

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 599 Child Welfare  
**SPONSOR(S):** Children, Families & Seniors Subcommittee, Combee  
**TIED BILLS:** **IDEN./SIM. BILLS:** SB 7018

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

### SUMMARY ANALYSIS

Chapter 39, F.S., creates the dependency system, which is charged with child welfare. Child welfare services aim to prevent abandonment, abuse, and neglect of children. The Department of Children and Families' (DCF) Office of Child Welfare works in partnership with local communities and the courts to ensure the safety, timely permanency and well-being of children. DCF contracts for foster care placement and related services with lead agencies, also known as community-based care organizations.

DCF's new practice model seeks to achieve the goals of safety, permanency, child well-being, and family well-being. DCF is required to administer a system of care that prevents the separation of children from their families and provides interventions to allow children to remain safely in their own homes. However, when it is determined that in-home services are not enough to allow a child to safely remain in his or her home, the child is removed from his or her home and placed with a safe and appropriate temporary out-of-home placement.

CS/HB 599 requires lead agencies to provide a continuum of care through direct provision, subcontract, referral, or other effective means, and requires DCF to specify the minimum services available through contract. The bill details the intervention services to be provided by the lead agencies. The bill requires a workgroup to determine the feasibility of a statewide initial assessment tool for placement and services.

The bill requires a quality rating system for group homes and foster homes to be developed by June 30, 2017, and implemented by July 1, 2018. The bill requires DCF to monitor residential group home placements and for lead agencies to develop a plan for managing group home utilization, including specific targets for reductions over a five-year period if the CBC has utilization over 8%. DCF is to report annually on the plans' implementation. The bill creates permanency teams that are required to review out-of-home placements for children placed in residential group care.

The bill makes specific conforming changes to align statute with the new language and practice of the safety methodology, such as:

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

The bill also:

- Revises the designation of an agency that is allowed to access confidential records to conform with practice;
- Makes conforming cross reference changes; and
- Repeals obsolete sections of law dealing with residential group care.

The bill has an indeterminate fiscal impact.

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

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

**STORAGE NAME:** h0599b.CFSS

**DATE:** 1/25/2016

# FULL ANALYSIS

## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### **Present Situation**

##### The Child Welfare System

Chapter 39, F.S., creates the dependency system, which is charged with child welfare. Child welfare services aim to prevent abandonment, abuse, and neglect of children.<sup>1</sup> The Department of Children and Families' (DCF) Office of Child Welfare works in partnership with local communities and the courts to ensure the safety, timely permanency and well-being of children.

##### *New Safety Methodology*

In 2013, DCF began implementing a new child welfare practice model that standardizes the approach to safety decision making and risk assessment in determining a child's safety.<sup>2</sup> DCF's practice model seeks to achieve the goals of safety, permanency, child well-being, and family well-being.<sup>3</sup> The methodology emphasizes parent engagement and empowerment and that child welfare professionals have the skills and supervisory support they need to assess child safety.<sup>4</sup> Child welfare professionals use a safety-focused, family-centered, and trauma-informed approach to achieve these goals.<sup>5</sup> Some of the key practices used to achieve these goals are:<sup>6</sup>

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

The new practice model shifts the focus from the previously used incident-centered practice to a safety-focused and family-centered practice. This means that instead of the system addressing the specific incident that prompted the investigation into the family, DCF looks to treat the family in a more holistic and safety-focused way to keep children in their homes whenever possible.

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

DCF contracts for foster care and related services with lead agencies, also known as community-based care organizations (CBCs). The transition to outsourced provision of child welfare services was intended to increase local community ownership of service delivery and design.<sup>7</sup>

DCF, through the CBCs, is required to administer a system of care<sup>8</sup> for children that is directed toward:

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

<sup>2</sup> The Department of Children and Families, 2013 Year in Review, accessible at: <http://www.dcf.state.fl.us/admin/publications/year-in-review/2013/page19.shtml> (last accessed December 13, 2015).

<sup>3</sup> The Department of Children and Families, Florida's Child Welfare Practice Model, accessible at: <http://www.myflfamilies.com/service-programs/child-welfare/child-welfare-practice-model> (last accessed December 11, 2015).

<sup>4</sup> Supra. at FN 2.

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

<sup>6</sup> Supra. at FN 3.

<sup>7</sup> Community-Based Care, The Department of Children and Families, accessible at <http://www.myflfamilies.com/service-programs/community-based-care> (last viewed December 8, 2015).

<sup>8</sup> S. 409.145(1), F.S.

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

Statute provides that under this system CBCs are responsible for providing foster care and related services. These services include, but are not limited to, counseling, domestic violence services, substance abuse services, family preservation, emergency shelter, and adoption.<sup>9</sup> The CBC must give priority to services that are evidence-based and trauma informed.<sup>10</sup> CBCs contract with a number of subcontractors for case management and direct care services to children and their families.<sup>11</sup> There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.<sup>12</sup>

### *Dependency Case Process*

When a child is removed from his or her home, a series of dependency court proceedings must occur to adjudicate the child dependent and place him or her in out-of-home care. The process is as follows:

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

<sup>9</sup> Id.

<sup>10</sup> S. 409.988(3), F.S.

<sup>11</sup> Supra. at FN 7.

<sup>12</sup> Community Based Care Lead Agency Map, The Department of Children and Families, accessible at <http://www.myflfamilies.com/service-programs/community-based-care/cbc-map> (last accessed December 8, 2015).

## Case Plans

DCF must develop a case plan with input from all parties to the dependency case that details the problems being addressed as well as the goals, tasks, services, and responsibilities required to ameliorate the concerns of the state.<sup>13</sup> The case plan follows the child from the provision of voluntary services through dependency, or termination of parental rights.<sup>14</sup> Once a child is found dependent, a judge reviews the case plan, and if the judge accepts the case plan as drafted, orders the case plan to be followed.<sup>15</sup>

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

Section 39.6012, F.S., details the types of tasks and services that must be provided to the parents as well as the type of care that must be provided to the child. The services must be designed to improve the conditions in the home, facilitate the child's safe return to the home, ensure proper care of the child, and facilitate permanency. The case plan must describe each task with which the parent must comply and the services provided that address the identified problem in the home and all available information that is relevant to the child's care.

When determining whether to place a child back into the home he or she was removed from, or whether to move forward with another permanency option, the court uses the case plan to determine whether the parent has complied with the tasks and services to the extent that the safety, well-being, and the physical, mental and emotional health of the child is not endangered by the return of the child to the home.<sup>16</sup>

### Placements of Children in the Child Welfare System

#### *In-home with Services*

DCF is required to administer a system of care that prevents the separation of children from their families and provides interventions to allow children to remain safely in their own homes.<sup>17</sup> Protective investigators and CBC case managers can refer families for in-home services to allow a child, who would otherwise be unsafe, to remain in his or her own home.

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

When a child protective investigator determines that in-home services are not enough to allow a child to safely remain in his or her home, the investigator removes the child from his or her home and places the child with a safe and appropriate temporary placement. These temporary placements, referred to as out-of-home care, provide housing and services to children until they can return home to their family or achieve permanency with another family through adoption or guardianship.<sup>18</sup>

CBCs must place all children in out-of-home care in the most appropriate available setting after conducting an assessment using child-specific factors.<sup>19</sup> Legislative intent is to place children in a family-like environment when they are removed from their homes. When possible, child protective investigators and lead agency case managers place the children with a relative or responsible adult that the child knows and with whom they have a relationship. These out-of-home placements are

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<sup>13</sup> Ss, 39.6011 and 39.6012, F.S.

<sup>14</sup> S. 39.01(11), F.S.

<sup>15</sup> S. 39.521, F.S.

<sup>16</sup> S. 39.522, F.S.

<sup>17</sup> Supra. at FN 8.

<sup>18</sup> Office of Program Policy and Government Accountability, Research Memorandum, Florida's Residential Group Care Program for Children in the Child Welfare System (December 22, 2014) (on file with the Children, Families, and Seniors Subcommittee).

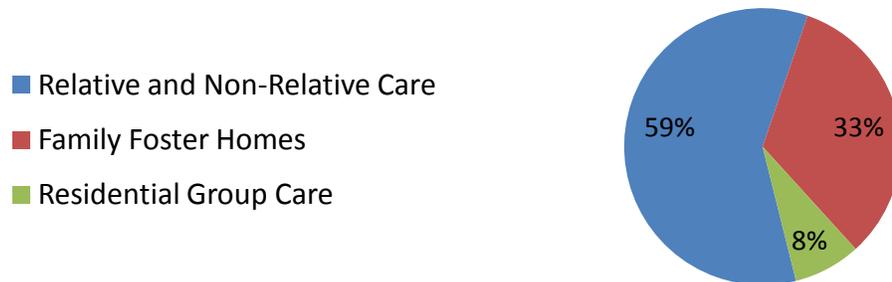
<sup>19</sup> Child-specific factors include age, sex, sibling status, physical, educational, emotional, and developmental needs, maltreatment, community ties, and school placement. (Rule 65C-28.004, F.A.C.)

referred to as relative and non-relative caregivers. When a relative or non-relative caregiver placement is not possible, case managers try to place the children in family foster homes licensed by DCF.

Some children have extraordinary needs, such as multiple placement disruptions, mental and behavioral health problems, juvenile justice involvement, or children with disabilities, which may require case managers to place them in residential group care. The primary purpose of residential group care is to provide a setting that addresses the unique needs of children and youth who require more intensive services than a family setting can provide.<sup>20</sup>

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

### Distribution of Children in Out-of-Home Placements FY 2014-15 <sup>22</sup>



#### *Relatives or Non-Relative Caregivers*

Research indicates that children in the care of relatives and non-relatives, such as grandparents or family friends, benefit from increased placement stability and are less likely to change placements as compared to children placed in general foster care. As opposed to children living in foster care, children living in relative and non-relative care are more likely to remain in their own neighborhoods, be placed with their siblings, and have more consistent interactions with their birth parents than do children who are placed in foster care, all of which might contribute to less disruptive transitions into out-of-home care.<sup>23</sup> Relative and non-relative caregivers are not required to be licensed, but do undergo a walk through of their home to determine if the home is appropriate to place the child.

Florida created the Relative Caregiver Program in 1998,<sup>24</sup> to provide financial assistance to eligible relatives caring for children who would otherwise be in the foster care system. The monthly amount of the relative payment is:<sup>25</sup>

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

<sup>20</sup> Supra. at FN 18.

<sup>21</sup> Office of Program Policy and Government Accountability, Research Memorandum, Florida's Child Welfare System: Out-of-Home Care (November. 12, 2015) (on file with the Children, Families, and Seniors Subcommittee).

<sup>22</sup> Office of Program Policy and Government Accountability, Research Memorandum, Florida's Child Welfare System: Out-of-Home Care (November. 12, 2015) (on file with the Children, Families, and Seniors Subcommittee).

<sup>23</sup> David Rubin and Downes, K., et al., The Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care (June 2, 2008), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654276/> (last accessed December 10, 2015).

<sup>24</sup> S. 39.5085, F.S.

<sup>25</sup> 65C-28.008, F.A.C.

## *Family Foster Homes*

A family foster home means a licensed private residence in which children who are unattended by a parent or legal guardian are provided 24-hour care. Such homes include emergency shelter family homes and specialized foster homes for children with special needs.<sup>26</sup> Foster homes are licensed,<sup>27</sup> inspected regularly, and foster parents go through a rigorous interview process before being approved.<sup>28</sup> Family foster home room and board rates are:<sup>29,30</sup>

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

## *Residential Group Care*

Residential group care (RGC) placements are licensed by DCF as residential child-caring agencies<sup>31</sup> that provide staffed 24-hour care for children in facilities maintained for that purpose, regardless of whether operated for profit or whether a fee is charged.<sup>32</sup> These include maternity homes, runaway shelters, group homes, and emergency shelters.<sup>33</sup> The two primary models of group care are the shift model, with staff working in shifts providing 24-hour supervision, and the family model, which has a house parent or parents that live with and are responsible for 24 hour care of children within the group home.<sup>34</sup>

Lead agencies must consider placement in RGC if the following specific criteria are met:

- The child is 11 or older;
- The child has been in licensed family foster care for six months or longer and removed from family foster care more than once; and
- The child has serious behavioral problems or has been determined to be without the options of either family reunification or adoption.<sup>35</sup>

In addition, information from several sources, including psychological evaluations, professionals with knowledge of the child, and the desires of the child concerning placement must be considered.<sup>36</sup> If the lead agency case managers determine that RGC would be an appropriate placement, the child must be placed in RGC if a bed is available. Children who do not meet the specified criteria may be placed in RGC if it is determined that such placement is the most appropriate for the child.<sup>37</sup>

Not only does RGC provide a placement option, it can also serve as a treatment component of the children's mental health system of care.<sup>38</sup> Children in RGC with behavioral health needs receive mental health, substance abuse, and support services that are provided through Medicaid-funded

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<sup>26</sup> S. 409.175, F.S.

<sup>27</sup> Id.

<sup>28</sup> Florida Department of Children and Families, *Fostering Definitions*, available at <http://www.myflfamilies.com/service-programs/foster-care/definitions> (last visited December 9, 2015).

<sup>29</sup> S. 409.145(4), F.S.

<sup>30</sup> Department of Children and Families, *Memorandum on 2015 Foster Parent Cost of Living Allowance Increase* (December 31, 2014) (on file with Children, Families, and Seniors subcommittee staff).

<sup>31</sup> *Supra.* at FN 18.

<sup>32</sup> S. 409.175, F.S.

<sup>33</sup> Id.

<sup>34</sup> *Supra.* at FN 18.

<sup>35</sup> S. 39.523(1), F.S.

<sup>36</sup> Id.

<sup>37</sup> S. 39.523(4), F.S.

<sup>38</sup> Richard Barth, *Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate*. Chapel Hill, NC: University of North Carolina, School of Social Work, Jordan Institute for Families (June 17, 2002), available at:

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

Behavioral Health Overlay Services.<sup>39</sup> Residential group homes also directly employ or contract with therapists and counselors.<sup>40</sup>

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

During the 2013-2014 fiscal year, the per diem rate for the shift-care group home model averaged \$124, and costs ranged from \$52 to \$283. The per diem rate for a family group home model averaged \$97, and costs ranged from \$17 to \$175. In contrast, family foster homes had an average daily rate of \$15.<sup>41</sup> The total cost of group home care in Florida for the 2014-15 fiscal year was \$89.8 million.<sup>42</sup>

### *Licensure*

DCF is required to license most out-of-home placements, including family foster homes, residential child-caring agencies (residential group care), and child-placing agencies.<sup>43</sup>

The following placements do not require licensure under the licensing statute:

- Relative caregivers,<sup>44</sup>
- Non-relative caregivers,<sup>45</sup>
- An adoptive home which has been approved by the department or by a licensed child-placing agency for children placed for adoption,<sup>46</sup> and
- Persons or neighbors who care for children in their homes for less than 90 days.<sup>47</sup>

Licensure involves meeting rules and regulations pertaining to:

- The operation, conduct, and maintenance of these homes,
- The provision of food, clothing, educational opportunities, services, equipment, and individual supplies to assure the healthy physical, emotional, and mental development of the children served,
- The appropriateness, safety, cleanliness, and general adequacy of the premises, including fire prevention and health standards, to provide for the physical comfort, care, and well-being of the children served,
- The ratio of staff to children required to provide adequate care and supervision of the children served and, in the case of foster homes,
- The maximum number of children in the home, and
- The good moral character based upon screening, education, training, and experience requirements for personnel.<sup>48</sup>

These licensure standards are the minimum requirements that must be met to care for children within the child welfare system. The department must issue a license for those homes and agencies that meet

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<sup>39</sup> Office of Program Policy and Government Accountability, Research Memorandum, Florida's Child Welfare System: Out-of Home Care (November, 12, 2015) (on file with the Children, Families, and Seniors Subcommittee).

<sup>40</sup> Id.

<sup>41</sup> Supra. at FN 18.

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

<sup>43</sup> S. 409.175, F.S.

<sup>44</sup> S. 409.175(1)(e), F.S.

<sup>45</sup> Id.

<sup>46</sup> S. 409.175(4)(d), F.S.

<sup>47</sup> S. 409.175(1)(e), F.S.

<sup>48</sup> S. 409.175, F.S.

the minimum licensure standards.<sup>49</sup> However, the issuance of a license does not require a lead agency to place a child with any home or agency.<sup>50</sup>

## Residential Group Care Quality Standards

### *Florida Institute for Child Welfare*

The Florida Institute for Child Welfare's (FICW) 2015 Annual Report looked at seven key areas concerning Florida's child welfare system, one of which was residential group care. The report highlighted three recommendations concerning residential group care:

- DCF should continue to refine and implement residential group care quality standards.
- Explore flexible funding that can facilitate higher quality services; and
- Crosswalk quality standards to existing policy and standards to ensure uniformity.

The FICW also published a technical report titled "Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations" in July of 2015. This report looked at the current trends and evidence related to residential group care, finding that "[a]lthough the appropriate use of RGC has been a subject of longstanding debate, most child welfare experts, including practitioners, researchers, and advocacy groups, acknowledge that for some youth involved in the child welfare system, high quality group care is an essential and even life saving intervention."<sup>51</sup> Based on reviews of current trends and issues, findings from research, and reviews of recommendations proposed by child welfare experts and advocacy groups the following seven recommendations are offered.<sup>52</sup>

1. Develop and implement a basic set of common quality standards for RGC.
2. Increase evaluation efforts to identify and support evidence-based RGC services.
3. Support RGC providers in strengthening efforts to engage families.
4. Explore innovative approaches, including those that are trauma-informed and relationship-based.
5. Increase efforts to identify and implement culturally competent practices that are supported by research.
6. Continue to build upon efforts to strengthen the child welfare workforce.
7. Explore flexible funding strategies that can help facilitate higher quality services and innovative uses of RGC that are consistent with systems of care principles.

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

### *Group Care Quality Standards Workgroup*

The Group Care Quality Standards Workgroup (workgroup) was established by DCF and the Florida Coalition for Children. The workgroup had representation from group care providers, lead agencies, and DCF and reviewed standards-related literature to determine consensus and ensure a high quality of group care standards.<sup>53</sup> The workgroup identified eight specific category areas for quality standards with 251 distinct quality standards for residential group care.<sup>54</sup>

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<sup>49</sup> S. 409.175(6)(h), F.S.

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

<sup>51</sup> Boel-Studt, S. M. (2015). *Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations* (Florida Institute for Child Welfare).

<sup>52</sup> *Id.*

<sup>53</sup> Group Care Quality Standards Workgroup, Quality Standards for Group Care, Florida Department of Children and Families and the Florida Coalition of Children (2015) (on file with Children, Families, and Seniors subcommittee staff).

<sup>54</sup> *Id.*

## Extended Foster Care

In 2014, the Legislature provided foster youth with the ability to extend foster care.<sup>55</sup> Previously, youth did not have the option to remain in foster care after their 18th birthday. Now, through extended foster care, they have the option to remain in care until they turn 21 or, if enrolled in an eligible post-secondary institution, receive financial assistance as they continue pursuing academic and career goals.<sup>56</sup> In extended foster care, young adults continue to receive case management services and other supports to provide them with a sound platform for success as independent adults.

### **Effect of Proposed Changes:**

#### New Safety Methodology

CS/HB 599 makes specific conforming changes to better align statute with the new language and practice of the safety methodology, such as:

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

#### Quality Rating System

The bill requires, by June 30, 2017, that DCF must develop, in collaboration with CBCs, service providers, and other community stakeholders, a statewide quality rating system for providers of residential group care and foster homes. The system must promote high quality in services and accommodations by creating measurable quality standards that providers must meet to contract with CBCs. DCF must submit a report by October 1 of each year that includes a plan for oversight of the implementation of the system, lists providers meeting minimum quality standards, the percentage of children placed with highly rated providers, and any negative actions taken against providers for not meeting minimum quality standards.

#### Group Care Utilization Plan

The bill requires the community-based care lead agencies to develop plans for the management of group care utilization within their services areas by January 1, 2017. These plans must include strategies, action steps, timeframes, and performance measures to manage the use of group care utilization. CBCs with group care utilization above 8% must have a plan that includes specific targets through June 30, 2020, for reduction in use of residential group care to 8%. The plan must maintain residential group care as an option for out-of-home placement. DCF may allow for different targets for

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<sup>55</sup> S. 39.6251, F.S.

<sup>56</sup> The Department of Children and Families, Extended Foster Care – My Future My Choice, *accessible at*: <http://www.myflfamilies.com/service-programs/independent-living/extended-foster-care> (last accessed 12/15/15).

CBCs with extraordinary barriers. DCF must submit an annual report on October 1 of each year beginning in 2017 and continuing through 2022 evaluating the progress of the CBCs.

The bill requires DCF to monitor the use of residential group care as a placement option. The data must differentiate between the use of shift-model group care and family-style group care, the reasons for placement, and strategies to transition children into less restrictive family-like settings. This data must also be incorporated in the results-oriented accountability system and be made available to the Florida Institute for Child Welfare.

The bill also requires the establishment of permanency teams to convene multi-disciplinary staffings to review the appropriateness of placements for children that have been placed in residential group care.

### Assessment

The bill requires DCF, in partnership with the community-based care lead agency, to convene a workgroup to study the feasibility of development and implementation of a statewide initial assessment tool. The tool should assess appropriate placement and initial services for all children placed in out-of-home care. DCF must submit a report by October 1, 2017 that addresses the feasibility of such a tool, and if appropriate, action steps and timeframes for development and implementation.

### Dependency Proceedings

The bill adds a requirement that the social study report for judicial review must include documentation that the placement of the child is in the least restrictive, most family-like setting that meets the needs of the child as determined through assessment.

### Extended Foster Care

The bill continues dependency court jurisdiction for children older than 18 years of age until the age of 22 for young adults having a disability who choose to remain in extended foster care.

### Case Plans

Procedures for involving the child in the case planning process are revised to comply with federal law. These procedures include consulting the child during the case planning process, allowing the child an opportunity to attend a face-to-face case plan conference, if appropriate, and choose two case planning team members. The requirements allow DCF to reject one of these team members if there is good cause to believe that the individual would not act in the best interest of the child.

### Critical Incident Rapid Response Team

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

### Other Changes

The bill also:

- Revises the designation of an agency that is allowed to access confidential records to conform with the licensing statute, s. 409.175, F.S.;
- Requires lead agencies to provide a continuum of care through direct provision, subcontract, referral, or other effective means, and requires DCF to specify the minimum services available through contract;
- Outlines intervention services for unsafe children and the types of services that must be available for eligible individuals;

- Adds specific references to domestic violence services to better align domestic violence services and treatment with the child welfare system; and
- Repeals obsolete sections of law related to residential group care, including provisions dealing with placement in group care, equitable reimbursement for group care services, services required for children with extraordinary needs in group care, and reimbursement methodology.

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

#### B. SECTION DIRECTORY:

- Section 1:** Amends s. 39.013, F.S., relating to procedures and jurisdiction.
- Section 2:** Amends s. 39.2015, F.S., relating to critical incident rapid response teams.
- Section 3:** Amends s. 39.402, F.S., relating to placement in shelter.
- Section 4:** Amends s. 39.521, F.S., relating to disposition hearings.
- Section 5:** Amends s. 39.522, F.S., relating to postdisposition change of custody.
- Section 6:** Amends s. 39.6011, F.S., relating to case plan development.
- Section 7:** Amends s. 39.6035, F.S., relating to transition plans.
- Section 8:** Amends s. 39.621, F.S., relating to permanency determination by the court.
- Section 9:** Amends s. 39.701, F.S., relating to judicial review.
- Section 10:** Amends s. 409.145, F.S., relating to care of children; quality parenting; and “reasonable and prudent parent” standard.
- Section 11:** Amends s. 409.1451, F.S., relating to the Road-to-Independence program.
- Section 12:** Amends s. 409.986, F.S., relating to legislative findings and intent; child protection and child welfare outcomes; and definitions.
- Section 13:** Amends s. 409.988, F.S., relating to lead agency duties.
- Section 14:** Amends s. 409.996, F.S., relating to duties of the Department of Children and Families.
- Section 15:** Amends s. 39.01, F.S., relating to definitions
- Section 16:** Amends s. 39.202, F.S., relating to confidentiality of reports and records.
- Section 17:** Amends s. 39.5085, F.S., relating to the relative caregiver program.
- Section 18:** Amends s. 1002.3305, F.S., relating to the college-prepatory boarding academy pilot program for at-risk students.
- Section 19:** Repeals s. 39.523, F.S., relating to placement in group care.
- Section 20:** Repeals s. 409.141, F.S., relating to the equitable reimbursement methodology for nonprofit residential group care services.
- Section 21:** Repeals s. 409.1676, F.S., relating to residential group care services.
- Section 22:** Repeals s. 409.4677, F.S., relating to model comprehensive group care services for children with extraordinary needs.
- Section 23:** Repeals s. 409.1679, F.S., relating to the reimbursement methodology for group care.
- Section 24:** Provides for an effective date of July 1, 2016.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

##### 1. Revenues:

None.

##### 2. Expenditures:

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

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

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

**D. FISCAL COMMENTS:**

The fiscal impact on state government and the private sector is indeterminate. Impacts may relate to possible workload for the department, lead agencies, and providers for developing and implementing a quality rating system for group homes and foster homes. The changing standards for a child's return may require the additional use of safety management services. However these impacts may be able to be absorbed within the current system; for instance; DCF and the CBC's may be able to carry out the rating system development and implementation with existing staff, and in-home safety services may be substituted for current out-of-home services. The degree to which the bill imposes additional workload and service costs are unknown, as is the ability of the system to absorb such costs.

There may be additional costs for the courts to carry out their duties under the bill, which are also indeterminate.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

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

2. Other:

None.

**B. RULE-MAKING AUTHORITY:**

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

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

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

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

- Provides for alignment of statutory language and standards with DCF's safety methodology; Requires the Critical Incident Rapid Response advisory committee to include in its quarterly reports updates on the implementation status of recommendations;
- Requires lead agencies to provide a continuum of care through direct provision, subcontract, referral, or other effective means, and requires DCF to specify the minimum services available through contract;

- Specifies the intervention services CBC's are to make available;
- Removes the requirement to develop and implement a two-pronged assessment for placement and services, and creates a workgroup to evaluate whether the state should develop an *initial assessment* to help make appropriate initial placements;
- Clarifies and updates case planning requirements to add new federal requirements for children's involvement in case planning under certain circumstances;
- Requires a quality rating system for group homes and foster homes to be developed by June 30, 2017, and implemented by July 1, 2018;
- Requires CBC's to do a plan for managing group home utilization, including specific targets for reductions over a five-year period if the CBC has utilization over 8%;
- Revises the definition of "Permanency Goal" to remove language that is already elsewhere in substantive law; and
- Removes the requirement for education and training vouchers as these programs already exist.

The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute.