Bill No. HB 7013 (2015)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Committee/Subcommittee hearing bill: Health Care Appropriations Subcommittee

Representative Brodeur offered the following:

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Amendment (with title amendment)

Between lines 50 and 51, insert:

Section 1. Paragraph (b) of subsection (2) of section 39.0016, Florida Statutes, is amended to read:

9 39.0016 Education of abused, neglected, and abandoned 10 children; agency agreements; children having or suspected of 11 having a disability.-

12

(2) AGENCY AGREEMENTS.-

(b) The department shall enter into agreements with district school boards or other local educational entities regarding education and related services for children known to the department who are of school age and children known to the department who are younger than school age but who would

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18 otherwise qualify for services from the district school board. 19 Such agreements shall include, but are not limited to: 20 1.

A requirement that the department shall:

Ensure Enroll children known to the department are 21 a. enrolled in school or in the best educational setting that meets 22 23 the needs of the child. The agreement shall provide for 24 continuing the enrollment of a child known to the department at 25 the same school of origin when, if possible if it is in the best 26 interest of the child, with the goal of minimal avoiding 27 disruption of education.

Notify the school and school district in which a child 28 b. 29 known to the department is enrolled of the name and phone number 30 of the child known to the department caregiver and caseworker for child safety purposes. 31

32 Establish a protocol for the department to share с. information about a child known to the department with the 33 34 school district, consistent with the Family Educational Rights 35 and Privacy Act, since the sharing of information will assist 36 each agency in obtaining education and related services for the 37 benefit of the child. The protocol must require the district school boards or other local educational entities to access the 38 department's Florida Safe Families Network to obtain information 39 about children known to the department, consistent with the 40 41 Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. s. 42 1232q.

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d. Notify the school district of the department's case
planning for a child known to the department, both at the time
of plan development and plan review. Within the plan development
or review process, the school district may provide information
regarding the child known to the department if the school
district deems it desirable and appropriate.

49 <u>e. Show no prejudice against out-of-home caregivers who</u>
 50 <u>desire to educate at home any children placed in their home</u>
 51 <u>through the child welfare system.</u>

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2. A requirement that the district school board shall:

a. Provide the department with a general listing of the
services and information available from the district school
board to facilitate educational access for a child known to the
department.

57 b. Identify all educational and other services provided by 58 the school and school district which the school district 59 believes are reasonably necessary to meet the educational needs 60 of a child known to the department.

61 с. Determine whether transportation is available for a child known to the department when such transportation will 62 63 avoid a change in school assignment due to a change in residential placement. Recognizing that continued enrollment in 64 65 the same school throughout the time the child known to the 66 department is in out-of-home care is preferable unless enrollment in the same school would be unsafe or otherwise 67 68 impractical, the department, the district school board, and the

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Department of Education shall assess the availability offederal, charitable, or grant funding for such transportation.

d. Provide individualized student intervention or an individual educational plan when a determination has been made through legally appropriate criteria that intervention services are required. The intervention or individual educational plan must include strategies to enable the child known to the department to maximize the attainment of educational goals.

77 A requirement that the department and the district 3. 78 school board shall cooperate in accessing the services and 79 supports needed for a child known to the department who has or 80 is suspected of having a disability to receive an appropriate 81 education consistent with the Individuals with Disabilities 82 Education Act and state implementing laws, rules, and 83 assurances. Coordination of services for a child known to the 84 department who has or is suspected of having a disability may 85 include:

86

a. Referral for screening.

b. Sharing of evaluations between the school district andthe department where appropriate.

c. Provision of education and related services appropriate
for the needs and abilities of the child known to the
department.

d. Coordination of services and plans between the school
and the residential setting to avoid duplication or conflicting
service plans.

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95 Appointment of a surrogate parent, consistent with the e. 96 Individuals with Disabilities Education Act and pursuant to 97 subsection (3), for educational purposes for a child known to 98 the department who qualifies.

f. For each child known to the department 14 years of age 99 100 and older, transition planning by the department and all 101 providers, including the department's independent living program 102 staff, to meet the requirements of the local school district for 103 educational purposes.

104 Section 2. Subsection (2) of section 409.145, Florida 105 Statutes, is amended to read:

106 409.145 Care of children; quality parenting; "reasonable 107 and prudent parent" standard.-The child welfare system of the 108 department shall operate as a coordinated community-based system of care which empowers all caregivers for children in foster 109 care to provide quality parenting, including approving or 110 111 disapproving a child's participation in activities based on the 112 caregiver's assessment using the "reasonable and prudent parent" 113 standard.

114 (2)QUALITY PARENTING.-A child in foster care shall be 115 placed only with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, 116 and is willing and able to learn about and be respectful of the 117 118 child's culture, religion and ethnicity, special physical or 119 psychological needs, any circumstances unique to the child, and 120 family relationships. The department, the community-based care

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121 lead agency, and other agencies shall provide such caregiver 122 with all available information necessary to assist the caregiver 123 in determining whether he or she is able to appropriately care 124 for a particular child.

125 (a) Roles and responsibilities of caregivers.—A caregiver 126 shall:

127 1. Participate in developing the case plan for the child 128 and his or her family and work with others involved in his or 129 her care to implement this plan. This participation includes the 130 caregiver's involvement in all team meetings or court hearings 131 related to the child's care.

132 2. Complete all training needed to improve skills in 133 parenting a child who has experienced trauma due to neglect, 134 abuse, or separation from home, to meet the child's special 135 needs, and to work effectively with child welfare agencies, the 136 court, the schools, and other community and governmental 137 agencies.

3. Respect and support the child's ties to members of his
or her biological family and assist the child in maintaining
allowable visitation and other forms of communication.

4. Effectively advocate for the child in the caregiver's
care with the child welfare system, the court, and community
agencies, including the school, child care, health and mental
health providers, and employers.

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145 5. Participate fully in the child's medical,
146 psychological, and dental care as the caregiver would for his or
147 her biological child.

6. Support the child's educational school success by 148 149 participating in school activities and meetings associated with 150 the child's school or other educational setting, including Individual Education Plan meetings and meetings with an 151 152 educational surrogate if one has been appointed, assisting with 153 school assignments, supporting tutoring programs, meeting with 154 teachers and working with an educational surrogate if one has 155 been appointed, and encouraging the child's participation in extracurricular activities. 156

157 <u>a. Maintaining educational stability for a child while in</u>
 158 <u>out-of-home care by allowing the child to remain in the school</u>
 159 <u>or educational setting he or she attended before entry into out-</u>
 160 <u>of-home care is the first priority, unless it is not in the best</u>
 161 interest of the child.

162 b. If it is not in the best interest of the child to 163 remain in his or her school or educational setting upon entry 164 into out-of-home care, the caregiver must work with the case 165 manager, guardian ad litem, teachers and guidance counselors, 166 and educational surrogate if one has been appointed, to 167 determine the best educational setting for the child. Those 168 settings may include a public school that is not the school of origin, a private school pursuant to s. 1002.42, virtual 169

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170 education programs pursuant to s. 1002.45, or education at home
171 pursuant to s. 1002.41.

172 7. Work in partnership with other stakeholders to obtain 173 and maintain records that are important to the child's well-174 being, including child resource records, medical records, school 175 records, photographs, and records of special events and 176 achievements.

8. Ensure that the child in the caregiver's care who is
between 13 and 17 years of age learns and masters independent
living skills.

9. Ensure that the child in the caregiver's care is aware
of the requirements and benefits of the Road-to-Independence
Program.

183 10. Work to enable the child in the caregiver's care to 184 establish and maintain naturally occurring mentoring 185 relationships.

(b) Roles and responsibilities of the department, the community-based care lead agency, and other agency staff.—The department, the community-based care lead agency, and other agency staff shall:

190 1. Include a caregiver in the development and 191 implementation of the case plan for the child and his or her 192 family. The caregiver shall be authorized to participate in all 193 team meetings or court hearings related to the child's care and 194 future plans. The caregiver's participation shall be facilitated 195 through timely notification, an inclusive process, and

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196 alternative methods for participation for a caregiver who cannot 197 be physically present.

2. Develop and make available to the caregiver the information, services, training, and support that the caregiver needs to improve his or her skills in parenting children who have experienced trauma due to neglect, abuse, or separation from home, to meet these children's special needs, and to advocate effectively with child welfare agencies, the courts, schools, and other community and governmental agencies.

2053. Provide the caregiver with all information related to206services and other benefits that are available to the child.

207 <u>4. Show no prejudice against a caregiver who desires to</u>
 208 <u>educate at home any children placed in his or her home through</u>
 209 the child welfare system.

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(c) Transitions.-

211 1. Once a caregiver accepts the responsibility of caring 212 for a child, the child will be removed from the home of that 213 caregiver only if:

a. The caregiver is clearly unable to safely or legallycare for the child;

216 b. The child and his or her biological family are 217 reunified;

218 c. The child is being placed in a legally permanent home 219 pursuant to the case plan or a court order; or

d. The removal is demonstrably in the child's bestinterest.

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222 2. In the absence of an emergency, if a child leaves the 223 careqiver's home for a reason provided under subparagraph 1., 224 the transition must be accomplished according to a plan that 225 involves cooperation and sharing of information among all 226 persons involved, respects the child's developmental stage and 227 psychological needs, ensures the child has all of his or her 228 belongings, allows for a gradual transition from the caregiver's 229 home and, if possible, for continued contact with the caregiver 230 after the child leaves.

(d) Information sharing.-Whenever a foster home or residential group home assumes responsibility for the care of a child, the department and any additional providers shall make available to the caregiver as soon as is practicable all relevant information concerning the child. Records and information that are required to be shared with caregivers include, but are not limited to:

Medical, dental, psychological, psychiatric, and
 behavioral history, as well as ongoing evaluation or treatment
 needs;

241 2. School records;

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242 3. Copies of his or her birth certificate and, if
243 appropriate, immigration status documents;

244

Consents signed by parents;

245 5. Comprehensive behavioral assessments and other social 246 assessments;

247 6. Court orders;

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- 248 7. Visitation and case plans;
- 249 8. Guardian ad litem reports;
- 250

9. Staffing forms; and

10. Judicial or citizen review panel reports and attachments filed with the court, except confidential medical, psychiatric, and psychological information regarding any party or participant other than the child.

(e) Caregivers employed by residential group homes.—All
caregivers in residential group homes shall meet the same
education, training, and background and other screening
requirements as foster parents.

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TITLE AMENDMENT

263 Remove

Remove line 2 and insert:

An act relating to adoption and foster care; amending s. 39.0016, F.S.; revising what the Department of Children and Families must do when required to enter into agreements with specified entities; amending s. 409.145, F.S.; revising caregiver roles and responsibilities; revising the roles and responsibilities of the department, the community-based care lead agency, and other agency staff; creating

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