) No more than two grants may be awarded annually in any local homeless assistance continuum of care catchment area.

(e) A project may not be funded which is not included in the local homeless assistance continuum of care plan, as recognized by the State Office on Homelessness, for the catchment area in which the project is located.

(f) The maximum percentage of funds that the State Office on Homelessness and each applicant may spend on administrative costs is 10%.

(6) The State Office on Homelessness, in conjunction with the Council on Homelessness, shall establish performance measures related to state funding provided through the State Office on Homelessness and shall utilize those grant-related measures to and specific objectives by which it may evaluate the performance and outcomes of continuum of care lead agencies that receive state grant funds. Challenge Grants made through the State Office on Homelessness shall be distributed to lead agencies based on their overall performance and their achievement of specified objectives. Each lead agency for which grants are made under this section shall provide the State Office on Homelessness a thorough evaluation of the performance and outcomes of the project.
effectiveness of the program in achieving its stated purpose. In evaluating the performance of the lead agencies, the State Office on Homelessness shall base its criteria upon the program objectives, goals, and priorities that were set forth by the lead agencies in their proposals for funding. Such criteria may include, but are not limited to, the number of persons or households that are no longer homeless, the rate of recidivism to homelessness, and the number of persons who obtain gainful employment.

(7) The State Office on Homelessness shall monitor the challenge grants and homeless housing assistance grants to ensure proper expenditure of funds and compliance with the conditions of the applicant’s contract.

(8) The Department of Children and Families, with input from the Council on Homelessness, may adopt rules relating to the challenge grants and the homeless housing assistance grants and related issues consistent with the purposes of this section.

(9) The council shall, By June 30 of each year, the council shall provide to the Governor, the Legislature, and the Secretary of Children and Families a report summarizing the extent of homelessness in the state and the council’s recommendations for ending reducing homelessness in this state.

(10) The State Office on Homelessness may administer moneys appropriated to it for distribution among the continuum of care lead agencies and entities funded in the 2020-2021 state fiscal year which are designated by the office as local coalitions for the homeless 28 local homeless continuums of care designated by the Department of Children and Families.
Section 4. Section 420.6225, Florida Statutes, is created to read:

420.6225 Continuum of care.—
(1) The purposes of a continuum of care, as defined in s. 420.621, are to coordinate community efforts to prevent and end homelessness in its catchment area designated as provided in subsection (3) and to fulfill the responsibilities set forth in this chapter.

(2) Pursuant to the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, each continuum of care is required to designate a collaborative applicant that is responsible for submitting the continuum of care funding application for the designated catchment area to the United States Department of Housing and Urban Development. The continuum of care collaborative applicant shall serve as the continuum of care’s point of contact to the State Office on Homelessness, is accountable for representations made in the application, and, in carrying out its responsibilities under this chapter, may be referred to as the continuum of care lead agency.

(3) For the purpose of awarding federal homeless assistance funding for continuum of care programs, the State Office on Homelessness shall do both of the following:
   (a) Designate and, as necessary, revise continuum of care catchment areas, which must be consistent with the continuum of care catchment areas recognized by the United States Department of Housing and Urban Development.
   (b) Recognize a single continuum of care lead agency for each such catchment area, which must be consistent with the
continuum of care collaborative applicant designation recognized by the United States Department of Housing and Urban Development.

(4) Each continuum of care shall create a continuum of care plan, the purpose of which is to implement an effective and efficient housing crisis response system to prevent and end homelessness in the continuum of care catchment area. A continuum of care plan must include all of the following components:

(a) Outreach to unsheltered individuals and families to link them with appropriate housing interventions.

(b) A coordinated entry system, compliant with the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which is designed to coordinate intake, utilize common assessment tools, prioritize households for housing interventions, and refer households to the appropriate housing intervention.

(c) Emergency shelter, designed to provide safe temporary shelter while the household is in the process of obtaining permanent housing.

(d) Supportive services, designed to maximize housing stability once the household is in permanent housing.

(e) Permanent supportive housing, designed to provide long-term affordable housing and support services to persons with disabilities who are moving out of homelessness.

(f) Rapid ReHousing, as specified in s. 420.6265.

(g) Permanent housing, including linkages to affordable housing, subsidized housing, long-term rent assistance, housing vouchers, and mainstream private sector housing.
(h) An ongoing planning mechanism to end homelessness for all subpopulations of persons experiencing homelessness.

(5) Continuums of care must promote participation by all interested individuals and organizations and may not exclude individuals and organizations on the basis of race, color, national origin, sex, handicap, familial status, or religion. Faith-based organizations, local governments, and persons who have experienced homelessness are encouraged to participate. To the extent possible, these individuals and organizations must be coordinated and integrated with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including, but not limited to, Medicaid, the State Children’s Health Insurance Program, the Temporary Assistance for Needy Families Program, the Food Assistance Program, and services funded through the Mental Health and Substance Abuse Block Grant, the Workforce Innovation and Opportunity Act, and the welfare-to-work grant program.

Section 5. Section 420.6227, Florida Statutes, is created to read:

420.6227 Grant-in-aid program.—

(1) LEGISLATIVE FINDINGS.—The Legislature hereby finds and declares that many services for households experiencing homelessness have been provided by local communities through voluntary private agencies and religious organizations and that these resources have not been sufficient to prevent and end homelessness in this state. The Legislature recognizes that the level of need and types of problems associated with homelessness may vary from community to community, due to the diversity and geographic distribution of the homeless population and the
resulting differing needs of particular communities.

(2) PURPOSE.—The principal purpose of the grant-in-aid program is to provide needed assistance to continuums of care to enable them to do all of the following:

(a) Assist persons in their communities who have become, or may likely become, homeless.

(b) Help homeless households move to permanent housing as quickly as possible.

(3) ESTABLISHMENT.—There is hereby established a state grant-in-aid program to help continuums of care prevent and end homelessness, which may include any aspect of the local continuum of care plan, as described in s. 420.6225.

(4) APPLICATION PROCEDURE.—Continuums of care that intend to apply for the grant-in-aid program must submit an application for grant-in-aid funds to the State Office on Homelessness for review.

(5) SPENDING PLANS.—The State Office on Homelessness shall develop guidelines for the development, evaluation, and approval of spending plans that are created by local continuum of care lead agencies.

(6) ALLOCATION OF GRANT FUNDS.—The State Office on Homelessness shall administer state grant-in-aid funds for continuums of care, which must be awarded on a competitive basis.

(7) DISTRIBUTION TO LOCAL AGENCIES.—The State Office on Homelessness shall distribute funds awarded under subsection (6) to local agencies to fund programs that are required by the local continuum of care plan, as described in s. 420.6225 and that are authorized under subsection (3), based upon the
recommends of the local continuum of care lead agencies, in accordance with spending plans that are developed by the lead agencies and approved by the office. Not more than 10 percent of the total state funds awarded under a spending plan may be used by the continuum of care lead agency for staffing and administrative expenditures.

(8) LOCAL MATCHING FUNDS.—If an entity contracts with local agencies to provide services and receives financial assistance under this section, the entity must provide a minimum of 25 percent of the funding necessary for the support of project operations. In-kind contributions, including, but not limited to, materials, commodities, transportation, office space, other types of facilities, or personal services, may be evaluated and counted as part or all of the required local funding, at the discretion of the State Office on Homelessness.

Section 6. Section 420.623, Florida Statutes, is repealed.
Section 7. Section 420.624, Florida Statutes, is repealed.
Section 8. Section 420.625, Florida Statutes, is repealed.
Section 9. Subsection (3) of section 420.626, Florida Statutes, is amended, and subsection (2) of that section is republished, to read:

420.626 Homelessness; discharge guidelines.—
(2) The following facilities and institutions are encouraged to develop and implement procedures designed to reduce the discharge of persons into homelessness when such persons are admitted or housed for more than 24 hours at such facilities or institutions: hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification
(3) The procedures should include all of the following:
   (a) Development and implementation of a screening process or other mechanism for identifying persons to be discharged from the facility or institution who are at considerable risk for homelessness or face some imminent threat to health and safety upon discharge.†
   (b) Development and implementation of a discharge plan addressing how identified persons will secure housing and other needed care and support upon discharge.†
   (c) Communication with Assessment of the capabilities of the entities to whom identified persons may potentially be discharged to determine their capability to serve such persons and their acceptance of such discharge into their programs, and selection of the entity determined to be best equipped to provide or facilitate the provision of suitable care and support.†
   (d) Coordination of effort and sharing of information with entities that are expected to bear the responsibility for providing care or support to identified persons upon discharge.†
   (e) Provision of sufficient medication, medical equipment and supplies, clothing, transportation, and other basic resources necessary to assure that the health and well-being of identified persons are not jeopardized upon their discharge.

Section 10. Section 420.6265, Florida Statutes, is amended to read:

420.6265 Rapid ReHousing.—

(1) LEGISLATIVE FINDINGS AND INTENT.—
(a) The Legislature finds that Rapid ReHousing is a strategy of using temporary financial assistance and case management to quickly move an individual or family out of homelessness and into permanent housing, and using housing stabilization support services to help them remain stably housed.

(b) The Legislature also finds that public and private solutions to homelessness in the past have focused on providing individuals and families who are experiencing homelessness with emergency shelter, transitional housing, or a combination of both. While emergency shelter and transitional housing programs may provide critical access to services for individuals and families in crisis, the programs often fail to address permanent housing their long-term needs and may unnecessarily extend their episodes of homelessness.

(c) The Legislature further finds that most households become homeless as a result of a financial crisis that prevents individuals and families from paying rent or a domestic conflict that results in one member being ejected or leaving without resources or a plan for housing.

(d) The Legislature further finds that Rapid ReHousing is a cost-effective alternative approach to ending homelessness which reduces to the current system of emergency shelter or transitional housing which tends to reduce the length of time that a person is homeless and which is demonstrably more has proven to be cost effective than alternative approaches.

(e) It is therefore the intent of the Legislature to encourage homeless continuums of care to adopt the Rapid ReHousing approach to ending preventing homelessness for
individuals who and families that do not require the intensive level of supports provided in the permanent supportive housing model.

(2) RAPID REHOUSING METHODOLOGY.—

(a) The Rapid ReHousing response to homelessness differs from traditional approaches to addressing homelessness by focusing on each individual’s or family’s barriers to housing. By using this approach, communities can significantly reduce the amount of time that individuals and families are homeless and prevent further episodes of homelessness.

(b) In Rapid ReHousing, when an individual or a family is identified as being homeless, the individual or family is assessed and prioritized for housing through the continuum of care’s coordinated entry system, temporary assistance is provided to allow the individual or family to obtain permanent housing as quickly as possible, and necessary, if needed, assistance is provided to allow the individual or family to retain housing.

(c) The objective of Rapid ReHousing is to provide assistance for as short a term as possible so that the individual or family receiving assistance attains stability and integration into the community as quickly as possible does not develop a dependency on the assistance.

Section 11. Section 420.6275, Florida Statutes, is amended to read:

420.6275 Housing First.—

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) The Legislature finds that many communities plan to manage homelessness rather than plan to end it.
(b) The Legislature also finds that for nearly most of the past two decades, public and private solutions to homelessness have focused on providing individuals and families who were are experiencing homelessness with emergency shelter, transitional housing, or a combination of both. This strategy failed to recognize that, while emergency shelter programs may provide critical access to services for individuals and families in crisis, they often fail to address their long-term needs.

(c) The Legislature further finds that Housing First is a cost-effective an alternative approach to the current system of emergency shelter or transitional housing which tends to ending homelessness and reducing the length of time of homelessness for many individuals and families and has proven to be cost-effective.

(d) It is therefore the intent of the Legislature to encourage homeless continuums of care to adopt the Housing First approach to ending homelessness for individuals and families.

(2) HOUSING FIRST METHODOLOGY.—

(a) The Housing First approach to homelessness provides permanent differs from traditional approaches by providing housing assistance, followed by case management, and support services responsive to individual or family needs once after housing is obtained. By using this approach when appropriate, communities can significantly reduce the amount of time that individuals and families are homeless and prevent further episodes of homelessness. Housing First emphasizes that social services provided to enhance individual and family well-being can be more effective when people are in their own home, and:

1. The housing is not time-limited.
2. The housing is not contingent on compliance with services. Instead, participants must comply with a standard lease agreement.

3. Individuals and families are provided with individualized the services and support that are necessary to help them maintain stable housing do so successfully.

3. A background check and any rehabilitation necessary to combat an addiction related to alcoholism or substance abuse has been completed by the individual for whom assistance or support services are provided.

(b) The Housing First approach addresses the societal causes of homelessness and advocates for the immediate return of individuals and families into housing and communities. Housing First links affordable housing with community-based social service and health care organizations. Housing First provides a critical link between the emergency and transitional housing system and community-based social service, educational, and health care organizations and consists of four components:

2. Screening, intake, and needs assessment.
3. Provision of housing resources.
4. Provision of case management.

Section 12. Paragraph (d) of subsection (22) of section 420.507, Florida Statutes, is amended to read:

420.507 Powers of the corporation.—The corporation shall have all the powers necessary or convenient to carry out and effectuate the purposes and provisions of this part, including the following powers which are in addition to all other powers granted by other provisions of this part:
(22) To develop and administer the State Apartment Incentive Loan Program. In developing and administering that program, the corporation may:

(d) In counties or rural areas of counties that do not have existing units set aside for homeless persons, forgive indebtedness for loans provided to create permanent rental housing units for persons who are homeless, as defined in s. 420.621(5), or for persons residing in time-limited transitional housing or institutions as a result of a lack of permanent, affordable housing. Such developments must be supported by a local homeless assistance continuum of care developed under s. 420.6225, be developed by nonprofit applicants, be small properties as defined by corporation rule, and be a project in the local housing assistance continuum of care plan recognized by the State Office on Homelessness.

Section 13. This act shall take effect July 1, 2020.
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<td>Name</td>
<td>Robert S. Beck</td>
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<td>Representing</td>
<td>Florida Coalition to End Homelessness (a.k.a. - FL Coalition for the Homeless)</td>
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<tr>
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<td>[ ] Yes [ ] No</td>
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<td>Lobbyist registered with Legislature</td>
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While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
The Florida Senate

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date 10.22.19

Topic Homelessness

Name Barney Bishop III

Job Title CEO

Address 2215 Thomasville Road
          Tallahassee, FL 32308

Phone 850.510.9922

Email barney@barneybishop.com

Speaking: □ For  □ Against  □ Information

Waive Speaking:  □ In Support  □ Against  (The Chair will read this information into the record.)

Representing Florida Smart Justice Alliance

Appearing at request of Chair:  □ Yes  □ No

Lobbyist registered with Legislature:  □ Yes  □ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 68
FINAL ACTION: Favorable
MEETING DATE: Tuesday, October 22, 2019
TIME: 11:00 a.m.—12:30 p.m.
PLACE: 301 Senate Building

CODES: FAV=Favorable RCS=Replaced by Committee Substitute TP=Temporarily Postponed
UNF=Unfavorable RE=Replaced by Engrossed Amendment WD=Withdrawn
-R=Reconsidered RS=Replaced by Substitute Amendment OO=Out of Order
-VA=Vote After Roll Call AV=Abstain from Voting
VC=Vote Change After Roll Call

FINAL VOTE

Yea Nay SENATORS
X Bean
X Harrell
X Rader
X Torres
X Wright
X Mayfield, VICE CHAIR
X Book, CHAIR

TOTALS

Yea Nay Yea Nay Yea Nay Yea Nay
6 0

REPORTING INSTRUCTION: Publish
I. Summary:

SB 160 creates a privileged exception for peer-to-peer communications between first responders, such as law enforcement officers, firefighters, emergency medical technicians/paramedics, public safety communications officers, and dispatchers. The bill provides that such peer-to-peer communications are confidential and prevents first responders from testifying to the contents of such communications during legal proceedings and disciplinary hearings. The bill also creates several exceptions to the privilege.

The bill will not have a fiscal impact and has an effective date of July 1, 2020.

II. Present Situation:

First Responders

A first responder is defined as a law enforcement officer, firefighter, or an emergency medical technician or paramedic employed by state or local government. Additionally, a volunteer law enforcement officer, firefighter, or emergency medical technician or paramedic engaged by the state or a local government is considered a first responder of the state or local government.

First responders are often exposed to incidents of death and destruction that can result in post-traumatic stress disorder (PTSD), depression, and suicide.\(^1\) A study by the Ruderman Family Foundation revealed that 35 percent of police officers have suffered from PTSD and 46.8 percent of firefighters have experienced suicidal thoughts.\(^2\) Further, a 2015 survey of 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in

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\(^2\) Id. at 12.
3 Firefighters are more likely to die by suicide than in the line of duty, according to the Firefighter Behavioral Health Alliance.

**Peer Support**

A survey by the Journal of Emergency Medical Services revealed that first responders were less likely to contemplate suicide when they felt supported and encouraged at work. One study showed that while some firefighters reported positive experiences with professional mental health help, others felt more distressed after such intervention. Alternatively, these firefighters reported benefits from peer support, which can reduce the stigma, scheduling difficulties, lack of access, lack of trust, and fear or repercussions that may prevent first responders from seeking mental health care.

**Confidentiality**

Communications between a patient and a health care practitioner are confidential. Information that a patient discloses to a health care practitioner may only be disclosed:
- To other health care practitioners involved in the care of the patient;
- If agreed to, in writing, by the patient; or
- If compelled by subpoena at a deposition, evidentiary hearing, or trial for which proper notice has been given.

Additionally, confidentiality between a patient and a psychotherapist may be waived where:
- The psychotherapist is a defendant in a proceeding arising from a complaint filed by the patient and information divulged is limited to the scope of the proceeding;
- The patient agrees, in writing, to waiver of confidentiality; or
- The psychotherapist believes there is imminent risk of physical harm to the patient or other members of society. The information may only be communicated to potential victims, appropriate family members, law enforcement, or other appropriate authority. There is no liability on the part of the person disclosing information in this circumstance, and no cause of action may arise under this provision.

However, Florida law does not provide confidentiality for peer support communications between or involving non-practitioners.

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4 Heyman, Dill & Douglas, *supra* note 6, at 19.


8 S. 456.057, F.S.

9 S. 491.0147, F.S.
III. **Effect of Proposed Changes:**

Section 1 creates s. 111.09, F.S., providing that any person who is not a health care practitioner and who provides peer-to-peer support to a first responder may not testify in any civil, criminal, administrative, or disciplinary proceeding, or otherwise divulge information obtained through peer-to-peer support communications, with the following exceptions:
- Where the person providing peer support is a defendant in a proceeding arising from a complaint filed by the first responder;
- Where the first responder agrees, in writing, to allow the person to testify about or divulge information related to the peer support; and
- Where there are articulable facts or circumstances that would lead a reasonable, prudent person to fear for the safety of the first responder, another person, or society.

The bill also provides the same meaning for the term ‘first responder’ as is found in s. 112.1815, F.S., and includes public safety communications officers, dispatchers, and 911 or other phone system operators whose job duties include providing support or services to first responders. The bill defines ‘peer-to-peer support’ to mean any conversation or communication between a first responder and a person who is not a health care practitioner but who has experience working as or with a first responder regarding any physical or emotional conditions or issues associated with the first responder’s employment.

Section 2 provides an effective date of July 1, 2020.

IV. **Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.
V. Fiscal Impact Statement:
   A. Tax/Fee Issues:
      None.
   B. Private Sector Impact:
      None.
   C. Government Sector Impact:
      None.

VI. Technical Deficiencies:
    None.

VII. Related Issues:
    None.

VIII. Statutes Affected:
    This bill creates section 111.09 of the Florida Statutes.

IX. Additional Information:
   A. Committee Substitute – Statement of Changes:
      (Summarizing differences between the Committee Substitute and the prior version of the bill.)
      None.
   B. Amendments:
      None.
A bill to be entitled
An act relating to peer-to-peer support for first
responders; creating s. 111.09, F.S.; defining terms;
prohibiting a person who is not a health care
practitioner and who provides peer-to-peer support to
a first responder from testifying or divulging
specified information under certain circumstances;
providing exceptions; prohibiting liability and a
cause of action under certain circumstances; providing
an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 111.09, Florida Statutes, is created to
read:

111.09 Peer-to-peer support for first responders.—
(1) For purposes of this section, the term:
(a) “First responder” has the same meaning as provided in
s. 112.1815 and includes public safety communications officers,
dispatchers, and 911 or other phone system operators whose job
duties include providing support or services to first
responders.
(b) “Health care practitioner” has the same meaning as
provided in s. 456.001.
(c) “Peer-to-peer support” means any conversation or
communication between a first responder and a person who is not
a health care practitioner but who has experience working as or
with a first responder regarding any physical or emotional
conditions or issues associated with the first responder’s
(2) A person who is not a health care practitioner and who provides peer-to-peer support to a first responder may not testify in any civil, criminal, administrative, or disciplinary proceeding or otherwise divulge information obtained during such peer-to-peer support, except when any of the following occur:

(a) The person providing peer-to-peer support is a defendant in a civil, criminal, administrative, or disciplinary proceeding arising from a complaint filed by the first responder, in which case such information may be divulged but is limited to the scope of the proceeding.

(b) The first responder agrees, in writing, to allow the person to testify about or divulge information related to the peer-to-peer support.

(c) There are articulable facts or circumstances that would lead a reasonable, prudent person to fear for the safety of the first responder, another person, or society, and the person providing peer-to-peer support communicates the information only to the potential victims, appropriate family members, or law enforcement or other appropriate authorities. There is no liability on the part of, and no cause of action of any nature may arise against, the person for disclosing information under this paragraph.

Section 2. This act shall take effect July 1, 2020.
Meeting Date
The Florida Senate
APPEARANCE RECORD
(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Topic Peer-to-Peer Support for First Responders
Name Gary Blyford
Job Title Government Relations
Address 310 E. Brevard St
Tallahassee, FL 32301
City State Zip

Phone 800-733-3722
Email Gary@FLPBA.org

Speaking: [X] For [ ] Against [ ] Information
Waive Speaking: [X] In Support [ ] Against
(The Chair will read this information into the record.)

Representing Florida Police Benevolent Assoc.

Appearing at request of Chair: [ ] Yes [X] No
Lobbyist registered with Legislature: [X] Yes [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
The Florida Senate

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/22/19

Meeting Date

160

Bill Number (if applicable)

Topic  First Responder Peer Support

Name  George Wallace

Job Title

Address  5561 NE 5 Pl

Street

Ocala  FL  34476

City  State  Zip

Phone  352-895-7255

Email

Speaking:  For  Against  Information

(Waive Speaking:  In Support  Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair:  Yes  No  

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
The Florida Senate

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date 10-22-19

Bill Number (if applicable) SB 0160

Topic PEER to PEER Support

Name WAYNE BERNOSKA

Job Title PRESIDENT

Address 343 W. MADISON ST

Phone 321-231-9116

Email

Speaking: ☑ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against

(The Chair will read this information into the record.)

Representing Florida Professional Firefighters

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
**COMMITTEE VOTE RECORD**

**COMMITTEE:** Children, Families, and Elder Affairs  
**ITEM:** SB 160  
**FINAL ACTION:** Favorable  
**MEETING DATE:** Tuesday, October 22, 2019  
**TIME:** 11:00 a.m.—12:30 p.m.  
**PLACE:** 301 Senate Building

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**FINAL VOTE**  
6 0  
**TOTALS**

**CODES:**  
FAV=Favorable  
UNF=Unfavorable  
-R=Reconsidered  
RCS=Replaced by Committee Substitute  
RE=Replaced by Engrossed Amendment  
RS=Replaced by Substitute Amendment  
TP=Temporarily Postponed  
VA=Vote After Roll Call  
VC=Vote Change After Roll Call  
WD=Withdrawn  
OO=Out of Order  
AV=Abstain from Voting
I. Summary:

SPB 7000 amends definitions relating to child-on-child sexual abuse and reorganizes and clarifies provisions and requirements currently in s. 39.201, F.S., relating to reports of child abuse, abandonment, or neglect and the central abuse hotline at the Department of Children and Families (DCF or department). It also adds a requirement that the central abuse hotline keep statistical reports relating to reports of child abuse and sexual abuse that are reported from or occur in specified educational settings and adds new requirements for investigations related to reports of child-on-child sexual abuse that occur in those educational settings.

The bill provides penalties for specified educational providers whose employees knowingly and willingly fail to report suspected or known child abuse, abandonment or neglect to the central abuse hotline and requires at least a one year suspension of the educator certificate of instructional personnel or school administrator who fail to report child abuse.

The bill provides that the State Board of Education may enforce compliance if a school policy for reporting child abuse, abandonment or neglect does not comply with state law and provides that school personnel reporting child abuse to their supervisor does not relieve them of the responsibility to directly report to the hotline.

The bill also creates a new section of the Florida Statutes, relating to reporting animal abuse, to recognize the strong link between child abuse and animal abuse by requiring any person who is required to investigate child abuse, abandonment, or neglect and who knows or has reasonable cause to suspect that abuse, neglect, cruelty, or abandonment of an animal has occurred must report such knowledge or suspicion within 72 hours to his or her supervisor for submission to a local animal control agency. The bill specifies the information that is to be included in a report.

The bill provides penalties for knowingly and willfully failing to report and requires training for child protective investigators and animal control officers.
The bill amends current law related to sexual abuse of animals to update terminology, include activities specifically related to children and activities involving the sexual abuse of animals and increase the penalty for violations from a misdemeanor of the first degree to a felony of the third degree. The bill places violations at Level 6 on the Offense Severity Ranking Chart.

The bill will have no fiscal impact to the state and has an effective date of July 1, 2020.

II. Present Situation:

Current law requires any person who knows or has reasonable cause to suspect a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare is required to report that suspicion to the department’s central abuse hotline.¹

In addition, any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare or any person who knows, or has reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion to the central abuse hotline.²

Florida currently does not require any reporting of animal cruelty or neglect.

Penalties for Failing to Report Child Abuse

According to s. 39.205, F.S., a person who fails to report known or suspected child abuse, abandonment, or neglect, or who knowingly and willfully prevents another person from doing so, is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.³

Likewise, a person who is 18 years of age or older and lives in the same house as a child who is known or suspected to be a victim of child abuse, neglect of a child, or aggravated child abuse, and knowingly and willfully fails to report the child abuse commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, unless the court finds that the person is a victim of domestic violence or that other mitigating circumstances exist.⁴

Postsecondary educational entities including Florida College System institutions, state universities, or nonpublic colleges, universities, or schools, as defined in s. 1000.21 or s. 1005.02, F.S., whose administrators knowingly and willfully, upon receiving information from faculty, staff, or other institution employees, fail to report known or suspected child abuse, abandonment, or neglect committed on the property of the university, college, or school, or during an event or function sponsored by the university, college, or school, or who knowingly

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¹ Section 39.201, F.S.
² Id.
³ Section 39.205, F.S.
⁴ Id.
and willfully prevent another person from doing so, are subject to fines of $1 million for each such failure.  

Child-on-Child Sexual Abuse

Child-on-child sexual abuse is a specific category of child sexual abuse that has not typically been recognized by the general public. There is a growing concern among parents, educators, and child safety experts related to children who sexually abuse other children. Generally, such scenarios include a child who uses their age, physical strength, or positions of status or authority, to engage another child in sexual activity. Typically, child-on-child sexual abuse includes a wide range of sexual behaviors from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape and various other sexually aggressive acts. Child-on-child sexual abuse does not include normative sexual play or anatomical curiosity and exploration. 

This issue is complicated because there is a child who is a victim whose life has often been deeply impacted by the abuse and he or she needs help and healing and there is also a child who is the offender who needs help. Our judicial and mental health systems often treat children with illegal or problematic sexual behaviors as adults. Depending upon local, state, and federal laws, children involved in this form of abuse may be considered a child with sexual behavior problems in need of child welfare services, may be legally defined as juvenile sex offenders or molesters, and/or may be permanently placed on a sex offender registry for involvement in such abuse. 

There are many social stigmas and misunderstandings that these children are “monsters” who are destined to act out again. These issues and more make it difficult to report these cases of abuse and to get help for all involved. Nonetheless, it has been repeatedly documented through robust empirical evidence that children with sexual behavior problems and juvenile sex offenders have relatively low future sex offending rates. While these findings may seem counterintuitive when compared to adult sex offenders who report childhood onset of their sexual aggression, recent longitudinal studies suggest that childhood sexual behavioral problems and even juvenile sex offending does not significantly predispose one to engage in adult sex offenses. 

Research on the effectiveness of treatment interventions for juvenile sex offenders and children with sexual behavior problems has demonstrated positive outcomes for treatment approaches based upon cognitive-behavioral therapy. While sexual re-offense rates are relatively low for children with sexual behavior problems and juvenile sex offenders, studies have documented program success in reducing recidivism among this population. Other research has indicated that program effectiveness is dependent in part on the type of intervention and type of sexual behavior problems. What has been noted in the research is that juvenile sex offenders are more

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5 Id.  
6 National Center on Sexual Exploitation, Available at: https://endssexualexploitation.org/cochsb/ (Last visited October 3, 2019).  
8 Id.
likely than adults to respond positively to treatment and that they are also less likely to recidivate than adults.\(^9\)

In 2009, former DCF Secretary George Sheldon established the Gabriel Myers Work Group to examine the case of Gabriel Myers, a 7-year-old who, on April 16, 2009, was found hanging in the home of his foster parents in Margate, Florida. The second of two reports prepared by the work group, focused on the issue of child-on-child sexual abuse and identified 107 findings and 84 recommendations relating to the issue of child-on-child sexual abuse, including a number related to labeling sexual behaviors.\(^10\) It is unknown how many of these recommendations have been implemented.

Current law frequently causes labeling of children as sex offenders or predators. These labels cause stigma that adversely affects children in whatever setting they are in. The label follows them through their child welfare existence and may continue into adulthood. Treatment programs are often labeled “sex offender programs.” This is not conducive to positive treatment outcomes. The state’s child welfare system may need to change its language to encourage prevention and research-based treatment. Research clearly shows that children seldom reoffend as adults. The system should encourage supportive treatment experiences.\(^11\)

The 1995 enactment of legislation that criminalized sexual behavior problems and labeled some children as juvenile sex offenders further complicated the ability to treat effectively children with sexual behavior problems and to protect other children from child on child sexual abuse. This terminology should be avoided unless criminally proven and the child is assessed and a professional determination is made that the child poses a risk to society. Research has proven that the significant majority of children with sexual behavior problems do not become adult sex offenders or predators; those who receive proper and timely assessment and treatment have an even lower risk of future sexual behavior problems.\(^12\)

While current law requires the hotline to collect and analyze child-on-child sexual abuse reports and include the information in aggregate statistical reports, no current data has been received from the department relating to child-on-child sexual abuse cases. The Gabriel Myers Work Group reported that in FY 2008-09, 8,321 children were identified as being either alleged perpetrators or victims of child on child sexual abuse by the department and approximately 700

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\(^9\) Id.


\(^11\) Id.

youths were found to be verified victims of child on child sexual abuse by DCF in fiscal year 2007.\footnote{Florida Department of Children and Families, Report of Gabriel Myers Work Group on Child-on- Child Sexual Abuse, May 14, 2010, Available at: https://www.myflfamilies.com/initiatives/GMWorkgroup/docs/Gabriel%20Myers%20COC%20Report%20May%202014%202010.pdf (Last visited October 3, 2019).}

Florida law currently requires child-on-child sexual abuse to be reported to the central abuse hotline.\footnote{Section 39.201, F.S.}

### Sexual Abuse of Children in Schools

The reporting of sexual assault and harassment on college campuses has received a great deal of attention in the media, and prompted calls to action from students, legislators, and advocates around the country. Important questions about what school administrators are doing, and what they should be doing, to prevent and address sexual harassment at the elementary and secondary school level, before students get to college. Title IX of the Education Amendments of 1972 ("Title IX") has long recognized sexual harassment of students – whether by their peers or by school employees – as a form of prohibited sex discrimination. Despite this legal prohibition, which applies at all schools and educational programs that receive federal funding, harassment based on sex is still a common and harmful phenomenon in K-12 schools, and it has a particularly negative impact on girls.\footnote{Equal Rights Advocates, Ending Harassment Now: Keeping our kids safe at schools, 2017, Available at: https://cdn.atixa.org/website-media/atixa.org/wp-content/uploads/2015/12/12193459/Ending-Harrassment-Now-Keeping-Our-Kids-Safe-At-School.pdf (Last visited October 10, 2019).}

Recently, reviewing state education records and federal crime data, which allows for a more thorough analysis that state education records, a yearlong investigation by the Associated Press uncovered roughly 17,000 official reports of sexual assaults by students over a four-year period, from fall 2011 to spring 2015. Though that figure represents the most complete record yet of sexual assaults among the nation’s 50 million K-12 students, it does not completely represent the problem because such attacks are greatly under-reported, some states don’t track them and those that do vary widely in how they classify and catalog sexual violence. There are academic estimates that range sharply higher.\footnote{The Associated Press, Hidden horror of school sexual assaults revealed by AP, May 23, 2017, Available at: https://www.apnews.com/afs:Content:965140127 (Last visited October 10, 2019).}

Elementary and secondary schools have no national requirement to track or disclose sexual violence, and they feel tremendous pressure to hide it. Even under varying state laws, acknowledging an incident can trigger liabilities and requirements to act. When schools don’t act children are harmed and justice is not served. Children remain most vulnerable to sexual assaults by other children in the privacy of a home, but schools where many more adults are keeping watch, and where parents trust their kids will be kept safe are the No. 2 site where children are sexually assaulted by their peers.\footnote{Id.}
Ranging from rape and sodomy to forced oral sex and fondling, the sexual violence that the AP tracked often was mischaracterized as bullying, hazing or consensual behavior. It occurred anywhere students were left unsupervised: buses and bathrooms, hallways and locker rooms. No type of school was immune, whether it be in an upper-class suburb, an inner-city neighborhood or a blue-collar farm town. The AP investigation also found:

- Unwanted fondling was the most common form of assault, but about one in five of the students assaulted were raped, sodomized or penetrated with an object, according to AP’s analysis of the federal incident-based crime data.
- About 5 percent of the sexual violence involved 5 and 6 year-olds. But the numbers increased significantly between ages 10 and 11 about the time many students start their middle-school years and continued rising up until age 14. They then dropped as students progressed through their high school years.
- Contrary to public perception, data showed that student sexual assaults by peers were far more common than those by teachers. For every adult-on-child sexual attack reported on school property, there were seven assaults by students.
- Laws and legal hurdles also favor silence. Schools have broadly interpreted rules protecting student and juvenile privacy to withhold basic information about sexual attacks from their communities. Victims and their families face high legal thresholds to successfully sue school districts for not maintaining safe learning environments.

Schools frequently were unwilling or ill-equipped to address the problems the AP found, despite having long been warned by the U.S. Supreme Court\(^\text{18}\) that they could be liable for monetary damages. Some administrators and educators even engaged in cover-ups to hide evidence of a possible crime and protect their schools’ image.

In October 2010 the U.S. Education Department reminded public school districts that Title IX obligates them to act on bullying and sexual violence. The department specifically referenced anti-gay slurs, sexual remarks, physical harm and unwanted touching.\(^\text{19}\) School districts have had to report all sorts of data about students, from those who received free lunches to those who brought in firearms. But there is no federal mandate to track sexual violence. By contrast, colleges and universities must keep a public crime log, send emergency alerts about sexual assaults, train staff and aid victims under a federal law named for a student who was raped and murdered in 1986. Whether and how school sexual violence is tracked is determined by individual states the AP found, with wide variations in whether that information is verified or any training on student-on-student sexual assault is required.

Because experiences that girls have in school are crucial to their overall well-being, recent reports released by the Delores Barr Weaver Policy Center examined the experiences of girls in middle and high school in Florida communities statewide on a variety of well-being indicators. The report examined educational attainment and disparities and girls’ overall well-being in relation to school connectedness, safety, access to safe adults including parents and teachers, freedom from violence and victimization in their homes, schools and communities, and

\(^\text{19}\) U.S. Department of Education, Office of Civil Rights, Guidance on Schools’ Obligations to Protect Students from Student-on-Student Harassment on the Basis of Sex; Race, Color and National Origin; and Disability, October 26, 2010, Available at: [https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.pdf](https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.pdf) (Last visited October 10, 2019).
emotional well-being. National and state data were analyzed for the studies including those from the Department of Children and Families, the Department of Juvenile Justice, the Department of Education and survey data of 27,000 girls in middle and high schools collected by the Department of Health. The data revealed that:

- 33% of girls in middle or high schools do not feel safe in school;
- 63% of girls in high school reported being verbally bullied, 30% have experienced physical bullying, and 35% have experienced cyberbullying; the rates are higher for girls in middle schools; and
- 25% of girls reported they have no teacher they can speak to one-on-one about problems.

**Link Between Child Abuse and Animal Abuse**

Since the 1970’s agencies such as the Federal Bureau of Investigation and the Humane Society of the United States (HSUS) have conducted research on the connection between animal abuse and later violence towards humans, finding a strong correlation. Research indicates:

- Young people who are cruel to animals are more likely to become aggressive toward humans as they develop.
- Violent, imprisoned offenders have usually abused animals during their childhood.
- Children learn cruel behaviors from adults and may reenact them on animals.
- Children may abuse animals to release the aggression they feel toward abusive adults or because of psychological trauma.

Animal abuse, cruelty and neglect are often considered isolated incidents completely separated from other forms of family violence. Today, however, professionals involved with victims of family violence are not surprised when they learn that often these acts are linked, and that various agencies are working with the same families. The intentional harming or killing of pets by adults or children is now recognized as an sentinel indicator of violence in the home and often the first sign of other family and community violence. Intentional abuse in any form should be taken seriously. Knowing that there is a “link,” agencies involved in preventing family violence are increasingly beginning to work together for a more effective, species-spanning response.

It is reported by advocacy groups to be essential that all those who seek to identify and reduce such violence be alert to this connection. Likewise, it is deemed important for professionals in domestic violence intervention, law-enforcement, child protection, human and veterinary medicine, education and animal care and control get to know their counterparts in other professions and work together to establish strategies for a coordinated response to these needs.

Statistics support the efficacy of mandatory cross-reporting.

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21 Survey data does not represent all middle and high school students in Florida. Private, alternative, vocational and special education schools are excluded from the sample.
23 National Link Coalition, *What is the Link?* Available at: [http://nationallinkcoalition.org/what-is-the-link](http://nationallinkcoalition.org/what-is-the-link) (Last visited October 14, 2019).
• Animal abusers are five times as likely to harm humans.
• In eighty-eight percent (88%) of the families of children referred for services because a child had been abused, at least one person had abused pets.
• In approximately two-thirds of those families, it was the abusive parent who had injured or killed a pet. In the remaining one-third, it was a child who abused the pet.
• Seventy percent (70%) of people charged with cruelty to animals were known by police for other violent behavior — including homicide.
• Sixty percent (60%) of the homes where child abuse or neglect occurred had abused animals.
• Seventy-one percent (71%) of abused women said their partners harmed, killed or threatened pets.
• Twelve independent surveys found that between eighteen percent (18%) and forty-eight percent (48%) of batterers delayed their decision to leave, or returned to their abusers out of fear for the welfare of their animals.
• Children exposed to domestic violence were three (3) times more likely to be cruel to animals. Twenty-six point eight percent (26.8%) of boys and twenty-nine point four percent (29.4%) of girls who were victims of physical and sexual abuse and domestic violence have been reported to abuse the family pets. Seventy-five percent (75%) of the incidents of animal abuse occurred in the presence of children to psychologically control and coerce them.24

School Specific Violence and Animal Abuse

While some researchers disagree,25 the National School Safety Council, the U.S. Department of Education, the American Psychological Association and the National Crime Prevention Council agree that animal cruelty is a warning sign for at-risk youth. A number of studies have drawn links between the abuse of animals and violent incidents in schools. A 2001-2004 study by the Chicago Police Department discovered that in seven school shootings that took place across the country between 1997 and 2001, all involved boys had previously committed acts of animal cruelty.26 More recently, Nikolas Cruz, charged with 17 counts of premeditated murder, following the 2018 attack at Marjory Stoneman Douglas High School in Parkland, has a history of animal cruelty and abuse.

Florida and Other States

Fifteen states now have cross-reporting laws27 where officials investigating child abuse must report animal abuse and officials investigating animal abuse must report child abuse. The

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increasing availability of orders of protection is widely viewed as an acknowledgement of the link and a step in the right direction. Twenty-four states, the District of Columbia, and the territory of Puerto Rico have statutes granting courts the power to enter orders of protection protecting against child abuse and domestic violence by protecting pets. The New York Family Court Act, for example, allows an order of protection “to refrain from intentionally injuring or killing, without justification, any companion animal the respondent knows to be owned, possessed, leased, kept or held by the petitioner or a minor child residing in the household.” Orders of protection are therefore viewed as a step in the right direction.28

At least 28 states have counseling provisions in their animal cruelty laws. Four of these states require psychological counseling for anyone convicted of animal cruelty and six mandate counseling for juveniles convicted of animal cruelty.29

The FBI and Federal Tracking

On January 1, 2016 the Federal Bureau of Investigation’s (FBI or Bureau) National Incident-Based Reporting System (NIBRS) began collecting detailed data from participating law enforcement agencies on acts of animal cruelty, including gross neglect, torture, organized abuse, and sexual abuse. Before this year, crimes that involved animals were lumped into an “All Other Offenses” category in the FBI’s Uniform Crime Reporting (UCR) Program’s annual Crime in the United States report, a survey of crime data provided by about 18,000 city, county, state, tribal, and federal law enforcement agencies. Acts of cruelty against animals are now counted alongside felony crimes like arson, burglary, assault, and homicide in the FBI’s expansive criminal database.30

The National Sheriffs’ Association was a leading advocate for adding animal cruelty as a data set in the Bureau’s collection of crime statistics. The association for years has cited studies linking animal abuse and other types of crimes—most famously, murders committed by serial killers like Ted Bundy, Jeffrey Dahmer, and the “Son of Sam” killer David Berkowitz. The organization also points out the overlap animal abuse has with domestic violence and child abuse. John Thompson, deputy executive director of the National Sheriffs’ Association stated that “If somebody is harming an animal, there is a good chance they also are hurting a human. If we see patterns of animal abuse, the odds are that something else is going on.”31

A first look at NIBRS animal cruelty statistics will be available next year, but it will take at least three to five years for the data to begin showing helpful patterns. Groups that advocated for the new animal cruelty data hope that by adding it to NIBRS, rather than the summary-based statistics agencies provide the Bureau each year, they will get a much richer data set from which to mine. That’s because NIBRS requires participating agencies to not only report crimes but also all the circumstances of a crime. Additionally, the Bureau plans to phase out summary-based

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28 Id.
UCR statistics—which have been collected roughly the same way since 1930—in favor of NIBRS by 2021.\footnote{32}{Federal Bureau of Investigation. Tracking Animal Crimes, February 1, 2016, Available at: \url{https://www.fbi.gov/news/stories/tracking-animal-cruelty} (Last visited October 14, 2019).}

**Sexual Abuse of Animals**

Animal sexual abuse is the sexual molestation of an animal by a human. It can also include the killing or injuring of an animal for sexual gratification. Studies have shown that bestiality is strongly related to child sexual abuse or pedophilia. In fact, bestiality is the single largest predictor of future risk to molest a child. In a recent study of about 500 bestiality-related arrests in the U.S., more than a third of the incidents involved not only the sexual abuse of an animal, but of a child or adult. Children under the age of 12 were frequently solicited or manipulated into having sex with a family pet or forced to watch a parent or other guardian do so. Many of them were shown animal pornography as a way of grooming them to perform sexual acts.\footnote{33}{National Sheriff’s Association, Sheriff’s and Deputy Magazine, The Law Enforcement Guide: What You Should Know About Bestiality, 2019 Special Edition, Available at: \url{https://www.sheriffs.org/sites/default/files/2019_SD-AA.pdf} (Last visited October 15, 2019).}

Laws related to animal sexual abuse as a form of cruelty are typically more specialized than animal cruelty laws in general. There is wide variability in how bestiality laws are written and enforced across the U.S., and not every state has one. Although attitudes are changing, animals have traditionally been thought of as property, and in sixteen U.S. states, laws prohibiting bestiality are housed in the animal cruelty codes. In the remaining states with laws, bestiality is considered a sexual assault or a crime against public morals. In 23 states, a violation of the law is a misdemeanor with penalties ranging from 30 days to 18 months. In the remaining states bestiality is a felony with penalties ranging from 5 months to 20 years. More problematic than how bestiality laws are codified is the definition of what bestiality entails. A law that is too general or too specific can result in loopholes that affect the kind of charges that can be laid or successfully prosecuted.\footnote{34}{\textit{Id.}}

Current law in Florida includes provisions related to animal sexual abuse and violators commit a misdemeanor of the first degree.\footnote{35}{Section 828.126, F.S.}

**III. Effect of Proposed Changes:**

**Section 1** amends s. 39.01, F.S.; relating to definitions, to delete the definition of the terms “juvenile sexual abuse” and “child who has exhibited inappropriate sexual behavior” and create a definition for the term “child-on-child sexual abuse.”

**Section 2** creates s. 39.101, F.S.; relating to the central abuse hotline, to reorganize and clarify provisions currently in s. 39.201, F.S.; that are specific to the operation of the central abuse hotline. It also adds a requirement that the department collect and analyze, in separate statistical reports, reports of child abuse and sexual abuse which are reported from or which occurred on school premises; on school transportation; at school-sponsored off-campus events; at any school...
readiness program provider determined to be eligible under s. 1002.88, F.S.; at a private prekindergarten provider or a public school prekindergarten provider, as those terms are defined in s. 1002.51; F.S.; at a public K-12 school as described in s. 1000.04; F.S.; at a home education program or a private school, as those terms are defined in s. 1002.01, F.S.; those reports are already required for reports from a Florida College System institution or a state university, as those terms are defined in s. 1000.21; F.S.; or at any school, as defined in s. 1005.02, F.S.;

Section 3 amends s. 39.201, F.S., relating to mandatory reporting of child abuse, abandonment or neglect, to reorganize and clarify provisions currently in s. 39.201, F.S.; that are specific to the child abuse, abandonment, or neglect mandatory reporting process. New requirements are provided for the department to investigate reports of child-on-child sexual abuse that occur in specified educational settings and an animal control officer as defined in s. 828.27, F.S.; or agent appointed under s. 828.03, F.S.; is required to provide his or her name to the hotline when making a report.

Section 4 amends s. 39.205, F.S., relating to penalties for reporting of child abuse, abandonment or neglect, to provide penalties for educational institutions that fail to report child abuse, abandonment or neglect as follows:

- Any school readiness program provider determined to be eligible under s. 1002.88; F.S.; private prekindergarten provider or public school prekindergarten provider, as those terms are defined in s. 1002.51; F.S.; public K-12 school as described in s. 1000.04; F.S.; home education program as defined in s. 1002.01; F.S.; or private school as defined in s. 1002.01, F.S.; that accepts scholarship students who participate in a state scholarship program under chapter 1002, F.S.; whose employees knowingly and willingly fail to report known or suspected child abuse, abandonment, or neglect to the central abuse hotline pursuant to this chapter, is subject to a penalty for each such failure.
  - An early learning coalition may suspend or terminate a provider from participating in the school readiness program or Voluntary Prekindergarten Education Program if an employee of the provider fails to report known or suspected child abuse, abandonment, or neglect.
  - If the State Board of Education determines that policies of the district school board regarding reporting known or suspected child abuse, abandonment, or neglect by school employees do not comply with statute or state board rule, the state board may enforce compliance pursuant to s. 1008.32, F.S.
  - The Department of Education may prohibit a private school whose employees fail to report known or suspected child abuse, abandonment, or neglect from enrolling new students in a state scholarship program under chapter 1002 for 1 fiscal year. If employees at a private school knew of, should have known of, or suspected child abuse, abandonment, or neglect in two or more instances, the Commissioner of Education may determine that the private school is ineligible to participate in scholarship programs.

The bill also provides that school personnel reporting child abuse to their supervisor does not relieve them of the responsibility to directly report to the hotline.

Section 5 creates s. 39.208, F.S., relating to reporting of child and animal abuse, to recognize the importance of the strong link between child abuse and animal abuse and cruelty by requiring any
person who is required to investigate child abuse, abandonment, or neglect and who knows or has reasonable cause to suspect that abuse, neglect, cruelty, or abandonment of an animal has occurred must report such knowledge or suspicion within 72 hours to his or her supervisor for submission to a local animal control agency. The bill specifies the information that is to be included in a report. The bill provides for penalties for knowingly and willfully failing to report and requires training for child protective investigators and animal control officers.

Section 6 amends s. 39.302., F.S., relating to institutional investigations of child abuse, abandonment and neglect, to provide that in an institutional investigation, the alleged perpetrator may be represented by an attorney, at his or her own expense, or may be accompanied by another person, if the attorney or the person executes an affidavit of understanding with the department and agrees to comply with the confidentiality requirements under s. 39.202, F.S.,. This provision is currently in s. 39.201, F.S.; and is being relocated to the more appropriate section.

Section 7 amends s. 828.126, F.S., relating to sexual activities involving animals, to update terminology, include activities specifically related to children and activities involving the sexual abuse of animals and increase the penalty for violations from a misdemeanor of the first degree to a felony of the third degree. The bill places violations at Level 6 on the Offense Severity Ranking Chart.

Section 8 amends s. 828.27, F.S., relating local animal control or cruelty ordinances, to require county and municipally employed animal control officers to complete a 1-hour training course developed by the department and the Florida Animal Control Association (FACA) on how to recognize and report child abuse, abandonment and neglect.

Section 9 amends s. 921.0022, F.S., relating to the criminal punishment code and the offense severity ranking chart, to add violations of s. 828.126, F.S., relating to sexual activities with animals, to Level 6 of the Offense Severity Ranking Chart.

Section 10 amends s. 1006.061, F.S., relating to child abuse abandonment and neglect policy in schools, to clarify that child-on-child sexual abuse must also be included in school policies and on posters required to be posted in every school setting. Requires those posters to be updated in collaboration with the Department of Children and Families.

Section 11 amends s. 1012.795, F.S., relating to the Education Practices Commission and the authority to discipline, to require at least a one year suspension of the educator certificate of instructional personnel or school administrator who knowingly fails to report child abuse.

Section 12 amends s. 39.307, F.S., relating to reports of child-on-child sexual abuse, to conform to changes made by this act.

Section 13 amends s. 39.202, F.S., relating to confidentiality of reports and records in cases of child abuse or neglect, to conform a reference to changes made by this act.

Section 14 amends s. 39.301, F.S., relating to the initiation of protective investigations, to conform a reference to changes made by this act.
Section 15 amends s. 39.521, F.S., relating to disposition hearings and powers of disposition, to conform a reference to changes made by this act.

Section 16 amends s. 39.6012, F.S., relating to case plan tasks and services, to conform a reference to changes made by this act.

Section 17 amends s. 322.09, F.S., relating to the responsibility for negligence or misconduct of a minor, to conform a reference to changes made by this act.

Section 18 amends s. 394.495, F.S., relating to child and adolescent mental health system of care, to conform a reference to changes made by this act.

Section 19 amends s. 627.746, F.S., relating to coverage for minors who have a learner’s driver license, to conform a reference to changes made by this act.

Section 20 amends s. 934.03, F.S., relating to interception and disclosure of wire, oral, or electronic communications prohibitions, to conform a reference to changes made by this act.

Section 21 amends s. 934.255, F.S., relating to subpoenas in investigations of sexual offenses, to conform a reference to changes made by this act.

Section 22 amends s. 960.065, F.S., relating to eligibility for awards, to conform a reference to changes made by this act.

Section 23 provides an effective date of July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:
   None.

B. Public Records/Open Meetings Issues:
   None.

C. Trust Funds Restrictions:
   None.

D. State Tax or Fee Increases:
   None.

E. Other Constitutional Issues:
   None identified.
V. Fiscal Impact Statement:
   A. Tax/Fee Issues:
      None.
   B. Private Sector Impact:
      None.
   C. Government Sector Impact:
      The bill has not been reviewed by the Criminal Justice Estimating Conference to determine the impact on the state’s prison population. Animal abuse is a low volume offense and is not expected to have a fiscal impact on the state.

VI. Technical Deficiencies:
   None.

VII. Related Issues:
   None.

VIII. Statutes Affected:

   The bill creates ss. 39.101 and 39.208 of the Florida Statutes.

IX. Additional Information:
   A. Committee Substitute – Statement of Changes:
      (Summarizing differences between the Committee Substitute and the prior version of the bill.)
      None.
   B. Amendments:
      None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

A bill to be entitled

An act relating to reporting abuse, abandonment, and neglect; amending s. 39.01, F.S.; deleting the terms “juvenile sexual abuse” and “child who has exhibited inappropriate sexual behavior”; defining the term “child-on-child sexual abuse”; conforming cross-references; creating s. 39.101, F.S.; relocating existing provisions relating to the central abuse hotline of the Department of Children and Families; providing additional requirements relating to the hotline; amending s. 39.201, F.S.; revising when a person is required to report to the central abuse hotline; requiring the department to conduct a child protective investigation under certain circumstances; requiring the department to notify certain persons and agencies when certain child protection investigations are initiated; providing requirements relating to such investigations; requiring animal control officers and certain agents to provide their names to hotline staff; requiring central abuse hotline counselors to advise reporters of certain information; requiring that counselors receive specified periodic training; revising requirements relating to reports of abuse involving impregnation of children; amending s. 39.205, F.S.; providing penalties for the failure to report known or suspected child abuse, abandonment, or neglect; providing construction; specifying that certain persons are not relieved from the duty to report by notifying a supervisor; creating s. 39.208,
F.S.; providing legislative findings and intent; providing responsibilities for child protective investigators relating to animal abuse and neglect; providing criminal, civil, and administrative immunity to certain persons; providing responsibilities for animal control officers relating to child abuse, abandonment, and neglect; providing criminal penalties; requiring the department to develop certain training in consultation with the Florida Animal Control Association which relates to child and animal abuse, abandonment, and neglect; requiring the department to adopt rules; amending s. 39.302, F.S.; conforming cross-references; authorizing certain persons to be represented by an attorney during institutional investigations and under certain circumstances; providing requirements relating to institutional investigations; amending s. 828.126, F.S.; providing a purpose; revising the definition of the term “sexual contact”; revising prohibitions relating to sexual conduct and sexual contact with an animal; revising criminal penalties; requiring a court to issue certain orders; amending s. 828.27, F.S.; requiring certain animal control officers to complete specified training; providing requirements for the training; amending s. 921.0022, F.S.; assigning offense severity rankings for sexual activities involving animals; amending s. 1006.061, F.S.; conforming provisions to changes made by the act; requiring the Department of Education to coordinate
Be It Enacted by the Legislature of the State of Florida:

Section 1. Present subsections (8) through (12) and (15) through (87) of section 39.01, Florida Statutes, are redesignated as subsections (7) through (11) and (14) through (86), respectively, a new subsection (12) is added to that section, and present subsections (7), (10), (14), and (37) of that section are amended, to read:

39.01 Definitions.—When used in this chapter, unless the context otherwise requires:

(7) “Juvenile sexual abuse” means any sexual behavior by a child which occurs without consent, without equality, or as a result of coercion. For purposes of this subsection, the following definitions apply:

(a) “Coercion” means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
(b) “Equality” means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.

(c) “Consent” means an agreement, including all of the following:

1. Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.
2. Knowledge of societal standards for what is being proposed.
3. Awareness of potential consequences and alternatives.
4. Assumption that agreement or disagreement will be accepted equally.
5. Voluntary decision.
6. Mental competence.

Juvenile sexual behavior ranges from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

(9)(10) “Caregiver” means the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child’s welfare as defined in subsection (53)(54).

(12)(a) “Child-on-child sexual abuse” means inappropriate sexual activity or behavior between children and without the direct involvement of an adult which:

1. Is overt and deliberate;
2. Is directed at sexual stimulation; and
3. a. Occurs without consent or without equality mentally, physically, or in age; or
   b. Occurs as a result of physical or emotional coercion.
   (b) For purposes of this subsection, the following definitions apply:
   1. “Coercion” means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
   2. “Consent” means an agreement including all of the following:
      a. Understanding of what is proposed which is based on age, maturity, and developmental level.
      b. Knowledge of societal standards for what is being proposed.
      c. Awareness of the potential consequences.
      d. Assumption that participation or nonparticipation will be accepted equally.
      e. Voluntariness of decisions made.
      f. Mental competence.
   3. “Equality” means two participants operating with the same level of power in a relationship, without one being controlled or coerced by the other.

The term includes both noncontact sexual behavior, such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs, and direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.
Child-on-child sexual abuse does not include normative sexual play or anatomical curiosity and exploration.

(14) “Child who has exhibited inappropriate sexual behavior” means a child who has been found by the department or the court to have committed an inappropriate sexual act.

(36)(37) “Institutional child abuse or neglect” means situations of known or suspected child abuse or neglect in which the person allegedly perpetrating the child abuse or neglect is an employee of a public or private school, public or private day care center, residential home, institution, facility, or agency or any other person at such institution responsible for the child’s welfare as defined in subsection (53) (54).

Section 2. Section 39.101, Florida Statutes, is created to read:

39.101 Central abuse hotline.—The central abuse hotline is the first step in the safety assessment and investigation process.

(1) ESTABLISHMENT AND OPERATION.—The department shall establish and maintain a central abuse hotline capable of receiving, 24 hours a day, 7 days a week, all reports of known or suspected child abuse, abandonment, or neglect and reports that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care when such reports are made pursuant to s. 39.201. Reports may be made in writing, through a single statewide toll-free telephone number, or through electronic reporting. Any person may use any of these methods to make a report at any hour of the day or night, on any day of the week.
(a) If it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child will be unavailable for purposes of conducting a child protective investigation, or that the facts otherwise so warrant, the department must commence an investigation immediately, regardless of the time of day or night.

(b) In all other child abuse, abandonment, or neglect cases, a child protective investigation must be commenced within 24 hours after receipt of the report.

(2) GENERAL REQUIREMENTS.—The central abuse hotline must be operated in such a manner as to enable the department to:

(a) Accept reports for investigation when there is a reasonable cause to suspect that a child has been or is being abused or neglected or has been abandoned.

(b) Determine whether the allegations made by the reporter require an immediate or a 24-hour response priority.

(c) Immediately identify and locate prior reports or cases of child abuse, abandonment, or neglect through the use of the department’s automated tracking system.

(d) Track critical steps in the investigative process to ensure compliance with all requirements for any report of abuse, abandonment, or neglect.

(e) When appropriate, refer calls that do not allege the abuse, neglect, or abandonment of a child to other organizations that may better resolve the reporter’s concerns.

(f) Serve as a resource for the evaluation, management, and planning of preventive and remedial services for children who have been subject to abuse, abandonment, or neglect.

(g) Initiate and enter into agreements with other states...
for the purposes of gathering and sharing information contained
in reports on child maltreatment to further enhance programs for
the protection of children.

(h) Promote public awareness of the central abuse hotline
through community-based partner organizations and public service
campaigns.

(3) COLLECTION OF INFORMATION AND DATA.—The department
shall:

(a) Voice-record all incoming or outgoing calls that are
received or placed by the central abuse hotline which relate to
suspected or known child abuse, neglect, or abandonment. The
department shall maintain an electronic copy of each electronic
report. The recording or electronic copy of each electronic
report must become a part of the record of the report but,
notwithstanding s. 39.202, must be released in full only to law
enforcement agencies and state attorneys for the purposes of
investigating and prosecuting criminal charges pursuant to s.
39.205, or to employees of the department for the purposes of
investigating and seeking administrative penalties pursuant to
s. 39.206. This paragraph does not prohibit hotline staff from
using the recordings or the electronic reports for quality
assurance or training.

(b) Secure and install electronic equipment that
automatically provides to the hotline the number from which the
call or fax is placed or the Internet protocol address from
which the report is received. This number shall be entered into
the report of abuse, abandonment, or neglect and become a part
of the record of the report, but shall enjoy the same
confidentiality as provided to the identity of the reporter
pursuant to s. 39.202.

(c) 1. Update the web form used for reporting child abuse, abandonment, or neglect to include qualifying questions in order to obtain necessary information required to assess need and a response.

2. The report must be made available to the counselors in its entirety as needed to update the Florida Safe Families Network or other similar systems.

(d) Monitor and evaluate the effectiveness of the reporting and investigating of suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information.

(e) Maintain and produce aggregate statistical reports monitoring patterns of child abuse, child abandonment, and child neglect. The department shall collect and analyze child-on-child sexual abuse reports and include such information in the aggregate statistical reports. The department shall collect and analyze, in separate statistical reports, those reports of child abuse and sexual abuse which are reported from or which occurred on school premises; on school transportation; at school-sponsored off-campus events; at any school readiness program provider determined to be eligible under s. 1002.88; at a private prekindergarten provider or a public school prekindergarten provider, as those terms are defined in s. 1002.51; at a public K-12 school as described in s. 1000.04; at a home education program or a private school, as those terms are defined in s. 1002.01; at a Florida College System institution or a state university, as those terms are defined in s. 1000.21; or at any school, as defined in s. 1005.02.
(4) EMPLOYMENT SCREENING.—Information received by the central abuse hotline may not be used for employment screening, except as provided in s. 39.202(2)(a) and (h) or s. 402.302(15).

(a) Information in the central abuse hotline and the department’s automated abuse information system may be used by the department, its authorized agents or contract providers, the Department of Health, or county agencies as part of the licensure or registration process pursuant to ss. 402.301-402.319 and ss. 409.175-409.176.

(b) Information in the central abuse hotline may also be used by the Department of Education for purposes of educator certification discipline and review pursuant to s. 39.202(2)(q).

(5) QUALITY ASSURANCE.—On an ongoing basis, the department’s quality assurance program shall review screened-out reports involving three or more unaccepted reports on a single child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency of the reports or the variety of the sources of the reports. A component of the quality assurance program must analyze unaccepted reports to the hotline by identified relatives as a part of the review of screened-out calls. The Assistant Secretary for Child Welfare may refer a case for investigation when it is determined, as a result of such review, that an investigation may be warranted.

Section 3. Section 39.201, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 39.201, F.S., for present text.)

39.201 Required reports of child abuse, abandonment,
neglect, and child-on-child sexual abuse; required reports of 
death.—

(1) REQUIRED REPORTING.—
   (a) Individuals required to report.—Any person who knows, 
or has reasonable cause to suspect, that any of the following 
has occurred shall report such knowledge or suspicion to the 
central abuse hotline on the single statewide toll-free 
telephone number or by electronic report pursuant to s. 39.101:

   1. Child abuse, neglect, or abandonment by a parent or 
caregiver.—A child is abused, abandoned, or neglected by a 
person, legal custodian, caregiver, or other person responsible 
for the child’s welfare, or that a child is in need of 
supervision and care and has no parent, legal custodian, or 
responsible adult relative immediately known and available to 
provide supervision and care.

   a. Personnel at the department’s central abuse hotline 
shall determine if the report received meets the statutory 
definition of child abuse, abandonment, or neglect. Any report 
meeting one of these definitions must be accepted for protective 
investigation pursuant to part III of this chapter.

   b. Any call received from a parent or legal custodian 
seeking assistance for himself or herself which does not meet 
the criteria for being a report of child abuse, abandonment, or 
neglect may be accepted by the hotline for response to 
ameliorate a potential future risk of harm to a child.

   c. If it is determined by a child welfare professional that 
a need for community services exists, the department must refer 
the parent or legal custodian for appropriate voluntary 
community services.
2. Child abuse by a noncaregiver.—A child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare. Such reports must be immediately electronically transferred to the appropriate county sheriff’s office by the central abuse hotline.

3. Child-on-child sexual abuse.—A child, including a child who is in the custody of, or under the protective supervision of, the department is the victim of child-on-child sexual abuse.

   a. The department shall conduct an assessment, assist the family in receiving appropriate services pursuant to s. 39.307, and send a written report of the allegation to the appropriate county sheriff’s office within 48 hours after the initial report is made to the central abuse hotline.

   b. The department shall ensure that the facts and results of any investigation of child-on-child sexual abuse involving a child in the custody of, or under the protective supervision of, the department are made known to the court at the next hearing or included in the next report to the court concerning the child.

   c. In addition to conducting an assessment and assisting the family in receiving appropriate services, the department shall conduct a child protective investigation of child-on-child sexual abuse that occurs on school premises; on school transportation; at school-sponsored off-campus events; at a public or private school readiness or prekindergarten program; at a public K-12 school; or at a home education program or a private school. Upon receipt of a report that alleges that a student has been the victim of an act of child-on-child sexual abuse perpetrated by another student or students, the department
shall initiate a child protective investigation within the
timeframes established under s. 39.101(1) and notify the
Department of Education; the law enforcement agency having
jurisdiction over the municipality or county in which the school
is located; and, as appropriate, the superintendent of the
school district where the school is located, the administrative
officer of the private school, or the owner of the private
school readiness or prekindergarten provider. The protective
investigation must include an interview with the child’s parent
or legal guardian. The department shall make a full written
report to the law enforcement agency within 3 working days after
making the oral report. Whenever possible, any criminal
investigation must be coordinated with the department’s child
protective investigation. Any interested person who has
information regarding such abuse may forward a statement to the
department.

(b) Individuals required to provide their name when
reporting.—While all individuals are required to report, and
members of the general public may report anonymously if they
choose, reporters in the following occupational categories are
required to provide his or her name to the central abuse hotline
staff:

1. Physician, osteopathic physician, medical examiner,
chiropractic physician, nurse, or hospital personnel engaged in
the admission, examination, care, or treatment of persons;

2. Health professional or mental health professional other
than ones listed in subparagraph 1.;

3. Practitioner who relies solely on spiritual means for
healing;
4. School teacher or other school official or personnel;
5. Social worker, day care center worker, or other professional child care worker, foster care worker, residential worker, or institutional worker;
6. Law enforcement officer;
7. Judge; or
8. Animal control officer as defined in s. 828.27 or agents appointed under s. 828.03.

(c) Confidentiality of reporter names.—Central abuse hotline counselors shall advise reporters that, while their names must be entered into the record of the report, the names of reporters are held confidential and exempt as provided in s. 39.202. Counselors must receive periodic training in encouraging all reporters to provide their names when making a report.

(2) ADDITIONAL CIRCUMSTANCES RELATED TO REPORTS.—
(a) Abuse occurring out of state.—If a report is of an instance of known or suspected child abuse, abandonment, or neglect which occurred out of state and the alleged perpetrator and the child alleged to be a victim are living out of state, the central abuse hotline may not accept the report or call for investigation unless the child is currently being evaluated in a medical facility in this state.

1. If the child is currently being evaluated in a medical facility in this state, the central abuse hotline shall accept the report or call for investigation and shall transfer the information on the report or call to the appropriate state or country.

2. If the child is not currently being evaluated in a medical facility in this state, the central abuse hotline shall...
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CODING: Words stricken are deletions; words underlined are additions.

transfer the information on the report or call to the
appropriate state or county.

(b) Abuse reports received from emergency room physicians.—
The department must initiate an investigation when it receives a
report from an emergency room physician.

(c) Abuse involving impregnation of a child.—If the report
is of an instance of known or suspected child abuse involving
impregnation of a child under 16 years of age by a person 21
years of age or older solely under s. 827.04(3), and such person
is not a caregiver, the report must be immediately
electronically transferred to the appropriate county sheriff’s
office by the central abuse hotline.

(d) Institutional child abuse or neglect.—Reports involving
known or suspected institutional child abuse or neglect, as
defined in s. 39.01, must be made and received in the same
manner as all other reports made pursuant to this section.

(e) Surrendered newborn infants.—Reports involving
surrendered newborn infants as described in s. 383.50 must be
made and received by the department.

1. If the report is of a surrendered newborn infant as
described in s. 383.50 and there is no indication of abuse,
neglect, or abandonment other than that necessarily entailed in
the infant having been left at a hospital, emergency medical
services station, or fire station, the department shall provide
to the caller the name of a licensed child-placing agency on a
rotating basis from a list of licensed child-placing agencies
eligible and required to accept physical custody of and to place
newborn infants left at a hospital, emergency medical services
station, or fire station. The report may not be considered a
report of abuse, neglect, or abandonment solely because the infant has been left at a hospital, emergency medical services station, or fire station pursuant to s. 383.50.

2. If the report includes indications of abuse or neglect beyond that necessarily entailed in the infant having been left at a hospital, emergency medical services station, or fire station, the report must be considered as a report of abuse, neglect, or abandonment and must be subject to the requirements of s. 39.395 and all other relevant provisions of this chapter, notwithstanding chapter 383.

(3) EXCEPTIONS TO REPORTING.—

(a) An additional report of child abuse, abandonment, or neglect does not have to be made by:

1. A professional who is hired by or who enters into a contract with the department for the purpose of treating or counseling any person as a result of a report of child abuse, abandonment, or neglect if such person was the subject of the referral for treatment.

2. An officer or employee of the judicial branch when the child is currently being investigated by the department, when there is an existing dependency case, or when the matter has previously been reported to the department, if there is reasonable cause to believe that the information is already known to the department. This subparagraph applies only when the information has been provided to the officer or employee in the course of carrying out his or her official duties.

3. An officer or employee of a law enforcement agency when the incident under investigation by the law enforcement agency was reported to law enforcement by the central abuse hotline.
through the electronic transfer of the report or call. The department’s central abuse hotline is not required to electronically transfer calls and reports received pursuant to paragraph (2)(b) to the county sheriff’s office if the matter was initially reported to the department by the county sheriff’s office or by another law enforcement agency. This subparagraph applies only when the information related to the alleged child abuse has been provided to the officer or employee of a law enforcement agency or central abuse hotline employee in the course of carrying out his or her official duties.

(b) Nothing in this chapter or in the contracting with community-based care providers for foster care and related services as specified in s. 409.987 may be construed to remove or reduce the duty and responsibility of any person, including any employee of the community-based care provider, to report a suspected or actual case of child abuse, abandonment, or neglect or the sexual abuse of a child to the department’s central abuse hotline.

(4) MANDATORY REPORTS OF A CHILD DEATH.—Any person required to report or investigate cases of suspected child abuse, abandonment, or neglect who has reasonable cause to suspect that a child died as a result of child abuse, abandonment, or neglect shall report his or her suspicion to the appropriate medical examiner. The medical examiner shall accept the report for investigation and shall report his or her findings, in writing, to the local law enforcement agency, the appropriate state attorney, and the department. Autopsy reports maintained by the medical examiner are not subject to the confidentiality requirements provided for in s. 39.202.
Section 4. Present subsections (3) through (10) of section 39.205, Florida Statutes, are redesignated as subsections (4) through (11), respectively, new subsection (3) and subsection (12) are added to that section, and present subsections (1), (3), (4), and (5) of that section are amended, to read:

39.205 Penalties relating to reporting of child abuse, abandonment, or neglect.—

(1) A person who is required to report known or suspected child abuse, abandonment, or neglect and who knowingly and willfully fails to report known or suspected child abuse, abandonment, or neglect do so, or who knowingly and willfully prevents another person from doing so, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A judge subject to discipline pursuant to s. 12, Art. V of the Florida Constitution shall not be subject to criminal prosecution when the information was received in the course of official duties.

(3) Any school readiness program provider determined to be eligible under s. 1002.88; private prekindergarten provider or public school prekindergarten provider, as those terms are defined in s. 1002.51; public K-12 school as described in s. 1000.04; home education program as defined in s. 1002.01; or private school as defined in s. 1002.01; that accepts scholarship students who participate in a state scholarship program under chapter 1002, whose employees knowingly and willingly fail to report known or suspected child abuse, abandonment, or neglect to the central abuse hotline pursuant to this chapter, is subject to a penalty for each such failure.

(a) An early learning coalition may suspend or terminate a
provider from participating in the school readiness program or Voluntary Prekindergarten Education Program if an employee of the provider fails to report known or suspected child abuse, abandonment, or neglect.

(b) If the State Board of Education determines that policies of the district school board regarding reporting known or suspected child abuse, abandonment, or neglect by school employees do not comply with statute or state board rule, the state board may enforce compliance pursuant to s. 1008.32.

(c) The Department of Education may prohibit a private school whose employees fail to report known or suspected child abuse, abandonment, or neglect from enrolling new students in a state scholarship program under chapter 1002 for 1 fiscal year. If employees at a private school knew of, should have known of, or suspected child abuse, abandonment, or neglect in two or more instances, the Commissioner of Education may determine that the private school is ineligible to participate in scholarship programs.

(4) Any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02, whose administrators knowingly and willfully, upon receiving information from faculty, staff, or other institution employees, knowingly and willfully fail to report to the central abuse hotline pursuant to this chapter known or suspected child abuse, abandonment, or neglect committed on the property of the university, college, or school, or during an event or function sponsored by the university, college, or school, or who knowingly and willfully prevent another person from doing so, shall be subject to fines...
of $1 million for each such failure.

(a) A Florida College System institution subject to a fine shall be assessed by the State Board of Education.

(b) A state university subject to a fine shall be assessed by the Board of Governors.

(c) A nonpublic college, university, or school subject to a fine shall be assessed by the Commission for Independent Education.

(5) Any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02, whose law enforcement agency fails to report to the central abuse hotline pursuant to this chapter known or suspected child abuse, abandonment, or neglect committed on the property of the university, college, or school or during an event or function sponsored by the university, college, or school, shall be subject to fines of $1 million for each such failure assessed in the same manner as specified in subsection (4) (3).

(5) Any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02, shall have the right to challenge the determination that the institution acted knowingly and willfully under subsection (4) (3) or subsection (5) (4) in an administrative hearing pursuant to s. 120.57; however, if it is found that actual knowledge and information of known or suspected child abuse was in fact received by the institution’s administrators and was not reported, a presumption of a knowing and willful act will be established.

(12) This section may not be construed to remove or reduce
the requirement of any person, including any employee of a
school readiness program provider determined to be eligible
under s. 1002.88; a private prekindergarten provider or a public
school prekindergarten provider, as those terms are defined in
s. 1002.51; a public K-12 school as described in s. 1000.04; a
home education program or a private school, as those terms are
defined in s. 1002.01; a Florida College System institution or a
state university, as those terms are defined in s. 1000.21; a
college as defined in s. 1005.02; or a school as defined in s.
1005.02; to directly report a suspected or actual case of child
abuse, abandonment, or neglect or the sexual abuse of a child to
the department’s central abuse hotline pursuant to this chapter.
A person required to report to the central abuse hotline is not
relieved of the obligation by notifying his or her supervisor.
Section 5. Section 39.208, Florida Statutes, is created to
read:
39.208 Cross-reporting child and animal abuse and neglect.—
(1) LEGISLATIVE FINDINGS AND INTENT.—
(a) The Legislature recognizes that animal abuse of any
kind is a type of interpersonal violence and often co-occurs
with child abuse and other forms of family violence, including
elder abuse and domestic violence. Early identification of
animal abuse is another important tool in safeguarding children
from abuse and neglect, providing needed support to families,
and protecting animals.
(b) The Legislature finds that education and training for
child protective investigators and animal care and control
personnel should include information on the link between the
welfare of animals in the family and child safety and
(c) Therefore, it is the intent of the Legislature to require reporting and cross-reporting protocols and collaborative training between child protective services and animal control services personnel to help protect the safety and well-being of children, their families, and their animals.

(2) RESPONSIBILITIES OF CHILD PROTECTIVE INVESTIGATORS.—Any person who is required to investigate child abuse, abandonment, or neglect under this chapter and who, while acting in his or her professional capacity or within the scope of employment, knows or has reasonable cause to suspect that abuse, neglect, or abandonment of an animal has occurred at the same address shall report such knowledge or suspicion within 72 hours to his or her supervisor for submission to a local animal control agency.

(a) The report must include all of the following information:

1. A description of the animal and of the animal abuse or neglect.

2. The name and address of the animal’s owner or keeper, if that information is available to the child protective investigator.

3. Any other information available to the child protective investigator which might assist an animal control officer or law enforcement officer in establishing the cause of the animal abuse or neglect and the manner in which it occurred.

(b) A child protective investigator who makes a report under this section is presumed to have acted in good faith. An investigator acting in good faith who makes a report under this section or who cooperates in an investigation of suspected...
animal abuse or neglect is immune from any civil or criminal
liability or administrative penalty or sanction that might
otherwise be incurred in connection with making the report or
otherwise cooperating.

(3) RESPONSIBILITIES OF ANIMAL CONTROL OFFICERS.—Any
individual who knows or has reasonable cause to suspect that a
child is abused, abandoned, or neglected by a parent, legal
custodian, caregiver, or other person responsible for the
child’s welfare or that a child is in need of supervision and
care and does not have a parent, a legal custodian, or a
responsible adult relative immediately known and available to
provide supervision and care to that child shall immediately
report such knowledge or suspicion to the department’s central
abuse hotline.

(4) PENALTIES.—
(a) A child protective investigator who is required to
report known or suspected abuse, neglect, cruelty, or
abandonment of an animal and who knowingly and willfully fails
to do so commits a misdemeanor of the second degree, punishable
as provided in s. 775.082 or s. 775.083.
(b) An animal control officer who fails to report an
incident of known or suspected child abuse or neglect, as
required by s. 39.201, commits a felony of the third degree,
punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(5) TRAINING.—The department, in consultation with the
Florida Animal Control Association, shall develop or adapt and
use already available training materials into a 1-hour training
for all child protective investigators and animal control
officers who are required to investigate child abuse and neglect
The department shall incorporate training on the identification of harm to and neglect of animals and the relationship of such activities to child welfare case practice into required training for child protective investigators.

(6) RULEMAKING.—The department shall adopt rules to implement this section, including rules establishing protocols for transmitting to local animal control agencies the addresses where known or suspected animal abuse has been observed by a child protective investigator acting in his or her professional capacity.

Section 6. Subsections (1) and (2) of section 39.302, Florida Statutes, are amended to read:

39.302 Protective investigations of institutional child abuse, abandonment, or neglect.—

(1) The department shall conduct a child protective investigation of each report of institutional child abuse, abandonment, or neglect. Upon receipt of a report that alleges that an employee or agent of the department, or any other entity or person covered by s. 39.01(36) or (53) s. 39.01(37) or (54), acting in an official capacity, has committed an act of child abuse, abandonment, or neglect, the department shall initiate a child protective investigation within the timeframe established under s. 39.101(1) s. 39.201(5) and notify the appropriate state attorney, law enforcement agency, and licensing agency, which shall immediately conduct a joint investigation, unless independent investigations are more feasible. When conducting
investigations or having face-to-face interviews with the child, investigation visits shall be unannounced unless it is determined by the department or its agent that unannounced visits threaten the safety of the child. If a facility is exempt from licensing, the department shall inform the owner or operator of the facility of the report. Each agency conducting a joint investigation is entitled to full access to the information gathered by the department in the course of the investigation. A protective investigation must include an interview with the child’s parent or legal guardian. The department shall make a full written report to the state attorney within 3 working days after making the oral report. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. Any interested person who has information regarding the offenses described in this subsection may forward a statement to the state attorney as to whether prosecution is warranted and appropriate. Within 15 days after the completion of the investigation, the state attorney shall report the findings to the department and shall include in the report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.

(2)(a) If in the course of the child protective investigation, the department finds that a subject of a report, by continued contact with children in care, constitutes a threatened harm to the physical health, mental health, or welfare of the children, the department may restrict a subject’s access to the children pending the outcome of the investigation. The department or its agent shall employ the least restrictive
means necessary to safeguard the physical health, mental health, and welfare of the children in care. This authority shall apply only to child protective investigations in which there is some evidence that child abuse, abandonment, or neglect has occurred. A subject of a report whose access to children in care has been restricted is entitled to petition the circuit court for judicial review. The court shall enter written findings of fact based upon the preponderance of evidence that child abuse, abandonment, or neglect did occur and that the department’s restrictive action against a subject of the report was justified in order to safeguard the physical health, mental health, and welfare of the children in care. The restrictive action of the department shall be effective for no more than 90 days without a judicial finding supporting the actions of the department.

(b) In an institutional investigation, the alleged perpetrator may be represented by an attorney, at his or her own expense, or may be accompanied by another person, if the attorney or the person executes an affidavit of understanding with the department and agrees to comply with the confidentiality requirements under s. 39.202. The absence of an attorney or an accompanying person does not prevent the department from proceeding with other aspects of the investigation, including interviews with other persons. In institutional child abuse cases when the institution is not operational and the child cannot otherwise be located, the investigation must commence immediately upon the resumption of operation. If requested by a state attorney or local law enforcement agency, the department shall furnish all investigative reports to such state attorney or agency.
(c)(b) Upon completion of the department’s child protective investigation, the department may make application to the circuit court for continued restrictive action against any person necessary to safeguard the physical health, mental health, and welfare of the children in care.

Section 7. Section 828.126, Florida Statutes, is amended to read:

828.126 Sexual activities involving animals.—The Legislature recognizes that animal abuse of any kind is a type of interpersonal violence and often co-occurs with child abuse and other forms of family violence, including elder abuse and domestic violence, and that early identification of animal abuse, including animal sexual abuse, serves the purpose of providing another important tool to safeguard children from abuse and neglect, to provide needed support to families, and to protect animals.

(1) As used in this section, the term:

(a) "Sexual conduct" means any touching or fondling by a person, either directly or through clothing, of the sex organs or anus of an animal or any transfer or transmission of semen by the person upon any part of the animal for the purpose of sexual gratification or arousal of the person.

(b) "Sexual contact" means any contact, however slight, between the mouth, sex organ, or anus of a person and the sex organ or anus of an animal, or any penetration, however slight, of any part of the body of the person into the sex organ or anus of an animal, or the insertion of any part of the animal’s body into the vaginal or anal opening of the person, any penetration of the sex organ or anus of the person into the mouth of the
animal, for the purpose of sexual gratification or sexual arousal of the person.

(2) A person may not:
   (a) Knowingly engage in any sexual conduct or sexual contact with an animal;
   (b) Knowingly cause, aid, or abet another person to engage in any sexual conduct or sexual contact with an animal;
   (c) Knowingly permit any sexual conduct or sexual contact with an animal to be conducted on any premises under his or her charge or control; or
   (d) Knowingly organize, promote, conduct, advertise, aid, abet, participate in as an observer, or perform any service in the furtherance of an act involving any sexual conduct or sexual contact with an animal for a commercial or recreational purpose.

(3) A person who violates this section commits a **felony of the third degree**, punishable as provided in s. 775.082, or s. 775.083, or s. 775.084.

(4) In addition to other penalties prescribed by law, the court shall issue an order prohibiting a person convicted under this section from harboring, owning, possessing, or exercising control over any animal; from residing in any household where animals are present; and from engaging in an occupation, whether paid or unpaid, or participating in a volunteer position at any establishment where animals are present. The order may be effective for the length of time the court deems reasonable, but must be effective for at least 5 years after the convicted person’s release from custody.

(5) This section does not apply to accepted animal husbandry practices, conformation judging practices, or accepted...
veterinary medical practices.

Section 8. Paragraph (a) of subsection (4) of section 828.27, Florida Statutes, is amended to read:

828.27 Local animal control or cruelty ordinances;

penalty.—

(4)(a)1. County-employed animal control officers must, and municipally employed animal control officers may, successfully complete a 40-hour minimum standards training course. Such course must include, but is not limited to, training for: animal cruelty investigations, search and seizure, animal handling, courtroom demeanor, and civil citations. The course curriculum must be approved by the Florida Animal Control Association. An animal control officer who successfully completes such course shall be issued a certificate indicating that he or she has received a passing grade.

2. County-employed and municipally employed animal control officers must successfully complete the 1-hour training course developed by the Department of Children and Families and the Florida Animal Control Association pursuant to s. 39.208(5).

Animal control officers must be provided with opportunities to attend the training during their normal work hours. The training must advise them that failure to report an incident of known or suspected child abuse, abandonment, or neglect, as required by s. 39.201, is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any animal control officer who is authorized before January 1, 1990, by a county or municipality to issue citations is not required to complete the minimum standards training course.
In order to maintain valid certification, every 2 years each certified animal control officer must complete 4 hours of postcertification continuing education training. Such training may include, but is not limited to, training for: animal cruelty investigations, search and seizure, animal handling, courtroom demeanor, and civil citations.

Section 9. Paragraph (f) of subsection (3) of section 921.0022, Florida Statutes, is amended to read:

921.0022 Criminal Punishment Code; offense severity ranking chart.—

(3) OFFENSE SEVERITY RANKING CHART

(f) LEVEL 6

<table>
<thead>
<tr>
<th>Florida Statute</th>
<th>Felony Degree</th>
<th>Description</th>
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<tbody>
<tr>
<td>316.027(2)(b)</td>
<td>2nd</td>
<td>Leaving the scene of a crash involving serious bodily injury.</td>
</tr>
<tr>
<td>316.193(2)(b)</td>
<td>3rd</td>
<td>Felony DUI, 4th or subsequent conviction.</td>
</tr>
<tr>
<td>400.9935(4)(c)</td>
<td>2nd</td>
<td>Operating a clinic, or offering services requiring licensure, without a license.</td>
</tr>
<tr>
<td>499.0051(2)</td>
<td>2nd</td>
<td>Knowing forgery of</td>
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</table>
transaction history, transaction information, or transaction statement.

499.0051(3) 2nd Knowing purchase or receipt of prescription drug from unauthorized person.

499.0051(4) 2nd Knowing sale or transfer of prescription drug to unauthorized person.

775.0875(1) 3rd Taking firearm from law enforcement officer.

784.021(1)(a) 3rd Aggravated assault; deadly weapon without intent to kill.

784.021(1)(b) 3rd Aggravated assault; intent to commit felony.

784.041 3rd Felony battery; domestic battery by strangulation.

784.048(3) 3rd Aggravated stalking;
<table>
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<tr>
<th>Line</th>
<th>Section</th>
<th>Degree</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>866</td>
<td>784.048(5)</td>
<td>3rd</td>
<td>Aggravated stalking of person under 16.</td>
</tr>
<tr>
<td>867</td>
<td>784.07(2)(c)</td>
<td>2nd</td>
<td>Aggravated assault on law enforcement officer.</td>
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<tr>
<td>868</td>
<td>784.074(1)(b)</td>
<td>2nd</td>
<td>Aggravated assault on sexually violent predators facility staff.</td>
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<tr>
<td>869</td>
<td>784.08(2)(b)</td>
<td>2nd</td>
<td>Aggravated assault on a person 65 years of age or older.</td>
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<tr>
<td>870</td>
<td>784.081(2)</td>
<td>2nd</td>
<td>Aggravated assault on specified official or employee.</td>
</tr>
<tr>
<td>871</td>
<td>784.082(2)</td>
<td>2nd</td>
<td>Aggravated assault by detained person on visitor or other detainee.</td>
</tr>
<tr>
<td>872</td>
<td>784.083(2)</td>
<td>2nd</td>
<td>Aggravated assault on code inspector.</td>
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<tr>
<td>Section</td>
<td>Grade</td>
<td>Description</td>
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<tr>
<td>787.02(2)</td>
<td>3rd</td>
<td>False imprisonment; restraining with purpose other than those in s. 787.01</td>
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<tr>
<td>790.115(2)(d)</td>
<td>2nd</td>
<td>Discharging firearm or weapon on school property.</td>
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<td>790.161(2)</td>
<td>2nd</td>
<td>Make, possess, or throw destructive device with intent to do bodily harm or damage property.</td>
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<tr>
<td>790.164(1)</td>
<td>2nd</td>
<td>False report concerning bomb, explosive, weapon of mass destruction, act of arson or violence to state property, or use of firearms in violent manner.</td>
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<tr>
<td>790.19</td>
<td>2nd</td>
<td>Shooting or throwing deadly missiles into dwellings, vessels, or vehicles.</td>
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<tr>
<td>794.011(8)(a)</td>
<td>3rd</td>
<td>Solicitation of minor to participate in sexual</td>
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<tr>
<td>Section Number</td>
<td>Level of Offense</td>
<td>Description</td>
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<tr>
<td>794.05(1)</td>
<td>2nd</td>
<td>Unlawful sexual activity with specified minor.</td>
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<td>800.04(5)(d)</td>
<td>3rd</td>
<td>Lewd or lascivious molestation; victim 12 years of age or older but less than 16 years of age; offender less than 18 years.</td>
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<tr>
<td>800.04(6)(b)</td>
<td>2nd</td>
<td>Lewd or lascivious conduct; offender 18 years of age or older.</td>
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<tr>
<td>806.031(2)</td>
<td>2nd</td>
<td>Arson resulting in great bodily harm to firefighter or any other person.</td>
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<tr>
<td>810.02(3)(c)</td>
<td>2nd</td>
<td>Burglary of occupied structure; unarmed; no assault or battery.</td>
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<tr>
<td>810.145(8)(b)</td>
<td>2nd</td>
<td>Video voyeurism; certain minor victims; 2nd or subsequent offense.</td>
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</table>
812.014(2)(b)1.  2nd  Property stolen $20,000 or more, but less than $100,000, grand theft in 2nd degree.

812.014(6)  2nd  Theft; property stolen $3,000 or more; coordination of others.

812.015(9)(a)  2nd  Retail theft; property stolen $750 or more; second or subsequent conviction.

812.015(9)(b)  2nd  Retail theft; aggregated property stolen within 30 days is $3,000 or more; coordination of others.

812.13(2)(c)  2nd  Robbery, no firearm or other weapon (strong-arm robbery).

817.4821(5)  2nd  Possess cloning paraphernalia with intent to create cloned cellular telephones.
<table>
<thead>
<tr>
<th>Section</th>
<th>Code</th>
<th>Type</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>817.505(4)(b)</td>
<td>2nd</td>
<td>Patient brokering; 10 or more patients.</td>
<td></td>
</tr>
<tr>
<td>825.102(1)</td>
<td>3rd</td>
<td>Abuse of an elderly person or disabled adult.</td>
<td></td>
</tr>
<tr>
<td>825.102(3)(c)</td>
<td>3rd</td>
<td>Neglect of an elderly person or disabled adult.</td>
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<tr>
<td>825.1025(3)</td>
<td>3rd</td>
<td>Lewd or lascivious molestation of an elderly person or disabled adult.</td>
<td></td>
</tr>
<tr>
<td>825.103(3)(c)</td>
<td>3rd</td>
<td>Exploiting an elderly person or disabled adult and property is valued at less than $10,000.</td>
<td></td>
</tr>
<tr>
<td>827.03(2)(c)</td>
<td>3rd</td>
<td>Abuse of a child.</td>
<td></td>
</tr>
<tr>
<td>827.03(2)(d)</td>
<td>3rd</td>
<td>Neglect of a child.</td>
<td></td>
</tr>
<tr>
<td>827.071(2) &amp; (3)</td>
<td>2nd</td>
<td>Use or induce a child in a sexual performance, or promote or direct such</td>
<td></td>
</tr>
</tbody>
</table>
828.126  3rd  Sexual activities involving animals.

836.05   2nd  Threats; extortion.

836.10   2nd  Written threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism.

843.12   3rd  Aids or assists person to escape.

847.011  3rd  Distributing, offering to distribute, or possessing with intent to distribute obscene materials depicting minors.

847.012  3rd  Knowingly using a minor in the production of materials harmful to minors.

847.0135(2)  3rd  Facilitates sexual conduct of or with a
minor or the visual depiction of such conduct.

914.23 2nd Retaliation against a witness, victim, or informant, with bodily injury.

944.35(3)(a)2. 3rd Committing malicious battery upon or inflicting cruel or inhuman treatment on an inmate or offender on community supervision, resulting in great bodily harm.

944.40 2nd Escapes.

944.46 3rd Harboring, concealing, aiding escaped prisoners.

944.47(1)(a)5. 2nd Introduction of contraband (firearm, weapon, or explosive) into correctional facility.
Section 10. Section 1006.061, Florida Statutes, is amended to read:

1006.061 Child abuse, abandonment, and neglect policy; sexual abuse of a child policy; and child-on-child sexual abuse policy.—Each district school board, charter school, and private school that accepts scholarship students who participate in a state scholarship program under chapter 1002 shall:

1. Post in a prominent place in each school a notice that, pursuant to chapter 39, all employees and agents of the district school board, charter school, or private school have an affirmative duty to report all actual or suspected cases of child abuse, abandonment, or neglect, or child-on-child sexual abuse; have immunity from liability if they report such cases in good faith; and have a duty to comply with child protective investigations and all other provisions of law relating to child abuse, abandonment, and neglect and child-on-child sexual abuse.

The notice shall also include the statewide toll-free telephone number of the central abuse hotline.

2. Post in a prominent place at each school site and on each school’s Internet website, if available, the policies and procedures for reporting alleged misconduct by instructional personnel or school administrators which affects the health, safety, or welfare of a student; the contact person to whom the report is made; and the penalties imposed on instructional
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personnel or school administrators who fail to report suspected
or actual child abuse or alleged misconduct by other
instructional personnel or school administrators.

(3) Require the principal of the charter school or private
school, or the district school superintendent, or the
superintendent’s designee, at the request of the Department of
Children and Families, to act as a liaison to the Department of
Children and Families and the Child Protection Team, as defined
in s. 39.01, when in a case of suspected child abuse,
abandonment, or neglect or an unlawful sexual offense involving
a child the case is referred to such a team; except that this
does not relieve or restrict the Department of Children and
Families from discharging its duty and responsibility under the
law to investigate and report every suspected or actual case of
child abuse, abandonment, or neglect or unlawful sexual offense
involving a child.

(4)(a) Post in a prominent place in a clearly visible
location and public area of the school which is readily
accessible to and widely used by students a sign in English and
Spanish that contains:

1. The statewide toll-free telephone number of the central
abuse hotline as provided in chapter 39;

2. Instructions to call 911 for emergencies; and

3. Directions for accessing the Department of Children and
Families Internet website for more information on reporting
abuse, abandonment, or neglect, and child-on-child sexual abuse
exploitation.

(b) The information in paragraph (a) must be put on at
least one poster in each school, on a sheet that measures at
least 11 inches by 17 inches, produced in large print, and
placed at student eye level for easy viewing.

The Department of Education shall coordinate with the Department
of Children and Families to develop, update annually when
necessary, and publish on the Department of Education’s
department’s Internet website, sample notices suitable for
posting in accordance with subsections (1), (2), and (4).

Section 11. Present subsections (2) through (6) of section
1012.795, Florida Statutes, are redesignated as subsections (3)
through (7), respectively, a new subsection (2) is added to that
section, and subsection (1) of that section is republished, to
read:

1012.795 Education Practices Commission; authority to
discipline.—

(1) The Education Practices Commission may suspend the
educator certificate of any instructional personnel or school
administrator, as defined in s. 1012.01(2) or (3), for up to 5
years, thereby denying that person the right to teach or
otherwise be employed by a district school board or public
school in any capacity requiring direct contact with students
for that period of time, after which the person may return to
teaching as provided in subsection (5) (4); may revoke the
educator certificate of any person, thereby denying that person
the right to teach or otherwise be employed by a district school
board or public school in any capacity requiring direct contact
with students for up to 10 years, with reinstatement subject to
subsection (5) (4); may permanently revoke the educator
certificate of any person thereby denying that person the right
to teach or otherwise be employed by a district school board or
public school in any capacity requiring direct contact with
students; may suspend a person’s educator certificate, upon an
order of the court or notice by the Department of Revenue
relating to the payment of child support; or may impose any
other penalty provided by law, if the person:

(a) Obtained or attempted to obtain an educator certificate
by fraudulent means.

(b) Knowingly failed to report actual or suspected child
abuse as required in s. 1006.061 or report alleged misconduct by
instructional personnel or school administrators which affects
the health, safety, or welfare of a student as required in s.
1012.796.

(c) Has proved to be incompetent to teach or to perform
duties as an employee of the public school system or to teach in
or to operate a private school.

(d) Has been guilty of gross immorality or an act involving
moral turpitude as defined by rule of the State Board of
Education, including engaging in or soliciting sexual, romantic,
or lewd conduct with a student or minor.

(e) Has had an educator certificate or other professional
license sanctioned by this or any other state or has had the
authority to practice the regulated profession revoked,
suspended, or otherwise acted against, including a denial of
certification or licensure, by the licensing or certifying
authority of any jurisdiction, including its agencies and
subdivisions. The licensing or certifying authority’s acceptance
of a relinquishment, stipulation, consent order, or other
settlement offered in response to or in anticipation of the
filing of charges against the licensee or certificateholder shall be construed as action against the license or certificate. For purposes of this section, a sanction or action against a professional license, a certificate, or an authority to practice a regulated profession must relate to being an educator or the fitness of or ability to be an educator.

(f) Has been convicted or found guilty of, has had adjudication withheld for, or has pled guilty or nolo contendere to a misdemeanor, felony, or any other criminal charge, other than a minor traffic violation.

(g) Upon investigation, has been found guilty of personal conduct that seriously reduces that person’s effectiveness as an employee of the district school board.

(h) Has breached a contract, as provided in s. 1012.33(2) or s. 1012.335.

(i) Has been the subject of a court order or notice by the Department of Revenue pursuant to s. 409.2598 directing the Education Practices Commission to suspend the certificate as a result of noncompliance with a child support order, a subpoena, an order to show cause, or a written agreement with the Department of Revenue.

(j) Has violated the Principles of Professional Conduct for the Education Profession prescribed by State Board of Education rules.

(k) Has otherwise violated the provisions of law, the penalty for which is the revocation of the educator certificate.

(l) Has violated any order of the Education Practices Commission.

(m) Has been the subject of a court order or plea agreement
in any jurisdiction which requires the certificateholder to surrender or otherwise relinquish his or her educator’s certificate. A surrender or relinquishment shall be for permanent revocation of the certificate. A person may not surrender or otherwise relinquish his or her certificate prior to a finding of probable cause by the commissioner as provided in s. 1012.796.

(n) Has been disqualified from educator certification under s. 1012.315.

(o) Has committed a third recruiting offense as determined by the Florida High School Athletic Association (FHSAA) pursuant to s. 1006.20(2)(b).

(p) Has violated test security as provided in s. 1008.24.

(2) Notwithstanding subsection (1), the Education Practices Commission shall suspend, for a period of not less than 1 year, the educator certificate of any instructional personnel or school administrator who knowingly fails to report known or suspected child abuse pursuant to s. 39.201.

Section 12. Subsections (1) through (5) of section 39.307, Florida Statutes, are amended to read:

39.307 Reports of child-on-child sexual abuse.—

(1) Upon receiving a report alleging child-on-child juvenile sexual abuse or inappropriate sexual behavior as defined in s. 39.01, the department shall assist the family, child, and caregiver in receiving appropriate services to address the allegations of the report.

(a) The department shall ensure that information describing the child’s history of child sexual abuse is included in the child’s electronic record. This record must also include
information describing the services the child has received as a result of his or her involvement with child sexual abuse.

(b) Placement decisions for a child who has been involved with child sexual abuse must include consideration of the needs of the child and any other children in the placement.

(c) The department shall monitor the occurrence of child sexual abuse and the provision of services to children involved in child-on-child child sexual abuse or juvenile sexual abuse or who have displayed inappropriate sexual behavior.

(2) The department, contracted sheriff’s office providing protective investigation services, or contracted case management personnel responsible for providing services, at a minimum, shall adhere to the following procedures:

(a) The purpose of the response to a report alleging child-on-child juvenile sexual abuse behavior or inappropriate sexual behavior shall be explained to the caregiver.

1. The purpose of the response shall be explained in a manner consistent with legislative purpose and intent provided in this chapter.

2. The name and office telephone number of the person responding shall be provided to the caregiver of the alleged abuser or child who has exhibited inappropriate sexual behavior and the victim’s caregiver.

3. The possible consequences of the department’s response, including outcomes and services, shall be explained to the caregiver of the alleged abuser or child who has exhibited inappropriate sexual behavior and the victim’s caregiver.

(b) The caregiver of the alleged abuser or child who has exhibited inappropriate sexual behavior and the victim’s
caregiver shall be involved to the fullest extent possible in determining the nature of the sexual behavior concerns and the nature of any problem or risk to other children.

(c) The assessment of risk and the perceived treatment needs of the alleged abuser or child who has exhibited inappropriate sexual behavior, the victim, and respective caregivers shall be conducted by the district staff, the child protection team of the Department of Health, and other providers under contract with the department to provide services to the caregiver of the alleged offender, the victim, and the victim’s caregiver.

(d) The assessment shall be conducted in a manner that is sensitive to the social, economic, and cultural environment of the family.

(e) If necessary, the child protection team of the Department of Health shall conduct a physical examination of the victim, which is sufficient to meet forensic requirements.

(f) Based on the information obtained from the alleged abuser or child who has exhibited inappropriate sexual behavior, his or her caregiver, the victim, and the victim’s caregiver, an assessment of service and treatment needs must be completed and, if needed, a case plan developed within 30 days.

(g) The department shall classify the outcome of the report as follows:

1. Report closed. Services were not offered because the department determined that there was no basis for intervention.

2. Services accepted by alleged abuser. Services were offered to the alleged abuser or child who has exhibited inappropriate sexual behavior and accepted by the caregiver.
3. Report closed. Services were offered to the alleged abuser or child who has exhibited inappropriate sexual behavior, but were rejected by the caregiver.

4. Notification to law enforcement. The risk to the victim’s safety and well-being cannot be reduced by the provision of services or the caregiver rejected services, and notification of the alleged delinquent act or violation of law to the appropriate law enforcement agency was initiated.

5. Services accepted by victim. Services were offered to the victim and accepted by the caregiver.

6. Report closed. Services were offered to the victim but were rejected by the caregiver.

(3) If services have been accepted by the alleged abuser or child who has exhibited inappropriate sexual behavior, the victim, and respective caregivers, the department shall designate a case manager and develop a specific case plan.

(a) Upon receipt of the plan, the caregiver shall indicate its acceptance of the plan in writing.

(b) The case manager shall periodically review the progress toward achieving the objectives of the plan in order to:

1. Make adjustments to the plan or take additional action as provided in this part; or

2. Terminate the case if indicated by successful or substantial achievement of the objectives of the plan.

(4) Services provided to the alleged abuser or child who has exhibited inappropriate sexual behavior, the victim, and respective caregivers or family must be voluntary and of necessary duration.

(5) If the family or caregiver of the alleged abuser or
child who has exhibited inappropriate sexual behavior fails to adequately participate or allow for the adequate participation of the child in the services or treatment delineated in the case plan, the case manager may recommend that the department:

(a) Close the case;
(b) Refer the case to mediation or arbitration, if available; or
(c) Notify the appropriate law enforcement agency of failure to comply.

Section 13. Paragraph (t) of subsection (2) of section 39.202, Florida Statutes, is amended to read:

39.202 Confidentiality of reports and records in cases of child abuse or neglect.—

(2) Except as provided in subsection (4), access to such records, excluding the name of, or other identifying information with respect to, the reporter which shall be released only as provided in subsection (5), shall be granted only to the following persons, officials, and agencies:

(t) Persons with whom the department is seeking to place the child or to whom placement has been granted, including foster parents for whom an approved home study has been conducted, the designee of a licensed child-caring agency as defined in s. 39.01 s. 39.01(41), an approved relative or nonrelative with whom a child is placed pursuant to s. 39.402, preadoptive parents for whom a favorable preliminary adoptive home study has been conducted, adoptive parents, or an adoption entity acting on behalf of preadoptive or adoptive parents.

Section 14. Subsection (6) of section 39.301, Florida Statutes, is amended to read:
39.301 Initiation of protective investigations.—

(6) Upon commencing an investigation under this part, if a report was received from a reporter under s. 39.201(1)(a)2. and 39.201(1)(b), the protective investigator must provide his or her contact information to the reporter within 24 hours after being assigned to the investigation. The investigator must also advise the reporter that he or she may provide a written summary of the report made to the central abuse hotline to the investigator which shall become a part of the electronic child welfare case file.

Section 15. Paragraph (c) of subsection (1) of section 39.521, Florida Statutes, is amended to read:

39.521 Disposition hearings; powers of disposition.—

(1) A disposition hearing shall be conducted by the court, if the court finds that the facts alleged in the petition for dependency were proven in the adjudicatory hearing, or if the parents or legal custodians have consented to the finding of dependency or admitted the allegations in the petition, have failed to appear for the arraignment hearing after proper notice, or have not been located despite a diligent search having been conducted.

(c) When any child is adjudicated by a court to be dependent, the court having jurisdiction of the child has the power by order to:

1. Require the parent and, when appropriate, the legal guardian or the child to participate in treatment and services identified as necessary. The court may require the person who has custody or who is requesting custody of the child to submit to a mental health or substance abuse disorder assessment or
evaluation. The order may be made only upon good cause shown and pursuant to notice and procedural requirements provided under the Florida Rules of Juvenile Procedure. The mental health assessment or evaluation must be administered by a qualified professional as defined in s. 39.01, and the substance abuse assessment or evaluation must be administered by a qualified professional as defined in s. 397.311. The court may also require such person to participate in and comply with treatment and services identified as necessary, including, when appropriate and available, participation in and compliance with a mental health court program established under chapter 394 or a treatment-based drug court program established under s. 397.334. Adjudication of a child as dependent based upon evidence of harm as defined in s. 39.01(34)(g) demonstrates good cause, and the court shall require the parent whose actions caused the harm to submit to a substance abuse disorder assessment or evaluation and to participate and comply with treatment and services identified in the assessment or evaluation as being necessary. In addition to supervision by the department, the court, including the mental health court program or the treatment-based drug court program, may oversee the progress and compliance with treatment by a person who has custody or is requesting custody of the child. The court may impose appropriate available sanctions for noncompliance upon a person who has custody or is requesting custody of the child or make a finding of noncompliance for consideration in determining whether an alternative placement of the child is in the child’s best interests. Any order entered under this subparagraph may be made only upon good cause shown. This subparagraph does not
authorize placement of a child with a person seeking custody of
the child, other than the child’s parent or legal custodian, who
requires mental health or substance abuse disorder treatment.

2. Require, if the court deems necessary, the parties to
participate in dependency mediation.

3. Require placement of the child either under the
protective supervision of an authorized agent of the department
in the home of one or both of the child’s parents or in the home
of a relative of the child or another adult approved by the
court, or in the custody of the department. Protective
supervision continues until the court terminates it or until the
child reaches the age of 18, whichever date is first. Protective
supervision shall be terminated by the court whenever the court
determines that permanency has been achieved for the child,
whether with a parent, another relative, or a legal custodian,
and that protective supervision is no longer needed. The
termination of supervision may be with or without retaining
jurisdiction, at the court’s discretion, and shall in either
case be considered a permanency option for the child. The order
terminating supervision by the department must set forth the
powers of the custodian of the child and include the powers
ordinarily granted to a guardian of the person of a minor unless
otherwise specified. Upon the court’s termination of supervision
by the department, further judicial reviews are not required if
permanency has been established for the child.

4. Determine whether the child has a strong attachment to
the prospective permanent guardian and whether such guardian has
a strong commitment to permanently caring for the child.

Section 16. Paragraph (c) of subsection (1) of section
39.6012, Florida Statutes, is amended to read:

39.6012 Case plan tasks; services.—

(1) The services to be provided to the parent and the tasks that must be completed are subject to the following:

(c) If there is evidence of harm as defined in s. 39.01(34)(g), the case plan must include as a required task for the parent whose actions caused the harm that the parent submit to a substance abuse disorder assessment or evaluation and participate and comply with treatment and services identified in the assessment or evaluation as being necessary.

Section 17. Subsection (4) of section 322.09, Florida Statutes, is amended to read:

322.09 Application of minors; responsibility for negligence or misconduct of minor.—

(4) Notwithstanding subsections (1) and (2), if a caregiver of a minor who is under the age of 18 years and is in out-of-home care as defined in s. 39.01 s. 39.01(55), an authorized representative of a residential group home at which such a minor resides, the caseworker at the agency at which the state has placed the minor, or a guardian ad litem specifically authorized by the minor’s caregiver to sign for a learner’s driver license signs the minor’s application for a learner’s driver license, that caregiver, group home representative, caseworker, or guardian ad litem does not assume any obligation or become liable for any damages caused by the negligence or willful misconduct of the minor by reason of having signed the application. Before signing the application, the caseworker, authorized group home representative, or guardian ad litem shall
notify the caregiver or other responsible party of his or her intent to sign and verify the application.

Section 18. Paragraph (p) of subsection (4) of section 394.495, Florida Statutes, is amended to read:

394.495 Child and adolescent mental health system of care; programs and services.—

(4) The array of services may include, but is not limited to:

(p) Trauma-informed services for children who have suffered sexual exploitation as defined in s. 39.01(76)(g) or 39.01(77)(g).

Section 19. Section 627.746, Florida Statutes, is amended to read:

627.746 Coverage for minors who have a learner’s driver license; additional premium prohibited.—An insurer that issues an insurance policy on a private passenger motor vehicle to a named insured who is a caregiver of a minor who is under the age of 18 years and is in out-of-home care as defined in s. 39.01(54) or 39.01(55) may not charge an additional premium for coverage of the minor while the minor is operating the insured vehicle, for the period of time that the minor has a learner’s driver license, until such time as the minor obtains a driver license.

Section 20. Paragraph (g) of subsection (2) of section 934.03, Florida Statutes, is amended to read:

934.03 Interception and disclosure of wire, oral, or electronic communications prohibited.—

(2)

(g) It is lawful under this section and ss. 934.04-934.09...
for an employee of:

1. An ambulance service licensed pursuant to s. 401.25, a fire station employing firefighters as defined by s. 633.102, a public utility, a law enforcement agency as defined by s. 934.02(10), or any other entity with published emergency telephone numbers;

2. An agency operating an emergency telephone number “911” system established pursuant to s. 365.171; or

3. The central abuse hotline operated pursuant to s. 39.101 and s. 39.201 to intercept and record incoming wire communications; however, such employee may intercept and record incoming wire communications on designated “911” telephone numbers and published nonemergency telephone numbers staffed by trained dispatchers at public safety answering points only. It is also lawful for such employee to intercept and record outgoing wire communications to the numbers from which such incoming wire communications were placed when necessary to obtain information required to provide the emergency services being requested. For the purpose of this paragraph, the term “public utility” has the same meaning as provided in s. 366.02 and includes a person, partnership, association, or corporation now or hereafter owning or operating equipment or facilities in the state for conveying or transmitting messages or communications by telephone or telegraph to the public for compensation.

Section 21. Paragraph (c) of subsection (1) of section 934.255, Florida Statutes, is amended to read:

934.255 Subpoenas in investigations of sexual offenses.
(1) As used in this section, the term:
   (c) “Sexual abuse of a child" means a criminal offense based on any conduct described in s. 39.01(76) or s. 39.01(77).

Section 22. Subsection (5) of section 960.065, Florida Statutes, is amended to read:
   960.065 Eligibility for awards.—
   (5) A person is not ineligible for an award pursuant to paragraph (2)(a), paragraph (2)(b), or paragraph (2)(c) if that person is a victim of sexual exploitation of a child as defined in s. 39.01(76)(g) or s. 39.01(77)(g).

Section 23. This act shall take effect July 1, 2020.
Child Abuse Reporting Requirements
Section 39.201, F.S. and SB 7000 (sections 2 and 3).

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.—

(1)(a) Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(b) Any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(c) Any person who knows, or has reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(d) Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

2. Health or mental health professional other than one listed in subparagraph 1.;

3. Practitioner who relies solely on spiritual means for healing;

4. School teacher or other school official or personnel;

5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;

6. Law enforcement officer; or

7. Judge.

Renumbered as s. 39.201(1)(a)1.-3.
Reworded to clarify reporting requirement.
Amended section title to remove the term “mandatory” and replace with the term “required.”

Renumbered as s. 39.201(1)(b) and (c). Reworded to clarify requirement to provide name to hotline – added animal control officer to list.
The names of reporters shall be entered into the record of the report, but shall be held confidential and exempt as provided in s. 39.202.

(e) A professional who is hired by or enters into a contract with the department for the purpose of treating or counseling any person, as a result of a report of child abuse, abandonment, or neglect, is not required to again report to the central abuse hotline the abuse, abandonment, or neglect that was the subject of the referral for treatment.

(f) An officer or employee of the judicial branch is not required to again provide notice of reasonable cause to suspect child abuse, abandonment, or neglect when that child is currently being investigated by the department, there is an existing dependency case, or the matter has previously been reported to the department, provided there is reasonable cause to believe the information is already known to the department. This paragraph applies only when the information has been provided to the officer or employee in the course of carrying out his or her official duties.

(g) Nothing in this chapter or in the contracting with community-based care providers for foster care and related services as specified in s. 409.987 shall be construed to remove or reduce the duty and responsibility of any person, including any employee of the community-based care provider, to report a suspected or actual case of child abuse, abandonment, or neglect or the sexual abuse of a child to the department’s central abuse hotline.

(h) An officer or employee of a law enforcement agency is not required to provide notice to the department of reasonable cause to suspect child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare when the incident under investigation by the law enforcement agency was reported to law enforcement by the Central Abuse Hotline through the electronic transfer of the report or call. The department’s Central Abuse Hotline is not required to electronically transfer calls and reports received pursuant to paragraph (2)(b) to the county sheriff’s office if the matter was initially reported to the department by the county sheriff’s office or another law enforcement agency. This paragraph applies only when the information related to the alleged child abuse has been provided to the officer or employee of a law enforcement agency or Central Abuse Hotline employee in the course of carrying out his or her official duties.
(2)(a) Each report of known or suspected child abuse, abandonment, or neglect by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare as defined in this chapter, except those solely under s. 827.04(3), and each report that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall be made immediately to the department’s central abuse hotline. Such reports may be made on the single statewide toll-free telephone number or via fax, web-based chat, or web-based report.

Personnel at the department’s central abuse hotline shall determine if the report received meets the statutory definition of child abuse, abandonment, or neglect. Any report meeting one of these definitions shall be accepted for the protective investigation pursuant to part III of this chapter. Any call received from a parent or legal custodian seeking assistance for himself or herself which does not meet the criteria for being a report of child abuse, abandonment, or neglect may be accepted by the hotline for response to ameliorate a potential future risk of harm to a child. If it is determined by a child welfare professional that a need for community services exists, the department shall refer the parent or legal custodian for appropriate voluntary community services.

(b) Each report of known or suspected child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, shall be made immediately to the department’s central abuse hotline. Such reports may be made on the single statewide toll-free telephone number or via fax, web-based chat, or web-based report. Such reports or calls shall be immediately electronically transferred to the appropriate county sheriff’s office by the central abuse hotline.

(c) Reports involving juvenile sexual abuse or a child who has exhibited inappropriate sexual behavior shall be made and received by the department. An alleged incident of juvenile sexual abuse involving a child who is in the custody of or protective supervision of the department shall be reported to the department’s central abuse hotline.

1. The central abuse hotline shall immediately electronically transfer the report or call to the county sheriff’s office. The department shall conduct an assessment and assist the family in receiving appropriate services pursuant to s. 39.307, and send a written report of the allegation to the appropriate county sheriff’s office within 48 hours after the initial report is made to the central abuse hotline.

Renumbered as s. 39.201(1)(a)1.a.,b. and c.
Renumbered as s. 38.201(1)(a)2.
Renumbered as s. 39.201(1)(a)3.a.,b.
Added requirements for DCF to investigate reports coming from specified educational settings.
2. The department shall ensure that the facts and results of any investigation of child sexual abuse involving a child in the custody of or under the protective supervision of the department are made known to the court at the next hearing or included in the next report to the court concerning the child.

(d) If the report is of an instance of known or suspected child abuse, abandonment, or neglect that occurred out of state and the alleged perpetrator and the child alleged to be a victim live out of state, the central abuse hotline shall not accept the report or call for investigation, but shall transfer the information on the report to the appropriate state.

(e) If the report is of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older solely under s. 827.04(3), the report shall be made immediately to the appropriate county sheriff’s office or other appropriate law enforcement agency. If the report is of an instance of known or suspected child abuse solely under s. 827.04(3), the reporting provisions of this subsection do not apply to health care professionals or other persons who provide medical or counseling services to pregnant children when such reporting would interfere with the provision of medical services.

(f) Reports involving known or suspected institutional child abuse or neglect shall be made and received in the same manner as all other reports made pursuant to this section.

(g) Reports involving surrendered newborn infants as described in s. 383.50 shall be made and received by the department.

1. If the report is of a surrendered newborn infant as described in s. 383.50 and there is no indication of abuse, neglect, or abandonment other than that necessarily entailed in the infant having been left at a hospital, emergency medical services station, or fire station, the department shall provide to the caller the name of a licensed child-placing agency on a rotating basis from a list of licensed child-placing agencies eligible and required to accept physical custody of and to place newborn infants left at a hospital, emergency medical services station, or fire station. The report shall not be considered a report of abuse, neglect, or abandonment solely because the infant has been left at a hospital, emergency medical services station, or fire station pursuant to s. 383.50.
2. If the call, fax, web-based chat, or web-based report includes indications of abuse or neglect beyond that necessarily entailed in the infant having been left at a hospital, emergency medical services station, or fire station, the report shall be considered as a report of abuse, neglect, or abandonment and shall be subject to the requirements of s. 39.395 and all other relevant provisions of this chapter, notwithstanding any provisions of chapter 383.

(h) Hotline counselors shall receive periodic training in encouraging reporters to provide their names when reporting abuse, abandonment, or neglect. Callers shall be advised of the confidentiality provisions of s. 39.202. The department shall secure and install electronic equipment that automatically provides to the hotline the number from which the call or fax is placed or the Internet protocol (IP) address from which the report is received. This number shall be entered into the report of abuse, abandonment, or neglect and become a part of the record of the report, but shall enjoy the same confidentiality as provided to the identity of the reporter pursuant to s. 39.202.

Relocated to s. 39.101(3)(b).

(i) The department shall voice-record all incoming or outgoing calls that are received or placed by the central abuse hotline which relate to suspected or known child abuse, neglect, or abandonment. The department shall maintain an electronic copy of each fax and web-based report. The recording or electronic copy of each fax and web-based report shall become a part of the record of the report but, notwithstanding s. 39.202, shall be released in full only to law enforcement agencies and state attorneys for the purpose of investigating and prosecuting criminal charges pursuant to s. 39.205, or to employees of the department for the purpose of investigating and seeking administrative penalties pursuant to s. 39.206. Nothing in this paragraph shall prohibit the use of the recordings, the electronic copies of faxes, and web-based reports by hotline staff for quality assurance and training.

Relocated to s. 39.101(3)(a)

(j) The department shall update the web form used for reporting child abuse, abandonment, or neglect to:

1. Include qualifying questions in order to obtain necessary information required to assess need and a response.
2. Indicate which fields are required to submit the report.
3. Allow a reporter to save his or her report and return to it at a later time.

Relocated to s. 39.101(3)(c).

2. The report shall be made available to the counselors in its entirety as needed to update the Florida Safe Families Network or other similar systems.
(k) The department shall conduct a study to determine the feasibility of using text and short message service formats to receive and process reports of child abuse, abandonment, or neglect to the central abuse hotline.

(3) Any person required to report or investigate cases of suspected child abuse, abandonment, or neglect who has reasonable cause to suspect that a child died as a result of child abuse, abandonment, or neglect shall report his or her suspicion to the appropriate medical examiner. The medical examiner shall accept the report for investigation and shall report his or her findings, in writing, to the local law enforcement agency, the appropriate state attorney, and the department. Autopsy reports maintained by the medical examiner are not subject to the confidentiality requirements provided for in s. 39.202.

(4) The department shall operate and maintain a central abuse hotline to receive all reports made pursuant to this section in writing, via fax, via web-based reporting, via web-based chat, or through a single statewide toll-free telephone number, which any person may use to report known or suspected child abuse, abandonment, or neglect at any hour of the day or night, any day of the week. The department shall promote public awareness of the central abuse hotline through community-based partner organizations and public service campaigns. The central abuse hotline is the first step in the safety assessment and investigation process. The central abuse hotline shall be operated in such a manner as to enable the department to:

(a) Immediately identify and locate prior reports or cases of child abuse, abandonment, or neglect through utilization of the department’s automated tracking system.

(b) Monitor and evaluate the effectiveness of the department’s program for reporting and investigating suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information.

(c) Track critical steps in the investigative process to ensure compliance with all requirements for any report of abuse, abandonment, or neglect.
(d) Maintain and produce aggregate statistical reports monitoring patterns of child abuse, child abandonment, and child neglect. The department shall collect and analyze child-on-child sexual abuse reports and include the information in aggregate statistical reports. The department shall collect and analyze, in separate statistical reports, those reports of child abuse and sexual abuse which are reported from or occurred on the campus of any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02.

Relocated to s. 39.101(3)(e). Added a requirement to keep statistical reports relating to child abuse in specified educational settings other than colleges and universities.

(e) Serve as a resource for the evaluation, management, and planning of preventive and remedial services for children who have been subject to abuse, abandonment, or neglect.

Relocated to s. 39.101(2).

(f) Initiate and enter into agreements with other states for the purpose of gathering and sharing information contained in reports on child maltreatment to further enhance programs for the protection of children.

(5) The department shall be capable of receiving and investigating, 24 hours a day, 7 days a week, reports of known or suspected child abuse, abandonment, or neglect and reports that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care. If it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child will be unavailable for purposes of conducting a child protective investigation, or that the facts otherwise so warrant, the department shall commence an investigation immediately, regardless of the time of day or night. In all other child abuse, abandonment, or neglect cases, a child protective investigation shall be commenced within 24 hours after receipt of the report.

In an institutional investigation, the alleged perpetrator may be represented by an attorney, at his or her own expense, or accompanied by another person, if the person or the attorney executes an affidavit of understanding with the department and agrees to comply with the confidentiality provisions of s. 39.202. The absence of an attorney or other person does not prevent the department from proceeding with other aspects of the investigation, including interviews with other persons. In institutional child abuse cases when the institution is not operating and the child cannot otherwise be located, the investigation shall commence immediately upon the resumption of operation. If requested by a state attorney or local law enforcement agency, the department shall furnish all investigative reports to that agency.

Relocated to s. 39.302, related to protective investigations of institutional child abuse, abandonment or neglect.
(6) Information in the central abuse hotline may not be used for employment screening, except as provided in s. 39.202(2)(a) and (h) or s. 402.302(15). Information in the central abuse hotline and the department’s automated abuse information system may be used by the department, its authorized agents or contract providers, the Department of Health, or county agencies as part of the licensure or registration process pursuant to ss. 402.301-402.319 and ss. 409.175-409.176. Pursuant to s. 39.202(2)(q), the information in the central abuse hotline may also be used by the Department of Education for purposes of educator certification discipline and review.

(7) On an ongoing basis, the department’s quality assurance program shall review calls, fax reports, and web-based reports to the hotline involving three or more unaccepted reports on a single child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. A component of the quality assurance program shall analyze unaccepted reports to the hotline by identified relatives as a part of the review of screened out calls. The Program Director for Family Safety may refer a case for investigation when it is determined, as a result of this review, that an investigation may be warranted.
SB 7000 Child Abuse Reporting Bill Outline

General Provisions

- Makes changes to some Chapter 39 definitions.
- Reorganizes and clarifies current provisions related to the central abuse hotline and child abuse reporting.
  - Adds reports of abuse and sexual abuse occurring on a K-12 school campus to currently required statistical reports.
  - Adds a requirement for handling reports of child-on-child sexual abuse that occurs in a K-12 school.
  - Adds animal control officers to the list of professionals that must provide their name when reporting child abuse.

School Related Provisions

- Adds penalties for K-12 schools and administrative personnel who fail to report child abuse.
- Adds a provision that clarifies that school personnel reporting child abuse to their supervisor does not relieve them of the responsibility to directly report to the hotline.
- Requires at least a one year suspension of the educator certificate of instructional personnel or school administrator who fails to report child abuse.

Animal Related Provisions

- Creates a new section requiring the cross reporting of child and animal abuse.
  - Provides legislative findings and intent, duties of child protective investigators and animal control officers, penalties for failure to report and training requirements.
- Amends the section related to sexual abuse of animals.
  - Adds a statement connecting animal sexual abuse to other types of interpersonal violence including child abuse.
  - Adds a prohibition against persons convicted of animal sexual abuse from owning, residing with, working or volunteering with animals.
  - Increases the penalty for animal sexual abuse from a misdemeanor to a felony and places it at Level 6 of the offense severity ranking chart.
The Florida Senate

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date 10/29/19

Topic SB 7000

Name Jena-lisa Jones

Job Title

Address 354 Lake Arbov dr. Palm Springs fl 33461

City State Zip

Phone 561-360-8813

Email jonesjenalisa@pro

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [X] In Support [ ] Against
(The Chair will read this information into the record.)

Representing SB 7000

Appearing at request of Chair: [X] Yes [ ] No

Lobbyist registered with Legislature: [ ] Yes [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
The Florida Senate

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

10/22/19

Topic

Mandated Reporters

Name

Alexandra Serafini

Job Title

Student

Address

173 Harston Ct.

Street

Lake Mary

City

FL

State

32746

Zip

Phone

407 687 7654

Email

alexandraserafini1@gmail.com

Speaking:

For

Against

Information

Waive Speaking:

In Support

Against

(The Chair will read this information into the record.)

Representing

Myself

Appearing at request of Chair:

Yes

No

Lobbyist registered with Legislature:

Yes

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
Meeting Date: 10/22/19

**Topic:** Child welfare package - Cross Deputy

**Name:** Kate MacFall

**Job Title:** Staff Director

**Address:**

- **Street:** 1621 Northwest Center
- **City:** Tallahassee
- **State:** FL
- **Zip:** 32308

**Phone:** 850 508-1001

**Email:** kmacfall@hsus.org

**Speaking:** [X] For [ ] Against [ ] Information

**Representing:** Humane Society of the United States

**Appearing at request of Chair:** [ ] Yes [ ] No

**Lobbyist registered with Legislature:** [ ] Yes [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

*This form is part of the public record for this meeting.*
Topic: Reporting Abuse, Abandonment, and Neglect

Name: Victoria Zepp

Job Title: Chief Policy and Research Officer

Address: 411 E. College Avenue

Phone: 850/561-1102

Email: Victoria@flchildren.org

Speaking: For □ Against □ Information

Representing: Florida Coalition for Children (FCC)

Appearing at request of Chair: Yes □ No □

Lobbyist registered with Legislature: Yes □ No □

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
Meeting Date: 10.22.19

Topic: Reporting Abuse, Abandonment & Neglect

Name: Barney Bishop III

Job Title: CEO

Address: 2215 Thomasville Road

Street: Tallahassee

City: FL

State: 32308

Phone: 850.510.9922

Email: barney@barneybishop.com

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [✓] In Support [ ] Against

Representing: Florida Smart Justice Alliance

Appearing at request of Chair: [ ] Yes [✓] No

Lobbyist registered with Legislature: [✓] Yes [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
The Florida Senate
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Bill Number (if applicable)

Topic

Lazarus Project | Homeless Trust

Name

Roy Book

Job Title

Chair Miami Dade Homeless Trust

Address

104 West Jefferson St

Street

Th

City

TH

State

Zip

33301

Phone


Email


Speaking: □ For □ Against □ Information

Waive Speaking: □ In Support □ Against

(The Chair will read this information into the record.)

Representing

Miami Dade Homeless Trust

 Appearing at request of Chair: □ Yes □ No

Lobbyist registered with Legislature: □ Yes □ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.
COMMITTEE: Children, Families, and Elder Affairs
ITEM: SPB 7000
FINAL ACTION: Submitted and Reported Favorably as Committee Bill
MEETING DATE: Tuesday, October 22, 2019
TIME: 11:00 a.m.—12:30 p.m.
PLACE: 301 Senate Building

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TOTALS

| 6 | 0 |
| Yea | Nay |

CODES:
FAV=Favorable  RCS=Replaced by Committee Substitute  TP=Temporarily Postponed  WD=Withdrawn
UNF=Unfavorable  RE=Replaced by Engrossed Amendment  VA=Vote After Roll Call  OO=Out of Order
-R=Reconsidered  RS=Replaced by Substitute Amendment  VC=Vote Change After Roll Call  AV=Abstain from Voting

REPORTING INSTRUCTION: Publish
10222019.1247
I. Summary:

SB 192 exempts from the sales and use tax the purchase of certain items that assist individuals in living and aging independently in their homes. Specifically, bed transfer handles, bed rails, grab bars, and shower seats are covered by the exemption.

The Revenue Estimating Conference estimated the cost of a similar bill for the 2019 session and found it would reduce General Revenue Fund receipts by $1.1 million for the first year, with a recurring loss of $2.7 million. Additionally, the conference estimated local government revenues will reduce by approximately $300,000 for Fiscal Year 2019-2020, with a recurring loss of $700,000.

The bill has an effective date of January 1, 2021.

II. Present Situation:

Florida Sales and Use Tax

Florida levies a six percent sales and use tax on the sale or rental of most tangible personal property, admissions, transient rentals, rental of commercial real estate, and a limited number of services. Chapter 212, F.S., contains statutory provisions authorizing the levy and collection of Florida’s sales and use tax, as well as the exemptions and credits applicable to certain items or uses under specified circumstances. There are currently more than 260 exemptions, exclusions,

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1 Section 212.04, F.S.
2 Section 212.03, F.S.
3 Section 212.031, F.S.
deductions, and credits from the sales and use tax. Sales tax is added to the price of the taxable good or service and collected from the purchaser at the time of sale.

In addition to the state tax, s. 212.055, F.S., authorizes counties to impose nine local discretionary sales surtaxes. A surtax applies to “all transactions occurring in the county which transactions are subject to the state tax imposed on sales, use, services, rental, admissions, and other transactions by [ch. 212, F.S.], and communications services as defined in ch. 202, F.S.” The discretionary sales surtax is based on the tax rate imposed by the county where the taxable goods or services are sold, or are delivered into. Discretionary sales surtax rates currently levied vary by county in a range from 0.5 percent to 2.5.

III. Effect of Proposed Changes:

Section 1 amends s. 212.08, F.S., to exempt from the sales and use tax the following items when purchased for noncommercial home or personal use:

- A bed transfer handle selling for $60 or less.
- A bed rail selling for $110 or less.
- A grab bar selling for $100 or less.
- A shower seat selling for $100 or less.

The exemption does not apply to purchases made by a business, including, but not limited to, a medical institution or an assisted living facility.

Section 2 provides an effective date of January 1, 2021.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Article VII, s. 18 of the Florida Constitution governs laws that require counties and municipalities to spend funds or that limit their ability to raise revenue or receive state tax revenues.

Subsection (b) of s. 18, Art. VII, Florida Constitution, provides that except upon approval of each house of the Legislature by two-thirds vote of the membership, the legislature may not enact, amend, or repeal any general law if the anticipated effect of doing so would be to reduce the authority that municipalities or counties have to raise revenue in the aggregate, as such authority existed on February 1, 1989. However, the mandates requirements do not apply to laws having an insignificant impact, which for Fiscal Year 2019-2020, is $2.1 million or less.

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The Revenue Estimating Conference estimated the cost of a similar bill for the 2019 session and found it would reduce local government revenues by approximately $700,000, recurring. Therefore, this bill has an insignificant impact on local governments and the mandate provision does not apply.

B. **Public Records/Open Meetings Issues:**

None.

C. **Trust Funds Restrictions:**

None.

D. **State Tax or Fee Increases:**

None.

E. **Other Constitutional Issues:**

None identified.

V. **Fiscal Impact Statement:**

A. **Tax/Fee Issues:**

The Revenue Estimating Conference estimated the cost a similar bill for the 2019 session (SB 176) and found it would reduce General Revenue Fund receipts by $1.1 million for the first year, with a recurring loss of $2.7 million. Additionally, the conference estimated local government revenue will reduce by $300,000 for Fiscal Year 2019-2020, with a recurring loss of $700,000.

B. **Private Sector Impact:**

Certain devices would be tax exempt and could result in higher sales.

C. **Government Sector Impact:**

None.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill substantially amends section 212.08 of the Florida Statutes.
IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
A bill to be entitled
An act relating to a sales tax exemption; amending s. 212.08, F.S.; exempting from the sales and use tax specified items that assist in independent living; providing applicability; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (u) is added to subsection (5) of section 212.08, Florida Statutes, to read:

212.08 Sales, rental, use, consumption, distribution, and storage tax; specified exemptions.—The sale at retail, the rental, the use, the consumption, the distribution, and the storage to be used or consumed in this state of the following are hereby specifically exempt from the tax imposed by this chapter.

(5) EXEMPTIONS; ACCOUNT OF USE.—
(u) Items that assist in independent living.—
1. The following items, when purchased for noncommercial home or personal use, are exempt from the tax imposed by this chapter:
   a. A bed transfer handle selling for $60 or less.
   b. A bed rail selling for $110 or less.
   c. A grab bar selling for $100 or less.
   d. A shower seat selling for $100 or less.
2. This exemption does not apply to a purchase made by a business, including, but not limited to, a medical institution or an assisted living facility.

Section 2. This act shall take effect January 1, 2021.
**THE FLORIDA SENATE**

**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date: 10/02/19

**Topic**  
Sales Tax Exemption

**Name**  
Olivia Babis

**Job Title**  
Public Policy Analyst

**Address**  
2973 Care Dr. Ste 200  
Tallahassee, FL 32308

**Phone**  
850-619-9718

**Email**  
olivia@disabilityrightsf.org

**Speaking:**  
☐ For  ☐ Against  ☐ Information

**Representing**  
Disability Rights Florida

**Appearing at request of Chair:**  
☐ Yes ☐ No

**Lobbyist registered with Legislature:**  
☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard. Those who do speak may be asked to limit their remarks so that as many persons as possible may present views. This form is part of the public record for this hearing.

**Bill Number (if applicable):** 192

**Amendment Barcode (if applicable):**
10/22/19

Meeting Date

Topic  Sales Tax Exemption/Independent Living

Name  Robert S. Beck

Job Title  Partner, PinPoint Results

Address  150 S. Monroe St., Suite 303

Phone  850-766-1410

Email  robert@pinpointresults.com

Speaking:  □ For  □ Against  □ Information

Representing  Florida Association of Area Agencies on Aging

Appearing at request of Chair:  □ Yes  ✔ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible may have an opportunity to be heard.

This form is part of the
THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Bill Number (if applicable)  192

Amendment Barcode (if applicable)
The Florida Senate
APPEARANCE RECORD
(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/22/19
Meeting Date

SB 192
Bill Number (if applicable)

Sales Tax Exemption/Independent Living - 2020
Topic

Dorene Barker
Name

Associate State Director for Advocacy
Job Title

200 West College Avenue, Suite 304A
Street
Tallahassee FL 32301
City State Zip

850 228-6387
Phone

dobarker@aarp.org
Email

For Against Information
Speaking:

In Support Against
Waive Speaking:
(The Chair will read this information into the record.)

AARP Florida
Representing

Yes No
Appearing at request of Chair:

Yes No
Lobbyist registered with Legislature:

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
### COMMITTEE VOTE RECORD

**COMMITTEE:** Children, Families, and Elder Affairs  
**ITEM:** SB 192  
**FINAL ACTION:** Favorable  
**MEETING DATE:** Tuesday, October 22, 2019  
**TIME:** 11:00 a.m.—12:30 p.m.  
**PLACE:** 301 Senate Building

#### FINAL VOTE

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**TOTALS**  
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**CODES:**  
FAV=Favorable  
UNF=Unfavorable  
-R=Reconsidered  
RCS=Replaced by Committee Substitute  
RE=Replaced by Engrossed Amendment  
RS=Replaced by Substitute Amendment  
TP=Temporarily Postponed  
VA=Vote After Roll Call  
VC=Vote Change After Roll Call  
WD=Withdrawn  
OO=Out of Order  
AV=Abstain from Voting

**REPORTING INSTRUCTION:** Publish

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