

	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/09/2019		
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The Committee on Children, Families, and Elder Affairs (Albritton) recommended the following:

Senate Amendment (with title amendment)

Delete lines 47 - 819

and insert:

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Section 1. Section 39.0012, Florida Statutes, is created to read:

39.0012 Direct-support organization.

(1) The Department of Children and Families shall establish a direct-support organization to assist the Children and Youth Cabinet in carrying out its purposes and responsibilities

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primarily relating to fostering public awareness of children and youth issues and developing new partners in the effort to serve children and youth by raising money; submitting requests for and receiving grants from the Federal Government, the state or its political subdivisions, private foundations, and individuals; and making expenditures to or for the benefit of the cabinet. Such a direct-support organization is an organization that is:

- (a) Incorporated under chapter 617 and approved by the Department of State as a Florida corporation not for profit;
- (b) Organized and operated to make expenditures to or for the benefit of the cabinet; and
- (c) Approved by the department to be operating for the benefit of and in a manner consistent with the goals of the cabinet and in the best interest of the state.
- (2) The board of directors of the direct-support organization shall consist of seven members appointed by the Governor. Each member of the board of directors shall be appointed to a 4-year term.
- (3) The direct-support organization shall operate under written contract with the department.
- (4) All moneys received by the direct-support organization shall be deposited into an account of the direct-support organization and shall be used by the organization in a manner consistent with the goals of the cabinet.
- (5) This section is repealed October 1, 2024, unless reviewed and saved from repeal by the Legislature.
- Section 2. Subsection (37) of section 39.01, Florida Statutes, is amended to read:
 - 39.01 Definitions.—When used in this chapter, unless the



context otherwise requires:

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

Section 3. Paragraph (d) of subsection (2) of section 39.201, Florida Statutes, is amended, and paragraph (1) is added to that subsection, to read:

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.-(2)

- (d) If the report is of an instance of known or suspected child abuse, abandonment, or neglect which that occurred out of state and the alleged perpetrator and the child alleged to be a victim live out of state, the central abuse hotline may shall not accept the report or call for investigation unless the child is currently being evaluated in a medical facility in this state.
- 1. If the child is currently being evaluated in a medical facility in this state, the central abuse hotline shall accept the report or call for investigation and shall transfer the information on the report or call to the appropriate state or country.
- 2. If the child is not currently being evaluated in a medical facility in this state, the central abuse hotline, but shall transfer the information on the report to or call to the



appropriate state or country.

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- (1) The department shall initiate an investigation when it receives a report from an emergency room physician.
- Section 4. Paragraph (i) is added to subsection (4) of section 39.303, Florida Statutes, to read:
- 39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.-
- (4) The child abuse, abandonment, and neglect reports that must be referred by the department to Child Protection Teams of the Department of Health for an assessment and other appropriate available support services as set forth in subsection (3) must include cases involving:
- (i) A child who does not live in this state who is currently being evaluated in a medical facility in this state.

Section 5. Paragraph (d) of subsection (2) of section 39.4015, Florida Statutes, is amended to read:

- 39.4015 Family finding.
- (2) DEFINITIONS.—As used in this section, the term:
- (d) "Fictive kin" means an individual who is unrelated to the child by either birth or marriage, but has such a close emotional relationship with the child that he or she may be considered part of the family.

Section 6. Paragraph (h) of subsection (8) of section 39.402, Florida Statutes, is amended to read:

- 39.402 Placement in a shelter.-
- (8)
- (h) The order for placement of a child in shelter care must identify the parties present at the hearing and must contain written findings:

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- 98 1. That placement in shelter care is necessary based on the 99 criteria in subsections (1) and (2).
 - 2. That placement in shelter care is in the best interest of the child.
 - 3. That continuation of the child in the home is contrary to the welfare of the child because the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services.
 - 4. That based upon the allegations of the petition for placement in shelter care, there is probable cause to believe that the child is dependent or that the court needs additional time, which may not exceed 72 hours, in which to obtain and review documents pertaining to the family in order to appropriately determine the risk to the child.
 - 5. That the department has made reasonable efforts to prevent or eliminate the need for removal of the child from the home. A finding of reasonable effort by the department to prevent or eliminate the need for removal may be made and the department is deemed to have made reasonable efforts to prevent or eliminate the need for removal if:
 - a. The first contact of the department with the family occurs during an emergency;
 - b. The appraisal of the home situation by the department indicates that the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services;
 - c. The child cannot safely remain at home, either because

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there are no preventive services that can ensure the health and safety of the child or because, even with appropriate and available services being provided, the health and safety of the child cannot be ensured; or

- d. The parent or legal custodian is alleged to have committed any of the acts listed as grounds for expedited termination of parental rights in s. 39.806(1)(f)-(i).
- 6. That the department has made reasonable efforts to keep siblings together if they are removed and placed in out-of-home care unless such placement is not in the best interest of each child. It is preferred that siblings be kept together in a foster home, if available. Other reasonable efforts shall include short-term placement in a group home with the ability to accommodate sibling groups if such a placement is available. The department shall report to the court its efforts to place siblings together unless the court finds that such placement is not in the best interest of a child or his or her sibling.
- 7. That the court notified the parents, relatives that are providing out-of-home care for the child, or legal custodians of the time, date, and location of the next dependency hearing and of the importance of the active participation of the parents, relatives that are providing out-of-home care for the child, or legal custodians in all proceedings and hearings.
- 8. That the court notified the parents or legal custodians of their right to counsel to represent them at the shelter hearing and at each subsequent hearing or proceeding, and the right of the parents to appointed counsel, pursuant to the procedures set forth in s. 39.013.
 - 9. That the court notified relatives who are providing out-

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of-home care for a child as a result of the shelter petition being granted that they have the right to attend all subsequent hearings, to submit reports to the court, and to speak to the court regarding the child, if they so desire.

10. That the department has placement and care responsibility for any child who is not placed in the care of a parent at the conclusion of the shelter hearing.

Section 7. Subsection (3) and paragraphs (q), (h), and (i) of subsection (6) of section 39.407, Florida Statutes, are amended to read:

39.407 Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.-

(3) (a) 1. Except as otherwise provided in subparagraph (b) 1. or paragraph (e), before the department provides psychotropic medications to a child in its custody, the prescribing physician or the advanced practice registered nurse whose specialty is psychiatric nursing, as defined in chapter 394, and who is given prescribing authority pursuant to chapter 464 shall attempt to obtain express and informed consent, as defined in s. 394.455(15) and as described in s. 394.459(3)(a), from the child's parent or legal quardian. The department must take steps necessary to facilitate the inclusion of the parent in the child's consultation with the physician or advanced practice registered nurse. However, if the parental rights of the parent have been terminated, the parent's location or identity is unknown or cannot reasonably be ascertained, or the parent declines to give express and informed consent, the department may, after consultation with the prescribing physician or

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advanced practice registered nurse, seek court authorization to provide the psychotropic medications to the child. Unless parental rights have been terminated and if it is possible to do so, the department shall continue to involve the parent in the decisionmaking process regarding the provision of psychotropic medications. If, at any time, a parent whose parental rights have not been terminated provides express and informed consent to the provision of a psychotropic medication, the requirements of this section that the department seek court authorization do not apply to that medication until such time as the parent no longer consents.

- 2. Any time the department seeks a medical evaluation to determine the need to initiate or continue a psychotropic medication for a child, the department must provide to the evaluating physician or advanced practice registered nurse all pertinent medical information known to the department concerning that child.
- (b) 1. If a child who is removed from the home under s. 39.401 is receiving prescribed psychotropic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, the department may take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, if it is determined that the medication is a current prescription for that child and the medication is in its original container.
- 2. If the department continues to provide the psychotropic medication to a child when parental authorization cannot be obtained, the department shall notify the parent or legal

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guardian as soon as possible that the medication is being provided to the child as provided in subparagraph 1. The child's official departmental record must include the reason parental authorization was not initially obtained and an explanation of why the medication is necessary for the child's well-being.

- 3. If the department is advised by a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse whose specialty is psychiatric nursing, as defined in chapter 394, and who is given prescribing authority pursuant to chapter 464 that the child should continue the psychotropic medication and parental authorization has not been obtained, the department shall request court authorization at the shelter hearing to continue to provide the psychotropic medication and shall provide to the court any information in its possession in support of the request. Any authorization granted at the shelter hearing may extend only until the arraignment hearing on the petition for adjudication of dependency or 28 days following the date of removal, whichever occurs sooner.
- 4. Before filing the dependency petition, the department shall ensure that the child is evaluated by a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse whose specialty is psychiatric nursing, as defined in chapter 394, and who is given prescribing authority pursuant to chapter 464 to determine whether it is appropriate to continue the psychotropic medication. If, as a result of the evaluation, the department seeks court authorization to continue the psychotropic medication, a motion for such continued authorization shall be filed at the same time as the dependency petition, within 21 days after the shelter hearing.

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- (c) Except as provided in paragraphs (b) and (e), the department must file a motion seeking the court's authorization to initially provide or continue to provide psychotropic medication to a child in its legal custody. The motion must be supported by a written report prepared by the department which describes the efforts made to enable the prescribing physician or advanced practice registered nurse whose specialty is psychiatric nursing, as defined in chapter 394, and who is given prescribing authority pursuant to chapter 464 to obtain express and informed consent for providing the medication to the child and other treatments considered or recommended for the child. In addition, the motion must be supported by the prescribing physician's or advanced practice registered nurse's signed medical report providing:
- 1. The name of the child, the name and range of the dosage of the psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.
- 2. A statement indicating that the physician has reviewed all medical information concerning the child which has been provided.
- 3. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
- 4. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and

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contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.

- 5. Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician or advanced practice registered nurse recommends.
- (d)1. The department must notify all parties of the proposed action taken under paragraph (c) in writing or by whatever other method best ensures that all parties receive notification of the proposed action within 48 hours after the motion is filed. If any party objects to the department's motion, that party shall file the objection within 2 working days after being notified of the department's motion. If any party files an objection to the authorization of the proposed psychotropic medication, the court shall hold a hearing as soon as possible before authorizing the department to initially provide or to continue providing psychotropic medication to a child in the legal custody of the department. At such hearing and notwithstanding s. 90.803, the medical report described in paragraph (c) is admissible in evidence. The prescribing physician or advanced practice registered nurse whose specialty is psychiatric nursing, as defined in chapter 394, and who is given prescribing authority pursuant to chapter 464 need not

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attend the hearing or testify unless the court specifically orders such attendance or testimony, or a party subpoenas the physician or advanced practice registered nurse to attend the hearing or provide testimony. If, after considering any testimony received, the court finds that the department's motion and the physician's or advanced practice registered nurse's medical report meet the requirements of this subsection and that it is in the child's best interests, the court may order that the department provide or continue to provide the psychotropic medication to the child without additional testimony or evidence. At any hearing held under this paragraph, the court shall further inquire of the department as to whether additional medical, mental health, behavioral, counseling, or other services are being provided to the child by the department which the prescribing physician or advanced practice registered nurse considers to be necessary or beneficial in treating the child's medical condition and which the physician or advanced practice registered nurse recommends or expects to provide to the child in concert with the medication. The court may order additional medical consultation, including consultation with the MedConsult line at the University of Florida, if available, or require the department to obtain a second opinion within a reasonable timeframe as established by the court, not to exceed 21 calendar days, after such order based upon consideration of the best interests of the child. The department must make a referral for an appointment for a second opinion with a physician within 1 working day. The court may not order the discontinuation of prescribed psychotropic medication if such order is contrary to the decision of the prescribing physician or advanced practice

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registered nurse unless the court first obtains an opinion from a licensed psychiatrist, if available, or, if not available, a physician licensed under chapter 458 or chapter 459, stating that more likely than not, discontinuing the medication would not cause significant harm to the child. If, however, the prescribing psychiatrist specializes in mental health care for children and adolescents, the court may not order the discontinuation of prescribed psychotropic medication unless the required opinion is also from a psychiatrist who specializes in mental health care for children and adolescents. The court may also order the discontinuation of prescribed psychotropic medication if a child's treating physician, licensed under chapter 458 or chapter 459, states that continuing the prescribed psychotropic medication would cause significant harm to the child due to a diagnosed nonpsychiatric medical condition.

- 2. The burden of proof at any hearing held under this paragraph shall be by a preponderance of the evidence.
- (e) 1. If the child's prescribing physician or advanced practice registered nurse whose specialty is psychiatric nursing, as defined in chapter 394, and who is given prescribing authority pursuant to chapter 464 certifies in the signed medical report required in paragraph (c) that delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may be provided in advance of the issuance of a court order. In such event, the medical report must provide the specific reasons why the child may experience significant harm and the nature and the extent of the potential harm. The department must submit a

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motion seeking continuation of the medication and the physician's medical report to the court, the child's quardian ad litem, and all other parties within 3 working days after the department commences providing the medication to the child. The department shall seek the order at the next regularly scheduled court hearing required under this chapter, or within 30 days after the date of the prescription, whichever occurs sooner. If any party objects to the department's motion, the court shall hold a hearing within 7 days.

- 2. Psychotropic medications may be administered in advance of a court order in hospitals, crisis stabilization units, and in statewide inpatient psychiatric programs. Within 3 working days after the medication is begun, the department must seek court authorization as described in paragraph (c).
- (f)1. The department shall fully inform the court of the child's medical and behavioral status as part of the social services report prepared for each judicial review hearing held for a child for whom psychotropic medication has been prescribed or provided under this subsection. As a part of the information provided to the court, the department shall furnish copies of all pertinent medical records concerning the child which have been generated since the previous hearing. On its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or the child's interests, the court may review the status more frequently than required in this subsection.
- 2. The court may, in the best interests of the child, order the department to obtain a medical opinion addressing whether

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the continued use of the medication under the circumstances is safe and medically appropriate.

- (g) The department shall adopt rules to ensure that children receive timely access to clinically appropriate psychotropic medications. These rules must include, but need not be limited to, the process for determining which adjunctive services are needed, the uniform process for facilitating the prescribing physician's or advanced practice registered nurse's ability to obtain the express and informed consent of a child's parent or quardian, the procedures for obtaining court authorization for the provision of a psychotropic medication, the frequency of medical monitoring and reporting on the status of the child to the court, how the child's parents will be involved in the treatment-planning process if their parental rights have not been terminated, and how caretakers are to be provided information contained in the physician's or advanced practice registered nurse's signed medical report. The rules must also include uniform forms to be used in requesting court authorization for the use of a psychotropic medication and provide for the integration of each child's treatment plan and case plan. The department must begin the formal rulemaking process within 90 days after the effective date of this act.
- (6) Children who are in the legal custody of the department may be placed by the department, without prior approval of the court, in a residential treatment center licensed under s. 394.875 or a hospital licensed under chapter 395 for residential mental health treatment only pursuant to this section or may be placed by the court in accordance with an order of involuntary examination or involuntary placement entered pursuant to s.

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394.463 or s. 394.467. All children placed in a residential treatment program under this subsection must have a guardian ad litem appointed.

- (q)1. The department must submit, at the beginning of each month, to the court having jurisdiction over the child, a written report regarding the child's progress toward achieving the goals specified in the individualized plan of treatment.
- 2. The court must conduct a hearing to review the status of the child's residential treatment plan no later than 60 days 3 months after the child's admission to the residential treatment program. An independent review of the child's progress toward achieving the goals and objectives of the treatment plan must be completed by a qualified evaluator and submitted to the court before its 60-day 3-month review.
- 3. For any child in residential treatment at the time a judicial review is held pursuant to s. 39.701, the child's continued placement in residential treatment must be a subject of the judicial review.
- 4. If at any time the court determines that the child is not suitable for continued residential treatment, the court shall order the department to place the child in the least restrictive setting that is best suited to meet his or her needs.
- (h) After the initial 60-day 3-month review, the court must conduct a review of the child's residential treatment plan every 90 days.
- (i) The department must adopt rules for implementing timeframes for the completion of suitability assessments by qualified evaluators and a procedure that includes timeframes

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for completing the 60-day 3-month independent review by the qualified evaluators of the child's progress toward achieving the goals and objectives of the treatment plan which review must be submitted to the court. The Agency for Health Care Administration must adopt rules for the registration of qualified evaluators, the procedure for selecting the evaluators to conduct the reviews required under this section, and a reasonable, cost-efficient fee schedule for qualified evaluators.

Section 8. Present paragraphs (a) through (h) of subsection (2) of section 39.5085, Florida Statutes, are redesignated as paragraphs (b) through (i), respectively, paragraph (a) of subsection (1) is amended, and a new paragraph (a) is added to subsection (2) of that section, to read:

39.5085 Relative Caregiver Program.

- (1) It is the intent of the Legislature in enacting this section to:
- (a) Provide for the establishment of procedures and protocols that serve to advance the continued safety of children by acknowledging the valued resource uniquely available through grandparents, relatives of children, and specified nonrelatives of children pursuant to subparagraph (2)(b)3. $\frac{(2)(a)3}{}$.

(2)

(a) Relatives or nonrelatives who are caring for a child and do not meet the eligibility requirements for level I licensure under s. 409.175 may apply for the Relative Caregiver Program.

Section 9. Paragraph (a) of subsection (1) of section 39.5086, Florida Statutes, is amended to read:

39.5086 Kinship navigator programs.



475 (1) DEFINITIONS.—As used in this section, the term: 476 (a) "Fictive kin" has the same meaning as provided in s. 477 39.4015(2)(d). 478 Section 10. Subsections (1), (2), (6), and (10) of section 39.6225, Florida Statutes, are amended to read: 479 480 39.6225 Guardianship Assistance Program. -481 (1) The department shall establish and operate the 482 Guardianship Assistance Program to provide quardianship 483 assistance payments to relatives, as defined in this subsection, 484 next of kin, and fictive kin who meet the eliqibility 485 requirements established in this section. For purposes of 486 administering the program, the term: 487 (a) "Child" means an individual who has not attained 21 488 years of age. 489 (b) "Young adult" means an individual who has attained 18 490 years of age but who has not attained 21 years of age. 491 (c) "Relative" means fictive kin, a relative as defined in 492 s. 39.01(73), or next of kin. 493 (2) To approve an application for the program, the 494 department shall determine that all of the following 495 requirements have been met: 496 (a) The child's placement with the guardian has been 497 approved by the court. 498 (b) The court has granted legal custody to the guardian 499 pursuant to s. 39.6221 39.521 or s. 39.522. 500 (c) The guardian has been licensed to care for the child as 501 provided in s. 409.175. 502 (d) The child was eligible for foster care room and board 503

payments pursuant to s. 409.145 for at least 6 consecutive



504 months while the child resided in the home of the guardian and 505 the quardian was licensed as a foster parent. (6) Guardianship assistance benefits shall be terminated 506 507 if: 508 (a) The child has attained the age of 18, or such greater 509 age as the department may elect; 510 (b) The child has not attained the age of 18 and the 511 relative guardians are no longer legally responsible for the 512 support of the child; or 513 (c) The child is no longer receiving support from the 514 guardian 515 (a) The child is absent from the home of the guardian for a 516 period of at least 60 consecutive calendar days, unless the 517 child: 518 1. Is absent due to medical care, school attendance, 519 runaway status, or detention in a Department of Juvenile Justice 520 facility; and 521 2. Continues to be under the care and custody of the 522 quardian. 523 (b) The court modifies the placement of the child and the 524 quardian is no longer eligible to receive quardianship 525 assistance benefits. 526 (10) The case plan must describe the following for each 527 child with a permanency goal of permanent guardianship in which 528 the guardian is pursuing in receipt of guardianship assistance 529 payments: 530 (a) The manner in which the child meets program eligibility 531 requirements.

(b) The manner in which the department determined that

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reunification or adoption is not appropriate.

- (c) Efforts to discuss adoption with the child's permanent quardian.
- (d) Efforts to discuss quardianship assistance with the child's parent or the reasons why efforts were not made.
- (e) The reasons why a permanent placement with the prospective quardian is in the best interest of the child.
- (f) The reasons why the child is separated from his or her siblings during placement, if applicable.
- (q) Efforts to consult the child, if the child is 14 years of age or older, regarding the permanent quardianship arrangement.

Section 11. Subsections (2) and (3), paragraph (a) of subsection (4), and subsection (6) of section 39.6251, Florida Statutes, are amended, and subsection (10) is added to that section, to read:

- 39.6251 Continuing care for young adults.-
- (2) The primary goal for a child in care is permanency. A child who is living in licensed care on his or her 18th birthday and who has not achieved permanency under s. 39.621 is eligible to remain in licensed care under the jurisdiction of the court and in the care of the department. A child is eliqible to remain in licensed care if he or she is:
- (a) Completing secondary education or a program leading to an equivalent credential;
- (b) Enrolled in an institution that provides postsecondary or vocational education;
- (c) Participating in a program or activity designed to promote or eliminate barriers to employment;



- (d) Employed for at least 80 hours per month; or
- (e) Unable to participate in programs or activities listed in paragraphs (a)-(d) full time due to a physical, intellectual, emotional, or psychiatric condition that limits participation. Any such barrier to participation must be supported by documentation in the child's case file or school or medical records of a physical, intellectual, or psychiatric condition that impairs the child's ability to perform one or more life activities.

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- The young adult must furnish documentation to the department or lead agency of his or her participation in one of the programs or activities listed in paragraphs (a)-(d), or his or her inability to participate in one of the programs or activities as provided in paragraph (e), or authorize the release of his or her records to the department or lead agency.
- (3) The permanency goal for a young adult who chooses to remain in care past his or her 18th birthday is to transition to independence from licensed care to independent living.
- (4) (a) The young adult must reside in a supervised living environment that is approved by the department or a communitybased care lead agency. The young adult shall live independently, but in an environment in which he or she is provided supervision, case management, and supportive services by the department or lead agency. Such an environment must offer developmentally appropriate freedom and responsibility to prepare the young adult for adulthood. For the purposes of this subsection, a supervised living arrangement may include a licensed foster home, licensed group home, college dormitory,

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shared housing, apartment, or another housing arrangement if the arrangement is approved by the community-based care lead agency and is acceptable to the young adult, with first choice being a licensed foster home. A young adult may continue to reside with the same licensed foster family or group care provider with whom he or she was residing at the time he or she reached the age of 18 years.

- (6) A young adult who is between the ages of 18 and 21 and who has left care may return to care by applying to the community-based care lead agency for readmission through the execution of a voluntary placement agreement. The communitybased care lead agency shall readmit the young adult if he or she continues to meet the eligibility requirements in this section.
- (a) The department shall develop a standard procedure and application packet for readmission to care to be used by all community-based care lead agencies.
- (b) Within 30 days after the young adult has been readmitted to care, the community-based care lead agency shall assign a case manager to update the case plan and the transition plan and to arrange for the required services. Updates to the case plan and the transition plan and arrangements for the required services shall be undertaken in consultation with the young adult. The department shall petition the court to reinstate jurisdiction over the young adult. Notwithstanding s. 39.013(2), the court shall resume jurisdiction over the young adult if the department establishes that he or she continues to meet the eligibility requirements in this section.
 - (10) The department shall adopt rules to administer this



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Section 12. Paragraph (d) of subsection (2) of section 39.701, Florida Statutes, is amended, and paragraphs (f) and (g) are added to subsection (4) of that section, to read:

- 39.701 Judicial review.
- (2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF AGE.-
 - (d) Orders.-
- 1. Based upon the criteria set forth in paragraph (c) and the recommended order of the citizen review panel, if any, the court shall determine whether or not the social service agency shall initiate proceedings to have a child declared a dependent child, return the child to the parent, continue the child in out-of-home care for a specified period of time, or initiate termination of parental rights proceedings for subsequent placement in an adoptive home. Amendments to the case plan must be prepared as provided prescribed in s. 39.6013. If the court finds that the prevention or reunification efforts of the department will allow the child to remain safely at home or be safely returned to the home, the court shall allow the child to remain in or return to the home after making a specific finding of fact that the reasons for the creation of the case plan have been remedied to the extent that the child's safety, well-being, and physical, mental, and emotional health will not be endangered.
- 2. The court shall return the child to the custody of his or her the parents at any time it determines that the circumstances which caused the out-of-home placement, and issues subsequently identified, have been remedied to the extent that

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return of the child to the home with an in-home safety plan prepared or approved by the department that they have substantially complied with the case plan, if the court is satisfied that reunification will not be detrimental to the child's safety, well-being, and physical, mental, and emotional health.

- 3. If, in the opinion of the court, the social service agency has not complied with its obligations as specified in the written case plan, the court may find the social service agency in contempt, shall order the social service agency to submit its plans for compliance with the agreement, and shall require the social service agency to show why the child could not safely be returned to the home of the parents.
- 4. If, at any judicial review, the court finds that the parents have failed to substantially comply with the case plan to the degree that further reunification efforts are without merit and not in the best interest of the child, on its own motion, the court may order the filing of a petition for termination of parental rights, regardless of whether or not the time period as contained in the case plan for substantial compliance has expired.
- 5. Within 6 months after the date that the child was placed in shelter care, the court shall conduct a judicial review hearing to review the child's permanency goal as identified in the case plan. At the hearing the court shall make findings regarding the likelihood of the child's reunification with the parent or legal custodian. In making such findings, the court shall consider the level of the parent or legal custodian's compliance with the case plan and demonstrated change in

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protective capacities compared to that necessary to achieve timely reunification within 12 months after the removal of the child from the home. The court shall also consider the frequency, duration, manner, and level of engagement of the parent or legal custodian's visitation with the child in compliance with the case plan. If the court makes a written finding that it is not likely that the child will be reunified with the parent or legal custodian within 12 months after the child was removed from the home, the department must file with the court, and serve on all parties, a motion to amend the case plan under s. 39.6013 and declare that it will use concurrent planning for the case plan. The department must file the motion within 10 business days after receiving the written finding of the court. The department must attach the proposed amended case plan to the motion. If concurrent planning is already being used, the case plan must document the efforts the department is taking to complete the concurrent goal.

- 6. The court may issue a protective order in assistance, or as a condition, of any other order made under this part. In addition to the requirements included in the case plan, the protective order may set forth requirements relating to reasonable conditions of behavior to be observed for a specified period of time by a person or agency who is before the court, + and the order may require any person or agency to make periodic reports to the court containing such information as the court in its discretion may prescribe.
- 7. If, at any judicial review, the court determines that the child shall remain in out-of-home care in a placement other than with a parent, the court shall order that the department

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has placement and care responsibility for the child.

- (4) REVIEW HEARINGS FOR YOUNG ADULTS IN FOSTER CARE. During each period of time that a young adult remains in foster care, the court shall review the status of the young adult at least every 6 months and must hold a permanency review hearing at least annually.
- (f) If the young adult elects to voluntarily leave extended foster care for the sole purpose of ending a removal episode and immediately thereafter executes a voluntary placement agreement with the department to reenroll in extended foster care, the court shall enter an order finding that the prior removal episode has ended. Under these circumstances, the court maintains jurisdiction and a petition to reinstate jurisdiction as provided in s. 39.6251(6)(b) is not required.
- (g) 1. When a young adult enters extended foster care by executing a voluntary placement agreement, the court shall enter an order within 180 days after execution of the agreement which determines whether the placement is in the best interest of the young adult. For purposes of this paragraph, a placement may include a licensed foster home, licensed group home, college dormitory, shared housing, apartment, or another housing arrangement, if the arrangement is approved by the communitybased care lead agency and is acceptable to the young adult.
- 2. When a young adult is in extended foster care, each judicial review order shall provide that the department has placement and care responsibility for the young adult.
- 3. When a young adult is in extended foster care, the court shall enter an order at least every 12 months that includes a finding of whether the department has made reasonable efforts to



736	finalize the permanency plan currently in effect.		
737	Section 13. Paragraph (a) of subsection (4) of section		
738	402.56, Florida Statutes, is amended to read:		
739	402.56 Children's cabinet; organization; responsibilities;		
740	annual report		
741	(4) MEMBERS.—The cabinet shall consist of 16 members		
742	including the Governor and the following persons:		
743	(a)1. The Secretary of Children and Families;		
744	2. The Secretary of Juvenile Justice;		
745	3. The director of the Agency for Persons with		
746	Disabilities;		
747	4. The director of the Office of Early Learning;		
748	5. The State Surgeon General;		
749	6. The Secretary of Health Care Administration;		
750	7. The Commissioner of Education;		
751	8. The director of the Statewide Guardian Ad Litem Office;		
752	9. <u>A representative</u> The director of the Office of Adoption		
753	and Child Protection;		
754	10. A superintendent of schools, appointed by the Governor;		
755	and		
756	11. Five members who represent children and youth advocacy		
757	organizations and who are not service providers, appointed by		
758	the Governor.		
759	Section 14. Present subsections (9) and (10) of section		
760	409.1451, Florida Statutes, are redesignated as subsections (10)		
761	and (11), respectively, paragraph (b) of subsection (2) is		
762	amended, and a new subsection (9) is added to that section, to		
763	read:		
764	409.1451 The Road-to-Independence Program.—		

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- (2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT. -
- (b) The amount of the financial assistance shall be as follows:
- 1. For a young adult who does not remain in foster care and is attending a postsecondary school as provided in s. 1009.533, the amount is \$1,256 monthly.
- 2. For a young adult who remains in foster care, is attending a postsecondary school, as provided in s. 1009.533, and continues to reside in a licensed foster home, the amount is the established room and board rate for foster parents. This takes the place of the payment provided for in s. 409.145(4).
- 3. For a young adult who remains in foster care, but temporarily resides away from a licensed foster home for purposes of attending a postsecondary school as provided in s. 1009.533, the amount is \$1,256 monthly. This takes the place of the payment provided for in s. 409.145(4).
- 4. For a young adult who remains in foster care, is attending a postsecondary school as provided in s. 1009.533, and continues to reside in a licensed group home, the amount is negotiated between the community-based care lead agency and the licensed group home provider.
- 5. For a young adult who remains in foster care, but temporarily resides away from a licensed group home for purposes of attending a postsecondary school as provided in s. 1009.533, the amount is \$1,256 monthly. This takes the place of a negotiated room and board rate.
- 6. The amount of the award may be disregarded for purposes of determining the eligibility for, or the amount of, any other federal or federally supported assistance.

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- 6.7. A young adult is eligible to receive financial assistance during the months when he or she is enrolled in a postsecondary educational institution.
- (9) FINANCIAL ASSISTANCE FOR YOUNG ADULTS RECEIVING SERVICES.—Financial awards to young adults receiving services under subsections (2) and (3) and s. 39.6251 may be disregarded for purposes of determining the eligibility for, or the amount of, any other federal or federally supported assistance for which the department is required to determine eligibility for to administer the program.

Section 15. Paragraphs (e), (j), and (m) of subsection (2), paragraph (b) of subsection (5), paragraphs (b) and (c) of subsection (6), subsection (7), paragraph (b) of subsection (9), paragraphs (b) and (c) of subsection (12), and paragraphs (b) and (d) of subsection (14) of section 409.175, Florida Statutes, are amended to read:

- 409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.
 - (2) As used in this section, the term:
- (e) "Family foster home" means a private residence licensed by the department in which children who are unattended by a parent or legal guardian are provided 24-hour care. The term does not include an adoptive home that has been approved by the department or approved by a licensed child-placing agency for children placed for adoption.
- (j) "Personnel" means all owners, operators, employees, and volunteers working in a child-placing agency, family foster home, or residential child-caring agency who may be employed by

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or do volunteer work for a person, corporation, or agency that holds a license as a child-placing agency or a residential child-caring agency, but the term does not include those who do not work on the premises where child care is furnished and have no direct contact with a child or have no contact with a child outside of the presence of the child's parent or quardian. For purposes of screening, the term includes any member, over the age of 12 years, of the family of the owner or operator or any person other than a client, over the age of 12 years, residing with the owner or operator if the agency or family foster home is located in or adjacent to the home of the owner or operator or if the family member of, or person residing with, the owner or operator has any direct contact with the children. Members of the family of the owner or operator, or persons residing with the owner or operator, who are between the ages of 12 years and 18 years are not required to be fingerprinted, but must be screened for delinquency records. For purposes of screening, the term also includes owners, operators, employees, and volunteers working in summer day camps, or summer 24-hour camps providing care for children. A volunteer who assists on an intermittent basis for less than 10 hours per month shall not be included in the term "personnel" for the purposes of screening if a person who meets the screening requirement of this section is always present and has the volunteer in his or her line of sight.

(m) "Screening" means the act of assessing the background of personnel or level II through level V family foster homes and includes, but is not limited to, employment history checks as provided in chapter 435, using the level 2 standards for screening set forth in that chapter.

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- (5) The department shall adopt and amend rules for the levels of licensed care associated with the licensure of family foster homes, residential child-caring agencies, and childplacing agencies. The rules may include criteria to approve waivers to licensing requirements when applying for a childspecific license.
- (b) The requirements for licensure and operation of family foster homes, residential child-caring agencies, and childplacing agencies shall include:
- 1. The operation, conduct, and maintenance of these homes and agencies and the responsibility which they assume for children served and the evidence of need for that service.
- 2. 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.
- 3. The appropriateness, safety, cleanliness, and general adequacy of the premises, including fire prevention and health standards, to provide for the physical comfort, care, and wellbeing of the children served.
- 4. The ratio of staff to children required to provide adequate care and supervision of the children served and, in the case of family foster homes, the maximum number of children in the home.
- 5. The good moral character based upon screening, education, training, and experience requirements for personnel and family foster homes.
- 6. The department may grant exemptions from disqualification from working with children or the



881 developmentally disabled as provided in s. 435.07.

- 7. The provision of preservice and inservice training for all foster parents and agency staff.
- 8. Satisfactory evidence of financial ability to provide care for the children in compliance with licensing requirements.
- 9. The maintenance by the agency of records pertaining to admission, progress, health, and discharge of children served, including written case plans and reports to the department.
- 10. The provision for parental involvement to encourage preservation and strengthening of a child's relationship with the family.
 - 11. The transportation safety of children served.
- 12. The provisions for safeguarding the cultural, religious, and ethnic values of a child.
- 13. Provisions to safequard the legal rights of children served.

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(b) Upon application, the department shall conduct a licensing study based on its licensing rules; shall inspect the home or the agency and the records, including financial records, of the agency; and shall interview the applicant. The department may authorize a licensed child-placing agency to conduct the licensing study of a family foster home to be used exclusively by that agency and to verify to the department that the home meets the licensing requirements established by the department. The department shall post on its website a list of the agencies authorized to conduct such studies. Upon certification by a licensed child-placing agency that a family foster home meets the licensing requirements and upon receipt of a letter from a



community-based care lead agency in the service area where the home will be licensed which indicates that the family foster home meets the criteria established by the lead agency, the department shall issue the license. A letter from the lead agency is not required if the lead agency where the proposed home is located is directly supervising foster homes in the same service area.

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======== T I T L E A M E N D M E N T =========== And the title is amended as follows:

Delete lines 2 - 36

921 and insert:

> An act relating to child welfare; creating s. 39.0012, F.S.; requiring the Department of Children and Families to establish a direct-support organization to assist the Children and Youth Cabinet with carrying out certain purposes and responsibilities; providing purposes and duties of the direct-support organization; providing for a board of directors; providing membership requirements; delineating contract and other governance requirements; providing for the future repeal of the direct-support organization; amending s. 39.01, F.S.; revising definitions; amending s. 39.201, F.S.; requiring the central abuse hotline to accept certain reports or calls for investigation for children who do not live in this state; requiring the Department of Children and Families to initiate an investigation when a report is received from an emergency room physician;

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amending s. 39.303, F.S.; expanding the types of reports that the department must refer to Child Protection Teams; amending s. 39.4015, F.S.; revising definitions; amending s. 39.402, F.S.; requiring that the order for placement of a child in shelter care contain a written finding specifying that the Department of Children and Families has placement and care responsibility for certain children; amending s. 39.407, F.S.; authorizing certain advanced practice registered nurses to prescribe psychotropic medications to certain children; revising the time period within which a court must review a child's residential treatment plan; amending s. 39.5085, F.S.; revising eligibility for the Relative Caregiver Program; amending s. 39.5086, F.S.; deleting the term "fictive kin"; amending s. 39.6225, F.S.; revising who the department must provide quardianship assistance payments to; defining the term "relative"; revising the requirements that must be met for approval of an application for the Guardianship Assistance Program; revising when guardianship assistance benefits must be terminated; conforming provisions to changes made by the act; amending s. 39.6251, F.S.; requiring a young adult in extended foster care to provide certain documentation or authorize release of certain records; revising permanency goals for young adults in extended foster care; requiring execution of a voluntary placement agreement under certain circumstances; requiring the department to adopt rules; amending s.

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39.701, F.S.; revising when a court must return a child to the custody of his or her parents after making certain determinations; requiring the court to enter certain orders if a young adult enters extended foster care; amending s. 402.56, F.S.; revising membership of the Children and Youth Cabinet; amending s. 409.1451, F.S.; authorizing certain financial awards to be disregarded when a young adult is applying for other federal assistance; amending s. 409.175, F.S.; revising definitions; revising provisions related to the licensure of family foster homes and certain child-caring and child-placing agencies; requiring the department to post certain information on its website; deleting