

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: SPB 7018

INTRODUCER: For consideration by the Children, Families, and Elder Affairs Committee

SUBJECT: Child Welfare

DATE: October 21, 2015

REVISED: \_\_\_\_\_

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ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Preston	Hendon		<b>Pre-meeting</b>

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**I. Summary:**

Many states are moving in the direction of reducing the use of residential group homes for children in foster care. This shift of mission reflects a growing consensus within the child-welfare field that group home settings for foster children, while sometimes necessary, should be used appropriately. To lower group care placements, states have two main options: providing more preventive support for unsafe families and recruiting more people, including relatives and fictive kin, to serve as foster parents.

Placement instability is harmful to children in foster care. Research shows an association between frequent placement disruptions and adverse child outcomes, including poor academic performance and social or emotional adjustment difficulties such as aggression, withdrawal, and poor social interaction with peers and teachers. Despite this evidence, there has been limited intervention by child welfare systems to reduce placement instability as a mechanism for improving outcomes for children. A thorough assessment process to determine the appropriate placement is the most effective way to reduce multiple placements.

SPB 7018 addresses these issues by requiring community-based care lead agencies to have available a full array of services, including intervention services, to help keep children from coming into foster care and requiring more accountability for the outcomes of service delivery. The bill also creates a uniform assessment process to determine the appropriate placement for each child entering the child welfare system.

The SPB requires the department, in collaboration with other entities, to develop a continuum of care for children that establishes levels of care in both family foster care and residential group care and to revise rules and licensing standards to reflect those levels of care.

The SPB repeals a number of sections of statute related to residential group homes that would become obsolete upon passage of the bill.

The SPB is anticipated to have an insignificant fiscal impact on state government.

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

## II. Present Situation:

### **Placement Options for Children in Out-of-Home Care**

Federal law has long supported the belief that all children should grow up in families. The Adoption Assistance and Child Welfare Act of 1980 codified the concept that children should be cared for in their own homes whenever it is possible to do so safely and in new permanent homes when it is not. To preserve the well-being of children who enter the system, out-of-home placements must be in the least restrictive setting possible that is most like a family.<sup>1</sup> Florida has likewise codified the concept of least restrictive setting.<sup>2</sup>

The federal Adoption and Safe Families Act of 1997 (ASFA), signed into law in November 1997, was the most significant piece of legislation dealing with child welfare since the enactment of the Adoption Assistance and Child Welfare Act. The legislation was in response to growing concerns that child welfare systems across the country were not providing for the safety, permanency, and well-being of children in an adequate and timely fashion. The new law aimed to reaffirm the focus on child safety in case decision making and to ensure that children did not languish and grow up in foster care, but instead were connected with permanent families.<sup>3</sup> Florida was one of the first states to enact the provisions of ASFA.<sup>4</sup>

### ***Placement with Relatives or Kinship Care***

A large body of research acknowledges the evidence that children in kinship care are less likely to change placements and benefit from increased placement stability, compared with children in general foster care. Placement stability is a common goal of child welfare systems and has consistently been shown to result in better outcomes for all children living in out-of-home care. Children in kinship care are also more likely to remain in their same neighborhood, be placed with siblings, and have consistent contact with their birth parents than children in foster care, all of which might contribute to less disruptive transitions into out-of-home care.<sup>5</sup>

In addition to adoption and reunification, ASFA included placement with relatives, legal guardians, or another planned permanent-living arrangements as appropriate permanency options for children who cannot be reunified with their parents. While ASFA encouraged states to see fit and willing relatives as permanent family options, it did so without offering ongoing financial assistance to help relatives who were foster parents caring for children as their guardians outside

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<sup>1</sup> Adoption Assistance and Child Welfare Act of 1980, Pub. L. 96-272, 42 USC s. 675.

<sup>2</sup> See ss. 39.407, 39.6012 and 409.165, F.S.

<sup>3</sup> The Urban Institute. Golden, O. and Ehrle Macomber, J. (2009) *Intentions and Results: A Look Back at the Adoption and Safe Families Act*, available at: <http://www.urban.org/research/publication/intentions-and-results-look-back-adoption-and-safe-families-act> (last visited October 18, 2015).

<sup>4</sup> Chapter 98-403, Laws of Florida.

<sup>5</sup> Rubin, D., Downes, K., et al. *Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care* Archives of Pediatric and Adolescent Med. 2008;162(6):550-556.

of foster care.<sup>6</sup> ASFA provided incentives to encourage movement of children to adoptive families, but no similar fiscal incentives to help children leave care to live permanently with legal guardians or relatives who were not adopting them.<sup>7</sup> Other provisions of ASFA created challenges for a child to be placed with a fit and willing relative. Specifically, ASFA regulations require that relative foster homes be licensed in the same way as foster homes for children in non-relative placements, with only limited case-specific exceptions.<sup>8</sup>

More recent federal legislation, the 2008 Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections), makes this requirement a bit less restrictive by allowing states to waive non-safety related licensing standards for relative homes on a case-by-case basis. Fostering Connections also supports states in providing financial subsidies to kinship legal guardianship placement as long as certain conditions have been met. Florida has not implemented the provisions of Fostering Connections related to relative guardianship.<sup>9</sup>

Florida did, however, recognize the importance of relative placements by creating the Relative Caregiver Program in 1998 to provide financial assistance to eligible relatives caring for children who would otherwise be in the foster care system.<sup>10</sup> Nonetheless, this recognition provided benefits less than those provided to foster parents or adoptive parents. While the statewide average monthly rate for children judicially placed with relatives or nonrelatives who are not licensed as foster homes may not exceed 82 percent of the statewide average foster care rate,<sup>11</sup> currently, the monthly amount of the payment is far less than that:<sup>12</sup>

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

In addition, children living with relatives are often not eligible for other benefits provided to children living in licensed foster care.<sup>13</sup> According to the department, in August 2015, Florida had 22,087 children in out-of-home care, with 9,800 of those living in relative placements.

### ***Family Foster Homes***

Family foster homes offer the next least restrictive environment following kinship care for children in need of out-of-home placements. Florida does not have enough family foster homes and does not have an adequate array of homes necessary to meet the variety of needs of children

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<sup>6</sup> The Urban Institute. Allen, M.L. and Davis-Pratt, B. (2009) *The Impact of ASFA on Family Connections for Children*. available at: <http://www.urban.org/research/publication/intentions-and-results-look-back-adoption-and-safe-families-act> (last visited October 18, 2015).

<sup>7</sup> Although some relatives seek to adopt, grandparents sometimes are especially hesitant because of the need first to terminate their own children's parental rights and the hope that these adult sons or daughters will one day be able to resume parenting.

<sup>8</sup> The Urban Institute. Allen, M.L. and Davis-Pratt, B. (2009) *The Impact of ASFA on Family Connections for Children*. available at: <http://www.urban.org/research/publication/intentions-and-results-look-back-adoption-and-safe-families-act> (last visited October 18, 2015).

<sup>9</sup> P.L. 110-351.

<sup>10</sup> Section 39.5085, F.S. In 2014 the program was expanded to include nonrelative caregivers. Chapter 2014-224, Laws of Florida.

<sup>11</sup> *Id.*

<sup>12</sup> 65C-28.008, F.A.C.

<sup>13</sup> See s. 409.1451, F.S.

in out-of-home placements. It is a problem that has existed for at least 15 years. In 2001, it was reported that “Florida’s foster care system was overwhelmed with many problems during the past several years as evidenced by law suits, grand jury investigations, and special investigations such as the District 7 Child Safety Strike Force.”<sup>14</sup>

The Justification Review of the Child Protection Program in the Department of Children and Family Services, February, 2001, by the Office of Program Policy Analysis and Government Accountability (OPPAGA),<sup>15</sup> reported the following problems with Florida’s foster care system:

- The number of admissions to foster care increased by 13 percent between FY 1998-99 and FY 1999-00.
- The department increased its foster home capacity by only 5 percent between FY 1997-98 and 1998-99 even after receiving 70 new FTEs from the 1999 Legislature solely for the purpose of recruiting new foster families.
- The number of children needing care outpaced the number of foster homes leaving many foster home overcrowded.

Lawsuits also alleged numerous problems associated with the foster care system, including failure on the part of the state to develop an array of foster care settings to ensure a safe and secure placement for each foster child, particularly in respect to foster homes for large sibling groups and teenagers.<sup>16</sup>

Florida responded to the lack of foster homes by enacting legislation in 2001 and 2002 to increase the utilization of residential group home placements until additional foster homes could be recruited.<sup>17</sup> In addition to requiring that any dependent child 11 years of age or older who has been in licensed family foster care for 6 months or longer and who is then moved more than once and who is a child with extraordinary needs must be assessed for placement in licensed residential group care, funds were also authorized to be used for one-time startup funding for residential group care purposes that include, but are not limited to, remodeling or renovation of existing facilities, construction costs, leasing costs, purchase of equipment and furniture, site development, and other necessary and reasonable costs associated with the startup of facilities or programs.<sup>18</sup>

At the same time, the department expressed concerns that the provisions were contrary to the literature, contrary to guidance from the federal government, and contrary to the fact that movement over the past decade was away from group home care.<sup>19</sup>

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<sup>14</sup> Committee on Children and Families. *Senate Staff Analysis and Economic Impact Statement*. CS/CS/SB 1214, March 29, 2001.

<sup>15</sup> Office of Program Policy Analysis and Government Accountability. *Justification Review of the Child Protection Program in the Department of Children and Family Services*. Report Number 01-14, February, 2001. available at: <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0114rpt.pdf>. (last visited October 17, 2015).

<sup>16</sup> See, for example, *Foster Children v Bush*, 329 F.3d 1255 (11<sup>th</sup> Cir.2003) and *Ward, et al. v Feaver, et al* 2000 WL34025227 U.S. District Court S.D. Florida.

<sup>17</sup> See ss. 39.523, 409.1676, 409.1677 and 409.1679, F.S.

<sup>18</sup> Section 39.523, F.S.

<sup>19</sup> Testimony from committee meetings: Senate Children and Families Committee, SB 623, January 30, 2002; Senate Children and Families Committee, SB 1214, March 14, 2001; House Child and Family Security Committee, HB 1145, March 15, 2001; House Child and Family Security Committee, HB 755, February 7, 2002.

### *Residential Group Care*

Residential group care as a placement option for children in the child welfare system who are in out-of-home care has many forms and functions, including serving as a child placement component and as a treatment component of the children's mental health system of care. The multiple roles of group care make an analysis of its effectiveness difficult and complex.<sup>20</sup>

Some working in child welfare contend that all residential group care is potentially harmful and that its use should be eliminated. Others support the position that such placements are beneficial for some children in certain situations. Other stakeholders favor the wholesale use of group care as an alternative to the shortage of family placements or reliance on family placements that may expose children to further risk. Both positive and negative claims about the effectiveness of residential group care and its alternatives are often made without sufficient evidence.<sup>21</sup>

There appears to be a growing consensus within the child-welfare community that residential group home settings for children in out-of-home care are sometimes necessary but should be used sparingly and only for the length of time necessary to place the child in a less restrictive environment. While some states have been more successful than others, many states have tried to decrease reliance on group home care.<sup>22</sup>

KVC Health Systems, a private company hired to provide child-welfare services in eastern Kansas and a number of other states, has been very successful in reducing the number of children in residential group care, reporting that only three percent of the 3,100 children it oversees are in group settings, primarily for short-term psychiatric treatment, while virtually all the others are placed with foster families. That's a dramatic change from 1997, when 30 percent of KVC's children were in group care placements.<sup>23</sup>

Several child welfare organizations are advocating for an overhaul of the federal funding system for child welfare, with a goal of shifting funding from residential group home settings to alternatives such as family-based care. One proposal by the Annie E. Casey Foundation and one of its partners, the Jim Casey Youth Opportunities Initiative, suggests that federal reimbursement should be eliminated for shelters and group care for children under 13 years of age while federal reimbursement should be allowed for older children's group care only for short periods when necessary for psychiatric treatment or other specialized care.<sup>24</sup> U.S. Sen. Orrin Hatch, chair of the U.S. Senate Finance Committee, recently held two hearings related to reducing reliance on

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<sup>20</sup> Barth, R. (2002). *Institutions vs. foster homes: The empirical basis for the second century of debate*. Chapel Hill, NC: University of North Carolina, School of Social Work, Jordan Institute for Families, available at: <http://resourcecentre.savethechildren.se/sites/default/files/documents/2344.pdf>. (last visited October 17, 2015).

<sup>21</sup> Child Welfare League of America. (2008). *Residential Transitions Project Phase One Final Report*, available at: [http://rbsreform.org/materials/Residential%20Transitions%20Project%20-%204%2030%2008%20\\_2\\_.pdf](http://rbsreform.org/materials/Residential%20Transitions%20Project%20-%204%2030%2008%20_2_.pdf). (last visited October 17, 2015).

<sup>22</sup> *Id.* Also see California Health and Human Services Agency. California's Child Welfare Continuum of Care Reform, January 2015, *Children's Rights, What Works in Child Welfare Reform: Reducing Reliance on Congregate Care in Tennessee*, July 2011, and The Annie E. Casey Foundation, *Rightsizing Congregate Care, A Powerful First Step in Transforming Child Welfare System*, 2010.

<sup>23</sup> Crary, D. *Foster care: U.S. Moves to phase out group care for foster kids*, Christian Science Monitor. May 17, 2014, available at: <http://www.csmonitor.com/The-Culture/Family/2014/0517/Foster-care-US-moves-to-phase-out-group-care-for-foster-kids>. (last visited October 17, 2015).

<sup>24</sup> *Id.*

residential group care placements. The written statement submitted for the May 19, 2015 hearing by Dr. Jeremy Kohomban, President and CEO of The Children's Village in New York,<sup>25</sup> stated:

In fact, the time has come for private providers to make a change in how we do business, and more providers than you might think are rising to this challenge. Just as public agencies must change, so must private agencies. Our business models must move away from mostly residential care and toward community-and family-based care that is targeted, effective and short-term—including, of course, short-term effective residential care as needed for emergency interventions. You may hear complaints from private providers in your district. They may say this kind of change is hard. Or that the needs of children and families cannot be met using these new models of care. But the evidence is not on their side...

For many years, Children's Village was a reform school on a leafy green residential campus. It looks lovely—like a safe place for kids. And it is a safe place for youth to live temporarily to stabilize and be treated. But leafy green trees do not make a whole child. Belonging and family does... Generally speaking, children do not benefit from being miles away from their families. Even when their families are poor or struggling with problems such as addiction. If you help the parents, you help the children and build a working family. It is time that private provider's look beyond our campuses and our in-patient medical models and find effective ways to meet the needs of children while they live with their families or foster families.

If providers complain, it is because the task before us is immensely challenging... But change is required, for the sake of our children. Because we know that in community after community, taxpayers are paying a lot of money to house children away from their families, when significantly better results are possible through well designed, appropriately funded, performance-focused community-and family-based care.

Nationally, according to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data, in 2012, nearly half (47 percent) of all children in care lived in the foster family homes of non-relatives. Just over one-quarter (28 percent) lived in family foster homes with relatives, often referred to as "kinship care." Six percent of foster children lived in group homes, eight percent lived in institutions, four percent lived in pre-adoptive families, and the rest lived in other types of facilities.<sup>26</sup> These are not substantially different from the proportions at the beginning of the decade, though there has been a slight decrease in the number of foster children in group homes and institutions, and a corresponding increase of those in home care.<sup>27</sup> In Florida, 11 percent of children in foster care are in residential group care and 83 percent of the children in group care are 11 years of age and older, compared to 17 percent in family care settings.<sup>28</sup>

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<sup>26</sup> U.S. Department of Health and Human Services Administration for Children and Families, Children's Bureau. The AFCARS Report (2013) available at: <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>. (last visited October 17, 2015).

<sup>27</sup> Child Trends Data Bank, Foster Care Indicators on Children and Youth (2014) available at: [http://www.childtrends.org/wp-content/uploads/2014/07/12\\_Foster\\_Care.pdf](http://www.childtrends.org/wp-content/uploads/2014/07/12_Foster_Care.pdf). (last visited October 16, 2015).

<sup>28</sup> Office of Program Policy and Government Accountability. Research Memorandum. *Florida's Residential Group Care Program for Children in the Child Welfare System*. December 2014.

Residential group homes are one of the most expensive placement options for children in the child welfare system. The costs of group home care far exceed those for foster care or treatment foster care. The difference in monthly cost can be between six and 10 times higher than foster care and between two and three times higher than treatment foster care. Since there is virtually no evidence that these additional expenditures result in better outcomes for children, there is no cost benefit justification for group care, when other placements are available.<sup>29</sup>

In Florida, unlike rates for foster parents and relative caregivers which are set in statute and in rule, community-based care lead agencies annually negotiate rates for residential group home placements with providers. In Fiscal Year 2013-2014, the average per diem rate for the shift-care group home model was \$124, with costs ranging from \$52 to \$283. The average per diem rate for a family group home model was \$97, with costs ranging from \$17 to \$175. Family foster home care pays an average daily rate of \$15.<sup>30</sup> The cost of group home care in Florida for Fiscal Year 2013-2014 was \$81.7 million.<sup>31</sup>

### III. Effect of Proposed Changes:

**Section 1** amends s. 39.402, F.S., relating to placement in a shelter, to require the court order for placement of a child in shelter contain a written finding that the placement proposed by the department is in the least restrictive and most family-like setting that meets the needs of the child, unless that type of placement is unavailable.

**Section 2** amends s. 39.521, F.S., relating to disposition hearings, to require the court order for disposition contain a written finding that the placement of the child is in the least restrictive and most family-like setting that meets the needs of the child, as determined by the required assessments.

**Section 3** amends s. 39.6011, F.S., relating to the development of case plans, to rearrange and restructure the section. The section now states the purpose of a case plan and requires documentation that a preplacement assessment of the service needs of the child and family, and preplacement preventive services, if appropriate, have been provided and that reasonable efforts to prevent out-of-home placement have been made.

**Section 4** amends s. 39.6012, F.S., relating to case plan requirements for services and tasks for parents and safety, permanency and well-being for children, to rearrange and restructure the section. The bill requires documentation in the case plan that the required placement assessments have been completed; that the child has been placed in the least restrictive, most family-like setting or if not, the reason for the alternative placement; and that if the child has been placed in a residential group care setting, regular reviews and updates to the case plan must be completed.

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<sup>29</sup> Barth, R. (2002). *Institutions vs. foster homes: The empirical basis for the second century of debate*. Chapel Hill, NC: University of North Carolina, School of Social Work, Jordan Institute for Families, available at: <http://resourcecentre.savethechildren.se/sites/default/files/documents/2344.pdf>. (last visited October 17, 2015).

<sup>30</sup> Office of Program Policy and Government Accountability. Research Memorandum. *Florida's Residential Group Care Program for Children in the Child Welfare System* (December 2014).

<sup>31</sup> *Id.*

The bill also requires that provisions in the case plan relating to visitation and contact of the child with his or her parents and/or siblings also apply to extended family members and fictive kind. The term “fictive kin” is defined as individuals that are unrelated to the child by either birth or marriage, but have an emotionally significant relationship with the child that would take on the characteristics of a family relationship.

**Section 5** amends s. 39.6035, relating to the transition plan, to clarify that the transition plan must be approved by the court before the child’s 18<sup>th</sup> birthday.

**Section 6** amends s. 39.621, F.S., relating to permanency determinations by the court, to add provisions relating to maintaining and strengthening the placement. These provisions are current law in s. 39.6011, F.S., and they are being relocated to s. 39.621, F.S.

**Section 7** amends s. 39.701, F.S., relating to judicial review, to add a requirement to the social study report for judicial review 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. The section also requires the court to order the department and the community-based care lead agency to file a written notification before a child changes placements if possible. If such notification before changing placements is not possible, the notification shall be filed immediately following a change. This flexibility would accommodate those cases when a child must be moved on short notice or after work hours.

**Section 8** creates s. 409.142, F.S., relating to intervention services for unsafe children, to provide legislative findings that intervention services and supports are designed to strengthen and support families in order to keep them safely together and to prevent children from entering foster care. The bill also states legislative intent for the department to identify evidence-based intervention programs that remedy child abuse and neglect, reduce the likelihood of foster care placement by supporting parents and relative or nonrelative caregivers, increase family reunification with parents or other relatives, and promote placement stability for children living with relatives or nonrelative caregivers. The section defines the term “intervention services and supports”, provides the types of intervention services that must be available for eligible individuals, provides eligibility for intervention services, requires a monitoring plan to be submitted by each community-based care lead agency to the department by October 1, 2016 and requires an annual report on specified data from the lead agencies to the department as part of the Results Oriented Accountability Program under s. 409.997, F.S.

**Section 9** creates s. 409.143, F.S., relating to assessment and determination of appropriate placements for children in care, to state legislative findings and intent relating to the assessment of children in order to determine the most appropriate placement for each child in out-of-home care. The bill defines the terms “comprehensive behavioral health assessment” and “level of care.” The bill requires an initial placement assessment whenever a child has been determined to need an out-of-home placement and requires the department to document these initial assessments in the Florida Safe Families Network (FSFN).

The bill requires procedures in s. 39.407, F.S., to be followed whenever a child is being placed in a residential treatment facility, and prohibits placement decisions from being made by an individual or entity that has a conflict of interest with an agency being considered for placement.

The bill also requires a follow-up comprehensive behavioral health assessment to be completed for each child placed in out-of-home care; requires certain information to be included in the assessment; requires that the assessment be completed within 30 calendar days after the child enters out-of-home care; and requires the department to use the results of the comprehensive assessment to determine the child's functioning level and the level of care needed by the child.

The bill requires the establishment of permanency teams by the department or the community-based care lead agencies to regularly convene a multi-disciplinary staffing to review the appropriateness of the child's placement and provides what is to be included in the review. An annual report to the Governor, the President of the Senate and the Speaker of the House of Representatives is required by October 1 of each year that includes specified data.

**Section 10** creates s. 409.144, F.S., relating to continuum of care, to provided legislative findings and intent related to the safety, permanency, and well-being of children in out-of-home care. The section defines the terms "continuum of care," "family foster care," "level of care," "out-of-home care," "and "residential group care."

The section requires the department, in collaboration with the Florida Child Welfare Institute and the Quality Parenting Initiative to develop a continuum of care for the placement of children in out-of-home care that includes both family foster care and residential group care by December 31, 2017. To implement the continuum the department must:

- Establish levels of care that are clearly defined with the qualifying criteria for placement at each level identified;
- Revise licensure standards and rules to reflect the services and supports provided by a placement at each level of care; and
- Develop policies and procedures to ensure that placements are appropriate for each child as determined by the required assessments and staffings and last only long enough to resolve the issue that required the placement.

The section requires an annual report by the department to the Governor, the President of the Senate and the Speaker of the House of Representatives and provides for the contents of the report.

**Section 11** amends s. 409.1451, F.S., relating to the Road-to-Independence Program, to create a process for making federal education and training vouchers available to a child or young adult in out-of-home care if he or she meets certain eligibility requirements and provides that the department may adopt rules to implement the program.

**Section 12** amends s. 409.988, F.S., relating to duties of community-based care lead agencies, to require lead agencies to ensure the availability of a full array of services necessary to meet the needs of all individuals within their local system of care. The section also requires the department to report annually to the Governor, the President of the Senate and the Speaker of the House of Representatives on the adequacy of the available service array by lead agency.

**Section 13** amends s. 39.202, F.S., relating to confidentiality of records and reports in cases of child abuse or neglect, to correct a cross reference.

**Section 14** amends s. 1002.3305, F.S., relating to the College-Preparatory Boarding Academy Pilot Program for at-risk students, to correct a cross reference.

**Section 15** repeals s. 39.523, F.S., relating to placement in residential group care.

**Section 16** repeals s. 409.141, F.S., relating to equitable reimbursement methodology for residential group home care.

**Section 17** repeals, s. 409.1676, F.S., relating to comprehensive residential group care services to children who have extraordinary needs.

**Section 18** repeals s. 409.1677, F.S., relating to model comprehensive residential services programs.

**Section 19** repeals, s. 409.1679, F.S., relating to additional requirements and reimbursement methodology for residential group care.

**Section 20** provides an effective date of July 1, 2016.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Most community based care lead agencies make the determination of the placement of a child in foster care. In some areas of the state however, private, non-profit agencies under contract with the community based care lead agency determine placements of foster children. The bill prohibits an agency under contract with the community based care lead agency from providing placement services and operating group homes. The bill does this to ensure there is no conflict of interest for the placement agency in recommending

placements in group homes operated by that same agency. Some providers may have to choose between providing placement services and operating group homes.

**C. Government Sector Impact:**

The extent to which the bill reduces the number of children in group home care and increases the number of children in foster homes, the bill would have a positive fiscal impact on the state. The average cost of group care with shift care workers is \$124 per day per child, the average cost of group care with house parents is \$97 per day per child, and the average cost of foster home is \$15 per day per child.<sup>32</sup> The amount of such an impact is indeterminate.

The bill revises current practices in assessment and placement of children in foster care. To the extent that these new procedures are more costly than current practices, the bill would have a negative fiscal impact on the state. The amount of such an impact is indeterminate.

The bill revises current court procedures in the case planning and placement of children in foster care. To the extent that these new procedures are more costly than current practices, the bill would have a negative fiscal impact on the state. The amount of such an impact is indeterminate.

Finally, the bill authorizes education and training vouchers for certain children in foster care under certain circumstances. The fiscal impact of this change is indeterminate.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 39.402, 39.521, 39.6011, 39.6012, 39.6035, 39.621, 39.701, 409.1451, 409.988, 39.202, and 1002.3305,

This bill creates the following sections of the Florida Statutes: 409.142, 409.143, and 409.144

This bill repeals the following sections of the Florida Statutes: 39.523, 409.141, 409.1676, 409.1677, and 409.1679.

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<sup>32</sup> Office of Program Policy and Government Accountability. Research Memorandum. *Florida's Residential Group Care Program for Children in the Child Welfare System*. December 2014.

**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.

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