CHILD/ADULT PROTECTIVE SERVICES AND FOSTER CARE

CS/HB 1433 — Public Records

by Governmental Operations Committee and Rep. Brennan (CS/SB 506 by Children, Families & Seniors Committee and Senator Rossin)

CS/HB1433 amends subsection (7) of 119.07, F.S., removing the public records exemption, in cases involving the death of a child, a disabled adult, or an elderly person as a result of abuse, neglect, abandonment, or exploitation. The language of the law regarding the court's approach to cases involving death is deleted; the language is unchanged with regard to cases involving serious bodily injury.

Section 415.107, F.S., regarding confidentiality of records and reports in cases involving the death of a disabled adult or elderly person, is amended to include language enabling any person to have access to all records, excluding the name of the reporter or information otherwise made confidential or exempt by law.

Section 415.51, F.S., regarding confidentiality of records and reports in cases involving the death of a child due to abuse or neglect, is amended to provide that any person shall have access to all records, excluding the name of the reporter or information otherwise made confidential or exempt by law.

If approved by the Governor, these provisions take effect upon becoming law.
Vote: Senate 37-0; House 118-0

CS/CS/SB 1024 — Abuse False Reports

by Criminal Justice Committee; Children, Families & Seniors Committee; and Senator Hargrett

This legislation enhances the tools that can be used to penalize persons who file false reports of child abuse, neglect or abandonment and adult aging abuse, neglect or exploitation by:

- Directing the Department of Children and Family Services (the department) to refer reports determined to be false to law enforcement for an investigation and directing the law

enforcement agency to refer reports to the state attorney when sufficient evidence is found to pursue prosecution for filing a false report;

- Directing the department and each state attorney to report annually to the Legislature information regarding the handling of false reports;

- Elevating the penalty for knowingly and willfully making a false report from a second degree misdemeanor to a third degree felony; and

- Increasing the cap on the civil penalty that can be imposed for making a false report from $1,000 to $10,000.

If approved by the Governor, these provisions take effect July 1, 1998.
Vote: Senate 38-0; House 119-0

HB 4167 — Adult Abuse, Neglect, and Exploitation

by Elder Affairs & Long Term Care Committee and Rep. Brooks (SB 1188 by Senator Rossin)

This bill amends the Adult Protective Services Act found in ss. 415.101-415.113, F. S., and removes from the statute references to the term "self-neglect." Definitions of "disabled adult in need of services" and "elderly person in need of services" are created. Onsite adult protective services investigators are required to determine whether a subject of a report is a disabled adult in need of services or an elderly person in need of services. Referral processes for a disabled adult in need of services to the community care for disabled adults program or for the referral of an elderly person in need of services to the community care for the elderly program (under the Department of Elderly Affairs) are specified. This bill provides that, in cases determined to be either a disabled adult in need of services or an elderly person in need of services, no classification of the report shall be made in the Department of Children and Family Services' central abuse registry and tracking system and no notification pursuant to s. 415.1055, F.S., shall be required. The Department of Children and Family Services may retain the records of such reports for up to one year. The bill provides that, with a Department of Children and Family Services referral to the Department of Elderly Affairs, primary consideration shall be given by the community care for the elderly program; the term "primary consideration" is defined. The Office of Program Policy Analysis and Governmental Accountability is ordered to do a study on the referral process of the population referred from the Department of Children and Family Services to the Department of Elderly Affairs.

This bill also enhances the tools that can be used to penalize persons who file false reports of adult and aging abuse, neglect, or exploitation by directing the Department of Children and Family Services to refer reports determined to be false to law enforcement for an investigation and

directing the law enforcement agency to refer reports to the state attorney when sufficient evidence is found to pursue prosecution. The Department of Children and Family Services and each state attorney are directed to report annually to the Legislature information regarding the handling of false reports. The penalty for knowingly and willfully making a false report is elevated from a second degree misdemeanor to a third degree felony. The cap on the civil penalty is increased from $1000 to $10,000.

If approved by the Governor, these provisions take effect July 1, 1998.
Vote: Senate 35-0; House 116-0

CS/SB 1646 — Protection of Children

by Health Care Committee, Senator Myers and others

CS/SB 1646 transfers, by a type two transfer as defined in s. 20.06, F.S., from the Department of Children and Family Services to the Department of Health, Division of Children's Medical Services, the responsibility for services to abused and neglected children provided through the child protection teams and the sexual abuse treatment program.

Rulemaking authority is delineated for the Department of Health for these added functions.

If approved by the Governor, these provisions take effect January 1, 1999.
Vote: Senate 38-0; House 118-0

CS/CS/SB 1660 — Healthy Families Florida Program

by Governmental Reform & Oversight Committee; Children, Families & Seniors Committee; Senator Kurth and others

CS/CS/SB 1660 directs the Department of Children and Family Services to contract with a private nonprofit corporation to implement the Healthy Families Florida Program. The corporation shall be incorporated for the purpose of identifying, funding, supporting, and evaluating programs and community initiatives to improve the development and life outcomes of children and to preserve and strengthen families with a primary emphasis on the prevention of child abuse. The Healthy Families Florida program must work in partnership with existing community-based visitation and family support resources to provide assistance to these families. The program is voluntary for all participants and requires informed consent at the initial contact. The Kempe Family Stress Checklist may not be used in the program.

The legislation includes an appropriation of $10 million to the Department of Children and Family Services from tobacco settlement receipts in the department's Grants and Donations Trust Fund for the implementation of the Healthy Families Florida Program.

If approved by the Governor, these provisions take effect July 1, 1998.
Vote: Senate 38-0; House 115-0

CS/CS/HB 1849 — Public Records/Child-care Facilities

by Governmental Operations Committee; Children & Family Empowerment Committee; and Reps. Murman and Lacasa (SB 108 by Senator Hargrett)

CS/CS/HB 1849 (Chapter 98-29) provides for the exemption of certain specified information in the foster parent licensure file from the open government provisions in s. 119.07(1), F.S., and s. 24(a), Art. I, State Constitution. The information that will be exempt includes such things as the home, work, and school addresses of licensees and other family and household members; the home's floor plan; telephone numbers; photographs; identifying information in neighbor references; and identifying information in sensitive, personal details about the licensee, his or her spouse, children, or other household members. This provision will apply to all licensed foster parents including but not limited to those who became adoptive parents.

The exemption for foster care records is repealed, subject to prior legislative review, on October 2, 2003.

These provisions became law without the Governor's signature on April 29, 1998.
Vote: Senate 38-0; House 115-0

HB 3217 — Privatization of Foster Care Services

by Rep. Murman and others (CS/CS/SB 352 by Ways & Means Committee; Children, Families & Seniors Committee; and Senators Brown-Waite, Hargrett, Cowin, Latvala and Crist)

Privatization of Foster Care and Related Services

HB 3217 defines "privatize" as contracting with competent, community-based agencies. The Department of Children and Family Services is directed to develop a strategic plan to accomplish privatization statewide through a competitive process over a 3-year period beginning on January 1, 2000. The plan must include input from community-based providers currently under contract with the department and must include a methodology for determining and transferring all available funds including federal funds that the provider agrees to earn and general revenue funds associated with the contract. The methodology must include expected workload and the 3 previous years' experience in expenses and workload. The plan must specify those service districts or portion of a district in which privatization cannot be accomplished within the 3 years' time frame, the reasons

the time frame cannot be met, and the efforts that should be made to remediate the obstacles which may include alternatives to total privatization such as private/public partnerships. The plan must be submitted to the Governor and the Legislature by July 1, 1999.

Beginning in FY 1999-2000, the State Attorney or the Office of the Attorney General must provide child welfare legal services required under ch. 39, F.S., in Sarasota, Pinellas, Pasco, and Manatee counties unless otherwise indicated. The provision of these legal services will begin as soon as determined reasonably feasible by the respective State Attorney or the Office of the Attorney General after the privatization of associated programs and child protective investigations has occurred.

A private, nonprofit agency with case management responsibilities for a child who is sheltered or found to be dependent may: 1) act as the child's guardian for registering the child in school if a parent or guardian is unavailable and his or her whereabouts cannot be reasonably ascertained, and 2) seek emergency medical attention under certain circumstances specified in the bill. However, the agency may not consent to sterilization, abortion, or termination of life support.

The term "eligible lead community-based provider" is defined as a single agency under contract with the Department of Children and Family Services for the provision of child protective services in a community that is no smaller than a county. The legislation specifies that the agency must have the following qualities:

1. Ability to coordinate, integrate, and manage all child protective services in cooperation with child protective investigations.

2. Ability to ensure continuity of care from entry to exit for all children referred from the protective investigation and court system.

3. Ability to provide directly or contract for through a local network of providers all necessary child protective services.

4. Willingness to accept accountability for meeting the outcomes and performance standards related to child protective services established by the Legislature and the federal government.

5. Capability and willingness to serve all children referred from the protective investigation and court systems regardless of the level of funding allocated by the state, provided all related funding is transferred.

6. Willingness to ensure that each person who provides child protective services completes the training required of child protective service workers by the Department of Children and Family Services.

Beginning January 1, 1999, and continuing at least through December 31, 1999, the department must privatize all foster care and related services in District 5 (Pinellas and Pasco), to continue contracting with the current model programs in Districts 1, 4, and 13 and in Subdistrict 8A, and to expand the Subdistrict 8A pilot to incorporate Manatee County. The lead provider of the District 5 program will be competitively selected and must demonstrate the ability to provide necessary comprehensive services through a local network of providers and must meet criteria established in the legislation.

A quality assurance program may be performed by a national accrediting organization and the legislation directs the department to develop a request for proposals for selecting the organization. For delivering statewide quality assurance services, the department is authorized to transfer up to 0.125 percent of the total funds from categories used to pay for contractually provided services but no more than $300,000 in any fiscal year. Under the authority of s. 216.177, F.S., additional positions may be established for quality assurance purposes.

Transfer of Child Protective Investigations to Sheriffs in Pasco, Pinellas, and Manatee Counties

By the end of FY 1999-2000, the department must transfer responsibility for all child protective investigations to the sheriffs of Pinellas, Pasco, and Manatee counties. All persons who provide these services must complete the training that is provided to and required of the department's protective investigators.

During FY 1998-99, the department and each sheriff's office must enter into a contract with the department. The department must transfer to the respective sheriffs for the duration of FY 1998-99, funding for the investigative responsibilities assumed by the sheriffs and federal funds and general revenue funds for all investigative, supervisory, and clerical positions; training; all associated equipment; furnishings; and other fixed capital items. Other directives are specified for the department during the initial year.

The legislation specifies that during the first year of FY 1998-99, the department must identify any barriers to transferring the entire responsibility for child protective services to the sheriffs' offices and must pursue avenues for removing barriers such as applying for federal waivers. By January 15, 1999, the department must submit a report to the Legislature that describes those remaining barriers pertaining to funding and related administrative issues. The entire responsibility for child protective investigations shall be transferred to the sheriffs' offices through grants from

the Department of Children and Family Services beginning in FY 1999-2000 unless otherwise directed by the Legislature.

The sheriffs must operate at a minimum in accordance with the performance standards established by the Legislature for protective investigations conducted by the department. The sheriffs in these counties will receive grants from the department from funds appropriated by the Legislature. Funds may not be integrated into the sheriffs regular budgets and all budgetary and other data must be maintained separately from all other records of the sheriffs' offices.

Program performance evaluation will be based on criteria mutually agreed upon by the sheriffs and a committee of seven persons appointed by the Governor and selected from persons who serve on the department's health and human services boards in Districts 5 and 6. The committee must submit an annual report regarding quality performance, outcome-measure attainment, and cost efficiency to the Legislature and Governor no later than January 31 of each year that these sheriffs are receiving general appropriations to provide child protective investigations.

If approved by the Governor, these provisions take effect July 1, 1998.
Vote: Senate 36-0; House 64-49

CS/SB 1540 — Relative-Caregiver Program

by Children, Families & Seniors Committee and Senators Turner Casas, Hargrett, Meadows and Forman

CS/SB 1540 creates s. 39.5085, F.S., and directs the department to establish and operate a Relative-Caregiver Program for relatives who are within the fifth degree by blood or marriage to the parent or stepparent of a child. The relative will act as a substitute parent as a result of a departmental determination of child abuse, neglect or abandonment and placement with the relative pursuant to ch. 39, F.S. Relative caregivers who receive assistance under this program must be capable, as determined by a home study, of providing a physically safe environment and a stable supportive home for the children under their care assuring that the children's well-being is met including immunizations, education, and mental health services as needed.

Relatives who qualify for the Relative-Caregiver Program will be exempt from foster care licensing requirements under s. 409.175, F.S., but would receive a special monthly relative-caregiver benefit payment. The department is directed to promulgate an administrative rule for the special benefit payment schedule that is based on the child's age. The statewide average monthly rate for children placed with relatives who are not licensed as foster homes may be no more than 82 percent of the statewide average foster care rate, although a relative-caregiver may be reimbursed up to the foster care rate if the needs of the child are extensive. Children who receive

cash benefits under the relative-caregiver program may not receive WAGES cash benefits under ch. 414, F.S.

Within available funds, services that the Relative-Caregiver Program will provide to the caregivers must support the child's safety, growth, and healthy development. These services include subsidized child care and other family support and family preservation services available to children in foster care. Children living with relative caregivers who are receiving assistance under the Relative-Caregiver Program will be eligible for Medicaid coverage.

The new service center building for the Department of Children and Family Services at the Lee Davis Complex in Tampa, Florida, is designated as the "James T. Hargrett, Jr. Building."

If approved by the Governor, these provisions take effect October 1, 1998.
Vote: Senate 38-0; House 119-0

CHILD CARE

CS/SB 2092 — Child Care Facilities

by Children, Families & Seniors Committee and Senator Dyer

This bill amends ss. 402.302, 402.305, and 409.178, F. S., and excludes from the definition of "child care facility" operators of "transient establishments," as defined in s. 509.013, F.S. Child care personnel of such a facility, however, must still meet level two screening requirements pursuant to s. 435.04, F.S., which includes, but is not limited to, employment history checks, fingerprinting for all purposes, statewide criminal and juvenile records checks through the Florida Department of Law Enforcement, and federal criminal records checks through the Federal Bureau of Investigation. Level two screening may include local criminal records checks through local law enforcement agencies. These security background investigations must ensure that no person subject to the provisions of this section have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense as listed under s. 435.04(2), F.S. The person may not have a confirmed report of abuse, neglect, or exploitation as defined in s. 415.102(5), F.S., which has been uncontested or upheld under s. 415.103, F.S. The person may not have committed an act that constitutes domestic violence as defined in s. 741.30, F.S. Under penalty of perjury, all employees subject to a level two screening shall attest to meeting the requirements for qualifying for employment and agree to inform the employer immediately if convicted of any of the disqualifying offenses while employed by the employer. Each employer with employees subject to a level two screening, such employer being licensed or registered by a state agency, shall submit to the licensing agency annually, under penalty of perjury, an affidavit of compliance with the provisions of s. 415.04, F.S.

This bill also provides for the Department of Children and Family Services to adopt different licensing standards for child care facilities that serve children of different ages, including those serving school-age children. With respect to standards for physical facilities operated in a public school facility, the department shall adopt the State Uniform Building Code for Public Education Facilities Construction as the minimum standard. The bill further requires that parents be informed of the impending transfer of a child care facility's ownership. This bill also renames the "Child Care Partnership Program" as the "Child Care Executive Partnership Program." To ensure seamless service delivery, the community coordinated child care agencies or the state resource and referral agency are authorized to administer the child care purchasing pool funds. The Department of Children and Family Services, in conjunction with the Child Care Executive Partnership, shall develop procedures for disbursement of funds through the child care purchasing pools. In order to be considered for funding, the community coordinated child care agency or the statewide resource and referral agency must commit to requiring parent fees to be at least equal to the amounts on the subsidized child care sliding fee scale. References to the "pilot" child care purchasing pools are removed from statute and are replaced by purchasing pools.

If approved by the Governor, these provisions take effect upon becoming law.
Vote: Senate 38-0; House 115-0

DOMESTIC VIOLENCE

CS/CS/HB 1639 — Domestic Violence Address Confidentiality/Public Records Exception

by Law Enforcement & Public Safety Committee; Governmental Operations Committee; and Rep. Hill (SB 116 by Senator Holzendorf)

This bill creates a public records exemption for certain personal information about program participants in the address confidentiality program for victims of domestic violence. This bill provides that the residential, school, and work addresses; corresponding telephone numbers; and social security numbers of program participants under the address confidentiality program are exempt from disclosure. These exemptions are subject to the Open Government Sunset Review Act of 1995, and will repeal on October 2, 2002, unless otherwise reviewed and reenacted by the Legislature. This bill provides a public necessity statement for the exemption, as is required by s. 24, Art. I, State Constitution.

If approved by the Governor, these provisions take effect October 1, 1998.
Vote: Senate 37-0; House 112-0

CS/CS/HB 1637 — Domestic Violence Address Confidentiality

by Law Enforcement & Public Safety Committee; Governmental Operations Committee; Rep. Hill and others (CS/SB 118 by Children, Families & Seniors Committee and Senator Holzendorf)

This bill amends ss. 741.401-741.409, F. S., to establish an address confidentiality program for victims of domestic violence. An application process for participation in a program to provide address confidentiality for victims of domestic violence is described. Upon receipt of a properly and completely filed application, and to the extent possible under the budget, the Attorney General shall certify applicants as participants in the program and will serve as the agent for purposes of service of process and receipt of mail. The bill specifies instances when a participant may be eliminated from the program. A program participant may request that state and local agencies or other governmental entities use the designated address; those agencies must use that address unless the Attorney General determines there is adequate reason for the agency to use the individual's actual physical address. Criteria for this determination are specified as is the agency's right to appeal the decision of the Attorney General pursuant to ch. 120, F.S. This bill also allows a program participant to vote by absentee ballot and prohibits the supervisor of elections from making the participant's name, address, or telephone number available for public inspection except in certain specified instances. The prohibition against disclosure of a participant's address also applies to the Attorney General except under certain circumstances. A provision for assistance and counseling for program applicants is also stated in this bill. The program is to be implemented only to the extent that it is funded; the general revenue appropriation may not exceed $150,000 for FY 1998-99. Furthermore, the percentage by which the appropriation may be increased in future years is specified.

If approved by the Governor, these provisions take effect October 1, 1998.
Vote: Senate 37-0; House 118-0

AGING

SB 756 — Alzheimer's Disease Clinic
by Senator Klein

This bill provides for the establishment of memory disorder clinics at St. Mary's Medical Center in Palm Beach County, Tallahassee Memorial Regional Medical Center, and Lee Memorial Hospital. This bill also authorizes, rather than requires, the Department of Elderly Affairs to contract for the provision of specialized model day care programs in conjunction with memory disorder clinics.

If approved by the Governor, these provisions take effect July 1, 1998.
Vote: Senate 38-0; House 114-0

CS/CS/HB 3387 — Health Care
by Health Care Services Committee; Elder Affairs & Long Term Care Committee; Rep. Frankel and others (SB 1962 by Senator Rossin)

This bill provides for the establishment of memory disorder clinics at St. Mary's Medical Center in Palm Beach County and at the Tallahassee Memorial Regional Medical Center. This bill also provides the Department of Elderly Affairs discretion in the number of specialized model day care programs created in conjunction with memory disorder clinics. This bill provides that the Department of Elderly Affairs, together with the Agency for Health Care Administration, may contract with entities which have submitted an application as a community nursing home diversion project to provide benefits pursuant to the "Program for All-Inclusive Care for the Elderly." Finally, this bill creates a Panel for the Study of End of Life Care. This panel shall be located in the Pepper Institute for Aging and Public Policy. Membership on the 22-member panel is specified. The Pepper Institute shall provide support staff to the panel at the request of the panel. Expenses of the panel, including travel and per diem, will be paid by the entity appointing the member.

If approved by the Governor, these provisions take effect July 1, 1998.
Vote: Senate 39-0; House 116-0

CS/HB 4035 — Adult Family-Care Homes
by Elder Affairs & Long Term Care Committee and Rep. Roberts-Burke (CS/SB 1872 by Children, Families & Seniors Committee and Senators Turner, Casas and Klein)

This bill amends ch. 400, part VII, F.S., which governs adult family-care homes, to clarify that an adult family-care home provides housing and personal care in a private home with an individual or family and allows for assistance with the self-administration of medication along with other personal services. The Department of Elderly Affairs' rules regulating the adult family-care home

are to be as minimal and flexible as possible. The definition of "adult family-care home" is significantly amended to specify that a provider caring for one or two residents need not be licensed, and to delete the provision that an unlicensed home cannot hold itself out to the public as a place that provides personal care. The definition of the term "relative" is amended to add grandparents and great-grandparents. Providers must meet the requirements of level one background screening as provided in s. 435.03, F.S., which includes, but is not limited to, employment history checks and statewide criminal correspondence checks through the Florida Department of Law Enforcement and may include local criminal records checks through local law enforcement agencies. Any person for whom employment screening is required must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense as listed under s. 435.03(2), F.S. The person may not have a confirmed report of abuse, neglect, or exploitation, as defined in s. 415.102(5), F.S., which has been uncontested or upheld under s. 415.103, F.S. The person may not have committed an act that constitutes domestic violence as defined in s. 741.30, F.S. A hospice resident may remain in an adult family care home even though he or she requires 24-hour nursing supervision if continued residency is acceptable to the resident and to the provider.

If approved by the Governor, these provisions take effect October 1, 1998.
Vote: Senate 39-0; House 117-0

CS/SB 1960 — Assisted Living Facilities and Adult Family-Care Homes

by Children, Families & Seniors Committee and Senator Rossin

This bill substantially amends ss. 400.402, 400.404, 400.407, 400.408, 400.411, 400.414, 400.415, 400.417, 400.4174, 400.4176, 400.418, 400.419, 400.4195, 400.422, 400.4256, 400.428, 400.442, 400.452, 400.474, 400.618, and 408.036, F.S., to tighten up regulations for unlicensed facilities as a whole. Provisions relating to unlawful facilities are reorganized and revised. Requirements for licensure renewal are revised. Some fines are increased, and fines for the operation of an unlicensed facility, as well as the failure to apply for change of ownership license, are stated. This bill also facilitates assistance with the self-administration of medication to include bringing the resident the medication, reading the label, opening the container, removing the medication from the container, and closing the container; placing the dosage in the hand of the resident and helping the resident lift it to her or his mouth; applying topical medications; returning the medicine container to its proper place of storage; and keeping a record of assistance with medication. Assistance with the self-administration of medication is not to include anything above or beyond that just described. Licensure as an adult family care home is not required when a person has one or two non-optional state supplementation recipients residing in that person's own home.

If approved by the Governor, these provisions take effect October 1, 1998.
Vote: Senate 37-0; House 120-0

WELFARE REFORM

CS/HB 4147 — WAGES/Relocation Program

by Children & Family Empowerment Committee, Rep. Littlefield and others (CS/SB 2014 by Commerce & Economic Opportunities Committee and Senators Bankhead and Hargrett)

This bill establishes a relocation assistance program to assist WAGES participants in relocating within the state when there is a basis to believe that the relocation will contribute to the applicant's ability to achieve self-sufficiency. Provisions are made for restrictions upon future assistance unless the purpose of receipt of the relocation assistance involves domestic violence. The Department of Labor and Employment Security Services is given authority to adopt rules regarding the determination that a community has the capacity to provide services. The Department of Children and Family Services is given authority to restrict families from applying for temporary cash assistance within 6 months after receiving a relocation assistance payment. This bill requires that the Office of Tourism, Trade, and Economic Development certify to the Legislature the total number of WAGES participants employed in the food and beverage industry in the prior calendar year for the purpose of reducing alcoholic beverage tax surcharges. Finally, the Office of Tourism, Trade, and Economic Development shall designate a state enterprise zone; criteria for this pilot area are stated. No more than four businesses located within the pilot area are eligible for a tax credit; such credit is stated. The Office of Program Policy Analysis and Government Accountability shall review the effectiveness and viability of the pilot project area.

Vetoed by Governor on May 1, 1998.
Vote: Senate 40-0; House 114-1

CS/CS/HB 271 — WAGES/Drug Screening and Testing Program

by Health & Human Services Appropriations Committee; Children & Family Empowerment Committee; Rep. Arnall and others (CS/SB 2172 by Children, Families & Seniors Committee and Senator Holzendorf)

This bill creates a new section of law and requires the Department of Children and Family Services (the department) to implement demonstration projects in local WAGES coalitions 3 (Holmes, Washington, Jackson, Calhoun, and Liberty Counties) and 8 (Nassau, Duval, Clay, St. Johns, and Putnam Counties) for the purpose of drug screening each person applying for public assistance or services under the WAGES program. The department will test applicants whom the department has reasonable cause to believe, based on the screening, engage in the illegal use of

controlled substances. Provisions are made for establishing a protective payee for children of parents deemed ineligible to receive benefits due to the failure of a drug test. Requirements are provided for the implementation of the demonstration project as well as departmental action for substance abuse treatment. The department is given authority to develop rules regarding the disclosure of information and the assessment of persons formerly treated under this act. The department, in conjunction with the two local WAGES coalitions, will evaluate the demonstration projects, with the final report due to the State WAGES Board and the Legislature by January 1, 2001. In the event of a federal/state conflict in this area, federal requirements and regulations will control. The appropriation from which the pilot project is funded is specified.

This bill also substantially amends ss. 61.13, 61.1301, 61.181, 61.30, 69.041, 319.24, 319.32, 372.561, 372.57, 382.008, 382.013, 409.2557, 409.2561, 409.2564, 409.25641, 409.2567, 409.2572, 409.2575, 409.2576, 409.2578, 409.2579, 414.095, 414.32, 443.051, 443.1715, 455.213, 742.032, and 61.14. F. S.; creates ss. 409.2558, 409.2559, and 409.25658, F. S.; and repeals subsection 382.013(1) and paragraph 382.013(2)(b), F. S., to meet federal welfare reform requirements, to address technical problems with WAGES and with ch. 97-170, L.O.F., and to address current concerns with child support enforcement unrelated to prior legislation. Included among the latter category is a limit on retroactive child support awards to 2 calendar years, a re-enactment of the requirement for a separate income deduction order (deleted in 1997), and a requirement that the Office of Program Policy Analysis and Government Accountability evaluate the Dade County Child Support Enforcement demonstration project administered by the state attorney for the eleventh judicial circuit and the Manatee County Child Support Enforcement demonstration project administered by the clerk of the circuit court; these findings will be reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than January 1, 1999. This bill also creates a process by which the Department of Revenue can place a claim against the unclaimed property in the possession of the Department of Banking and Finance for past due child support. A provision that the child support enforcement program is not required to file an Answer to the Complaint to Foreclose or other response in a foreclosure action in which the program has an interest under a lien arising from a judgment, order, or decree for child support in order to retain the right to participate in the disbursement of funds remaining in the registry is included. Finally, this bill deletes the authority of the Department of Revenue to issue an administrative fine of not more than $500 for failure to comply with an administrative subpoena for financial information necessary to establish, modify, or enforce a child support order.

If approved by the Governor, these provisions take effect July 1, 1998, regarding child support enforcement, and provisions regarding drug screening and testing take effect October 1, 1998.
Vote: Senate 39-0; House 100-17

MENTAL HEALTH AND SUBSTANCE ABUSE

HB 1991 — Child and Adolescent Mental Health Services

by Children & Family Empowerment Committee, Reps. Lacasa and Eggelletion (CS/SB 236 by Children, Families & Seniors Committee and Senator Cowin)

Comprehensive Child and Adolescent Mental Health Services Act

This legislation (Chapter 98-5) creates the "Comprehensive Child and Adolescent Mental Health Services Act" in ss. 394.490-394.497, F.S., to be implemented statewide. Obsolete provisions in ch. 394, part III, F.S., Children's Residential and Day Treatment Centers, that are no longer applicable to the current child and adolescent mental health system of care are repealed.

Guiding principles are delineated for the publicly funded child and adolescent mental health treatment and support system. These principles enhance the child and adolescent mental health system by placing greater emphasis on such things as: individualized needs and strengths of the child or adolescent and his family; involvement of the families or surrogate families in planning, selecting, and delivering services; provision of services in the least restrictive setting based on the clinical needs of the child or adolescent; and integrating and linking treatment services with schools, residential child-caring agencies, and other child-related agencies.

Four target population groups are defined for child and adolescent mental health services funded through the Department of Children and Family Services. Children and adolescents who reside with their parents or legal guardians or who are placed in state custody are served to the extent that resources are available. General performance outcomes for the child and adolescent mental health treatment and support system are delineated in four broad performance expectations for the system to be further defined in the department's annual performance outcomes and performance measures.

Mental health providers under contract with the department will collect fees from the parents or legal guardians whose net family income is between 100 and 200 percent of the Federal Poverty Income Guidelines, and the amount collected is determined by a sliding fee scale developed by the department in administrative rule. Families whose net family income is 200 percent or more above the Federal Poverty Income Guidelines are responsible for paying the cost of services.

The Department of Children and Family Services is directed to establish within available resources the array of services to meet the individualized service and treatment needs of the children, adolescents and their families who are included in the target populations. State mental health

facilities may not be included within the array of services because the Legislature does not intend for children and adolescents to be admitted to those facilities.

The array of services to be provided to the target population groups must include assessment services (physical and mental health, psychological functioning, intelligence and academic achievement, social and behavioral functioning, and family functioning). Other services that may be included are: prevention services, home-based services, school-based services, family therapy, family support, respite services, outpatient treatment, day treatment, crisis stabilization, therapeutic foster care, residential treatment, inpatient hospitalization, case management, child sex offender victim services, and transitional services.

The service planning process must focus on individualized treatment and service needs of the child or adolescent, concentrate on the service needs of the family and individual family members, enhance family independence by building on the strengths and assets of the family, and involve appropriate family members and pertinent community-based health, education, and social agencies in the service planning process. The legislation specifies the major elements of a services plan and provides that a mental health professional must be included among those persons developing the service plan.

The legislation directs the Department of Children and Family Services to develop standards for case management services and procedures for appointing case managers. Legislative intent specifies that case management service must not be duplicated or fragmented but must promote continuity and stability of a case manager.

Child and Adolescent Interagency System of Care Demonstration Models

The legislation creates child and adolescent interagency system of care demonstration models for children and adolescents and their families who: have serious emotional disturbances, have had multiple out-of-home placements, have monthly mental health treatment costs that exceed $3,000 per month, and the current case planning efforts and traditional services have not resulted in satisfactory outcomes. The models will operate for 3 years and be established within existing funds. Each distinct model will be evaluated, and based upon the findings and conclusions of the evaluation, the financial strategies and best practice models proven to be effective will be implemented throughout Florida.

In order to be a demonstration model, at least three agencies (Mental Health Program and Family Safety and Preservation Program of the Department of Children and Family Services, Medicaid program of the Agency for Health Care Administration, local school district, or the Department of Juvenile Justice) and other interested public or private entities must enter into a partnership

agreement to provide a locally organized system of care for children and adolescents who meet the criteria.

The legislation specifies the essential elements for a child and adolescent interagency system of care demonstration model. These elements include requirements such as: establishing a pooled funding plan that allocates proportionate costs to the purchasers; identifying a care management entity that is responsible for the organization, planning, purchasing, and management of mental health treatment services to the target population; measuring compliance with the goals of the demonstration models that includes qualitative and quantitative performance outcomes; training staff involved in all aspects of the project; and identifying and managing the basic provider network responsible for serving the target population.

The legislation anticipates that the demonstration models will enhance the delivery of mental health services by uniting local purchasers to work toward the same service goals for the defined population; assuring greater involvement of the family in service planning, in the treatment process, and statewide system planning; strengthening the network of providers by including natural community supports in the treatment process; blending all funds into a single pool; and increasing accountability by making the case manager the single point of accountability for the development and implementation of a single unified service plan.

The Louis de la Parte Florida Mental Health Institute will identify and evaluate each distinct demonstration model and submit a report to the Legislature by December 31, 2001, that includes findings and conclusions for each distinct model and recommendations for statewide implementation. The financial strategies and best-practice models proven effective shall be implemented statewide.

Comprehensive Child and Adolescent Mental Health Information and Referral Network

Each service district of the department must develop an implementation plan for establishing a district-wide comprehensive child and adolescent mental health information and referral network to be operational by July 1, 1999. The plan must be submitted by the department to the Legislature by October 1, 1998. The network must use existing district information and referral providers if, in the development of the plan, it is concluded that existing providers will deliver information and referral services in a more efficient and effective manner when compared to other alternatives.

These provisions were approved by the Governor and take effect July 1, 1998.
Vote: Senate 38-0; House 115-0

CS/CS/SB 442 — Forensic Client Services

by Criminal Justice Committee; Children, Families & Seniors Committee; and Senators Campbell and Forman

CS/CS/SB 442 amends and reorganizes ch. 916, F.S., into three distinct parts. Part I includes general provisions that pertain to all forensic clients, Part II relates specifically to forensic services for adult defendants found incompetent to proceed due to mental illness, and Part III relates specifically to forensic services for adult defendants found incompetent to proceed due to retardation or autism.

The major new provisions in CS/CS/SB 442 are as follows:

- Commitment to the Department of Children and Family Services is restricted to defendants charged with a felony who have been found to be incompetent to proceed due to mental illness, retardation, or autism or who have been acquitted of felonies by reason of insanity.

- The right for clients to contact and receive communication from their attorney at any reasonable time is specified.

- The authority of a facility administrator is broadened to allow release of sufficient information to provide adequate warning to the person being threatened with harm by a client and to the committing court, the state attorney, and the client's attorney rather than being limited to disclosure of the threat to the client's statement or declaration only.

- Reports and testimony by experts are required to be completed in accordance with ch. 916, F.S., and the Florida Rules of Criminal Procedure before payment is rendered for their professional services.

- The committing court is authorized to order conditional release of a defendant instead of involuntary commitment to a forensic facility.

- Charges against a defendant adjudicated incompetent to proceed due to mental illness are dismissed without prejudice to the state if the defendant remains incompetent to proceed for 5 years unless the court specifies otherwise.

- Charges against a defendant adjudicated incompetent to proceed due to retardation or autism are dismissed without prejudice to the state if the defendant remains incompetent to proceed within a reasonable time after that determination but may not exceed 2 years unless the court specifies otherwise.

- The Department of Children and Family Services is required to provide the court on an annual basis with a list of qualified professionals who may perform evaluations on defendants alleged to have retardation or autism.

- A social service professional is added to the experts responsible for providing a social and developmental history of the defendant suspected of having retardation or autism.

- The court is authorized to appoint one additional expert to independently evaluate the defendant who is suspected of having retardation or autism for determination of competency if requested by any party.

- Persons who can petition for involuntary admission to residential services under s. 393.11, F.S., arising out of ch. 916, F.S., are expanded to include the department, the state attorney, and the defendant's attorney.

If approved by the Governor, these provisions take effect October 1, 1998.
Vote: Senate 38-0; House 119-0

CS/HB 3227 — Substance Abuse Services

by Family Law & Children Committee, Rep. Wise and others (SB 392 by Senators Holzendorf and Forman)

CS/HB 3227 amends s. 397.311(25), F.S., the definition of "qualified professional." The definition changes in the following ways:

Professionals licensed under ch. 490 or ch. 491, F.S., are added.

Persons certified through a department-recognized certification process for substance abuse services must have at least a bachelors' degree.

Persons certified in substance abuse treatment services by a state-recognized certification process in another state may function as a qualified professional under ch. 397, F.S., for 1 year after employment by a Florida licensed substance abuse provider but must meet Florida's certification requirements after the 1 year expires.

Persons with a master's degree in a social or behavioral science in a human services discipline with a minimum of 2 years experience in assessment or treatment of substance abuse may perform the duties of a qualified professional under ch. 397, F.S., until January 1, 2001, but must be certified after that date.

Persons may perform the duties of a "qualified professional" under ch. 397, F.S., without meeting the certification requirements in s. 397.311(25), F.S., if certified before January 1, 1995, through a certification process recognized by the former Department of Health and Rehabilitative Services.

If approved by the Governor, these provisions take effect January 1, 1999.
Vote: Senate 38-0; House 115-0

SB 892 — Substance Abuse Services

by Senator Rossin

SB 892 clarifies that medication and methadone maintenance treatment, using methadone or other medication as authorized by state and federal law, are used in conjunction with medical, rehabilitative, and counseling services in the treatment of clients who are dependent upon opioid drugs.

The client's right to quality services, is amended requiring that substance abuse services licensed under ch. 397, F.S., must use methods and techniques to control aggressive client behavior as specified in the Florida Administrative Code. SB 892 specifies that staff who use these methods and techniques must be trained in their application. The department is directed to develop administrative rules pertaining to physical facility requirements for seclusion rooms that include dimensions, safety features, methods of observation and contents.

If approved by the Governor, these provisions take effect upon becoming law.
Vote: Senate 39-0; House 120-0