

FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 763](#)
TITLE: Child Welfare
SPONSOR(S): Trabulsy

COMPANION BILL: [CS/CS/SB 560](#) (Garcia)
LINKED BILLS: None
RELATED BILLS: None

Committee References

[Human Services](#)

16 Y, 0 N



[Health Care Budget](#)

12 Y, 0 N, As CS



[Health & Human Services](#)

SUMMARY

Effect of the Bill:

CS/HB 763 exempts children and young adults in the child welfare system who are under the age of 21 and reside in out-of-home care placements at family foster homes or residential child-caring agencies from background screening requirements.

The bill requires the Department of Children and Families (DCF) and community-based care lead agencies to regularly engage with organizations representing children with lived experience in the child welfare system through quarterly meetings, and requires public posting of meeting materials and semiannual reports describing actions taken in response to stakeholder recommendations.

The bill requires licensed caregivers to provide a minimum weekly cash allowance to children ages 6 through 17 in out-of-home care using existing board rate funds, establishes standards governing the use and administration of the allowance, and authorizes the DCF to adopt rules for implementation.

The bill specifies when a new medical report related to a child in the DCF custody must be filed with the court and treats prescribing physicians and psychiatric nurses within the same group practice as a single prescriber to reduce the number of report filings required when nothing else has changed. It also removes the requirement for a signed attestation when submitting consent documentation to pharmacies.

Fiscal or Economic Impact:

None.

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

ANALYSIS

EFFECT OF THE BILL:

Florida's Child Welfare System

Psychotropic Medications for Children in the Child Welfare System

CS/HB 763 streamlines court reporting requirements for children in out-of-home care who are prescribed [psychotropic medications](#). The bill establishes that prescribing physicians and psychiatric nurses working within the same group practice are treated as a single prescriber.

STORAGE NAME: h0763c.HCB

DATE: 2/24/2026

Consequently, a new [medical report](#) must be filed with the court only when there is a change in:

- The dosage or dosage range of the medication;
- The type of medication prescribed;
- The manner of medication administration; or
- The prescribing physician or psychiatric nurse. (Section [1](#)).

Coordination and Engagement

The bill requires the Department of Children and Families and community-based care lead agencies to regularly engage with organizations representing children with lived experience in the child welfare system through quarterly meetings, and requires public posting of meeting materials and semiannual reports describing actions taken in response to stakeholder recommendations. (Section [2](#)).

Weekly Cash Allowance

The bill requires licensed caregivers to provide a minimum weekly cash allowance to children ages 13 through 17 in out-of-home care using existing board rate funds, establishes standards governing the use and administration of the allowance, and authorizes the Department of Children and Families to adopt rules for implementation. (Section [3](#)).

Background Screening for Out-of-Home Care Providers

The bill exempts certain persons residing in [out-of-home care placements](#) at [family foster homes](#) and [residential child-caring agency](#) from background [screening](#) requirements, which includes:

- Young adults in extended foster care who have not reached the age of 21; and
- Children adjudicated dependent. (Section [4](#)).

Medicaid Reimbursement

The bill also eliminates the requirement that a physician seeking [Medicaid reimbursement](#) provide a signed attestation of the parent or legal guardian's express and informed consent to the pharmacy that fills a child's prescription for psychotropic medication; instead of a signed attestation, the bill requires the physician to simply provide a copy of such consent to the pharmacy. (Section [5](#)).

The bill has an effective date of July 1, 2026. (Section [6](#)).

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill has no fiscal impact on state expenditures, as the required weekly cash allowance for children in out-of-home care must be provided by caregivers using existing board rate funds.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida's Child Welfare System

Administered by the [Department of Children and Families](#) (DCF), Florida's child welfare system seeks to:

- Provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development;

- Ensure secure and safe custody;
- Promote the health and well-being of all children under the state’s care; and
- Prevent the occurrence of child abuse, neglect, and abandonment.¹

Community-Based Care Lead Agencies (CBCs)

DCF outsources some child protection and child welfare services to 15 [community based-care lead agencies](#) (CBCs).² CBCs organize services such as family preservation, mental health services, case management, emergency shelter, foster care, residential group care, postplacement supervision, independent living, and permanency.³ CBCs may subcontract case management and direct care services to other provider groups under certain conditions.⁴

Meanwhile, DCF retains direct control over a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children’s legal services.⁵ Ultimately, DCF must ensure children receive appropriate, quality care.⁶

DCF Interventions

In-Home Preventative Services

If a DCF child protective investigator discovers impending danger⁷ or present danger⁸ to a child, he or she must implement a specific, sufficient, feasible, and sustainable safety plan.⁹ DCF may activate in-home prevention services like parental coaching, family therapy, and cognitive-behavioral interventions to mitigate danger. If these services are successful, DCF prevents a home removal, a disrupted family, and a foster care placement.¹⁰

Temporary Shelter

At any time during the life of the safety plan, should DCF develop probable cause that a child cannot remain safely at home, current law authorizes DCF to take custody of the child. Within 24 hours of the home removal, DCF must file a petition for a shelter hearing.^{11,12} DCF may temporarily shelter the child overnight with a relative or nonrelative or in a licensed home or facility.¹³ At the shelter hearing, the court appoints a guardian ad litem for the child.¹⁴

¹ S. [39.001\(1\)\(a\), F.S.](#)

² S. [409.986, F.S.](#)

³ S. [409.986\(3\), F.S.](#)

⁴ S. [409.988\(1\)\(j\), F.S.](#) Current law requires a CBC to recruit other provider groups when the CBC seeks DCF’s approval for an exemption to exceed the 35% cap on the direct provision of child welfare services. Current law conditions the exemption upon a showing that the CBC’s geographic service area still lacks a qualified provider after the CBC’s good faith recruitment efforts. s. [409.988\(1\)\(j\), F.S.](#)

⁵ S. [409.996, F.S.](#)

⁶ Ss. [409.986\(1\)\(b\), F.S.](#), [409.996, F.S.](#), [409.997, F.S.](#)

⁷ “Impending danger” means a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time. S. [39.01\(38\), F.S.](#)

⁸ “Present danger” means a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child’s safety. S. [39.01\(69\), F.S.](#)

⁹ S. [39.301\(9\)\(a\), F.S.](#)

¹⁰ S. [39.01\(70\), F.S.](#)

¹¹ “Shelter hearing” means a hearing in which the court determines whether probable cause exists to keep a child in shelter status pending further investigation of the case. S. [39.01\(82\), F.S.](#)

¹² Ss. [39.401\(1\), F.S.](#), [39.401\(3\), F.S.](#) To establish probable cause, DCF must find evidence of:

- Past abuse, neglect or abandonment to the child;
- Present suffering of the child from illness or injury as a result of abuse, neglect, or abandonment;
- Imminent suffering of the child from illness or injury as a result of abuse, neglect, or abandonment;
- A material violation of the court’s order of protective supervision (Ss. [39.01\(74\), F.S.](#), [39.521\(3\), F.S.](#)) or out-of-home placement; or
- The lack of an immediately known or available legal caregiver or kinship caregiver to provide care and supervision for the child.

¹³ Ss. [39.01\(81\), F.S.](#), [39.402\(8\)\(a\), F.S.](#) DCF must determine the shelter placement according to the same standard as foster care placements – balance the child’s best interests (see [s. 39.01375, F.S.](#)) against the statutory hierarchy of preferred placements (see [s. 39.4021, F.S.](#)).

¹⁴ S. [39.402\(8\)\(c\), F.S.](#)

If the presiding judge agrees with the necessity of home removal and that in-home remedial services will not eliminate the necessity of out-of-home care, the judge will continue the child’s shelter placement.¹⁵ At the next scheduled hearing (i.e., disposition), the judge orders an out-of-home care placement for the child and, if necessary, the accompanying array of social and rehabilitative services.¹⁶

[Out-of-Home Care Placements](#)

Current law prioritizes out-of-home care placements that are the least restrictive, most family-like settings which are available in close proximity to the child’s home and meets the child’s needs.¹⁷ Licensed foster care consists of a range of placements for children in out-of-home care that vary in service level. The following chart displays the levels of licensed care.¹⁸

Licensed Care Placements	
Placement Type	Description
Level I: Child-Specific Foster Home	Places a child with relatives or non-relatives who have an existing relationship with the child and are willing and able to provide care for the child.
Level II: Non-Child Specific Foster Home	Places a child with a foster parent without having a prior relationship between the child and foster parent.
Level III: Safe Foster Home for Victims of Human Trafficking	Places a victim of human trafficking in a safe and stable environment.
Level IV: Therapeutic Foster Home	Places a child with a foster parent that has received specialized training to care for children and adolescents that have significant emotional, behavioral, or social needs.
Level V: Medical Foster Home	Places a child with a foster parent with specialized training to care for children and adolescents with chronic medical conditions.
Group Homes	Places a child in a single family or multi-family community with no greater than 14 children to meet the physical, emotional, and social needs of the child.

Across all placement categories, DCF served an average of 14,634 children and young adults in out-of-home care per month in calendar year 2025. In calendar year 2024, the monthly average was 16,979, which means DCF served on average 13% less children and young adults per month in out-of-home care year-over-year.¹⁹

¹⁵ Ss. [39.402\(2\), F.S.](#), [39.402\(8\)\(h\), F.S.](#)

¹⁶ S. [39.521\(1\)\(a\), F.S.](#)

¹⁷ Ss. [39.4021, F.S.](#), [39.523\(1\), F.S.](#) The statutory hierarchy of preferred placements for a child, in descending order, is with the nonoffending parent, a relative caregiver, an adoptive parent of the child’s sibling, fictive kin with a close existing relationship to the child, a nonrelative caregiver who lacks an existing relationship with the child, licensed foster care, and group or congregate care.

¹⁸ S. [409.175, F.S.](#); The Department of Children and Families, *Foster Home Licensing*, <https://www.myflfamilies.com/services/licensing/foster-care-licensing> (last visited Feb. 23, 2026).

¹⁹ Office of Child and Family Well-Being, “Office of Child and Family Well-Being Dashboard: Monthly Trend,” *Department of Children and Families*, (last updated Jan. 12, 2026) <https://www.myflfamilies.com/ocfw-dashboard> (last visited Feb. 23, 2026) Select the box for “Children and Young Adults in Out-of-Home Care”. On the next page, click the grid symbol in the upper right-hand corner. On the next page, add up data entries for January 2025 through December 2025 yields 175,614. Divide that figure by 12 to yield monthly average. Repeat for calendar year 2024.

As of June 2025, DCF records a total bed capacity of license Levels I through V at 14,078. This is a decrease in total bed capacity of 19.4% from 2023 levels, where DCF recorded total bed capacity at 17,470 in January 2023.²⁰

Out-of-Home Care Providers

DCF licenses and regulates out-of-home care placement service providers (i.e., child-placing agencies)²¹ and foster care providers (i.e., family foster homes and residential child-caring agencies).²²

A [family foster home](#) is a DCF-licensed residence in which children unattended by a parent or legal guardian are provided 24-hour care.²³ A [residential child-caring agency](#) is an entity or person other than the child's parent or legal guardian that provides staffed 24-hour care for children in facilities maintained for that purpose.²⁴ As of January 7, 2026, DCF licensed 6,169 family foster homes and 289 residential child-caring agencies.²⁵

Foster Care Provider Screening

As a condition of licensure, foster care providers must be of good moral character based upon screening, education, training, and experience requirements for personnel and family foster homes, respectively.²⁶ When DCF [screens](#) foster care providers, DCF assesses the background of personnel at residential child-placing agencies or Levels II-V family foster homes; screening includes, but is not limited to, employment history checks as provided in ch. 435, F.S., using the Level 2 standards for screening set forth in that chapter.²⁷ All foster care providers must submit to a criminal background screening as a condition of employment, which includes, but is not limited to, fingerprinting for statewide criminal history records checks the Department of Law Enforcement, national criminal history records checks through the Federal Bureau of Investigation, and local criminal records checks through local law enforcement agencies.²⁸ Current law authorizes DCF to make the good moral character determination.²⁹

For purposes of screening, residential child-caring agency personnel includes the following persons:

- Agency owners (i.e., the licensees);
- Agency operators (i.e., the onsite persons charged with ultimate responsibility for the overall operation of the agency);
- Agency employees;
- Agency volunteers;
- Any person over the age of 12 who is a family member of the agency owner or agency operator; and
- Any person over the age of 12 who resides with the agency owner or agency operator when the agency is located in or adjacent to the home of the owner or operator or the person has direct contact with the children in out-of-home care.

Current law does not require persons between the ages of 12 and 18 who are family members of, or reside with, the agency owner or agency operator to undergo a fingerprint-based background check; however, DCF must screen these persons for delinquency records.³⁰

²⁰ Department of Children and Families, "Placement in Out-of-Home Care Data: Percent and Count of Foster Home Bed Capacity by License Type and CBC Lead Agency," (last updated Jun. 2025) <https://www.myflfamilies.com/services/child-family/placement-data> (last visited Feb. 23, 2026). Scroll down to "Percent and Count of Foster Home Bed Capacity by License Type and CBC Lead Agency" interactive graph chart. Note that bed capacity is highly concentrated in License Levels I and II.

²¹ A child-placing agency is an entity or person other than the child's parent or legal guardian that receives a child for placement and places or arranges for the placement of a child in a family foster home, residential child-caring agency, or an adoptive home. [s. 409.175\(2\)\(d\), F.S.](#)

²² [S. 409.175, F.S.](#)

²³ [S. 409.175\(2\)\(e\), F.S.](#)

²⁴ [S. 409.175\(2\)\(f\), F.S.](#)

²⁵ Email from Chancer Teel, Deputy Legislative Affairs Director at the Department of Children and Families, on January 7, 2026, on file with the House Health and Human Services Committee.

²⁶ [S. 409.175\(5\)\(b\), F.S.](#)

²⁷ [S. 409.175\(2\)\(m\), F.S.](#)

²⁸ See [Ss. 435.04\(1\), F.S.](#), [409.175, F.S.](#)

²⁹ [S. 409.175\(6\)\(a\), F.S.](#)

³⁰ [S. 409.175\(2\)\(j\), F.S.](#), [s. 409.175\(2\)\(m\), F.S.](#)

For purposes of family foster home placement screening, household members include those persons over the age of 12, other than children in out-of-home care, who reside at the family foster home and who have direct contact with the children in out-of-home care. Current law does not require household members between the ages of 12 and 18 years to undergo a fingerprint-based background check; however, DCF must screen these persons for delinquency records.³¹

Relative and Nonrelative Caregivers

When determining a suitable out-of-home placement for a child, the department identifies that placing a child within his or her own family reduces the trauma of removal, reduces the risk of placement disruption, and enhances prospects for finding a permanent family if the child cannot return home.³² Placing a child in the home of a relative or fictive kin³³ is referred to as “kinship care” and is generally praised for improving the outcomes of children in out-of-home care.³⁴

The DCF is required to engage in family finding to identify family and other close adults that may care for the child in his or her home, or provide a long-term emotional support network if the adult is not able to care for the child in his or her home.³⁵ Such family finding efforts must begin as soon as the child is taken into the custody of the department.³⁶

As of December 31, 2025, there were 2,801 children and young adults placed with relatives, and 1,115 children and young adults placed with an approved nonrelative.³⁷

Financial Support for Caregivers

To support caregivers as they care for children in out-of-home care, the state operates several programs to provide caregivers with financial assistance; the amount of financial assistance a caregiver receives is based on the type of caregiver, licensure, and the dependency status of the child.

Relative Caregiver Program

The Relative Caregiver Program (RCP) was established in 1998 and has been expanded³⁸ in recent years to recognize the importance of family relationships and provide additional placement options and incentives to help achieve permanency and stability for children who are otherwise at risk for foster care placement.³⁹

Generally, the program provides RCP payments to relatives⁴⁰ who care full-time for a dependent child (and, in some circumstances, the dependent half-brother or half-sister of the dependent child) in the role of substitute parent as the result of a court’s determination of child abuse, neglect, or abandonment, and the subsequent placement with the relative. Additionally, the program provides payments to nonrelatives who are willing to assume custody and care of a dependent child in the role of substitute parent as a result of the court’s determination of child abuse, neglect, or abandonment and subsequent placement with the nonrelative caregiver.⁴¹

³¹ [S. 409.175\(2\)\(k\), F.S.](#)

³² Section [39.4015, F.S.](#)

³³ “Fictive kin” refers to 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. See Section [39.01\(29\), F.S.](#)

³⁴ See Section [39.5086, F.S.](#); American Bar Association, Kinship Care is Better for Children and Families, available at: https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families/ (last visited Feb. 23, 2026)

³⁵ Section [39.4015, F.S.](#)

³⁶ *Id.*

³⁷ Florida Department of Children and Families, Office of Child and Family Well-Being Dashboard, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited Feb. 23, 2026)

³⁸ Ch. 2024-68, L.O.F.

³⁹ Ch. 98-78, L.O.F.

⁴⁰ Referred to as within the fifth degree by blood or marriage to the parent or stepparent of the child. See Section [39.5085, F.S.](#)

⁴¹ Section [39.5085\(2\)\(a\), F.S.](#)

Relatives or nonrelatives who care for a child found to be dependent receive a monthly payment equal to the monthly room and board rate pursuant to [s. 409.145\(3\), F.S.](#) from the date the child is found to be dependent or from the date the child is placed with them in out-of-home care, whichever is later, for a period of no more than 6 months or until the child achieves permanency, whichever occurs first.⁴²

Those participating in the RCP are not required to meet foster care licensing requirements.⁴³ However, if a relative or nonrelative has obtained licensure as a Level I foster parent, they receive the monthly room and board rates foster parents receive, even if the child has not been adjudicated dependent.⁴⁴ This payment extends from the date the child is placed in out-of-home care with his or her relative or nonrelative until the child achieves permanency.⁴⁵

Monthly Room and Board Rate

Level II through Level V licensed foster parents are eligible for the monthly room and board rate. Additionally, the room and board rate extends to the following individuals:⁴⁶

- Relative and nonrelative caregivers licensed as a Level I Child-Specific Foster Placement; and
- Relative and nonrelative caregivers receiving RCP payments who:
 - Have a child placed with them in out-of-home care and have obtained licensure as a Child-specific level I foster placement, regardless of whether a court has found the child to be dependent; or
 - Relatives or nonrelatives who have a child found to be dependent placed with them in out-of-home care, regardless of whether the relatives or nonrelatives have obtained a child-specific level I foster license.

The monthly room and board rate is different based upon the age of the child in out-of-home care. All recipients of the room and board rates receive an annual cost of living increase each January, equal to the percentage change in the Consumer Price Index.⁴⁷ The following chart displays the room and board rate adjustments since 2022:

Room and Board Rate Increases 2022-2025				
Age Range	2022 Room and Board Rate	2023 Room and Board Rate	2024 Room and Board Rate	2025 Room and Board Rate
Ages 0-5 Years	\$ 517.94	\$ 551.61	\$ 570.36	\$ 586.90
Ages 6-12	\$ 531.21	\$ 565.74	\$ 584.98	\$ 601.94
Ages 13-21	\$ 621.77	\$ 622.19	\$ 684.70	\$ 704.56

The 2026 room and board rate increase has not been published as of January 30, 2026.

Additionally, CBC lead agencies are required to pay a supplemental room and board payment to foster parents and eligible RCP recipients for providing independent life skills and normalcy supports to children ages 13-17 years.⁴⁸ This monthly supplemental payment is determined on a per-child basis and is in addition to the base monthly room and board rate. The supplemental payment is ten percent of the monthly room and board rate for children aged 13-21, adjusted annually.⁴⁹ Thus, in 2025, CBC lead agencies were required to pay foster parents and eligible RCP recipients a monthly supplemental payment of \$70.46 if they provided independent life skills and normalcy supports to the children in their care.

Reasonable and Prudent Parenting Standard

⁴² Section 39.5085(2)(d)2., F.S.

⁴³ Section [39.5085\(2\)\(c\), F.S.](#)

⁴⁴ Section 39.5085(2)(d)1., F.S

⁴⁵ *Id.*

⁴⁶ Section [409.145\(3\), F.S.](#)

⁴⁷ Section [409.145\(3\), F.S.](#)

⁴⁸ Section [409.145\(3\)\(d\), F.S.](#)

⁴⁹ *Id.*

In Florida, the “reasonable and prudent parent” standard refers to the standard of care used by a caregiver in determining whether to allow a child in his or her care to participate in extracurricular, enrichment, and social activities. The standard is characterized by careful and thoughtful parental decision making that is intended to maintain a child’s health, safety, and best interest while encouraging the child’s emotional and developmental growth.⁵⁰ When determining if a child may participate in extracurricular, enrichment, or social activities, the caregiver must consider the following factors of the reasonable and prudent parent standard:⁵¹

- The child’s age, maturity, and developmental level to maintain the overall health and safety of the child.
- The potential risk factors and the appropriateness of the extracurricular, enrichment, or social activity.
- The best interest of the child, based on information known by the caregiver.
- The importance of encouraging the child’s emotional and developmental growth.
- The importance of providing the child with the most family-like living experience possible.
- The behavioral history of the child and the child’s ability to safely participate in the proposed activity.

Financial Allowances

Learning the value and use of money is an important aspect of normalcy in foster care. Current administrative rule requires the provision of an allowance to youth in out-of-home licensed care.⁵² Such allowance should be provided at least monthly, should not be tied to behavior or the completion of chores or withheld as punishment.⁵³ Additionally, children should not be expected to use such an allowance to purchase personal hygiene items, school supplies, clothing, or other necessities.⁵⁴

Current administrative rule does not dictate the amount of allowance each youth should receive.⁵⁵ However, the details of a child’s allowance must be included in the child’s transition plan, if they are of sufficient age and intellectual ability to manage their allowance.⁵⁶

Psychotropic Medications for Children in the Child Welfare System

[Psychotropic medications](#), including antipsychotics, antidepressants, and stimulants, are utilized to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness by altering brain chemistry.⁵⁷

In the early 2000s, emerging reports revealed that children in the child welfare system were being prescribed psychotropic medications at significantly higher rates than their peers in the general population.⁵⁸ Thus, states began auditing the protocols for prescribing children psychotropic medication while residing in out-of-home placements.

In 2005, the Florida Legislature enacted statutory oversight procedures to allow the DCF to provide children with psychotropic medications.⁵⁹ The Legislature established distinct protocols for two groups: children who arrived with an existing prescription and those who were not on psychotropic medication when they entered the child welfare system.⁶⁰

⁵⁰ Section 409.145(2)(a)3., F.S.

⁵¹ Section 409.145(2)(a)3., F.S.

⁵² 65C-28.009(9), F.A.C.

⁵³ 65C-28.009(9)(d), F.A.C.

⁵⁴ *Id.*

⁵⁵ 65C-28.009, F.A.C.

⁵⁶ 65C-28.009(9)(b), F.A.C.

⁵⁷ 65C-35.001(22), F.A.C.

⁵⁸ National Library of Medicine, *State Variation in Psychotropic Medication Use by Foster Care Children with Autism Spectrum Disorder*, <https://pubmed.ncbi.nlm.nih.gov/19620187/> (last visited Feb. 23, 2026).

⁵⁹ Chapter 2005-65, L.O.F.

⁶⁰ *Id.*

As of December 22, 2025, there were 2,036 children in out-of-home care that had one or more current prescriptions for psychotropic medication.⁶¹

Continuity of Psychotropic Medication Prescription

When a child protective investigator (CPI) takes a child into the custody of DCF, the CPI is required to ascertain if the child is taking psychotropic medications.⁶² If a child taken into DCF custody is taking psychotropic medications at the time of removal, the CPI is required to ascertain the following:⁶³

- The purpose of the medication;
- The name and phone number of the prescribing physician or psychiatric nurse⁶⁴;
- The dosage;
- Instructions regarding the administration of the medication (e.g., timing, whether to administer with food); and
- Any other relevant information.

Florida law outlines the steps that DCF must follow to secure authorization for the continued use of psychotropic medications for a child removed from his or her home.⁶⁵ Furthermore, after DCF has secured the necessary authorization, DCF implements administrative rules designed to guarantee that children receive prompt access to clinically appropriate psychotropic medications.⁶⁶ Current law requires these rules to include, but need not be limited to, the following:⁶⁷

- The process for determining which adjunctive services are needed;
- The uniform process for facilitating the prescribing physician's or psychiatric nurse's ability to obtain the express and informed consent of a child's parent or guardian;
- The procedures for obtaining court authorization for the provision of psychotropic medication;
- The frequency of medical monitoring and reporting on the status of the child to the court;
- How the child's parents will be involved in the treatment-planning process if their parental rights have not been terminated;
- How caretakers are to be provided with information contained in the physician's or psychiatric nurse's signed medical report; and
- Uniform forms to be used in requesting court authorization for the use of a psychotropic medication and provide for the integration of each child's treatment plan and case plan.

Initiating the Prescription of Psychotropic Medications to a Child in Out-of-Home Care

If a child taken into DCF custody is not currently on psychotropic medication but is subsequently diagnosed as needing them, the prescribing physician or psychiatric nurse is permitted to issue a prescription, providing certain criteria are met.⁶⁸ The physician or psychiatric nurse is required to consider other treatment interventions that may include medical, mental health, behavioral, counseling, or other services.⁶⁹ Additionally, the prescribing

⁶¹ Florida Department of Children and Families, *Psychotropic Medications Report for Children in Out-of-Home Care with One or More Current Prescriptions for a Psychotropic Medication*, <https://www.myflfamilies.com/sites/default/files/2025-12/Gabriel%20Myers%20-%20Medication%20Report%20%28December%2023%202025%29.pdf> (last visited Feb. 23, 2026).

⁶² 65C-35.006, F.A.C.

⁶³ *Id.*

⁶⁴ A psychiatric nurse means an advanced practice registered nurse licensed under s. 464.012 who has a master's or doctoral degree in psychiatric nursing and holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has one year of post-master's clinical experience under the supervision of a physician. See [S. 394.455\(36\), F.S.](#)

⁶⁵ [S. 39.407, F.S.](#)

⁶⁶ [S. 39.407\(3\)\(g\), F.S.](#)

⁶⁷ *Id.*

⁶⁸ 65C-35.002, F.A.C.

⁶⁹ *Id.*

physician or psychiatric nurse must attempt to obtain express and informed consent⁷⁰ from the child's parent or legal guardian before prescribing the psychotropic medication.⁷¹ Child protective staff and the prescribing physician or psychiatric nurse are required to take steps to facilitate the inclusion of the parents, legal guardians, the child, and the child's caregiver in out-of-home placement during the treatment of the child.⁷² DCF may seek court authorization to provide psychotropic medications to a child if the parental rights of the parent have been terminated, the parent's location or identity is unknown and cannot be reasonably ascertained, or the parent refuses to provide express and informed consent.⁷³

Medical Reports

When DCF files a motion seeking the court's authorization to initiate or continue to provide psychotropic medication to a child in its custody, the motion must include a medical report signed by the prescribing physician or psychiatric nurse.⁷⁴ The medical report must include the following:⁷⁵

- The name of the child, the name and range of the dosage of psychotropic medication, and an indication that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.
- A statement indicating that the physician or psychiatric nurse has reviewed all medical information concerning the child which has been provided.
- A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
- An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.
- Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician or psychiatric nurse recommends.

Medicaid Reimbursement

Current law requires the Agency for Health Care Administration (AHCA) to purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care, which includes minimizing the exposure of Medicaid recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services.⁷⁶

To this end, current law prohibits AHCA from using Medicaid to pay for a child's psychotropic medication without first obtaining the express and informed consent of the child's parent or legal guardian. If the child is in DCF custody, DCF must secure court authorization to prescribe psychotropic medications to a child in out-of-home care if DCF cannot secure the express and informed consent of the child's parent or legal guardian. Before a pharmacy is authorized to dispense a child's prescribed psychotropic medication, current law requires the child's physician to provide the pharmacy with a signed attestation of the parent or legal guardian's consent.⁷⁷

⁷⁰ Express and informed consent means consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. See Section [394.455\(16\), F.S.](#)

⁷¹ [S. 39.407, F.S.](#)

⁷² S. 39.407(3)(a)1., F.S., R. 65C-35.003-65C-35.005, F.A.C.

⁷³ S. 39.407(3)(a)1., F.S.

⁷⁴ [S. 39.407\(3\)\(c\), F.S.](#)

⁷⁵ *Id.*

⁷⁶ [S. 409.912, F.S.](#)

⁷⁷ [S. 409.912\(13\), F.S.](#), [s. 39.407\(3\), F.S.](#) If the child's prescribing physician or psychiatric nurse certifies in the signed medical report that delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2024	CS/CS/CS/HB 1083 - Permanency for Children	Trabulsy, Abbott/ <i>Collins</i>	Became law on July 1, 2024.
2024	CS/CS/SB 564 - Young Adult Aftercare Services	Tramont/ <i>Garcia</i>	Became law on July 1, 2024.
2022	HB 7065 - Child Welfare	Altman	Became law on July 1, 2022.
2021	CS/CS/SB 80 - Child Welfare	Busatta/ <i>Brodeur</i>	Became law on October 1, 2021.

OTHER RESOURCES:

- [Code of Federal Regulations: Glossary of Terms for National Youth in Transition Database \(45 C.F.R. § 1356.83\)](#)
 - [HHS National Youth in Transition Database: Services Data Snapshot: Florida \(FFY 2019-2023\)](#)
 - [HHS National Youth in Transition Database: Outcomes Data Snapshot: Florida \(FFY 2020-2024\)](#)
-

be provided in advance of the issuance of a court order at hospitals, crisis stabilization units, and in statewide inpatient psychiatric programs. In such event, the medical report must provide the specific reasons why the child may experience significant harm and the nature and the extent of the potential harm.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	16 Y, 0 N	2/4/2026	Mitz	DesRochers
Health Care Budget Subcommittee	12 Y, 0 N, As CS	2/23/2026	Clark	Smith

THE CHANGES ADOPTED BY THE COMMITTEE:

- Removes provisions extending Post-Secondary Education Services and Support (PESS) eligibility to age 25 and establishing a 60-month lifetime participation limit, and requires DCF to include specified outcome measures for PESS and aftercare services in the annual Road-to-Independence performance report.
- Requires DCF and community-based care lead agencies to conduct quarterly engagement with organizations representing individuals with lived child welfare experience and publicly post meeting materials and follow-up reports.
- Requires licensed caregivers to provide a minimum weekly cash allowance to children ages 6 through 17 using existing board rate funds, establishes administration standards, and authorizes DCF rulemaking for implementation.

[Health & Human Services
Committee](#)

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
