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# Health Care Appropriations Subcommittee

March 3, 2015  
2:00 PM – 4:00 PM  
Webster Hall



# **The Florida House of Representatives**

## **Appropriations Committee**

### **Health Care Appropriations Subcommittee**

**Steve Crisafulli**  
Speaker

**Matt Hudson**  
Chair

March 3, 2015

#### **AGENDA**

**2:00 PM – 4:00 PM**

**Webster Hall**

- I. Call to Order/Roll Call
- II. HB 3—Closing the Gap Program by Powell
- III. HB 79—Crisis Stabilization Services by Cummings
- IV. HB 411—Vaccination of Nursing Home Residents by Miller, Stone
- V. HB 7013—Adoption and Foster Care by Brodeur
- VI. Closing/Adjourn





## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 3 Closing the Gap Grant Program

**SPONSOR(S):** Powell

**TIED BILLS:** IDEN./SIM. BILLS: SB 94

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	12 Y, 0 N	Castagna	O'Callaghan
2) Health Care Appropriations Subcommittee		Garner 	Pridgeon 
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

The Department of Health's Office of Minority Health (Office) administers multiple health promotion programs including the "Closing the Gap" (CTG) grant program. The CTG grant program was created by the Legislature in 2000 to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes. The Office outlines required criteria for a grant proposal, including the selection of a priority area that will be addressed by the proposed project. The proposal must identify one of the following priority areas:

- Increasing adult and child immunization rates in certain racial and ethnic populations; or
- Decreasing racial and ethnic disparities in:
  - Maternal and infant mortality rates;
  - Morbidity and mortality rates relating to cancer;
  - Morbidity and mortality rates relating to HIV/AIDS;
  - Morbidity and mortality rates relating to cardiovascular disease;
  - Morbidity and mortality rates relating to diabetes; or
  - Oral health care.

HB 3 allows the CTG grant program to also fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease.

The bill appears to have no fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2015.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### **Current Situation**

##### Closing the Gap Program

The Department of Health's (DOH) Office of Minority Health (Office) is the coordinating office for consultative services in the areas of cultural and linguistic competency, partnership building, and program development and implementation to address the health needs of Florida's minority and underrepresented populations statewide. The Office administers multiple health promotion programs including the "Closing the Gap" (CTG) grant program.<sup>1</sup> In 2000, the Legislature created the CTG grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.<sup>2</sup>

##### *Grant Proposals*

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.<sup>3</sup> Proposals for grants must identify:<sup>4</sup>

- The purpose and objectives of the proposed project, including the particular racial or ethnic disparity the project will address;
- One of the following priority areas:
  - Increasing adult and child immunization rates in certain racial and ethnic populations; or
  - Decreasing racial and ethnic disparities in:
    - Maternal and infant mortality rates;
    - Morbidity and mortality rates relating to cancer;
    - Morbidity and mortality rates relating to HIV/AIDS;
    - Morbidity and mortality rates relating to cardiovascular disease;
    - Morbidity and mortality rates relating to diabetes; or
    - Oral health care;
- The target population and its relevance;
- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding.

##### *Grant Funding*

Projects receiving grants are required to provide local matching funds of one dollar for every three dollars awarded, except for grants awarded to Front Porch Florida communities.<sup>5</sup> In counties with

<sup>1</sup> Florida Dep't of Health, *Minority Health*, available at <http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html> (last accessed February 5, 2015).

<sup>2</sup> Sections 381.7353 – 381.7356, F.S.

<sup>3</sup> Section 381.7356(4), F.S.

<sup>4</sup> Section 381.7355, F.S.

populations greater than 50,000, up to 50 percent of the local matching funds may be in-kind in the form of free services or human resources. In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.<sup>6</sup>

In the 2014-2015 fiscal year, the Legislature appropriated \$3.2 million in general revenue for minority health initiatives, including the CTG grant program. Seventeen grants have been awarded under the CTG, ranging from \$125,000 to a maximum of \$200,000. The appropriation also included specific funding of \$100,000 for a program in the Tampa Bay area to screen and educate high school athletes about sickle cell trait.<sup>7</sup>

### Sickle Cell Disease

Sickle cell disease (SCD) is a group of inherited red blood cell disorders.<sup>8</sup> Those with SCD have an abnormal type of hemoglobin<sup>9</sup> that causes irregular shaped red blood cells that are fragile and die earlier than healthy cells.<sup>10</sup> These irregular shaped “sickle” cells can slow or block blood flow and oxygen to parts of the body. People with SCD usually begin to show signs of the disease during the first 5 months of life. SCD is diagnosed with a blood test, most often during routine newborn screening tests.<sup>11</sup> Symptoms and complications of SCD are different for each person, can range from mild to severe, and can include:<sup>12</sup>

- Episodes of severe pain;
- Jaundice;
- Infections;
- Kidney problems;
- Leg sores and ulcers;
- Swollen limbs;
- Vision problems;
- Acute chest syndrome; and
- Stroke.

SCD is a genetic disorder that occurs when a child inherits the sickle cell gene from both parents. People who inherit one sickle cell gene and one normal gene have sickle cell trait (SCT). People with SCT usually do not have any of the symptoms associated with SCD but they can pass the trait on to their children.<sup>13</sup>

SCD and SCT occur in high frequency among people of African-American and Hispanic descent.<sup>14</sup> SCD occurs in approximately 1 out of every 500 African American births and approximately 1 out of

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<sup>5</sup> The Front Porch Florida Initiative is administered by the Office of Urban Opportunity within the Department of Economic Opportunity's Division of Community Development and encourages revitalization and redevelopment projects in urban communities. Twenty percent of CTG grant program funds go towards this program. Section 20.60(5)(b)2.g., F.S.

<sup>6</sup>Section 381.7356(2)(b), F.S.

<sup>7</sup> Chapter 2014-51, Laws of Florida, line-item 443 and Closing the Gap 2014-2015 Awards Report from House Health Care Appropriations (on file with committee staff).

<sup>8</sup> Centers for Disease Control and Prevention, *Facts About Sickle Cell Disease*, available at <http://www.cdc.gov/ncbddd/sicklecell/facts.html> (last visited February 2, 2015).

<sup>9</sup> Hemoglobin is a protein in red blood cells that carries oxygen. National Institutes of Health, Medline Plus, *Hemoglobin*, available at <http://www.nlm.nih.gov/medlineplus/ency/article/003645.htm> (last visited February 6, 2015).

<sup>10</sup> University of Maryland Medical Center, *Sickle Cell Disease*, available at <http://umm.edu/health/medical/reports/articles/sickle-cell-disease> (last visited February 6, 2015).

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

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> Sickle Cell Disease Association of America, *Sickle Cell Trait and Athletics*, available at <http://www.sicklecelldisease.org/index.cfm?page=sickle-cell-trait-athletics> (last visited February 5, 2015).

every 36,000 Hispanic American births.<sup>15</sup> Approximately 70,000 to 100,000 persons in the United States have SCD and 3 million have SCT.<sup>16</sup>

### *Treatment Costs*

Vaccines are highly recommended for people with SCD.<sup>17</sup> There is no cure for SCD other than experimental transplant procedures. People with SCD require ongoing treatments that vary from person to person and aim to relieve pain, prevent infections, and manage complications.<sup>18</sup> Management of SCD complications can be very costly requiring surgical procedures, recurring hospital admissions, medications, and diagnostic tests.<sup>19</sup>

The University of Florida found that total annual health care costs for SCD-related treatments ranged from \$10,000 for children aged 9 years old and under up to \$34,000 in adults aged 30 to 39. For an average patient reaching the age of 45, lifetime health care costs totaled approximately \$900,000. Seventy percent of patients in the University of Florida's study were of African American descent.<sup>20</sup>

In fiscal year 2013-2014, there were 5,749 Florida Medicaid recipients who received treatment for sickle cell disease, which cost approximately \$97 million dollars.<sup>21</sup>

### **Effect of Proposed Changes**

HB 3 allows the CTG grant program to fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease.

The bill establishes an effective date of July 1, 2015.

### **B. SECTION DIRECTORY:**

**Section 1.** Amends s. 381.7355, F.S., relating to project requirements; review criteria.

**Section 2.** Provides an effective date of July 1, 2015.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

### **A. FISCAL IMPACT ON STATE GOVERNMENT:**

#### **1. Revenues:**

None.

#### **2. Expenditures:**

None.

### **B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

<sup>15</sup> National Institutes of Health, *Who Is at Risk for Sickle Cell Anemia*, available at <http://www.nhlbi.nih.gov/health/health-topics/topics/sca/atrisk> (last visited February 6, 2015).

<sup>16</sup> Sickle Cell Disease Association of America, *Sickle Cell Disease Global*, available at <http://www.sicklecelldisease.org/index.cfm?page=scd-global> (last visited February 5, 2015).

<sup>17</sup> University of Florida Health, *Sickle Cell Anemia*, available at <https://ufhealth.org/sickle-cell-anemia> (last visited February 6, 2015).

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

<sup>20</sup> Kauf, T., Coates, T., Huazhi, L., Mody-Patel, N., & Abraham, H. (2009). The Cost of Health Care for Children and Adults with Sickle Cell Disease. *American Journal of Hematology*, 84(6), 323-327. available at <http://onlinelibrary.wiley.com/doi/10.1002/ajh.21408/abstract> (last visited February 6, 2015).

<sup>21</sup> Email correspondence with Agency for Health Care Administration staff on February 9, 2015 (on file with committee staff).

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES



1                                   A bill to be entitled  
 2           An act relating to the Closing the Gap grant program;  
 3           amending s. 381.7355, F.S.; adding a priority area for  
 4           project proposals under the grant program to address  
 5           racial and ethnic disparities in morbidity and  
 6           mortality rates relating to sickle cell disease;  
 7           providing an effective date.

8

9   Be It Enacted by the Legislature of the State of Florida:

10

11           Section 1. Paragraph (a) of subsection (2) of section  
 12   381.7355, Florida Statutes, is amended to read:

13           381.7355 Project requirements; review criteria.—

14           (2) A proposal must include each of the following  
 15 elements:

16           (a) The purpose and objectives of the proposal, including  
 17 identification of the particular racial or ethnic disparity the  
 18 project will address. The proposal must address one or more of  
 19 the following priority areas:

20           1. Decreasing racial and ethnic disparities in maternal  
 21 and infant mortality rates.

22           2. Decreasing racial and ethnic disparities in morbidity  
 23 and mortality rates relating to cancer.

24           3. Decreasing racial and ethnic disparities in morbidity  
 25 and mortality rates relating to HIV/AIDS.

26           4. Decreasing racial and ethnic disparities in morbidity

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27 | and mortality rates relating to cardiovascular disease.

28 |       5. Decreasing racial and ethnic disparities in morbidity  
29 | and mortality rates relating to diabetes.

30 |       6. Increasing adult and child immunization rates in  
31 | certain racial and ethnic populations.

32 |       7. Decreasing racial and ethnic disparities in oral health  
33 | care.


34 |       8. Decreasing racial and ethnic disparities in morbidity  
35 | and mortality rates relating to sickle cell disease.

36 |       Section 2. This act shall take effect July 1, 2015.



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 79 Crisis Stabilization Services  
**SPONSOR(S):** Cummings  
**TIED BILLS:** IDEN./SIM. BILLS: SB 340

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	12 Y, 0 N	McElroy	Brazzell
2) Health Care Appropriations Subcommittee		Fontaine WFA	Pridgeon 
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

HB 79 amends s. 394.9082, F.S., to create the Crisis Stabilization Services Utilization Database. The bill requires the Department of Children and Families (DCF) to develop, implement, and maintain standards under which a behavioral health managing entity must collect utilization data from public receiving facilities located within its geographic service area. DCF must also develop standards and protocols to be used by managing entities and public receiving facilities for the collection, storage, transmittal, and analysis of data. The standards and protocols must allow for compatibility of data and data transmittal between public receiving facilities, managing entities, and DCF. Managing entities must comply with these requirements by August 1, 2015.

The bill requires public receiving facilities to submit specified utilization data to managing entities in real time or at least daily. Managing entities must perform reconciliations monthly and annually to ensure data accuracy. After ensuring data accuracy, managing entities must submit data to DCF on a monthly and annual basis. The bill requires DCF to use the reconciled data to develop a statewide database for the purpose of analyzing payments to and use of state-funded crisis stabilization services. The database must allow for analysis on both a statewide and individual public receiving facility basis.

The bill requires DCF to adopt rules and submit a report by January 31, 2016, and annually thereafter, to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must contain details on the bill's implementation, including the status of the data collection process, and an analysis of the data collected.

The bill provides DCF with rule-making authority to implement these provisions.

Implementation of the bill is subject to specific appropriations provided to DCF in the General Appropriations Act.

The bill takes effect upon becoming a law.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### **Present Situation**

##### Substance Abuse and Mental Health

The Florida Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery.<sup>1</sup> It serves children and adults who are otherwise unable to obtain these services.<sup>2</sup> Services are provided based upon state and federally established priority populations<sup>3</sup> and include a range of prevention, acute interventions (such as crisis stabilization), residential, transitional housing, outpatient treatment, and recovery support services. DCF does not directly provide any community-based behavioral health services, but instead contracts with regional behavioral health managing entities for the delivery of these services.

##### Behavioral Health Managing Entities

DCF initially contracted directly with service providers for the delivery of mental health and substance abuse services. This resulted in DCF managing several hundred contracts with various mental health and substance abuse providers.<sup>4</sup> In 2001, the Legislature authorized DCF to implement behavioral health managing entities as the management structure for the delivery of local mental health and substance abuse services.<sup>5</sup> This was based upon the Legislature's decision that a management structure which places the responsibility for publicly financed behavioral health treatment and prevention services within a single private, nonprofit entity at the local level would<sup>6</sup>:

- Promote improved access to care;
- Promote service continuity; and
- Provide for more efficient and effective delivery of substance abuse and mental health services.

The implementation of the managing entity system initially began on a pilot basis but, in 2008, the Legislature authorized DCF to implement managing entities statewide.<sup>7</sup> Full implementation of the statewide managing entity system occurred in April 2013, with all geographic regions now served by a managing entity.<sup>8</sup> Implementation has allowed DCF to reduce the number of direct contracts for mental health and substance abuse services from several hundred to 7. Specifically, DCF now contracts with 7 managing entities that in turn contract with local service providers for the delivery of mental health and substance abuse providers.<sup>9</sup>

<sup>1</sup> Section 394.66, F.S.

<sup>2</sup> Id. For example, individuals who are not covered under Medicaid or private insurance and do not have the financial ability to pay for mental health or substance abuse services themselves are eligible to have these services provided to them under the safety-net system.

<sup>3</sup> Section 394.674, F.S. These priority populations include, among others, persons diagnosed with co-occurring substance abuse and mental health disorders, persons who are experiencing an acute mental or emotional crisis, children who have or are at risk of having an emotional disturbance and children at risk for initiating drug use.

<sup>4</sup> *Department of Children and Families Service System Management Plan, Statewide Implementation of Managing Entities or Similar Model*, July 2009.

<sup>5</sup> Ch. 2001-191, *Laws of Florida*.

<sup>6</sup> Section 394.9082, F.S.

<sup>7</sup> Chapter 2008-243, *Laws of Florida*.

<sup>8</sup> *The Department of Children and Families Performance and Accountability System for Behavioral Health Managing Entities*, Office of Program Policy Analysis and Government Accountability, July 18, 2014.

<sup>9</sup> Id. The seven managing entities are Big Bend Community-Based Care (Northwest Region), Lutheran Services of Florida (Northeast Region), Central Florida Cares Health System (Central Region), Central Florida Behavioral Health Network (SunCoast Region), Southeast Florida Behavioral Health Network (Southeast Region), Broward Behavioral Health Coalition (Southeast Region), and South Florida Behavioral Health Network (Southern Region).

Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services. Included within these networks are providers who deliver emergency mental health and treatment services to patients in acute crisis.

### Receiving Facilities

The Florida Mental Health Act, otherwise known as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.<sup>10</sup> The Act provides legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.<sup>11</sup>

Individuals in acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.<sup>12</sup> An involuntary examination is required if there is reason to believe that the person has a mental illness and because of his or her mental illness<sup>13</sup>:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination and is unable to determine for himself or herself whether examination is necessary; **and**
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **or**
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

Involuntary patients must be taken to either a public or private facility which has been designated by DCF as a Baker Act receiving facility. The purpose of receiving facilities is to receive and hold involuntary patients under emergency conditions for psychiatric evaluation and to provide short-term treatment.<sup>14</sup> A public receiving facility is a facility that has contracted with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.<sup>15</sup> Funds appropriated for Baker Act services may only be used to pay for services to diagnostically and financially-eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.<sup>16</sup>

Crisis Stabilization Units (CSUs) are public receiving facilities that receive state funding to provide services to individuals showing acute mental health disorders. CSUs screen, assess, and admit for stabilization individuals who voluntarily present themselves to the unit, as well as, individuals who are brought to the unit on an involuntary basis.<sup>17</sup> CSUs provide patients with 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.<sup>18</sup>

The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client's needs.<sup>19</sup> Individuals often enter

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<sup>10</sup> Sections 394.451-394.47891, F.S.

<sup>11</sup> Section 394.459, F.S.

<sup>12</sup> Sections 394.4625 and 394.463, F.S.

<sup>13</sup> Section 394.463(1), F.S.

<sup>14</sup> Section 394.455(26), F.S.

<sup>15</sup> Section 394.455(25), F.S.

<sup>16</sup> Rule 65E-5.400(2), F.A.C.

<sup>17</sup> Section 394.875(1)(a), F.S.

<sup>18</sup> Id.

<sup>19</sup> Id.

the public mental health system through CSUs.<sup>20</sup> For this reason, crisis services are a part of the comprehensive, integrated, community mental health and substance abuse services established by Legislature in the 1970s to ensure continuity of care for individuals.<sup>21</sup>

DCF's expenditures during Fiscal Year 2014-2015 (through December 2014) for adult CSUs, Baker Act, and Inpatient Crisis Services were approximately \$39.4 million.<sup>22</sup> Expenditures for the same services for children in the same time period were approximately \$8.5 million.<sup>23</sup> As of February 2015, there were 63 public receiving facilities with 2,052 beds and 67 private receiving facilities with 3,371 beds.<sup>24</sup> For FY 2014-15 there are 544 adult and 106 crisis stabilization beds funded by DCF.<sup>25</sup> There were 171,744 involuntary examinations were initiated in calendar year 2013 (most recent report).<sup>26</sup>

### **Effect of Proposed Changes**

The bill creates the Crisis Stabilization Services Utilization Database. The bill directs DCF to develop, implement, and maintain standards under which a behavioral health managing entity must collect utilization data from all public receiving facilities within its geographic service area. The bill defines "public receiving facility" as an entity that meets the licensure requirements of and is designated by DCF to operate as a public receiving facility under s. 394.875, F.S., and which is operating as a licensed crisis stabilization unit.

DCF must develop standards and protocols to be used by managing entities and public receiving facilities for the collection, storage, transmittal, and analysis of data. The standards and protocols must allow for compatibility of data and data transmittal between public receiving facilities, managing entities, and DCF. Managing entities must comply with these requirements by August 1, 2015.

A managing entity must require a public receiving facility within its provider network to submit data, in real time or at least daily, for:

- All admissions and discharges of clients receiving public receiving facility services who qualify as indigent as defined in s. 394.4787, F.S.; and
- Current active census of total licensed beds, the number of beds purchased by DCF, the number of clients qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds regardless of funding.

A managing entity must require a public receiving facility within its provider network to submit data on a monthly basis which aggregates the daily data previously submitted. The managing entity must reconcile the data in the monthly submission to the daily data to check for consistency. If the monthly aggregate data is inconsistent with the daily data, the managing entity must consult with the public receiving facility to make corrections as necessary to ensure accurate data.

A managing entity must require a public receiving facility within its provider network to submit data on an annual basis which aggregates the monthly data previously submitted. The managing entity must reconcile the data in the annual submission to the monthly data to check for consistency. If the annual aggregate data is inconsistent with the monthly data, the managing entity must consult with the public receiving facility to make corrections as necessary to ensure accurate data.

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<sup>20</sup>Budget Subcommittee on Health and Human Services Appropriations, the Florida Senate, Crisis Stabilization Units, (Interim Report 2012-109) (Sept. 2011).

<sup>21</sup> Id. Sections 394.65-394.9085, F.S.

<sup>22</sup> Correspondence from the Department of Children and Families to the House of Representatives' Children, Families & Seniors Subcommittee, dated February 9, 2015.

<sup>23</sup> Id.

<sup>24</sup> Id.

<sup>25</sup> Id.

<sup>26</sup> Christy, A. (2014). Report of 2013 *Baker Act Data*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

After ensuring accurate data, the managing entity must submit the data to DCF on a monthly and annual basis. The bill requires DCF to use the reconciled data to develop a statewide database for the purpose of analyzing payments to and use of state-funded crisis stabilization services. The database must allow for analysis on both a statewide and individual public receiving facility basis.

The bill requires DCF to adopt rules and submit a report by January 31, 2016, and annually thereafter, to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must contain details on the bill's implementation, including the status of the data collection process, and an analysis of the data collected.

The bill provides DCF with rule-making authority to implement its provisions.

The bill's implementation is subject to specific appropriations provided to the DCF within the General Appropriations Act.

The bill takes effect upon becoming a law.

**B. SECTION DIRECTORY:**

**Section 1:** Amends s. 394.9082, F.S., relating to behavioral health managing entities.

**Section 2:** Provides that the act will take effect upon becoming a law.

**II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

**A. FISCAL IMPACT ON STATE GOVERNMENT:**

1. Revenues:

None.

2. Expenditures:

The bill's implementation is subject to an appropriation provided within the General Appropriations Act. DCF states that five of the seven Managing Entities lack the information technology infrastructure to accommodate the bill's additional reporting requirements. Two of the Managing Entities have the necessary capabilities, and have reported to DCF that the cost of such capabilities is \$35,000 each. The total fiscal impact of this bill is \$175,000 to fund the reporting infrastructure needs of five Managing Entities.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**



A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides DCF with rule-making authority to implement provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

1                   A bill to be entitled

2       An act relating to crisis stabilization services;  
3       amending s. 394.9082, F.S.; requiring the Department  
4       of Children and Families to develop standards and  
5       protocols for the collection, storage, transmittal,  
6       and analysis of utilization data from public receiving  
7       facilities; defining the term "public receiving  
8       facility"; requiring the department to require  
9       compliance by managing entities by a specified date;  
10      requiring a managing entity to require public  
11      receiving facilities in its provider network to submit  
12      certain data within specified timeframes; requiring  
13      managing entities to reconcile data to ensure  
14      accuracy; requiring managing entities to submit  
15      certain data to the department within specified  
16      timeframes; requiring the department to create a  
17      statewide database; requiring the department to adopt  
18      rules; requiring the department to submit an annual  
19      report to the Governor and the Legislature; providing  
20      that implementation is subject to specific  
21      appropriations; providing an effective date.

22  
23     Be It Enacted by the Legislature of the State of Florida:

24  
25             Section 1. Subsections (10) and (11) of section 394.9082,  
26     Florida Statutes, are renumbered as subsections (11) and (12),

27 | respectively, and a new subsection (10) is added to that  
28 | section, to read:

29 |       394.9082 Behavioral health managing entities.—

30 |       (10) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—

31 | The department shall develop, implement, and maintain standards  
32 | under which a managing entity shall collect utilization data  
33 | from all public receiving facilities situated within its  
34 | geographic service area. As used in this subsection, the term  
35 | "public receiving facility" means an entity that meets the  
36 | licensure requirements of and is designated by the department to  
37 | operate as a public receiving facility under s. 394.875 and that  
38 | is operating as a licensed crisis stabilization unit.

39 |       (a) The department shall develop standards and protocols  
40 | for managing entities and public receiving facilities to be used  
41 | for data collection, storage, transmittal, and analysis. The  
42 | standards and protocols must allow for compatibility of data and  
43 | data transmittal between public receiving facilities, managing  
44 | entities, and the department for the implementation and  
45 | requirements of this subsection. The department shall require  
46 | managing entities contracted under this section to comply with  
47 | this subsection by August 1, 2015.

48 |       (b) A managing entity shall require a public receiving  
49 | facility within its provider network to submit data, in real  
50 | time or at least daily, to the managing entity for:

51 |       1. All admissions and discharges of clients receiving  
52 | public receiving facility services who qualify as indigent, as

53 defined in s. 394.4787; and

54 2. Current active census of total licensed beds, the  
55 number of beds purchased by the department, the number of  
56 clients qualifying as indigent occupying those beds, and the  
57 total number of unoccupied licensed beds regardless of funding.

58 (c) A managing entity shall require a public receiving  
59 facility within its provider network to submit data, on a  
60 monthly basis, to the managing entity which aggregates the daily  
61 data submitted under paragraph (b). The managing entity shall  
62 reconcile the data in the monthly submission to the data  
63 received by the managing entity under paragraph (b) to check for  
64 consistency. If the monthly aggregate data submitted by a public  
65 receiving facility under this paragraph is inconsistent with the  
66 daily data submitted under paragraph (b), the managing entity  
67 shall consult with the public receiving facility to make  
68 corrections as necessary to ensure accurate data.

69 (d) A managing entity shall require a public receiving  
70 facility within its provider network to submit data, on an  
71 annual basis, to the managing entity which aggregates the data  
72 submitted and reconciled under paragraph (c). The managing  
73 entity shall reconcile the data in the annual submission to the  
74 data received and reconciled by the managing entity under  
75 paragraph (c) to check for consistency. If the annual aggregate  
76 data submitted by a public receiving facility under this  
77 paragraph is inconsistent with the data received and reconciled  
78 under paragraph (c), the managing entity shall consult with the

79 public receiving facility to make corrections as necessary to  
 80 ensure accurate data.

81 (e) After ensuring accurate data under paragraphs (c) and  
 82 (d), the managing entity shall submit the data to the department  
 83 on a monthly and an annual basis. The department shall create a  
 84 statewide database for the data described under paragraph (b)  
 85 and submitted under this paragraph for the purpose of analyzing  
 86 the payments for and the use of crisis stabilization services  
 87 funded by the Baker Act on a statewide basis and on an  
 88 individual public receiving facility basis.

89 (f) The department shall adopt rules to administer this  
 90 subsection.

91 (g) The department shall submit a report by January 31,  
 92 2016, and annually thereafter, to the Governor, the President of  
 93 the Senate, and the Speaker of the House of Representatives  
 94 which provides details on the implementation of this subsection,  
 95 including the status of the data collection process and a  
 96 detailed analysis of the data collected under this subsection.

97 (h) The implementation of this subsection is subject to  
 98 specific appropriations provided to the department under the  
 99 General Appropriations Act.

100 Section 2. This act shall take effect upon becoming a law.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

Committee/Subcommittee hearing bill: Health Care Appropriations Subcommittee

Representative Cummings offered the following:

**Amendment (with title amendment)**

Remove lines 97-99 and insert:

(h) For Fiscal Year 2015-2016, the nonrecurring sum of \$175,000 from the Alcohol, Drug Abuse, and Mental Health Trust Fund is provided to the Department of Children and Families to implement the provisions of this act.

-----  
**T I T L E A M E N D M E N T**



Remove lines 20-21 and insert:

an appropriation; providing an effective date.



**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** HB 411 Vaccination of Nursing Home Residents  
**SPONSOR(S):** Miller  
**TIED BILLS:** IDEN./SIM. **BILLS:** SB 332

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Innovation Subcommittee	11 Y, 0 N	Castagna	Poche
2) Health Care Appropriations Subcommittee		 Clark	Pridgeon 
3) Health & Human Services Committee			

**SUMMARY ANALYSIS**

Pneumococcal disease is an illness caused by the pneumococcus bacteria that can lead to serious infections such as pneumonia, bacteremia, or meningitis. Infections caused by pneumococcal disease are more likely to occur in older adults and persons with decreased immune function. The Centers for Disease Control and Prevention (CDC) recommends two pneumococcal vaccines for adults aged 65 years or older: the pneumococcal polysaccharide vaccine and the pneumococcal conjugate vaccine.

In Florida, nursing homes require newly admitted residents to be assessed and, if eligible, vaccinated for pneumococcal disease with the pneumococcal polysaccharide vaccination.

House Bill 411 requires nursing homes to vaccinate or revaccinate, when indicated, eligible newly admitted residents with any pneumococcal vaccination that is recommended by the CDC.

The bill appears to have no fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2015.



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Current Situation

##### Pneumococcal Disease

Pneumococcal disease is an illness caused by pneumococcus bacteria.<sup>1</sup> The disease is often mild but can cause serious symptoms, lifelong disability, or death. Infections caused by pneumococcal disease are more likely to occur in older adults and persons with decreased immune function.<sup>2</sup> Pneumococcus can cause:

- Pneumonia, which causes inflammation in the lungs.<sup>3</sup> Pneumococcal pneumonia is the most common infection caused by pneumococcal disease, and results in 175,000 hospitalizations each year.<sup>4</sup>
- Bacteremia, which causes bacteria to enter the bloodstream.<sup>5</sup> Bacteremia occurs in about 25 to 30 percent of patients with pneumococcal pneumonia. More than 50,000 cases of pneumococcal bacteremia occur each year.<sup>6</sup>
- Meningitis, which causes inflammation of the membranes surrounding the brain and spinal cord.<sup>7</sup> An estimated 3,000 to 6,000 cases of pneumococcal meningitis occur each year. The case-fatality rate of pneumococcal meningitis is about 30 percent, but may be as high as 80 percent among elderly persons.<sup>8</sup>

Annually, pneumococcal disease results in approximately 18,000 deaths of adults 65 years or older.<sup>9</sup>

##### *Pneumococcal Immunizations for Older Adults*

There are two vaccines against pneumococcal disease, the pneumococcal polysaccharide vaccine (PPV) and the pneumococcal conjugate vaccine (PCV13). The Centers for Disease Control and Prevention (CDC) recently recommended that all adults aged 65 years and older receive both immunizations. The PCV13 protects against 13 of the approximate 90 types of pneumococcal bacteria that can cause disease and related infections. The PPV, referred to as the PPSV23 by the CDC,

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<sup>1</sup> Centers for Disease Control and Prevention, *Pneumococcal Disease and the Vaccine (Shot) to Prevent It*, available at <http://www.cdc.gov/vaccines/vpd-vac/pneumo/fs-parents.html> (last visited February 3, 2015).

<sup>2</sup> Centers for Disease Control and Prevention. *Pneumococcal Disease; Epidemiology and Prevention of Vaccine-Preventable Diseases; The Pink Book: Course Textbook - 12th Edition Second Printing (May 2012)* available at <http://www.cdc.gov/vaccines/pubs/pinkbook/pneumo.html> (last visited February 2, 2015).

<sup>3</sup> Mayo Clinic, *Pneumonia*, (May 21, 2013), available at <http://www.mayoclinic.org/diseases-conditions/pneumonia/basics/definition/con-20020032> (last visited February 2, 2015).

<sup>4</sup> Supra at FN 1.

<sup>5</sup> Supra at FN 3.

<sup>6</sup> National Institute of Allergy and Infectious Diseases, *Pneumococcal Pneumonia* (September 2011), available at <http://www.niaid.nih.gov/topics/pneumonia/Pages/Default.aspx> (last visited February 2, 2015).

<sup>7</sup> Mayo Clinic, *Meningitis*, (May 19, 2013) available at: <http://www.mayoclinic.org/diseases-conditions/meningitis/basics/definition/con-20019713> (last visited February 2, 2015).

<sup>8</sup> National Foundation for Infectious Diseases, *Pneumococcal Disease Fact Sheet for the Media* available at <http://www.nfid.org/idinfo/pneumococcal/media-factsheet.html> (last visited February 2, 2015).

<sup>9</sup> Centers for Disease Control and Prevention, *Pneumococcal Vaccines* (February 2015), available at: <http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/recommend.html> (last visited February 3, 2015).

protects against 23 types of pneumococcal bacteria and prevents against more severe invasive infections, such as meningitis, but only offers low levels of protection against pneumonia.<sup>10</sup>

According to the CDC, adults who are 65 years of age or older and who have not previously received the PCV13 should receive a dose of the PCV13, followed 6 to 12 months later by a dose of the PPV. If an older adult has already received one or more doses of the PPV, the dose of the PCV13 should be given at least 1 year after the most recent dose of the PPV.<sup>11</sup>

#### Immunization in Florida Nursing Home Facilities

Section 400.141(1)(t), F.S., requires licensed nursing home facilities to assess new residents within 5 days of admission for eligibility for the PPV. Eligible residents must be vaccinated or revaccinated with the PPV within 60 days, in accordance with CDC immunization recommendations.<sup>12</sup> Residents may elect to receive the PPV immunization from a personal physician and must submit proof of this immunization to the facility. Current law provides exemptions from the PPV requirement for medical contraindications and religious or personal beliefs.<sup>13</sup>

#### **Effect of Proposed Changes**

House Bill 411 amends s. 400.141(1)(t), F.S., to remove the specific reference to pneumococcal polysaccharide vaccine and permits eligible nursing home residents to receive any CDC-recommended pneumococcal vaccine to satisfy the vaccination and revaccination requirement in statute.

The bill provides an effective date of July 1, 2015.

#### B. SECTION DIRECTORY:

**Section 1.** Amends s.400.141, F.S., relating to administration and management of nursing home facilities.

**Section 2.** Provides an effective date of July 1, 2015.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

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<sup>10</sup> Supra at FN 2.

<sup>11</sup> Centers for Disease Control and Prevention, *Pneumococcal Vaccination: Who Needs It?*, available at <http://www.cdc.gov/vaccines/vpd-vac/pneumo/vacc-in-short.htm> (last visited February 3, 2015).

<sup>12</sup> Section 400.141(1)(t), F.S.

<sup>13</sup> Id.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

Vaccinating nursing home residents with both pneumococcal vaccines could result in lower health care costs through prevention of pneumococcal pneumonia and other diseases.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1                   A bill to be entitled  
 2           An act relating to vaccination of nursing home  
 3           residents; amending s. 400.141, F.S.; revising  
 4           provisions relating to the type of pneumococcal  
 5           vaccine administered to nursing home residents;  
 6           deleting obsolete language; providing an effective  
 7           date.

8  
 9   Be It Enacted by the Legislature of the State of Florida:

10  
 11           Section 1. Paragraph (t) of subsection (1) of section  
 12   400.141, Florida Statutes, is amended to read:

13           400.141 Administration and management of nursing home  
 14   facilities.—

15           (1) Every licensed facility shall comply with all  
 16   applicable standards and rules of the agency and shall:

17           (t) Assess all residents within 5 working days after  
 18   admission for eligibility for pneumococcal ~~polysaccharide~~  
 19   vaccination or revaccination ~~(PPV)~~ and vaccinate residents when  
 20   indicated within 60 days ~~after the effective date of this act~~ in  
 21   accordance with the recommendations of the United States Centers  
 22   for Disease Control and Prevention, subject to exemptions for  
 23   medical contraindications and religious or personal beliefs.  
 24   ~~Residents admitted after the effective date of this act shall be~~  
 25   ~~assessed within 5 working days of admission and, when indicated,~~  
 26   ~~vaccinated within 60 days in accordance with the recommendations~~

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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27 | ~~of the United States Centers for Disease Control and Prevention,~~  
28 | ~~subject to exemptions for medical contraindications and~~  
29 | ~~religious or personal beliefs.~~ Immunization shall not be  
30 | provided to any resident who provides documentation that he or  
31 | she has been immunized as required by this paragraph. This  
32 | paragraph does not prohibit a resident from receiving the  
33 | immunization from his or her personal physician if he or she so  
34 | chooses. A resident who chooses to receive the immunization from  
35 | his or her personal physician shall provide proof of  
36 | immunization to the facility. The agency may adopt and enforce  
37 | any rules necessary to comply with or implement this paragraph.

38 | Section 2. This act shall take effect July 1, 2015.



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 7013      PCB HHSC 15-01      Adoption and Foster Care  
**SPONSOR(S):** Health & Human Services Committee, Brodeur  
**TIED BILLS:**            **IDEN./SIM. BILLS:** SB 320

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Health & Human Services Committee	15 Y, 1 N	Brazzell	Calamas
1) Health Care Appropriations Subcommittee		Fontaine <i>WJA</i>	Pridgeon <i>[Signature]</i>

### SUMMARY ANALYSIS

House Bill 7013 makes three additions to statutes to improve the adoption of children from foster care.

The bill creates a program to advance the permanency, stability, and well-being of children in the child welfare system by awarding incentive payments to community-based care lead agencies (CBC's) for achieving specified adoption performance standards. CBC's provide adoption-related services in the state pursuant to contracts with the Department of Children and Families (DCF). The new adoption incentive program would require DCF to conduct a baseline assessment of CBC adoption performance regarding such factors as the length of time children have been waiting for adoption; the length of time to complete an adoption; and feedback from prospective adoptive families, adoptive families, adoptees, children within the child welfare system, and stakeholders. The bill requires DCF to then establish measurable outcome targets for performance by each CBC and negotiate incentive payments to be paid to CBC's upon meeting these targets.

The bill also re-creates a program to provide an additional adoption benefit of either \$5,000 or \$10,000, depending on whether the adopted child has special needs described in statute, for qualifying employees of state agencies who adopt a child from the child welfare system. The program was originally created in 2000 and provided employee adoption benefits until it was repealed in 2010.

Currently the Office of Adoption and Child Protection (Office) in the Executive Office of the Governor works to promote adoption, support of adoptive families, and advance child abuse prevention through a variety of means, including participating in events to recognize and celebrate adoptive families and adopted children. The bill requires the Governor to select and recognize one or more individuals, families, or entities that have made significant contributions to the adoption of children from foster care each year. Recognition awards will be collected by the Office's direct support organization, authorized by current law.

The fiscal impact is contingent upon funding being available for the incentive payments to CBCs and the adoption benefit program for qualifying employees of state agencies who adopt a child from the child welfare system. To the extent the provisions of the bill result in more adoptions, the Maintenance Adoption Subsidy need will increase as well. That effect is indeterminate.

The bill has an effective date of July 1, 2015.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Present Situation

##### Child Welfare System Adoptions

In Florida, the Department of Children and Families (DCF) provides child welfare services.<sup>1</sup> Statute requires child welfare services, including adoption services, to be delivered through community-based care (CBC) lead agencies contracted by DCF.<sup>2</sup> For example, CBC's provide pre- and post-adoption services and administer maintenance adoption subsidies which provide ongoing financial support for children adopted from the foster care system.

Adoption is a method of achieving permanency for children who have suffered abuse, neglect, or abandonment and who are unable to be reunified with their parents. Research indicates that children generally have better outcomes through adoption than through placement in long-term foster care.<sup>3</sup>

During FFY 2013-14, 3,415 adoptions of children within the child welfare system were finalized in Florida. Over the last 6 federal fiscal years, the number of finalized adoptions has ranged from 2,945 to 3,870 annually.<sup>4</sup>

	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
<b>Foster Child Adoptions</b>	3,870	3,735	3,391	2,945	3,294	3,415

The vast majority of children adopted in FY 2013-14 were adopted by either relatives (50.29%) or foster parents (27.25%). Recruited parents comprised 22.47% of adoptions.

As of June 30, 2014, 3,031 children had had their parents' rights terminated and were legally available for adoption. Of these children, 673 did not have an adoptive family identified and were featured on a website as seeking a family. Age information is available for 658 of these:

- 15 were ages 0-5 (2.28%),
- 36 were ages 6-8 (5.47%),
- 39 were ages 9-10 (5.93%),
- 75 were ages 11-12 (11.40%),
- 160 were ages 13-14 (24.32%),
- 213 were ages 15-16 (32.37%), and
- 120 were age 17 (18.24%)

DCF has information on the length of time these children have been waiting for adoption for 650 of the 673 children:

- 110 had been waiting fewer than 12 months (16.92%),
- 145 had been waiting between 12 and 23 months (22.31%),
- 93 had been waiting between 24-35 months (14.31%), and

<sup>1</sup> s. 20.19(4)(a)3., F.S.

<sup>2</sup> s. 409.986(1), F.S.

<sup>3</sup> 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.

<sup>4</sup> U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2013. *Adoption of Children with Public Child Welfare Agency Involvement by State, FY 2003 through 2013*, available at [http://www.acf.hhs.gov/sites/default/files/cb/children\\_adopted.pdf](http://www.acf.hhs.gov/sites/default/files/cb/children_adopted.pdf). (last visited Feb.16, 2015).



- 302 had been waiting 36 or more months (46.46%).<sup>5</sup>

These statistics highlight the predominance of older children waiting for adoption. These children are among those described as having “special needs” in statute. A “special needs child” is a child:

- Whose permanent custody has been awarded to the department or to a licensed child-placing agency; and
- Who has established significant emotional ties with his or her foster parents or is not likely to be adopted because he or she is:
  - Eight years of age or older;
  - Developmentally disabled;
  - Physically or emotionally handicapped;
  - Of black or racially mixed parentage; or
  - A member of a sibling group of any age, provided two or more members of a sibling group remain together for purposes of adoption; and
- For whom a reasonable but unsuccessful effort has been made to place the child without providing a maintenance subsidy, except when the child is being adopted by the child’s foster parents or relative caregivers.<sup>6</sup>

In federal fiscal year (FFY) 2013, 93.4 percent of children adopted from the child welfare system in Florida had special needs.<sup>7</sup>

Adoptions are intended to be permanent; however, disruptions (where an adoption placement terminates before finalization) and dissolutions (where adoptive parents’ rights are terminated and the child returns to foster care) occur.<sup>8</sup> The nature of the experiences had by children adopted from the child welfare system prior to joining their new adoptive families—such as parental drug abuse before birth or physical or sexual abuse--can lead to higher risks for developmental, health, emotional or behavioral issues.<sup>9</sup> These can present challenges to their new families in the long term. In a small number of adoptions, the adopted child is unable to stay with his or her adoptive parents, thus resulting in dissolution. In FY 2013-14, 54 children returned to foster care in Florida. This happens for a variety of reasons, such as when there is verified child abuse or neglect by the adoptive parent, the adoptive parent cannot handle a child’s behavioral issues, or the adoptive parent refuses to allow the adopted child to return home after the child’s release from a mental health facility or a Department of Juvenile Justice facility. The majority of dissolutions occur during adoptive children’s teenage years; for example, 35 of the 54 children who returned to foster care permanently in FY 2013-14 were 13 years of age or older.<sup>10</sup>

### Financial Incentives to Increase Adoptions of Children from Foster Care

In 1997, Congress enacted the Adoption and Safe Families Act (ASFA) as part of a larger strategy to reduce the number of children in foster care.<sup>11</sup> A major provision of ASFA related to adoption created an incentive fund under Title IV-E of the Social Security Act to reward states if they increased adoptions

<sup>5</sup> Florida Governor’s Office of Adoption and Child Protection 2014 Annual Report, available at [http://www.flgov.com/wp-content/uploads/childadvocacy/OACP\\_2014\\_FINAL.pdf](http://www.flgov.com/wp-content/uploads/childadvocacy/OACP_2014_FINAL.pdf). (last visited Feb. 16, 2015).

<sup>6</sup> s. 409.166, F.S.

<sup>7</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children’s Bureau, *Child is Identified as a Special Needs Adoption: October 1, 2012 to September 30, 2013 (FY 2013)*, available at <http://www.acf.hhs.gov/programs/cb/resource/special-needs-2013> (last visited Feb. 16, 2015).

<sup>8</sup> Florida Department of Children and Families. *Senate Bill 320 Analysis* (Jan.27, 2015) (on file with the House Health & Human Services Committee). DCF does not currently track disruptions.

<sup>9</sup> Evan B. Donaldson Adoption Institute, *Keeping the Promise: Critical Need for post-Adoption Services to Enable Children and Families to Succeed*, Oct. 2010, p. 9.

<sup>10</sup> Florida Governor’s Office of Adoption and Child Protection 2014 Annual Report, available at [http://www.flgov.com/wp-content/uploads/childadvocacy/OACP\\_2014\\_FINAL.pdf](http://www.flgov.com/wp-content/uploads/childadvocacy/OACP_2014_FINAL.pdf). (last visited Feb. 16, 2015).

<sup>11</sup> Pub. L. No. 105-89.

of children in the foster care system. If states increased the number of children adopted from foster care over a previous year's high mark, they were awarded an incentive of \$2,000 to \$4,000 per child.<sup>12</sup>

Whether it was the impact of the adoption incentive payments to states, other changes mandated by ASFA, or a combination of multiple factors, adoptions of children from the foster care system nationally have increased over the past decade and a half. For example, 25,700 children were adopted from foster care in the U.S. in 1995; in 2000, over 50,000 adoptions from foster care occurred. The total number of adoptions nationally has exceeded 50,000 in almost every year since, with a high of more than 57,000 adoptions occurring in 2009.<sup>13</sup>

The funding for the program has been reauthorized every 5 years.<sup>14</sup> With each reauthorization came changes in the how incentive amounts were determined. For example, in the 2003 and 2008 reauthorizations of the incentive fund, Congress provided an additional incentive to encourage states to increase the adoptions of "older" children (defined as a child nine years of age or older) who tend to be harder to place in adoptive families. The incentive was set at \$4,000 per adoption increase, \$4,000 per special needs adoption increase and now \$8,000 per older child adoption increase.<sup>15</sup>

Since 2008, Florida has been one of the primary recipients of those incentives, second only to Texas.<sup>16</sup>

	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
<b>Incentives Earned</b>	\$9.75M	\$6.45M	\$3.84M	\$1.99M	\$3.69M	\$3.49M

States are required to spend incentive funding to provide to children or families any activity or service, including post-adoption services, that may be provided under Part B or E of Title IV of the Social Security Act. Florida has always used the entirety of this funding to offset the cost of Maintenance Adoption Subsidies.<sup>17</sup> While DCF sets and monitors performance measures and captures certain data related to adoption, the CBCs do not currently receive any state incentive payments for meeting the performance measures in their contract or other accountability reports.<sup>18</sup>

### Prospective Adoptive Parents' Attitudes toward Adoption

The Dave Thomas Foundation for Adoption conducted a survey in 2013 to assess attitudes about adopting from foster care. For individuals who had considered adopting a child, the top concerns were:

- Coping with the paperwork and bureaucracy involved (83%),
- Being able to pay for the adoption (82%),
- Availability of adequate support/services after adoption (80%),
- Being sure that the birth parents could not take the child back (79%),
- Having the financial resources needed to educate the child (77%),

<sup>12</sup> *Id.*

<sup>13</sup> U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2013. *Adoption of Children with Public Child Welfare Agency Involvement By State, FY 2003 through 2013*, available at [http://www.acf.hhs.gov/sites/default/files/cb/children\\_adopted.pdf](http://www.acf.hhs.gov/sites/default/files/cb/children_adopted.pdf). (last visited Jan. 31, 2015).

<sup>14</sup> The Adoption Promotion Act of 2003 (PL 108-145), the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L No. 110-351), and the Preventing Sex Trafficking and Strengthening Families Act in 2014 (Pub. L No. 113-183).

<sup>15</sup> State Policy Advocacy and Reform Center. *The Reauthorization of the Adoption Incentive Fund: Opportunities to Expand Reinvestment of State Funds into Child Welfare Services*, 2013, available at <https://childwelfareparc.files.wordpress.com/2013/08/the-reauthorization-of-the-adoption-incentive-fund.pdf> (last visited Feb. 10, 2015).

<sup>16</sup> U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2013. *Adoption of Children with Public Child Welfare Agency Involvement By State, FY 2003 through 2013*, available at [http://www.acf.hhs.gov/sites/default/files/cb/children\\_adopted.pdf](http://www.acf.hhs.gov/sites/default/files/cb/children_adopted.pdf). (last visited Feb. 16, 2015).

<sup>17</sup> *Id.*

<sup>18</sup> Florida Department of Children and Families. *Senate Bill 320 Analysis* (Jan. 27, 2015) (on file with the House Health & Human Services Committee).

- The cost of raising the child to adulthood (74%); and,
- Dealing with the public social service agency or other adoption agencies (74%).<sup>19</sup>

## Adoption Benefits for Parents Adopting Children from Foster Care

### *Maintenance Adoption Subsidy*

Under s. 409.166, F.S., DCF pays an annual Maintenance Adoption Subsidy to parents who adopt “special needs” children through the child welfare system. The Maintenance Adoption Subsidy is \$5,000 annually, paid on a monthly basis, for the support and maintenance of a child until age 18. The subsidy may be a different amount, as determined by the adoptive parents and DCF. The agreement between DCF and the adoptive parents must take into consideration the parents’ circumstances and the needs of the child being adopted. The amount of subsidy may be adjusted based upon changes in the needs of the child or circumstances of the adoptive parents; however, DCF may not pay a subsidy that exceeds the foster care maintenance payment that would have been paid during the same period if the child had been in a foster family home.<sup>20</sup>

### *Medical Assistance*

Each child qualifies for Adoption Assistance Medicaid when a child is approved for a Maintenance Adoption Subsidy. If an adopted child moves to another state, Adoption Assistance Medicaid can be obtained in the other state if the child is receiving a Title IV-E subsidy. Medicaid is terminated at age 18 except for qualified children adopted at age 16 or 17, who are eligible for Medicaid until age 21.<sup>21</sup>

DCF also provides post-adoption medical assistance for medical, surgical, hospital, and related services needed as a result of a physical or mental condition of the child which existed before the adoption, and which is not covered by Medicaid or other state programs such as Children’s Medical Services or Children’s Mental Health Services. Such assistance may be initiated at any time but shall terminate on or before the child’s 18th birthday.<sup>22</sup>

### *Financial Assistance for Adoption-Related Expenses*

DCF provides funding for non-recurring adoption-related expenses, up to \$1,000. Examples include attorney’s fees, court costs, birth certificate fees, travel expenses, agency fees, and physical examination fees.<sup>23</sup>

### *Education Assistance*

Children who were adopted from the department after May 5, 1997, are also exempt from the payment of post-secondary tuition and fees, including lab fees. This exemption applies to school districts that provide workforce education programs, Florida College System institutions, and state universities. The exemption remains valid until the student reaches 28 years of age.<sup>24</sup>

<sup>19</sup> Dave Thomas Foundation for Adoption, *National Foster Care Adoption Attitudes Survey, 2013*, available at <https://www.davethomasfoundation.org/about-foster-care-adoption/research/read-the-research/> (last visited Feb. 16, 2015).

<sup>20</sup> s. 409.166, F.S.

<sup>21</sup> Email from Nicole Stookey, Deputy Legislative Affairs Director, DCF, RE: Adoption Benefits for Children Adopted From Foster Care, (Feb. 10, 2015).

<sup>22</sup> s. 409.166, F.S.

<sup>23</sup> *Id.*

<sup>24</sup> Section 1009.25, F.S.

## Road to Independence Assistance

A child who was at least 16 years of age and was adopted from foster care after spending at least 6 months in licensed care within the 12 months immediately preceding the adoption is eligible for post-secondary services and support under the Road-to-Independence Program.<sup>25</sup>

### State Employee Adoption Benefit

Prior to 2010, Florida had an adoption benefit program for state employees. Created in 2000, the program provided a one-time cash benefit to employees of the state or of a water management district who adopted a child. Qualifying employees adopting a child defined as a special-needs child under s. 409.166, F.S., were eligible to receive a monetary benefit in the amount of \$10,000 per child; qualifying employees adopting a child other than a special-needs child were eligible to receive a monetary benefit in the amount of \$5,000 per child.<sup>26</sup> This allowed for the benefit to be paid for both private and foreign adoptions.

The law was amended in 2001 to restrict the program to state employees who adopted a child from the foster care system.<sup>27</sup> The benefit program was expanded in 2007 to include county school district employees, community college and university employees, and instructional personnel employed by the Florida School for the Deaf and the Blind, in the list of employees eligible to receive the benefit. The Legislature also transferred the program from the Department of Management Services (DMS) to DCF.<sup>28</sup>

Previously, the Legislature funded the program at approximately \$1.8 million each year. This funding was inadequate to provide a benefit for every state employee adoption. For example, in 2004, the almost \$1.8 million appropriation was inadequate to fund all 243 eligible applications, only 179 were funded. In 2005, \$888,000 was appropriated, and only 89 of 167 eligible applications were funded. Total appropriations for the program for years 2000–2005 were \$3,063,687, and only 300 of 602 eligible adoptions were funded.<sup>29</sup>

The program was funded for 10 years before being repealed in 2010.<sup>30</sup>

### Employer-Provided Adoption Benefits

A 2008-09 survey by Hewitt Associates of 940 large employers indicated that over half offered some type of adoption assistance to employees. Examples of benefits made available by employers include lump sum payments or reimbursement for adoption-related fees. Employers typically limit which employees may receive the benefit (such as requiring full-time or permanent status).<sup>31</sup>

### Adoption Promotion and Recognition by the Governor's Office

Section 39.001(9), F.S., creates the Office of Adoption and Child Protection in the Executive Office of the Governor. The statute requires the Governor to appoint a Chief Child Advocate for the Office of Adoption and Child Protection. Among the Chief Child Advocate's statutory duties are to promote adoption, support of adoptive families, and advance child abuse prevention through:

- Assisting in developing rules;
- Acting as the Governor's liaison with state agencies, other state governments, and the public and private sectors;

<sup>25</sup> s. 409.1451, F.S.

<sup>26</sup> s. 110.152, F.S. (2000). Chapter 2000-241, Laws of Florida.

<sup>27</sup> s. 110.52, F.S. (2001). Chapter 2001-256, Laws of Florida.

<sup>28</sup> s. 409.1663, F.S. (2007). Chapter 2007-119, Laws of Florida.

<sup>29</sup> Staff Analysis, CS/HB 803 (2007).

<sup>30</sup> Chapter 2010-158, Laws of Florida.

<sup>31</sup> Child Welfare Information Gateway, *Employer-Provided Adoption Benefits*, 2011.

- Working to secure funding and other support for the state's efforts;
- Developing a strategic program and funding initiative that encourages state agency collaboration;
- Advising the Governor and the Legislature on key statistics; and
- Developing statewide public awareness campaigns.

The Office of Adoption and Child Protection is also directed to develop and update a comprehensive plan, advise on related programs and services, and provide or make available professional development opportunities.

Section 39.0011, F.S., authorizes the Office of Adoption and Child Protection to establish a direct-support organization (DSO). The DSO is to help the office promote adoption, support adoptive families, and prevent child abuse, abandonment, and neglect by raising money; submitting requests for and receiving grants from the Federal Government, the state or its political subdivisions, private foundations, and individuals; and making expenditures to or for the benefit of the office. The sole purpose for the direct-support organization is to support the office. However, this DSO has not been established.

While currently there is no statutory requirement for the Governor to present an adoption achievement award, the Governor's Office engages in activities promoting adoption, particularly of children from the child welfare system. For example, to recognize National Adoption Month, in November 2014:

- Governor Scott issued a proclamation announcing November 2014 as Florida Adoption Month and National Adoption Day on Saturday, November 22, 2014.
- First Lady Scott made a video encouraging Floridians to consider adopting a child from foster care.<sup>32</sup>
- The Governor's Office of Adoption and Child Protection, the department, CBC lead agencies, and community partners recognized National Adoption Month throughout the state with celebrations, awareness runs, parties, finalizations, and more. The Chief Child Advocate attended and participated in several finalization events to show the support of the Governor's Office.
- The Chief Child Advocate reported on Florida's recent successes in adoption at the Nov. 12, 2014, Cabinet meeting. Local adoptive parents were also invited to share their adoption story. During the meeting, the Cabinet issued a resolution of congratulations and best wishes to all families celebrating National Adoption Day on November 22, 2014.<sup>33</sup>

### **Effect of Proposed Changes**

The bill creates s. 409.1662, F.S., to establish an adoption incentive program to advance permanency, stability, and well-being among children in the child welfare system. This program requires DCF to award incentive payments to CBCs for meeting specific adoption performance standards that increase the number of adoptions that result in permanent placements that enhance children's well-being. DCF must conduct a baseline assessment of CBC adoption-related performance. After this assessment, DCF must establish measurable outcome targets for performance by agreement with each CBC and negotiate incentive payments to CBC's for meeting these targets.

<sup>32</sup> Available at [www.adoptflorida.org/videos.shtml](http://www.adoptflorida.org/videos.shtml). (last visited Feb. 16, 2015).

<sup>33</sup> Florida Governor's Office of Adoption and Child Protection 2014 Annual Report, available at [http://www.flgov.com/wp-content/uploads/childadvocacy/OACP\\_2014\\_FINAL.pdf](http://www.flgov.com/wp-content/uploads/childadvocacy/OACP_2014_FINAL.pdf). (last visited Jan. 31, 2015).

To conduct the baseline assessment of CBC performance, DCF must identify, at a minimum:

- The number of families attempting to adopt from foster care;
- The number of families who have completed the adoption process;
- The number of children eligible for adoption;
- The number of children whose adoptions have been finalized;
- The amount of time eligible children wait to be adopted;
- The number of disruptions;
- The number of dissolutions;
- The number of disruptions and dissolutions that could have been prevented by the CBC;
- The time required to complete each phase of the adoption process;
- Expenditures made toward the recruitment of adoptive families;
- Any program or performance to improve and streamline the adoption process;
- Results of CBC efforts to obtain feedback from prospective and adoptive parents, children within the child welfare system, adoptees, and other stakeholders; and
- Use of evidence-based, evidence-informed, promising, and innovative practices in lead agencies' efforts to find homes for adoptable children.

DCF must report annually by November 15 to the Governor, President of the Senate, and Speaker of the House of Representatives on the implementation and results of the program.

The bill also creates s. 409.1664, F.S., to reestablish an adoption benefit program within DCF for state employees who adopt children from the foster care system. Adoptive employees would receive a one-time benefit of \$10,000 for the adoption of a child with special needs as described in s. 409.166(2)(a)2., F.S., and \$5,000 for the adoption of a child who does not have such needs.

Eligible employees would include those individuals who are regular (not temporary) employees, either full- or part-time, of:

- A branch, department, or agency of state government for which the Chief Financial Officer processes payroll requisitions;
- A state university or Florida College system institution;
- A school district unit;
- A water management district; and
- The Florida School for the Deaf and Blind (limited to instructional personnel).

Previously, benefits would be provided on a first-come, first-served, basis, limited by the amount of the appropriation.

Implementing the state employee adoption benefit may lead to disproportionate increases in adoptions in areas served by CBC's that include large state employee populations. These increases will be occurring at the time when the CBC incentive program is also being implemented. DCF will need to consider the interaction between these two programs in setting performance targets for the CBC incentive program to ensure that CBC's are rewarded for the adoption performance related to their efforts.

The bill creates s. 409.1666, F.S., to require the Governor to select and recognize one or more individuals, families, or entities that have made significant contributions towards efforts to find children in care permanent homes through adoption. The department is required to create categories and criteria for the awards and seek nominations of potential recipients in each category.

The bill specifies that the direct support organization established with the Governor's Office of Adoption and Child Protection may accept donations to be given to award recipients and may also provide other tokens of recognition. However, currently no direct support organization has been established.<sup>34</sup>

**B. SECTION DIRECTORY:**

**Section 1:** Creates s. 409.1662, F.S., relating to the adoption incentive program.

**Section 2:** Creates s. 409.1664, F.S., relating to adoption benefits for qualifying adoptive employees of state agencies.

**Section 3:** Creates s. 409.1666, F.S., relating to annual adoption achievement awards.

**Section 4:** Provides an effective date of July 1, 2015.

**II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

**A. FISCAL IMPACT ON STATE GOVERNMENT:**

1. Revenues:

None.

2. Expenditures:

See Fiscal Comments.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

The bill will provide financial incentives to community-based care lead agencies for specified achievement and cash benefits to state employees who adopt children who are from the child welfare system.

**D. FISCAL COMMENTS:**

The CBC incentive program and state employee adoption benefit payments are contingent on available funding. The bill does not include an appropriation to fund these payments.

To the degree that the newly-adopting families are provided Maintenance Adoption Subsidies, increases in adoptions from the child welfare system will lead to an increased state obligation to pay such subsidies. It is unknown how many additional adoptions will occur from the effects of this bill.

While the Florida Safe Families Network (FSFN) child welfare information system has the data necessary to calculate many of the measures required by the bill, other measures may require FSFN enhancements to allow data collection. According to DCF, the FSFN work estimate related to these changes is 2,441 hours of effort at a cost of \$268,510. This includes changes necessary to the web pages and all underlying components, including business logic and database changes, changes to the reporting environment to include the information, and modifications to system documentation.

DCF states that it will require an additional FTE to implement the employee adoption benefit, at a recurring cost of \$71,762. The FTE would be used to establish rules, develop operating procedures, and process all incoming applications.<sup>35</sup>

### III. COMMENTS

#### A. CONSTITUTIONAL ISSUES:

##### 1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

##### 2. Other:

None.

#### B. RULE-MAKING AUTHORITY:

The bill grants DCF authority to adopt rules to administer the benefit program for state employees.

#### C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 18, 2015, the Health & Human Services Committee adopted an amendment to HHSC PCB 15-01. The amendment corrects a drafting error to clarify that the state employee adoption benefit does not eliminate eligibility for other adoption benefits in other laws.

The bill was reported favorably as amended. The analysis is drafted to the bill as amended.

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<sup>35</sup> Florida Department of Children and Families. *Senate Bill 320 Analysis* (Jan. 27, 2015) (on file with the House Health & Human Services Committee).



1                   A bill to be entitled  
2           An act relating to adoption and foster care; creating  
3           s. 409.1662, F.S.; providing the purpose of the  
4           adoption incentive program; directing the Department  
5           of Children and Families to establish an adoption  
6           incentive program for certain agencies; requiring that  
7           the department conduct a comprehensive baseline  
8           assessment of lead agencies' performance and compile  
9           annual data for the most recent 5 years of available  
10          data; providing a nonexclusive list of factors for the  
11          assessment to identify; requiring that the department  
12          negotiate outcome-based agreements; requiring that  
13          several factors be included in the agreement;  
14          requiring the department to allocate incentive  
15          payments; requiring a report; creating s. 409.1664,  
16          F.S.; defining terms; providing certain amounts  
17          payable to a qualifying adoptive employee who adopts  
18          specified children under certain circumstances subject  
19          to a specific appropriation to the department;  
20          providing prorated payments for a part-time employee  
21          and limiting the monetary benefit to one award per  
22          child; requiring that a qualifying adoptive employee  
23          apply to the agency head for the monetary benefit on  
24          forms approved by the department and include a  
25          certified copy of the final order of adoption;  
26          providing that the act does not preclude a qualifying

27 adoptive employee from receiving any other assistance  
 28 or incentive; requiring that parental leave for  
 29 qualifying adoptive employees be provided; authorizing  
 30 the department to adopt rules; requiring the Chief  
 31 Financial Officer to submit payment to a qualifying  
 32 adoptive employee depending on where he or she works;  
 33 requiring state agencies to develop uniform procedures  
 34 for informing employees about this benefit and for  
 35 assisting the department in making eligibility  
 36 determinations and processing applications; creating  
 37 s. 409.1666, F.S.; requiring the Governor to annually  
 38 select and recognize certain individuals, families, or  
 39 organizations for adoption achievement awards;  
 40 requiring the department to define categories for the  
 41 achievement awards and seek nominations for potential  
 42 recipients; authorizing a direct-support organization  
 43 established by the Office of Adoption and Child  
 44 Protection to accept donations of products or services  
 45 from private sources to be given to the recipients of  
 46 the adoption achievement awards; providing an  
 47 effective date.

48  
 49 Be It Enacted by the Legislature of the State of Florida:

50  
 51 Section 1. Section 409.1662, Florida Statutes, is created  
 52 to read:

53 409.1662 Children within the child welfare system;  
 54 adoption incentive program.-

55 (1) PURPOSE.-The purpose of the adoption incentive program  
 56 is to advance the state's achievement of permanency, stability,  
 57 and well-being in living arrangements for children in foster  
 58 care who cannot be reunited with their families. The department  
 59 shall establish the adoption incentive program to award  
 60 incentive payments to community-based care lead agencies, as  
 61 defined in s. 409.986, which achieve specific and measureable  
 62 adoption performance standards that lead to permanency,  
 63 stability, and well-being for children.

64 (2) ADMINISTRATION OF THE PROGRAM.-

65 (a) The department shall conduct a comprehensive baseline  
 66 assessment of the performance of lead agencies related to  
 67 adoption of children from foster care. The assessment shall  
 68 compile annual data for each of the most recent 5 years for  
 69 which data is available. The department shall update the  
 70 assessment annually. At a minimum, the assessment shall  
 71 identify:

72 1. The number of families attempting to adopt children  
 73 from foster care and the number of families completing the  
 74 adoption process.

75 2. The number of children eligible for adoption and the  
 76 number of children whose adoptions were finalized.

77 3. The amount of time eligible children waited for  
 78 adoption.

79 4. The number of adoptions that resulted in disruption or  
 80 dissolution and the subset of those disrupted adoptions that the  
 81 lead agency could have prevented.

82 5. The time taken to complete each phase of the adoption  
 83 process.

84 6. The expenditures made to recruit adoptive homes and a  
 85 description of any initiative to improve adoption performance or  
 86 streamline the adoption process.

87 7. The results of any specific effort to gather feedback  
 88 from prospective adoptive parents, adoptive parents, children in  
 89 the child welfare system, adoptees, and other stakeholders.

90 8. The current use of evidence-based, evidence-informed,  
 91 promising, and innovative practices in recruitment, orientation,  
 92 and preparation of appropriate adoptive families, matching  
 93 children with families, supporting children during the adoptive  
 94 process, and providing post-adoptive support.

95 (b) Using the information from the baseline assessment,  
 96 the department shall annually negotiate outcome-based agreements  
 97 with lead agencies. The agreement shall establish measureable  
 98 outcome targets to increase the number of adoptions that result  
 99 in permanent placements that enhance the child's well-being. The  
 100 agreement shall define the method for measuring performance and  
 101 for determining the level of performance required to earn the  
 102 incentive payment and the amount of the incentive payment which  
 103 may be earned for each target.

104 (3) INCENTIVE PAYMENTS.-

105 (a) The department shall allocate incentive payments to  
 106 performance improvement targets in a manner that ensures that  
 107 total payments do not exceed the amount appropriated for this  
 108 purpose.

109 (b) The department shall ensure that the amount of the  
 110 incentive payments are proportionate to the value of the  
 111 performance improvement.

112 (4) REPORT.—By November 15, 2015, and annually thereafter,  
 113 the department shall submit a report to the Governor, the  
 114 President of the Senate, and the Speaker of the House of  
 115 Representatives on the negotiated targets set for, outcomes  
 116 achieved by, and incentive payments made to each lead agency  
 117 during the previous fiscal year. The department shall include in  
 118 the report program enhancements made by each lead agency and  
 119 their subcontracted providers to achieve negotiated outcomes  
 120 under this section.

121 Section 2. Section 409.1664, Florida Statutes, is created  
 122 to read:

123 409.1664 Adoption benefits for qualifying adoptive  
 124 employees of state agencies.—

125 (1) As used in this section, the term:

126 (a) "Child within the child welfare system" has the same  
 127 meaning as provided in s. 409.166.

128 (b) "Qualifying adoptive employee" means a full-time or  
 129 part-time employee of a state agency who is paid from regular  
 130 salary appropriations, or otherwise meets the state agency

131 employer's definition of a regular rather than temporary  
 132 employee, and who adopts a child within the child welfare system  
 133 pursuant to chapter 63. The term includes instructional  
 134 personnel, as defined in s. 1012.01, who are employed by the  
 135 Florida School for the Deaf and the Blind.

136 (c) "State agency" means a branch, department, or agency  
 137 of state government for which the Chief Financial Officer  
 138 processes payroll requisitions, a state university or Florida  
 139 College System institution as defined in s. 1000.21, a school  
 140 district unit as defined in s. 1001.30, or a water management  
 141 district as defined in s. 373.019.

142 (2) A qualifying adoptive employee who adopts a child  
 143 within the child welfare system who has special needs described  
 144 in s. 409.166(2)(a)2. is eligible to receive a lump-sum monetary  
 145 benefit in the amount of \$10,000 per such child, subject to  
 146 applicable taxes. A qualifying adoptive employee who adopts a  
 147 child within the child welfare system who does not have special  
 148 needs described in s. 409.166(2)(a)2. is eligible to receive a  
 149 lump-sum monetary benefit in the amount of \$5,000 per such  
 150 child, subject to applicable taxes.

151 (a) Benefits paid to a qualifying adoptive employee who is  
 152 a part-time employee must be prorated based on the qualifying  
 153 adoptive employee's full-time equivalency at the time of  
 154 applying for the benefits.

155 (b) Monetary benefits awarded under this subsection are  
 156 limited to one award per adopted child within the child welfare

157 system.

158 (c) The payment of a lump-sum monetary benefit for  
 159 adopting a child within the child welfare system under this  
 160 section is subject to a specific appropriation to the department  
 161 for such purpose.

162 (3) A qualifying adoptive employee must apply to his or  
 163 her agency head to obtain the monetary benefit provided in  
 164 subsection (2). Applications must be on forms approved by the  
 165 department and must include a certified copy of the final order  
 166 of adoption naming the applicant as the adoptive parent.

167 (4) This section does not preclude a qualifying adoptive  
 168 employee from receiving adoption assistance for which he or she  
 169 may qualify under s. 409.166 or any other statute that provides  
 170 financial incentives for the adoption of children.

171 (5) Parental leave for a qualifying adoptive employee must  
 172 be provided in accordance with the personnel policies and  
 173 procedures of the employee's state agency employer.

174 (6) The department may adopt rules to administer this  
 175 section. The rules may provide for an application process such  
 176 as, but not limited to, an open enrollment period during which  
 177 qualifying adoptive employees may apply for monetary benefits  
 178 under this section.

179 (7) The Chief Financial Officer shall disburse a monetary  
 180 benefit to a qualifying adoptive employee upon the department's  
 181 submission of a payroll requisition. The Chief Financial Officer  
 182 shall transfer funds from the department to a state university,

183 Florida College System institution, school district unit, or  
 184 water management district, as appropriate, to enable payment to  
 185 the qualifying adoptive employee through the payroll systems as  
 186 long as funds are available for such purpose.

187 (8) Each state agency shall develop a uniform procedure  
 188 for informing employees about this benefit and for assisting the  
 189 department in making eligibility determinations and processing  
 190 applications. Any procedure adopted by a state agency is valid  
 191 and enforceable if the procedure does not conflict with the  
 192 express terms of this section.

193 Section 3. Section 409.1666, Florida Statutes, is created  
 194 to read:

195 409.1666 Annual adoption achievement awards.—Each year,  
 196 the Governor shall select and recognize one or more individuals,  
 197 families, or organizations that make significant contributions  
 198 to enabling this state's foster children to achieve permanency  
 199 through adoption. The department shall define appropriate  
 200 categories for the achievement awards and seek nominations for  
 201 potential recipients in each category from individuals and  
 202 organizations knowledgeable about foster care and adoption.

203 (1) The award shall recognize persons whose contributions  
 204 involve extraordinary effort or personal sacrifice in order to  
 205 provide caring and permanent homes for foster children.

206 (2) A direct-support organization established in  
 207 accordance with s. 39.0011 by the Office of Adoption and Child  
 208 Protection within the Executive Office of the Governor may



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209 | accept donations of products or services from private sources to  
210 | be given to the recipients of the adoption achievement awards.  
211 | The direct-support organization may also provide suitable  
212 | plaques, framed certificates, pins, and other tokens of  
213 | recognition.

214 |       Section 4. This act shall take effect July 1, 2015.

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COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	_____	(Y/N)
ADOPTED AS AMENDED	_____	(Y/N)
ADOPTED W/O OBJECTION	_____	(Y/N)
FAILED TO ADOPT	_____	(Y/N)
WITHDRAWN	_____	(Y/N)
OTHER		

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1 Committee/Subcommittee hearing bill: Health Care Appropriations  
 2 Subcommittee

3 Representative Brodeur offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 50 and 51, insert:

7 Section 1. Paragraph (b) of subsection (2) of section  
8 39.0016, Florida Statutes, is amended to read:

9 39.0016 Education of abused, neglected, and abandoned  
10 children; agency agreements; children having or suspected of  
11 having a disability.-

12 (2) AGENCY AGREEMENTS.-

13 (b) The department shall enter into agreements with  
14 district school boards or other local educational entities  
15 regarding education and related services for children known to  
16 the department who are of school age and children known to the  
17 department who are younger than school age but who would

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18 otherwise qualify for services from the district school board.  
19 Such agreements shall include, but are not limited to:

20 1. A requirement that the department shall:

21 a. Ensure ~~Enroll~~ children known to the department are  
22 enrolled in school or in the best educational setting that meets  
23 the needs of the child. The agreement shall provide for  
24 continuing the enrollment of a child known to the department at  
25 the ~~same~~ school of origin when, if possible if it is in the best  
26 interest of the child, with the goal of minimal ~~avoiding~~  
27 disruption of education.

28 b. Notify the school and school district in which a child  
29 known to the department is enrolled of the name and phone number  
30 of the child known to the department caregiver and caseworker  
31 for child safety purposes.

32 c. Establish a protocol for the department to share  
33 information about a child known to the department with the  
34 school district, consistent with the Family Educational Rights  
35 and Privacy Act, since the sharing of information will assist  
36 each agency in obtaining education and related services for the  
37 benefit of the child. The protocol must require the district  
38 school boards or other local educational entities to access the  
39 department's Florida Safe Families Network to obtain information  
40 about children known to the department, consistent with the  
41 Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. s.  
42 1232g.

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43 d. Notify the school district of the department's case  
44 planning for a child known to the department, both at the time  
45 of plan development and plan review. Within the plan development  
46 or review process, the school district may provide information  
47 regarding the child known to the department if the school  
48 district deems it desirable and appropriate.

49 e. Show no prejudice against out-of-home caregivers who  
50 desire to educate at home any children placed in their home  
51 through the child welfare system.

52 2. A requirement that the district school board shall:

53 a. Provide the department with a general listing of the  
54 services and information available from the district school  
55 board to facilitate educational access for a child known to the  
56 department.

57 b. Identify all educational and other services provided by  
58 the school and school district which the school district  
59 believes are reasonably necessary to meet the educational needs  
60 of a child known to the department.

61 c. Determine whether transportation is available for a  
62 child known to the department when such transportation will  
63 avoid a change in school assignment due to a change in  
64 residential placement. Recognizing that continued enrollment in  
65 the same school throughout the time the child known to the  
66 department is in out-of-home care is preferable unless  
67 enrollment in the same school would be unsafe or otherwise  
68 impractical, the department, the district school board, and the

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69 Department of Education shall assess the availability of  
70 federal, charitable, or grant funding for such transportation.

71 d. Provide individualized student intervention or an  
72 individual educational plan when a determination has been made  
73 through legally appropriate criteria that intervention services  
74 are required. The intervention or individual educational plan  
75 must include strategies to enable the child known to the  
76 department to maximize the attainment of educational goals.

77 3. A requirement that the department and the district  
78 school board shall cooperate in accessing the services and  
79 supports needed for a child known to the department who has or  
80 is suspected of having a disability to receive an appropriate  
81 education consistent with the Individuals with Disabilities  
82 Education Act and state implementing laws, rules, and  
83 assurances. Coordination of services for a child known to the  
84 department who has or is suspected of having a disability may  
85 include:

86 a. Referral for screening.

87 b. Sharing of evaluations between the school district and  
88 the department where appropriate.

89 c. Provision of education and related services appropriate  
90 for the needs and abilities of the child known to the  
91 department.

92 d. Coordination of services and plans between the school  
93 and the residential setting to avoid duplication or conflicting  
94 service plans.

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95 e. Appointment of a surrogate parent, consistent with the  
96 Individuals with Disabilities Education Act and pursuant to  
97 subsection (3), for educational purposes for a child known to  
98 the department who qualifies.

99 f. For each child known to the department 14 years of age  
100 and older, transition planning by the department and all  
101 providers, including the department's independent living program  
102 staff, to meet the requirements of the local school district for  
103 educational purposes.

104 Section 2. Subsection (2) of section 409.145, Florida  
105 Statutes, is amended to read:

106 409.145 Care of children; quality parenting; "reasonable  
107 and prudent parent" standard.—The child welfare system of the  
108 department shall operate as a coordinated community-based system  
109 of care which empowers all caregivers for children in foster  
110 care to provide quality parenting, including approving or  
111 disapproving a child's participation in activities based on the  
112 caregiver's assessment using the "reasonable and prudent parent"  
113 standard.

114 (2) QUALITY PARENTING.—A child in foster care shall be  
115 placed only with a caregiver who has the ability to care for the  
116 child, is willing to accept responsibility for providing care,  
117 and is willing and able to learn about and be respectful of the  
118 child's culture, religion and ethnicity, special physical or  
119 psychological needs, any circumstances unique to the child, and  
120 family relationships. The department, the community-based care

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121 lead agency, and other agencies shall provide such caregiver  
122 with all available information necessary to assist the caregiver  
123 in determining whether he or she is able to appropriately care  
124 for a particular child.

125 (a) Roles and responsibilities of caregivers.—A caregiver  
126 shall:

127 1. Participate in developing the case plan for the child  
128 and his or her family and work with others involved in his or  
129 her care to implement this plan. This participation includes the  
130 caregiver's involvement in all team meetings or court hearings  
131 related to the child's care.

132 2. Complete all training needed to improve skills in  
133 parenting a child who has experienced trauma due to neglect,  
134 abuse, or separation from home, to meet the child's special  
135 needs, and to work effectively with child welfare agencies, the  
136 court, the schools, and other community and governmental  
137 agencies.

138 3. Respect and support the child's ties to members of his  
139 or her biological family and assist the child in maintaining  
140 allowable visitation and other forms of communication.

141 4. Effectively advocate for the child in the caregiver's  
142 care with the child welfare system, the court, and community  
143 agencies, including the school, child care, health and mental  
144 health providers, and employers.

## Amendment No. 1

145 5. Participate fully in the child's medical,  
146 psychological, and dental care as the caregiver would for his or  
147 her biological child.

148 6. Support the child's educational ~~school~~ success by  
149 participating in ~~school~~ activities and meetings associated with  
150 the child's school or other educational setting, including  
151 Individual Education Plan meetings and meetings with an  
152 educational surrogate if one has been appointed, assisting with  
153 ~~school~~ assignments, supporting tutoring programs, ~~meeting with~~  
154 ~~teachers and working with an educational surrogate if one has~~  
155 ~~been appointed~~, and encouraging the child's participation in  
156 extracurricular activities.

157 a. Maintaining educational stability for a child while in  
158 out-of-home care by allowing the child to remain in the school  
159 or educational setting he or she attended before entry into out-  
160 of-home care is the first priority, unless it is not in the best  
161 interest of the child.

162 b. If it is not in the best interest of the child to  
163 remain in his or her school or educational setting upon entry  
164 into out-of-home care, the caregiver must work with the case  
165 manager, guardian ad litem, teachers and guidance counselors,  
166 and educational surrogate if one has been appointed, to  
167 determine the best educational setting for the child. Those  
168 settings may include a public school that is not the school of  
169 origin, a private school pursuant to s. 1002.42, virtual



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170 education programs pursuant to s. 1002.45, or education at home  
171 pursuant to s. 1002.41.

172 7. Work in partnership with other stakeholders to obtain  
173 and maintain records that are important to the child's well-  
174 being, including child resource records, medical records, school  
175 records, photographs, and records of special events and  
176 achievements.

177 8. Ensure that the child in the caregiver's care who is  
178 between 13 and 17 years of age learns and masters independent  
179 living skills.

180 9. Ensure that the child in the caregiver's care is aware  
181 of the requirements and benefits of the Road-to-Independence  
182 Program.

183 10. Work to enable the child in the caregiver's care to  
184 establish and maintain naturally occurring mentoring  
185 relationships.

186 (b) Roles and responsibilities of the department, the  
187 community-based care lead agency, and other agency staff.—The  
188 department, the community-based care lead agency, and other  
189 agency staff shall:

190 1. Include a caregiver in the development and  
191 implementation of the case plan for the child and his or her  
192 family. The caregiver shall be authorized to participate in all  
193 team meetings or court hearings related to the child's care and  
194 future plans. The caregiver's participation shall be facilitated  
195 through timely notification, an inclusive process, and

## Amendment No. 1

196 alternative methods for participation for a caregiver who cannot  
197 be physically present.

198 2. Develop and make available to the caregiver the  
199 information, services, training, and support that the caregiver  
200 needs to improve his or her skills in parenting children who  
201 have experienced trauma due to neglect, abuse, or separation  
202 from home, to meet these children's special needs, and to  
203 advocate effectively with child welfare agencies, the courts,  
204 schools, and other community and governmental agencies.

205 3. Provide the caregiver with all information related to  
206 services and other benefits that are available to the child.

207 4. Show no prejudice against a caregiver who desires to  
208 educate at home any children placed in his or her home through  
209 the child welfare system.

210 (c) Transitions.-

211 1. Once a caregiver accepts the responsibility of caring  
212 for a child, the child will be removed from the home of that  
213 caregiver only if:

214 a. The caregiver is clearly unable to safely or legally  
215 care for the child;

216 b. The child and his or her biological family are  
217 reunified;

218 c. The child is being placed in a legally permanent home  
219 pursuant to the case plan or a court order; or

220 d. The removal is demonstrably in the child's best  
221 interest.

## Amendment No. 1

222           2. In the absence of an emergency, if a child leaves the  
223 caregiver's home for a reason provided under subparagraph 1.,  
224 the transition must be accomplished according to a plan that  
225 involves cooperation and sharing of information among all  
226 persons involved, respects the child's developmental stage and  
227 psychological needs, ensures the child has all of his or her  
228 belongings, allows for a gradual transition from the caregiver's  
229 home and, if possible, for continued contact with the caregiver  
230 after the child leaves.

231           (d) Information sharing.—Whenever a foster home or  
232 residential group home assumes responsibility for the care of a  
233 child, the department and any additional providers shall make  
234 available to the caregiver as soon as is practicable all  
235 relevant information concerning the child. Records and  
236 information that are required to be shared with caregivers  
237 include, but are not limited to:

238           1. Medical, dental, psychological, psychiatric, and  
239 behavioral history, as well as ongoing evaluation or treatment  
240 needs;

241           2. School records;

242           3. Copies of his or her birth certificate and, if  
243 appropriate, immigration status documents;

244           4. Consents signed by parents;

245           5. Comprehensive behavioral assessments and other social  
246 assessments;

247           6. Court orders;

Amendment No. 1

- 248 7. Visitation and case plans;
- 249 8. Guardian ad litem reports;
- 250 9. Staffing forms; and
- 251 10. Judicial or citizen review panel reports and
- 252 attachments filed with the court, except confidential medical,
- 253 psychiatric, and psychological information regarding any party
- 254 or participant other than the child.

255 (e) Caregivers employed by residential group homes.—All

256 caregivers in residential group homes shall meet the same

257 education, training, and background and other screening

258 requirements as foster parents.

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**T I T L E A M E N D M E N T**

263

Remove line 2 and insert:

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An act relating to adoption and foster care; amending s.

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39.0016, F.S.; revising what the Department of Children and

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Families must do when required to enter into agreements with

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specified entities; amending s. 409.145, F.S.; revising

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caregiver roles and responsibilities; revising the roles and

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responsibilities of the department, the community-based care

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lead agency, and other agency staff; creating

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

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1 Committee/Subcommittee hearing bill: Health Care Appropriations  
2 Subcommittee

3 Representative Brodeur offered the following:

**Amendment (with title amendment)**

Between lines 50 and 51, insert:

7 Section 1. Subsection (6) is added to section 39.812,  
8 Florida Statutes, to read:

9 39.812 Postdisposition relief; petition for adoption.—

10 (6) The community-based care lead agency serving the child  
11 at the time of the adoption finalization shall contact the  
12 adoptive family by telephone one year after the date of the  
13 adoption finalization to offer post-adoption assistance.

14 -----  
15  
16 **T I T L E A M E N D M E N T**

17 Remove line 2 and insert:

## Amendment No. 2

18 An act relating to adoption and foster care; amending  
19 s. 39.812, F.S.; requiring the agency or community-  
20 based care agency to contact by telephone the adoptive  
21 family one year after the date the adoption is  
22 finalized; creating  
23

Amendment No. 3

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health Care Appropriations  
2 Subcommittee

3 Representative Brodeur offered the following:

4  
5 **Amendment (with title amendment)**

6 Remove lines 133-166 and insert:

7 pursuant to chapter 63 on or after July 1, 2015. The term  
8 includes instructional personnel, as defined in s. 1012.01, who  
9 are employed by the Florida School for the Deaf and the Blind.

10 (c) "State agency" means a branch, department, or agency  
11 of state government for which the Chief Financial Officer  
12 processes payroll requisitions, a state university or Florida  
13 College System institution as defined in s. 1000.21, a school  
14 district unit as defined in s. 1001.30, or a water management  
15 district as defined in s. 373.019.

16 (2) A qualifying adoptive employee who adopts a child  
17 within the child welfare system who has special needs described

Amendment No. 3

18 in s. 409.166(2)(a)2. is eligible to receive a lump-sum monetary  
19 benefit in the amount of \$10,000 per such child, subject to  
20 applicable taxes. A qualifying adoptive employee who adopts a  
21 child within the child welfare system who does not have special  
22 needs described in s. 409.166(2)(a)2. is eligible to receive a  
23 lump-sum monetary benefit in the amount of \$5,000 per such  
24 child, subject to applicable taxes.

25 (a) Benefits paid to a qualifying adoptive employee who is  
26 a part-time employee must be prorated based on the qualifying  
27 adoptive employee's full-time equivalency at the time of  
28 applying for the benefits.

29 (b) Monetary benefits awarded under this subsection are  
30 limited to one award per adopted child within the child welfare  
31 system.

32 (c) The payment of a lump-sum monetary benefit for  
33 adopting a child within the child welfare system under this  
34 section is subject to a specific appropriation to the department  
35 for such purpose.

36 (3) A qualifying adoptive employee must apply to his or  
37 her agency head to obtain the monetary benefit provided in  
38 subsection (2). Applications must be on forms approved by the  
39 department and must include a certified copy of the final order  
40 of adoption naming the applicant as the adoptive parent.  
41 Monetary benefits shall be approved on a first-come, first-  
42 served basis based upon the date a fully completed application  
43 is received by the department.



Amendment No. 3

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T I T L E A M E N D M E N T

Remove line 25 and insert:

certified copy of the final order of adoption; providing that  
monetary benefits shall be approved on a first-come, first-  
served basis based upon the date a fully completed application  
is received by the department;

Amendment No. 4

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health Care Appropriations  
2 Subcommittee

3 Representative Brodeur offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 213 and 214, insert:

7 Section 4. Subsection (18) is added to section 409.175,  
8 Florida Statutes, to read:

9 409.175 Licensure of family foster homes, residential  
10 child-caring agencies, and child-placing agencies; public  
11 records exemption.—

12 (18) (a) A licensed child-placing agency conducting  
13 intercountry adoptions must meet United States Department of  
14 State requirements for accreditation or supervision.

15 (b) A licensed child-placing agency providing adoption  
16 services for intercountry adoption in Hague Convention  
17 countries, in incoming or outgoing cases, must meet the federal

Amendment No. 4

18 regulations pertaining to intercountry adoptions with convention  
19 countries.

20 (c) An adoption agency in this state which provides  
21 intercountry adoption services for families residing in this  
22 state must maintain a record that contains, at a minimum, the  
23 following:

24 1. All available family and medical history of the birth  
25 family;

26 2. All legal documents translated into English;

27 3. All necessary documents obtained by the adoptive parent  
28 in order for the child to attain United States citizenship, or  
29 if applicable, other legal immigration status; and

30 4. All supervisory reports prepared before an adoption and  
31 after the finalization of an adoption.

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**T I T L E   A M E N D M E N T**

Remove line 46 and insert:

the adoption achievement awards; amending s. 409.175, F.S.;  
requiring licensed child-placing agencies providing adoption  
services for intercountry adoptions to meet specified  
requirements; requiring an adoption agency in this state which  
provides certain services to maintain records with specified  
information; providing an