

HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/CS/HB 1473 Children and Young Adults in Out-of-home Care

SPONSOR(S): Health & Human Services Committee and Children, Families & Seniors Subcommittee, Busatta Cabrera and others

TIED BILLS: **IDEN./SIM. BILLS:**

FINAL HOUSE FLOOR ACTION: 114 Y's 0 N's **GOVERNOR'S ACTION:** Approved

SUMMARY ANALYSIS

CS/CS/HB 1473 passed the House on April 28, 2021, as CS/CS/SB 80 as amended. The Senate concurred in the House amendment to the Senate bill and subsequently passed the bill as amended on April 28, 2021.

The bill makes changes to the child welfare system administered by the Department of Children and Families (DCF) to improve placement stability, reduce placement trauma, maintain sibling connections, support older foster youth, and help youth who age out of the foster care system receive needed assistance.

The bill improves out-of-home placements by prioritizing placement settings and specifying factors DCF, community-based care lead agencies (CBCs), and courts must consider when determining whether a proposed placement is in the child's best interest. The bill requires the use of multidisciplinary teams (MDTs) for important decisions, such as placements and education program choices. The bill requires placement transition plans when a child moves to a new placement and requires an educational transition plan when a child must change schools or child care programs. The bill requires DCF and CBCs to provide supportive services to a caregiver and child if a placement may need modification. It requires the court to hold a hearing if a long-term caregiver objects to a placement change and grants party status to the caregiver for that purpose.

The bill recognizes the importance of keeping children connected with their siblings and gives guidance to child welfare professionals on how to safely support sibling connections.

The bill supports older foster youth by requiring DCF to assess each child's readiness, beginning at age 13, for transition to adulthood. Case managers must help caregivers work with youth to address any life skills deficits. It requires the court to inquire, and DCF to report on, a child's life skills at the first judicial review hearing after the 16th birthday. It also expands eligibility for the Keys-to-Independence program and allows certain young adults to access financial assistance in emergency situations. It also supports young adults who aged out of the foster care system by creating an Office of Continuing Care. It requires CBCs to provide intensive transition services to young adults who aged out of care and to annually contact young adults who are not receiving services to try to reconnect them to services.

The bill authorizes courts to reinstate parental rights in limited circumstances and requires CBCs to provide post-adoption services.

Finally, the bill requires creation and use of face sheets with important case information in each child's record.

The bill has significant, negative, recurring fiscal impacts on DCF. The General Appropriations Act includes funding to implement its provisions.

The bill was approved by the Governor on June 29, 2021, ch. 2021-169, L.O.F., the effective date of this bill is October 1, 2021.

I. SUBSTANTIVE INFORMATION

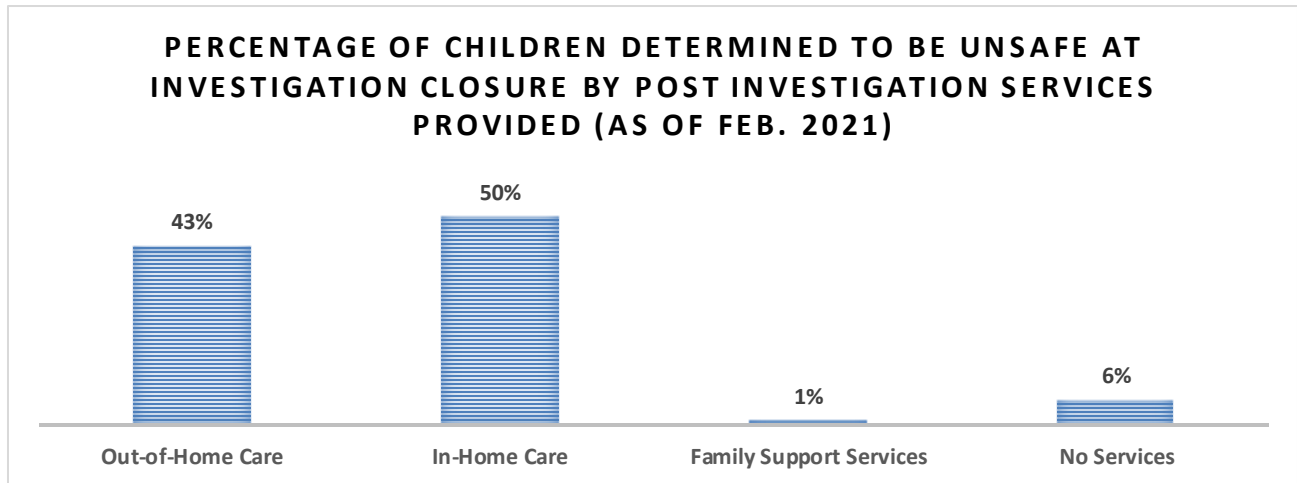
A. EFFECT OF CHANGES:

Background

Florida's Child Welfare System

Chapter 39, F.S., creates the dependency system charged with protecting child welfare, administered by the Department of Children and Families. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. DCF and community-based care agencies (CBCs) work with families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.

DCF's practice model is based on the safety of the child within the home by using in-home services, such as parenting coaching and counseling, to maintain and strengthen that child's natural supports in his or her environment. The graph below shows the responses for children determined to be unsafe, depicting the percentage of such children placed in out-of-home placements, receiving services in the home or through family support services offered to families on a voluntary basis, or receiving no services.¹



DCF contracts with CBCs for case management, out-of-home services, and related services. The outsourced provision of child welfare services is intended to increase local community ownership of service delivery and design. CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.

DCF remains responsible for a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.² Ultimately, DCF is responsible for program oversight and the overall performance of the child welfare system.³

Dependency Case Process

¹ Florida Department of Children and Families, *Child Welfare Key Indicators Monthly Report*, (Feb. 2021), http://centerforchildwelfare.fmhi.usf.edu/qa/cwkeyindicator/KI_Monthly_Report_Feb%202021.pdf (last visited Mar. 2, 2021).

² OPPAGA, report 06-50.

³ *Id.*

When child welfare necessitates that DCF remove a child from the home, a series of dependency court proceedings must occur to adjudicate the child dependent and place that child in out-of-home care.

Steps in the dependency process may include:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in their child's dependency.
- Placement in out-of-home care, if necessary.
- Reunification with the child's parent or another option to establish permanency, such as adoption after termination of parental rights.

The Dependency Court Process

Dependency Proceeding	Description of Process	Controlling Statute
Removal	A child protective investigation determines the child's home is 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. The judge determines whether a child is dependent during trial.	s. 39.507, F.S.
Disposition Hearing	If the child is found dependent, 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.	s. 39.506, F.S. s. 39.521, F.S.
Postdisposition hearing	The court may change temporary placement at a postdisposition hearing anytime after disposition but before the child is residing in the permanent placement approved at a permanency hearing.	s. 39.522, 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.
Petition for Termination of Parental Rights	Once the child has been out-of-home for 12 months, if DCF determines that reunification is no longer a viable goal, termination of parental rights is in the best interest of the child, and other requirements are met, a petition for termination of parental rights is filed.	s. 39.802, F.S. s. 39.8055, F.S. s. 39.806, F.S. s. 39.810, F.S.
Advisory Hearing	This hearing is set as soon as possible after all parties have been served with the petition for termination of parental rights. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for termination of parental rights.	s. 39.808, F.S.
Adjudicatory Hearing	An adjudicatory trial shall be set within 45 days after the advisory hearing. The judge determines whether to terminate parental rights to the child at this trial.	s. 39.809, F.S.

Judicial Review Hearings

Section 39.701, F.S., requires courts to hold judicial review hearings at least every six months until the child reaches permanency. Permanency status is reached when the child has found or has been placed in a permanent home. At every judicial review hearing, DCF or the CBC is required to make an investigation and social study concerning all pertinent details relating to the child and provide a written report to the court. The report must include a variety of information including a description of the placement of the child, the services provided to address the child's needs, and a statement concerning the frequency, duration, and results of parent-child visitation.⁴

The court is required to hold a judicial review hearing within 90 days after a child's 17th birthday.⁵ The social study report at the hearing is required to include additional information related to transitioning the child from foster care to adulthood. The report must include written verification that the child has:

- A clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and the educational program or school in which he or she will be enrolled.
- Information related to the ability of the child to remain in care under the age of 21.
- A letter providing the dates that the child is under the jurisdiction of the court.
- A letter stating that the child is in compliance with financial aid documentation requirements.
- The child's educational records.
- The child's entire health and mental health records.
- The process for accessing his or her case file.
- A statement encouraging the child to attend all judicial review hearings occurring after the child's 17th birthday.
- Information on how to obtain a driver license or learner's driver license.
- A certified copy of the child's birth certificate and, if the child does not have a valid driver license, a Florida identification card.
- An open bank account or the identification necessary to open a bank account and essential banking and budgeting skills.
- Information on public assistance and how to apply for public assistance.
- A current Medicaid card and all necessary information concerning the Medicaid program sufficient to prepare the child to apply for coverage upon reaching the age of 18, if such application is appropriate.
- All relevant information related to the Road-to-Independence program, including, but not limited to, eligibility requirements, information on participation, and assistance in gaining admission to the program. If the child is eligible for the Road-to-Independence program, the child must be advised that he or she may continue to reside in the licensed family home or with the group care provider with whom the child is residing on his or her 18th birthday, in another licensed family home, or with a group care provider arranged by DCF.
- A social security card.
- Information relating to social security insurance benefits if the child is eligible for such benefits, and a full accounting of any such benefits held in a trust fund with information as to how to access the funds.

At the first judicial review hearing held subsequent to the child's 17th birthday, DCF has to provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into care, whichever came later.⁶

At the last review hearing before the child reaches age 18, the court shall also:

- Address whether the child plans to remain in foster care, and if so, ensure the child's transition plan includes a plan for meeting one or more of the criteria for remaining in care.

⁴ S. 39.701(2), F.S.

⁵ S. 39.701(3), F.S.

⁶ S. 39.701(3)(b), F.S.

- Ensure that the transition plan includes a supervised living arrangement.
- Ensure the child has been informed of:
 - The right to continued support and services from DCF and CBCs.
 - The right to request termination of dependency jurisdiction and discharge from foster care.
 - The opportunity to reenter foster care.
- Ensure the child, if the child requests termination of dependency jurisdiction and discharge from foster care, has been informed of:
 - Services or benefits for which the child may be eligible based on his or her former placement in foster care.
 - Services or benefits that may be lost through termination of dependency jurisdiction.
 - Other federal, state, local, or community-based services or supports available to him or her.

When a young adult remains in foster care after reaching age 18, the court shall review the status of the young adult at least every 6 months and must hold a permanency hearing at least annually.⁷ DCF and CBCs must prepare a report for the court, in collaboration with the young adult, that addresses the young adult's progress in meeting case plan goals. The report must include information on progress related to the young adult's independent living plan and transition plan, if applicable, and shall propose modifications as necessary to further the young adult's goals.

Child welfare professionals and young adults have little time to prepare to transition to adulthood because collection of information and preparing the young adult to transition to adulthood does not start occurring until after the child turns 17.

Multidisciplinary Teams

A multidisciplinary team (MDT) is a group of professionals from diverse disciplines who come together to conduct assessments and make planning decisions on how to address safety in child abuse cases.⁸ The use of MDTs in child welfare settings has been an established practice for over 60 years with hospital-based child protection teams⁹ and, more recently, child advocacy centers.¹⁰ Because of the complex nature of child abuse and neglect investigations and family assessments and interventions, MDTs are used to enhance and improve child protective investigations and responses necessary for children and families to recover and succeed.¹¹ MDTs are becoming more widely used to involve a variety of individuals, both professional and non-professional, who interact and coordinate their efforts to plan for children and families receiving child welfare services.¹²

The use of a strengths-based, family-centered multidisciplinary process is important in engaging children, youth and families in the development and implementation of their individual case or treatment plans or other related services designed to meet their needs.¹³ Positive and lasting outcomes are more likely to be achieved when families and child welfare professionals share decision-making and work together.¹⁴

⁷ S. 39.701(4), F.S.

⁸ Partners with Families & Children, *Multidisciplinary Team*, <https://partnerswithfamilies.org/multidisciplinary-team> (last visited May 20, 2021).

⁹ The Kempe Foundation, *Child Protection Team Celebrates 60 Years*, <http://www.kempe.org/child-protection-team-celebrates-60-years/> (last visited Feb. 22, 2021).

¹⁰ The National Children's Alliance, *History of NCA*, <https://www.nationalchildrensalliance.org/history-of-nca/#:~:text=The%20history%20of%20National%20Children's,system%20to%20help%20abused%20children> (last visited Feb. 22, 2021).

¹¹ Child Welfare Information Gateway, *Multidisciplinary Teams*, <https://www.childwelfare.gov/topics/responding/ia/investigation/multidisciplinary/> (last visited May 20, 2021).

¹² See *Id.*

¹³ The Kinship Center, *The Importance of the Child and Family Team*, <http://www.kinshipcenter.org/about-kinship-center/news-and-events/breaking-news/the-importance-of-the-child-and-family-team-cft.html> (last visited Feb. 22, 2021).

¹⁴ *Id.*

MDTs can help eliminate, or at least reduce, many barriers to effective action, including a lack of understanding by the members of one profession of the objectives, standards, conceptual bases, and ethics of the others; lack of effective communication; confusion over roles and responsibilities; interagency competition; mutual distrust; and institutional relationships that limit interprofessional contact.¹⁵ As a result, a number of states¹⁶ are using a MDT team model for child and family engagement premised on the notion that children and families have the capacity to resolve their problems if given sufficient support and resources to help them do so.¹⁷

California, for example, uses a MDT known as a child and family team when a child enters out-of-home care. A child welfare social worker engages with the child and family, and then uses a variety of strategies to identify other team members and factors to develop a plan to help achieve positive outcomes for a child's safety, permanency, and well-being.¹⁸ This strengths-based approach to child welfare recognizes that families are experts in their own lives, and they can achieve success when they have an active role in creating and implementing solutions.¹⁹

Currently, Florida's child welfare system uses MDTs in a number of circumstances, including:

- Child Protection Teams under s. 39.303, F.S.
- Child advocacy center multidisciplinary case review teams under s. 39.3035, F.S.
- Out-of-home placement assessments under s. 39.523, F.S.
- When a child is suspected of being a victim of human trafficking under ss. 39.524 and 409.1754, F.S.

DCF or CBCs coordinate MDTs for additional purposes including case planning conferences, permanency decisions, adoption decisions, safety management issues, when siblings are in separate placements, and institutional placements, among others.²⁰

Out-of-Home Placements

When children cannot safely remain at home with parents, Florida's child welfare system finds safe out-of-home placements for children. After a placement assessment to determine the most appropriate out-of-home placement, a child may be placed with a relative, fictive kin,²¹ licensed foster parent, or in a group home or residential treatment setting.²²

When a child is placed in foster care, DCF has placement care and responsibility and may move a child at any time and without court approval. DCF must obtain court approval to move a child from one

¹⁵ National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health, Education, and Welfare, *Multidisciplinary Teams In Child Abuse And Neglect Programs*, 1978, <https://www.ojp.gov/pdffiles1/Digitization/51625NCJRS.pdf> (last visited Feb. 22, 2021).

¹⁶ See Clark County Department of Family Services, *Child and Family Team Meetings Nevada Case Planning and Assessment Policies*, https://www.childwelfare.gov/pubPDFs/NV_CaseManagementTrainingFacilitator.pdf; State of Tennessee Department of Children's Services, *Administrative Policies and Procedures: 31.7*, <https://files.dcs.tn.gov/policies/chap31/31.7.pdf>; Indiana Department of Child Services, *Child Welfare Policy*, Jan. 1, 2020, <https://www.in.gov/dcs/files/5.07%20Child%20and%20Family%20Team%20Meetings.pdf> (all sites last visited Feb. 22, 2021).

¹⁷ California Department of Social Services, *About Child and Family Teams*, <https://www.cdss.ca.gov/inforesources/foster-care/child-and-family-teams/about> (last visited Feb. 22, 2021).

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ Department of Children and Families, Email from John Paul Fiore, Legislative Specialist, *RE: Follow up on data request from last week*, Mar. 4, 2021 (on file with the Children, Families, and Seniors Subcommittee) (noting several other meetings and conferences that are held for other purposes throughout dependency cases).

²¹ S. 39.01(29), F.S., defines "fictive kin" as a person unrelated by birth, marriage, or adoption who has an emotionally significant relationship, which possesses the characteristics of a family relationship, to a child.

²² R. 65C-28.004, F.A.C.

placement to another when a child is placed with a relative or fictive kin, or in a guardianship placement, because the adult caregiver has temporary legal custody²³ of the child.

National research shows an association between frequent placement disruptions and adverse outcomes for the child, including poor academic performance and social or emotional adjustment difficulties such as aggression, withdrawal, and poor social interaction with peers and teachers.²⁴ Despite this evidence, in the past, child welfare systems made limited efforts to intervene and reduce placement instability as a mechanism for improving outcomes for children.²⁵ Mismatching placements to children's needs has been identified as a factor that negatively affects placement stability. Identifying the right placement requires an effective assessment.²⁶

In 2008, the federal Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act) shifted policies to increase federal support to states to place more children permanently with relative guardians or adoptive parents, and enhance aid to foster youth.²⁷ The Fostering Connections Act increased kinship guardianship assistance payments and increased grants to specified entities for kinship navigator programs. The Act required that:

- A child be placed in the least restrictive, most family-like setting available in close proximity to the home of the child's parents.
- The placement meets the needs of the child.
- A child be placed in a permanent home in a timely manner.²⁸

In 2017, the Florida Legislature recognized the above-mentioned shift in federal policy by amending s. 39.523, F.S., to require a comprehensive placement assessment when any child is placed into out-of-home care. The placement assessment determines the child's needed level of care and matches the child with the most appropriate placement.²⁹ The CBC or subcontracted agency with the responsibility for assessment and placement must coordinate a MDT staffing with any individual who is currently involved with the child.³⁰ The participants include, but are not limited to:

- A representative from DCF and the child's case manager.
- A therapist.
- Attorney ad litem.
- Guardian ad litem.
- Teachers.
- Coaches.
- Children's Medical Services.
- Other community providers of services to the child or stakeholders, as applicable.
- Clergy, relatives, and fictive kin, if appropriate.³¹

MDT staffing participants must gather data and information on the child which is known at the time of the staffing including, but not limited, to:

²³ S. 39.01(86), F.S., (temporary legal custody is a relationship that a court creates between a child and an adult relative, legal custodian, agency, or other person approved by the court until a more permanent placement is ordered).

²⁴ See The Imprint, *A Look Back at the Impact of Research on Child Welfare Policy*, <https://imprintnews.org/analysis/look-back-impact-research-child-welfare-policy/28350> (last visited Feb. 22, 2021); Noonan, K. and Rubin, D., et al., The Children's Hospital of Philadelphia Research Institute, *Securing Child Safety, Well-being, and Permanency Through Placement Stability in Foster Care*, Fall 2009, p. 2, https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_EtoA_CSAW_Fall_2009.pdf (last visited Feb. 17, 2021).

²⁵ *Id.*
²⁶ Teija Sudol, *Placement Stability Information Packet*, National Resource Center for Permanency and Family Connections, Dec. 2009, http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Placement_Stability_Info_Pack.htm (last visited Feb. 22, 2021).

²⁷ See Fostering Connections to Success and Increasing Adoptions Act; Pub. L. 110-351; See also the National Conference of State Legislatures, *Fostering Connections to Success and Increasing Adoptions Act of 2008*, <https://www.ncsl.org/documents/cyf/FosteringConnectionsSummary.pdf> (last visited Feb. 22, 2021).

²⁸ See Adoption Assistance and Child Welfare Act of 1980; Pub. L. 96-272.

²⁹ S. 39.523, F.S.

³⁰ S. 39.523(2)(a), F.S.

³¹ *Id.*

- Mental, medical, behavioral health, and medication history.
- Community ties and school placement.
- Current placement decisions relating to any siblings.
- Alleged type of abuse or neglect including sexual abuse and trafficking history.
- The child's age, maturity, strengths, hobbies or activities, and the child's preference for placement.³²

MDT members choose the most appropriate available out-of-home placement after considering all the information and data gathered, including the results and recommendations of any evaluations conducted.³³ The CBC must review out-of-home placement decisions as often as necessary to ensure permanency and to address special issues related to children in out-of-home care.³⁴ CBCs must document placement assessments and placement decisions in DCF's child welfare tracking system, the Florida Safe Families Network (FSFN).^{35, 36}

At each judicial review, the court is required to consider the results of the placement assessment, the placement decision, and services provided to the child.³⁷

Siblings

An important consideration in the placement of children into out-of-home care involves the placement of sibling groups. Children may experience additional trauma if they are separated from their siblings while in care. The sibling bond is crucial to child development and adjustment.³⁸ Joint sibling placements can increase the likelihood of achieving permanency and stability.³⁹ Approximately two-thirds of children in foster care have a sibling in care, yet it is estimated that more than 70 percent of children with siblings are separated from one or more of their siblings while in care.⁴⁰ The graphs below show the rate of sibling groups placed together and the placement type on December 31, 2020.⁴¹

³² *Id.* The comprehensive placement assessment process may also include the use of an assessment instrument or tool that is best suited for the individual child.

³³ S. 39.523(2)(c), F.S.

³⁴ S. 39.523(2)(d), F.S. Further, s. 39.523(2)(f), F.S., provides that if it is determined during the comprehensive placement assessment process that residential treatment as defined in s. 39.407, F.S., would be suitable for the child, the procedures in that section must be followed.

³⁵ S. 39.523(2)(e), F.S.

³⁶ The FSFN system is Florida's implementation of the Statewide and Tribal Automated Child Welfare Information Systems (SACWIS/TACWIS), which is a federally funded data collection system. All states were required to collect and report particular information to the federal government. States had the option of creating a SACWIS model in order to comply with these federal reporting requirements or they may implement an alternative data collection model. This information was then compiled into the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). Both systems are made publicly available on the Children's Bureau's Child Welfare Outcomes Report Data website. See the National Conference of State Legislatures, *Child Welfare Information Systems*, June 25, 2020, <https://www.ncsl.org/research/human-services/child-welfare-information-systems.aspx> (last visited Feb. 22, 2021).

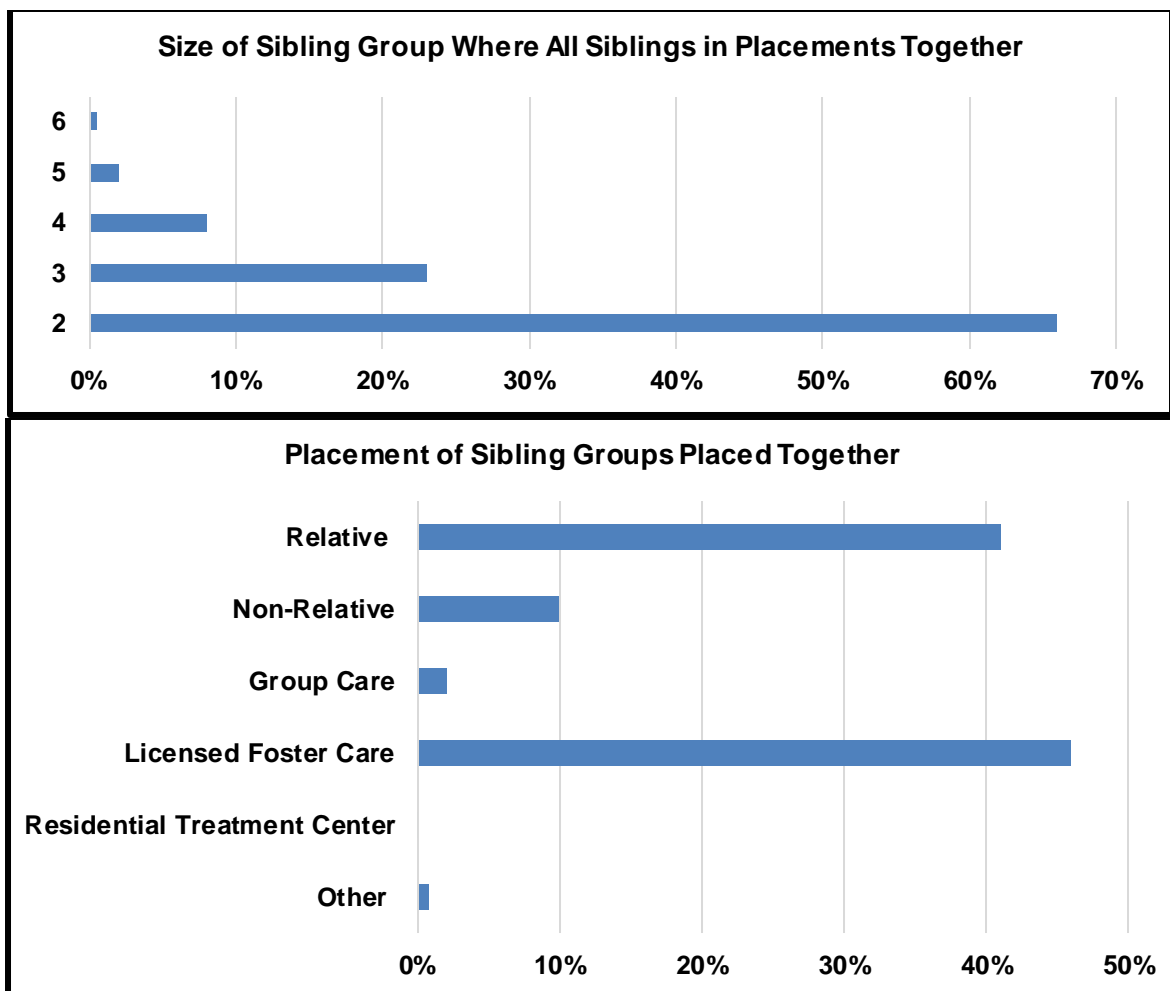
³⁷ S. 39.523(3), F.S.

³⁸ The Children's Bureau, Child Welfare Information Gateway, *Sibling Issues in Foster Care and Adoption*, <https://www.childwelfare.gov/pubPDFs/siblingissues.pdf> (last visited Feb. 22, 2021).

³⁹ *Id.*

⁴⁰ The Casey Family Programs, *How are child protection agencies promoting and supporting joint sibling placements and adoptions?*, <https://www.casey.org/joint-sibling-placements/> (last visited Feb. 22, 2021).

⁴¹ Florida Department of Children and Families, Florida's Child Welfare Statistics, *Sibling Groups Where All Siblings are Placed Together*, <https://www.myflfamilies.com/programs/childwelfare/dashboard/siblings-together.shtml> (last visited Mar. 3, 2021).



Child welfare agencies experience a number of obstacles to placing siblings together while in care including:

- Children in sibling groups having diverse and special needs, some of whom may require one-on-one attention or medical attention.
- When there is sexually or physically abusive behavior between siblings.
- Foster and adoptive parents often unwilling to take in sibling groups.
- Lack of resources to find and maintain placements for sibling groups.
- Children entering care through different agencies, possibly in different jurisdictions.⁴²

The federal Fostering Connections Act attempted to increase joint sibling placements and maintain sibling relationships by requiring states to make reasonable efforts to maintain sibling connections in order to receive federal funding. To receive federal funding states must:

- Make reasonable efforts to place siblings together in out-of-home care unless it documents that it would be contrary to their safety or well-being.
- Allow frequent visitation if siblings are not placed together, unless the state documents that it would be contrary to the children’s safety or well-being.⁴³

In general, child protection agencies understand the importance of maintaining sibling connections and have embraced approaches that support joint sibling placements. Thirty-seven states and the District of Columbia have statutes requiring agencies to make reasonable efforts to place siblings together unless a joint placement would not be in the best interest of one of the siblings, such as when one sibling

⁴² The National Center for Youth Law, *Keeping Siblings together: Past, Present, and Future*, <https://youthlaw.org/publication/keeping-siblings-together-past-present-and-future/> (last visited Feb. 22, 2021).

⁴³ *Supra* note 27.

poses a risk to the other.⁴⁴ Additionally, 35 states and Puerto Rico have statutes requiring agencies to make provisions for siblings who cannot be placed together, including opportunities for visits and other forms of contact or communication.⁴⁵

Examples of strategies to mitigate the barriers to joint sibling placements include:

- Prioritizing placement with kin.
- Establishing clear policies and training for caseworkers and foster or adoptive parents about the importance of preserving sibling connections, and ensuring siblings are assigned to the same caseworker, regardless of when they enter care.
- Involving children in placement decisions for the sibling group.
- Utilizing targeted foster or adoptive parent recruitment and retention strategies that aim to recruit foster and adoptive homes specifically for sibling groups, and homes that are reflective of the racial and ethnic diversity of children in care.⁴⁶

Florida law currently addresses sibling placement and visitation throughout ch. 39 and 409, F.S.

- Section 409.996(19)(b), F.S., requires DCF and CBCs to monitor and document any reasons that siblings are not placed together in out-of-home care. It also requires sibling placement information to be incorporated into the results-oriented accountability system and into the evaluation of outcomes and made available to the Florida Institute for Child Welfare for use in assessing the performance of child welfare services.
- Section 39.522(1)(a)8., F.S., requires the court, when determining whether a change of placement is in the child's best interest, to consider the child's previous and current relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.
- Section 39.6012(3)(b), F.S., requires that the child's case plan include a description of the parent's visitation rights and obligations and the plan for visitation with siblings from whom the child is separated.

However, there is no single consolidated section specifically related to siblings in foster care.

Placement Changes

The dependency court may change the temporary legal custody or the conditions of protective supervision at a postdisposition hearing when a child is already under the jurisdiction of the court, without the necessity of another adjudicatory hearing.

At any time before a child is residing in the permanent placement approved at the permanency hearing, DCF or any other person interested in the child's case may file a motion alleging a need for a change in the conditions of protective supervision or the placement for a child who has been placed in:

- The child's own home under the protective supervision of an authorized agent of DCF;
- The home of a relative;
- The home of a legal custodian; or
- Some other place.⁴⁷

If the parents or other legal custodians deny the need for a change, the court must hear from all parties in person or by counsel, or both. Upon the admission of a need for a placement change or after the hearing, the court must enter an order changing the placement, modifying the conditions of protective supervision, or continuing the conditions of protective supervision as ordered.⁴⁸

⁴⁴ *Supra* note 38.

⁴⁵ The Children's Bureau, Child Welfare Information Gateway, *Placement of Children with Relatives*, <https://www.childwelfare.gov/pubPDFs/placement.pdf> (last visited Feb. 22, 2021).

⁴⁶ *Supra* note 39.

⁴⁷ S. 39.522(1)(a), F.S.

⁴⁸ *Id.*

The standard for changing custody of the child must be the child's best interest. In making a determination whether a change of legal custody or placement is in the child's best interest, the court must consider:

- The child's age.
- The physical, mental, and emotional health benefits to the child by remaining in his or her current placement or moving to the proposed placement.
- The stability and longevity of the child's current placement.
- The established bonded relationship between the child and the current or proposed caregiver.
- The reasonable preference of the child, if the court has found that the child is of sufficient intelligence, understanding, and experience to express a preference.
- The recommendation of the child's current caregiver.
- The recommendation of the child's guardian ad litem, if one has been appointed.
- The child's previous and current relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.
- The likelihood of the child attaining permanency in the current or proposed placement.
- Any other relevant factors.⁴⁹

A court must consider additional factors when deciding whether to place a child in out-of-home care after the child was placed in the child's own home with an in-home safety plan or the child was reunified with a parent or caregiver with an in-home safety plan. The factors include, at a minimum:

- The circumstances that caused the child's dependency and other subsequently identified issues.
- The length of time the child has been placed in the home with an in-home safety plan.
- The parent's or caregiver's current level of protective capacities.
- The level of increase, if any, in the parent's or caregiver's protective capacities since the child's placement in the home based on the length of time the child has been placed in the home.⁵⁰

In addition, the court is required to evaluate the child's permanency goal and change the permanency goal as needed if doing so would be in the best interest of the child. If the court changes the permanency goal, the case plan must be amended pursuant to s. 39.6013(5), F.S.⁵¹

Placement Transitions

While it is important to minimize the number of out-of-home care placements in every child's case, a change in out-of-home care placement might be necessary in some situations. However, poorly executed or improperly timed transitions of even necessary placement changes may adversely affect a child's healthy development and capacity to attach to others.⁵² Additionally, visitation with a future caregiver does not establish the same bond that develops with a caregiver who provides day-to-day care. This even includes visitation with a biological parent or relative who has been visiting consistently and appropriately, which suggests there will inevitably be trauma when the child is moved to a different day-to-day caregiver when the child has formed an attachment (an emotional bond) to a current caregiver.⁵³

Once a child establishes an attachment to a caregiver such that the caregiver becomes the child's psychological parent, transitioning to another caregiver's home to another should occur in a way that is as emotionally protective to reduce placement change trauma.⁵⁴ One approach to accomplishing this is

⁴⁹ *Id.*

⁵⁰ S. 39.522(4), F.S.

⁵¹ S. 39.522, F.S.

⁵² Vogler, P., Crivello, G., & Woodhead, M., *Early Childhood Transitions Research: A Review of Concepts, Theory, and Practice*, <https://files.eric.ed.gov/fulltext/ED522697.pdf> (last visited May 20, 2021).

⁵³ See Segal, J., Glenn, M., & Robinson, L., *What is Secure Attachment and Bonding?*, <https://www.helpguide.org/articles/parenting-family/what-is-secure-attachment-and-bonding.htm> (last visited May 20, 2021).

⁵⁴ Hudson et al., *Healthy Beginnings, Healthy Futures: A Judges Guide*, ABA Center on Children and the Law, National Council of Juvenile and Family Court Judges, & Zero to Three National Policy Center, 2009,

placement transition planning. Placement transition planning may be used for any move from one caregiver to another, including to or from a biological parent.

Placement transition planning and visitation should be tailored to the individual child's circumstances, and consideration must be given to certain factors such as the child's age and level of attachment to the current caregiver.

Special consideration should be given to transitioning infants and toddlers who are removed from their placement during developmental phases that may be adverse to such change, given their lack of verbal skills to express concerns and lack of developmental ability and maturity to understand what is happening to them.⁵⁵ Transitions are a special concern given that the fundamental task in early childhood is the formation of attachment, and poorly-implemented transitions may inhibit completion of this task.

Research indicates that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life.⁵⁶ Typical attachment stages are below.

- At 0-8 weeks, the stage for developing secure attachment is being set. During this pre-attachment period the mother will 'warm up' the emotional bond with her sensitive and consistent responses. The infant may distinguish between caregivers but in general displays little preference. Baby separation anxiety in relation to the mother has not kicked in yet.
- At 2-6 months, the child starts to distinguish more clearly between known and unknown figures. The child starts to get a sense of how his or her mother will react when they are anxious or distressed.
- At 6-11 months, the baby has developed a clear understanding as to who his or her primary caregiver is.
- At 18-24 months, the child's attachment behavior is very clear. The child is very conscious of good strategies for reaching the desired proximity of his or her caregiver.⁵⁷

DCF administrative rules require two weeks' notice prior to a change of placement except in emergency situations, and require a placement transition plan to a new placement if the child's current placement is unable to be stabilized and is not in the child's best interest.⁵⁸

Education Transitions

Federal law requires states to ensure educational stability for a child in out-of-home care. The Every Student Succeeds Act (ESSA)⁵⁹ of 2015 reauthorized the Elementary and Secondary Education Act and includes new provisions that promote educational stability for children in foster care so they can continue their education without disruption, maintain important relationships, and have the opportunity to achieve college and career readiness. The law also emphasizes the importance of collaboration and joint decision-making between child welfare and educational agencies.

https://www.americanbar.org/content/dam/aba/administrative/child_law/healthy_beginnings.authcheckdam.pdf (last visited May 20, 2021).

⁵⁵ Child Advocates, *Smooth Transitions for Young Children in Foster Care*, <https://www.childadvocates.net/smooth-transitions-young-children-foster-care/> (last visited Feb. 22, 2021).

⁵⁶ Winson, R. & Chicot, R. *The Importance of Early Bonding on the Long-Term Mental Health and Resilience of Children*. (2016 Feb. 24). London J. Prim. Care. 2016; 8(1): 12-14. doi: 10.1080/17571472.2015.1133012.

⁵⁷ Positive Parenting Ally, *Psychology Attachment Behavior*, <https://www.positive-parenting-ally.com/psychology-attachment.html> (last visited Feb. 22, 2021).

⁵⁸ R. 65C-28.005, F.A.C.

⁵⁹ 20 U.S.C. §6301.

Specific educational protections in the ESSA related to children in out-of-home care include:

- Remaining in the same school when in the child's best interest.
- Immediate enrollment in school and transfer of school records.
- School transportation when changing schools.
- State educational agency point of conduct.
- Local educational agency point of contact.
- Data collection and reporting on student achievement and graduation rates.⁶⁰

The Fostering Connections Act also requires child welfare agencies to work with schools to support the educational needs of children in foster care or guardianships, or who were adopted. It requires states to ensure children attend school and, when placed in out-of-home care, remain in the same school when appropriate, or get help transferring promptly to a new school when a move is necessary. It also provides increased federal support to assist with school-related transportation costs.

Florida law also addresses educational transitions. Section 39.604, F.S, requires education transition plans when it is not in a child's best interest to remain with the child care provider or early education setting attended prior to out-of-home care placement and requires the caregiver to collaborate with specified individuals to determine the best setting for the child.

Permanency

When children are placed in out-of-home care, child welfare agencies must find safe, permanent homes for them as quickly as possible. In most cases, children are reunified with their families. When reunification is not possible DCF seeks to place children in permanent homes with relatives or adoptive families. Florida law requires a permanency hearing no later than 12 months after the child was removed from the home or within 30 days after a court determines that reasonable efforts to return the child to either parent are not required, whichever occurs first.⁶¹ The purpose of the permanency hearing is for the court to determine when the child will achieve permanency or whether modifying the permanency goal is in the child's best interest.⁶² A permanency hearing must be held at least every 12 months for any child who continues to be supervised by DCF or awaits adoption.⁶³

The permanency goals under Florida law, listed in order of preference are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship under s. 39.6221, F.S.;
- Permanent placement with a fit and willing relative under 39.6231, F.S.; or
- Placement in another planned permanent living arrangement under s. 39.6241, F.S.⁶⁴

The federal Department of Health and Human Services analyzed national permanency outcomes for children in the foster care system using state reported data.⁶⁵ The following graph describes the outcomes of children exiting care by age at entry.

⁶⁰ *Id.*

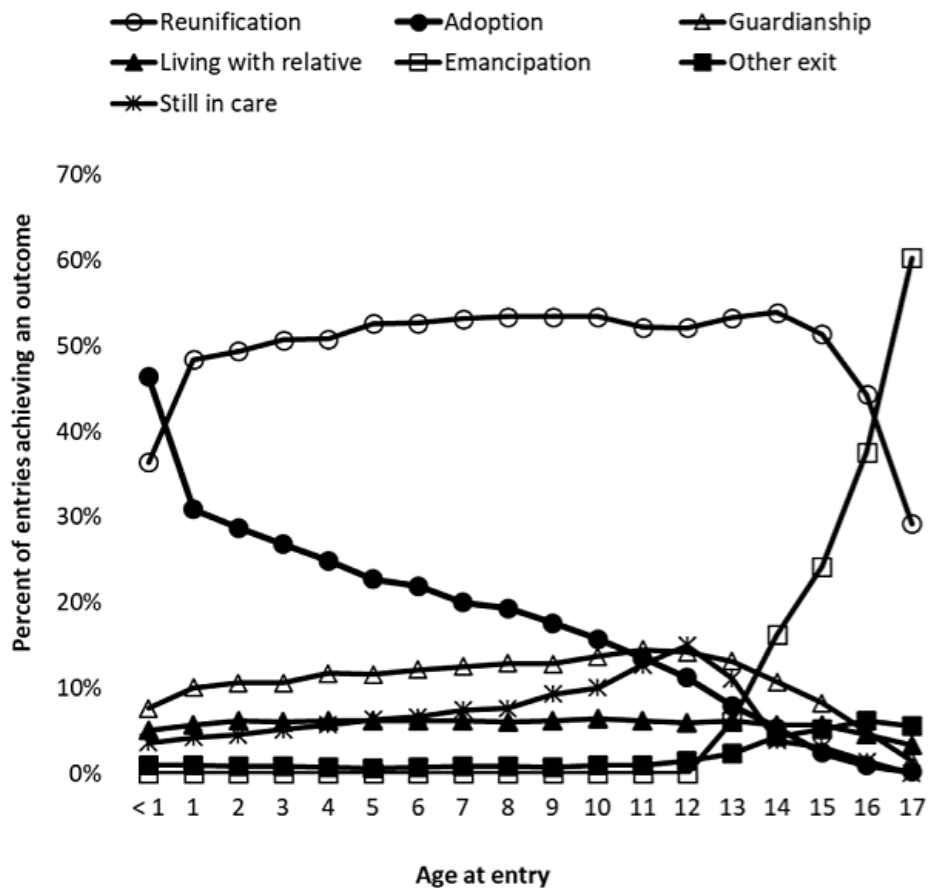
⁶¹ S. 39.621(1), F.S.

⁶² *Id.*

⁶³ *Id.*

⁶⁴ S. 39.621(3), F.S.

⁶⁵ U.S. Department of Health and Human Services, Administration for Children and Families, *ACYF-CB-IM-21-01*, <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2101.pdf> (last visited May 21, 2021).



The graph depicts likely outcomes for children in care.

- Reunification is the most likely outcome for children who enter care between ages 1 and 16.
- Children under age 1 who enter care are the only group for whom adoption is the most likely outcome. The likelihood of adoption decreases the older the child is when entering care.
- Guardianship likelihood increases the older the child is when entering care, until age 13.
- Most likely to still be in care after 4 years are those who enter care between ages 9 and 13.
- Emancipation likelihood increases the older the age of entry, for entry between ages 13 and 17.

Children who enter foster care between the ages of 9 and 13 who do not reunify within the first two years may stay in foster care longer, either waiting to be adopted or aging out of care. For youth entering at age 16 or older, aging out of care is the most likely outcome. Aging out of care generally means a youth reached the state's legal age of adulthood without achieving permanency. Additionally, children who are not reunified within the first year are much less likely to be reunified in subsequent years when compared to younger children who enter care and do not reunify in the first year.

Termination of Parental Rights

Beginning with the Adoption Assistance and Child Welfare Act of 1980,⁶⁶ federal law has required states to show they have made reasonable efforts to provide assistance and services to prevent a child's removal or to reunify a child with family prior to terminating parental rights. The Adoption and Safe Families Act of 1997 states, however, that the child's health and safety are the primary concern when assessing the degree for a state to strive in making reasonable efforts.⁶⁷ Additionally, the Act

⁶⁶ 42 U.S.C. §620.

⁶⁷ Child Welfare Information Gateway, Children's Bureau, U.S. Department of Health and Human Services, *Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children*, <https://www.childwelfare.gov/pubPDFs/reunify.pdf> (last visited Feb. 22, 2021).

does not require states to make reasonable efforts when a court has determined the parent has subjected the child to aggravated circumstances as defined in state law, which includes, but is not limited to, abandonment, torture, chronic abuse, and sexual abuse.⁶⁸

Children whose parents' parental rights have been terminated may have longer durations in care that may not result in finalized adoption.⁶⁹ Just over 10 percent of children who enter care between the ages of 11 and 16 have their parents' parental rights terminated. As the age of entry into foster care increases, the likelihood of children staying in care also increases. Typically, 55 percent of children who enter care between the ages of 11 and 16 and have their parents' parental rights terminated are adopted. Those in this age group who are not adopted are most likely to age out of care when compared to younger children or children of the same age whose parents' parental rights are not terminated.

Reinstating Parental Rights

Laws to reinstate parental rights developed in response to children who were aging out of foster care and re-establishing ties with parents and family members.⁷⁰ Several studies note the prevalence of youth who have aged out of care and return to live with one or both birth parents, or maintain regular contact with birth families.⁷¹ For example, a study of 700 young adults who aged out of foster care found that 17% were living with a biological parent at the age of 19.⁷² At the age of 21, 53% of these young adults reported having daily contact with their mother, father, siblings, or grandparents, and 83% had contact with at least one birth family member at least once per week.⁷³

Twenty-two states⁷⁴ have legislation for the reinstatement of parental rights following termination of parental rights. In 13 states,⁷⁵ a petition for reinstatement may be filed if a permanent placement has not been achieved within a specific timeframe. If the court determines that the parent is able to provide a safe home for the child, the request may be granted. In 10 states,⁷⁶ statutes specify that reinstatement is only available for older children who have not attained permanent placement. In all states, the court must determine whether the parent has made substantial progress in correcting the conditions that led to the termination of parental rights and now is able and willing to provide the child a safe home. The court also must find that reinstatement of the parent's rights is in the best interest of the child and that the parent and the child both agree to the reinstatement.⁷⁷

Adoption

⁶⁸ 42 U.S.C. § 671(a)(15)(D)(i).

⁶⁹ Congressional Research Services, *John H. Chafee Foster Care Program for Successful Transition to Adulthood* (Jan. 15, 2019) <https://fas.org/sqp/crs/misc/IF11070.pdf>

⁷⁰ National Conference of State Legislatures, *Reinstatement of Parental Rights State Statute Summary*, <https://www.ncsl.org/research/human-services/reinstatement-of-parental-rights-state-statute-sum.aspx> (last visited Feb. 22, 2021).

⁷¹ Getman, S. & Christian, S., *Reinstating Parental Rights: Another Path to Permanency?*, http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/Reinstating%20Parental%20Rights_Another%20Path%20to%20Permanency.pdf (last visited May 20, 2021).

⁷² Courtney, M., et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*, https://www.chapinhall.org/wp-content/uploads/Courtney_Midwest-Evaluation-Adult-Functioning_Report_2005.pdf (last visited May 20, 2021).

⁷³ Courtney, M., et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-21.pdf> (last visited May 20, 2021).

⁷⁴ Alaska, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Illinois, Iowa, Louisiana, Maine, Michigan, Minnesota, Nevada, New York, North Carolina, Oklahoma, Utah, Virginia, Washington, West Virginia, and Wisconsin.

⁷⁵ California (3 years), Colorado (3 years), Delaware (2 years), Georgia (3 years), Hawaii (1 year), Illinois (3 years), Maine (1 year), Minnesota (3 years), New York (2 years), North Carolina (3 years), Oklahoma (3 years), Virginia (2 years), and Washington (3 years).

⁷⁶ Delaware (age 14 or older), Hawaii (age 14), Illinois (age 13), Louisiana (age 15), Minnesota (age 15), New York (age 14), North Carolina (age 12), Oklahoma (age 15), Virginia (age 14), and Washington (age 12).

⁷⁷ The Children's Bureau, Child Welfare Information Gateway, *Grounds for Involuntary Termination of Parental Rights*, <https://www.childwelfare.gov/pubPDFs/groundtermin.pdf> (last visited Feb. 22, 2021).

Adoption is also a method of achieving permanency. Research indicates that children generally have better outcomes through adoption than through placement in long-term foster care.⁷⁸

Children who are adopted from the child welfare system have experienced trauma from abuse or neglect. Such children have elevated risks for emotional, developmental, physical, intellectual, and behavioral issues.⁷⁹ Research shows that 40-45 percent of children adopted from the child welfare system have ongoing emotional or behavioral challenges.⁸⁰ Adoptions break down due to the complex needs of some children. An adoption dissolution is when a child is returned to out-of-home care and the adoptive parents' rights are terminated.⁸¹ In Fiscal Year 2017-18, 40 adoptions ended in dissolution.⁸² CBCs reported that adoptions that occurred years ago when the child was at a young age are the population of children experiencing dissolutions.⁸³ This subset of children are now adolescents, and their adoptive parents are unable to manage their behaviors.⁸⁴

Post-adoption support and services assist families after an adoption is finalized. DCF and CBCs connect adoptive families with post-adoption supports and services including support groups, counseling, and behavioral health services.⁸⁵

However, DCF and CBC survey results from 2019-2020 indicate that CBCs could improve on offering post-adoptive services and supports, and provide assistance in accessing such services and supports.⁸⁶

Transition to Adulthood

Young adults who age out of the foster care system have trouble achieving self-sufficiency. When compared to young adults without foster care involvement, young adults who age out of the foster care system are less likely to earn a high school diploma or GED and have lower rates of college attendance.⁸⁷ They suffer more from mental health problems, have a higher rate of involvement with the criminal justice system, and are more likely to have difficulty achieving financial independence.⁸⁸ These young adults also have a higher need for public assistance and are more likely to experience housing instability and homelessness.⁸⁹

In 2017, nationally, about 189,000 teens and young adults spent at least one day in foster care.⁹⁰ Of those who left care during that year, more than 19,000 aged out of care. In Fiscal Year 2019-20, 1,043 young adults age 17 were in Florida's foster care system. Of those, 866 (83%) aged out of care at the age of 18 and were eligible to receive foster care services until age 21 (or age 22 if disabled).

The federal Children's Bureau within the U.S. Department of Health & Human Services collects information about the characteristics and experiences of current and former foster youth across the country. The National Youth in Transition Database tracks the independent living services each state

⁷⁸ Evan B. Donaldson Adoption Institute, *Keeping the Promise: Critical Need for Post-Adoption Services to Enable Children and Families to Succeed*, Oct. 2010, p. 8.

⁷⁹ Children's Bureau, *Providing Adoption Support and Preservation Services*, https://www.childwelfare.gov/pubPDFs/f_postadoptbulletin.pdf (last visited May 20, 2021).

⁸⁰ *Id.*

⁸¹ R. 65C-16.001(12), F.A.C.

⁸² Department of Children and Families, *Adoption Incentive Annual Report*, (Nov. 13, 2020), https://www.myflfamilies.com/service-programs/child-welfare/lmr/docs/2020LMRs/2020_Adoption_Incentive_Report.pdf (last visited May 20, 2020).

⁸³ *Id.*

⁸⁴ *Id.*

⁸⁵ Department of Children and Families, *Post Adoption Support*, <http://www.adoptflorida.org/post-adoption-support.shtml> (last visited May 20, 2021).

⁸⁶ Department of Children and Families, *Adoption Incentive Annual Report*, (Nov. 13, 2020), https://www.myflfamilies.com/service-programs/child-welfare/lmr/docs/2020LMRs/2020_Adoption_Incentive_Report.pdf (last visited May 20, 2020).

⁸⁷ Gypen, L., Vanderfaeillie, J., et al., "Outcomes of Children Who Grew Up in Foster Care: Systematic-Review", *Children and Youth Services Review*, vol. 76, pp. 74-83, <http://dx.doi.org/10.1016/j.childyouth.2017.02.035> (Last accessed March 22, 2021).

⁸⁸ *Id.*

⁸⁹ *Id.*

⁹⁰ *Supra* note 69.

provides to foster youth in care and assesses each state's performance in providing independent living and transition services.⁹¹ The 2018 Florida survey⁹² documented outcomes related to education, employment, housing, finances and transportation, health and well-being, and connections, indicated in the chart below.⁹³

Outcomes of Young Adults who Aged Out of Care	
Area	Outcome
Education	<ul style="list-style-type: none"> 74% were enrolled in and attending high school, GED classes, post-high school vocational training, or college. 12% experienced barriers that prevented them from continuing education. The top three reported barriers included the need to work full-time, not having transportation, and having academic difficulties.
Employment	<ul style="list-style-type: none"> 15% were employed full-time (35 hours per week or more). 26% were employed part-time. 78% had a paid job over the last year. 22% completed an apprenticeship, internship, or other on-the-job training, either paid or unpaid.

Housing	<ul style="list-style-type: none"> The top three current living situations included living in their own apartment, house, or trailer; living with friends or a roommate; and living in a group care setting (including a group home or residential care facility). 41% had to couch surf or move from house to house because they did not have a permanent place to stay. 27% experienced some type of homelessness in the past year.⁹⁴
Financial & Transportation	<ul style="list-style-type: none"> 46% received public food assistance. 10% received social security payments (Supplemental Security Income, Social Security Disability Insurance, or dependents' payments). 83% had a reliable means of transportation to school/work. 76% had an open bank account.
Health & Well-Being	<ul style="list-style-type: none"> 85% were on Medicaid. 18% had children. 34% had not received medical care for a physical health problem, treatment for a mental health problem, or dental care in the past two years for some health problem needing to be addressed. 24% were confined in a jail, prison, correctional facility, or juvenile detention facility within the past two years.
Connections	<ul style="list-style-type: none"> 85% had at least one adult in their life, other than their case manager, to go to for advice or emotional support. 67% had a close relationship with biological family members.

Life Skills Development

DCF has operating procedures for transition planning for youth to ensure that children develop necessary life skills and to prepare children to transition to adulthood.⁹⁵ Caregivers are required to take

⁹¹ DCF periodically surveys current and former foster youth ages 18-22 who turned 18 in licensed care. Many of the young adults completing the survey receive services through EFC, PESS, and Aftercare.

⁹² The survey reflects the responses of 933 young adults.

⁹³ Florida National Youth in Transition Database, *2018 Survey Data Report*, <https://www.myflfamilies.com/service-programs/independent-living/docs/2018%20Florida%20NYTD%20Statewide%20Report%20Final.pdf> (last visited Feb 22, 2021).

⁹⁴ *Id.*

⁹⁵ Department of Children and Families, *CFOP 170-17 Transitioning Youth and Young Adults*, July 29, 2019, <https://myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-17%20Services%20for%20Transitioning%20Youth%20and%20Young%20Adults/CFOP%20170-17,%20%20Chapter%20002.%20Transition%20Planning%20for%20Youth.pdf> (last visited Feb 22, 2021).

the lead role in ensuring children and young adults in their home are provided the life skills necessary to transition to adulthood and report on the progress of life skills development. These skills include daily living activities and other essential independent living skills for enhanced well-being and self-sufficiency.⁹⁶ Child welfare professionals are also required to assess life skill progress and incorporate assessment outcomes into relevant case management planning and reporting functions.⁹⁷ An Informational Needs Assessment is completed monthly for youth and young adults age 13 or older.⁹⁸

Independent Living Services

Florida provides independent living services to older youth to help them transition out of foster care and to prepare them to become self-sufficient adults. DCF contracts with Daniel Kids to operate Florida's Independent Living Resource Center. It serves as an information clearinghouse to address all areas of independent living in Florida. It provides information and referral services to former foster youth and others and provides annual statewide training opportunities for Independent Living professionals.⁹⁹

Florida's independent living services include extended foster care (EFC), which applies to young adults who were in licensed foster care upon turning 18 who meet certain requirements.¹⁰⁰ Of the 866 children who aged out of foster care in SY 2019-20, 487 entered EFC and were eligible to receive foster care services until age 21 (or age 22 if disabled). Florida also offers two other independent living programs: Postsecondary Education Services and Supports (PESS) and Aftercare Services. The following table provides information about each program.

Independent Living Programs		
Program	Eligibility	Services
Extended Foster Care (EFC)	<p>Young adults who turned 18 in foster care and are:</p> <ul style="list-style-type: none"> • Completing high school or its equivalent; or • Enrolled in college or vocational schooling; or • Working at least 80 hours per month. <p>To stay in EFC, the young adult must:</p> <ul style="list-style-type: none"> • Meet with a case manager every month. • Continue to participate in at least one of the required activities above. • Attend court reviews every six months. 	<p>Young adults may choose to remain in licensed foster care and receive foster care services until the age of 21 (22 with a disability).</p>
Postsecondary Education Services and Support (PESS)	<ol style="list-style-type: none"> 1. Young adults who turned 18 in foster care and spent at least 6 months in licensed out-of-home care before age 18. 2. Young adults who are at least 18 and were adopted from foster care after age 16 or were placed with a court-approved guardian after spending at least 6 months in licensed foster care within the 12 months immediately preceding such adoption or placement; and <ul style="list-style-type: none"> • Have earned a high school diploma or equivalent; and • Are attending a college or vocational school that is Florida Bright Futures eligible. 	<ul style="list-style-type: none"> • \$1,256 per month for: <ul style="list-style-type: none"> ○ Housing ○ Utilities ○ Living expenses • Available until the age 23.
Aftercare Services	<p>Young adults who turned 18 while in licensed foster care, but are not yet 23, and</p> <ul style="list-style-type: none"> • Are <i>not</i> in EFC; and • Are <i>not</i> in PESS. 	<ul style="list-style-type: none"> • Mentoring • Tutoring • Substance abuse treatment • Counseling • Job and career skills training • Temporary financial assistance for necessities

⁹⁶ *Id.*

⁹⁷ *Id.*

⁹⁸ *Id.*

⁹⁹ Daniel, *Florida's Independent Living Resource Center*, <https://www.danielkids.org/our-programs/floridas-i-l-resource-center/> (last visited Feb. 22, 2021).

¹⁰⁰ S. 39.6251, F.S.

The following table provides information on the number of young adults served in each program by each CBC over the last two fiscal years.

Young Adults* Receiving Independent Living Services by Program Type and Lead Agency						
CBC	SFY 2017-18			SFY 2018-19		
	EFC	PESS	Aftercare	EFC	PESS	Aftercare
Big Bend Community Based Care	48	56	12	43	50	9
Brevard Family Partnerships	52	38	15	42	25	15
ChildNet (Broward)	195	173	37	175	161	46
ChildNet (Palm Beach)	131	114	30	126	94	21
Children's Network of SW Florida	52	67	5	49	78	1
Citrus Family Care Network**	229	236	14	252	230	14
Communities Connected for Kids	35	43	16	41	39	26
Community Partnership for Children	30	61	13	42	53	14
Eckerd Connects (Pasco/Pinellas)	79	77	43	94	86	50
Eckerd Connects (Hillsborough)	82	114	82	81	100	84
Embrace Families***	85	89	40	88	87	43
Families First Network	88	44	15	93	44	16
Family Integrity Program	9	7	2	9	6	2
Family Support Services of North Florida	53	53	36	57	38	36
Heartland for Children	55	41	17	47	43	19
Kids Central	40	45	2	45	32	3
Kids First of Florida	9	15	1	14	18	1
Partnership for Strong Families	10	21	10	10	17	12
Safe Children Coalition	24	25	11	36	20	15
Statewide	1306	1319	401	1344	1221	427

*Young adults are those who have turned 18 but who have not yet turned 21 (22 with a disability).
 **Citrus Family Care Network was formerly Our Kids of Miami-Dade/Monroe.
 ***Embrace Families was formerly Community Based Care of Central Florida.

Independent Living Services Advisory Council

The Independent Living Services Advisory Council (ILSAC) was formed in 2005 to improve interagency policy and service coordination to better support older eligible foster youth in the successful transition to

adulthood. The purpose of ILSAC is to review and make recommendations concerning the implementation of Florida's EFC program and independent living services.¹⁰¹

DCF's Secretary appoints members of the ILSAC. The membership of the council must include, at a minimum, representatives from DCF's headquarters and regional offices, CBC's, the Department of Juvenile Justice, the Department of Economic Opportunity, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, CareerSource Florida, the Statewide Guardian ad Litem Office, foster parents, recipients of independent living services, and advocates for children in care.¹⁰²

The ILSAC must issue an annual report on Florida's efforts to publicize the availability of independent living services, the success of the services, problems identified, recommendations for DCF or legislative action, and DCF's implementation of the recommendations contained in previous reports.¹⁰³

The 2020 ILSAC Report presented several recommendations to strengthen independent living services in Florida, including the need for a more standardized approach to reaching young people to inform them of the independent living supports and services available.¹⁰⁴

Keys-to-Independence Program

The Keys-to-Independence program is a state-funded program designed to remove barriers for foster youth and former foster youth in obtaining a drivers license.¹⁰⁵ The program pays the cost of driver education, licensure and other costs incidental to licensure and motor vehicle insurance for children in out-of-home care who have successfully completed a driver education program.¹⁰⁶ Program services are provided to eligible youth to the extent funding permits.

Young adults in EFC are eligible for the program if they demonstrate that the costs of licensure and incidental to licensure are creating a barrier for obtaining employment or completing educational goals.¹⁰⁷ However, young adults in PESS only qualify for the program for up to six months from their PESS acceptance date.

Florida Institute for Child Welfare

In 2014, the Legislature established the Florida Institute for Child Welfare (FICW) at the Florida State University College of Social Work. The Legislature created the FICW to provide research and evaluation that contributes to a more sustainable, accountable, and effective child welfare system. The purpose of the FICW is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development.¹⁰⁸ Current law requires the FICW to establish an affiliate network of public and private universities with accredited degrees in social work. All public universities with such programs in Florida are currently part of the network. In 2017, the FICW expanded its affiliate network to include research affiliates, and there are now over 50 research faculty affiliates.

The statutory FICW functions are as follows:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.

¹⁰¹ S. 409.1451(7), F.S.

¹⁰² S. 409.1451(7)(d), F.S.

¹⁰³ S. 409.1454(7)(b), F.S.

¹⁰⁴ Department of Children and Families, *The Independent Living Services Advisory Council 2020 Annual Report*, https://www.myflfamilies.com/service-programs/child-welfare/lmr/docs/2020LMRs/ILSAC_Annual_Report_2020_and_DCF_Response.pdf (last visited Feb. 22, 2021).

¹⁰⁵ S. 409.1454, F.S.

¹⁰⁶ S. 409.1454(2), F.S.

¹⁰⁷ S. 409.1454(4), F.S.

¹⁰⁸ S. 1004.615, F.S.

- Advise DCF and other organizations about scientific evidence regarding child welfare practice, as well as management practices and administrative processes.
- Assess performance of child welfare services based on specified outcome measures.
- Evaluate training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training and consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Recommend improvements in the state's child welfare system.
- Submit annual reports to the Governor and Legislature.

The FICW sponsors and supports interdisciplinary research projects and program evaluation initiatives that contribute to knowledge relevant to enhancing Florida's child welfare outcomes.

Case Record Face Sheet

DCF maintains child welfare data in the Florida Safe Families Network (FSFN). FSFN is the state's comprehensive, automated case management system that helps child welfare professionals manage foster care and adoption cases.¹⁰⁹ FSFN serves as the statewide electronic case record for all child abuse investigations and case management activities in Florida.¹¹⁰

A case record face sheet is a cover sheet to a multipage document that contains the relevant points covered in the document itself. They are commonly used in the medical or healthcare arenas and typically provides a patient's information at a quick glance. Such face sheets can include contact details, a brief medical history and the patient's level of functioning, along with patient preferences and wishes.¹¹¹ Some states use face sheets to record pertinent information about a child welfare case, including most notably Iowa and Illinois.¹¹²

Currently, Florida law does not require DCF to include a face sheet in the case file for child welfare cases.

Effect of the Bill

Placement Changes: Stability and Transitions

Placement Decisions: Siblings

The bill creates s. 39.4024, F.S., to specify how child welfare professionals can support sibling connections. Specifically, DCF and CBCs must make reasonable efforts to place siblings who are removed from their home in the same foster, kinship, adoptive, or guardianship home when it is in the best interest of each sibling and when appropriate, capable, and willing joint placement for the sibling group is available. If a child enters out-of-home care after a sibling, DCF or the CBC and the MDT must make reasonable efforts to initially place the child with siblings as long as it would not jeopardize the stability of the placement and it is in the best interest of each child. When a placement change is initiated by a sibling relationship, all relevant factors must be considered by the MDT to ensure that the child is best served by the decision to change placements.

The bill specifies that DCF and the court are not required to make a change in placement to develop a relationship between siblings which did not exist at the time the child was placed in out-of-home care and must determine whether such a placement change is contrary to the child's safety and well-being.

¹⁰⁹ R. 65C-38.001, F.A.C.

¹¹⁰ *Id.*

¹¹¹ Caring.com, *What is a Face Sheet*, <https://www.caring.com/articles/what-is-a-face-sheet/>; The Medical Dictionary, <https://medical-dictionary.thefreedictionary.com/face+sheet> (all sites last visited Feb. 22, 2021).

¹¹² Iowa Department of Human Services, *Child Welfare Services Referral Face Sheet*, <https://dhs.iowa.gov/sites/default/files/470-5150.pdf?102920201715>; State of Illinois, Department of Children and Family Service, *Help Unit Face Sheet*, https://www2.illinois.gov/dcf/aboutus/notices/Documents/cfs399_2.pdf#search=face%20sheet (all sites last visited Feb. 22, 2021).

The bill requires DCF or the CBC to convene a MDT when a child in a sibling group is removed from a home to determine and assess the sibling relationships from the perspective of each child to ensure the best placement is chosen for each child in the sibling group. The MDT must consider the best interest factors in newly created s. 39.01375, F.S., the existing emotional ties between and among the siblings, the degree of harm each child is likely to experience as a result of separation, and standard protocols established by the Quality Parenting Initiative. If a child in an out-of-home placement is placed with a sibling but does not adjust to the placement, the CBC must provide services to the caregiver and the sibling group to try to prevent the disruption of the placement. If the child does not adjust to the out-of-home placement after reasonable efforts are made, a MDT staffing must be convened to determine what is best for all children in the sibling group. If a child in the sibling group must be moved, the MDT must develop a transition plan which ensures the opportunity for the siblings to maintain contact.

The bill requires DCF or CBCs to place sibling groups together if a caregiver will accept the sibling group and the MDT determines that the placement is suitable for each child. However, if DCF or the CBC is not able to locate a caregiver or placement option that allows the sibling group to be placed together in an initial placement, DCF or the CBC must make all reasonable efforts to ensure contact and visitation between the siblings.

When DCF or CBCs are considering whether to move a child who is part of a sibling group to unite siblings who do not have an existing relationship, the bill requires DCF or the CBC to consider:

- The presence and quality of current attachment relationships, including the quality and length of the child's attachment to both the current and proposed caregiver; the age of the child at placement with the current caregiver and the child's current age as well as the age of any siblings; the ease with which the child formed an attachment to the current caregiver's family; any history of attachment difficulty; and the number of moves and number of caregivers the child has experienced.
- The potential of the new caregiver to be a primary attachment figure to the sibling group by ensuring care for each child's physical needs and the willingness and availability to meet each child's emotional needs.
- The quality of existing sibling relationships and the potential quality of sibling relationships that can be formed between the children.
- The consideration of any costs and benefits of disrupting existing emotional attachments to a primary caregiver to place children in a new placement with siblings, including the length and quality of the established and current primary attachment relationships between the siblings and between the siblings and their current caregivers; and relationships between any other siblings and whether such relationships appear adequate and not stressful or harmful.
- The ability to establish and maintain sibling visitation and contact in a manner and schedule that makes sense for an infant or young child if it is determined that the infant or young child is to remain with the current caregiver rather than being placed with siblings.
- The ability to establish and maintain contact with siblings and new caregiver as part of a placement transition plan before changing the child's placement to allow the child, siblings, and new caregiver to adjust and form bonds.

If it is determined that the child would benefit from being placed with siblings, a placement transition plan must be carried out.

The bill requires DCF, in collaboration with the Quality Parenting Initiative, to develop standard protocols for DCF and CBCs that incorporates all provisions and factors in newly created s. 39.4024, F.S., and any other factors deemed relevant for use in making decisions about when placing siblings together would be contrary to a child's well-being or safety or decisions providing frequent visitation and contact.

The bill requires DCF and CBCs to periodically, but at least every 6 months, reassess sibling placements, visitation, and other sibling contact decisions when siblings are separated, not visiting, or not maintaining contact to determine if a placement change is needed. DCF and CBCs are not required to reassess sibling placements if the decision not to place siblings together was due to such placement being inappropriate, unhealthy, or unsafe for the child.

Placement Decisions: Best Interest Factors

The bill creates s. 39.01375, F.S., which lists factors DCF, CBCs, and the court must consider when determining whether a proposed placement is in the child's best interest. This new section relocates current law in s. 39.522(1)(a), F.S., and adds new factors that must be considered. When considering whether a proposed placement is in the child's best interest, DCF, CBCs, and the court must consider the current factors in s.39.522(1)(a), F.S., and new factors, including:

- The child's previous and current relationship with a sibling and if the change of legal or physical custody or placement will separate or reunite siblings, evaluated in accordance with s. 39.4024, F.S.
- The likelihood the child will be required to change schools or child care placement, the impact of such change on the child, and the parties' recommendations as to the timing of the change, including an education transition plan required under s. 39.4023, F.S.
- The child's receipt of medical, behavioral health, dental, or other treatment services in the current placement; the availability of such services and the degree to which they meet the child's needs; and whether the child can continue to receive services from the same providers and the relative importance of such continuity of care.
- The allegations of any abuse, abandonment, or neglect, including sexual abuse and human trafficking history, which caused the child to be placed in out-of-home care and any history of additional allegations of abuse, abandonment, or neglect.
- The likely impact on activities that are important to the child and the ability of the child to continue such activities in the proposed placement.
- The likely impact on the child's access to education, Medicaid, and independent living benefits if moved to the proposed placement.

Placement Decisions: Priority Placement Types

The bill includes priority of initial and subsequent placements. When a child cannot remain safely at home with a parent, DCF is required to consider the following options, in order of priority, as the initial out-of-home placement for the child:

- The nonoffending parent.
- A relative caregiver.
- An adoptive parent of the child's sibling, when DCF or the CBC is aware of such sibling.
- A fictive kin with a close existing relationship to the child
- A nonrelative that does not have an existing relationship with the child.
- A licensed foster home.
- A group home or congregate care.

The bill requires DCF and CBCs to determine placement while awaiting a shelter hearing be based on the priority placements and what is in the child's best interest based on the criteria and factors set out in newly created s. 39.01375, F.S. Additionally, it requires the court order of a child in shelter care to include written findings that DCF made reasonable efforts to place the child in order of priority unless such priority placement is not a placement option or in the child's best interest based on the criteria and factors set out in newly created s. 39.01375, F.S.

The bill requires DCF to place siblings together, if possible and if placement together is in the best interest of each child. Except in an emergency situation, a change to a child's physical or legal placement after the child has been sheltered but before the child has achieved permanency must be made by considering the placement priority.

The bill specifies that placements made pursuant to s. 63.082(6), F.S., related to adoption interventions, are exempt from the priority placements.

Placement Decisions: Multidisciplinary Teams

The bill requires the use of multidisciplinary teams (MDTs) for important decisions about a child, such as placement decisions and changes in educational settings. The bill creates s. 39.4022, F.S., to address what MDT staffings are, when staffings should occur, and what is required at each staffing. The formation of an MDT must begin as soon as possible when a child is removed from home, or within 72 hours after a subsequent removal in an emergency situation. The bill requires MDTs to be led by trained professionals who are otherwise required to attend the MDT staffing in their official capacities. The bill requires all of the following to be invited to each MDT staffing, with reasonable efforts to have all mandatory invitees attend:

- The child, unless not of an age or capacity to participate in the team.
- The child's family members and other individuals identified by the family as being important to the child, provided that a parent who has a no contact order or injunction, is alleged to have sexually abused the child, or is subject to a termination of parental rights may not participate.
- The child's current caregiver, unless the caregiver is a parent who has a no contact order or injunction, is alleged to have sexually abused the child, or is subject to a termination of parental rights.
- A representative from DCF, other than DCF's attorney, when DCF is directly involved in the staffing's goal.
- A representative from the CBC, when the CBC is directly involved in the staffing's goal.
- The child's case manager or case manager supervisor.

Additionally, based on the particular goal of the staffing, DCF or the CBC may also invite other professionals, including, but not limited to:

- A representative from Children's Medical Services, if Children's Medical Services is involved with the family;
- A guardian ad litem, if one is appointed;
- A school personnel representative who has direct contact with the child;
- A therapist or other behavioral health professional, if applicable;
- A mental health professional with expertise in sibling bonding, if DCF or the CBC deems such expert is necessary; or
- Other community providers of services to the child or stakeholders, when applicable.

The bill allows MDTs to address multiple needs and decisions regarding a child or sibling group and invited participants to attend the MDT staffing in person or remotely.

Before formulating a decision, the bill requires MDTs to gather and consider data and information on the child which is known at the time of the staffing, including, but not limited to, allowing the team to address the best interest factors in the newly created s. 39.01375, F.S. The assessment conducted by the MDT may also use an evidence-based assessment instrument or tool that is best suited for determining the specific decision of the staffing and the needs of that individual child and family. However, MDT staffings may not be delayed to accommodate pending behavioral health screenings, assessments, or referrals for services.

The bill lists additional information that must be considered when a MDT is considering a decision related to a child age 3 or younger, which must be reviewed as often as necessary to ensure permanency, including:

- Identified kin and relatives who express interests in caring for the child, including strategies to overcome potential delays in placing the child with such persons if they are suitable.
- The likelihood that the child can remain with the prospective caregiver past the point of initial removal and placement with, or subsequent transition to, the caregiver and the willingness of the caregiver to provide care for any duration deemed necessary if placement is made.
- The prospective caregiver's ability and willingness to:
 - Access supports related to early childhood development and services addressing any possible developmental delays.
 - Address the emotional needs of the child and accept infant mental health supports, if needed.
 - Help nurture the child during the transition into out-of-home care.
 - Effectively co-parent with the parent.
 - Ensure frequent family visits and sibling visits.

The bill requires DCF and CBCs to follow and support an MDT decision if the MDT participants reach a unanimous consensus decision. However, if participants cannot reach a unanimous consensus decision to address the staffing's goal, the facilitator must notify the court and DCF within 48 hours after the conclusion of the staffing. DCF must then determine how to address the staffing's goal by what is in the child's best interest. In addition, the facilitator must submit a report to the court within 5 business days after the conclusion of the staffing that details the decision made at the conclusion of the staffing and the positions of the staffing's participants.

The bill allows participants to discuss confidential information during MDT staffings. Information collected by any agency or entity that participates in the MDT staffing which is confidential and exempt upon collection remains confidential and exempt when discussed in an MDT staffing. The bill requires all individuals who participate in an MDT staffing to maintain the confidentiality of any information shared during the staffing.

The bill exempts MDT staffings that are facilitated by a children's advocacy center from complying with the specialized MDT staffing requirements, but the bill encourages such staffings to include family members or other persons important to the family if it is safe for the child. The bill also exempts placement decisions being made due to an adoption intervention from complying with the specialized MDT staffing requirements.

Placement Transitions

The bill requires placement transitions that support the child's specific needs and avoid unnecessary trauma. Specifically, the bill requires an individualized transition plan for each placement change. To assist in placement transition planning, the bill requires DCF to contract for the development of model placement transition plans and related explanatory material that may be the basis for developing individualized transition plans for children in out-of-home care.

To minimize placement transitions, the CBC must provide supportive services needed by a caregiver and child if the child's placement is in danger of needing modification. However, if the services are not successful and the child must be moved, the bill requires DCF or the CBC to convene a MDT staffing before the child's placement change or within 72 hours of moving a child in an emergency situation for the purpose of developing a placement transition plan.

The bill requires DCF or the CBC to provide notice at least 14 days before a planned move, or within 72 hours after a move due to an emergency situation, to the greatest extent possible and consistent with the child's needs and preferences. The notice must include the reason a placement change is

necessary, and a copy of the notice must be filed with the court and provided to the parties involved in the child's case and the child's current caregiver.

The bill requires the transition plan to be developed through cooperation among the parties to the child's case and the case manager, and such persons must share any relevant information necessary to develop the transition plan. Subject to the child's needs and preferences, the bill requires transition plans to meet the requirements in s. 409.1415(2)(b)8., F.S., and exclude any placement changes that occur between 7 p.m. and 8 a.m.

The bill requires additional considerations for placement transitions of infants and children under school age including:

- The age of the child and the child's current ability to accomplish developmental tasks, with consideration made for whether the child is:
 - Six months of age or younger, thereby indicating that it may be in the child's best interest to move the child sooner rather than later; or
 - Seven months of age or older, but younger than age 3, thereby indicating it may not be healthy time to move the child.
- The length of time the child has lived with the current caregiver, the strength of attachment to the current caregiver, and the harm of disrupting a healthy attachment compared to the possible advantage of a change in placement.
- The relationship, if any, the child has with the new caregiver and whether a reciprocal agreement exists between the current caregiver and the proposed caregiver to maintain the child's relationship with both caregivers.
- The pace of the transition and whether flexibility exists to accelerate or slow down the transition based on the child's needs and reactions.

The bill requires DCF or the CBC to file the transition plan with the court within 48 hours after the creation of such plan and provide a copy of the plan to the parties involved in the child's case and the child's current caregiver.

The bill requires preparation of prospective caregivers before a placement change. It requires prospective caregivers to be fully informed of the child's needs and circumstances and be willing and able to accept responsibility for providing high-quality care for such needs and circumstances before the child's placement in the home. The case manager must discuss roles and responsibilities according to the parenting partnerships plan for children in out-of-home care with the prospective caregiver, who must sign the plan before placement.

The bill requires DCF, in collaboration with the Quality Parenting Initiative, to develop a form to be completed each time a child in out-of-home care is moved from one placement to another. The form must include the names of the MDT members that developed the transition plan, the dates the team met, the name of the facilitator for the staffing, the topics considered during the MDT staffing, the recommendations of the MDT, and the name of each individual or entity responsible for carrying out each recommendation. The completed form must be attached to the child's face sheet.

Educational Transitions

The bill requires DCF and CBCs to create and implement individualized education transition plans each time a child experiences a school change. A MDT staffing must be convened to determine the child's best interest regarding remaining in the school or program of origin if the child's educational options are affected by other decisions. The determination must be made in consultation with the following individuals, including, but not limited to:

- The child.
- The child's parents.
- The caregiver.
- A child welfare professional.

- The guardian ad litem, if appointed.
- The educational surrogate, if appointed.
- Child care and educational staff, including teachers and guidance counselors.
- The school district representative or foster care liaison.

The bill allows MDT members to contact any of these individuals prior to the staffing to obtain the individual's recommendation. It also allows the MDT to rely on a report from the child's current school or program district and, if applicable, any other school district being considered for the educational placement if the required school personnel are not available to attend the MDT staffing in person or remotely.

When determining whether remaining in the school or program of origin is in the child's best interest, or if not, when selecting a new school or program, the MDT and all other individuals involved in the decision must consider, at a minimum:

- The child's desire to remain in the school or program of origin.
- The preference of the child's parents or legal guardians.
- Whether the child has siblings, close friends, or mentors at the school or program of origin.
- The child's cultural and community connections in the school or program of origin.
- Whether the child is suspected of having a disability under the Individuals with Disabilities Education Act (IDEA) or s. 504 of the Rehabilitation Act of 1973, or has begun receiving interventions under the state's multiered system of supports.
- Whether the child has an evaluation pending for special education and related services under IDEA or s. 504 of the Rehabilitation Act of 1973.
- Whether the child is a student with a disability under IDEA who is receiving special education and related services or a student with a disability under s. 504 of the Rehabilitation Act of 1973 who is receiving accommodations and services and, if so, whether those required services are available in a school or program other than the school or program of origin.
- Whether the child is an English Language Learner student and is receiving language services, and if so, whether those required services are available in a school or program other than the school or program of origin.
- The impact a change to the school or program of origin would have on academic credits and progress toward promotion.
- The availability of extracurricular activities important to the child.
- The child's known individualized educational plan or other medical and behavioral health needs and whether such plan or needs are able to be met at a school or program other than the school or program of origin.
- The child's permanency goal and timeframe for achieving permanency.
- The child's history of school transfers and how such transfers have impacted the child academically, emotionally, and behaviorally.
- The length of the commute to the school or program from the child's home or placement and how such commute would impact the child.
- The length of time the child has attended the school or program of origin.

When a child in a child care or early education program enters out-of-home care, the bill requires the child to remain with a familiar child care provider or early education program unless there is an opportunity to transition to a higher quality program. If remaining with the familiar child care provider or early childhood program is not possible, the child's transition plan must be made with the participation of the child's current and future school or program and give the child an opportunity to say goodbye to important individuals in the educational environment.

When a child is transitioning between K-12 schools, the education transition plan must include:

- Documentation that DCF or the CBC has made the decision to change the child's schools by considering all required factors and a detailed discussion of all factors considered in reaching the decision to change the child's school.

- Documentation that DCF or the CBC has coordinated, or will coordinate before the school change, with the local educational agencies to provide immediate and appropriate enrollment in a new school, including transfer of educational records, any record of a school-entry health exam, and arrangements for transportation to the new school.
- Discussion of the timing of the proposed school change which addresses potential impacts on the child's education and extracurricular activities.

Placement Changes: Objection Process

The bill amends s. 39.522, F.S., to allow any party or the current caregiver, rather than just the parents or other legal custodians, to object to a need for a change of placement at postdisposition. If a party or current caregiver objects to a change of placement, the court is required to hear from all parties as to why a change of placement is not in the child's best interest. When determining whether a change of legal custody or placement is in the child's best interest, the bill requires the court to consider the best interest factors in newly created s. 39.01375, F.S., and the report filed by the MDT, if applicable, unless the change of custody or placement is made pursuant to an adoption intervention under s. 63.082(6), F.S. The bill also requires the court to consider the priority of placements established under s. 39.4021, F.S., when making a decision regarding a child in out-of-home care.

The bill requires the court to conduct a hearing if a long-term caregiver objects to DCF moving a child from the caregiver's home. The bill creates a rebuttable presumption that it is in the child's best interest to remain permanently in the current placement if:

- The child has been in the same safe and stable placement for 9 consecutive months or more.
- Reunification is not a permanency option for the child.
- The caregiver is able, willing, and eligible for consideration as an adoptive parent or permanent custodian for the child.
- The caregiver is not requesting the change in physical placement.
- The change in physical placement being sought is not to reunify the child with a parent or sibling or transition the child to a relative caregiver.

If DCF or CBCs are considering moving a child from a placement where the caregiver meets the criteria for the rebuttable presumption, it must notify the caregiver of the intent to move the child and convene a MDT staffing at least 21 days before the intended move, unless an emergency situation exists. If the MDT participants do not reach a unanimous consensus decision, DCF's official position must be provided to all parties. The caregiver must notify the court and DCF of its objection to DCF's official position and the intent to request an evidentiary hearing within 5 days of receiving notice of the placement move. After receiving the caregiver's objection, neither DCF nor the CBC may move the child unless there is an emergency situation, defined as there being an imminent risk to the health or safety of the child, other children, or others in the home or facility if the child remains in the placement.

The bill requires the court to conduct an initial case status hearing within 7 days of receiving written notice of the caregiver's objection to moving the child. At the status hearing, the court must:

- Grant party status to the caregiver for the limited purpose of filing a motion for a hearing on the objection and presenting evidence.
- Appoint an attorney for child who is the subject of the custody proceeding.
- Advise the caregiver of the right to counsel for the evidentiary hearing.
- Appoint a court-selected neutral and independent licensed professional with expertise in the science and research of child-parent bonding.

The bill requires the court to conduct the evidentiary hearing and provide a written order of its findings on what placement is in the child's best interest no later than 90 days after the date the caregiver provided written notice to the court. The caregiver's party status terminates upon the court's written order, or upon the 90-day time limit, whichever occurs first. If the court orders a change of placement, DCF or the CBC must implement a transition plan.

Sibling Relationship Maintenance

The bill requires DCF and CBCs to consider certain practices to help maintain or strengthen relationships of separated siblings, including:

- Providing the caregiver with information, guidance, training, and support necessary to allow the caregiver to fulfill responsibilities in respecting and supporting the child's ties to the birth or legal family and assisting the child in maintaining allowable visitation and other forms of communication.
- Providing adequate support to address any caregiver concerns, enhance the caregiver's ability to facilitate contact between siblings who are not in the same out-of-home placement, and promote the benefits of sibling contact.
- Prioritizing placements with kinship caregivers who have an established personal relationship with each child.
- Prioritizing placements of siblings geographically near each other, such as in the same neighborhood or school district, to make it easier for the siblings to see each other regularly.
- Creating opportunities for siblings to engage in frequent and regular visitation, to be actively involved in each other's lives, and to participate in celebrations of life milestones.
- Utilizing other forms of contact when regular in-person meetings are not possible or are not sufficient to meet the needs or desires of the siblings.
- Coordinating joint outings or summer or weekend camp experiences to facilitate time together.
- Encouraging joint respite care to assist caregivers who are caring for separated siblings to have needed breaks while also facilitating contact among siblings.
- Prohibiting withholding visitation or interaction among the siblings as a form of punishment.

The bill requires DCF to promptly provide a child with the location of and contact information for his or her siblings. DCF must make reasonable efforts to ascertain such information if it is unknown.

If a child's sibling leaves out-of-home care due to emancipation or reunification with a parent or guardian, the child must be allowed to communicate with the sibling if the sibling or parent consents to such communication. If communication is not occurring, the bill specifies the child has a right to have the court consider the appropriateness of continued communication with the sibling. The court must consider the recommendation of DCF or the CBC and any other information deemed relevant by the court.

If a child's sibling leaves out-of-home care because of adoption, the child may be allowed to have continued communication with the sibling either by consent of the adoptive parent or by order of the court in accordance with s. 63.0427, F.S.

The bill prohibits the court from limiting or restricting communication or visitation unless there is a finding that the communication or visitation between the child and siblings is contrary to the safety or well-being of the child. If the court makes such a finding, and services are available that would reasonably be expected to ameliorate the risk to the child's safety or well-being that are the basis of the court's findings, the court must direct DCF or the CBC to immediately provide such services so communication and visitation between the siblings can be restored.

Permanency

Reinstatement of Parental Rights

The bill creates s. 39.8155, F.S., to allow courts to consider a motion to reinstate a parent's parental rights after parental rights have been terminated. The bill allows DCF, a parent whose rights were terminated, or the child to file a motion to reinstate parental rights if:

- The grounds for termination of parental rights were based on s. 39.806(1)(a) or (e)1.-3, F.S.

- The parent is not the verified perpetrator of sexual or physical abuse of the child.
- The parent has not been a perpetrator involved in any verified reports of abuse, neglect, or abandonment since his or her parental rights for the child were terminated.
- The parent has not had his or her parental rights terminated for any other child, under any grounds, in this state or any other jurisdiction, since his or her parental rights for the child were terminated.
- The child is at least age 13.
- The child has not achieved permanency and is not in a preadoptive placement, and at least 36 months have passed since the termination of parental rights.

The court will be required to dismiss the motion if the criteria for filing the motion are not met. If a motion to reinstate parental rights is filed, the court must consider all relevant evidence including whether:

- The child possesses sufficient maturity to express a preference regarding the reinstatement of parental rights.
- The child is not in a preadoptive home or under permanent guardianship.
- The parent has a documented change in behavior such that, given the current age and maturity of the child, the circumstances that brought the child into care are remedied.
- The parent demonstrates sufficient protective capacities, given the child's age, physical and behavioral health, and any other specific characteristics and needs, such that the risk of the child reentering care is low.
- Both the parent and child wish to reinstate parental rights.
- The child's guardian ad litem recommends the reinstatement of parental rights.
- A multidisciplinary team was convened under s. 39.4022, F.S., and recommends the reinstatement of parental rights and has developed a plan to transition the child to the former parent's care.

If all the criteria on the motion for reinstatement of parental rights are established by clear and convincing evidence, the bill requires the court to order DCF to conduct supervised visitation and trial home visits between the child and former parent for at least 3 consecutive months after the completion of a home study. The bill also requires the court to consider the transition plan developed by the multidisciplinary team. DCF is required to report to the court at least once every 30 days regarding the former parent's interactions with the child and recommend whether the court should reinstate parental rights. If there is an allegation of abuse, neglect, or abandonment of the child by the parent, DCF determines that the child's safety or well-being is threatened, or that such visitation is not in the child's best interest, the bill requires DCF to immediately cease the visitation with the former parent and immediately notify the court.

The court may reinstate parental rights upon a finding of clear and convincing evidence that it is in the child's best interest. The court must place the child in the custody of the former parent with an in-home safety plan upon ordering reinstatement of parental rights. The bill requires the court to retain jurisdiction for at least 6 months after placing the child in the custody of the former parent, during which DCF must supervise the placement and report to the court on the stability of the placement. The bill requires the court to determine whether its jurisdiction should be continued or terminated 6 months after reinstating parental rights based on a report from DCF or the child's guardian ad litem and any other relevant factors.

The newly created s. 39.8155, F.S., provides a mechanism for young adults to achieve permanency with former parents who have documented behavioral change since parental rights were terminated. It is written as narrow as possible and will apply in very limited situations.

Permanency Data

The bill requires the FICW to do a Florida-specific study on age-specific permanency trends to inform prevention and permanency strategies. The analysis must include, at a minimum, all of the following:

- The frequency of permanency outcomes, both long-term and within 2 years of entering foster care, and the differences observed when data are disaggregated by the child's age at entry into foster care.
- The length of time before parental rights are terminated, disaggregated by the child's age at entry into foster care.
- The frequency of permanency outcomes for children whose parents have had their parental rights terminated, the length of time before permanency is achieved, and the differences in the type of permanency and length of time it took to achieve permanency, disaggregated by age of the child when parental rights were terminated.
- The patterns, indicated by the analysis, regarding the length of time it took to achieve permanency, the types of permanency outcomes experienced by children entering foster care at different ages, and how the types of permanency vary based on the status of the rights of the parents of the children.

The FICW is required to submit its report by October 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Post-Adoption Support

The bill requires CBCs to provide post-adoption support to families who adopt children from the child welfare system. Post-adoption supports commonly include support groups, counseling, and assistance in accessing behavioral health services. Such supports and services would assist adoptive families stabilize adoptions that are at-risk of breaking down and avoid adoption dissolutions¹¹³ that would result in children re-entering care, especially during late adolescence.

Transitions to Adulthood

Life Skills Development

The bill amends s. 39.701(3), F.S., to begin judicial review transition planning at age 16, rather than 17. This will allow more time and thought for transitions out of foster care.

The bill requires DCF to assist children in foster care in making the transition to independent living and self-sufficiency as adults. To support opportunities for participation in age-appropriate life skills, the bill requires DCF to:

- Identify important life skills that children in out-of-home care should acquire.
- Develop a list of age-appropriate activities and responsibilities useful for the development of specific life skills for use by children and their caregivers. The list of age-appropriate activities must address specific topics tailored to the needs of each child's developmental stage.
- Inform young adults of available independent living services and community resources and how to apply for services.
- Design and disseminate training for caregivers related to building needed life skills.
- Regularly assess each child's readiness, beginning at age 13, for transition to adulthood. DCF would be required to share the results of the assessments with the caregiver and support the caregiver in creating, implementing, monitoring, and revising plans as necessary to address the child's life skills deficits, if any.
- Provide opportunities for children in foster care to interact with qualified, trained mentors who are committed to engaging reliably with the child long-term.
- Develop and implement procedures for children of sufficient age and understanding to directly access and manage the personal allowance they receive from DCF.

¹¹³ Adoption dissolution is when a child is returned to out-of-home care and the adoptive parents' rights are terminated.

The bill requires the FICW to evaluate the state's efforts to assist youth in foster care in developing needed life skills to become self-sufficient adults. Specifically, the evaluation must:

- Describe current requirements for caregivers to assist youth in acquiring life skills, the information and available supports provided to caregivers for doing so, and the actual level of engagement in these efforts by caregivers.
- Specify methods and measures used to determine if youth have acquired or developed adequate life skills and how that information is used to support life skills development for youth.
- Describe outcomes on a statewide basis, as well as by individual CBC, and describe how this information is currently being used to improve performance.
- Identify best practices for helping youth in foster care develop life skills and compare the state's current approach to best practices.
- Specify any barriers that may prevent youth from becoming self-sufficient.
- Evaluate whether the state's current approach to developing life skills for youth in foster care is adequate, and recommend any changes to enhance the effectiveness of the state's approach to prepare youth for self-sufficiency. However, such recommendations may also include additional options for achieving the goal of effectively preparing youth for self-sufficiency.
- Include the input from current and former foster youth in its evaluation. The FICW must attempt to interview current and former foster youth on their experience with the state's approach on preparing them for adulthood, what life skills provided were age-appropriate or helpful, and what recommendations the current or former foster youth have to improve the state's approach in preparing them for adulthood.

The bill requires the FICW to submit its evaluation by November 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The bill improves collection and reporting of performance measures and outcomes for independent living skill development and transition success. The bill amends s. 409.1415(7)(b)2., F.S., to require DCF to include in the annual Road-to-Independence report the most recent data regarding the status of and outcomes for young adults who turned age 18 while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, and an analysis of such data and outcomes.

Independent Living Services

The bill expands eligibility for some independent living services. It allows enrollment in the Keys-to-Independence program for young adults in the PESS program on a case-by-case basis, rather than only for young adults in EFC. It also amends s. 409.1451, F.S., to allow young adults in the PESS program to access financial assistance, through the Aftercare services program, in emergency situations.

The bill allows the ILSAC to consult with current and former foster youth about independent living service delivery and support.

Supports for Former Foster Youth

The bill creates an Office of Continuing Care at DCF to help individuals who have aged out of the child welfare system, until age 26. The office will provide ongoing support and care coordination needed for young adults to achieve self-sufficiency. Duties of the office include, but are not limited to:

- Informing young adults who age out of the foster care system of the purpose of the office, the types of support the office provides, and how to contact the office.
- Serving as a direct contact to the young adult in order to provide information on how to access services to support the young adult's self-sufficiency, including but not limited to, food assistance, behavioral health services, housing, Medicaid, and educational services.

- Assisting in accessing services and supports for the young adult to attain self-sufficiency, including, but not limited to, completing documentation required to apply for services.
- Collaborating with CBC's to identify local resources that can provide support to young adults served by the office.

The bill requires CBCs to at least annually attempt to contact older foster youth who have aged out of the foster care system to try to reconnect them to available services. Through this contact, the CBC will communicate to the former foster youth the availability of independent living programs and inquire into the young adult's needs and make referrals to other programs that may be of assistance.

Additionally, the bill requires CBCs to provide intensive transition supports for young adults who aged out of care. Intensive transition supports include specialist working closely with young adults who are having trouble transitioning to adulthood.

Case Record Face Sheets

The bill requires DCF to use face sheets containing important case information about a child, including all placements. The face sheet must be in a uniform standardized format for use statewide and must be in an electronic form and have the capability to be printed. This will make all those involved in the case aware of the child's history and situation.

The bill provides an effective date of October 1, 2021.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

There is a significant, negative, recurring fiscal impact on DCF to implement the bill provisions. The FY 2020-21 GAA provides a lump sum of \$30,000,000 (\$2,500,000 in nonrecurring funds) to fund various provisions of the bill.¹¹⁴ The amount of \$6,535,000 in recurring funds must be used to expand services for older youth in, or who recently exited foster care; to expand the Keys-to-Independence program; and to expand post-adoption services.¹¹⁵

In addition, the 2020-21 GAA provides \$2,284,000 to DCF for technology modifications to the Florida Safe Families Network (FSFN) that are necessary to develop case record face sheets.¹¹⁶ This includes the cost for licensing and support, web services, and for an external provider solution.

The bill provision requiring a transition plan for each placement change is expected to have a significant, negative, nonrecurring fiscal impact on CBCs. According to DCF, there were 14,825 placement changes in FY 2019-20 that would have required a transition plan under the bill. DCF estimates that CBCs will require 81 new case management positions to meet these provisions. The 2020-21 GAA includes funding to implement the bill's provisions related to transition plans.¹¹⁷

¹¹⁴ 2021, Conference Report for SB 2500, specific appropriations 306A.

¹¹⁵ *Id.*

¹¹⁶ 2021, Conference Report for SB 2500, specific appropriations 297.

¹¹⁷ *Supra* note 114.

The bill requires CBCs to offer post-adoption services to families. The FY 2020-21 GAA includes funding for post-adoption services for adoptive parents who may require temporary case management support, information, and referral assistance and other related services.¹¹⁸

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

¹¹⁸ *Id.*