



Children, Families & Seniors Subcommittee

**Wednesday, November 18, 2015
3:30 PM – 5:30 PM
12 HOB**

**Steve Crisafulli
Speaker**

**Gayle B. Harrell
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Children, Families & Seniors Subcommittee

Start Date and Time: Wednesday, November 18, 2015 03:30 pm
End Date and Time: Wednesday, November 18, 2015 05:30 pm
Location: 12 HOB
Duration: 2.00 hrs

Consideration of the following bill(s):

HB 259 Guardianship by Rodrigues, R.
HB 269 Services for Veterans and their Families by Sprowls
HB 403 Guardianship by Ahern
HB 4037 Licensure of Facilities and Programs for Persons with Developmental Disabilities by Rodrigues, R.

Presentations on quality and accountability in out-of-home care for children in the child welfare system:

- Megan Smernoff, Legislative Policy Analyst, OPPAGA
- Christina Spudeas, Executive Director, Florida's Children First
- Charles Bender, Founding Executive Director, Place of Hope
- Lee Kaywork, Chief Executive Officer, Family Support Services of North Florida



Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members is 6:00 p.m., Tuesday, November 17, 2015.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Tuesday, November 17, 2015.

NOTICE FINALIZED on 11/10/2015 2:49PM by Ellerkamp.Donna

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 259 Guardianship
SPONSOR(S): Rodrigues
TIED BILLS: IDEN./SIM. **BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee		Tuszynski 	Brazzell 
2) Civil Justice Subcommittee			
3) Appropriations Committee			
4) Health & Human Services Committee			

SUMMARY ANALYSIS

HB 259 creates s. 709.2209, F.S., entitled, "Power of attorney for temporary care of minor child," as a means of preventing the entry of a child at risk of abuse or neglect into the formal child welfare system.

The bill allows a parent or legal guardian of a child to delegate certain powers regarding the care and custody of a child to a host family volunteering through a qualified nonprofit organization, through a power of attorney for a period not to exceed one year. The delegation of powers regarding care and custody do not deprive the child's parent or legal guardian of parental rights, obligations, or authority regarding custody, visitation, or support.

The bill requires re-execution of a new power of attorney for each year beyond the first year, if the delegation persists. However, if a member of the armed forces on active duty service makes the delegation, the delegation may be longer than one year as long as it does not persist longer than 30 days beyond the term of active duty service.

The bill details the requirements of the power of attorney form to include the identity of the child and parents or legal guardians delegating authority, the identity of the attorney in fact (host family) to whom the powers are delegated, a statement of delegated and non-delegated powers, effective and expiration dates, time limits, signatures, and authorization of a notary public.

The bill requires a qualified nonprofit organization to complete a child abuse and criminal history background check. This check must be in accordance with level 2 screening standards as defined in s. 435.04, F.S., on all employees or volunteers who may have unsupervised contact with a child placed with an agent (host family) pursuant to this section, including the agent and all members of the agent's household who are 12 years of age and older

The bill requires a qualified nonprofit organization to notify DCF of a child's placement with a volunteer host family to verify that DCF does not have an open investigation of abuse or neglect involving the child or the child's parent or legal guardian and is not otherwise providing services to the parent or legal guardian. The bill requires that if DCF has an open investigation or is otherwise providing services to the parent or guardian, DCF must approve the power of attorney before placement of the child with the designated agent.

The bill has no fiscal impact on state or local government.

The bill has an effective date of July 1, 2016.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Child Welfare System

The child welfare system identifies families whose children are in danger of suffering or have suffered abuse, abandonment, or neglect and works with those families to address the problems that are endangering children, if possible. If the problems cannot be ameliorated, the child welfare system finds other caregivers for children, such as relative and non-relative caregivers, foster families, or adoptive families.¹

Prevention

The Department of Children and Families' (DCF) Child Welfare Program works in partnership with local communities and the courts to ensure the safety, timely permanency and well-being of children.

Child welfare services are directed toward the prevention of abandonment, abuse, and neglect of children.² DCF's practice model is based on the safety of the child within their home, utilizing in-home services, such as parenting coaching and counseling, to maintain and strengthen that child's natural supports in their home environment.

However, when it is determined that a child cannot safely remain in their own home, DCF works, through the involvement of the courts, toward guaranteeing the safety of the child out of home while providing services to reunify the child as soon as it is no longer unsafe to do so.

Ultimately, if a child's home is remains unsafe and the court is unable to reunify him or her in the family home, the child welfare system works to find a permanent home for that child through the adoption process.

Types of placements and licensure

For children who cannot safely remain in their own homes, the child welfare system obtains alternative placements. The placements range from temporary placement with a family member to an adoptive placement with a family previously unknown to the child.

The following placements do not require licensure under the licensing statute:

- Relative caregivers,
- Non-relative caregivers,
- An adoptive home which has been approved by the department or by a licensed child-placing agency for children placed for adoption, and
- Persons or neighbors who care for children in their homes for less than 90 days from the licensing requirements of the statute.³

However, certain other placements require licensure. Pursuant to s. 409.175, F.S., DCF licenses and regulates family foster homes, residential child-caring agencies, and child-placing agencies.

¹ See s. 39.001(1), F.S.

² S. 39.001(8), F.S.

³ S. 409.175, F.S.

Section 409.175(20)(d), F.S., defines a child-placing agency as any person, corporation or agency, public or private that receives a child for placement and places or arranges for the placement of a child in a family foster home, residential child-caring agency, or adoptive home.

Section 409.175(2)(e), F.S., defines a family foster home as a private residence in which children who are unattended by a parent or legal guardian are provided 24-hour care. Such homes include emergency shelter family homes and specialized foster homes for children with special needs. A family foster home does not include a person who cares for a child of a friend for a period not to exceed 90 days, a relative who cares for a child and does not receive reimbursement for such care from the state or federal government, or an adoptive home which has been approved by the department or by a licensed child-placing agency for children placed for adoption.

Licensure involves meeting rules and regulations pertaining to:

- The operation, conduct, and maintenance of these homes,
- The provision of food, clothing, educational opportunities, services, equipment, and individual supplies to assure the healthy physical, emotional, and mental development of the children served,
- The appropriateness, safety, cleanliness, and general adequacy of the premises, including fire prevention and health standards, to provide for the physical comfort, care, and well-being of the children served,
- The ratio of staff to children required to provide adequate care and supervision of the children served and, in the case of foster homes,
- The maximum number of children in the home, and
- The good moral character based upon screening, education, training, and experience requirements for personnel.⁴

Powers of Attorney

A power of attorney is a document that grants authority to an agent to act in the place of a principal.⁵ The person who creates a power of attorney is the principal, and the person to whom the authority to act is delegated is an agent of the principal. The power of attorney benefits and binds the principal to an agents actions as if the principal had done them himself or herself. Powers of attorney are governed by Part II of ch. 709, F.S.

Currently, the powers of attorney statute is silent as to whether a power of attorney can be created and used for the care of a minor child.

Safe Families Model

Sometimes, parents are in crisis and are unable to adequately deal with both the crisis and parenting at the same time due to the lack of family or supportive relationships to help them through the crisis while caring for their child.⁶ This type of social isolation combined with the stress of a crisis can increase the likelihood of child abuse, often through child neglect.⁷ Furthermore, homelessness, unemployment, domestic violence, illness, mental health issues, and substance addiction can all lead to situations in which a parent must choose between addressing the immediate crisis and adequate care of their child.⁸

In 2002 the Safe Families for Children (SFFC) program created a model in which parents in crisis without family or support relationships had a place to go for help without entering the child welfare

⁴ S. 409.175, F.S.

⁵ Chapter 709, F.S.

⁶ Murray, K, et al., Safe Families for Children's Program Model and Logic Model Description Report, University of Maryland School of Social Work, 3.

⁷ Id.

⁸ Id.

system.⁹ The model includes placing a child with an unpaid volunteer host family, allowing a parent the time and space to deal with whatever issues brought them to SFFC. By temporarily placing the child with a host family, SFFC hopes to reduce the risk of child abuse and neglect, as well as provide a safe place for a child.¹⁰

SFFC states that it has three main objectives: child welfare deflection, child abuse prevention, and family support and stabilization.¹¹ SFFC reports that the hallmarks of the program are that parents retain full legal custody of children, volunteer families are extensively screened and supported, the average length of stay is 6 weeks (ranging from 2 days to 1 year), there is a close working relationship between the Safe Families organization, local churches, and the referring organization, and that the model is committed to reuniting the family as soon as possible.¹²

Programs based on the SFFC model are active throughout the country (54 active programs in 25 states),¹³ with Oregon, Wisconsin, and Oklahoma codifying similar models in statute.¹⁴ Florida currently has 4 areas where SFFC models operate: SFFC Southwest Florida in Naples, Bethany Christian Services of the Gulf Coast in Pensacola, Bethany Christian Services of Orlando, and Bethany Christian Services of Tampa Bay.¹⁵ These 4 organizations currently perform background screening through the Volunteer and Employee Criminal History System (VECHS) program, offered by the Florida Department of Law Enforcement.¹⁶

Background Screening

DCF is required to determine the good moral character of personnel of the child welfare system,¹⁷ through level 2 background screenings, as provided for in ch. 435, F.S.¹⁸ "Personnel" includes all owners, operators, employees, and volunteers working in a child-placing agency, family foster home, or residential child-caring agency.¹⁹ Statute also requires family members and persons between the ages of 12 and 18 residing with the owner or operator of a family foster home or agency to have a delinquency record check, but does not require fingerprinting.²⁰

A level 2 background screening is typically required; this screening involves a state and national fingerprint-based criminal record check through the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI).²¹ Level 2 background screenings require that no person has been arrested for and awaits final disposition, has been found guilty of, or entered a plea of nolo contendere to crimes related to sexual misconduct, child or adult abuse, murder, manslaughter, battery, assault, kidnapping, weapons, arson, burglary, theft, robbery, and exploitation.²² The cost for a Level 2 background screening ranges from \$38 to \$75 depending upon the selected vendor.²³ DCF processes the background screenings through the Care Provider Background Screening Clearinghouse for individuals working in the child welfare system who are required by law to be background screened.

⁹ Id.

¹⁰ Id.

¹¹ Safe Families for Children, Who we help, *available at*: http://www.safe-families.org/whatis_whoehelp.aspx (last accessed 11/14/15).

¹² Id.

¹³ Id.

¹⁴ The Foundation for Government Accountability, Safe Families in the States – 2016, *available at*: <http://thefga.org/solutions/foster-care-reform/safe-families/> (last accessed 11/13/15).

¹⁵ Safe Families for Children, Location/Contact Us, *available at*: http://www.safe-families.org/whatis_locations.aspx (last accessed 11/14/15).

¹⁶ Email from Andrew Brown, Senior Fellow, Foundation for Government Accountability, RE: HB 259, (11/16/15).

¹⁷ S. 409.175(5)(a), F.S.

¹⁸ S. 409.175(2)(k), F.S.

¹⁹ S. 409.175(2)(i), F.S.

²⁰ Id.

²¹ S. 435.04, F.S.

²² S. 435.04(2), F.S.

²³ Department of Children and Families, *Livescan Vendor Locations*, *available at* <http://www.dcf.state.fl.us/programs/backgroundscreening/map.asp> (last viewed November 5, 2015).

DCF may grant exemptions from disqualification of employment in certain circumstances,²⁴ such as felonies that are older than 3 years and offenses that were felonies when committed, but that are now classified as misdemeanors.²⁵

Care Provider Background Screening Clearinghouse

The Care Provider Background Screening Clearinghouse²⁶ (clearinghouse) is a statewide system that enables certain specified state agencies, such as DCF and the Agency for Persons with Disabilities, to submit requests for level 2 background screenings for certain statutorily-defined purposes, such as licensure or license-related employment. The level 2 screening results are provided to the requesting agency, not the individual or employer organization, and are also retained in the clearinghouse.

There are several benefits to utilizing the clearinghouse including significant cost savings due to use of existing screenings, access to a screened individual's Florida public criminal record, and immediate notification of an employee or licensee arrest in Florida due to the active monitoring of the record.

Volunteer and Employee Criminal History System

The Volunteer and Employee Criminal History System (VECHS) program was implemented in 1999 and is authorized by the National Child Protection Act (NCPA) and s. 943.0542, F.S. The VECHS program provides a means to background screen the staff and volunteers of organizations who work with vulnerable individuals but who are not required by law to be background screened. Examples of organizations that may use VECHS are churches and volunteer organizations that serve children, elderly or persons with disabilities but are not licensed or contracted by the state.

Through the VECHS program, FDLE and the FBI provide state and national criminal history record information on applicants, employees, and volunteers to qualified organizations (not individuals or state agencies) in Florida. With this criminal history information, the organizations can more effectively screen out those current and prospective volunteers and employees who are not suitable for contact with children, the elderly, or the disabled.²⁷

Unlike the clearinghouse, the level 2 screenings through the VECHS program are not actively monitored. The screenings provide a snapshot in time of that particular employee or volunteer's criminal record at the time the screen is completed. Any arrest or judicial action after that screening is completed is unknown. Additionally, the organization receiving the screening results makes its own determination of whether to employ the individual or use the volunteer based on its own standards.

Guardianship

Guardianship is controlled by Chapter 744, F.S. This chapter details many levels of care and control that can be exercised over another person's property and affairs. Guardianship of minors is provided for in s. 744.3021, F.S., and allows, upon a petition to the court, a parent, brother, sister, next of kin, or other person interested in the welfare of a minor, a guardian without the necessity of a determination and adjudication of incapacity.²⁸ This form of guardianship is plenary²⁹, meaning that the guardian has legal authority and duty to exercise all delegable legal rights and powers for the child.³⁰

²⁴ S. 409.175(5)(a)6., F.S.

²⁵ S. 435.07, F.S.

²⁶ S. 435.12, F.S.

²⁷ Florida Department of Law Enforcement, Volunteer and Employee Background checks, *available at*: <http://www.fdle.state.fl.us/Content/Background-Checks/Menu/VECHS.aspx> (last visited November 2, 2015).

²⁸ S. 744.331, F.S., requires a very specific procedure to determine incapacity before a guardianship can be granted over an adult.

²⁹ S. 744.3021(1), F.S.

³⁰ S. 744.102(b), F.S.

Effect of Proposed Changes

Powers of Attorney

HB 259 creates s. 709.2209, F.S., titled, "Power of attorney for temporary care of minor child," as a less intrusive alternative to guardianship and defines "agent," "department," "qualified nonprofit organization," and "serving parent."

The bill allows a parent or legal guardian of a child to delegate to an agent, for the temporary care of a child, any of the powers regarding the care and custody of a child, for a period not to exceed one year. The bill requires a qualified nonprofit agency to identify appropriate placements for children, and providing services and resources to support the child, parents, and agents authorized to provide temporary care for the child. These powers do not include the power to consent to marriage or adoption of the child, the performance or inducements of an abortion, or the termination of parental rights of the child. The bill further clarifies that it does not deprive the parent or legal guardian of parental rights, obligations, or authority regarding custody, visitation, or support.

The bill requires re-execution of a new power of attorney for each year beyond the first year, if the delegation persists. However, if a member of the armed forces on active duty service makes the delegation, the delegation may be longer than one year as long as it does not persist longer than 30 days beyond the term of active duty service. The bill does not have a maximum limit on the number of times a power of attorney may be re-executed with the same or a different agent.

The bill details the requirements of the power of attorney form to include the identity of the child and parents or legal guardians delegating authority, the identity of the attorney in fact to whom the powers are delegated, a statement of delegated and non-delegated powers, effective and expiration dates, time limits, signatures, and authorization of a notary public.

The bill requires a qualified nonprofit organization to complete a child abuse and criminal history background check, in accordance with level 2 screening standards as defined in s. 435.04, F.S., on all employees or volunteers who may have unsupervised contact with a child placed with an agent pursuant to this section, including the agent and all members of the agent's household who are 12 years of age and older.

The bill requires the qualified nonprofit organization to notify DCF of the placement of a child with an agent by a power of attorney to verify that DCF does not have an open investigation of abuse or neglect involving the child or the child's parent or legal guardian and is not otherwise providing services to the parent or legal guardian. The bill requires that if DCF has an open investigation or is otherwise providing services to the parent or guardian, DCF must approve the power of attorney before placement of the child with the designated agent.

Currently, DCF holds very strict confidentiality of child welfare records under s. 39.202, F.S., and reports that they do not have the legal authority to affirm an open investigation, affirm any provision of services to a qualified nonprofit organization, or whether they approve of a placement.³¹

³¹ Department of Children and Families, 2016 Agency Legislative Bill Analysis for HB 259, October 16, 2015 (on file with Children, Families, and Seniors Subcommittee staff).

Child Welfare

Abuse Investigations and DCF Custody

The bill provides that the execution of a power of attorney by a parent or legal guardian may not be construed as abandonment, abuse, or neglect as defined in s. 39.01, F.S., unless the parent or legal guardian fails to take custody of the child or execute a new power of attorney after one year. The bill also bars DCF from opening an investigation based solely on receipt of notification of the placement of a child with an agent.

The bill requires DCF, during a child protective investigation that does not result in an out-of-home placement, to provide information to the parent or legal guardian about community service programs that provide respite care, voluntary guardianship, or other support services for families in crisis.

Licensure

The bill states that an agent is not required to meet foster care licensing requirements under Chapter 409, F.S., and does not constitute a family foster home.

The bill also states that a qualified nonprofit organization is not a child-placing agency as defined in s. 409.175(2)(d), F.S., and is not required to be licensed as such unless the qualified nonprofit organization pursues child-placing activities as provided in s. 409.175(2)(d), F.S.

Background Screening

Although volunteer agent homes and qualified nonprofit organizations are exempt from licensure, the bill requires all qualified nonprofit organizations employees and volunteers who have unsupervised contact with children, including volunteer agents, and household members of agents who are 12 years of age or older to complete a child abuse and criminal history background check, in accordance with level 2 background screening standards pursuant to s. 435.04, F.S. The bill requires notarization, and that the parties to the power of attorney provide the notary public with the required completed background checks. The notary public may not acknowledge the power of attorney without verifying the required checks are complete.

The bill does not require background screens to go through any specified state agency or to be held in the Care Provider Background Screening Clearinghouse under s. 435.12, F.S. The only option for a level 2 screening outside of a state agency is VECHS.

Providing completed background checks to a notary public may be problematic. Pursuant to s. 943.0542, F.S., only "qualified entities" may have access to the actual criminal history information produced by VECHS. Unless the notary public were employed by a qualified entity he or she would be barred from obtaining the results of the criminal background check.

Completing a "child abuse and criminal history background check" as currently drafted in the bill may be problematic as well, if the intent of the language is to include checking the child abuse registry. Level 2 screenings do not perform this level of check, as the child abuse registry can only be accessed by certain persons, official, and agencies for certain limited purposes.³²

Guardianship

The bill amends s. 744.1012, F.S., adding legislative intent language that states in circumstances in which a parent or legal guardian of a child is temporarily unable to provide care for the child, the Legislature finds that a less intrusive alternative to guardianship or custody granted to the Department should be available. In such circumstances, the parent or legal guardian may delegate temporary care of the child to an agent for a period not to exceed one year pursuant to s. 709.2209, F.S.

B. SECTION DIRECTORY:

- Section 1:** Creates a new section of law, s. 709.2209, F.S. titled "Power of attorney for temporary care of minor child."
Section 2: Amends s. 744.1012, F.S., relating to legislative intent of guardianship.
Section 3: Provides an effective date of July 1, 2016.

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.
2. Expenditures:
None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill requires a qualified nonprofit organization to complete a child abuse and criminal history background check on certain individuals. The cost for a Level 2 background screening ranges from \$38 to \$75 depending upon the selected vendor.³³

The bill also requires use of a notary public, which may involve an additional cost.

D. FISCAL COMMENTS:

None.

³³ Department of Children and Families, *Livescan Vendor Locations*, available at <http://www.dcf.state.fl.us/programs/backgroundscreening/map.asp> (last viewed November 5, 2015).

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:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Volunteer agent homes and qualified nonprofit organizations are not currently explicitly exempted from licensure in s. 409.175, F.S. The bill exempts them from licensure in the new s. 709.2209 F.S. Exempting them in the licensure statute as well would clarify the exemption.

The bill provides a definition of "agent" for purposes of the section. However, ch. 709 already contains a definition of "agent" for the part in which the new section would be placed.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled

2 An act relating to guardianship; creating s. 709.2209,
3 F.S.; providing definitions; authorizing a parent or
4 legal guardian of a child to provide for temporary
5 care of his or her child by delegating care to an
6 agent by a properly executed power of attorney;
7 providing limitations; providing for revocation or
8 withdrawal of a power of attorney; requiring a power
9 of attorney to be executed each year of delegation of
10 care; providing construction; providing requirements
11 for a qualified nonprofit organization that assists a
12 parent or legal guardian in delegating parental or
13 legal authority; requiring a child abuse and criminal
14 history background check for certain employees or
15 volunteers; requiring approval by the Department of
16 Children and Families for placement of a child under
17 specified circumstances; providing for extension of
18 delegation of care under certain circumstances;
19 providing requirements for a power of attorney to be
20 legally sufficient; requiring the department to
21 provide information to a parent or legal guardian in
22 certain investigations; amending s. 744.1012, F.S.;
23 revising legislative intent; providing an effective
24 date.

25
26 Be It Enacted by the Legislature of the State of Florida:

27
 28 Section 1. Section 709.2209, Florida Statutes, is created
 29 to read:

30 709.2209 Power of attorney for temporary care of minor
 31 child.-

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

33 (a) "Agent" has the same meaning as provided in s.
 34 709.2102.

35 (b) "Department" means the Department of Children and
 36 Families.

37 (c) "Qualified nonprofit organization" means a charity or
 38 religious institution organized under s. 501(c)(3) of the United
 39 States Internal Revenue Code that assists parents and legal
 40 guardians with the provision of temporary care of children
 41 pursuant to a power of attorney executed under this section.
 42 Such assistance includes identifying appropriate placement for a
 43 child and providing services and resources to support the child,
 44 parents, and agents authorized to provide temporary care for the
 45 child.

46 (d) "Serving parent" means a parent or legal guardian who
 47 is a member of the United States Armed Forces, the Florida
 48 National Guard, the United States Reserve Forces, the
 49 commissioned corps of the National Oceanic and Atmospheric
 50 Administration, or the public health service of the United
 51 States Department of Health and Human Services detailed by
 52 proper authority for duty with the United States Armed Forces.

53 (2) As a least restrictive appropriate alternative to
 54 guardianship pursuant to s. 744.344(2), a parent or legal
 55 guardian of a child, by a properly executed power of attorney
 56 authorized under this section, may provide for temporary care of
 57 his or her child by delegating to an agent, for a period not to
 58 exceed 1 year, any of the powers regarding the care and custody
 59 of the child, except the power to consent to marriage or
 60 adoption of the child, the performance or inducement of an
 61 abortion on or for the child, or the termination of parental
 62 rights to the child. This subsection does not limit the ability
 63 of a parent or legal guardian to appoint a guardian for a child
 64 pursuant to chapter 744; does not change or modify parental or
 65 legal rights, obligations, or authority established by an
 66 existing court order; and does not deprive the parent or legal
 67 guardian of parental or legal rights, obligations, or authority
 68 regarding the custody, visitation, or support of the child.

69 (3) The parent or legal guardian of the child may revoke
 70 or withdraw the power of attorney authorized under this section
 71 at any time. Upon such revocation or withdrawal, the child shall
 72 be returned to the custody of the parent or legal guardian as
 73 soon as practicable. Except as provided in subsection (8), the
 74 parent or legal guardian shall execute a new power of attorney
 75 for each year beyond the first year that the delegation exists.

76 (4) Unless the authority is revoked or withdrawn by the
 77 parent or legal guardian or otherwise terminated, an agent shall
 78 exercise parental or legal authority without compensation for

79 the duration of the power of attorney.

80 (5) A power of attorney executed under this section may
 81 not be construed as placing the child in foster care, and an
 82 agent is not required to meet foster care licensing requirements
 83 under chapter 409 and does not constitute a family foster home
 84 as defined in s. 409.175(2)(e).

85 (6) Except as otherwise provided by law, the execution of
 86 a power of attorney by a parent or legal guardian may not be
 87 construed as abandonment, abuse, or neglect as defined in s.
 88 39.01 unless the parent or legal guardian fails to take custody
 89 of the child or execute a new power of attorney after 1 year.

90 (7) A qualified nonprofit organization is not a child-
 91 placing agency as defined in s. 409.175(2)(d) and is not
 92 required to be licensed as such unless the qualified nonprofit
 93 organization pursues child-placing activities as provided in s.
 94 409.175(2)(d).

95 (a) A qualified nonprofit organization shall complete a
 96 child abuse and criminal history background check, in accordance
 97 with Level 2 screening standards as defined in s. 435.04, on all
 98 employees or volunteers who may have unsupervised contact with a
 99 child placed with an agent pursuant to this section, including
 100 the agent and all members of the agent's household who are 12
 101 years of age and older.

102 (b) A qualified nonprofit organization shall notify the
 103 department of the placement of a child with an agent by a power
 104 of attorney authorized under this section to verify that the

105 department does not have an open investigation of abuse or
 106 neglect involving the child or the child's parent or legal
 107 guardian and is not otherwise providing services to the parent
 108 or legal guardian.

109 1. If the department has an open investigation or is
 110 otherwise providing services to the parent or legal guardian,
 111 the department must approve the power of attorney before
 112 placement of the child with the designated agent.

113 2. If the department does not have an open investigation
 114 and is not otherwise providing services to the parent or legal
 115 guardian, the department need not approve the power of attorney.
 116 The department may not open an investigation based solely on
 117 receipt of notification of the placement of a child with an
 118 agent.

119 (8) A serving parent may delegate temporary care of his or
 120 her child by a power of attorney authorized under this section
 121 for a period longer than 1 year if the serving parent is on
 122 active duty service. The term of delegation may not exceed 30
 123 days beyond the term of active duty service.

124 (9) A power of attorney executed under this section that
 125 substantially complies with the following required information
 126 and is acknowledged before a notary public is deemed to be
 127 legally sufficient to delegate temporary parental or legal
 128 authority:

129 (a) Identification of the child.

130 (b) Identification of the parent or legal guardian

131 delegating authority.

132 (c) Identification of the attorney in fact to whom powers
 133 are delegated.

134 (d) A statement of the powers delegated to the attorney in
 135 fact for the care and custody of the child.

136 (e) A statement that the delegation does not include
 137 authority to consent to marriage or adoption of the child, the
 138 performance or inducement of an abortion on or for the child, or
 139 the termination of parental rights to the child.

140 (f) The effective date for the power of attorney.

141 (g) The expiration date for the power of attorney.

142 (h) A statement that the power of attorney shall only be
 143 effective for 1 year and automatically expire after the
 144 expiration of 1 year from the effective date.

145 (i) The signature of the parent or legal guardian
 146 delegating powers.

147 (j) The signature of the attorney in fact accepting
 148 delegation.

149 (k) Space for authorization by a notary public.

150 (10) At the execution of the power of attorney, the
 151 parties to the power of attorney shall provide the notary public
 152 with the completed background checks required under subsection
 153 (7). A notary public may not acknowledge a power of attorney
 154 executed under this section without first verifying that
 155 required background checks have been completed. Copies of the
 156 completed background checks must be attached to any copy of the

157 | power of attorney provided to the parties.

158 | (11) During a child protective investigation that does not
 159 | result in an out-of-home placement, the department shall provide
 160 | information to the parent or legal guardian about community
 161 | service programs that provide respite care, voluntary
 162 | guardianship, or other support services for families in crisis.

163 | Section 2. Section 744.1012, Florida Statutes, is amended
 164 | to read:

165 | 744.1012 Legislative intent.—The Legislature finds that
 166 | adjudicating a person totally incapacitated and in need of a
 167 | guardian deprives such person of all her or his civil and legal
 168 | rights and that such deprivation may be unnecessary. The
 169 | Legislature further finds that it is desirable to make available
 170 | the least restrictive form of guardianship to assist persons who
 171 | are only partially incapable of caring for their needs.
 172 | Recognizing that every individual has unique needs and differing
 173 | abilities, the Legislature declares that it is the purpose of
 174 | this act to promote the public welfare by establishing a system
 175 | that permits incapacitated persons to participate as fully as
 176 | possible in all decisions affecting them; that assists such
 177 | persons in meeting the essential requirements for their physical
 178 | health and safety, in protecting their rights, in managing their
 179 | financial resources, and in developing or regaining their
 180 | abilities to the maximum extent possible; and that accomplishes
 181 | these objectives through providing, in each case, the form of
 182 | assistance that least interferes with the legal capacity of a

183 person to act in her or his own behalf. This act shall be
184 liberally construed to accomplish this purpose. In circumstances
185 in which a parent or legal guardian of a child is temporarily
186 unable to provide care for the child, the Legislature finds that
187 a less intrusive alternative to guardianship or custody granted
188 to the Department of Children and Families should be available.
189 In such circumstances, the parent or legal guardian may delegate
190 temporary care of the child to an agent for a period not to
191 exceed 1 year pursuant to s. 709.2209, including powers relating
192 to the care and custody of the child, but excluding the power to
193 consent to marriage or adoption of the child, the performance or
194 inducement of an abortion on or for the child, or the
195 termination of parental rights to the child.

196 Section 3. This act shall take effect July 1, 2016.



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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	_____	

1 Committee/Subcommittee hearing bill: Children, Families &
 2 Seniors Subcommittee

3 Representative Rodrigues, R. offered the following:

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

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (e) of subsection (2) and paragraph
 8 (d) of subsection (4) of section 409.175, Florida Statutes, are
 9 amended to read:

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

13 (2) As used in this section, the term:

14 (e) "Family foster home" means a private residence in
 15 which children who are unattended by a parent or legal guardian
 16 are provided 24-hour care. Such homes include emergency shelter



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17 family homes and specialized foster homes for children with
18 special needs. A person who cares for a child of a friend for a
19 period not to exceed 90 days, a relative who cares for a child
20 and does not receive reimbursement for such care from the state
21 or federal government, ~~or~~ an adoptive home which has been
22 approved by the department or by a licensed child-placing agency
23 for children placed for adoption, or an agent caring for
24 children under s. 709.2209, F.S., is not considered a family
25 foster home.

26 (4)

27 (d) This license requirement does not apply to boarding
28 schools, recreation and summer camps, nursing homes, hospitals,
29 ~~or~~ to persons who care for children of friends, ~~or~~ neighbors in
30 their homes for periods not to exceed 90 days, ~~or~~ to persons who
31 have received a child for adoption from a licensed child-placing
32 agency, or to agents caring for children under s. 709.2209, F.S.

33 Section 2. Section 709.2209, Florida Statutes, is created
34 to read:

35 709.2209 Power of attorney for temporary care of minor
36 child.-

37 (1) The Legislature finds that in circumstances in which a
38 parent or legal guardian of a child is temporarily unable to
39 provide care for the child, but does not need the full support
40 of the child welfare system, a less intrusive alternative to
41 supervision by the Department of Children and Families and the
42 Dependency Court under ch. 39. F.S. should be available. In such



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43 circumstances, the parent or legal guardian may delegate
44 temporary care of the child to another natural person through a
45 properly executed power of attorney.

46 (2) As used in this section, the term:

47 (a) "Agent" means any natural person granted authority to
48 act for a principal under a power of attorney, whether
49 denominated an agent, attorney in fact, or otherwise. The term
50 includes an original agent and co-agent. Successor agents are
51 not permitted under this section. Agents acting pursuant to this
52 section shall serve without compensation.

53 (b) "Department" means the Department of Children and
54 Families.

55 (c) "Qualified nonprofit organization" means a charity or
56 religious institution organized under s. 501(c)(3) of the United
57 States Internal Revenue Code that assists parents and legal
58 guardians with the provision of volunteer temporary care of
59 children, without payment, pursuant to a power of attorney
60 executed under this section. Duties of the qualified nonprofit
61 organizations include training for all agent families and
62 volunteers, identifying appropriate and safe placements for
63 children based on background screenings and home visits, and
64 providing services and resources to support the child, parents,
65 and agents authorized to provide temporary care for the child.

66 (d) "Serving parent" means a parent or legal guardian who
67 is a member of the United States Armed Forces, the Florida
68 National Guard, the United States Reserve Forces, the



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69 commissioned corps of the National Oceanic and Atmospheric
70 Administration, or the public health service of the United
71 States Department of Health and Human Services detailed by
72 proper authority for duty with the United States Armed Forces.

73 (3) (a) A parent or legal guardian of a child, by a
74 properly executed power of attorney authorized under this
75 section, may provide for temporary care of his or her child by
76 delegating to an agent, for a period not to exceed 1 year, any
77 of the powers regarding the care and custody of the child.

78 (b) The parent or legal guardian shall execute a new power
79 of attorney for each year beyond the first year that the
80 delegation exists, unless the parent or legal guardian is a
81 serving parent.

82 (c) A serving parent may delegate temporary care of his or
83 her child by a power of attorney authorized under this section
84 for a period longer than 1 year if the serving parent is on
85 active duty service. The term of delegation may not exceed 30
86 days beyond the term of active duty service.

87 (4) A power of attorney executed under this section that
88 substantially complies with the following required information
89 and is acknowledged before a notary public is deemed to be
90 legally sufficient to delegate temporary parental or legal
91 authority:

92 (a) Identification of the child.

93 (b) Identification of the parent or legal guardian
94 delegating authority.



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95 (c) Identification of the attorney in fact to whom powers
96 are delegated.

97 (d) A statement of the powers delegated to the attorney in
98 fact for the care and custody of the child.

99 (e) A statement that the delegation does not include
100 authority to consent to marriage or adoption of the child, the
101 performance or inducement of an abortion on or for the child, or
102 the termination of parental rights to the child.

103 (f) The effective date for the power of attorney.

104 (g) The expiration date for the power of attorney.

105 (h) A statement that the power of attorney shall only be
106 effective for 1 year and automatically expire after the
107 expiration of 1 year from the effective date.

108 (i) The signature of the parent or legal guardian
109 delegating powers.

110 (j) The signature of the attorney in fact accepting
111 delegation.

112 (k) Space for authorization by a notary public.

113 (5) (a) The power of attorney may not delegate the power to
114 consent to marriage or adoption of the child, the performance or
115 inducement of an abortion on or for the child, or the
116 termination of parental rights to the child.

117 (b) This subsection does not limit the ability of a parent
118 or guardian to appoint a guardian for a child pursuant to
119 chapter 744. This section does not change or modify parental or
120 legal rights, obligations, or authority established by an



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121 existing court order; and does not deprive the parent or legal
122 guardian of parental or legal rights, obligations, or authority
123 regarding the custody, visitation, or support of the child.

124 (6) (a) The parent or legal guardian of the child may
125 revoke or withdraw the power of attorney authorized under this
126 section at any time. Upon such revocation or withdrawal, the
127 child shall be returned to the custody of the parent or legal
128 guardian as soon as practicable.

129 (b) Unless the authority is revoked or withdrawn by the
130 parent or legal guardian or otherwise terminated, an agent shall
131 exercise parental or legal authority for the duration of the
132 power of attorney.

133 (7) (a) A qualified nonprofit organization shall complete a
134 state and national criminal history record check, pursuant to s.
135 943.0542, on all employees or volunteers who may have
136 unsupervised contact with a child placed with an agent pursuant
137 to this section, including the agent and all members of the
138 agent's household who are 12 years of age and older.

139 (b) At the execution of the power of attorney, the parties
140 to the power of attorney shall present the notary public with
141 evidence that the background checks required under paragraph (a)
142 have been completed. Such evidence shall be a notarized letter
143 signed by a representative of the qualified nonprofit
144 organization attesting to the existence of a favorable
145 background screening of the agent and the other appropriate
146 members of the agent's household.

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147 (8) A qualified nonprofit organization shall require a
148 parent or legal guardian seeking its services to disclose if the
149 department is conducting an ongoing investigation of abuse or
150 neglect involving the child or the child's parent or legal
151 guardian, or is otherwise providing services to the parent or
152 legal guardian.

153 (a) The qualified nonprofit organization shall notify the
154 parent or legal guardian that providing false information
155 regarding the status of an investigation or services by the
156 department may be grounds for termination of the qualified
157 nonprofit organization's services or reporting to the
158 department.

159 (b) If the qualified nonprofit organization learns that
160 the department has an open investigation of abuse or neglect
161 involving the child or the child's parent or legal guardian and
162 the parent or legal guardian failed to disclose this
163 information, the qualified nonprofit organization shall
164 immediately notify the department.

165 (9) (a) A qualified nonprofit organization is not a child-
166 placing agency as defined in s. 409.175(2) (d) and is not
167 required to be licensed as such unless the qualified nonprofit
168 organization pursues child-placing activities as provided in s.
169 409.175(2) (d).

170 (b) A power of attorney executed under this section may
171 not be construed as placing the child in foster care, and an
172 agent is not required to meet foster care licensing requirements



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173 under chapter 409 and does not constitute a family foster home
174 as defined in s. 409.175(2)(e) for purposes of caring for a
175 child placed pursuant to this section.

176 (10) Except as otherwise provided by law, the execution of
177 a power of attorney by a parent or legal guardian may not,
178 without other evidence, be construed as abandonment, abuse, or
179 neglect as defined in s. 39.01. Nothing in this subsection shall
180 be interpreted to prevent the department or law enforcement from
181 investigating allegations of abandonment, abuse, neglect, or
182 unlawful desertion of a child.

183 (11) During a child protective investigation that does not
184 result in an out-of-home placement, if the child protective
185 investigator feels it is appropriate, the department shall
186 provide information to the parent or legal guardian about
187 available community service programs that provide respite care,
188 voluntary temporary placement pursuant to this section, or other
189 support services for families in crisis.

190 Section 3. This act shall take effect July 1, 2016.

191 -----
192 -----

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

194 Remove everything before the enacting clause and insert:

195 An act relating to powers of attorney; amending s. 409.175,
196 F.S.; exempting agents from licensure; creating s. 709.2209,
197 F.S.; providing definitions; authorizing a parent or legal
198 guardian of a child to provide for temporary care of his or her



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199 child by delegating care to an agent by a properly executed
200 power of attorney; providing limitations; providing for
201 revocation or withdrawal of a power of attorney; requiring a
202 power of attorney to be executed each year of delegation of
203 care; providing construction; providing requirements for a
204 qualified nonprofit organization that assists a parent or legal
205 guardian in delegating parental or legal authority; requiring a
206 criminal history background check for certain employees or
207 volunteers; requiring notification of the Department of Children
208 and Families under certain circumstances; providing for
209 extension of delegation of care under certain circumstances;
210 providing requirements for a power of attorney to be legally
211 sufficient; requiring the department to provide information to a
212 parent or legal guardian in certain investigations; providing an
213 effective date.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 269 Services for Veterans and their Families

SPONSOR(S): Sprowls

TIED BILLS: IDEN./SIM. **BILLS:** SB 128

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee		Langston	Brazzell
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Veterans throughout the U.S. face mental health and substance abuse issues. Depression, post-traumatic stress disorder, and suicide affect between 2 and 17 percent of veterans returning from combat.

The 2014 Legislature appropriated \$150,000 to the Florida Department of Veterans Affairs to create a pilot project expanding existing 211 (information and referral network) services to veterans in the Tampa Bay area. Through the pilot project, veterans receive information on available services, referrals to VA-funded and other community-based services, and care coordination to verify that referrals lead to successful service connections.

HB 269 creates the Florida Combat Veteran's Care Coordination Program (the program) to provide statewide dedicated behavioral healthcare referral services to combat veterans and their families through Florida's 211 Network modeled after the pilot program. The bill defines a combat veteran as a wartime veteran. The bill requires the Department of Children and Families (DCF) to contract with the managing entities to enter into agreements with Florida 211 Network participants to provide program services.

The bill also requires the program to provide peer support, suicide assessment, and treatment and resource coordination. In addition to the requirement for services, the bill requires the program team to track and follow up with callers and advertise the program.

The bill requires DCF to provide a report on the program's implementation to the Governor, President of the Senate, and Speaker of the House of Representatives by December 15, 2017, using data provided to DCF by the Florida 211 Network participants.

The bill provides an appropriation of \$2,000,155 to implement the program.

The bill provides an effective date of July 1, 2016.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

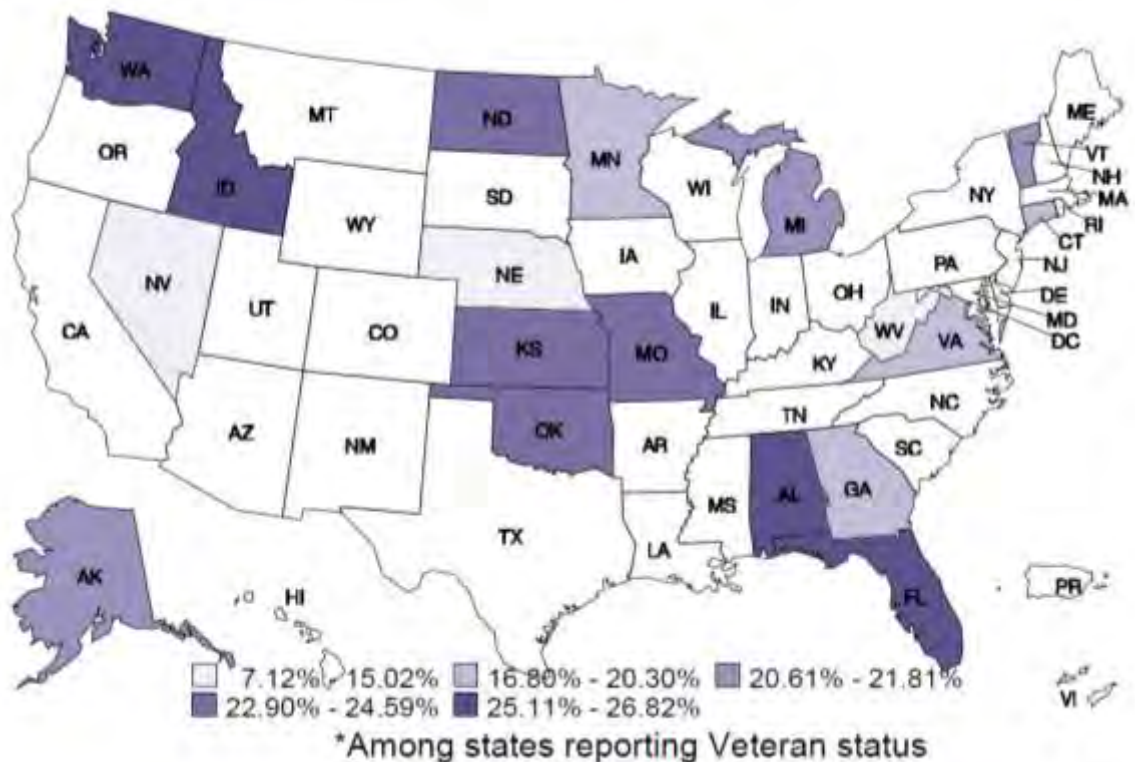
A. EFFECT OF PROPOSED CHANGES:

Current Situation

Depression and Suicide Among Veterans

Veterans throughout the U.S. face mental health and substance abuse issues. According to a 2008 study, between 5 and 15 percent of veterans who served in Iraq and Afghanistan returned with post-traumatic stress disorder (PTSD), and an additional 2 to 14 percent returned with major depression.¹ PTSD attributed to combat has affected between 2 and 17 percent of all U.S. military veterans since the Vietnam War.² In 2012, the U.S. Department of Veterans Affairs (VA) released a report detailing veteran deaths from suicide from 1999 to 2009.³ Over that ten-year span, veterans comprised approximately 22.2% of all suicides. In the year 2010, on average, 22 veterans committed suicide per day.⁴ In response to these trends, the federal government, through the VA, has established programs to connect veterans to mental health services.

Percent of Suicides that Involve Veterans by State⁵



¹ INVISIBLE WOUNDS OF WAR: PSYCHOLOGICAL AND COGNITIVE INJURIES, THEIR CONSEQUENCES, AND SERVICES TO ASSIST RECOVERY, at 433 (Terri Tanielian and Lisa H. Jaycox, Eds.) (2008), available at http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf, (last visited November 11, 2015).

² Lisa K. Richardson, B. Christopher Frueh, and Ronald Acierno, *Prevalence Estimate of Combat-Related PTSD: A Critical Review*, 44 AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY, at 4-19 (January 2010), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891773/> (last visited March 20, 2015).

³ Janet Kemp and Robert Bossarte, *Suicide Data Report, 2012*, DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH SERVICES SUICIDE PREVENTION PROGRAM, at 15, available at <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf> (last visited November 11, 2015).

⁴ Id.

⁵ Id.

Federal Mental Health Care Services for Veterans

An individual who served in the active military, naval, or air service, and who was not dishonorably discharged, may qualify for VA health care benefits.⁶ VA health benefits include necessary inpatient hospital care and outpatient services to promote, preserve, or restore a veteran's health. VA medical facilities provide a wide range of services, including mental health services.⁷ The VA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics; additionally, readjustment counseling services may be available at veteran centers across the nation.⁸ For veterans with serious mental illness, VA offers care tailored to help with their specific diagnosis and to promote recovery. Serious mental illnesses include a variety of diagnoses (for example, schizophrenia, depression or bipolar disorder, PTSD, and substance use disorders) that result in significant problems functioning in the community.⁹

There is a presumptive eligibility for VA health care services for psychosis and other mental illnesses to be covered as service-connected illness when a veteran experiences them within a specified period.¹⁰ This allows certain veterans who are not otherwise eligible for VA health care to receive treatment for mental illness and other directly related conditions at no cost.¹¹ The goal is to support recovery and enable veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential.¹²

The VA operates six medical centers in Florida located at Bay Pines, Miami, Tampa, West Palm Beach, Gainesville and Lake City.¹³ The VA also operates outpatient clinics for health care and Vet Centers for counseling throughout Florida.

Federal Veterans Crisis Line

The Veterans Crisis Line is a resource for veterans across the county developed by the VA to connect veterans and current service members in crisis and their families and friends with information from qualified responders through a confidential toll-free hotline, online chat, and text messaging service.¹⁴

The Veterans Crisis Line was launched in 2007 as the National Veterans Suicide Prevention Hotline; over the course of the program, it has answered more than 1.6 million calls and made more than 45,000 lifesaving rescues.¹⁵ In 2009, the National Veterans Suicide Prevention Hotline added an anonymous online chat service and has engaged in more than 207,700 chats.¹⁶

In 2011, the "National Veterans Suicide Prevention Hotline" was re-branded as the "Veterans Crisis Line" and launched the "It's Your Call" media campaign promoting the newly-named crisis line and marketing it to both veterans and their family and friends.¹⁷ Also in 2011, the Veterans Crisis Line

⁶ U.S. DEPARTMENT OF VETERANS AFFAIRS, *Federal Benefits for Veterans, Dependents and Survivors*, http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp (last visited November 11, 2015).

⁷ U.S. DEPARTMENT OF VETERANS AFFAIRS, *Health Benefits*, http://www.va.gov/HEALTHBENEFITS/access/medical_benefits_package.asp (last visited November 12, 2015).

⁸ *Id.*

⁹ *Guide to VA Mental Health Services*, U.S. DEPARTMENT OF VETERANS AFFAIRS, at 10, available at http://www.mentalhealth.va.gov/docs/MHG_English.pdf (last visited November 12, 2015).

¹⁰ *Supra*, Note 7.

¹¹ *Id.*

¹² *Id.*

¹³ FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, *Benefits and Services: Health Care*, <http://floridavets.org/benefits-services/health-care-2/> (last visited November 12, 2015).

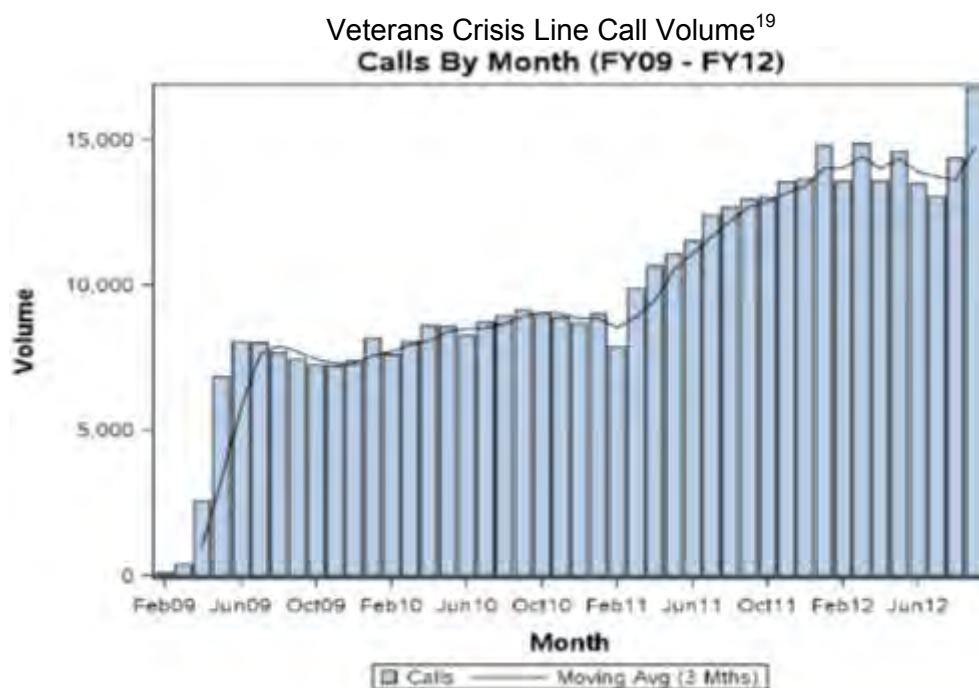
¹⁴ VETERANS CRISIS LINE, *FAQs*, <http://www.veteranscrisisline.net/About/FAQs.aspx> (last visited November 12, 2015).

¹⁵ VETERANS CRISIS LINE, *About the Veterans Crisis Line*, <http://www.veteranscrisisline.net/About/AboutVeteransCrisisLine.aspx> (last visited November 12, 2015).

¹⁶ *Id.*

¹⁷ *Supra*, Note 3 at 35.

introduced a text-messaging service to provide another way for veterans to connect with confidential, round-the-clock support, and since then has responded to more than 32,300 texts.¹⁸



Following the “It’s Your Call” media campaign, there was a spike in calls to the Veterans Crisis Line. Over the span of the program the number of repeat callers has steadily increased, either reflecting a change in the type of help individuals are seeking or the expanding role the Veterans Crisis Line is playing in the provision of mental health care for veterans.²⁰

Florida Department of Veterans’ Affairs

Florida has the nation’s third largest veteran population with more than 1.6 million veterans, comprising 12% of the state’s population 18 and over.²¹

In 1988, Florida citizens endorsed a constitutional amendment to create the Florida Department of Veterans Affairs (the Florida VA) as a separate agency charged with providing advocacy and representation for Florida’s veterans and to intercede on their behalf with the U.S. Department of Veterans Affairs.²² The Florida VA is the state agency that has statutory authority and responsibility for the provision of assistance to all former, present, and future members of the armed forces. S. 292.05(7), F.S. gives the Florida VA the authority and responsibility to apply for and administer any federal programs and develop and coordinate such state programs as may be beneficial to the particular interests of the veterans of this state. The Florida VA helps veterans gain access to federal benefits, including federally funded medical care, to improve their quality of life.

To receive benefits through the Florida VA as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized or during a specified period of wartime service.²³ The qualifying periods of wartime service include the Second World War, the

¹⁸ *Supra*, Note 15.

¹⁹ *Supra*, Note 3 at 36.

²⁰ *Id.*

²¹ FLORIDA DEPARTMENT OF VETERANS’ AFFAIRS, *Our Veterans: Fast Facts*, <http://floridavets.org/our-veterans/profilefast-facts/> (last visited November 12, 2015).

²² FLORIDA DEPARTMENT OF VETERANS’ AFFAIRS, *About Us*, <http://floridavets.org/about-us/> (last visited November 12, 2015).

²³ S. 1.01(14), F.S.

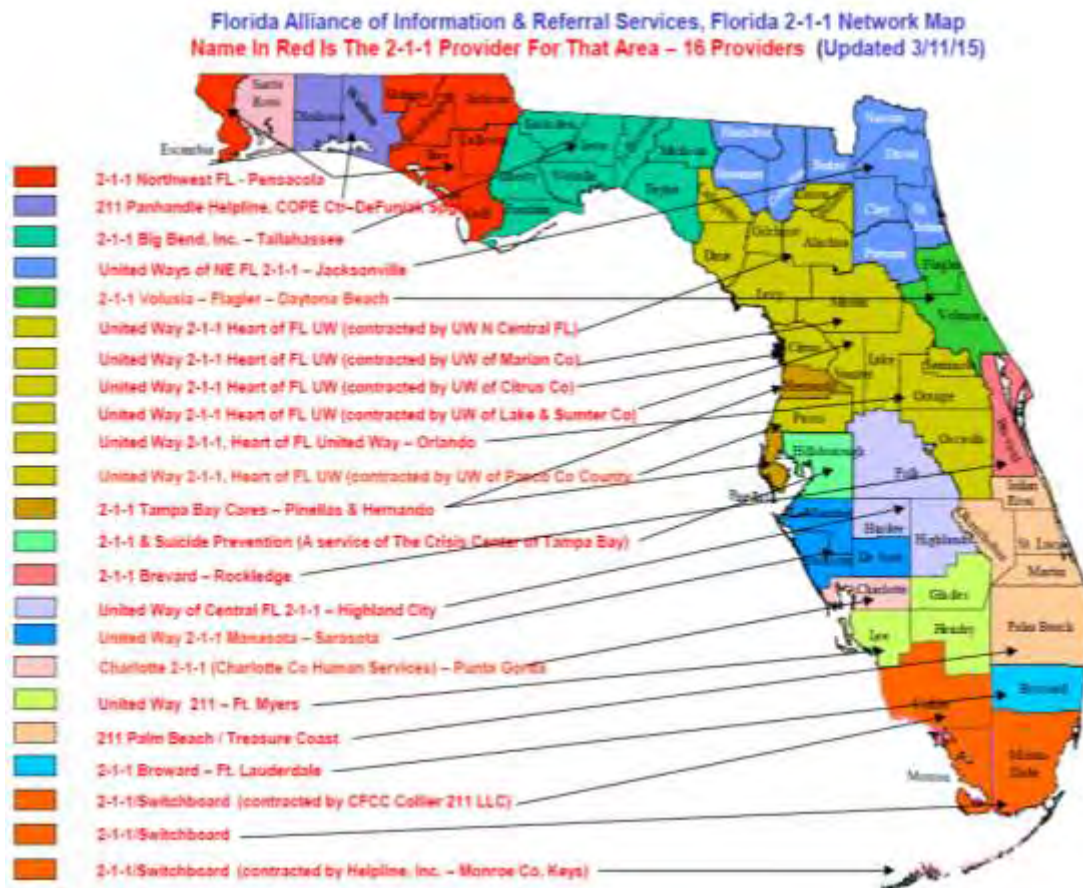
Korean War, the Vietnam War, the Persian Gulf War, Operation Enduring Freedom, and Operation Iraqi Freedom.²⁴

Florida 211 Network

Section 408.918, F.S., establishes the Florida 211 Network, authorizing the planning, development, and implementation of a statewide network to serve as the single point of coordination for information and referral for health and human services.

A 211 network is a telephone-based service offered by nonprofit and public agencies throughout Florida and the United States that provides free and confidential information and referral services 24 hours a day, 7 days a week. The network helps callers identify and connect with health and human service programs that can meet a variety of needs, including food, housing, employment, health care, crisis counseling and more.²⁵ In Florida, services are available statewide through any cell phone provider as well as through landlines in all 67 counties by dialing 2-1-1.²⁶ In order to participate in the Florida 211 Network, a 211 provider must be fully accredited by the National Alliance of Information and Referral Services or have received approval to operate, pending accreditation, from its affiliate, the Florida Alliance of Information and Referral Services.²⁷ There are a total of sixteen Florida 211 Network certified providers.²⁸

Florida 211 Network Providers²⁹



²⁴ Id.

²⁵ FLORIDA 2-1-1- ASSOCIATION, <http://www.my211florida.org/> (last visited November 11, 2015).

²⁶ Id.

²⁷ S. 408.918(2), F.S.

²⁸ Email from Shelia Smith, President/CEO Broward 211, RE: Florida 2-1-1 Coverage Map (November 13, 2015) (email on file with Children, Families & Seniors Subcommittee staff).

²⁹ Id.

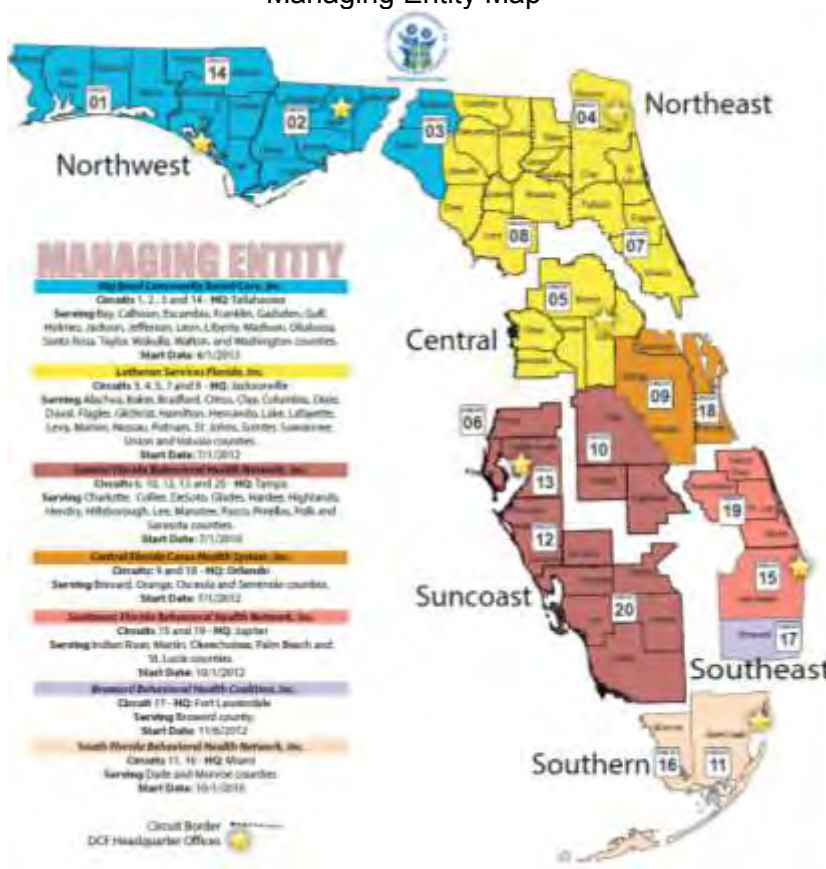
Substance Abuse and Mental Health Program

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. It serves children and adults who are otherwise unable to obtain these services (such as individuals who are not covered under Medicaid or private insurance and do not have the financial ability to pay for the services themselves). SAMH programs include a range of prevention, acute interventions (such as crisis stabilization or detoxification), residential, transitional housing, outpatient treatment, and recovery support services. Services are provided in accordance with state and federally-established priority populations.³⁰

Behavioral Health Managing Entities

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.³¹ 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 promote improved access to care; promote service continuity; and provide for more efficient and effective delivery of substance abuse and mental health services.³²

Managing Entity Map³³



³⁰These 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.

³¹ Ch. 2001-191, Laws of Florida.

³² Section 394.9082, F.S.

³³ FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, *Managing Entities*, available at <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities> (last visited November 12, 2015).

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.³⁴ Full implementation of the statewide managing entity system occurred in April 2013, with all geographic regions now served by a managing entity.³⁵ DCF currently contracts with seven managing entities that in turn contract with local service providers for the delivery of mental health and substance abuse providers.³⁶ Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.

The Crisis Center of Tampa Bay Pilot Project

The 2014 Florida Legislature appropriated \$150,000 to create a pilot project expanding existing 211 services to veterans in Hillsborough, Pasco, Pinellas, Polk and Manatee counties.³⁷ In August 2014, the Crisis Center of Tampa Bay (CCTB), through the pilot project, expanded its services to veterans and launched the Florida Veterans Support Line (1-844-MYFLVET) in November 2014.³⁸ The expanded service is peer-based and veteran-specific. By calling the Florida Veterans Support Line, veterans in the Tampa Bay region are able to speak with a fellow veteran and offered:

- Comprehensive information and referral to VA-funded services and other community-based services;
- Assistance and support provided by a peer who has experienced the transition from military back to civilian life; and
- Care coordination services, including system navigation, advocacy, and ongoing support.³⁹

Veterans receiving care coordination get ongoing suicide assessment, continuous safety planning, and support for an extended period of time. The CCTB pilot project aims to ensure veterans are not only receiving information on available services but are also enrolled, accepted, and attending VA-funded and other community-based services.⁴⁰

During fiscal year 2015, the CCTB pilot project has handled 1135 total calls; of those, 925 calls were referred to care coordination services.⁴¹ The breakdown of the total calls received during that period is as follows:

Call Origin:	Contact Made By:	Veteran Status:	Current Use of VA Services:	Presenting Need:	Type of Service Referred:
<ul style="list-style-type: none"> • Transfer from other 211 Line: 853 (75.2%) • Florida Veterans Support Line: 257 (22.6%) • Walk-In/ Event: 25 (2.2%) 	<ul style="list-style-type: none"> • Self: 926 (81.6%) • Friend/ Relative: 168 (14.8%) • Organization: 38 (3.3%) • Other: 3 (0.3%) 	<ul style="list-style-type: none"> • Veteran: 973 (85.7%) • Retired: 47 (4.1%) • Former Military (<180 Days): 20 (1.8%) • Active Duty: 20 (1.8%) • Reserve: 16 (1.4%) 	<ul style="list-style-type: none"> • Yes: 530 (46.7%) • No: 316 (27.8%) • Unknown: 273 (24.1%) • Refused: 16 (1.4%) 	<ul style="list-style-type: none"> • Financial Assistance: 292 (25.7%) • Substance Abuse Counseling: 221 (19.5%) • Shelter: 131 (11.5%) • Legal Services: 97 (8.5%) • Mental Health Counseling: 79 (7%) • Emotional Support: 66 (5.8%) • Suicide Related: 63 (5.6%) 	<ul style="list-style-type: none"> • Care Coordination Services: 626 (55.2%) • Other Community Resources: 590 (52%) • VA Services: 294 (25.9%) • Community Mental Health Services: 270 (23.8%) • No referral made: 210 (18.5%)

³⁴ Chapter 2008-243, Laws of Florida.

³⁵ *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.

³⁶ Id.

³⁷ Specific appropriation 595 of HB 5001, 2014-2015 General Appropriations Act

³⁸ *Florida Veterans Support Line*, HELP. HOPE. HEALING., CRISIS CENTER OF TAMPA BAY BLOG, (November 10, 2014) <https://www.crisiscenter.com/florida-veterans-support-line/> (last visited November 12, 2015).

³⁹ CRISIS CENTER OF TAMPA BAY, *Florida Veterans Support Line*, <https://www.crisiscenter.com/what-we-do/2-1-1-contact-center/florida-veterans-support-line/> (last visited November 12, 2015).

⁴⁰ Email from Travis Mitchell, Crisis Center of Tampa Bay, RE: 211 – HB 1193 (March 20, 2015) (email on file with Children, Families & Seniors Subcommittee staff).

⁴¹ Carla A. Reynolds, *Florida Veterans Support Line 1-844-MYFLVET: Fiscal Year 2015 Report*, CRISIS CENTER OF TAMPA BAY (report on file with Children, Families & Seniors Subcommittee staff).

Effect of Proposed Changes

HB 269 requires DCF, in consultation with the Florida Alliance of Information and Referral Services (FLAIRS), to create the Florida Combat Veterans' Care Coordination Program ("the program"). DCF will contract with the managing entities to provide services through Florida 211 Network providers. The bill specifies the term "combat veteran" is used as defined in s. 1.01(14), F.S.

The program will provide combat veterans and their families dedicated behavioral healthcare referral services, specifically mental health and substance abuse services, through the existing 211 infrastructure. DCF is to model the program after the pilot project conducted in 2014 by the CCTB and the Florida VA.

The bill specifies that the goals of the program are to:

- Prevent suicides by combat veterans;
- Increase the use of VA services by combat veterans in Florida; and
- Increase the number of combat veterans who make use of other available community-based services.

The bill requires that program services be made available statewide by program teams operated by the Florida 211 Network participants, as authorized by s. 408.918, F.S. The program teams are required to provide referral services to veterans and their families and expand the existing Florida 211 Network to include the optimal range of veterans' service organization and programs.

The bill requires the program to provide a number of services. The program must provide:

- Telephonic peer support;
- Crisis intervention;
- Communication of information and referral resources;
- Treatment coordination, including follow-up care;
- Suicide assessment;
- Promotion of safety and wellness of combat veterans and their families, including continuous safety planning and support;
- Resource coordination, including data analysis, to ensure acceptance, enrollment, and attendance by combat veterans and their families in VA programs and services and community-based programs and services; and
- Immediate needs assessments, including safety planning.

In addition to the requirement for services, the bill also requires the program teams to take certain actions. The program teams must:

- Track the number of requests from callers who are combat veterans or family members of combat veterans;
- Follow-up with callers to determine whether they have acted on referrals or received the needed assistance, or if additional referrals or advocacy are needed;
- Develop and implement communication strategies (media promotions, public service announcements, print and internet stories, community presentations) to inform combat veterans and their families about available services; and
- Document all calls and capture all necessary data to improve outreach to veterans and their families.

The bill requires DCF to report on the program's implementation to the Governor, President of the Senate, and Speaker of the House of Representatives by December 15, 2017, using data provided to

DCF by the Florida 211 Network participants. The contents of the report must include, but are not limited to:

- The number of calls received;
- Demographic information of callers;
- The nature of the call;
- The outcome of the call;
- Services received as a result of the call;
- The impact of the program on veterans' quality of life; and
- Caller satisfaction with the program.

The bill provides a recurring appropriation of \$2,000,155 to DCF to implement the program.

B. SECTION DIRECTORY:

Section 1: Creates s. 394.9087, F.S., relating to the Florida Combat Veterans' Care Coordination Program.

Section 2: Provides an appropriation.

Section 3. Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill provides a recurring appropriation of \$2,000,155 to the Department of Children and Families to implement the provisions of the bill.

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:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to services for combat veterans and
 3 their families; creating s. 394.9087, F.S.; defining
 4 the term "combat veteran"; requiring that the
 5 Department of Children and Families establish the
 6 Florida Combat Veterans' Care Coordination Program to
 7 provide combat veterans and their families with
 8 behavioral health care referral and care coordination
 9 services; requiring that the department contract with
 10 managing entities to enter into agreements with
 11 Florida 211 Network participants for such services;
 12 providing program goals; providing for the statewide
 13 delivery of services by program teams; requiring
 14 Florida 211 Network participants to collect data on
 15 the implementation of the program and submit such data
 16 to the department; requiring the department to submit
 17 a report on such implementation to the Governor and
 18 Legislature; providing an appropriation; providing an
 19 effective date.

20
 21 Be It Enacted by the Legislature of the State of Florida:

22
 23 Section 1. Section 394.9087, Florida Statutes, is created
 24 to read:

25 394.9087 Florida Combat Veterans' Care Coordination
 26 Program.-

27 (1) As used in this section, the term "combat veteran"
 28 means a wartime veteran as defined in s. 1.01(14).

29 (2) The Department of Children and Families, in
 30 consultation with the Florida Alliance of Information and
 31 Referral Services, shall establish the Florida Combat Veterans'
 32 Care Coordination Program. The department shall contract with
 33 managing entities, as defined in s. 394.9082(2)(d), to enter
 34 into agreements with Florida 211 Network participants to provide
 35 combat veterans and their families in this state with dedicated
 36 behavioral health care referral services, especially mental
 37 health and substance abuse services. The department shall model
 38 the program after the proof-of-concept pilot program established
 39 in 2014 by the Crisis Center of Tampa Bay and the Florida
 40 Department of Veterans' Affairs in Hillsborough, Pasco,
 41 Pinellas, Polk, and Manatee Counties.

42 (3) The goals of the program are to:

43 (a) Prevent suicides by combat veterans.

44 (b) Increase the use of United States Department of
 45 Veterans Affairs' programs and services by combat veterans.

46 (c) Increase the number of combat veterans who use other
 47 available community-based programs and services.

48 (4) The program must be available statewide. Program
 49 services must be provided by program teams operated by Florida
 50 211 Network participants, as authorized by s. 408.918. A Florida
 51 211 Network participant may provide services in more than one
 52 managing entity's geographic area under a single contract.

53 (5) The program teams shall provide referral and care
 54 coordination services to combat veterans and their families and
 55 expand the existing Florida 211 Network to include the optimal
 56 range of veterans' service organizations and programs. Program
 57 services must include:

58 (a) Telephonic peer support, crisis intervention, and the
 59 communication of information on referral resources.

60 (b) Treatment coordination, including coordination of
 61 followup care.

62 (c) Suicide assessment.

63 (d) Promotion of the safety and wellness of combat
 64 veterans and their families, including continuous safety
 65 planning and support.

66 (e) Resource coordination, including data analysis, to
 67 facilitate acceptance, enrollment, and attendance by combat
 68 veterans and their families in United States Department of
 69 Veterans Affairs' programs and services and other available
 70 community-based programs and services.

71 (f) Immediate needs assessments, including safety planning
 72 and support.

73 (6) To enhance program services, program teams shall:

74 (a) Track the number of requests from callers who are
 75 combat veterans or their family members.

76 (b) Follow up with callers or their family members to
 77 determine whether they have acted on the referrals or received
 78 the assistance needed, or if additional referral or advocacy is

79 needed.

80 (c) Develop and implement communication strategies, such
 81 as media promotions, public service announcements, print and
 82 Internet articles, and community presentations, to inform combat
 83 veterans and their families about available United States
 84 Department of Veterans Affairs' programs and services and other
 85 available community-based programs and services.

86 (d) Document all calls and capture all necessary data to
 87 improve outreach to combat veterans and their families and
 88 report such data to the managing entity.

89 (7) Florida 211 Network participants shall collect and
 90 submit data on the implementation of the program to the
 91 department in the format prescribed by the department. The
 92 department shall use such data to prepare a report for submittal
 93 to the Governor, the President of the Senate, and the Speaker of
 94 the House of Representatives by December 15, 2017. The report
 95 must include:

96 (a) The number of calls received.

97 (b) Demographic information for each caller, including,
 98 but not limited to, the caller's military affiliation, the
 99 caller's veteran status, and if the caller is receiving services
 100 through United States Department of Veterans Affairs' programs
 101 and services or other available community-based programs and
 102 services.

103 (c) The nature of each call, including, but not limited
 104 to, the concerns prompting the call and the services requested.

105 | (d) The outcome of each call, including, but not limited
 106 | to, the service referrals made and the organizations to which
 107 | the caller was referred.

108 | (e) Services received as a result of each call.

109 | (f) Followup by the program team, including, but not
 110 | limited to, the percentage of calls receiving followup and the
 111 | amount of time between initial contact and followup.

112 | (g) The program's impact on each caller's quality of life
 113 | and on the avoidance of negative outcomes, including arrest and
 114 | suicide.

115 | (h) Each caller's satisfaction with program services.

116 | Section 2. For the 2016-2017 fiscal year, the sum of
 117 | \$2,000,155 in recurring funds is appropriated from the General
 118 | Revenue Fund to the Department of Children and Families for the
 119 | purpose of implementing this act.

120 | Section 3. This act shall take effect July 1, 2016.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 403 Guardianship
SPONSOR(S): Ahern
TIED BILLS: IDEN./SIM. **BILLS:** CS/SB 232

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee		Langston <i>W</i>	Brazzell <i>W/S</i>
2) Health Care Appropriations Subcommittee			
3) Judiciary Committee			

SUMMARY ANALYSIS

HB 403 substantially reorganizes ch. 744, F.S. It expands the duties of the Statewide Public Guardianship Office (SPGO) within the Department of Elder Affairs (DOEA) to oversee professional guardians as well as public guardians. The bill renames the SPGO as the Office of Public and Professional Guardian (OPPG).

The bill provides that the executive director of the new OPPG is appointed by the Secretary of DOEA. The bill sets out the new duties and responsibilities of the executive director of the OPPG. It also requires the annual registration of professional guardians through the OPPG.

Currently, the SPGO only oversees registration of professional guardians, including the denial, suspension, or revocation of the registration. The new OPPG retains its duties relating to registration and becomes responsible for periodic monitoring and the discipline of professional guardians.

OPPG is directed to adopt rules to establish disciplinary oversight, including receiving and investigating complaints, conducting hearings, and taking administrative action pursuant to ch. 120, F.S.

The bill will have an indeterminate significant negative fiscal impact on DOEA. DOEA will incur costs overseeing the approximately 480 professional guardians in addition to the 60 public guardians it currently oversees. There is no fiscal impact on local governments.

The bill provides that it takes effect upon becoming law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Guardianship

When an individual is unable to make legal decisions regarding his or her person or property, a guardian may be appointed to act on his or her behalf. A guardian is someone who has been appointed by the court to act on behalf of a ward (an individual who has been adjudicated incapacitated) regarding his or her person or property or both.¹

The process to determine an individual's incapacity and the subsequent appointment of a guardian begins with a verified petition detailing the factual information supporting the reasons the petitioner believes the individual to be incapacitated, including the rights the alleged incapacitated person is incapable of exercising.² Once a person has been adjudicated incapacitated, the court may appoint a guardian. The order appointing a guardian must be consistent with the incapacitated person's welfare and safety, must be the least restrictive appropriate alternative, and must reserve to the incapacitated person the right to make decisions in all matters commensurate with the person's ability to do so.³

Who Can Be Appointed Guardian

The following may be appointed guardian of a ward:

- Any resident of Florida who is 18 years of age or older and has full legal rights and capacity;
- A nonresident if he or she is related to the ward by blood, marriage, or adoption;
- A trust company, a state banking corporation or state savings association authorized and qualified to exercise fiduciary powers in this state, or a national banking association or federal savings and loan association authorized and qualified to exercise fiduciary powers in Florida;
- A nonprofit corporation organized for religious or charitable purposes and existing under the laws of Florida;
- A judge who is related to the ward by blood, marriage, or adoption, or has a close relationship with the ward or the ward's family, and serves without compensation;
- A provider of health care services to the ward, whether direct or indirect, when the court specifically finds that there is no conflict of interest with the ward's best interests; or
- A for-profit corporation that meets certain qualifications, including is wholly owned by the person who is the circuit's public guardian in the circuit where the corporate guardian is appointed.⁴

Relationship Between Guardian and Ward

The relationship between a guardian and his or her ward is a fiduciary one.⁵ A fiduciary relationship exists between two persons when one of them is under a duty to act for or to give advice for the benefit of another upon matters within the scope of that relationship.⁶ The guardian, as fiduciary, must:

- act within the scope of the authority granted by the court and as provided by law;
- act in good faith;

¹ S. 744.012(9), F.S.

² S. 744.3201, F.S.

³ S. 744.344, F.S.

⁴ S. 744.309, F.S.

⁵ *Lawrence v. Norris*, 563 So. 2d 195, 197 (Fla. 1st DCA 1990); s. 744.361(1), F.S.

⁶ *Doe v. Evans*, 814 So. 2d 370, 374 (Fla. 2002).

- not act in a manner contrary to the ward's best interests under the circumstances; and
- use any special skills or expertise the guardian possesses when acting on behalf of the ward.

Additionally, s. 744.446, F.S., states that there is a fiduciary relationship which exists between the guardian and the ward and that such relationship may not be used for the private gain of the guardian other than the remuneration for fees and expenses provided by law. Additionally, s. 744.362, F.S., imposes specific duties upon a guardian consistent with the basic duties of a fiduciary. The two most basic fiduciary duties are the duty of loyalty and the duty of care. As such, the guardian must act in the best interest of the ward and carry out his or her responsibilities in an informed and considered manner. Should a guardian breach his or her fiduciary duty to the ward, the court is authorized to intervene.⁷

Oversight of Guardians

Guardians are subject to the requirements of ch. 744, F.S. There are three main types of guardians: family or friends of the ward, professional guardians, and public guardians. The two types of guardians overseen by the Department of Elder Affairs (DOEA) are professional guardians and public guardians.

Professional Guardians

A professional guardian is a guardian who has at any time rendered services to three or more wards as their guardian; however, a person serving as a guardian for two or more relatives is not considered a professional guardian. A public guardian is considered a professional guardian for purposes of regulation, education, and registration.⁸ There are currently 482 professional guardians registered with the Statewide Public Guardianship Office (SPGO).⁹ The number of wards they serve is unknown.

Registration

A professional guardian must register with the SPGO established in part IX of ch. 744.¹⁰ As part of the registration the professional guardian must:

- Provide sufficient information to identify the professional guardian;
- Complete a minimum of 40 hours of instruction and training through a course approved or offered by the SPGO;
- Complete a minimum of 16 hours of continuing education every 2 calendar years through a course approved or offered by the SPGO;
- Successfully pass an examination approved by DOEA¹¹ to demonstrate competency to act as a professional guardian;
- Undergo a criminal background check by the Federal Bureau of Investigation (FBI) and the Florida Department of Law Enforcement (FDLE);
- Submit to a credit history check; and
- Maintain a current blanket bond.¹²

The executive director of the SPGO may deny registration to a professional guardian if the executive director determines that the guardian's proposed registration, including the guardian's credit or criminal investigations, indicates that registering the professional guardian would violate any provision of ch. 744, F.S. If the executive director denies registration to a professional guardian, the SPGO must send written notification of the denial to the chief judge of each judicial circuit in which the guardian was

⁷ S. 744.446(4), F.S.,

⁸ S. 744.012(7), F.S.

⁹ Department of Elder Affairs, *2016 Legislative Bill Analysis SB 232*, September 9, 2015 (on file with Children, Families, and Seniors Subcommittee staff).

¹⁰ S. 744.1083(1), F.S.

¹¹ The examination is currently administered by the University of South Florida's College of Education. University of South Florida, *Florida Professional Guardian Examination*, <http://guardianship.usf.edu/index.html> (last visited November 12, 2015).

¹² S. 744.1083(3), F.S.; s. 744.1085, F.S.; s. 744.3135, F.S.

serving on the day of the SPGO's decision to deny the registration.¹³ The court is the only entity that can remove a guardian from a case to which he or she has been appointed.

Compensation

The guardian, or an attorney who has rendered services to the ward or to the guardian on the ward's behalf,¹⁴ is entitled to a reasonable fee for services rendered and reimbursement for costs incurred on behalf of the assets of the guardianship estate unless the court finds the requested compensation to be substantially unreasonable.¹⁵ Before the fees may be paid, a petition for fees or expenses must be filed with the court and accompanied by an itemized description of the services performed for the fees and expenses sought to be recovered.¹⁶ When fees for a guardian or an attorney are submitted to the court for determination, the court shall consider:

- The time and labor required;
- The novelty and difficulty of the questions involved and the skill required to perform the services properly;
- The likelihood that the acceptance of the particular employment will preclude other employment of the person;
- The fee customarily charged in the locality for similar services;
- The nature and value of the incapacitated person's property, the amount of income earned by the estate, and the responsibilities and potential liabilities assumed by the person;
- The results obtained;
- The time limits imposed by the circumstances;
- The nature and length of the relationship with the incapacitated person; and
- The experience, reputation, diligence, and ability of the person performing the service.¹⁷

Powers and Duties of the Guardian

The guardian of an incapacitated person may exercise only those rights that have been removed from the ward and delegated to the guardian.¹⁸ The guardian has a great deal of power when it comes to managing the ward's estate. Some of these powers require court approval before they may be exercised.

¹³ S. 744.1083(5), F.S.

¹⁴ Fees for legal services may include customary and reasonable charges for work performed by legal assistants employed by and working under the direction of the attorney. S. 744.108(4), F.S.

¹⁵ S. 744.108(1), (8), F.S.

¹⁶ S. 744.108(5), (7), F.S.

¹⁷ S. 744.108(2), F.S.

¹⁸ S. 744.361(1), F.S.

Examples of Powers That May Be Exercised By a Guardian

Upon Court Approval ¹⁹	Without Court Approval ²⁰
<ul style="list-style-type: none"> • Enter into contracts that are appropriate for, and in the best interest of, the ward. • Perform, compromise, or refuse performance of a ward's existing contracts. • Alter the ward's property ownership interests, including selling, mortgaging, or leasing any real property (including the homestead), personal property, or any interest therein • Borrow money to be repaid from the property of the ward or the ward's estate. • Renegotiate, extend, renew, or modify the terms of any obligation owing to the ward. • Prosecute or defend claims or proceedings in any jurisdiction for the protection of the estate. • Exercise any option contained in any policy of insurance payable to the ward. • Make gifts of the ward's property members of the ward's family in estate and income tax planning. • Pay reasonable funeral, interment, and grave marker expenses for the ward. 	<ul style="list-style-type: none"> • Retain assets owned by the ward. • Receive assets from fiduciaries or other sources. • Insure the assets of the estate against damage, loss, and liability. • Pay taxes and assessments on the ward's property. • Pay reasonable living expenses for the ward, taking into consideration the ward's current finances. • Pay incidental expenses in the administration of the estate. • Prudently invest liquid assets belonging to the ward. • Sell or exercise stock subscription or conversion rights. • Consent to the reorganization, consolidation, merger, dissolution, or liquidation of a corporation or other business enterprise of the ward. • Employ, pay, or reimburse persons, including attorneys, auditors, investment advisers, care managers, or agents, even if they are associated with the guardian, to advise or assist the guardian in the performance of his or her duties.

There are also a number of duties imposed on a guardian. The guardian must:

- File an initial report within 60 days after the letters of guardianship are signed.
- File an annual report consisting of an annual accounting and/or an annual guardianship plan.
- Implement the guardianship plan.
- Consult with other guardians appointed, if any.
- Protect and preserve the property of the ward; invest it prudently, apply income first to the ward before the ward's dependents, and account for it faithfully.
- Observe the standards in dealing with the guardianship property that would be observed by a prudent person dealing with the property of another.
- If authorized by the court, take possession of all of the ward's property and of the rents, income, issues, and profits from it, whether accruing before or after the guardian's appointment, and of the proceeds arising from the sale, lease, or mortgage of the property or of any part.
- A guardian who is given authority over a ward's person shall, as appropriate under the circumstances:
 - Consider the expressed desires of the ward when making decisions that affect the ward.
 - Allow the ward to maintain contact with family and friends unless the guardian believes that such contact may cause harm to the ward.
 - Not restrict the physical liberty of the ward more than reasonably necessary to protect the ward or another person from serious physical injury, illness, or disease.
 - Assist the ward in developing or regaining capacity, if medically possible.
 - Notify the court if the guardian believes that the ward has regained capacity and that one or more of the rights that have been removed should be restored to the ward.
 - To the extent applicable, make provision for the medical, mental, rehabilitative, or personal care services for the welfare of the ward.

¹⁹ S. 744.441, F.S.

²⁰ S. 744.444, F.S.

- To the extent applicable, acquire a clear understanding of the risks and benefits of a recommended course of health care treatment before making a health care decision.
- Evaluate the ward's medical and health care options, financial resources, and desires when making residential decisions that are best suited for the current needs of the ward.
- Advocate on behalf of the ward in institutional and other residential settings and regarding access to home and community-based services.
- When not inconsistent with the person's goals, needs, and preferences, acquire an understanding of the available residential options and give priority to home and other community-based services and settings.²¹

Additionally, a professional guardian must ensure that each of the guardian's wards is personally visited by the guardian or one of the guardian's professional staff at least once each calendar quarter.²²

Abuse or Neglect by Guardian

A guardian may not abuse, neglect, or exploit a ward.²³ A person who believes that a guardian is abusing, neglecting, or exploiting a ward shall report the incident to the central abuse hotline of the Department of Children and Families.²⁴ A guardian has committed exploitation when the guardian:

- Commits fraud in obtaining appointment as a guardian;
- Abuses his or her powers; or
- Wastes, embezzles, or intentionally mismanages the assets of the ward.²⁵

Discipline of Guardian

If a guardian who is currently registered with the SPGO violates a provision of ch. 744, F.S., the executive director of the SPGO may suspend or revoke the guardian's registration. SPGO does not have the authority to take any other disciplinary action against the professional guardian. Currently, the SPGO does not monitor professional guardians, nor does it conduct investigations into complaints received regarding professional guardians; it only undertakes those actions for public guardians.²⁶

Once the executive director suspends or revokes a professional guardian's registration, the SPGO must send written notification of the suspension or revocation to the chief judge of each judicial circuit in which the guardian was serving on the day of the decision to suspend or revoke the registration.²⁷ SPGO has no authority to remove a guardian from cases to which he or she has been appointed; the court that appointed the guardian is the entity with the authority to remove a guardian. The court may remove a guardian for a number of reasons, including:

- Fraud in obtaining her or his appointment.
- Failure to discharge her or his duties.
- Abuse of her or his powers.
- An incapacity or illness, including substance abuse, which renders the guardian incapable of discharging her or his duties.
- Failure to comply with any order of the court.
- The wasting, embezzlement, or other mismanagement of the ward's property.
- Development of a conflict of interest between the ward and the guardian.
- A material failure to comply with the guardianship report.

²¹ S. 744.361, F.S.

²² Id.

²³ S. 744.359, F.S.

²⁴ Id.

²⁵ Id.

²⁶ Email from Department of Elder Affairs, *FW: DOEA Summary of Programs and Services (override)*, March 16, 2015. (on file with Children, Families, and Seniors Subcommittee staff).

²⁷ S. 744.1083(5), F.S.

- A failure to comply with the rules for timely filing the initial and annual guardianship reports.
- A failure to fulfill the guardianship education requirements.²⁸

Appointment of Professional Guardians

Except in the case of a standby or preneed guardian, the court is required to appoint professional guardians according to a rotation system. In each case when a court appoints a professional guardian and does not use a rotation system for such appointment, the court must make specific findings of fact stating why the person was selected as guardian in the particular matter involved.²⁹ The findings must reference the following factors that must be considered by the court:

- Whether the guardian is related by blood or marriage to the ward;
- Whether the guardian has educational, professional, or business experience relevant to the nature of the services sought to be provided;
- Whether the guardian has the capacity to manage the financial resources involved;
- Whether the guardian has the ability to meet the requirements of the law and the unique needs of the individual case;
- The wishes expressed by an incapacitated person as to who shall be appointed guardian;
- The preference of a minor who is age 14 or over as to who should be appointed guardian;
- Any person designated as guardian in any will in which the ward is a beneficiary; and
- The wishes of the ward's next of kin, when the ward cannot express a preference.³⁰

Additionally, the court may not give preference to the appointment of a person based solely on the fact that such person was appointed by the court to serve as an emergency temporary guardian.³¹ When a professional guardian is appointed as an emergency temporary guardian that professional guardian may not be appointed as the permanent guardian of a ward unless one of the next of kin of the alleged incapacitated person or the ward requests that the professional guardian be appointed as permanent guardian.³² However, the court may waive this limitation if the special requirements of the guardianship demand that the court appoint a guardian because he or she has special talent or specific prior experience.³³

Responsibilities of the Clerk of the Circuit Court

In addition to the duty to serve as the custodian of the guardianship files, the clerk shall review each initial and annual guardianship report to ensure that it contains required information about the ward.³⁴ The clerk is required to:

- Within 30 days after the date of filing of the initial or annual report of the guardian of the person, complete his or her review of the report.
- Within 90 days after the filing of the verified inventory and accountings by a guardian of the property, the clerk shall audit the verified inventory and the accountings and advise the court of the results of the audit.
- Report to the court when a report is not timely filed.

If the clerk has reason to believe further review is appropriate, the clerk may request and review records and documents that reasonably impact guardianship assets, including, but not limited to, the beginning inventory balance and any fees charged to the guardianship.³⁵

²⁸ S. 744.477, F.S.

²⁹ S. 744.312(4)(a), F.S.

³⁰ S. 744.312(2)-(3), F.S.

³¹ S. 744.312(5), F.S.

³² S. 744.312(4)(b), F.S.

³³ Id.

³⁴ S. 744.368, F.S.

³⁵ Id.

Public Guardianship

The “Public Guardianship Act”³⁶ was created by the Florida Legislature in 1999 to help provide services to meet the needs of vulnerable persons who lack the capacity to make decisions on their own behalf.³⁷ SPGO is responsible for appointing and overseeing Florida’s public guardians.³⁸

The Public Guardianship Act authorizes the executive director of the SPGO, after consultation with the chief judge and other circuit judges within the judicial circuit and with appropriate advocacy groups to establish, within a county in the judicial circuit or within the judicial circuit, one or more offices of public guardian.³⁹ Once established, the executive director must create a list of persons best qualified to serve as the public guardian.⁴⁰ The public guardian is directed to maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions.⁴¹ As of January 2013, there were 13 offices of public guardian that served 27 of 67 counties; by December of that year, SPGO expanded public guardianship services to cover all 67 counties.⁴²

As of September 9, 2015, there were 60 public guardians, serving approximately 3,000 wards, overseen by SPGO. SPGO monitors the public guardians by conducting in-depth investigations into the local programs’⁴³ administration and use of financial resources.⁴⁴ SPGO’s fiscal monitoring includes investigating whether public guardians are spending state resources reasonably and whether they are spending the wards’ assets reasonably.⁴⁵ SPGO reviews the case files and notes if there are any show cause orders or other issues that need to be addressed; additionally, SPGO conducts random site visits for at least 20% of the wards belonging to each public guardian.⁴⁶

Problems in the Guardianship System

In 2003, the Florida Supreme Court Commission on Fairness, Committee on Guardianship Monitoring, conducted a review of how effectively guardians were fulfilling their duties and obligations.⁴⁷ At that time, Florida was already confronting issues such as how the courts would be able to adequately exercise their legal, ethical, and moral responsibilities to monitor guardianship cases and protect the incapacitated adults entrusted to their care.⁴⁸ The committee received input from citizens that there was abuse, neglect, and misuse of ward’s funds.⁴⁹ As a result, the committee stated that, though the majority of guardians are law-abiding and are diligently fulfilling their complex responsibilities, a small percentage are not properly handling guardianship matters, and as a result, monitoring is necessary.⁵⁰ In 2004, DOEA released the Final Report of its Guardianship Task Force⁵¹ which also advocated for additional oversight of professional guardians. These reports prompted enactment into law a number of

³⁶ S. 744.701, F.S.

³⁷ Department of Elder Affairs, *2016 Legislative Bill Analysis*, September 9, 2015 (on file with Children, Families, and Seniors Subcommittee staff).

³⁸ S. 744.7021, F.S.

³⁹ S. 744.703(1), F.S.

⁴⁰ *Id.*

⁴¹ *Id.*

⁴² Florida is the only state, except for Delaware, which has three counties, to accomplish statewide coverage of public guardian services in every county. Florida Department of Elder Affairs, *Summary of Programs and Services*, February, 2014, *available at* http://elderaffairs.state.fl.us/doea/pubs/pubs/sops2014/2014%20SOPS_complete.pdf (last visited November 12, 2015).

⁴³ These are entities that have contracted with SPGO to provide public guardian services.

⁴⁴ Email from Department of Elder Affairs, *FW: DOEA Summary of Programs and Services (override)*, March 16, 2015. (on file with Children, Families, and Seniors Subcommittee staff).

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ Florida Supreme Court Commission on Fairness, *Committee on Guardianship Monitoring*, 2003, *available at* <http://flcourts.org/core/fileparse.php/260/urlt/guardianshipmonitoring.pdf> (last visited November 12, 2015).

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ Department of Elder Affairs, *Guardianship Task Force – 2004 Final Report*, *available at* <http://elderaffairs.state.fl.us/doea/pubguard/GTF2004FinalReport.pdf> (last visited November 12, 2015).

the requirements for professional guardian registration that are now in place. Since then, media outlets have continued to report on issues within the guardianship system.^{52 53}

Effect of Proposed Changes

HB 403 substantially reorganizes ch. 744, F.S. It includes a legislative finding that private guardianship is inadequate where there is no willing and responsible family member or friend, other person, bank, or corporation available to serve as guardian for an incapacitated person and such person does not have adequate income or wealth for the compensation of the private guardian. The term “private guardian” is not presently defined in statute, nor is it defined by the bill.

Office of Public and Professional Guardian (OPPG)

The bill expands the responsibilities of SPGO within DOEA regarding oversight of professional guardians. The bill renames the SPGO as the Office of Public and Professional Guardian (OPPG), which is to facilitate the establishment of offices of public guardians for the purpose of providing guardianship services for incapacitated persons when no private guardian is available. Additionally, it provides that a public guardian will only be provided to those persons whose needs cannot be met through a less restrictive means of intervention.

The bill provides that the executive director of the new OPPG is appointed by the Secretary of DOEA. The bill sets out the new duties and responsibilities of the executive director of the Office of Public and Professional Guardians for the oversight of public and professional guardians. The executive director must review the standards and criteria for the education, registration, and certification of public and professional guardians in Florida. The executive director’s oversight responsibilities for professional guardians, include, but are not limited to:

- Establishing standards of practice for public and professional guardians;
- Reviewing and approving the standards and criteria for the education, registration, and certification of public and professional guardians in Florida;
- Developing a guardianship training program curriculum that may be offered to all guardians;
- Developing and implementing a monitoring tool to use for periodic monitoring activities of professional guardians; however, this monitoring tool may not include a financial audit as required to be performed by the clerk of the circuit court under s. 744.368, F.S.;
- Developing procedures for the review of an allegation that a professional guardian has violated an applicable statute, fiduciary duty, standard of practice, rule, regulation, or other requirement governing the conduct of professional guardians; and
- Establishing disciplinary proceedings, conducting hearings, and taking administrative action under ch. 120, F.S.

The executive director is required to establish standards of practice for public and professional guardians, by rule, no later than October 1, 2016, in consultation with professional guardianship associations and other interested stakeholders. Additionally, a draft of these rules must be provided to the Governor, Legislature, and Secretary of DOEA by August 1, 2016.

⁵² An article from May 2014 provides anecdotal evidence of fraud within the guardianship system, noting that the appointed court monitor for Broward County has uncovered hundreds of thousands of dollars that guardians have misappropriated from their wards, and, over the course of two years, Palm Beach County’s guardianship fraud hotline has investigated over 100 cases. Michael E. Miller, *Florida’s Guardians Often Exploit the Vulnerable Residents They’re Supposed to Protect*, MIAMI NEWTIMES, May 8, 2014, available at <http://www.miaminewtimes.com/2014-05-08/news/florida-guardian-elderly-fraud/full/> (last visited November 12, 2015).

⁵³ A three-part series published in December 2014 details abuses occurring in guardianships based on an evaluation of guardianship court case files and interviews with wards, family and friends caught in the system against their will. Barbara Peters Smith, *the Kindness of Strangers – Inside Elder Guardianship in Florida*, SARASOTA HERALD-TRIBUNE, December 6, 2014, available at <http://guardianship.heraldtribune.com/default.aspx> (last visited November 12, 2015).

Regulation and Appointment of Professional Guardians

The bill provides that a court may not appoint any professional guardian who is not registered by OPPG.

Discipline of Professional Guardians

The bill directs OPPG to establish standards and procedures, in rule by October 1, 2016, and provide a draft of the standards and procedures to the Governor, the Legislature and the Secretary of DOEA for review by August 1, 2016, to:

- Review and investigate complaints against professional guardians;
- Initiate an investigation no later than 10 business days after OPPG receives a complaint;
- Complete and provide initial investigative findings and recommendations, if any, to the professional guardian and person filing the complaint within 60 days;
- Obtain supporting information, including interviewing the ward, family member, or interested party, or documentation to determine the legal sufficiency of a complaint;
- Dismiss any complaint that is not legally sufficient;
- Coordinate with the clerks of the court to avoid duplication of duties;

Additionally, the OPPG must establish disciplinary proceedings, conduct hearings, and take administrative action pursuant to ch. 120, F.S. Disciplinary actions may include, but are not limited to requiring professional guardians to participate in additional educational courses, imposing additional monitoring of the guardianships being served by the professional guardian; and suspending and revoking the guardian's registration. If the final determination from a disciplinary proceeding is to suspend or revoke the guardian's registration, the determination must be provided to any court that oversees any guardianship to which the professional guardian is appointed.

OPPG is required to report any suspected abuse, neglect or exploitation of a vulnerable adult as a result of a complaint, or investigation of a complaint, to the Department of Children and Families central abuse hotline.

The bill directs DOEA to adopt rules to implement s. 744.2004, F.S., by October 1, 2016.

Access to Records by OPPG

The bill provides OPPG access to financial audits prepared by the clerk of the court pursuant to s. 744.368, F.S., and held by the court that are necessary as part of an investigation of a guardian as a result of a complaint filed with OPPG.

Joining Forces Public Guardianship Grant Program

The bill amends the legislative intent for the existing Joining Forces for Public Guardianship matching grant program for the purpose of assisting counties in establishing and funding community-supported public guardianship programs.

Background Checks

The bill requires OPPG to adopt rules by October 1, 2016, that detail the acceptable methods for completing an electronic fingerprint criminal history record check and for completing a credit investigation for professional guardians and each employee of a professional guardian who has a fiduciary responsibility to the ward.

The bill takes effect upon becoming law.

B. SECTION DIRECTORY:

- Section 1:** Provides directives to the Division of Law Revision and Information.
- Section 2:** Provides directives to the Division of Law Revision and Information.
- Section 3:** Provides directives to the Division of Law Revision and Information.
- Section 4:** Amends s. 744.1012, F.S., relating to legislative intent.
- Section 5:** Renumbers s. 744.201, F.S., as s. 744.1096, F.S.
- Section 6:** Amends s. 744.202, F.S., renumbered as 744.1097, F.S., relating to venue.
- Section 7:** Renumbers s. 744.2025, F.S., as s. 744.1098, F.S.
- Section 8:** Amends s. 744.7021, F.S., renumbering it as s. 744.2001, F.S., relating to the Office of Public and Professional Guardians.
- Section 9:** Amends s. 744.1083, F.S., renumbering it as s. 744.2002, F.S., relating to professional guardian registration.
- Section 10:** Amends s. 744.1085, F.S., renumbering it as s. 744.2003, F.S., relating to regulation of professional guardians; application; bond required; educational requirements.
- Section 11:** Creates s. 744.2004, F.S., relating to complaints; disciplinary proceedings; penalties; enforcement.
- Section 12:** Amends s. 744.344, F.S., renumbering it as s. 744.2005, F.S., relating to order of appointment.
- Section 13:** Amend s. 744.703, F.S., renumbering it as s. 744.2006, F.S., relating to the Office of Public and Professional Guardians; appointment, notification.
- Section 14:** Renumbers s. 744.704, F.S., as s. 744.2007, F.S.
- Section 15:** Renumbers s. 744.705, F.S., as s. 744.2008, F.S.
- Section 16:** Amends s. 744.706, F.S., renumbering it as s. 744.2009, F.S., relating to preparation of budget.
- Section 17:** Amends s. 744.707, F.S., renumbering it as s. 744.2101, F.S., relating to procedures and rules.
- Section 18:** Renumbers s. 744.709, F.S., as s. 744.2102, F.S.
- Section 19:** Amends s. 744.708, F.S., renumbering it as s. 744.2103, F.S., relating to reports and standards.
- Section 20:** Amends s. 744.7081, F.S., renumbering it as s. 744.2104, F.S., relating to access to records by the Office of Public and Professional Guardians; confidentiality.
- Section 21:** Amends s. 744.7082, F.S., renumbering it as s. 744.2105, F.S., relating to direct-support organization; definition; use of property; board of directors; audit; dissolution.
- Section 22:** Amends s. 744.712, F.S., renumbering it as s. 744.2106, F.S., relating to Joining Forces for Public Guardianship grant program; purpose.
- Section 23:** Amends. 744.713, F.S., renumbering it as s. 744.2107, F.S., relating to program administration; duties of the Office of Public and Professional Guardians.
- Section 24:** Amends s. 744.714, F.S., renumbering it as s. 744.2108, F.S., relating to eligibility.
- Section 25:** Amends s. 744.715, F.S., renumbering it as s. 744.2109, F.S., relating to grant application requirements; review criteria; award process.
- Section 26:** Amends s. 744.3135, F.S., relating to credit and criminal investigation.
- Section 27:** Repeals s. 744.701, F.S., relating to short title
- Section 28:** Repeals s. 744.702, F.S., relating to legislative intent.
- Section 29:** Repeals s. 744.7101, F.S., relating to short title.
- Section 30:** Repeals s. 744.711, F.S., relating to legislative findings and intent.
- Section 31:** Amends s. 400.148, F.S., relating to Medicaid "Up-or-Out" Quality of Care Contract Management Program.
- Section 32:** Amends s. 744.331, F.S., relating to procedures to determine incapacity.
- Section 33:** Amends s. 20.415, F.S., relating to Department of Elderly Affairs; trust funds.
- Section 34:** Amends s. 415.1102, F.S., relating to adult protection teams.
- Section 35:** Amends s. 744.309, F.S., relating to who may appoint guardian of a resident ward.
- Section 36:** Amends s. 744.524, F.S., relating to termination of guardianship on change of domicile of a resident ward.
- Section 37:** Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill will have a significant negative fiscal impact on DOEA. DOEA will see increased costs associated with regulating professional guardians. DOEA would need budget and FTEs to perform the duties required by the bill. There would also be increased costs to DOEA's general counsel's office as the professional guardians will be able to challenge decisions by the new OPPG under ch. 120, F.S. The number of wards represented by the 482 guardians is unknown at this time.

DOEA estimated the total fiscal impact on the department to be \$821,670. This includes \$721,670 in recurring costs for six full-time equivalent positions and their associated travel expenses for the oversight of the 482 professional guardians. The total also includes funding for contracted services for forensic auditors to investigate potential issues with professional guardians. The recurring costs are:

- Five complaint investigators: \$317,860
- One senior attorney: \$92,581
- Travel costs: \$21,750
- Forensic auditors: \$289,479

Additionally, DOEA estimates a non-recurring cost of \$100,000 for a computer system to capture data related to the professional guardians activities, such as information related to complaints and investigations.

The Office of State Courts Administrator cannot accurately determine the fiscal impact of the bill because it cannot determine the revenues from increased filing fees nor the additional costs of appellate review of administrative actions.

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 requires DOEA to promulgate rules relating to OPPG's handling of complaints, disciplinary proceedings, penalties, and enforcement.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

27 s. 744.1085, F.S.; conforming provisions to changes
 28 made by the act; removing an obsolete provision;
 29 conforming a cross-reference; creating s. 744.2004,
 30 F.S.; requiring the Office of Public and Professional
 31 Guardians to establish certain procedures by a
 32 specified date; requiring the office to establish
 33 disciplinary proceedings, conduct hearings, and take
 34 administrative action pursuant to ch. 120, F.S.;
 35 requiring the Department of Elderly Affairs to provide
 36 certain written information in disciplinary
 37 proceedings; requiring that certain findings and
 38 recommendations be made within a certain time;
 39 requiring the office, under certain circumstances, to
 40 make a specified recommendation to a court of
 41 competent jurisdiction; requiring the office to report
 42 determination or suspicion of abuse to the Department
 43 of Children and Families' central abuse hotline under
 44 specified circumstances; requiring the Department of
 45 Elderly Affairs to adopt rules; renumbering and
 46 amending s. 744.344, F.S.; making technical changes;
 47 renumbering and amending s. 744.703, F.S.; conforming
 48 provisions to changes made by the act; renumbering ss.
 49 744.704 and 744.705, F.S., relating to the powers and
 50 duties of public guardians and the costs of public
 51 guardians, respectively; renumbering and amending ss.
 52 744.706 and 744.707, F.S.; conforming provisions to

53 changes made by the act; renumbering s. 744.709, F.S.,
54 relating to surety bonds; renumbering and amending s.
55 744.708, F.S.; conforming provisions to changes made
56 by the act; renumbering and amending s. 744.7081,
57 F.S.; requiring that the Office of Public and
58 Professional Guardians be provided financial audits
59 upon its request as part of an investigation;
60 conforming provisions to changes made by the act;
61 renumbering and amending s. 744.7082, F.S.; conforming
62 provisions to changes made by the act; renumbering and
63 amending s. 744.712, F.S.; providing legislative
64 intent; conforming provisions; renumbering and
65 amending ss. 744.713, 744.714, and 744.715, F.S.;
66 conforming provisions to changes made by the act;
67 amending s. 744.3135, F.S.; requiring the office to
68 adopt rules by a certain date; conforming provisions
69 to changes made by the act; repealing s. 744.701,
70 F.S., relating to a short title; repealing s. 744.702,
71 F.S., relating to legislative intent; repealing s.
72 744.7101, F.S., relating to a short title; repealing
73 s. 744.711, F.S., relating to legislative findings and
74 intent; amending ss. 400.148 and 744.331, F.S.;
75 conforming provisions to changes made by the act;
76 amending ss. 20.415, 415.1102, 744.309, and 744.524,
77 F.S.; conforming cross-references; making technical
78 changes; providing an effective date.

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

Section 1. The Division of Law Revision and Information is directed to add ss. 744.1096-744.1098, Florida Statutes, created by this act, to part I of chapter 744, Florida Statutes.

Section 2. The Division of Law Revision and Information is directed to rename part II of chapter 744, Florida Statutes, entitled "VENUE," as "PUBLIC AND PROFESSIONAL GUARDIANS," consisting of ss. 744.2001-744.2109, Florida Statutes.

Section 3. The Division of Law Revision and Information is directed to remove part IX of chapter 744, Florida Statutes.

Section 4. Section 744.1012, Florida Statutes, is amended to read:

744.1012 Legislative intent.—The Legislature finds that:

(1) ~~That~~ Adjudicating a person totally incapacitated and in need of a guardian deprives such person of all her or his civil and legal rights and that such deprivation may be unnecessary.

(2) ~~The Legislature further finds that~~ It is desirable to make available the least restrictive form of guardianship to assist persons who are only partially incapable of caring for their needs and that alternatives to guardianship and less restrictive means of assistance, including, but not limited to, guardian advocates, should always be explored before an individual's rights are removed through an adjudication of

105 incapacity.

106 (3) By recognizing that every individual has unique needs
 107 and differing abilities, ~~the Legislature declares that~~ it is the
 108 purpose of this act to promote the public welfare by
 109 establishing a system that permits incapacitated persons to
 110 participate as fully as possible in all decisions affecting
 111 them; that assists such persons in meeting the essential
 112 requirements for their physical health and safety, in protecting
 113 their rights, in managing their financial resources, and in
 114 developing or regaining their abilities to the maximum extent
 115 possible; and that accomplishes these objectives through
 116 providing, in each case, the form of assistance that least
 117 interferes with the legal capacity of a person to act in her or
 118 his own behalf. This act shall be liberally construed to
 119 accomplish this purpose.

120 (4) Private guardianship may be inadequate when there is
 121 no willing and responsible family member or friend, other
 122 person, bank, or corporation available to serve as guardian for
 123 an incapacitated person, and such person does not have adequate
 124 income or wealth for the compensation of a private guardian.

125 (5) Through the establishment of the Office of Public and
 126 Professional Guardians, the Legislature intends to permit the
 127 establishment of offices of public guardians for the purpose of
 128 providing guardianship services for incapacitated persons when
 129 no private guardian is available.

130 (6) A public guardian will be provided only to those

131 persons whose needs cannot be met through less restrictive means
 132 of intervention.

133 Section 5. Section 744.201, Florida Statutes, is
 134 renumbered as section 744.1096, Florida Statutes.

135 Section 6. Section 744.202, Florida Statutes, is
 136 renumbered as section 744.1097, Florida Statutes, and subsection
 137 (3) of that section is amended, to read:

138 744.1097 ~~744.202~~ Venue.—

139 (3) When the residence of an incapacitated person is
 140 changed to another county, the guardian shall petition to have
 141 the venue of the guardianship changed to the county of the
 142 acquired residence, except as provided in s. 744.1098 ~~s.~~
 143 ~~744.2025~~.

144 Section 7. Section 744.2025, Florida Statutes, is
 145 renumbered as section 744.1098, Florida Statutes.

146 Section 8. Section 744.7021, Florida Statutes, is
 147 renumbered as section 744.2001, Florida Statutes, and amended to
 148 read:

149 744.2001 ~~744.7021~~ ~~Statewide Public Guardianship Office of~~
 150 Public and Professional Guardians.—There is ~~hereby~~ created the
 151 ~~Statewide Public Guardianship Office of~~ Public and Professional
 152 Guardians within the Department of Elderly Affairs.

153 (1) The Secretary of Elderly Affairs shall appoint the
 154 executive director, who shall be the head of the ~~Statewide~~
 155 ~~Public Guardianship Office of~~ Public and Professional Guardians.

156 The executive director must be a member of The Florida Bar,

157 | knowledgeable of guardianship law and of the social services
 158 | available to meet the needs of incapacitated persons, shall
 159 | serve on a full-time basis, and shall personally, or through a
 160 | representative ~~representatives~~ of the office, carry out the
 161 | purposes and functions of the ~~Statewide Public Guardianship~~
 162 | Office of Public and Professional Guardians in accordance with
 163 | state and federal law. The executive director shall serve at the
 164 | pleasure of and report to the secretary.

165 | (2) The executive director shall, within available
 166 | resources:7

167 | (a) Have oversight responsibilities for all public and
 168 | professional guardians.

169 | (b) Establish standards of practice for public and
 170 | professional guardians by rule, in consultation with
 171 | professional guardianship associations and other interested
 172 | stakeholders, no later than October 1, 2016. The executive
 173 | director shall provide a draft of the standards to the Governor,
 174 | the Legislature, and the secretary for review by August 1, 2016.

175 | (c) Review and approve the standards and criteria for the
 176 | education, registration, and certification of public and
 177 | professional guardians in Florida.

178 | (3) The executive director's oversight responsibilities of
 179 | professional guardians must be finalized by October 1, 2016, and
 180 | shall include, but are not limited to:

181 | (a) Developing and implementing a monitoring tool to
 182 | ensure compliance of professional guardians with the standards

183 of practice established by the Office of Public and Professional
 184 Guardians. This monitoring tool may not include a financial
 185 audit as required by the clerk of the circuit court under s.
 186 744.368.

187 (b) Developing procedures, in consultation with
 188 professional guardianship associations and other interested
 189 stakeholders, for the review of an allegation that a
 190 professional guardian has violated the standards of practice
 191 established by the Office of Public and Professional Guardians
 192 governing the conduct of professional guardians.

193 (c) Establishing disciplinary proceedings, conducting
 194 hearings, and taking administrative action pursuant to chapter
 195 120.

196 (4) The executive director's oversight responsibilities of
 197 public guardians shall include, but are not limited to:

198 (a) Reviewing ~~The executive director shall review~~ the
 199 current public guardian programs in Florida and other states.

200 (b) Developing ~~The executive director,~~ in consultation
 201 with local guardianship offices and other interested
 202 stakeholders, ~~shall develop~~ statewide performance measures ~~and~~
 203 ~~standards.~~

204 (c) Reviewing ~~The executive director shall review~~ the
 205 various methods of funding public guardianship programs, the
 206 kinds of services being provided by such programs, and the
 207 demographics of the wards. In addition, the executive director
 208 shall review and make recommendations regarding the feasibility

209 of recovering a portion or all of the costs of providing public
 210 guardianship services from the assets or income of the wards.

211 (d) By January 1 of each year, providing ~~the executive~~
 212 ~~director shall provide~~ a status report and ~~provide further~~
 213 recommendations to the secretary which ~~that~~ address the need for
 214 public guardianship services and related issues.

215 (e) Developing a guardianship training program curriculum
 216 that may be offered to all guardians, whether public or private.

217 (5)-(e) The executive director may provide assistance to
 218 local governments or entities in pursuing grant opportunities.
 219 The executive director shall review and make recommendations in
 220 the annual report on the availability and efficacy of seeking
 221 Medicaid matching funds. The executive director shall diligently
 222 seek ways to use existing programs and services to meet the
 223 needs of public wards.

224 ~~(f) The executive director, in consultation with the~~
 225 ~~Florida Guardianship Foundation, shall develop a guardianship~~
 226 ~~training program curriculum that may be offered to all guardians~~
 227 ~~whether public or private.~~

228 (6)-(3) The executive director may conduct or contract for
 229 demonstration projects authorized by the Department of Elderly
 230 Affairs, within funds appropriated or through gifts, grants, or
 231 contributions for such purposes, to determine the feasibility or
 232 desirability of new concepts of organization, administration,
 233 financing, or service delivery designed to preserve the civil
 234 and constitutional rights of persons of marginal or diminished

235 capacity. Any gifts, grants, or contributions for such purposes
 236 shall be deposited in the Department of Elderly Affairs
 237 Administrative Trust Fund.

238 Section 9. Section 744.1083, Florida Statutes, is
 239 renumbered as section 744.2002, Florida Statutes, subsections
 240 (1) through (5) of that section are amended, and subsections (7)
 241 and (10) of that section are republished, to read:

242 744.2002 ~~744.1083~~ Professional guardian registration.—

243 (1) A professional guardian must register with the
 244 ~~Statewide Public Guardianship Office~~ of Public and Professional
 245 Guardians established in part II ~~IX~~ of this chapter.

246 (2) Annual registration shall be made on forms furnished
 247 by the ~~Statewide Public Guardianship Office~~ of Public and
 248 Professional Guardians and accompanied by the applicable
 249 registration fee as determined by rule. The fee may not exceed
 250 \$100.

251 (3) Registration must include the following:

252 (a) Sufficient information to identify the professional
 253 guardian, as follows:

254 1. If the professional guardian is a natural person, the
 255 name, address, date of birth, and employer identification or
 256 social security number of the person.

257 2. If the professional guardian is a partnership or
 258 association, the name, address, and employer identification
 259 number of the entity.

260 (b) Documentation that the bonding and educational

261 requirements of s. 744.2003 ~~s. 744.1085~~ have been met.

262 (c) Sufficient information to distinguish a guardian
 263 providing guardianship services as a public guardian,
 264 individually, through partnership, corporation, or any other
 265 business organization.

266 (4) Prior to registering a professional guardian, the
 267 ~~Statewide Public Guardianship~~ Office of Public and Professional
 268 Guardians must receive and review copies of the credit and
 269 criminal investigations conducted under s. 744.3135. The credit
 270 and criminal investigations must have been completed within the
 271 previous 2 years.

272 (5) The executive director of the office may deny
 273 registration to a professional guardian if the executive
 274 director determines that the guardian's proposed registration,
 275 including the guardian's credit or criminal investigations,
 276 indicates that registering the professional guardian would
 277 violate any provision of this chapter. If a guardian's proposed
 278 registration is denied, the guardian has standing to seek
 279 judicial review of the denial pursuant to chapter 120 ~~If a~~
 280 ~~guardian who is currently registered with the office violates a~~
 281 ~~provision of this chapter, the executive director of the office~~
 282 ~~may suspend or revoke the guardian's registration. If the~~
 283 ~~executive director denies registration to a professional~~
 284 ~~guardian or suspends or revokes a professional guardian's~~
 285 ~~registration, the Statewide Public Guardianship Office must send~~
 286 ~~written notification of the denial, suspension, or revocation to~~

287 ~~the chief judge of each judicial circuit in which the guardian~~
 288 ~~was serving on the day of the office's decision to deny,~~
 289 ~~suspend, or revoke the registration.~~

290 (7) A trust company, a state banking corporation or state
 291 savings association authorized and qualified to exercise
 292 fiduciary powers in this state, or a national banking
 293 association or federal savings and loan association authorized
 294 and qualified to exercise fiduciary powers in this state, may,
 295 but is not required to, register as a professional guardian
 296 under this section. If a trust company, state banking
 297 corporation, state savings association, national banking
 298 association, or federal savings and loan association described
 299 in this subsection elects to register as a professional guardian
 300 under this subsection, the requirements of subsections (3) and
 301 (4) do not apply and the registration must include only the
 302 name, address, and employer identification number of the
 303 registrant, the name and address of its registered agent, if
 304 any, and the documentation described in paragraph (3)(b).

305 (10) A state college or university or an independent
 306 college or university that is located and chartered in Florida,
 307 that is accredited by the Commission on Colleges of the Southern
 308 Association of Colleges and Schools or the Accrediting Council
 309 for Independent Colleges and Schools, and that confers degrees
 310 as defined in s. 1005.02(7) may, but is not required to,
 311 register as a professional guardian under this section. If a
 312 state college or university or independent college or university

313 elects to register as a professional guardian under this
 314 subsection, the requirements of subsections (3) and (4) do not
 315 apply and the registration must include only the name, address,
 316 and employer identification number of the registrant.

317 Section 10. Section 744.1085, Florida Statutes, is
 318 renumbered as section 744.2003, Florida Statutes, subsections
 319 (3), (6), and (9) of that section are amended, and subsection
 320 (8) of that section is republished, to read:

321 744.2003 ~~744.1085~~ Regulation of professional guardians;
 322 application; bond required; educational requirements.—

323 (3) Each professional guardian defined in s. 744.102(17)
 324 and public guardian must receive a minimum of 40 hours of
 325 instruction and training. Each professional guardian must
 326 receive a minimum of 16 hours of continuing education every 2
 327 calendar years after the year in which the initial 40-hour
 328 educational requirement is met. The instruction and education
 329 must be completed through a course approved or offered by the
 330 ~~Statewide Public Guardianship Office~~ of Public and Professional
 331 Guardians. The expenses incurred to satisfy the educational
 332 requirements prescribed in this section may not be paid with the
 333 assets of any ward. This subsection does not apply to any
 334 attorney who is licensed to practice law in this state or an
 335 institution acting as guardian under s. 744.2002(7).

336 (6) ~~After July 1, 2005,~~ Each professional guardian is
 337 ~~shall be~~ required to demonstrate competency to act as a
 338 professional guardian by taking an examination approved by the

339 Department of Elderly Affairs.

340 (a) The Department of Elderly Affairs shall determine the
 341 minimum examination score necessary for passage of guardianship
 342 examinations.

343 (b) The Department of Elderly Affairs shall determine the
 344 procedure for administration of the examination.

345 (c) The Department of Elderly Affairs or its contractor
 346 shall charge an examination fee for the actual costs of the
 347 development and the administration of the examination. The
 348 examination fee for a guardian may, not ~~to~~ exceed \$500.

349 (d) The Department of Elderly Affairs may recognize
 350 passage of a national guardianship examination in lieu of all or
 351 part of the examination approved by the Department of Elderly
 352 Affairs, except that all professional guardians must take and
 353 pass an approved examination section related to Florida law and
 354 procedure.

355 (8) The Department of Elderly Affairs shall waive the
 356 examination requirement in subsection (6) if a professional
 357 guardian can provide:

358 (a) Proof that the guardian has actively acted as a
 359 professional guardian for 5 years or more; and

360 (b) A letter from a circuit judge before whom the
 361 professional guardian practiced at least 1 year which states
 362 that the professional guardian had demonstrated to the court
 363 competency as a professional guardian.

364 (9) ~~After July 1, 2004,~~ The court may ~~shall~~ not appoint

365 any professional guardian who is ~~has~~ not registered by the
 366 Office of Public and Professional Guardians ~~met the requirements~~
 367 ~~of this section and s. 744.1083.~~

368 Section 11. Section 744.2004, Florida Statutes, is created
 369 to read:

370 744.2004 Complaints; disciplinary proceedings; penalties;
 371 enforcement.-

372 (1) By October 1, 2016, the Office of Public and
 373 Professional Guardians shall establish procedures to:

374 (a) Review and, if determined legally sufficient,
 375 investigate any complaint that a professional guardian has
 376 violated the standards of practice established by the Office of
 377 Public and Professional Guardians governing the conduct of
 378 professional guardians. A complaint is legally sufficient if it
 379 contains ultimate facts that show a violation of a standard of
 380 practice by a professional guardian has occurred.

381 (b) Initiate an investigation no later than 10 business
 382 days after the Office of Public and Professional Guardians
 383 receives a complaint.

384 (c) Complete and provide initial investigative findings
 385 and recommendations, if any, to the professional guardian and
 386 the person who filed the complaint within 60 days of receipt.

387 (d) Obtain supporting information or documentation to
 388 determine the legal sufficiency of a complaint.

389 (e) Interview a ward, family member, or interested party
 390 to determine the legal sufficiency of a complaint.

391 (f) Dismiss any complaint if, at any time after legal
 392 sufficiency is determined, it is found there is insufficient
 393 evidence to support the allegations contained in the complaint.

394 (g) Coordinate, to the greatest extent possible, with the
 395 clerks of court to avoid duplication of duties with regard to
 396 the financial audits prepared by the clerks pursuant to s.
 397 744.368.

398 (2) The Office of Public and Professional Guardians shall
 399 establish disciplinary proceedings, conduct hearings, and take
 400 administrative action pursuant to chapter 120. Disciplinary
 401 actions may include, but are not limited to, requiring a
 402 professional guardian to participate in additional educational
 403 courses provided or approved by the Office of Public and
 404 Professional Guardians, imposing additional monitoring by the
 405 office of the guardianships to which the professional guardian
 406 is appointed, and suspension or revocation of a professional
 407 guardian's registration.

408 (3) In any disciplinary proceeding that may result in the
 409 suspension or revocation of a professional guardian's
 410 registration, the Department of Elderly Affairs shall provide
 411 the professional guardian and the person who filed the
 412 complaint:

413 (a) A written explanation of how an administrative
 414 complaint is resolved by the disciplinary process.

415 (b) A written explanation of how and when the person may
 416 participate in the disciplinary process.

417 (c) A written notice of any hearing before the Division of
 418 Administrative Hearings at which final agency action may be
 419 taken.

420 (4) If the office makes a final determination to suspend
 421 or revoke the professional guardian's registration, it must
 422 provide such determination to the court of competent
 423 jurisdiction for any guardianship case to which the professional
 424 guardian is currently appointed.

425 (5) If the office determines or has reasonable cause to
 426 suspect that a vulnerable adult has been or is being abused,
 427 neglected, or exploited as a result of a filed complaint or
 428 during the course of an investigation of a complaint, it shall
 429 immediately report such determination or suspicion to the
 430 central abuse hotline established and maintained by the
 431 Department of Children and Families pursuant to s. 415.103.

432 (6) By October 1, 2016, the Department of Elderly Affairs
 433 shall adopt rules to implement the provisions of this section.

434 Section 12. Section 744.344, Florida Statutes, is
 435 renumbered as section 744.2005, Florida Statutes, and amended to
 436 read:

437 744.2005 ~~744.344~~ Order of appointment.—

438 (1) The court may hear testimony on the question of who is
 439 entitled to preference in the appointment of a guardian. Any
 440 interested person may intervene in the proceedings.

441 (2) The order appointing a guardian must state the nature
 442 of the guardianship as either plenary or limited. If limited,

443 the order must state that the guardian may exercise only those
444 delegable rights which have been removed from the incapacitated
445 person and specifically delegated to the guardian. The order
446 shall state the specific powers and duties of the guardian.

447 (3)~~(2)~~ The order appointing a guardian must be consistent
448 with the incapacitated person's welfare and safety, must be the
449 least restrictive appropriate alternative, and must reserve to
450 the incapacitated person the right to make decisions in all
451 matters commensurate with the person's ability to do so.

452 (4)~~(3)~~ If a petition for appointment of a guardian has
453 been filed, an order appointing a guardian must be issued
454 contemporaneously with the order adjudicating the person
455 incapacitated. The order must specify the amount of the bond to
456 be given by the guardian and must state specifically whether the
457 guardian must place all, or part, of the property of the ward in
458 a restricted account in a financial institution designated
459 pursuant to s. 69.031.

460 (5)~~(4)~~ If a petition for the appointment of a guardian has
461 not been filed or ruled upon at the time of the hearing on the
462 petition to determine capacity, the court may appoint an
463 emergency temporary guardian in the manner and for the purposes
464 specified in s. 744.3031.

465 (6)~~(5)~~ A plenary guardian shall exercise all delegable
466 rights and powers of the incapacitated person.

467 (7)~~(6)~~ A person for whom a limited guardian has been
468 appointed retains all legal rights except those that ~~which~~ have

469 | been specifically granted to the guardian in the court's written
 470 | order.

471 | Section 13. Section 744.703, Florida Statutes, is
 472 | renumbered as section 744.2006, Florida Statutes, and
 473 | subsections (1) and (6) of that section are amended, to read:

474 | 744.2006 ~~744.703~~ Office of Public and Professional
 475 | Guardians ~~guardian~~; appointment, notification.—

476 | (1) The executive director of the ~~Statewide Public~~
 477 | ~~Guardianship~~ Office of Public and Professional Guardians, after
 478 | consultation with the chief judge and other circuit judges
 479 | within the judicial circuit and with appropriate advocacy groups
 480 | and individuals and organizations who are knowledgeable about
 481 | the needs of incapacitated persons, may establish, within a
 482 | county in the judicial circuit or within the judicial circuit,
 483 | one or more offices of public guardian and if so established,
 484 | shall create a list of persons best qualified to serve as the
 485 | public guardian, who have been investigated pursuant to s.
 486 | 744.3135. The public guardian must have knowledge of the legal
 487 | process and knowledge of social services available to meet the
 488 | needs of incapacitated persons. The public guardian shall
 489 | maintain a staff or contract with professionally qualified
 490 | individuals to carry out the guardianship functions, including
 491 | an attorney who has experience in probate areas and another
 492 | person who has a master's degree in social work, or a
 493 | gerontologist, psychologist, registered nurse, or nurse
 494 | practitioner. A public guardian that is a nonprofit corporate

495 guardian under s. 744.309(5) must receive tax-exempt status from
 496 the United States Internal Revenue Service.

497 (6) Public guardians who have been previously appointed by
 498 a chief judge prior to the effective date of this act pursuant
 499 to this section may continue in their positions until the
 500 expiration of their term pursuant to their agreement. However,
 501 oversight of all public guardians shall transfer to the
 502 ~~Statewide Public Guardianship Office~~ of Public and Professional
 503 Guardians upon the effective date of this act. The executive
 504 director of the ~~Statewide Public Guardianship Office~~ of Public
 505 and Professional Guardians shall be responsible for all future
 506 appointments of public guardians pursuant to this act.

507 Section 14. Section 744.704, Florida Statutes, is
 508 renumbered as section 744.2007, Florida Statutes.

509 Section 15. Section 744.705, Florida Statutes, is
 510 renumbered as section 744.2008, Florida Statutes.

511 Section 16. Section 744.706, Florida Statutes, is
 512 renumbered as section 744.2009, Florida Statutes, and amended to
 513 read:

514 744.2009 ~~744.706~~ Preparation of budget.—Each public
 515 guardian, whether funded in whole or in part by money raised
 516 through local efforts, grants, or any other source or whether
 517 funded in whole or in part by the state, shall prepare a budget
 518 for the operation of the office of public guardian to be
 519 submitted to the ~~Statewide Public Guardianship Office~~ of Public
 520 and Professional Guardians. As appropriate, the ~~Statewide Public~~

521 ~~Guardianship~~ Office of Public and Professional Guardians will
 522 include such budgetary information in the Department of Elderly
 523 Affairs' legislative budget request. The office of public
 524 guardian shall be operated within the limitations of the General
 525 Appropriations Act and any other funds appropriated by the
 526 Legislature to that particular judicial circuit, subject to the
 527 provisions of chapter 216. The Department of Elderly Affairs
 528 shall make a separate and distinct request for an appropriation
 529 for the ~~Statewide Public Guardianship~~ Office of Public and
 530 Professional Guardians. However, this section ~~may~~ shall not be
 531 construed to preclude the financing of any operations of the
 532 office of ~~the~~ public guardian by moneys raised through local
 533 effort or through the efforts of the ~~Statewide Public~~
 534 ~~Guardianship~~ Office of Public and Professional Guardians.

535 Section 17. Section 744.707, Florida Statutes, is
 536 renumbered as section 744.2101, Florida Statutes, and amended to
 537 read:

538 744.2101 ~~744.707~~ Procedures and rules.—The public
 539 guardian, subject to the oversight of the ~~Statewide Public~~
 540 ~~Guardianship~~ Office of Public and Professional Guardians, is
 541 authorized to:

542 (1) Formulate and adopt necessary procedures to assure the
 543 efficient conduct of the affairs of the ward and general
 544 administration of the office and staff.

545 (2) Contract for services necessary to discharge the
 546 duties of the office.

547 (3) Accept the services of volunteer persons or
 548 organizations and provide reimbursement for proper and necessary
 549 expenses.

550 Section 18. Section 744.709, Florida Statutes, is
 551 renumbered as section 744.2102, Florida Statutes.

552 Section 19. Section 744.708, Florida Statutes, is
 553 renumbered as section 744.2103, Florida Statutes, and
 554 subsections (3), (4), (5), and (7) of that section are amended,
 555 to read:

556 744.2103 ~~744.708~~ Reports and standards.—

557 (3) A public guardian shall file an annual report on the
 558 operations of the office of public guardian, in writing, by
 559 September 1 for the preceding fiscal year with the ~~Statewide~~
 560 ~~Public Guardianship~~ Office of Public and Professional Guardians,
 561 which shall have responsibility for supervision of the
 562 operations of the office of public guardian.

563 (4) Within 6 months of his or her appointment as guardian
 564 of a ward, the public guardian shall submit to the clerk of the
 565 court for placement in the ward's guardianship file and to the
 566 executive director of the ~~Statewide Public Guardianship~~ Office
 567 of Public and Professional Guardians a report on his or her
 568 efforts to locate a family member or friend, other person, bank,
 569 or corporation to act as guardian of the ward and a report on
 570 the ward's potential to be restored to capacity.

571 (5) (a) Each office of public guardian shall undergo an
 572 independent audit by a qualified certified public accountant at

573 least once every 2 years. A copy of the audit report shall be
 574 submitted to the ~~Statewide Public Guardianship~~ Office of Public
 575 and Professional Guardians.

576 (b) In addition to regular monitoring activities, the
 577 ~~Statewide Public Guardianship~~ Office of Public and Professional
 578 Guardians shall conduct an investigation into the practices of
 579 each office of public guardian related to the managing of each
 580 ward's personal affairs and property. If feasible, the
 581 investigation shall be conducted in conjunction with the
 582 financial audit of each office of public guardian under
 583 paragraph (a).

584 (7) The ratio for professional staff to wards shall be 1
 585 professional to 40 wards. The ~~Statewide Public Guardianship~~
 586 Office of Public and Professional Guardians may increase or
 587 decrease the ratio after consultation with the local public
 588 guardian and the chief judge of the circuit court. The basis for
 589 the decision to increase or decrease the prescribed ratio must
 590 be included in the annual report to the secretary.

591 Section 20. Section 744.7081, Florida Statutes, is
 592 renumbered as section 744.2104, Florida Statutes, and amended to
 593 read:

594 744.2104 ~~744.7081~~ Access to records by the Statewide
 595 ~~Public Guardianship~~ Office of Public and Professional Guardians;
 596 confidentiality.-

597 (1) Notwithstanding any other provision of law to the
 598 contrary, any medical, financial, or mental health records held

599 | by an agency, or the court and its agencies, or financial audits
 600 | prepared by the clerk of the court pursuant to s. 744.368 and
 601 | held by the court, which are necessary as part of an
 602 | investigation of a guardian as a result of a complaint filed
 603 | with the Office of Public and Professional Guardians to evaluate
 604 | the public guardianship system, to assess the need for
 605 | additional public guardianship, or to develop required reports,
 606 | shall be provided to the ~~Statewide Public Guardianship~~ Office of
 607 | Public and Professional Guardians upon that office's request.
 608 | Any confidential or exempt information provided to the ~~Statewide~~
 609 | ~~Public Guardianship~~ Office of Public and Professional Guardians
 610 | shall continue to be held confidential or exempt as otherwise
 611 | provided by law.

612 | (2) All records held by the ~~Statewide Public Guardianship~~
 613 | Office of Public and Professional Guardians relating to the
 614 | medical, financial, or mental health of vulnerable adults as
 615 | defined in chapter 415, persons with a developmental disability
 616 | as defined in chapter 393, or persons with a mental illness as
 617 | defined in chapter 394, shall be confidential and exempt from s.
 618 | 119.07(1) and s. 24(a), Art. I of the State Constitution.

619 | Section 21. Section 744.7082, Florida Statutes, is
 620 | renumbered as section 744.2105, Florida Statutes, and
 621 | subsections (1) through (5) and (8) of that section are amended,
 622 | to read:

623 | 744.2105 ~~744.7082~~ Direct-support organization; definition;
 624 | use of property; board of directors; audit; dissolution.—

625 (1) DEFINITION.—As used in this section, the term "direct-
 626 support organization" means an organization whose sole purpose
 627 is to support the ~~Statewide Public Guardianship~~ Office of Public
 628 and Professional Guardians and is:

629 (a) A not-for-profit corporation incorporated under
 630 chapter 617 and approved by the Department of State;

631 (b) Organized and operated to conduct programs and
 632 activities; to raise funds; to request and receive grants,
 633 gifts, and bequests of moneys; to acquire, receive, hold,
 634 invest, and administer, in its own name, securities, funds,
 635 objects of value, or other property, real or personal; and to
 636 make expenditures to or for the direct or indirect benefit of
 637 the ~~Statewide Public Guardianship~~ Office of Public and
 638 Professional Guardians; and

639 (c) Determined by the ~~Statewide Public Guardianship~~ Office
 640 of Public and Professional Guardians to be consistent with the
 641 goals of the office, in the best interests of the state, and in
 642 accordance with the adopted goals and mission of the Department
 643 of Elderly Affairs and the ~~Statewide Public Guardianship~~ Office
 644 of Public and Professional Guardians.

645 (2) CONTRACT.—The direct-support organization shall
 646 operate under a written contract with the ~~Statewide Public~~
 647 ~~Guardianship~~ Office of Public and Professional Guardians. The
 648 written contract must provide for:

649 (a) Certification by the ~~Statewide Public Guardianship~~
 650 Office of Public and Professional Guardians that the direct-

651 support organization is complying with the terms of the contract
 652 and is doing so consistent with the goals and purposes of the
 653 office and in the best interests of the state. This
 654 certification must be made annually and reported in the official
 655 minutes of a meeting of the direct-support organization.

656 (b) The reversion of moneys and property held in trust by
 657 the direct-support organization:

658 1. To the ~~Statewide Public Guardianship~~ Office of Public
 659 and Professional Guardians if the direct-support organization is
 660 no longer approved to operate for the office;

661 2. To the ~~Statewide Public Guardianship~~ Office of Public
 662 and Professional Guardians if the direct-support organization
 663 ceases to exist;

664 3. To the Department of Elderly Affairs if the ~~Statewide~~
 665 ~~Public Guardianship~~ Office of Public and Professional Guardians
 666 ceases to exist; or

667 4. To the state if the Department of Elderly Affairs
 668 ceases to exist.

669

670 The fiscal year of the direct-support organization shall begin
 671 on July 1 of each year and end on June 30 of the following year.

672 (c) The disclosure of the material provisions of the
 673 contract, and the distinction between the ~~Statewide Public~~
 674 ~~Guardianship~~ Office of Public and Professional Guardians and the
 675 direct-support organization, to donors of gifts, contributions,
 676 or bequests, including such disclosure on all promotional and

677 fundraising publications.

678 (3) BOARD OF DIRECTORS.—The Secretary of Elderly Affairs
 679 shall appoint a board of directors for the direct-support
 680 organization from a list of nominees submitted by the executive
 681 director of the ~~Statewide Public Guardianship~~ Office of Public
 682 and Professional Guardians.

683 (4) USE OF PROPERTY.—The Department of Elderly Affairs may
 684 permit, without charge, appropriate use of fixed property and
 685 facilities of the department or the ~~Statewide Public~~
 686 ~~Guardianship~~ Office of Public and Professional Guardians by the
 687 direct-support organization. The department may prescribe any
 688 condition with which the direct-support organization must comply
 689 in order to use fixed property or facilities of the department
 690 or the ~~Statewide Public Guardianship~~ Office of Public and
 691 Professional Guardians.

692 (5) MONEYS.—Any moneys may be held in a separate
 693 depository account in the name of the direct-support
 694 organization and subject to the provisions of the written
 695 contract with the ~~Statewide Public Guardianship~~ Office of Public
 696 and Professional Guardians. Expenditures of the direct-support
 697 organization shall be expressly used to support the ~~Statewide~~
 698 ~~Public Guardianship~~ Office of Public and Professional Guardians.
 699 The expenditures of the direct-support organization may not be
 700 used for the purpose of lobbying as defined in s. 11.045.

701 (8) DISSOLUTION.—~~A After July 1, 2004,~~ any not-for-profit
 702 corporation incorporated under chapter 617 that is determined by

703 a circuit court to be representing itself as a direct-support
 704 organization created under this section, but that does not have
 705 a written contract with the ~~Statewide Public Guardianship~~ Office
 706 of Public and Professional Guardians in compliance with this
 707 section, is considered to meet the grounds for a judicial
 708 dissolution described in s. 617.1430(1)(a). The ~~Statewide Public~~
 709 ~~Guardianship~~ Office of Public and Professional Guardians shall
 710 be the recipient for all assets held by the dissolved
 711 corporation which accrued during the period that the dissolved
 712 corporation represented itself as a direct-support organization
 713 created under this section.

714 Section 22. Section 744.712, Florida Statutes, is
 715 renumbered as section 744.2106, Florida Statutes, and amended to
 716 read:

717 744.2106 ~~744.712~~ Joining Forces for Public Guardianship
 718 grant program; purpose.—The Legislature establishes the Joining
 719 Forces for Public Guardianship matching grant program for the
 720 purpose of assisting counties to establish and fund community-
 721 supported public guardianship programs. The Joining Forces for
 722 Public Guardianship matching grant program shall be established
 723 and administered by the ~~Statewide Public Guardianship~~ Office of
 724 Public and Professional Guardians within the Department of
 725 Elderly Affairs. The purpose of the program is to provide
 726 startup funding to encourage communities to develop and
 727 administer locally funded and supported public guardianship
 728 programs to address the needs of indigent and incapacitated

729 residents.

730 (1) The ~~Statewide Public Guardianship~~ Office of Public and
 731 Professional Guardians may distribute the grant funds as
 732 follows:

733 (a) As initial startup funding to encourage counties that
 734 have no office of public guardian to establish an office, or as
 735 initial startup funding to open an additional office of public
 736 guardian within a county whose public guardianship needs require
 737 more than one office of public guardian.

738 (b) As support funding to operational offices of public
 739 guardian that demonstrate a necessity for funds to meet the
 740 public guardianship needs of a particular geographic area in the
 741 state which the office serves.

742 (c) To assist counties that have an operating public
 743 guardianship program but that propose to expand the geographic
 744 area or population of persons they serve, or to develop and
 745 administer innovative programs to increase access to public
 746 guardianship in this state.

747
 748 Notwithstanding this subsection, the executive director of the
 749 office may award emergency grants if he or she determines that
 750 the award is in the best interests of public guardianship in
 751 this state. Before making an emergency grant, the executive
 752 director must obtain the written approval of the Secretary of
 753 Elderly Affairs. Subsections (2), (3), and (4) do not apply to
 754 the distribution of emergency grant funds.

755 (2) One or more grants may be awarded within a county.
 756 However, a county may not receive an award that equals, or
 757 multiple awards that cumulatively equal, more than 20 percent of
 758 the total amount of grant funds appropriated during any fiscal
 759 year.

760 (3) If an applicant is eligible and meets the requirements
 761 to receive grant funds more than once, the ~~Statewide Public~~
 762 Guardianship Office of Public and Professional Guardians shall
 763 award funds to prior awardees in the following manner:

764 (a) In the second year that grant funds are awarded, the
 765 cumulative sum of the award provided to one or more applicants
 766 within the same county may not exceed 75 percent of the total
 767 amount of grant funds awarded within that county in year one.

768 (b) In the third year that grant funds are awarded, the
 769 cumulative sum of the award provided to one or more applicants
 770 within the same county may not exceed 60 percent of the total
 771 amount of grant funds awarded within that county in year one.

772 (c) In the fourth year that grant funds are awarded, the
 773 cumulative sum of the award provided to one or more applicants
 774 within the same county may not exceed 45 percent of the total
 775 amount of grant funds awarded within that county in year one.

776 (d) In the fifth year that grant funds are awarded, the
 777 cumulative sum of the award provided to one or more applicants
 778 within the same county may not exceed 30 percent of the total
 779 amount of grant funds awarded within that county in year one.

780 (e) In the sixth year that grant funds are awarded, the

781 cumulative sum of the award provided to one or more applicants
 782 within the same county may not exceed 15 percent of the total
 783 amount of grant funds awarded within that county in year one.

784
 785 The ~~Statewide Public Guardianship~~ Office of Public and
 786 Professional Guardians may not award grant funds to any
 787 applicant within a county that has received grant funds for more
 788 than 6 years.

789 (4) Grant funds shall be used only to provide direct
 790 services to indigent wards, except that up to 10 percent of the
 791 grant funds may be retained by the awardee for administrative
 792 expenses.

793 (5) Implementation of the program is subject to a specific
 794 appropriation by the Legislature in the General Appropriations
 795 Act.

796 Section 23. Section 744.713, Florida Statutes, is
 797 renumbered as section 744.2107, Florida Statutes, and amended to
 798 read:

799 744.2107 ~~744.713~~ Program administration; duties of the
 800 ~~Statewide Public Guardianship~~ Office of Public and Professional
 801 Guardians.—The ~~Statewide Public Guardianship~~ Office of Public
 802 and Professional Guardians shall administer the grant program.

803 The office shall:

804 (1) Publicize the availability of grant funds to entities
 805 that may be eligible for the funds.

806 (2) Establish an application process for submitting a

807 grant proposal.

808 (3) Request, receive, and review proposals from applicants
809 seeking grant funds.

810 (4) Determine the amount of grant funds each awardee may
811 receive and award grant funds to applicants.

812 (5) Develop a monitoring process to evaluate grant
813 awardees, which may include an annual monitoring visit to each
814 awardee's local office.

815 (6) Ensure that persons or organizations awarded grant
816 funds meet and adhere to the requirements of this act.

817 Section 24. Section 744.714, Florida Statutes, is
818 renumbered as section 744.2108, Florida Statutes, and paragraph
819 (b) of subsection (1) and paragraph (b) of subsection (2) of
820 that section are amended, to read:

821 744.2108 ~~744.714~~ Eligibility.—

822 (1) Any person or organization that has not been awarded a
823 grant must meet all of the following conditions to be eligible
824 to receive a grant:

825 (b) The applicant must have already been appointed by, or
826 is pending appointment by, the ~~Statewide Public Guardianship~~
827 Office of Public and Professional Guardians to become an office
828 of public guardian in this state.

829 (2) Any person or organization that has been awarded a
830 grant must meet all of the following conditions to be eligible
831 to receive another grant:

832 (b) The applicant must have been appointed by, or is

833 pending reappointment by, the ~~Statewide Public Guardianship~~
 834 Office of Public and Professional Guardians to be an office of
 835 public guardian in this state.

836 Section 25. Section 744.715, Florida Statutes, is
 837 renumbered as section 744.2109, Florida Statutes, and amended to
 838 read:

839 744.2109 ~~744.715~~ Grant application requirements; review
 840 criteria; awards process.—Grant applications must be submitted
 841 to the ~~Statewide Public Guardianship~~ Office of Public and
 842 Professional Guardians for review and approval.

843 (1) A grant application must contain:

844 (a) The specific amount of funds being requested.

845 (b) The proposed annual budget for the office of public
 846 guardian for which the applicant is applying on behalf of,
 847 including all sources of funding, and a detailed report of
 848 proposed expenditures, including administrative costs.

849 (c) The total number of wards the applicant intends to
 850 serve during the grant period.

851 (d) Evidence that the applicant has:

852 1. Attempted to procure funds and has exhausted all
 853 possible other sources of funding; or

854 2. Procured funds from local sources, but the total amount
 855 of the funds collected or pledged is not sufficient to meet the
 856 need for public guardianship in the geographic area that the
 857 applicant intends to serve.

858 (e) An agreement or confirmation from a local funding

859 source, such as a county, municipality, or any other public or
 860 private organization, that the local funding source will
 861 contribute matching funds to the public guardianship program
 862 totaling not less than \$1 for every \$1 of grant funds awarded.
 863 For purposes of this section, an applicant may provide evidence
 864 of agreements or confirmations from multiple local funding
 865 sources showing that the local funding sources will pool their
 866 contributed matching funds to the public guardianship program
 867 for a combined total of not less than \$1 for every \$1 of grant
 868 funds awarded. In-kind contributions, such as materials,
 869 commodities, office space, or other types of facilities,
 870 personnel services, or other items as determined by rule shall
 871 be considered by the office and may be counted as part or all of
 872 the local matching funds.

873 (f) A detailed plan describing how the office of public
 874 guardian for which the applicant is applying on behalf of will
 875 be funded in future years.

876 (g) Any other information determined by rule as necessary
 877 to assist in evaluating grant applicants.

878 (2) If the ~~Statewide Public Guardianship~~ Office of Public
 879 and Professional Guardians determines that an applicant meets
 880 the requirements for an award of grant funds, the office may
 881 award the applicant any amount of grant funds the executive
 882 director deems appropriate, if the amount awarded meets the
 883 requirements of this act. The office may adopt a rule allocating
 884 the maximum allowable amount of grant funds which may be

885 expended on any ward.

886 (3) A grant awardee must submit a new grant application
887 for each year of additional funding.

888 (4)(a) In the first year of the Joining Forces for Public
889 Guardianship program's existence, the ~~Statewide Public~~
890 ~~Guardianship~~ Office of Public and Professional Guardians shall
891 give priority in awarding grant funds to those entities that:

892 1. Are operating as appointed offices of public guardians
893 in this state;

894 2. Meet all of the requirements for being awarded a grant
895 under this act; and

896 3. Demonstrate a need for grant funds during the current
897 fiscal year due to a loss of local funding formerly raised
898 through court filing fees.

899 (b) In each fiscal year after the first year that grant
900 funds are distributed, the ~~Statewide Public Guardianship~~ Office
901 of Public and Professional Guardians may give priority to
902 awarding grant funds to those entities that:

903 1. Meet all of the requirements of this section and ss.
904 744.2106, 744.2107, and 744.2108 ~~this act~~ for being awarded
905 grant funds; and

906 2. Submit with their application an agreement or
907 confirmation from a local funding source, such as a county,
908 municipality, or any other public or private organization, that
909 the local funding source will contribute matching funds totaling
910 an amount equal to or exceeding \$2 for every \$1 of grant funds

911 awarded by the office. An entity may submit with its application
912 agreements or confirmations from multiple local funding sources
913 showing that the local funding sources will pool their
914 contributed matching funds to the public guardianship program
915 for a combined total of not less than \$2 for every \$1 of grant
916 funds awarded. In-kind contributions allowable under this
917 section shall be evaluated by the ~~Statewide Public Guardianship~~
918 Office of Public and Professional Guardians and may be counted
919 as part or all of the local matching funds.

920 Section 26. Subsection (3), paragraph (c) of subsection
921 (4), and subsections (5) and (6) of section 744.3135, Florida
922 Statutes, are amended to read:

923 744.3135 Credit and criminal investigation.—

924 (3) For professional guardians, the court and the
925 ~~Statewide Public Guardianship~~ Office of Public and Professional
926 Guardians shall accept the satisfactory completion of a criminal
927 history record check by any method described in this subsection.
928 A professional guardian satisfies the requirements of this
929 section by undergoing an electronic fingerprint criminal history
930 record check. A professional guardian may use any electronic
931 fingerprinting equipment used for criminal history record
932 checks. By October 1, 2016, the ~~Statewide Public Guardianship~~
933 Office of Public and Professional Guardians shall adopt a rule
934 detailing the acceptable methods for completing an electronic
935 fingerprint criminal history record check under this section.
936 The professional guardian shall pay the actual costs incurred by

937 the Federal Bureau of Investigation and the Department of Law
 938 Enforcement for the criminal history record check. The entity
 939 completing the record check must immediately send the results of
 940 the criminal history record check to the clerk of the court and
 941 the ~~Statewide Public Guardianship~~ Office of Public and
 942 Professional Guardians. The clerk of the court shall maintain
 943 the results in the professional guardian's file and shall make
 944 the results available to the court.

945 (4)

946 (c) The Department of Law Enforcement shall search all
 947 arrest fingerprints received under s. 943.051 against the
 948 fingerprints retained in the statewide automated biometric
 949 identification system under paragraph (b). Any arrest record
 950 that is identified with the fingerprints of a person described
 951 in this paragraph must be reported to the clerk of court. The
 952 clerk of court must forward any arrest record received for a
 953 professional guardian to the ~~Statewide Public Guardianship~~
 954 Office of Public and Professional Guardians within 5 days. Each
 955 professional guardian who elects to submit fingerprint
 956 information electronically shall participate in this search
 957 process by paying an annual fee to the ~~Statewide Public~~
 958 ~~Guardianship~~ Office of Public and Professional Guardians of the
 959 Department of Elderly Affairs and by informing the clerk of
 960 court and the ~~Statewide Public Guardianship~~ Office of Public and
 961 Professional Guardians of any change in the status of his or her
 962 guardianship appointment. The amount of the annual fee to be

963 imposed for performing these searches and the procedures for the
964 retention of professional guardian fingerprints and the
965 dissemination of search results shall be established by rule of
966 the Department of Law Enforcement. At least once every 5 years,
967 the ~~Statewide Public Guardianship Office~~ of Public and
968 Professional Guardians must request that the Department of Law
969 Enforcement forward the fingerprints maintained under this
970 section to the Federal Bureau of Investigation.

971 (5) (a) A professional guardian, and each employee of a
972 professional guardian who has a fiduciary responsibility to a
973 ward, must complete, at his or her own expense, an investigation
974 of his or her credit history before and at least once every 2
975 years after the date of the guardian's registration with the
976 ~~Statewide Public Guardianship Office~~ of Public and Professional
977 Guardians.

978 (b) By October 1, 2016, the ~~Statewide Public Guardianship~~
979 Office of Public and Professional Guardians shall adopt a rule
980 detailing the acceptable methods for completing a credit
981 investigation under this section. If appropriate, the ~~Statewide~~
982 ~~Public Guardianship Office~~ of Public and Professional Guardians
983 may administer credit investigations. If the office chooses to
984 administer the credit investigation, the office may adopt a rule
985 setting a fee, not to exceed \$25, to reimburse the costs
986 associated with the administration of a credit investigation.

987 (6) The ~~Statewide Public Guardianship Office~~ of Public and
988 Professional Guardians may inspect at any time the results of

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989 any credit or criminal history record check of a public or
 990 professional guardian conducted under this section. The office
 991 shall maintain copies of the credit or criminal history record
 992 check results in the guardian's registration file. If the
 993 results of a credit or criminal investigation of a public or
 994 professional guardian have not been forwarded to the ~~Statewide~~
 995 ~~Public Guardianship~~ Office of Public and Professional Guardians
 996 by the investigating agency, the clerk of the court shall
 997 forward copies of the results of the investigations to the
 998 office upon receiving them.

999 Section 27. Section 744.701, Florida Statutes, is
 1000 repealed.

1001 Section 28. Section 744.702, Florida Statutes, is
 1002 repealed.

1003 Section 29. Section 744.7101, Florida Statutes, is
 1004 repealed.

1005 Section 30. Section 744.711, Florida Statutes, is
 1006 repealed.

1007 Section 31. Subsection (5) of section 400.148, Florida
 1008 Statutes, is amended to read:

1009 400.148 Medicaid "Up-or-Out" Quality of Care Contract
 1010 Management Program.—

1011 (5) The agency shall, jointly with the ~~Statewide Public~~
 1012 ~~Guardianship~~ Office of Public and Professional Guardians,
 1013 develop a system in the pilot project areas to identify Medicaid
 1014 recipients who are residents of a participating nursing home or

1015 assisted living facility who have diminished ability to make
 1016 their own decisions and who do not have relatives or family
 1017 available to act as guardians in nursing homes listed on the
 1018 Nursing Home Guide Watch List. The agency and the ~~Statewide~~
 1019 ~~Public Guardianship~~ Office of Public and Professional Guardians
 1020 shall give such residents priority for publicly funded
 1021 guardianship services.

1022 Section 32. Paragraph (d) of subsection (3) of section
 1023 744.331, Florida Statutes, is amended to read:

1024 744.331 Procedures to determine incapacity.—

1025 (3) EXAMINING COMMITTEE.—

1026 (d) A member of an examining committee must complete a
 1027 minimum of 4 hours of initial training. The person must complete
 1028 2 hours of continuing education during each 2-year period after
 1029 the initial training. The initial training and continuing
 1030 education program must be developed under the supervision of the
 1031 ~~Statewide Public Guardianship~~ Office of Public and Professional
 1032 Guardians, in consultation with the Florida Conference of
 1033 Circuit Court Judges; the Elder Law and the Real Property,
 1034 Probate and Trust Law sections of The Florida Bar; and the
 1035 Florida State Guardianship Association; ~~and the Florida~~
 1036 ~~Guardianship Foundation~~. The court may waive the initial
 1037 training requirement for a person who has served for not less
 1038 than 5 years on examining committees. If a person wishes to
 1039 obtain his or her continuing education on the Internet or by
 1040 watching a video course, the person must first obtain the

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1041 approval of the chief judge before taking an Internet or video
 1042 course.

1043 Section 33. Paragraph (a) of subsection (1) of section
 1044 20.415, Florida Statutes, is amended to read:

1045 20.415 Department of Elderly Affairs; trust funds.—The
 1046 following trust funds shall be administered by the Department of
 1047 Elderly Affairs:

1048 (1) Administrative Trust Fund.

1049 (a) Funds to be credited to and uses of the trust fund
 1050 shall be administered in accordance with ss. 215.32, 744.534,
 1051 and 744.2001 ~~744.7021~~.

1052 Section 34. Paragraph (e) of subsection (2) of section
 1053 415.1102, Florida Statutes, is amended to read:

1054 415.1102 Adult protection teams.—

1055 (2) Such teams may be composed of, but need not be limited
 1056 to:

1057 (e) Public and professional guardians as described in part
 1058 II ~~IX~~ of chapter 744.

1059 Section 35. Paragraph (a) of subsection (7) of section
 1060 744.309, Florida Statutes, is amended to read:

1061 744.309 Who may be appointed guardian of a resident ward.—

1062 (7) FOR-PROFIT CORPORATE GUARDIAN.—A for-profit corporate
 1063 guardian existing under the laws of this state is qualified to
 1064 act as guardian of a ward if the entity is qualified to do
 1065 business in the state, is wholly owned by the person who is the
 1066 circuit's public guardian in the circuit where the corporate

1067 guardian is appointed, has met the registration requirements of
 1068 s. 744.2002 ~~s. 744.1083~~, and posts and maintains a bond or
 1069 insurance policy under paragraph (a).

1070 (a) The for-profit corporate guardian must meet one of the
 1071 following requirements:

1072 1. Post and maintain a blanket fiduciary bond of at least
 1073 \$250,000 with the clerk of the circuit court in the county in
 1074 which the corporate guardian has its principal place of
 1075 business. The corporate guardian shall provide proof of the
 1076 fiduciary bond to the clerks of each additional circuit court in
 1077 which he or she is serving as a guardian. The bond must cover
 1078 all wards for whom the corporation has been appointed as a
 1079 guardian at any given time. The liability of the provider of the
 1080 bond is limited to the face value of the bond, regardless of the
 1081 number of wards for whom the corporation is acting as a
 1082 guardian. The terms of the bond must cover the acts or omissions
 1083 of each agent or employee of the corporation who has direct
 1084 contact with the ward or access to the assets of the
 1085 guardianship. The bond must be payable to the Governor and his
 1086 or her successors in office and be conditioned on the faithful
 1087 performance of all duties of a guardian under this chapter. The
 1088 bond is in lieu of and not in addition to the bond required
 1089 under s. 744.2003 ~~s. 744.1085~~ but is in addition to any bonds
 1090 required under s. 744.351. The expenses incurred to satisfy the
 1091 bonding requirements of this section may not be paid with the
 1092 assets of any ward; or

1093 2. Maintain a liability insurance policy that covers any
 1094 losses sustained by the guardianship caused by errors,
 1095 omissions, or any intentional misconduct committed by the
 1096 corporation's officers or agents. The policy must cover all
 1097 wards for whom the corporation is acting as a guardian for
 1098 losses up to \$250,000. The terms of the policy must cover acts
 1099 or omissions of each agent or employee of the corporation who
 1100 has direct contact with the ward or access to the assets of the
 1101 guardianship. The corporate guardian shall provide proof of the
 1102 policy to the clerk of each circuit court in which he or she is
 1103 serving as a guardian.

1104 Section 36. Section 744.524, Florida Statutes, is amended
 1105 to read:

1106 744.524 Termination of guardianship on change of domicile
 1107 of resident ward.—When the domicile of a resident ward has
 1108 changed as provided in s. 744.1098 ~~s. 744.2025~~, and the foreign
 1109 court having jurisdiction over the ward at the ward's new
 1110 domicile has appointed a guardian and that guardian has
 1111 qualified and posted a bond in an amount required by the foreign
 1112 court, the guardian in this state may file her or his final
 1113 report and close the guardianship in this state. The guardian of
 1114 the property in this state shall cause a notice to be published
 1115 once a week for 2 consecutive weeks, in a newspaper of general
 1116 circulation published in the county, that she or he has filed
 1117 her or his accounting and will apply for discharge on a day
 1118 certain and that jurisdiction of the ward will be transferred to

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1119 | the state of foreign jurisdiction. If an objection is filed to
1120 | the termination of the guardianship in this state, the court
1121 | shall hear the objection and enter an order either sustaining or
1122 | overruling the objection. Upon the disposition of all objections
1123 | filed, or if no objection is filed, final settlement shall be
1124 | made by the Florida guardian. On proof that the remaining
1125 | property in the guardianship has been received by the foreign
1126 | guardian, the guardian of the property in this state shall be
1127 | discharged. The entry of the order terminating the guardianship
1128 | in this state shall not exonerate the guardian or the guardian's
1129 | surety from any liability previously incurred.

1130 | Section 37. This act shall take effect upon becoming a
1131 | 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	_____	

1 Committee/Subcommittee hearing bill: Children, Families &
2 Seniors Subcommittee
3 Representative Ahern offered the following:

Amendment

6 Remove line 132 and insert:
7 of intervention. A public guardian may also serve in the
8 capacity of a limited guardian or guardian advocate under
9 section 393.12, F.S., when the public guardian is the guardian
10 of last resort as described in subsection (4) of this section.



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	_____	

1 Committee/Subcommittee hearing bill: Children, Families &
 2 Seniors Subcommittee
 3 Representative Ahern offered the following:
 4

Amendment (with title amendment)

6 Between lines 433 and 434, insert:

7 Section 744.20041 is created to read:

8 744.20041 Grounds for discipline; penalties; enforcement.-

9 (1) The following acts by a professional guardian shall
 10 constitute grounds for which the disciplinary actions specified
 11 in subsection (2) may be taken:

12 (a) Making misleading, deceptive, or fraudulent
 13 representations in or related to the practice of guardianship.

14 (b) Violating any rule governing guardians or
 15 guardianships adopted by the Office of Public and Professional
 16 Guardians.

17 (c) Being convicted or found guilty of, or entering a plea
 18 of guilty or nolo contendere to, regardless of adjudication, a



Amendment No. 2

19 crime in any jurisdiction which relates to the practice of, or
20 the ability to practice as a professional guardian.

21 (d) Failing to comply with the educational course
22 requirements contained in s. 744.2003.

23 (e) Having a registration, license or the authority to
24 practice a regulated profession revoked, suspended, or otherwise
25 acted against, including the denial of registration or
26 licensure, by the registering or licensing authority of any
27 jurisdiction, including its agencies or subdivisions, for a
28 violation under Florida law. The registering or licensing
29 authority's acceptance of a relinquishment of registration or
30 licensure, stipulation, consent order, or other settlement,
31 offered in response to or in anticipation of the filing of
32 charges against the registration or license, shall be construed
33 as action against the registration or license.

34 (f) Knowingly filing a false report or complaint with the
35 Office of Public and Professional Guardians against another
36 guardian.

37 (g) Attempting to obtain, obtaining, or renewing a
38 registration or license to practice a profession by bribery, by
39 fraudulent misrepresentation, or as a result of an error by the
40 Office of Public and Professional Guardians which error is known
41 and not disclosed to the Office of Public and Professional
42 Guardians.

43 (h) Failing to report to the Office of Public and
44 Professional Guardians any person who the professional guardian
45 knows is in violation of this chapter or the rules of the Office
46 of Public and Professional Guardians.



Amendment No. 2

47 (i) Failing to perform any statutory or legal obligation
48 placed upon a professional guardian.

49 (j) Making or filing a report or record which the
50 professional guardian knows to be false, intentionally or
51 negligently failing to file a report or record required by state
52 or federal law, or willfully impeding or obstructing another
53 person's attempt to do so. Such reports or records shall include
54 only those that are signed in the guardian's capacity as a
55 professional guardian.

56 (k) Using the position of guardian for the purpose of
57 financial gain by a guardian or a third party other than the
58 funds awarded to the guardian by the court pursuant to s.
59 744.108.

60 (l) Violating a lawful order of the Office of Public and
61 Professional Guardians, or failing to comply with a lawfully
62 issued subpoena of the Office of Public and Professional
63 Guardians.

64 (m) Improperly interfering with an investigation or
65 inspection authorized by statute, rule, or with any disciplinary
66 proceeding.

67 (n) Using the guardian relationship to engage or attempt
68 to engage the ward, or an immediate family member or
69 representative of the ward, in verbal, written, electronic, or
70 physical sexual activity.

71 (o) Failing to report to the Office of Pubic and
72 Professional Guardians in writing within 30 days after being
73 convicted or found guilty of, or entered a plea of nolo
74 contendere to, regardless of adjudication, a crime in any
75 jurisdiction.



Amendment No. 2

76 (p) Being unable to perform the functions of a guardian
77 with reasonable skill by reason of illness or use of alcohol,
78 drugs, narcotics, chemicals, or any other type of material or as
79 a result of any mental or physical condition.

80 (q) Failing to post and maintain a blanket fiduciary bond
81 pursuant to the requirements for such bond in s. 744.2003.

82 (r) Failing to maintain all records pertaining to a
83 guardianship for a period of time after the court has closed the
84 guardianship matter.

85 (s) Violating any provision of this chapter or any rules
86 adopted pursuant thereto.

87 (2) When the Office of Public and Professional Guardians
88 finds any professional guardian guilty of the grounds set forth
89 in subsection (1), it may enter an order imposing one or more of
90 the following penalties:

91 (a) Refusal to register an applicant for registration as a
92 professional guardian.

93 (b) Suspension or permanent revocation of a professional
94 guardian's registration.

95 (c) Issuance of a reprimand or letter of concern.

96 (d) Requirement that the professional guardian undergo
97 treatment, attend continuing education courses, submit to
98 reexamination, or satisfy any terms which are reasonably
99 tailored to the violations found.

100 (e) Require the professional guardian pay restitution of
101 any funds obtained, disbursed or obtained through a violation of
102 any statute, rule or other legal authority to a ward or the
103 ward's estate, if applicable.



Amendment No. 2

104 (f) Requirement that the professional guardian undergo
105 remedial education.

106 (3) In determining what action is appropriate, the Office
107 of Public and Professional Guardians must first consider what
108 sanctions are necessary to safeguard wards and protect the
109 public. Only after those sanctions have been imposed may the
110 Office of Public and Professional Guardians consider and include
111 in the order requirements designed to mitigate the circumstances
112 and rehabilitate the professional guardian.

113 (4) The Office of Public and Professional Guardians of
114 the Department of Elderly Affairs shall adopt by rule and
115 periodically review the disciplinary guidelines applicable to
116 each ground for disciplinary action which may be imposed by the
117 Office of Public and Professional Guardians pursuant to this
118 chapter.

119 (5) It is the intent of the Legislature that the
120 disciplinary guidelines specify a meaningful range of designated
121 penalties based upon the severity and repetition of specific
122 offenses and that minor violations be distinguished from those
123 which endanger the health, safety, or welfare of the ward or the
124 public; that such guidelines provide reasonable and meaningful
125 notice to the public of likely penalties which may be imposed
126 for proscribed conduct; and that such penalties be consistently
127 applied by the Office of Public and Professional Guardians.

128 (6) The Office of Public and Professional Guardians of the
129 Department of Elderly Affairs shall by rule designate possible
130 mitigating and aggravating circumstances, if applicable, and the
131 variation and range of penalties permitted for such
132 circumstances.



Amendment No. 2

133 (a) The administrative law judge, in recommending
134 penalties in any recommended order, must follow the disciplinary
135 guidelines established by the Office of Public and Professional
136 Guardians and must state in writing any mitigating or
137 aggravating circumstances upon which a recommended penalty is
138 based, if such circumstances cause the administrative law judge
139 to recommend a penalty other than that provided in the
140 disciplinary guidelines.

141 (b) A specific finding in the final order of mitigating or
142 aggravating circumstances shall allow the Office of Public and
143 Professional Guardians to impose a penalty other than that
144 provided for in the disciplinary guidelines.

145 (8) In addition to, or in lieu of, any other remedy or
146 criminal prosecution, the Office of Public and Professional
147 Guardians may file a proceeding in the name of the state seeking
148 issuance of an injunction or a writ of mandamus against any
149 person who violates any of the provisions of this chapter, or
150 any provision of law with respect to professional guardians or
151 the rules adopted pursuant thereto.

152 (9) Absent a contrary determination pursuant to chapter
153 120, if the Office of Public and Professional Guardians
154 determines that revocation of a professional guardian's
155 registration is the appropriate penalty, the revocation shall be
156 permanent.

157 (10) If the office of Public and Professional Guardians
158 makes a final determination to suspend or revoke the
159 professional guardian's registration, it must provide the
160 determination to the court of competent jurisdiction for any



Amendment No. 2

161 guardianship case to which the professional guardian is
162 currently appointed.

163 (11) The purpose of this section is to facilitate uniform
164 discipline for those actions made punishable under this section
165 and, to this end, a reference to this section constitutes a
166 general reference under the doctrine of incorporation by
167 reference.

168 (12) The Office of Public and Professional Guardians
169 shall adopt rules to administer the requirements of this
170 section.

171

172

173

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

174

Remove line 45 and insert:

175

Elderly Affairs to adopt rules; creating s. 744.20041;

176

establishing grounds for discipline of professional guardians by

177

the Office of Public and Professional Guardians; establishing

178

the penalties the office may order when a professional guardian

179

is guilty of a violation; establishing the procedures for

180

determining whether a professional guardian is guilty of a

181

violation and what sanction is appropriate; setting forth

182



legislative intent; directing the office and Department of

183

Elderly Affairs to adopt rules; renumbering and

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 4037 Licensure of Facilities and Programs for Persons with Developmental Disabilities
SPONSOR(S): Rodrigues
TIED BILLS: IDEN./SIM. **BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee		Tuszynski 	Brazzell 
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The Agency for Persons with Disabilities (APD) is required, pursuant to s. 393.067, F.S., to license residential facilities, defined by s. 393.063(28) F.S., as a facility providing room and board and personal care for persons who have developmental disabilities. The residential facilities that APD licenses consist of foster care facilities, group home facilities, residential habilitation centers, and comprehensive transitional education programs.

The 2015 General Appropriations Implementing Bill (SB 2502-A) amended s. 393.067, F.S., to remove a requirement that APD must contract for residential services with facilities licensed prior to October 1, 1989, if those facilities were in compliance with statute. This amendment was set to expire and revert on July 1, 2016.

SB 2502-A also amended s. 393.18, F.S., to ensure compliance with new federal requirements related to the provision of Medicaid Home and Community-Based Waiver services within residential settings and delete provisions requiring certain contract and licensure requirements. These amendments were also set to expire and revert on July 1, 2016.

HB 4037 repeals those expiration and reversion clauses, allowing the amended language of ss. 393.067 and 393.18, F.S., from SB 2502-A to remain law.

The bill has no fiscal impact on state or local government.

The bill provides for an effective date of June 30, 2016, or, if the act fails to become law until a later time, it shall take effect upon becoming law and operate retroactively to June 30, 2016.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

The Agency for Persons with Disabilities

The Agency for Persons with Disabilities (APD) was created to serve Floridians with developmental disabilities. APD works in partnership with local communities and private providers to assist people who have developmental disabilities and their families. Examples of services provided by APD include adult day training, personal care services, and specialized therapies.¹ APD serves more than 50,000 individuals with autism, cerebral palsy, spina bifida, intellectual disabilities, Down syndrome, and Prader-Willi syndrome.²

Residential Facilities

Persons with developmental disabilities reside in various types of residential settings. Some individuals with developmental disabilities live with family, some live in their own homes, while others may live in community-based residential facilities.³ Pursuant to s. 393.067, F.S., APD is charged with licensing community-based residential facilities that serve and assist individuals with developmental disabilities; these include foster care facilities, group home facilities, residential habilitation centers, and comprehensive transitional education programs.⁴

Prior to enactment of the 2015 General Appropriations Implementing Bill (SB 2502-A), in response to the Medicaid Home and Community-Based Waiver expansion,⁵ APD was statutorily required to contract for residential services with residential facilities licensed prior to October 1, 1989, if those facilities complied with all provisions of s. 393.067, F.S.⁶ Reversion to this language is set for July 1, 2016.

In order to implement Specific Appropriation 251 of the 2015-2016 General Appropriations Act, SB 2502-A amended s. 393.067, F.S. to remove this statutory procurement requirement with an expiration and reversion clause set for July 1, 2016.

Comprehensive Transitional Education Programs

A Comprehensive Transitional Education Program (CTEP) is a group of jointly operating centers or units that provide a sequential series of educational care, training, treatment, habilitation, and rehabilitation services to persons who have developmental disabilities and who have severe or moderate maladaptive behaviors.⁷

¹ S. 393.006 (3), F.S.

² Agency for Persons with Disabilities, *About Us*, accessible at: <http://apd.myflorida.com/about/> (last accessed 11/10/15).

³ S. 393.063(28) defines residential facility as a facility providing room and board and personal care for persons who have developmental disabilities.

⁴ Agency for Persons with Disabilities, *Planning Resources*, accessible at: <http://apd.myflorida.com/planning-resources/> (last accessed 11/11/15).

⁵ Email from Caleb Hawkes, Deputy Legislative Affairs Director, Agency for Persons with Disabilities, RE: Residential Facility Contracting Language (Nov. 13, 2015).

⁶ S. 393.067(15), F.S., (2014)

⁷ S. 393.18, F.S.

CTEPs serve individuals with developmental disabilities with the most intensive of behavioral needs.⁸ A CTEP is designed to provide services to such individuals with the ultimate objective of allowing them to return to other less intensive settings within their own communities.⁹ There are presently two CTEPs licensed in Florida, and both licenses are held by the same organization.¹⁰

Prior to SB 2502-A, APD, pursuant to s. 393.18, F.S., was required to contract with and license CTEPs that met specific conditions, including ownership requirements, zoning requirements, and certain service requirements to maximize federal revenue.¹¹ Based on these various statutory requirements, APD has been limited to contracting with and licensing two CTEPs, precluding APD from licensing and contracting with new CTEPs.¹² Reversion to this language is set for July 1, 2016.

In order to implement Specific Appropriation 251 of the 2015-2016 General Appropriations Act, SB 2502-A amended s. 393.18, F.S., to provide that the total number of residents being provided services at a CTEP shall not exceed the licensed capacity of 120, and that each residential unit within a CTEP may not exceed 15 residents, except those programs already authorized to operate residential units with more than 15 residents prior to July 1, 2015. This language ensures compliance with new federal requirements related to the provision of Medicaid Home and Community-Based Waiver services within residential settings.¹³ SB 2502-A also deleted provisions requiring certain contract and licensing requirements, as well as an expiration and reversion clause for these amendments set for July 1, 2016.

Effect of Proposed Changes

HB 4037 repeals ss. 24 and 26 of chapter 2015-222, Laws of Florida (2015 General Appropriations Implementing Bill) that set the expiration and reversion of amendments to ss. 393.067(15) and 393.18, F.S., for July 1, 2016.

The bill reenacts s. 393.067(15) as amended in s. 23 of chapter 2015-222, Laws of Florida, which deletes obsolete language, and specifies that the Agency for Persons with Disabilities is not required to contract with residential facilities it licenses under s. 393.067, F.S., including foster care facilities, group home facilities, residential habilitation centers, and CTEPs.

The bill reenacts s. 393.18(4) as amended in s. 25 of chapter 2015-222, Laws of Florida, which revises residency limits for comprehensive transitional education programs to a maximum of 120 total residents and that each unit within the component centers may not exceed 15 residents, unless authorized prior to July 1, 2015.

B. SECTION DIRECTORY:

- Section 1:** Repeals ss. 24 and 26 of chapter 2015-222, Laws of Florida.
- Section 2:** Reenacts s. 393.067(15), F.S., relating to facility licensure.
- Section 3:** Reenacts s. 393.18(4), F.S., relating to comprehensive transitional education programs.
- Section 4:** Provides an effective date of June 30, 2016, or upon becoming law after that date and operating retroactively to June 30, 2016.

⁸ Agency for Persons with Disabilities, *2016 Agency Legislative Bill Analysis for HB 4037*, November 9, 2015 (on file with Children, Families, and Seniors Subcommittee staff).

⁹ *Id.*

¹⁰ *Id.*

¹¹ S. 393.18(6)(b), F.S., (2014)

¹² Agency for Persons with Disabilities, *2016 Agency Legislative Bill Analysis for SB XXX*, October 8, 2015 (on file with Children, Families, and Seniors Subcommittee staff)

¹³ *Id.*

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.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

APD may contract with additional organizations besides the current licensed CTEPs for services.

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:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

27 facilities licensed pursuant to this chapter.

28 Section 3. Subsection (4) of section 393.18, Florida
 29 Statutes, is reenacted to read:

30 393.18 Comprehensive transitional education program.—A
 31 comprehensive transitional education program is a group of
 32 jointly operating centers or units, the collective purpose of
 33 which is to provide a sequential series of educational care,
 34 training, treatment, habilitation, and rehabilitation services
 35 to persons who have developmental disabilities and who have
 36 severe or moderate maladaptive behaviors. However, this section
 37 does not require such programs to provide services only to
 38 persons with developmental disabilities. All such services shall
 39 be temporary in nature and delivered in a structured residential
 40 setting, having the primary goal of incorporating the principle
 41 of self-determination in establishing permanent residence for
 42 persons with maladaptive behaviors in facilities that are not
 43 associated with the comprehensive transitional education
 44 program. The staff shall include behavior analysts and teachers,
 45 as appropriate, who shall be available to provide services in
 46 each component center or unit of the program. A behavior analyst
 47 must be certified pursuant to s. 393.17.

48 (4) For comprehensive transitional education programs, the
 49 total number of residents who are being provided with services
 50 may not in any instance exceed the licensed capacity of 120
 51 residents and each residential unit within the component centers
 52 of the program authorized under this section may not in any

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2016

53 | instance exceed 15 residents. However, a program that was
54 | authorized to operate residential units with more than 15
55 | residents before July 1, 2015, may continue to operate such
56 | units.

57 | Section 4. This act shall take effect June 30, 2016, or,
58 | if this act fails to become law until after that date, it shall
59 | take effect upon becoming a law and operate retroactively to
60 | June 30, 2016.



Florida's Child Welfare System: Out-of-Home Care

A Presentation to the House Subcommittee on
Children, Families, and Seniors

Megan Smernoff
Senior Legislative Analyst

November 18, 2015

Florida's Child Welfare System

- ▶ Continuum of out-of-home care placements
- ▶ Process for determining placements
- ▶ Foster parent recruitment, training, and supports

Continuum of Out-of-Home Care

What is the Continuum of Placements for Children in Out-of-Home Care?

- ▶ Legislative intent is that children are placed in the least restrictive environment

Relative and
Non-Relative
Caregiver

Family Foster
Homes

- Specialized
Therapeutic
Foster Care

Residential
Group Care

- Shift-Care Model
- House-Parent
Model

Residential
Treatment
Programs

Foster Home and Group Care Services

- ▶ Foster homes and group care must ensure safe and nurturing environments that foster healthy development
- ▶ Group care must provide or ensure access to a minimum range of activities and services

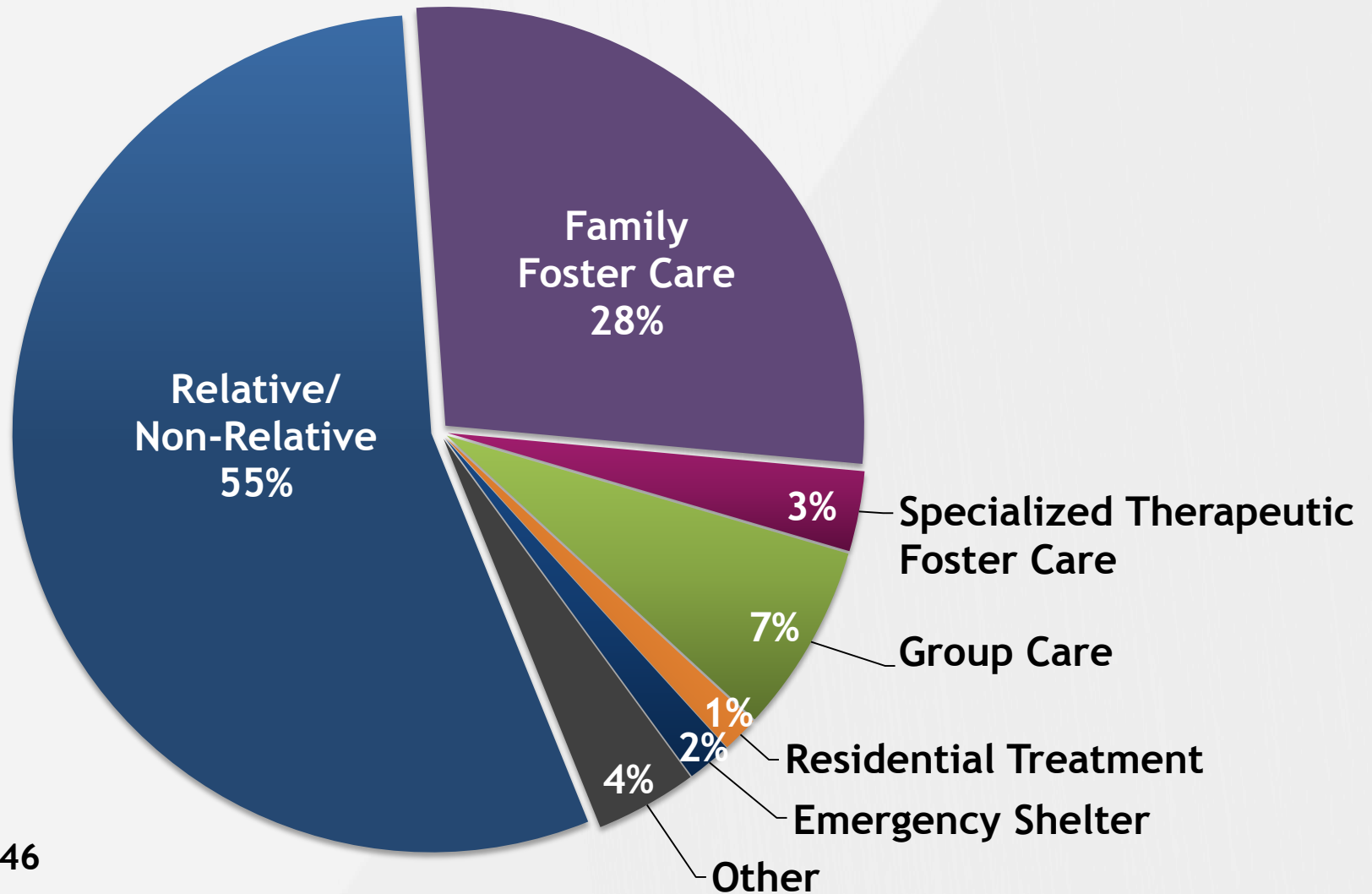
Group Care Activities and Services

- Recreation and leisure activities
- Cultural enrichment
- Transportation
- Medical and dental care
- Work activities
- Clothing and hygiene items
- Behavioral management program
- Assessments and service plans
- Educational services
- Budget training
- Life skills training

Foster Home and Group Care Costs

- ▶ Foster parents receive an average per diem of \$15
- ▶ Group care average per diem rates (FY 2013-14)
 - Shift-care model \$124
 - House-parent model \$97
- ▶ CBCs annually negotiate rates and consider several factors
 - E.g., bed capacity, private funding, staff:client ratios, and special needs and services

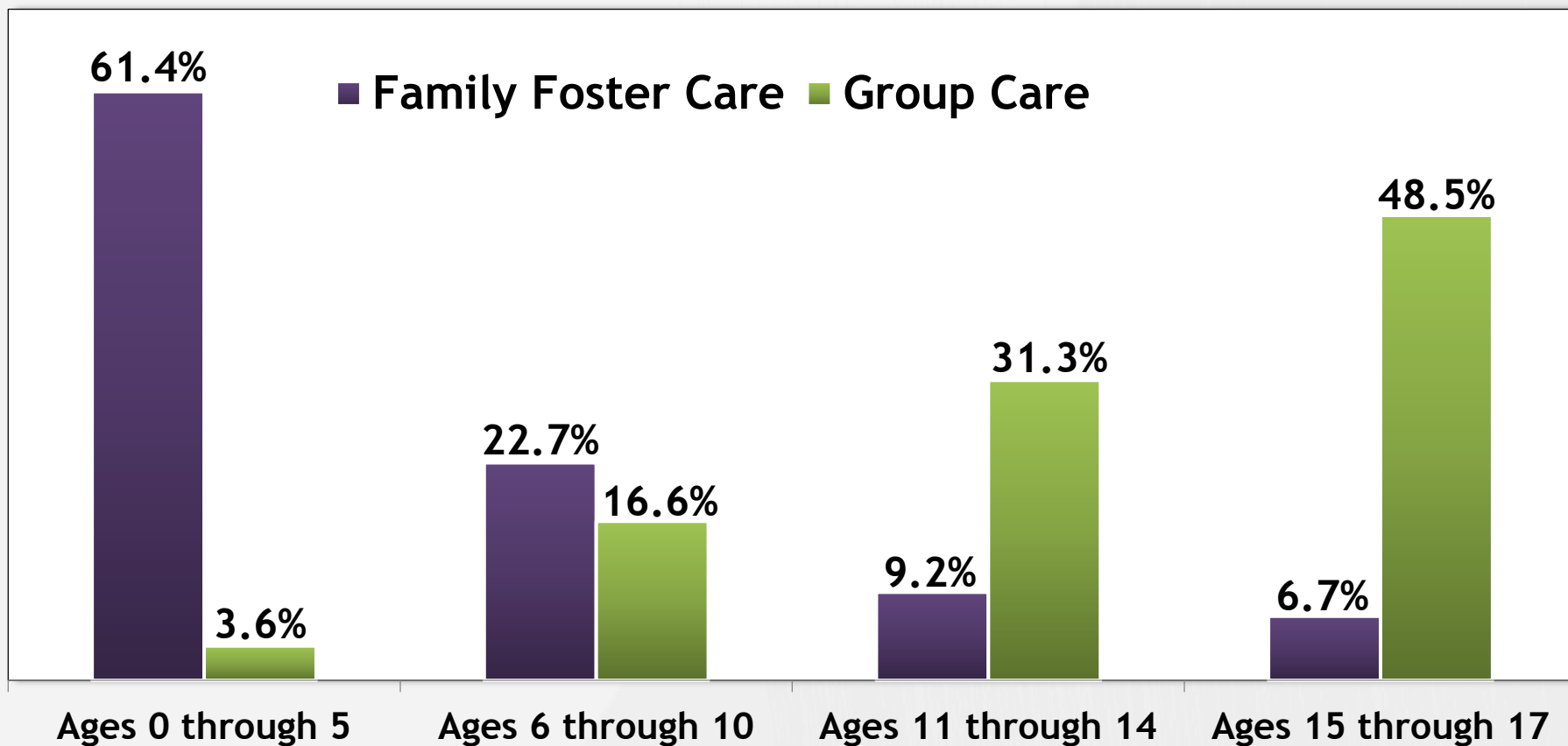
On June 1, 2015, There Were 21,946 Children in Out-of-Home Care



N = 21,946

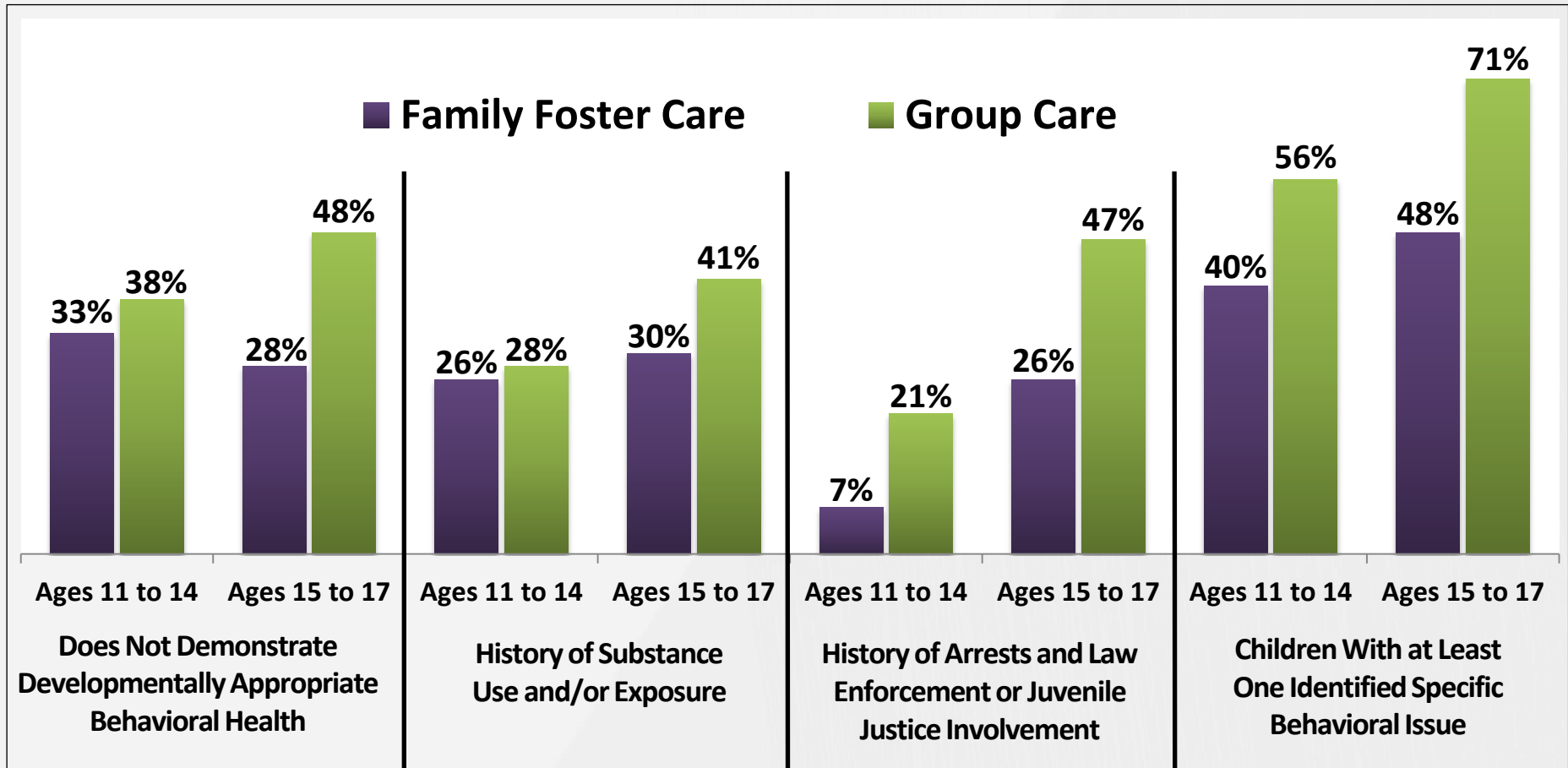
Children in Group Care Were Older

79.8% of children in group care were ages 11 through 17



Behavioral Issues

A larger percentage of children in group care had behavioral issues



Placement Process

Placement in Out-of-Home Care

- ▶ CBCs use placement specialists to identify a placement
 - Driven by the goal to place children in least restrictive settings
 - Gather all available child and family information
 - Use forms to guide the process
- ▶ Bed availability may drive placement

Placement in Out-of-Home Care

- ▶ CBCs routinely assess placement options for children in group care
 - Monthly or more frequent reviews to find family-based placement
- ▶ Case managers may not be part of placement decisions
- ▶ Special considerations to not move
 - End of the school year or identified relative or non-relative placement

Group Care Monitoring and Quality

- ▶ DCF monitors for licensure requirements
- ▶ CBCs monitor for contractual compliance; efforts vary
 - Conduct site visits annually or more frequently, announced and unannounced
 - CBCs only monitor providers within their region
 - Corrective action plans may be implemented
- ▶ One CBC developed and implemented group care five-star quality rating system

Foster Parent Recruitment, Training, and Supports

Foster Parent Recruitment

- ▶ CBCs have similar foster parent recruitment efforts
 - Community outreach (e.g., events at faith-based settings) and traditional marketing materials
 - Foster parents are recruiters
 - Some target recruitment efforts for teens

Family Foster Home Capacity

January 1, 2015 Statewide Foster Home Capacity

Number of Foster Home Beds	Number of Foster Home Placements	Number of Open Foster Home Beds	Percentage of Foster Home Beds in Use
8,781	5,367	3,414	61%

- ▶ Not all licensed foster parents accept placements
 - Respite and family issues
 - Foster parent preference to foster younger children
 - FSFN data on parent preference incomplete

Foster Parent Training and Supports

- ▶ Foster parent training curriculums vary statewide
 - Training quality has improved
 - CBCs using foster parents to help train
- ▶ Licensing process is too long
- ▶ In-home supports and resources are not adequate
- ▶ Case manager turnover is an issue

Foster Parent Standards and Quality

- ▶ CBCs oversee foster parents
 - Recruitment
 - Training
 - Conduct licensure requirements, including home inspection and home study
- ▶ Case managers reported foster parent experience and quality varies
- ▶ One CBC piloting five-star quality foster home rating system

Questions?

THE FLORIDA LEGISLATURE'S
OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations.

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Florida's Child Welfare System: Out-of-Home Care

November 12, 2015

Scope

As directed by the Legislature, OPPAGA reviewed the placement of children in out-of-home care for Florida's Child Welfare System to address

1. out-of-home care placements in the child welfare system;
2. the out-of-home care placement process;
3. foster parent recruitment, training, and supports; and
4. other states' congregate care reform efforts.

To conduct this research, we visited various residential group homes for dependent children across the state, conducted focus groups with foster parents and child welfare case managers, analyzed data from the Department of Children and Families' Florida Safe Families Network, and reviewed other states' congregate care reform efforts.

Background

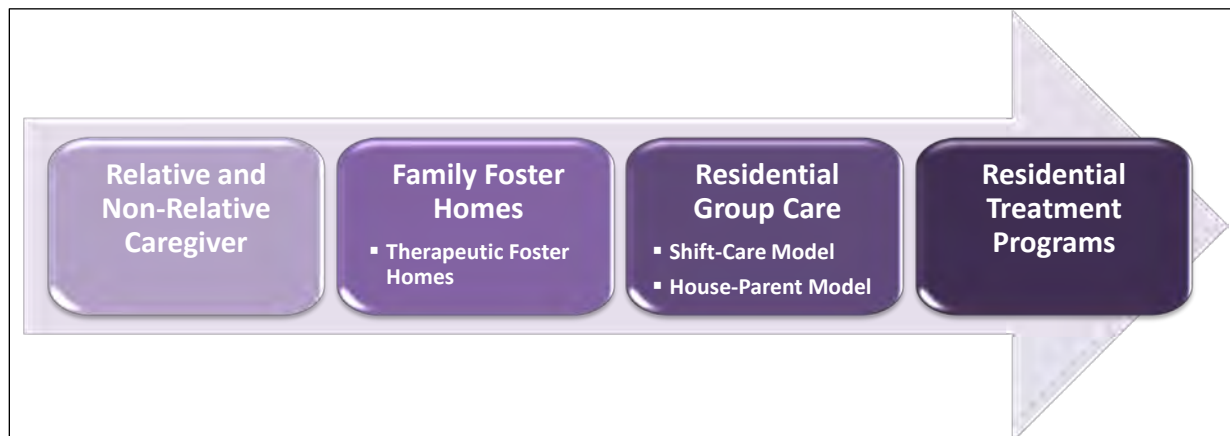
In Florida, when child welfare officials determine that children have suffered abuse or neglect and cannot safely remain with their families, they are removed from their homes and provided with temporary homes. These temporary placements, referred to as out-of-home care, provide housing and services to children until they can return home to their family or achieve permanency with another family. The Department of Children and Families (DCF) contracts with community-based care lead agencies to manage child welfare services in Florida, which includes identifying out-of-home care placements for children and recruiting, training, and supporting foster parents.

Out-of-Home Care Placements in the Child Welfare System

Federal and state laws require that children who are removed from their home be placed in the least restrictive setting possible to safeguard their welfare and physical and mental health. Lead agencies make these placements, ranging from relatives to residential settings. Residential group care programs, one placement option, vary by provider, and the lead agencies' group care monitoring efforts also differ. Regardless of the placement setting, lead agencies must ensure that all children are in a safe, loving, and nurturing environment.

Federal and state laws require that a child's placement must be the least restrictive setting possible to safeguard the physical and mental health and welfare of the child. To serve the varying needs of children in out-of-home care, the department has arranged for an array of placement settings. Family-based settings include relative and non-relative caregivers and family foster homes. Residential group care, an alternative placement option, is a setting that addresses the unique needs of children who require more intensive services than a family setting can provide. Residential treatment programs, the most restrictive placement setting, are for children requiring treatment for severe emotional and behavioral disturbances. See Exhibit 1 for the continuum of care from least restrictive to most restrictive.

Exhibit 1
Children Should Be Placed in the Least Restrictive Setting Possible



Source: OPPAGA analysis of Florida statutes and rules.

When children are removed from their home, a series of dependency court proceedings must occur for the child to be adjudicated dependent and placed in out-of-home care. (For details on the dependency case process, see Appendix A.) During dependency proceedings, children are classified as being in shelter status and may be placed in an emergency shelter. Emergency shelters are time-limited out-of-home care placements.¹

When the dependency court determines that out-of-home care is necessary, lead agencies first attempt to place children with a relative or responsible adult that the child knows and with whom he or she has a relationship, such as a step-parent. These out-of-home care placements are referred to as relative and non-relative caregivers. Research has found that placement with a relative or non-relative caregiver promotes stability for children, including children with behavioral issues and disabilities.^{2, 3} When a relative or non-relative caregiver placement is not possible, lead agency staff tries to place children in DCF licensed family foster homes.⁴ Foster home placements also include specialized therapeutic foster care placements for dependent children with a history of abuse, neglect, or delinquent behavior and who have an emotional or serious emotional disturbance. In addition, some lead agencies have begun to develop enhanced foster home programs referred to as behavior foster homes. Lead agency officials reported that these homes are an intermediate foster home placement between family foster homes and therapeutic foster homes.^{5, 6}

Legislative intent is for lead agencies to place children with extraordinary needs in an alternative licensed out-of-home care arrangement—residential group care. The primary purpose of

¹ For children in emergency shelter care on June 1, 2013, the median length of stay was 107 days, and the average length of stay was 175 days. This data suggests that children may be staying in emergency shelter placements longer than is permitted or intended. See Exhibit 2 for emergency shelter time limitations.

² Zinn, A., DeCoursey, J., Goerge, R.M., and Courtney, M.E. *A Study of Placement Stability in Illinois*. Chapin Hall. 2006.

³ Helton, Jesse, J. *Children with Behavioral, Non-Behavioral, and Multiple Disabilities, and the Risk of Out-of-Home Placement Disruption*. *The Journal of Child Abuse and Neglect*, Vol. 35. 2011.

⁴ Family foster homes are licensed for one- or three-year periods. DCF must conduct a home visit, at least annually, for homes licensed for the three-year period.

⁵ Behavior foster parents receive additional training and enhanced room and board rates.

⁶ Residential group care is for children whose needs cannot be met in a family-based setting. However, some children in residential group care may be able to be served in a family setting. Behavior foster homes may be appropriate placements for some of these children. See Appendix B for details.

residential group care is to provide a setting that addresses the unique needs of children who require more intensive services than a family setting can provide. However, residential group care programs vary with respect to the populations they serve. For example, some providers focus on keeping siblings together while other providers operate enhanced programs for children requiring special care and treatment such as those serving emotionally handicapped or severely emotionally disturbed children.

Residential treatment programs, the most restrictive placement option, licensed by the Agency for Health Care Administration, are for children who have a severe emotional disturbance or mental illness. These settings include therapeutic group care for children who require intensive community-based treatment to avoid placement in a residential treatment setting and residential treatment centers and statewide in-patient psychiatric programs for children who need a residential level of mental health treatment. Children should only be placed into a residential treatment program after less restrictive treatment alternatives are considered.

Together, all types of out-of-home care residential settings are referred to as congregate care.⁷ Stakeholders, such as child welfare researchers and advocates, agree that while there is an appropriate role for congregate care in the out-of-home care system, most children, particularly young children, are best served in a family setting. In addition, placement in congregate care should occur only when it meets the specialized behavioral and mental health needs of the child and the placement should last only until the child is stabilized and can return to a family-like setting. Research has found that exposure to certain risk factors (e.g., maltreatment) impedes the development of children in the child welfare system and that placing these children in stable family settings can lessen these negative impacts.⁸ For details on each placement setting, see Exhibit 2.

⁷ In Florida, congregate care refers to emergency shelters, residential group care, residential treatment programs, and specialty group care such as maternity homes and wilderness camps.

⁸ Harden, Brenda. *Safety and Stability for Foster Children: A Developmental Perspective*. The Future of Children, Vol. 14(1). 2004.

Exhibit 2

An Array of Placement Options Exist for Out-of-Home Care

Out-of-Home Care Placement and Description (Unlicensed Care)

Relative and Non-Relative Caregiver

While relative and non-relative caregivers are not licensed placements, a home study is conducted to determine that caregivers can provide a safe, stable, and supportive home. Caregivers must ensure the child’s well-being, including the provision of immunizations, education, and mental health services. Caregivers receive a basic monthly payment based on the age of the child.

Out-of-Home Care Placement and Description (Licensed Care)

Emergency Shelters

Emergency shelters are licensed by the department as residential child-caring agencies. Shelters are temporary placements for a child who is alleged to be or found to be dependent, pending a court disposition, or awaiting placement after court disposition. Children may not remain in an emergency shelter for more than 60 days prior to an adjudicatory hearing or for more than 30 days after adjudication occurs, unless an order of disposition has been entered by the court.

Family Foster Homes

To become a licensed family foster parent, applicants complete an orientation, 20 to 30 hours of training, and a child abuse and criminal background check; lead agencies also conduct a home inspection and home study. Families are licensed to care for up to five children, including foster parents’ biological and adopted children. Foster parents are responsible for the care and well-being of the child, including maintaining their health, safety, and best interests and encouraging emotional and developmental growth. Foster parents receive a monthly payment; the amount is based on the child’s age and is set in statute.

Specialized Therapeutic Foster Care (STFC)

STFC homes are for children with a history of abuse, neglect, or delinquent behavior and who have an emotional or serious emotional disturbance. Multidisciplinary teams assign eligible children to one of two levels.

Level 1: Children assigned to this level must have been admitted to a higher level of care within the past two years or exhibit moderate or severe behavioral or emotional problems that without therapeutic foster care would require admission to inpatient or residential treatment.

Level II: Children assigned to this level must also exhibit serious maladaptive behaviors and require intensive therapeutic interventions.

A primary clinician develops a treatment plan within 30 days of admission to STFC and a psychiatrist must interview the child and review the treatment plan at least quarterly. STFC parents must meet foster parent licensing requirements, have completed an additional 30 hours of training specific to therapeutic foster care, and receive ongoing training from clinical staff at least every six months. They must be available 24 hours a day. Therapeutic services are reimbursed by Medicaid, and STFC parents receive payments to cover room and board.

Residential Group Care (RGC)

Florida statutes and rules define RGC as a living environment providing 24-hour residential care for dependent children who are expected to be in foster care for at least six months. Lead agencies must consider placement in residential group care if the child is 11 or older, has been in licensed family foster care for six months or longer and removed from family foster care more than once, and has serious behavioral problems or has been determined to be without the options of either family reunification or adoption. Lead agencies must consider additional assessment information, including psychological evaluations, professionals who know the child, and the child’s desires. If the lead agency determines that RGC is an appropriate placement, the child must be placed there if a bed is available. Children who do not meet the criteria may be placed in RGC if lead agencies determine that it is the most appropriate placement. RGC providers receive Medicaid reimbursement for medically necessary behavioral health services. Lead agency staff annually negotiates rates with group care providers.

Residential Treatment Programs

Residential treatment programs, licensed by the Agency for Health Care Administration, include therapeutic group care, residential treatment centers, and statewide in-patient psychiatric programs (SIPPs). These programs serve children who have a severe emotional disturbance or mental illness and who need a residential level of mental health treatment or require intensive community-based treatment to avoid placement in a residential treatment setting.

Therapeutic Group Care. Therapeutic group homes are 24-hour residential programs that provide mental health treatment and support services in a home-like setting to no more than 12 eligible children. The primary purpose of services is to support, promote, and enhance competency and participation in normal activities for children who present moderate to severe psychiatric, emotional, or behavior management problems related to a psychiatric diagnosis. A multidisciplinary team authorizes services and development of a treatment plan must occur within 14 days of admission; a psychiatrist must interview the child and review the treatment plan at least monthly. Medicaid reimburses therapeutic group home services.

Residential Treatment Centers and SIPPs. Residential treatment centers and SIPPs are for children who require treatment in a psychiatric residential setting due to a primary diagnosis of emotional or serious emotional disturbance. These services provide extended psychiatric residential treatment with the goal of facilitating successful return to treatment in a community-based setting.

Residential group care programs vary by provider. There are two primary models of residential group care in Florida—shift-care group homes and house parent group homes. The shift-care model utilizes staff who work in shifts to provide 24-hour supervision. In contrast, house parents are live-in staff who reside in an apartment within the group home and are the primary caregivers. Regardless of the model, DCF’s Child Welfare Office licenses residential group care providers as residential child-caring agencies, requiring a ratio of one staff member to six children for children age six and older.⁹ Residential group care employees must meet minimum qualifications, including being at least 18 years of age; demonstrating qualities that enable them to work well with children in group care; having knowledge and an understanding of discipline and ways of helping a child build positive personal relationships; and passing screening and background checks. These qualifications do not include a minimum education requirement.¹⁰ Lead agencies are responsible for subcontracting with these providers.

Shift-Care Group Home Model. Lead agencies reported that this model is used for older children who have behavior problems or a history of physical aggression or violent behavior toward themselves, others, and/or property, or have had multiple out-of-home care placements. Many of these adolescents have substance abuse problems or have an extensive background with delinquency. The model provides 24/7 supervision by using shift-care workers; shift lengths and rotations vary by provider. Shift-care model group homes are not family-based settings. While some shift-care models are single-family houses, others have an institutional structure, like college dorm rooms or hospital wings, as well as communal aspects, such as cafeteria-style meal times. While lacking a family-based environment, some of the shift-care providers we visited emphasized their long tenured staff (15 to 20 years) and belief that if the program employs quality staff workers and has low staff turnover, these programs can promote stability and caregiver bonding for children.

House Parent Group Home Model. Lead agencies reported that they try to use the house parent model for younger children. House parents are employees of the residential group care provider. Often, house parents are married couples whose biological children are grown. House parent staffing models vary by group home provider; group homes typically employ two sets of house parents per house—one couple serves as the primary house parents and the second, referred to as a relief couple, live in the home during the primary couple’s respite and vacation periods. The house parent model may be a single-family home or it may be multiple single-family homes on a campus designed to resemble a residential neighborhood. House parent models we visited had family-like aspects such as the children and house parents eating meals together and functioning similar to a family foster home.

Lead agencies’ residential group care monitoring efforts vary. While the department annually monitors residential group care providers for licensure requirements, lead agencies monitor providers for contractual compliance. Lead agencies’ monitoring efforts range from annual announced visits to quarterly visits that may be either announced or unannounced. If a problem is identified, lead agencies may require that residential group care providers submit a corrective action plan. Lead agencies’ corrective action plan follow-up efforts also vary. One lead agency we interviewed had created a residential group care five-star rating system aimed at ensuring all of its providers maintain a certain quality standard. The lead agency told us that when the rating system was implemented, some providers chose to not pursue contract renewal, and that if a provider consistently receives less than three stars, the lead agency terminates the provider. The department created a group care quality standards workgroup; the workgroup released its recommendations in September 2015.

⁹ For children under age six and those with special needs, the staffing ratio is 1:4 when children are awake and 1:6 when children are asleep. For children age six and older the staffing ratio is 1:12 when children are asleep.

¹⁰ Rule 65C-14.023, F.A.C.

Lead agencies must ensure that all children are in a safe, loving, and nurturing environment, regardless of the setting. Family foster parents are expected to fulfill roles and responsibilities specified in statute. As specified in licensure requirements, residential group care programs must either provide or ensure access to a range of minimum activities and services that are specified in the administrative rule. (See Exhibit 3 for the foster parent roles and responsibilities and the specific services and activities that residential group care programs must provide.) Case managers told us that 24/7 supervision, on-site therapy, staff with specialized training, and medication management are services that are available in residential group care settings and not in family foster homes. All children in out-of-home care receive necessary medical and behavioral health services that are paid for by Medicaid; children in residential group care with behavioral health needs receive mental health, substance abuse, and supportive services that are provided through Medicaid-funded Behavioral Health Overlay Services (BHOS).^{11, 12} In addition to behavioral health services paid for by Medicaid, residential group care providers may directly employ or contract with therapists and counselors.

Exhibit 3

Family Foster Parents Roles and Responsibilities and Required Residential Group Care Service or Activity

Roles and Responsibilities of Foster Parents
<ul style="list-style-type: none"> ▪ Participate in the development of the child’s case plan and assist in implementing the case plan ▪ Complete all training needed to improve skills in parenting a child who has experienced trauma ▪ Respect and support the child’s ties to members of his or her biological family and assist with maintaining allowable visitation ▪ Effectively advocate for the child ▪ Participate fully in the child’s medical, psychological, and dental care as the caregiver would for his or her biological child ▪ Support the child’s educational success by participating in activities and meetings associated with the child’s school ▪ Work in partnership with other stakeholders to obtain and maintain records that are important to the child’s well-being ▪ Ensure that children between the ages of 13 and 17 learn and master independent living skills ▪ Ensure that the child is aware of the requirements and benefits of the Road-to-Independence Program ▪ Work to enable the child to establish and maintain naturally occurring mentoring relationships
Required Residential Group Care Service or Activity
<ul style="list-style-type: none"> ▪ Provide a range of indoor and outdoor recreation and leisure activities ▪ Arrange for recreational and cultural enrichment in the community ▪ Provide transportation ▪ Arrange for and ensure necessary medical and dental care ▪ Ensure behavioral health counseling services ▪ Ensure participation in work activities at the program ▪ Provide clothing, personal hygiene items, and supplies ▪ Have a positive behavioral management program to correct unwanted behaviors ▪ Conduct assessments and develop service plans ▪ Arrange for educational and vocational services in the community or on-site ▪ Provide each child the opportunity to learn earning, spending, and saving money through an allowance ▪ Provide life skills training, including <ul style="list-style-type: none"> ○ problem solving and decision making; ○ social skills; and ○ independent living skills

Source: OPPAGA analysis of s. 409.145, F.S., and Ch. 65C-14, F.A.C.

¹¹ Children must be recertified every six months for BHOS eligibility by a licensed practitioner.

¹² Medicaid pays a daily rate of \$32.75 for BHOS in residential group care.

Out-of-home care costs vary by placement setting. Because Medicaid pays for children’s medical and behavioral health services, room and board rates do not include the cost of medical care. Relative and non-relative caregivers receive a basic monthly payment; family foster parents, who must meet certain roles and responsibilities, also receive a monthly payment intended to cover room and board expenses. Payments for both settings are set in administrative rule and statute and the child’s age determines the amount. (See Exhibit 4 for the standard monthly payments that relative and non-relative caregivers and family foster parents receive.) Lead agency staff annually negotiates rates with residential group care providers, with payment based on a negotiated daily bed rate.^{13, 14} In Fiscal Year 2013-14, OPPAGA reported that the average per diem rate for the shift-care group home model was \$124, and the average per diem rate for the house parent model was \$97.

Exhibit 4

The Child’s Age Determines the Amount of Financial Assistance That Relative and Non-Relative Caregivers and Family Foster Parents Receive

Age of Child	Relative and Non-Relative Caregiver Basic Monthly Payment ¹	Family Foster Care Monthly Room and Board Rate
0 through 5 years of age	\$242	\$439
6 through 12 years of age	\$249	\$451
13 to 18 years of age	\$298	\$527 ²

¹ Basic monthly payments do not include other services a child may receive (e.g., Medicaid). In addition, the amount of the basic monthly payment is before any deductions for income of the child (e.g., Supplemental Security Income payments).

² Family foster parents receive this monthly room and board rate through the child achieving age 21.

Source: Rule 65C-28.008, *F.A.C.* and s. 409.145(4)(a), *F.S.*

On June 1, 2015, there were 21,946 dependent children in out-of-home care.¹⁵ Eighty-six percent of these children were in family-based care, with 55% in unlicensed care with a relative or non-relative caregiver, 28% in family foster care, and 3% in therapeutic foster care. Seven percent of children were in licensed residential group care, while 1% were in a residential treatment program. (See Exhibit 5.)

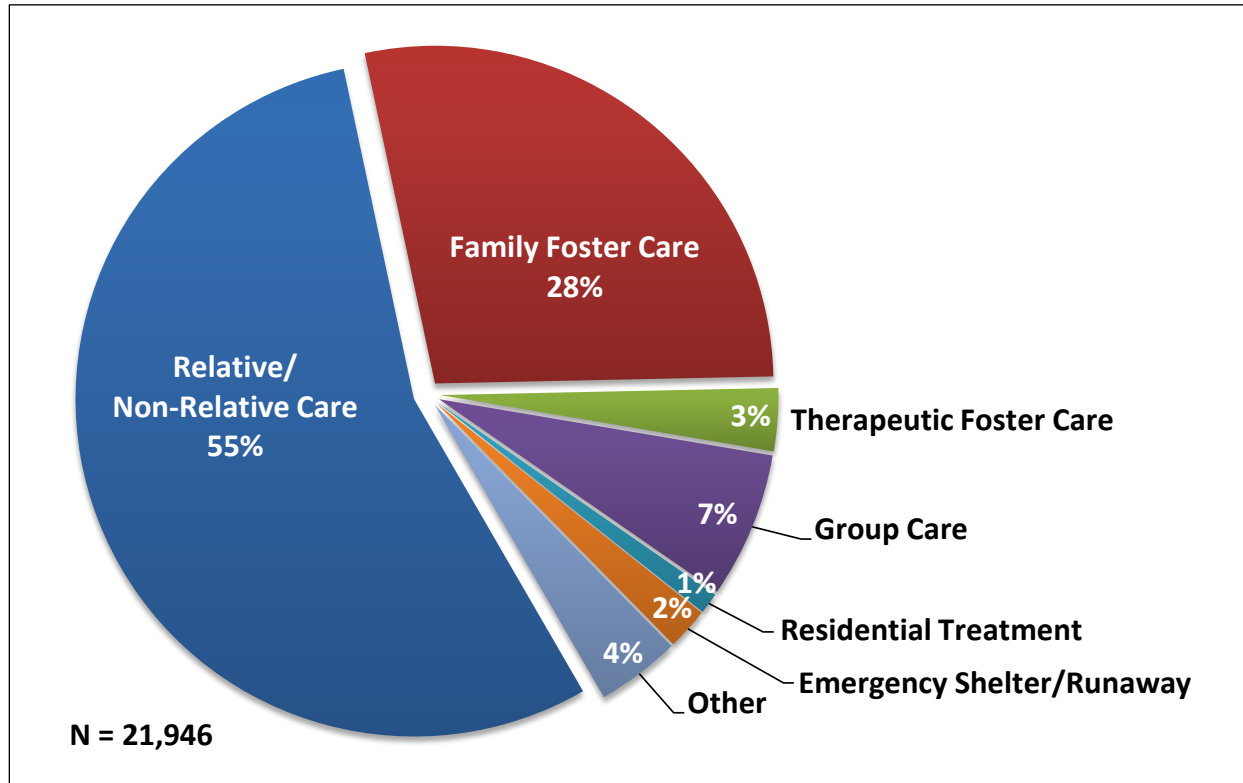
¹³ Lead agency directors consider several factors when negotiating rates, including the provider’s budget and expenses, amount of community support (private funding), staff to client ratios, bed capacity, services provided, special per child considerations (e.g., the child needs his or her own room or requires 24-hour supervision), and the number of children to be served.

¹⁴ Rates also vary by type of program. For example, providers serving children or adolescents requiring special care and treatment, such as those serving sexually abused or sexually reactive adolescents, receive an enhanced room and board rate.

¹⁵ This data presents all children in out-of-home care on June 1, 2015.

Exhibit 5

In Fiscal Year 2014-15, 86% of Children Were in a Family-Based Placement^{1,2}



¹ This data is all children in out-of-home care on June 1, 2015.

² Other consists of categories such as correctional placements (18%), children on runaway status (18%), other group homes, (e.g., homes licensed by the Agency for Persons with Disabilities) (18%), and temporary hospitalizations for medical and mental health reasons (9%).

Source: OPPAGA analysis of Department of Children and Families data.

Since Fiscal Year 2007-08, the overall number of children in out-of-home care has decreased; however, since 2013, the number in residential group care and out-of-home care has increased. Between Fiscal Years 2007-08 and 2014-15, the average number of children in group care decreased as the out-of-home care population decreased. However, between Fiscal Years 2013-14 and 2014-15, the average number of children in group care increased by 9% as the average number of children in out-of-home care increased by 11%. Despite this increase, residential group care and overall out-of-home care placements have not reached Fiscal Year 2007-08 levels. As shown in Exhibit 6, residential group care expenditures have also begun to increase since Fiscal Year 2012-13. For detailed information on lead agencies' Fiscal Year 2014-15 licensed care and residential group care expenditures, see Appendix C.

Exhibit 6
During the Last Fiscal Year, Children in Out-of-Home Care and Residential Group Care Expenditures Have Increased

State Fiscal Year	Average Number of Children in Out-of-Home Care (Percentage Change from Prior Fiscal Year) ¹	Average Number of Children in Residential Group Care (Percentage Change from Prior Fiscal Year) ²	Residential Group Care Expenditures ³	Percentage Change in Residential Group Care (Expenditures from Prior Fiscal Year)
2007-08	24,755	3,075	\$112,240,934	
2008-09	21,020 (-15%)	2,696 (-12%)	\$98,411,631	-12%
2009-10	18,936 (-10%)	2,389 (-11%)	\$88,778,416	-10%
2010-11	18,704 (-1%)	2,223 (-7%)	\$87,941,722	-1%
2011-12	19,761 (6%)	2,268 (2%)	\$86,840,671	-1%
2012-13	18,854 (-5%)	2,135 (-6%)	\$84,482,158	-3%
2013-14	18,464 (-2%)	2,052 (-4%)	\$88,710,648	5%
2014-15	20,520 (11%)	2,230 (9%)	\$89,778,347	1%

¹ This figure is calculated by averaging the number of children in care at the end of each month in the fiscal year.

² This figure is calculated by averaging the number of children in care at the end of each month in the fiscal year. Children in all types of residential group care were used in this calculation.

³ Fiscal Year 2014-15 residential group care expenditures are year-to-date expenditures from the Department of Children and Families.

Source: OPPAGA analysis of Department of Children and Families data.

The Out-of-Home Care Placement Process

Once the dependency court determines that a child should be in out-of-home care, lead agencies are responsible for identifying the most appropriate placement.¹⁶ All children should receive a behavioral health assessment within 30 days; the assessment provides information that can inform identification of the most appropriate out-of-home care placement. While lead agency placement specialists reported that they try to place children in the least restrictive setting possible and use forms and tools to guide this process, bed availability may ultimately drive placement, including placing children outside their home county or not in close proximity to their parents, as required by federal law. Because of a shortage of foster parents who will foster teens, older children often are placed in residential group care.

All children should receive a Comprehensive Behavioral Health Assessment (CBHA) within 31 days; the assessment provides information to identify the most appropriate out-of-home care placement. A CBHA is an in-depth, detailed assessment of the child’s emotional, social, behavioral, and developmental functioning. Medicaid pays for a licensed practitioner or master’s level practitioner working under a licensed practitioner to administer a CBHA within 31 days of a child entering care and once every year. A CBHA provides specific information about the child’s mental health and related needs and identifies services to address these needs. The assessment results should be included in the child’s case plan and any therapeutic treatment plans, and when available, a CBHA should be used to inform the out-of-home care placement process.

¹⁶ Some lead agencies provide placement services in-house while others subcontract for these services.

While lead agencies reported that the goal to place children in the least restrictive setting possible drives placement, bed availability may ultimately drive this process. Lead agencies identify placements at two points: (1) when children enter care for the first time, and (2) when children already in care move to another placement. Regardless of the type of placement, lead agencies rely on available child information for the placement process. For children initially entering care, this is predominantly information gathered by the child welfare child protective investigator, the family functional assessment administered by the case manager, and a CBHA, when it is available.^{17, 18} For children already in care, typically more information is available, including a CBHA, other assessment and evaluation information, education records, and the child's needs and placement history. While this information is critical for determining the most appropriate available placement, lead agencies reported that the level and quality of information for children varies.

When a relative or non-relative caregiver has not been identified, the out-of-home placement process begins with lead agency placement specialists trying first to locate a family foster home before considering residential group care. Lead agency placement specialists use tools and forms to guide the placement process. These forms vary by lead agency, and while they provide a structure for the process, they do not produce a specific placement decision and are not formal assessments. Rather, they guide a placement specialist through all placement options until an available placement is identified. Despite these goals and processes, lead agency staff reported that bed availability often drives placement. Factors contributing to bed availability driving placement include an increase in the out-of-home care population and family foster parents not accepting teenagers, particularly those with behavioral issues, creating a lack of placement options for this population and resulting in a residential group care placement.¹⁹ Of children in residential group care, 47% had no prior placement; of children in residential group care who had a prior placement, 37% came to residential group care from an emergency shelter.²⁰

¹⁷ Rule 65C-30.005, *F.A.C.*, requires child welfare services workers to complete a family assessment within 15 working days of the Early Services Intervention staffing and update the assessment, at a minimum, every six months thereafter. The family assessment is used to analyze the strengths and needs of the family and its members and informs the development of case plans.

¹⁸ Because children should receive a CBHA within 31 days of entering out-of-home care, the assessment may not be available when a child is first in need of a placement.

¹⁹ Lead agencies reported requiring their placement specialists to approve all residential group care placements.

²⁰ This data presents all children who were removed from their homes after January 1, 2013, and placed in residential group care. This data includes removals that had temporary first placements, such as correctional facilities, hospitalizations, and runaway episodes before moving onto residential group care. If a child had one of these temporary placements as a placement prior to residential group care, we count residential group care as their first true placement.

Lead agency placement staff routinely tries to move children from residential group care; children should be placed in close proximity to their parents. Lead agency placement specialists reported that they view residential group care as a time-limited placement option. Thus, they conduct regular (monthly or more frequent) reviews of children in residential group care to determine if an appropriate, family-based placement is available. Several individuals from the child's life may be at these reviews, including lead agency placement staff, staff from the child's current placement, a representative from the child's school, clinical professionals, the child's case manager, and at times the child. While case managers we spoke to reported that they may be part of the placement discussion, they do not feel their input is often heavily considered when deciding on placement. Lead agency placement staff reported that there are situations when they may choose to not move a child from residential group care to a family foster home; these circumstances often relate to ensuring stability or decreasing the number of placements. For example, if it is near the end of the school year and the placement move would require the child to switch schools or if a relative or non-relative caregiver is close to being identified, lead agency placement staff may choose to not move a child from residential group care to avoid disrupting his or her routine.

While federal law requires that children be placed in close proximity to their parents, case managers we spoke to all had children placed outside their home county in residential group care settings.²¹ While some of these children were in specialized treatment, such as placements for victims of commercial sexual exploitation, case managers reported that many of them were in placements outside their home counties because there was not a bed available in the child's home county. Case managers further reported that placing children outside their home county impedes case managers' ability to visit children as well the children's ability to visit with their biological families. For example, some case managers reported that they had children placed so far away from their biological families that they could not facilitate visitation with them; in these situations children's contact with their families is accomplished through phone calls or web-based live video streaming.

Older children are in residential group care. We analyzed placements, including placement age distribution and placement moves. We found that a larger percentage of older children are in residential group care than family-based care. For example, of the children in residential group care, 80% were ages 11 or older while 61% of family foster care children were ages 5 or younger.²² See Exhibit 7 for details on children's age distribution by placement type.

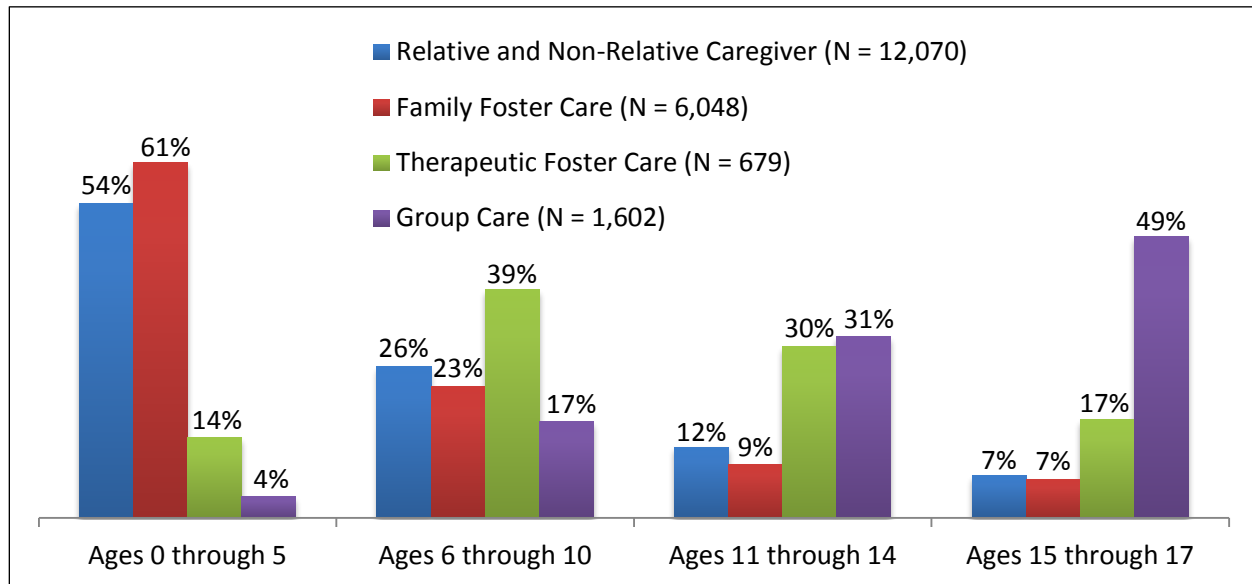
We also found that when children changed placements, older children moved to residential group care, while younger children moved to a family foster home or relative and non-relative caregiver. For example, of children who exited specialized therapeutic foster care for a family foster home, 54% were ages 10 or younger; 67% who exited for a relative or non-relative caregiver were ages 10 or younger. In comparison, 77% of the children who exited specialized therapeutic foster care for a residential group care placement were ages 11 or older.

²¹ Federal law requires children to be placed in close proximity to their parents when the child's case plan goal is reunification.

²² This data represents all children in out-of-home care on June 1, 2015.

Exhibit 7

Eighty Percent of Children in Residential Group Care Are Ages 11 and Older^{1,2}



¹ Of all children in out-of-home care on June 1, 2015.

² Percentages may not total 100% due to rounding

Source: OPPAGA analysis of Department of Children and Families' data.

Foster Parent Recruitment, Training, and Supports

Lead agencies recruit, train, and support DCF licensed family foster parents. To become a licensed family foster parent, applicants must attend an orientation, complete 20 to 30 hours of training, complete a child abuse and criminal background check, participate in a home inspection, and participate in a home study to review the applicant's readiness for fostering. Lead agencies generally conduct similar efforts to recruit foster parents, and we did not identify any recruitment effort or activity in any area that is unique. Foster parents we spoke to felt that the training curriculum had improved but did not think in-home supports and other resources were adequate. Lead agency officials maintain information about the foster families in their areas, and reported a lack of foster homes. However, statewide data provides limited information about Florida's foster home care capacity.

Lead agencies conduct similar efforts to recruit foster parent. Common recruitment efforts include conducting community outreach at faith-based settings, partnerships with local businesses to promote and support employees who foster, and traditional marketing materials such as posters and pamphlets. Lead agency staff reported that foster parents are their best recruiters. For example, one lead agency gives foster parents a \$100 gift card for referring new foster parents.

Lead agency staff reported conducting targeted recruitment of foster parents for teenagers. Examples of such efforts include having foster care teens speak at recruitment and training events and featuring teens in recruitment advertisements. In addition, lead agencies reported that in an effort to place children who are older and/or have had behavioral issues in family foster homes, they will pay enhanced room and board rates to foster parents who accept these placements. The amounts of the enhanced rates as well as the specific populations they cover vary by lead agency. For example, one lead agency pays a range of enhanced rates depending on whether a child's behavior is mild, moderate, severe, or serious. In 2015, DCF created a workgroup tasked with improving and

increasing recruitment of foster parents for teens. However, at the time of our review, the workgroup had not finalized its findings and long-term plans.

Lead agencies we interviewed do not typically use data-driven approaches to target recruitment efforts, such as creating recruitment goals or identifying target geographic areas, or to evaluate their recruitment efforts. In addition, the foster parents we spoke to in our focus groups reported that lead agencies did not recruit them; rather, they decided to become foster parents after hearing about it from friends and family members.

Lead agencies reported family foster home capacity, particularly for teens, as an issue. Lead agency placement staff attributed these issues, in part, to the recent increase in the out-of-home care population but specified that finding family foster homes for teenagers has been and is an ongoing challenge.

Exhibit 8 presents the statewide foster home bed capacity on January 1, 2015, as reported in the department’s Florida Safe Families Network (FSFN). This data appears to show that the state was using 61% of its available foster home bed capacity and that there were approximately 3,400 available beds. There are many factors to consider when analyzing this data that make it difficult to assess what population the state’s foster home capacity serves and does not serve. For example, not all licensed foster parents accept placements but would still appear in FSFN as available; some may temporarily choose not to take placements for respite reasons or family issues. In addition, lead agencies reported that while foster parents may be licensed to accept children ages 0 through 17, many have a preference to foster younger children and will not accept teenage placements. While FSFN includes fields to capture these preferences, we did not use this data because DCF officials reported that lead agencies are inconsistent in their use of these fields, making this information unreliable and incomplete. While each lead agency may be familiar with its foster home supply and capacity, because FSFN foster home bed capacity may not reflect true statewide capacity, particularly for specific populations, the state has limited systematic information about statewide and regional foster home capacity.

Exhibit 8

On January 1, 2015, Florida Was Using 61% of its Family Foster Home Bed Capacity

Number of Foster Home Beds	Number of Foster Home Placements	Number of Open Foster Home Beds	Percentage of Foster Home Beds in Use
8,781	5,367	3,414	61%

Source: OPPAGA analysis of Department of Children and Families data.

Foster parents reported improvement since the implementation of the Quality Parenting Initiative (QPI) training curriculum; foster parents report that the licensure process is lengthy. The core goal of QPI is to ensure that children have effective, loving parenting.²³ The QPI training connects foster parents with training peer experts and other resources. While lead agencies reported using various foster parent training curriculums, most lead agencies we interviewed have begun to either use the QPI training or have incorporated aspects of it into the curriculum. Foster parents reported that QPI has generally improved training by incorporating foster parents and foster care teens into training classes because relevant role-play scenarios provide a more hands-on approach to learning. However, foster parents told us the training does not fully prepare one to be a foster parent.

²³ QPI is a joint project of the Youth Law Center, DCF, 15 lead agencies, and the Eckerd Family Foundation.

Both foster parents and case managers reported ongoing training and continuing education as an area needing improvement. After the initial training required to become licensed, foster parents reported that ongoing training can be difficult to find or may not be relevant. Trainings may only be offered a few times a year or at inconvenient locations. Foster parents requested more on-line training because it is more flexible.

Some foster parents reported that the licensing process takes too long. For example, each class in the foster parent training curriculum covers specific topics. To complete the curriculum, a foster parent must attend a class for each topic. If a foster parent misses a required class, and that class is not offered again that year, they are not able to become licensed. To address the length of the licensing process, some lead agencies have begun to streamline this process. For example, rather than waiting for parents to complete the classes, one lead agency completes all other licensing requirements while foster parents attend training classes.

While lead agency officials reported providing foster parents with in-home supports and services, foster parents and case managers do not feel these supports and other resources are adequate. Lead agency officials reported providing a wide array of in-home supports and services to address the needs of foster children and foster parents. Examples of these services include monthly visits by an independent living specialist for older children and access to therapeutic or counseling services as well as behavior analysts. However, foster parents told us that these services, especially for teenagers and children with behavioral issues, are not adequate. For example, foster parents reported the need for respite care and child care for older children during the summer months and after school. In addition, some foster parents reported that clothing allowances and other resources are not sufficient. However, foster parents who have access to foster parent mentors reported that mentors are a good resource and help them to feel more supported; all lead agencies do not have a foster parent mentor program.

Case managers also reported that current in-home supports are not adequate to address the needs of foster children or foster families. For example, case managers reported a need for more community-based wrap-around clinical services as well as respite for foster parents. In addition, case managers told us training, should be tailored to specific placements, particularly teenagers and children with behavioral issues.

Other States' Congregate Care Reform Efforts

Since 2006, states have implemented varying congregate care reform initiatives, including increasing foster parent capacity, in-home services, and supports.²⁴ We reviewed congregate care reform efforts in eight states (California, Colorado, Louisiana, Maine, New York, Tennessee, Texas, and Virginia).²⁵ During 2004 through 2013, four of these states—Louisiana, Maine, New York, and Virginia—showed a larger decrease in their use of congregate care than Florida.²⁶ During this same period, the remaining four states, like Florida, did not decrease their use of congregate care as much as the average national decrease of 37%. These states' reform efforts varied by length of time, key components, and measurable results. However, many states emphasized foster home and other family-based placement reforms as key components of their efforts. Exhibit 9 provides examples of these reforms. For details on each state's reform initiatives, see Appendix D.

²⁴ While states' definitions of congregate care vary, it usually includes an array of residential placements that may include diagnostic and assessment centers, emergency shelters, group homes, residential treatment centers, and in-patient hospital facilities.

²⁵ The review of New York's initiatives focused on efforts implemented in New York City.

²⁶ This decrease is based on analysis of the federal Adoption and Foster Care Analysis and Reporting System.

**Exhibit 9
States' Congregate Care Reform Efforts Emphasized Foster Homes and Family-Based Placements¹**

State and Child Welfare System Administration	Examples of Congregate Care Reform Efforts
California (County Administered)	<ul style="list-style-type: none"> ▪ Intensive in-home and community based services ▪ Enhanced use of wraparound services
Colorado (County Administered)	<ul style="list-style-type: none"> ▪ Increased use of foster and kinship home ▪ Expanded use of non-relative guardianship
Louisiana (State Administered)	<ul style="list-style-type: none"> ▪ Increased number of family foster homes ▪ Streamlined foster parent licensing requirements ▪ Enhanced in-home services
Maine (State Administered)	<ul style="list-style-type: none"> ▪ Increased use of relative caregivers ▪ Shifted resources to community services
New York City (County Administered)	<ul style="list-style-type: none"> ▪ Identified supports needed for families to take youth
Tennessee (State Administered)	<ul style="list-style-type: none"> ▪ Increased number of foster parents for high-need children ▪ Increased use of treatment foster care (therapeutic foster care) ▪ Provided intensive training and supports to foster parents
Texas (State Administered)	<ul style="list-style-type: none"> ▪ Provided 24-hour crisis intervention/support for caregivers ▪ Modified financial assistance to caregivers
Virginia (County Administered)	<ul style="list-style-type: none"> ▪ Increased payments to foster parents ▪ Modified funding to recruit and train foster, relative, and adoptive families

¹ For details on each state's reform initiatives, key components, and measurable outcomes, see Appendix D.

Source: OPPAGA analysis of other states' congregate care reform efforts.

Appendix A

The Dependency Case Proceeding Process

When children are removed from their homes, a series of dependency court proceedings must occur to adjudicate children as dependent and place them in out-of-home care. During these proceedings, children are classified as being in shelter status and may be placed in an emergency shelter. At the disposition phase of dependency proceedings, a judge decides whether to place a child in out-of-home care and determines the necessary protections and services. Exhibit A-1 details the dependency case proceeding process.

Exhibit A-1 Children in Out-of-Home Care Are Adjudicated Dependent

Dependency Case Proceeding	Description of Dependency Case Process	Statutory Reference
Removal	The child's home is determined to be an unsafe living environment, and the child is removed from the home.	Section 39.401, <i>F.S.</i>
Shelter Hearing	A shelter hearing occurs within 24 hours after removal of a child from the home. The judge determines whether to keep the child removed from the home.	Section 39.401, <i>F.S.</i>
Shelter Petition	A shelter petition occurs within 21 days after the shelter hearing. Initiates all proceedings seeking adjudication that a child is dependent.	Section 39.501, <i>F.S.</i>
Arraignment and Shelter Review	An arraignment and shelter review occurs within 28 days after the shelter hearing. This allows the parents or legal guardian to admit, deny, or consent to findings of dependency alleged in the shelter petition and review any shelter order in place.	Section 39.506, <i>F.S.</i>
Adjudication	Adjudication occurs within 30 days after arraignment. The judge determines whether the child is dependent.	Section 39.507, <i>F.S.</i>
Disposition	Disposition occurs within 15 days after arraignment or 30 days after adjudication. The judge decides whether to place a child in out-of-home care and determines the necessary protections and services.	Sections 39.506 and 39.521, <i>F.S.</i>
Case Plan Approval	A case plan is approved at time of disposition or within 30 days after disposition. The case plan contains specific goals and steps the parents or legal guardians need to accomplish to address the behavior that created the risk for the child. The case plan lists the services to be provided to the child, foster parents, and legal guardians.	Section 39.521, <i>F.S.</i>

Source: OPPAGA analysis of Ch. 39, *F.S.*

Appendix B

Assessed Behavioral Issues of Children in Specialized Therapeutic Foster Care and Residential Group Care

Data shows children in specialized therapeutic foster care (STFC) exhibited more behavioral issues than children in residential group care. Child welfare case managers are required to complete a family assessment when a family begins receiving services as a result of a child protective investigation.²⁷ We compared the percentage of children exhibiting behavioral issues in both STFC and residential group care populations. Statute specifies that the primary purpose of residential group care is to address the unique needs of children who require more intensive services than a family setting can provide. Lead agencies reported a lack of appropriate family foster homes for teenagers with behavioral issues; however, children in STFC have emotional disturbances and are being served in family settings. To conduct this analysis, we obtained assessment data for children who were in STFC and residential group care after January 1, 2013. To minimize the likelihood that children's assessed behaviors were influenced by the type of care they were in, for each child, we attempted to identify the assessment closest to the day they entered care.²⁸ Seventy-one percent of STFC children had a complete assessment, while 62% of residential group care children had a complete assessment.²⁹

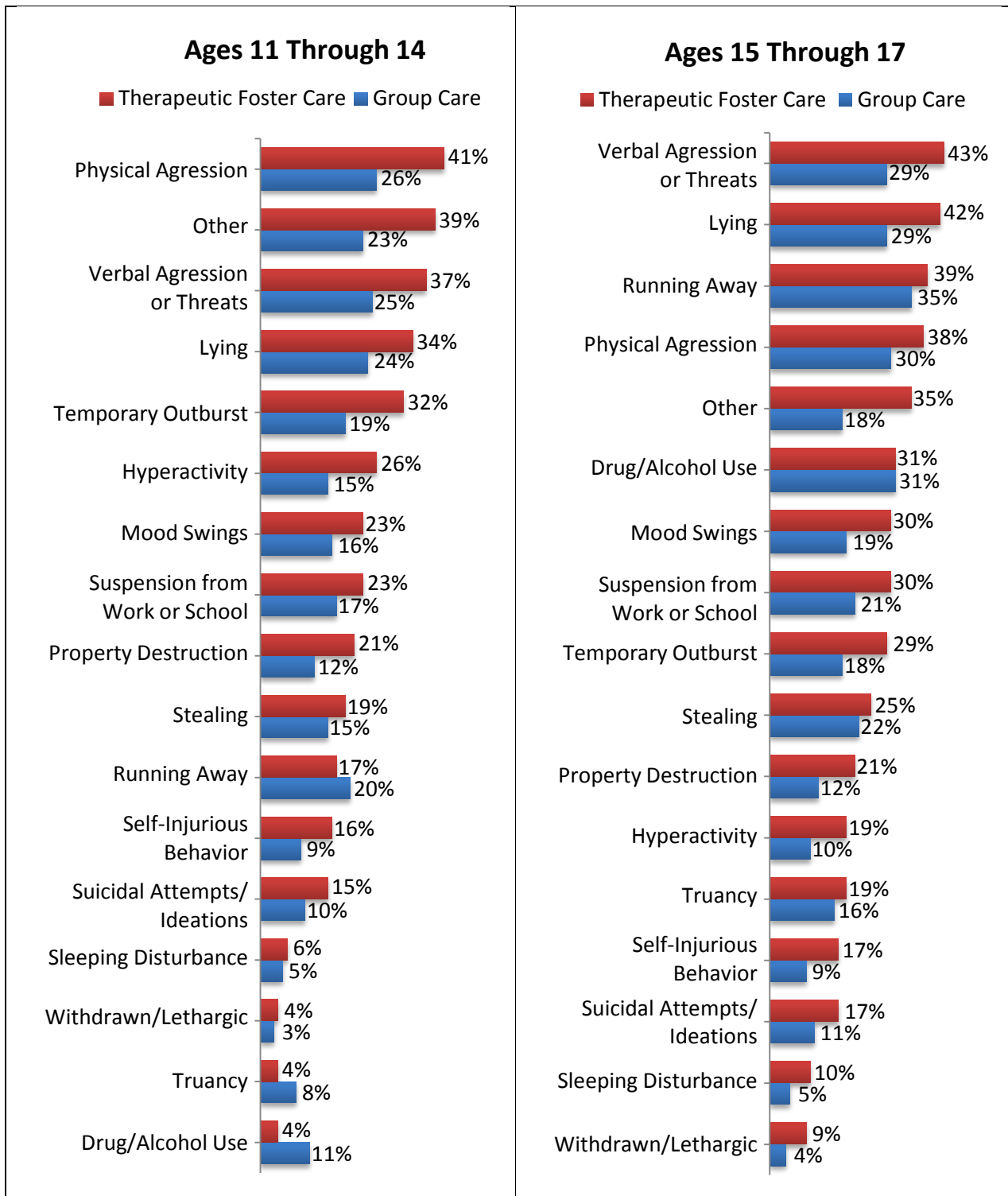
The assessment includes a determination of whether the child exhibits one or more of 24 specific behavioral issues. Exhibit B-1 shows that children in STFC exhibited nearly all of the behavioral issues at a higher rate than children in residential group care. For example, 43% of STFC children, ages 15 through 17, exhibited verbal aggression or threats compared to 29% of children in residential group care. This data may suggest that not all children in residential group care exhibit behaviors that cannot be met in a family-based setting. Some lead agencies reported developing enhanced foster home programs for children with behavioral issues. These types of placement settings may be able to serve children who may otherwise be placed in residential group care.

²⁷ Rule 65C-30.005, *F.A.C.*, requires child welfare services workers to complete a family assessment within 15 working days of the Early Services Intervention staffing and update the assessment, at a minimum, every 6 months thereafter. The family assessment is used to analyze the strengths and needs of the family and its members and informs the development of case plans.

²⁸ Children could be counted in both STFC and residential group care if they were in both of these settings at any time after January 1, 2013.

²⁹ This does not include Our Kids, Florida's largest community-based care lead agency, which did not complete the standard family assessment in FSN during this period.

**Exhibit B-1
Behaviors of Children¹**



¹ Other includes bed wetting, fire setting, harming animals, frequent crying, frequent physical complaints, eating disorders, bizarre hallucinations, and other issues.

Source: OPPAGA analysis of Department of Children and Families data.

Appendix C

Residential Group Care Expenditures Accounted for More Than Half of Licensed Care Expenditures

In Fiscal Year 2014-15, residential group care expenditures accounted for 60% of statewide licensed care expenditures.³⁰ Each individual lead agency’s residential group care expenditures ranged from 42% to 80% of its licensed care expenditures. See Exhibit C-1 for all licensed care expenditures and residential group care expenditures as a percentage of licensed care expenditures by lead agency for Fiscal Year 2014-15.

Exhibit C-1

In Fiscal Year 2014-15, Residential Group Care Expenditures Were a Significant Percentage of Lead Agencies’ Licensed Care Expenditures

Community-Based Care Lead Agency	Foster Care Expenditures	Residential Group Care Expenditures	Other Licensed Care Expenditures	Total Licensed Care Expenditures	Percentage of Licensed Care Expenditures Spent on Residential Group Care
Big Bend CBC	\$1,347,954	\$3,236,695	\$124,477	\$4,709,126	69%
Brevard Family Partnerships	2,140,572	2,233,708	122,335	4,496,615	50%
CBC of Central Florida (Orange-Osceola)	2,881,675	4,516,097	0	7,397,772	61%
CBC of Central Florida (Seminole)	747,749	2,055,688	0	2,803,437	73%
Childnet (Broward)	8,933,230	10,317,774	2,709,449	21,960,453	47%
Childnet (Palm Beach)	3,058,949	8,674,408	1,322,192	13,055,549	66%
Children’s Network of Southwest Florida	2,357,510	3,553,280	0	5,910,790	60%
Community Partnership for Children	1,941,694	2,218,983	294,666	4,455,343	50%
Devereux	981,195	5,145,187	289,779	6,416,161	80%
Eckerd (Hillsborough)	3,641,636	7,497,008	0	11,138,644	67%
Eckerd (Pasco-Pinellas)	3,938,083	5,833,173	0	9,771,256	60%
Families First Network	3,056,071	2,337,549	83,425	5,477,046	43%
Family Integrity Program	241,288	522,319	0	763,606	68%
Family Support Services of North Florida	2,877,920	2,536,005	3,675	5,417,599	47%
Heartland for Children	1,711,467	5,532,589	445,581	7,689,637	72%
Kids Central	2,415,986	2,708,094	1,221,885	6,345,965	43%
Kids First of Florida	611,354	451,480	1,224	1,063,958	42%
Our Kids	6,672,112	15,064,529	0	21,736,642	69%
Partnership for Strong Families	1,387,891	1,914,202	0	3,302,094	58%
Sarasota Family YMCA	1,263,390	3,429,679	0	4,693,068	73%
Total¹	\$52,207,725	\$89,778,347	\$6,618,688	\$148,604,760	60%

¹ Figures may not sum to totals due to rounding.

Source: OPPAGA analysis of Department of Children and Families fiscal information.

³⁰ Licensed care expenditures do not include relative and non-relative caregiver expenditures. Relative and non-relative caregiver placements accounted for the majority of out-of-home care placements—55%.

Appendix D

States’ Efforts to Reform Congregate Care

States’ congregate care reform initiatives varied; key components included foster home and family-based placement reforms. We reviewed congregate care reform efforts in eight states (California, Colorado, Louisiana, Maine, New York, Tennessee, Texas, and Virginia).³¹ During 2004 through 2013, four of these states—Louisiana, Maine, New York, and Virginia—showed a larger decrease in their use of congregate care than Florida.³² During this same period, the remaining four states, like Florida, did not decrease their use of congregate care as much as the average national decrease of 37%. These states’ reform efforts varied by length of time, key components of the reform effort, and measurable results. However, many states emphasized foster home and other family-based placement reforms as key components of their efforts. Exhibit D-1 details states’ congregate care reform efforts. While state’s definitions of congregate care vary, it usually includes an array of residential placements that may include diagnostic and assessment centers, emergency shelters, group homes, residential treatment centers, and in-patient hospital facilities.

Exhibit D-1

Other States’ Congregate Care Reform Efforts Emphasized Foster Homes and Family-Based Placements

State and Child Welfare System Administration	Reform Initiating Entity and Year	Scope and Target of Reform	Characteristics of Youth in Reform Effort	Key Components of Reform Effort	Measurable Results of Reform Efforts
California (County Administered)	State Legislature and Legal Action, 2007	4 Pilot Sites Residential Treatment Programs (RTPs)	Children, 6 to 18 years of age, who had severe emotional or behavioral problems and resided in RTPs or were at-risk of RTP placement and had family or caregivers willing to help them achieve permanency	<ul style="list-style-type: none"> ▪ Short-term residential intervention ▪ Intensive in-home and community-based services ▪ Continuity of care (services and supports follow child into the community) ▪ Enhanced use of wraparound services ▪ Increased family finding efforts ▪ Increased family engagement efforts ▪ Implemented family team decision making ▪ State and county governments partnered with congregate care providers 	<ul style="list-style-type: none"> ▪ Increased percentage of youth achieving permanency ▪ Decreased the time to permanency ▪ Reduced length of time in treatment settings ▪ Reduced the percentage of youth reentering residential care

³¹ The review of New York’s initiatives focused on efforts implemented in New York City.

³² This decrease is based on analysis of the federal Adoption and Foster Care Analysis and Reporting System.

State and Child Welfare System Administration	Reform Initiating Entity and Year	Scope and Target of Reform	Characteristics of Youth in Reform Effort	Key Components of Reform Effort	Measurable Results of Reform Efforts
Colorado (County Administered)	Department of Human Services, Division of Child Welfare Services, 2013	Statewide All congregate care	All foster care children in residential settings, including psychiatric residential treatment	<ul style="list-style-type: none"> ▪ Implemented permanency roundtable practice model ▪ Implemented cross-over youth practice model ▪ Increased the use of foster and kinship homes ▪ Expanded use of non-relative guardianship ▪ Engaged judiciary ▪ Expanded differential response to prevent entry into foster care 	Too early in reform efforts to ascertain
Louisiana (State Administered)	Department of Children and Family Services, 2006	Statewide All congregate care	All children in congregate care settings with focus on children under 12 years of age in these settings	<ul style="list-style-type: none"> ▪ Increased the number of family foster homes ▪ Streamlined licensing requirements for foster parents ▪ Implemented payments for kinship care ▪ Enhanced in-home services ▪ Implemented evidenced-based family supports and clinical services (e.g., multi-systemic therapy and the Nurturing Parent program) ▪ Increased access to substance abuse services for parents 	<ul style="list-style-type: none"> ▪ 76% reduction in the use of congregate care over 9 years ▪ 12% increase in available foster and adoptive homes during 2007 through 2009
Maine (State Administered)	Department of Health and Human Services, Bureau of Child and Family Services, 2004	Statewide All congregate care	Children in residential settings	<ul style="list-style-type: none"> ▪ Implemented permanency teams to move children to permanent family or home-based settings ▪ Increased the use of relative caregivers ▪ Required third-party prior authorization and utilization review of all children in high-end placements ▪ Redefined congregate care from a placement to treatment ▪ Shifted resources to community services, including working with providers to prepare them to shift from residential to community-based services 	<ul style="list-style-type: none"> ▪ 73% reduction of children in congregate care settings over 5 years ▪ 150% increase of children in relative care ▪ Overall savings of \$10.4 million with \$4 million invested in community services

State and Child Welfare System Administration	Reform Initiating Entity and Year	Scope and Target of Reform	Characteristics of Youth in Reform Effort	Key Components of Reform Effort	Measurable Results of Reform Efforts
New York City (New York State operates a county administered system)	New York City Administration for Children's Services, 2003	City-wide All types of congregate care	Teenagers in congregate care	<ul style="list-style-type: none"> ▪ Increased family finding efforts ▪ Identified supports needed by families to take children ▪ Developed quantitative formula to evaluate each provider based on placement stability and permanency outcomes of children in their care ▪ Permanently closing poorly performing congregate care sites ▪ Required concurrent planning for all children in foster care ▪ Limited the use of independent living as a case goal 	<ul style="list-style-type: none"> ▪ Reduced the number of congregate care beds by 47% ▪ Overall savings of more than \$41 million with a portion reinvested in support and aftercare services ▪ 100% increase in the number of teens entering the system who are placed in family settings
Tennessee (State Administered)	Class Action Lawsuit Settlement Agreement, 2000	Statewide All types of congregate care	Teenagers and children with special needs in congregate care	<ul style="list-style-type: none"> ▪ Increased the number of foster parents for high-need children ▪ Enhanced the use of treatment foster homes ▪ Provided intensive training and supports to foster parents ▪ Implemented a system-wide, validated child assessment tool to help identify least restrictive placements ▪ Implemented child and family team meetings for case planning ▪ Implemented a utilization review process for congregate care ▪ Required congregate care providers to diversify the services offered to include a continuum of services such as treatment foster care, in-home services, and adoption services 	<ul style="list-style-type: none"> ▪ 70% decrease in the use of congregate care ▪ Increased the number of children exiting foster care who achieve permanency ▪ Reduced the average length of stay in foster care from 22.3 months to 14 months

State and Child Welfare System Administration	Reform Initiating Entity and Year	Scope and Target of Reform	Characteristics of Youth in Reform Effort	Key Components of Reform Effort	Measurable Results of Reform Efforts
Texas (State Administered)	Department of Family and Protective Services, 2007	1 county, 2-year pilot Intensive out-of-home placements, such as residential treatment centers or therapeutic foster care	Foster care children 7 to 17 years of age with severe emotional and behavioral health needs	<ul style="list-style-type: none"> ▪ Care coordination ▪ Team meetings ▪ Youth mentoring ▪ Parent coaching ▪ After school care ▪ Tutoring ▪ Respite care ▪ Psychiatric services ▪ Outpatient therapy ▪ 24-hour crisis intervention/support for caregivers ▪ Financial assistance to caregivers for clothing, food, housing, utilities, transportation 	<ul style="list-style-type: none"> ▪ 50% of youth successfully reunified with their families (compared with 44% for general child welfare population in the county) ▪ Pilot project was 52% less expensive than residential treatment and 31% less expensive than group care or therapeutic foster care
Virginia (Country Administered)	Office of the Governor, 2007	Pilot sites All types of congregate care	All children in congregate care	<ul style="list-style-type: none"> ▪ Increased foster family reimbursements ▪ Modified funding to recruit and train foster, relative, and adoptive families ▪ Modified the state-local funding formula by incentivizing community-based placements ▪ Created a continuum of community-based services to support children and families ▪ Created a statewide method for gathering and analyzing data on children and family outcomes 	<ul style="list-style-type: none"> ▪ Decreased percentage of children placed in congregate care from 25% to just under 15% over 5 years ▪ 48% decrease in the number of children in congregate care over 4 years ▪ 80% increase in permanency rates for children ▪ 6% decrease in total expenditures of local, state, and federal funds ▪ 22% decrease in state congregate care spending ▪ 26% increase in state community-based services spending

Source: OPPAGA analysis of other states' congregate care reform efforts.

Florida House of Representatives

Children, Families and Seniors Subcommittee Presentation:

Five-Star Foster & Group Homes

November 18, 2015

Presentation by:

Sarah Markman Sayar

Vice President, Operating Services

Family Support Services Of North Florida, Inc.



Family Support Services
OF NORTH FLORIDA INC.

Discussion Points

- FSSNF 5-Star Residential Group Home Rating System
- High-Quality Foster Parent Training & Recruitment
- Foster Parent 5-Star Pilot



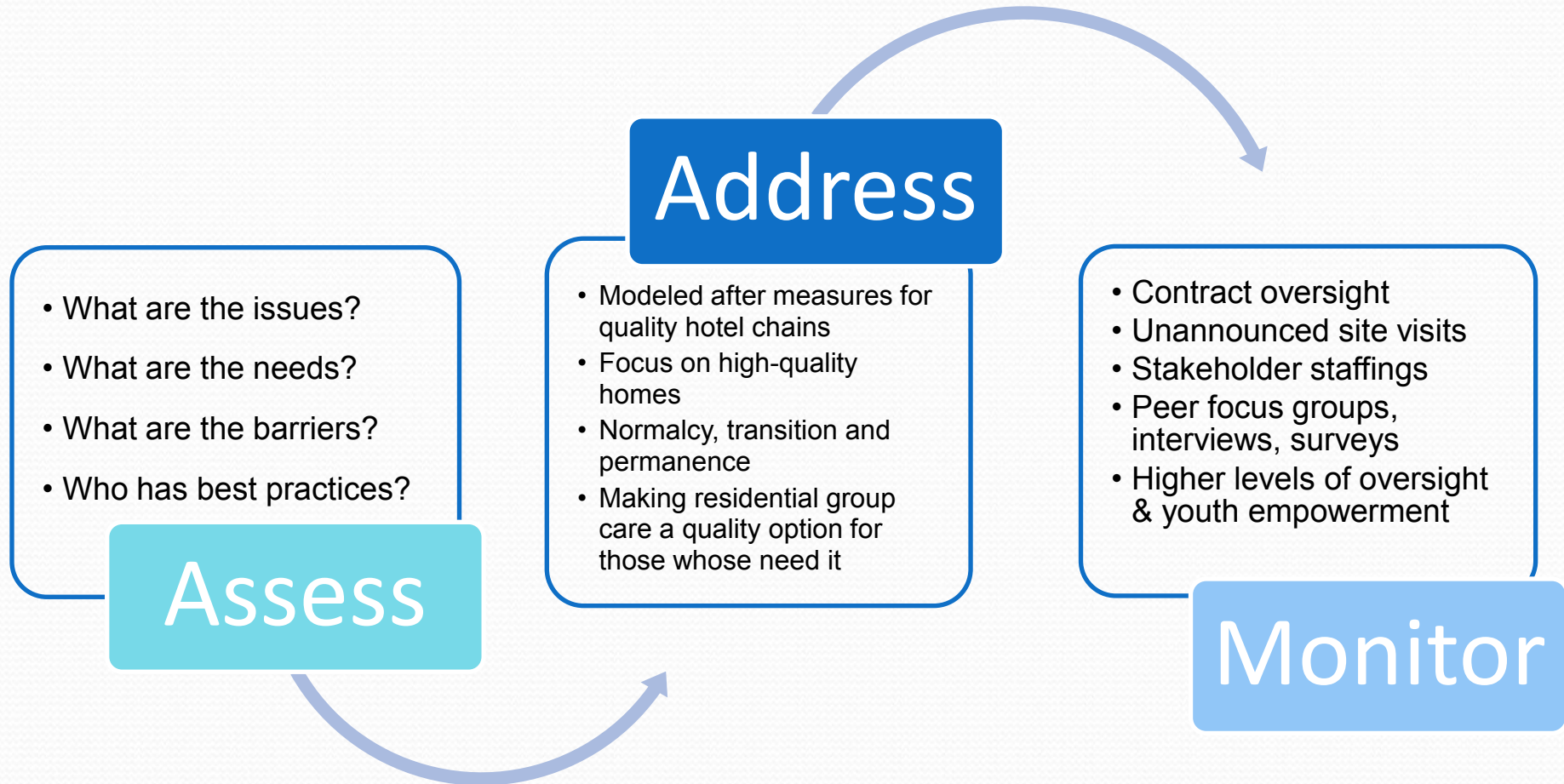
5-Star Residential Group Home Rating System

5-Star Residential Group Home Rating System: Purpose

In October 2011, FSSNF implemented the 5-Star Quality Rating System to:

- Enhance the minimum statutory requirements to improve the standards of the system
- Empower contracted group homes to provide higher-quality living environments
 - Based on the idea: “If you wouldn’t sleep there, then neither should our children”

5-Star Residential Group Home Rating System: Process








5-Star Residential Group Home Rating System: What We Assess

- Home-like atmosphere
- Yard
- Parking
- Security
- Outdoor amenities
- Indoor amenities
- Kitchen
- Dining room
- Living room
- Bedroom
- Bathroom
- Laundry Room
- Study area



5-Star Residential Group Home Rating System: Ratings

Determining a star: In order to obtain high star rating, Residential Group Homes (RGH) must achieve and maintain very high standards. A series of guiding principles help categorize the standard of quality, attributes and amenities expected for each star rating.

	(90-100 pts)	RGH that typify excellence across all areas of consideration. Children appreciate the range of amenities. Homes at this level display excellent design, quality and attention to detail.
	(76-89 pts)	RGH which satisfy the varied and discerning needs of their children. A wide range of amenities is typically complemented by service standards that deliver an excellent accommodation.
	(51-75 pts)	RGH that deliver service standards and a broad range of amenities that meet the basic standard. Average quality design and attributes that is typically fit to meet children's needs.
	(26-50 pts)	RGH with adequate standards of quality and moderate range of amenities. Service design and quality typically limited.
	(0-25 pts)	RGH does not meet standards with regard to design, amenities or quality.

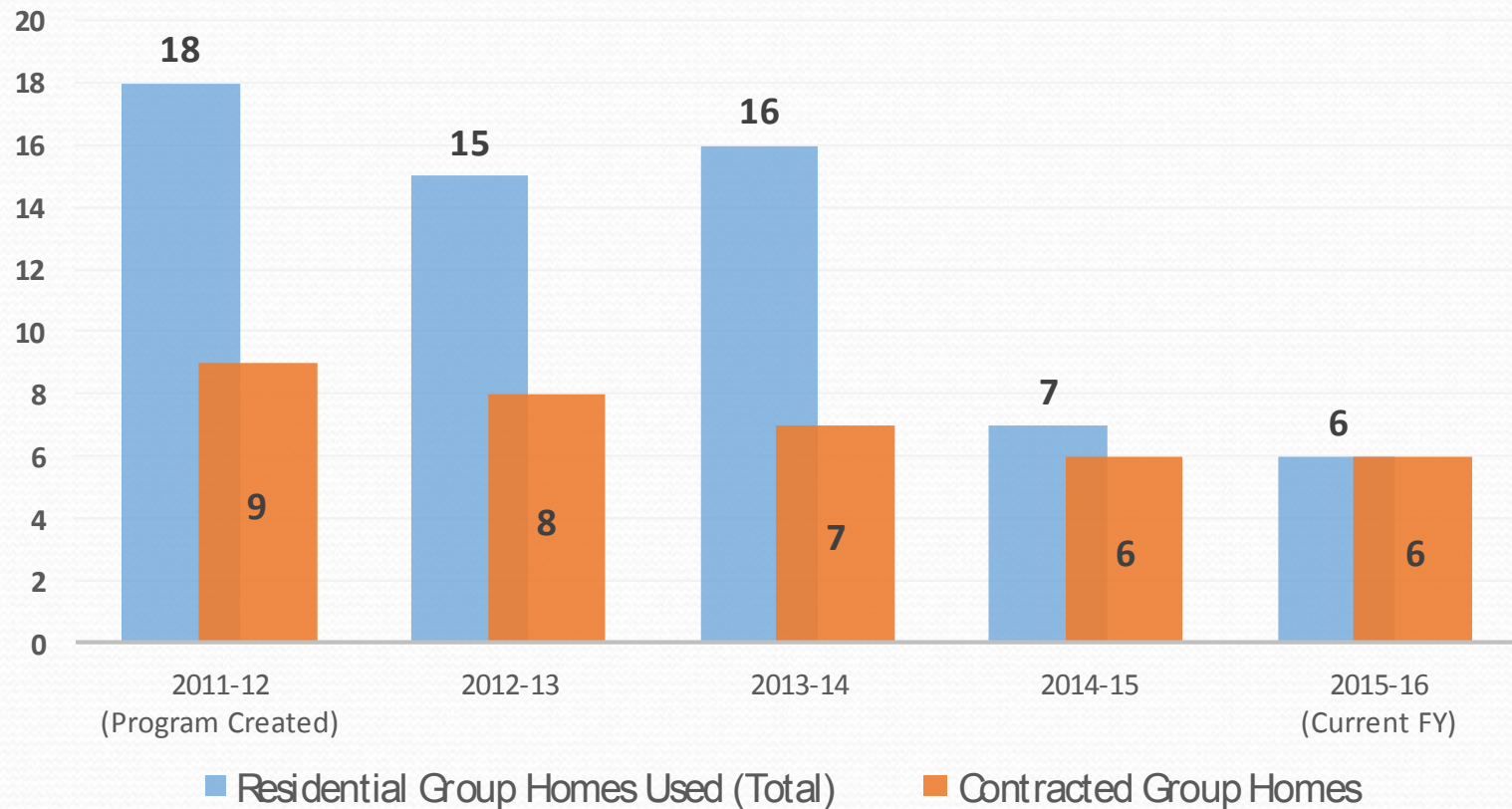
5-Star Residential Group Home Rating System: Incentive-Driven

A 360°
Approach
to Support



5-Star Residential Group Home Rating System: Data Tells The Story

Shift to Contracted Residential Group Homes



5-Star Residential Group Home Rating System: Where We Are Now

- We currently only contract with 6 group homes
- One-third of our group homes were closed due to substandard performance
- 67% of current contracted homes are 4 or 5-star rated
- Immediate corrective action for any home rated at 2 stars or below
- Quarterly group home trainings for contracted homes



High-Quality Foster Parent Training & Recruitment

High-Quality Foster Parent Training & Recruitment: Goals

- Improve standard of licensed foster parents:
 - Engagement of the biological family
 - Focus on reunification
 - Permanency
 - QPI (Quality Parenting Initiative)
 - Education
 - Health & well-being
 - Transition planning
 - Normalcy
 - Extracurricular activities
 - Life skills
- Trauma-Informed Care Training
 - Managing behavioral problems

High-Quality Foster Parent Training & Recruitment: Approach

- Foster home redesign training specific for licensing & placement staff
- Changed training curriculum from MAPP (*Model Approach to Partnerships in Parenting*) to PRIDE (*Parent Resources for Information, Development & Education*) & extended required hours to 40+
- Quarterly training series for foster parents, adoptive parents, and kinship caregivers
- Dedicated staff member for additional capacity

High-Quality Foster Parent Training & Recruitment: Our Needs

Targeted Recruitment

- Large siblings groups
- Teens with DJJ, behavioral problems, & sexual abuse history
- Emergency Respite
- Children with special needs such as developmental delays
- Neighbor To Family professional foster homes
- Victims of Human-Trafficking

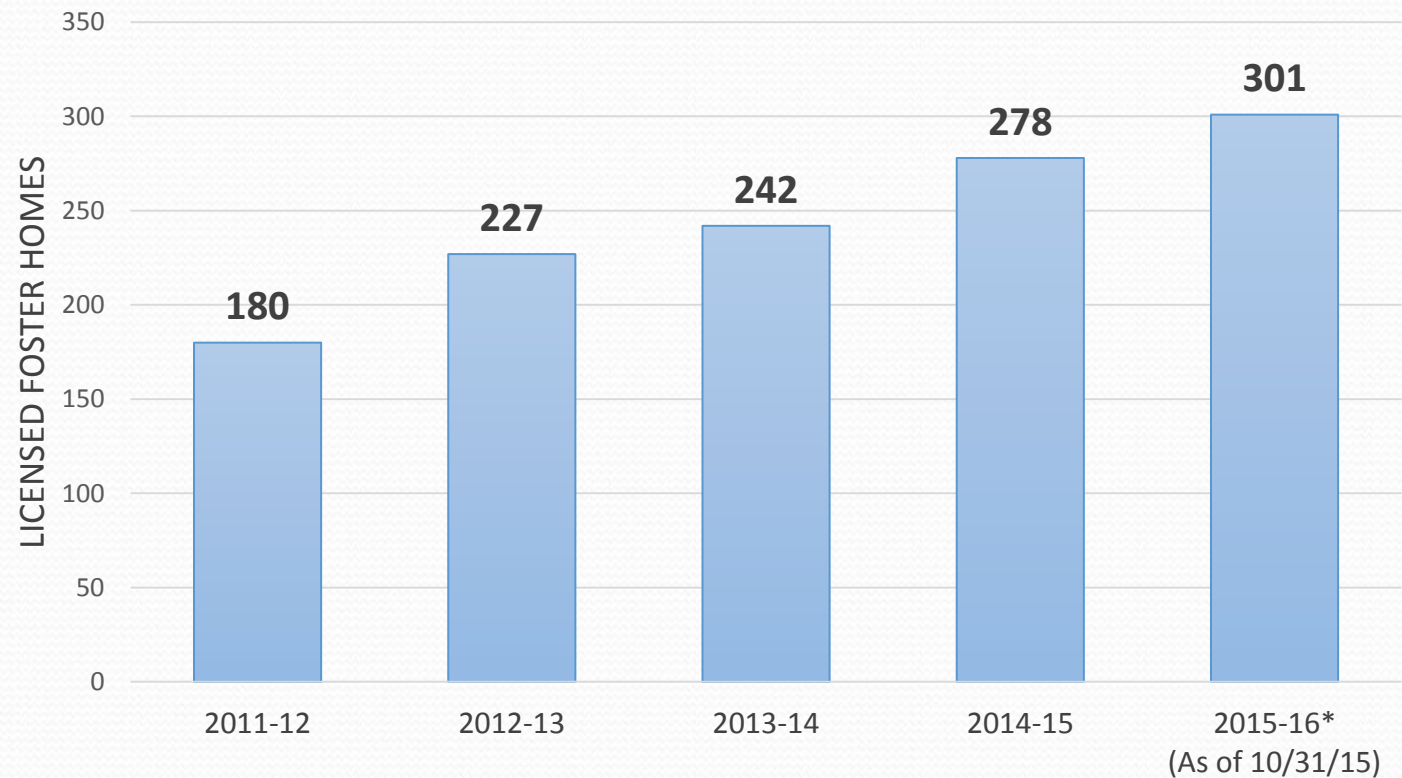
High-Quality Foster Parent Training & Recruitment: Our Method

Targeted Recruitment Outreach

- Media & Marketing campaigns
- Faith Based Outreach
- Community & Stakeholder Outreach
 - Public School System
 - Law Enforcement
 - Healthcare System
- Social Media
- Pre-Screening Intake and Assessments

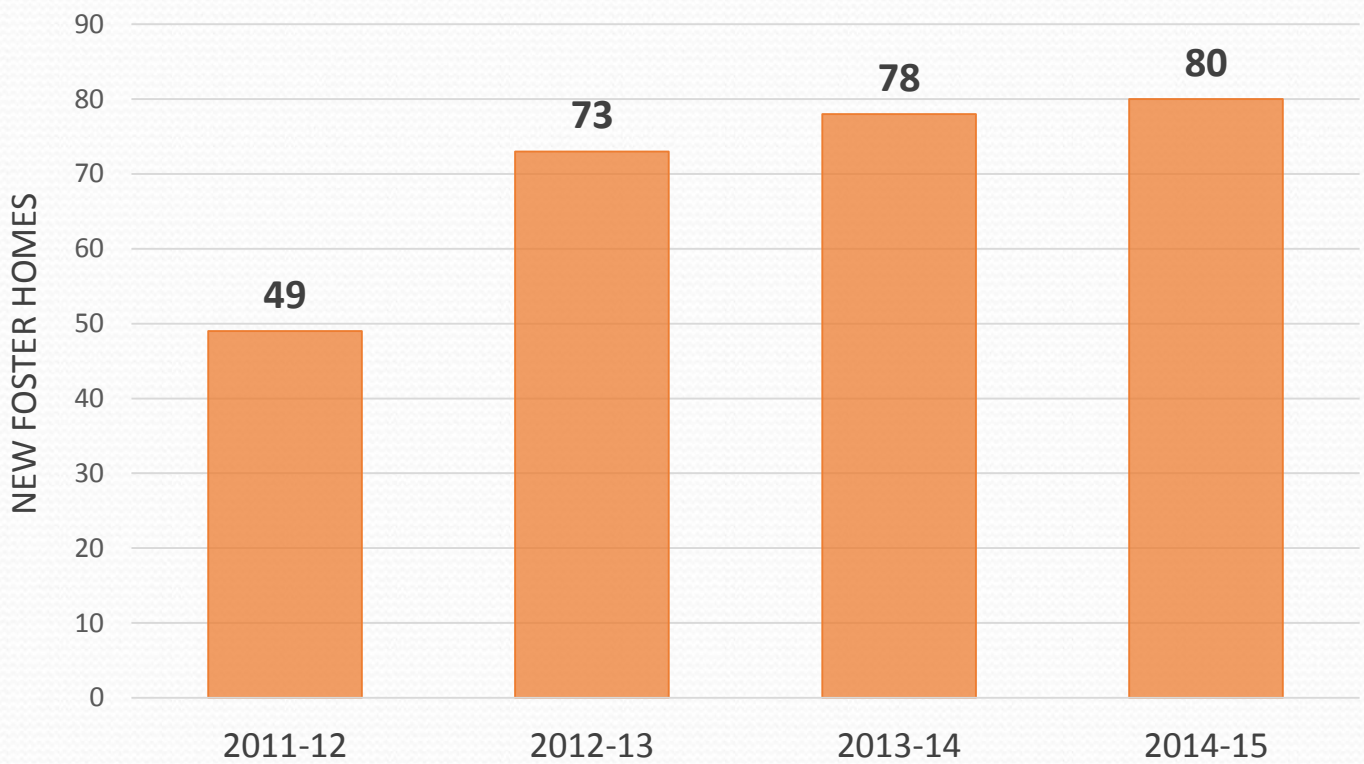
High-Quality Foster Parent Training & Recruitment: Results

Total Licensed Foster Homes
(Data as of last day of Fiscal Year)

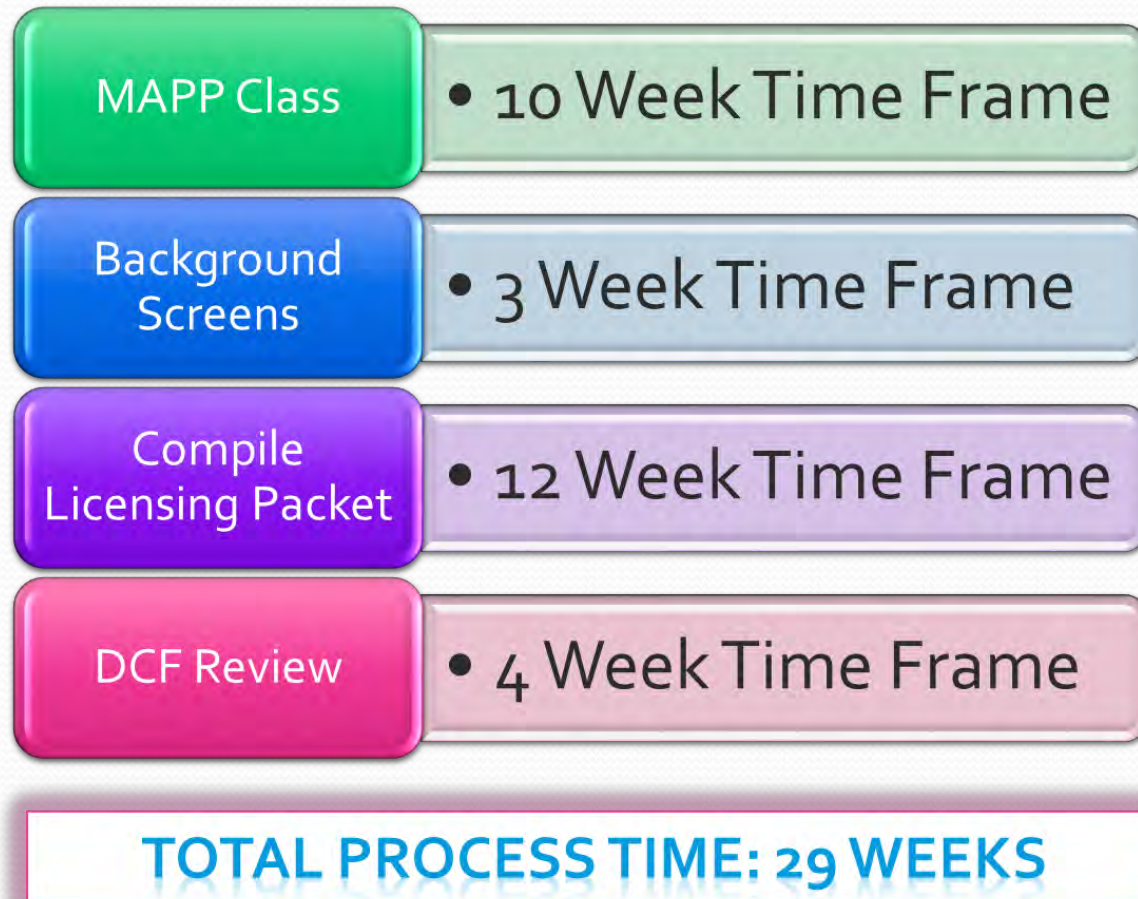


High-Quality Foster Parent Training & Recruitment: Results

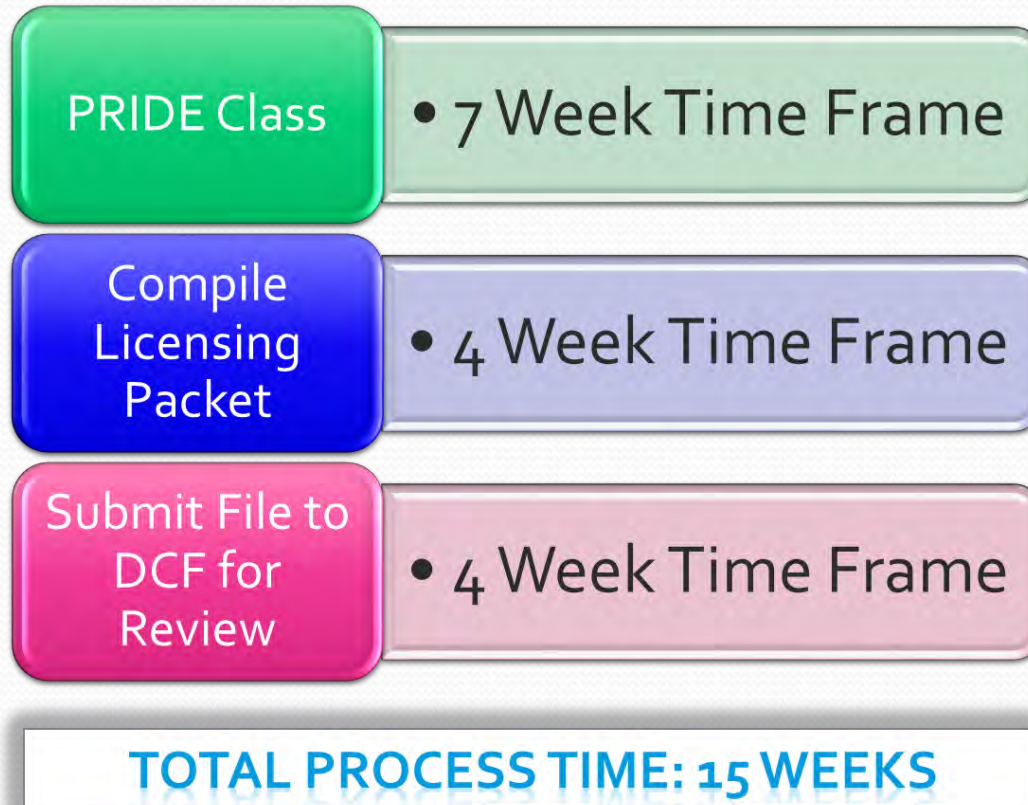
New Licensed Foster Homes
(Initial Licenses Only – Total for FY)



High-Quality Foster Parent Training & Recruitment: Previous Licensing Process



High-Quality Foster Parent Training & Recruitment: Improved Licensing Process



** Note - all risk-assessment & background screening now completed prior to the start of the licensing process**



5-Star Foster Home Pilot

5-Star Foster Home Pilot: Innovative Approach to High Quality Foster Homes

- Modeled after FSSNF 5-Star Quality Group Home System
- Focus on high quality homes to assist with normalcy, transition, permanence and overall well-being
- FSSNF's ambition to make foster care the first and best placement of choice for those children whose needs it serves "*a true match*"
- Evaluate and judge the quality of services in a foster home

5-Star Foster Home Pilot: What They're Saying

- “It’s been a great way to enhance communication”
- “The support is terrific”
- “We definitely like to know where we stand”
- “The training is excellent, we should all want to do better for our kids”

What Does the Child/Family Gain from High-Quality Foster & Group Home Placements?

The results speak for themselves:

- 94% of children in Out-of-Home care are in Foster Homes
- Reduced the number of Runaways
- Reduced the median length of stay for children reunified
- Reduced the median length of stay for children adopted
- Reduced the percentage of children in out-of-home care 24 months or more with two or fewer placements
- Increased the percentage of children adopted within 24 months of the latest removal
- Reduced the percentage of children in care greater than 24 months

Barriers Exist

- Gang affiliation
- Human trafficking
- Severe DJJ involvement
- Lockouts
- Critical mental health needs

FSSNF Strategy for Barrier Removal

- Expanded the array of services with current providers
- Provided additional and extensive training specific to the needs of current population
- Community outreach and stakeholder buy-in for mentoring, recruitment and ongoing support
- Intensive wrap-around in-home services
- Strategic funding opportunities
- Out-of-the-box programs to support the youth

Thank You For The
Opportunity to Present








Family Support Services
OF NORTH FLORIDA INC.






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

1. YARD

 <input type="checkbox"/> 4 POINTS	The home has strong curb appeal with the landscaping have taken place. The grass is vibrant and green and the shrubbery and plants look healthy. The exterior is excellent condition, warm and inviting. There are no toys/bikes/trash in the front or backyards.
 <input type="checkbox"/> 3 POINTS	The yard has been manicured nicely; house is in good condition with minimal wood/brick damage. Screens are found on each window and in good condition. There is no trash in the yard.
 <input type="checkbox"/> 2 POINTS	Generally the yard is in acceptable condition having been recently cut but not edged. Shrubby and plants need attention. The exterior needs pressure washing but the paint is acceptable. Screens may need some attention.
 <input type="checkbox"/> 1 POINTS	The grass in the front/back yard needs cutting, it has not been edged and has many spots where the grass is either dead or non-existent. The shrubbery or plants are overgrown and the exterior of the home needs repairs and/or painting. The walkway to the front/back door needs repair.
 <input type="checkbox"/> 0 POINT	The yard is minimal in size; grass is either overgrown or dead. There is no shrubbery or plants and the home has no curb appeal. The home is in need of exterior repairs because of wood rot, missing wood slats or bricks and paint peeling/chipping away. Screens are missing or torn and there is limited to no walkway to the front and/or backdoor.

2. PARKING






 <input type="checkbox"/> 4 POINTS	The home has ample parking for visitors/staff that can accommodate more than six (6) vehicles. It's convenient to all who visit and additional parking is available that is safe. Parking is free from debris, has security or fencing.
 <input type="checkbox"/> 3 POINTS	The driveway allows for up to five (5) vehicles to park safely and others are able to park in front of the home with minimal inconvenience. Vehicles are out of harm's way.
 <input type="checkbox"/> 2 POINTS	The home has a double drive way that allows for up to three (3) vehicles to park. Others are able to park on street around the home with some inconvenience.
 <input type="checkbox"/> 1 POINTS	There is limited parking, allowing for no more than two vehicles. Visitors/staff have to park on the street or an off-site parking lot and walk no more than a block from the home.
 <input type="checkbox"/> 0 POINT	The driveway is either non-existent or does not allow vehicles to park. Visitors/staff must park on the street and walk more than two blocks from the home.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

3. SECURITY

 <input type="checkbox"/> 4 POINTS	The home is located in a low crime rated neighborhood. The alarm system is activated, security cameras are in use and there is strong sense of security being a priority. Clients, staff and visitors feel safe because the neighborhood is safe.
 <input type="checkbox"/> 3 POINTS	The home is located in a lower crime rated neighborhood; it has security measures in place such as deadbolts, fencing and an activated alarm system.
 <input type="checkbox"/> 2 POINTS	The home is located in a moderately rated crime area and has a simple chain-linked fence around the yard. Deadbolts are used on all exterior doors and the home has the capacity to use an alarm system.
 <input type="checkbox"/> 1 POINTS	The home is located in an area that is borderline to have higher crime but there is some type of fence around yard. The home has deadbolt locks.
 <input type="checkbox"/> 0 POINT	The home is located in an area that is known to have a higher crime rate. There is no security system activated in the home and there is no fence around yard. Clients, staff and visitors are vulnerable to anyone walking up to them.

4. OUTDOOR AMENITIES






 <input type="checkbox"/> 4 POINTS	Age appropriate outdoor gear is in like-new condition and it's obvious it's utilized. The area is larger in size and encourages socialization. There are more than four (4) types of outdoor equipment available for client use. The area and equipment is maintained for safety. Lawn furniture and/or picnic tables are outside along with sporting type equipment (volleyball net, basketball net or soccer net).
 <input type="checkbox"/> 3 POINTS	Age appropriate outdoor gear is in excellent condition and it's obvious it's utilized. The area is larger in size and encourages socialization. There are more than three (3) types of outdoor equipment available for client use. The area and equipment is maintained for safety. Lawn furniture and/or picnic tables are available and in good condition.
 <input type="checkbox"/> 2 POINTS	Age appropriate outdoor gear is available in acceptable condition. The area is larger in size and encourages socialization. There are more than two (2) types of outdoor equipment available for client use. The area and equipment is maintained for safety.
 <input type="checkbox"/> 1 POINTS	The yard is large enough for clients and staff to gather, however, there is no age appropriate outdoor gear available. The area may have a picnic table or barbeque grill available but there is not enough activities available.
 <input type="checkbox"/> 0 POINT	There are no outdoor recreational activities available to clients and there is not a place for productive outdoor time with staff, family and/or friends. There is a lack of sporting equipment, swing set or slide.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

5. HOME-LIKE ATMOSPHERE

 <input type="checkbox"/> 4 POINTS	The home has a lot of natural lighting and has at least ten (10) personal type wall décor. Walls are freshly painted and free from unpleasant odors. The home is set up to have a “home-like” atmosphere in that it’s personalized to the clients. There are no fire hazards such as dusty vents and the temperature is comfortable. Each room has at least one (1) television.
 <input type="checkbox"/> 3 POINTS	The home is clean, has at least five (5) personal type wall décor. The walls are clean, in good shape and free from finger prints and smudge. There are personal knickknacks that are not broken or dusty. The home is free from odor and fire hazards. There are at least 3 (three) rooms that have working televisions.
 <input type="checkbox"/> 2 POINTS	The home has some natural lighting and a few non-personable pictures on the wall. The paint and walls are in average shape and it has less of an “institutional” feel. The home is free from fire hazards. There are at least 2 (two) rooms that have working televisions
 <input type="checkbox"/> 2 POINTS	The home is dark, outdated and has a clutter feel. The walls are dirty with smudge prints, peeling paint and various other imperfections in the sheet rock/plaster. There are minimal non-personable wall décor and knickknacks. There is limited natural lighting. There is a faint odor and the home has some fire hazards such as dust and lint build-up in the vents. There is at least 1 (one) room that has a working television.
 <input type="checkbox"/> 0 POINT	When one walks into the home, it feels “institutional” because there is no real décor such as pictures or curtains. There is no natural lighting and limited artificial lightings. The walls are scuffed, floors are in poor condition and the home has a stale/musty smell. Blinds/curtains are closed in all rooms and the air vents are dusty and/or closed causing an increase for fire hazard. There are no working televisions in the home.

6. ACTIVITIES






 <input type="checkbox"/> 4 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least three (3) outside activities such a football, basketball, and/or soccer game, local concert or see at least three (3) movies at the local theater. The home has at least three (3) gaming consoles, more than seven (7) types of video games, and more than thirty (30) movies on DVD and/or Blue Ray. Various toys/books are in mint condition and utilized by clients.
 <input type="checkbox"/> 3 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least two (2) outside activities such a football, basketball, and/or soccer game, local concert or see at least two (2) movies at the local theater. There are two (2) gaming consoles, six (6) types of age appropriate games and twenty (20) movies on DVD and/or Blue Ray. Newer board games are available and numerous books.
 <input type="checkbox"/> 2 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least one (1) outside activity such a football, basketball, and/or soccer game, local concert or see at least one (1) movie at the local theater. There is at least one (1) gaming console and five (5) age appropriate games. There are ten (10) DVD’s/Blue rays available and its apparent the entertainment items are utilized.
 <input type="checkbox"/> 1 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least one (1) movie at the local theater. There are five (5) DVD/Blue Ray movies and three (3) age appropriate games available. What limited activities are available are older, worn and in some cases not functional.
 <input type="checkbox"/> 0 POINT	During the past thirty (30) days, clients have no outside activity such a football, basketball, and/or soccer game, local concert or movie at the local theater. There are limited indoor activities resulting in minimal interaction among clients. The home is void of toys, games, puzzles and other type activities.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

7. KITCHEN

 <input type="checkbox"/> 4 POINTS	The kitchen is immaculately cleaned. It looks like the heart of the home, no food products have expired in the cabinet/refrigerator and/or freezer. The kitchen is well maintained, walls free from food and other stains, appliances newer and in good working condition.
 <input type="checkbox"/> 3 POINTS	The kitchen is clean, free from dishes and food left out. The appliances are clean and in good working condition with all elements working. Current menus are posted with options and the walls are free from food and dirt stains. Two (2) or less food products have expired in the cabinet/refrigerator and/or freezer.
 <input type="checkbox"/> 2 POINTS	The kitchen is generally clean with the floors needing attention. Appliances are in working order but could use a good cleaning. Dirty dishes are not left in the sink or on the counter. The kitchen could be upgraded with newer appliances, fresh coat of paint and additional attention to the floors. More than three (3) food products have expired in the cabinet/refrigerator and/or freezer.
 <input type="checkbox"/> 1 POINTS	The kitchen is generally unsanitary with the appliances needing to be cleaned. Food is left out and dishes/cutlery is worn. Appliances need upgrading and the floor needs attention. Food products have expired. More than four (4) food products have expired in the cabinet/refrigerator and/or freezer.
 <input type="checkbox"/> 0 POINT	The kitchen is dirty, unsanitary and a mess. Dirty dishes are left out and food is left out on the counter. Appliances are dirty, not all stove elements work and excessive grease is on the stove top. Sharp knives are not locked or put away from children. Floors are dirty and stained. More than five (5) food products have expired in the cabinet/refrigerator and/or freezer.

8. DINING ROOM






 <input type="checkbox"/> 4 POINTS	The dining room furniture is in excellent shape, chairs match and are comfortable. Clients and staff are able to eat together as a family in a room that has lots of natural light and is warm and inviting.
 <input type="checkbox"/> 3 POINTS	The dining room furniture is in good shape, chairs match and are comfortable. Clients and staff are able to eat together as a family and the room is warm and inviting.
 <input type="checkbox"/> 2 POINTS	The dining room furniture is acceptable, has matching chairs and clients and staff are able to eat together. The room has décor that makes it feel like home.
 <input type="checkbox"/> 1 POINTS	The dining furniture matches but is in need of repair. Clients and staff cannot eat together as a family and there is minimal "home-like" décor in the room.
 <input type="checkbox"/> 0 POINT	The dining room furniture does not match; chairs are uncomfortable and have stains and/or are broken. There is not enough space for all clients and staff to eat at the same. It is not a "home-like" atmosphere.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

9. LIVING ROOM

 <input type="checkbox"/> 4 POINTS	The living room has a pleasant sitting area with excellent quality and condition of furniture. There is sufficient size and with well-designed lay out to provide generous personal space. "Home-like" framed pictures are on the wall and it represents the faces of the clients and staff. There is natural light from the windows and in the evening there is excellent lighting to watch TV or entertaining friends.
 <input type="checkbox"/> 3 POINTS	The living room has above-average sitting area and the furniture is in good shape. The layout is inviting and has framed pictures on the walls. There is natural lighting during the day and above average lighting at night via lamps.
 <input type="checkbox"/> 2 POINTS	The living room is an average size room with nice furniture. The room is inviting but does not have much natural lighting or lamps. There are some unframed pictures on the wall.
 <input type="checkbox"/> 1 POINTS	The living room is adequate in size, minimal wall hangings and the furniture is in acceptable condition. The television is older and not necessarily compatible with newer gaming consoles. The room does not have enough space for everyone to gather.
 <input type="checkbox"/> 0 POINT	The living room is small, dark and void of pictures. The furniture is torn and/or worn.

10. BEDROOM






 <input type="checkbox"/> 4 POINTS	The bedroom is clean, bright, organized, and allows for privacy. There is ample storage space and the room has been personalized to the client. Linens are in great condition, free from stains and tears and furniture is in excellent condition and pieces match.
 <input type="checkbox"/> 3 POINTS	The bedroom is bright, organized and free from clutter. The rooms are spacious and allow for privacy. Linens match, are clean and free from stains. The box spring and mattress are in good shape, comfortable and furniture matches. Pictures are on the wall providing a "home-like" atmosphere.
 <input type="checkbox"/> 2 POINTS	The mattress/box spring is in good condition, linens match and the room is generally clean/organized. Furniture has some scratches but matches. There is adequate storage space for personal belongs and privacy is available should clients need/want it.
 <input type="checkbox"/> 1 POINTS	The mattress/box spring is in fair condition with lumps and stains. The furniture is in moderate condition with scratches/dings and mix-matched pieces. Storage space is limited and little privacy.
 <input type="checkbox"/> 0 POINT	There is plastic on the box spring and/or mattress that sit on an unsteady bedframe. Sheets are worn or stained and do not match the pillow cases. There is an odor in the room, clothes on the floor and generally dirty and disorganized. There are no pictures on the walls and not enough storage space for client belongings. The furniture is in poor condition and clients have no privacy.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

11. BATHROOM

 <input type="checkbox"/> 4 POINTS	The bathroom is clean, smells fresh and has matching shower curtains, towels and rugs. Caulking is white and mirrors are sparkingly clean. Privacy is available to the user and paper and soap products are available. There is ample water pressure, commodes flush and drains work properly.
 <input type="checkbox"/> 3 POINTS	The bathroom is clean, has matching rugs/shower curtain. Caulking is white and free from mold/mildew. Mirrors are generally clean. The room has natural light and has privacy for the user. Supplies are ample and stored properly.
 <input type="checkbox"/> 2 POINTS	The bathroom is generally clean, may have some mold/mildew. Caulking may need to be replaced but is acceptable for the time of the visit. Bathroom rugs are present and liquid soap is used. Supplies are stocked with soap and paper products. Cleaning chemicals are not in the bathroom. Mirrors are generally clean with some spots from toothpaste or fingerprints.
 <input type="checkbox"/> 1 POINTS	The bathroom is dirty, has mold/mildew and the caulking is black or missing. Bathroom rugs are present but need to be cleaned as does the shower curtain. Bar soap is caked on either the sink or in the bathtub/shower area. Supplies are limited and cleaning chemicals are under the sink. Mirrors have some toothpaste residue and fingerprints. Commodes are slow to flush and water slow to drain from sink.
 <input type="checkbox"/> 0 POINT	The bathroom is dirty, has mold/mildew and a musk smell. The caulking is black or missing in the bathtub/sink area. There are no rugs and the shower curtain has mildew on it. Bar soap is caked on either the sink or in the bathtub/shower area. Supplies are not stocked, water pressure is low and commodes slow to flush. Mirrors have toothpaste residue and fingerprints. Cleaning chemicals are under the sink.

12. LAUNDRY ROOM






 <input type="checkbox"/> 4 POINTS	The machines are newer, free from dust, lint and mold/mildew. Supplies are secured in a cabinet that staff has access to so they can monitor usage. The room is designed to allow natural light in, conducive for laundry and the room has pictures on the wall to make it more "home-like."
 <input type="checkbox"/> 3 POINTS	The machines are free from rust, lint and mold/mildew. The folding table is large enough that client can fold their laundry; supplies are secured to monitor usage. The room is clean, bright and has natural light.
 <input type="checkbox"/> 2 POINTS	The machines are older, may have spots of rust or mold/mildew. There is a folding table and supplies are kept secured to ensure staff monitors usage. The room has lint on the floors/dryer but generally it's kept clean.
 <input type="checkbox"/> 1 POINTS	The machines are operational but dirty, mildew/mold and/or rusted. There is not space for clients to fold laundry and the floors have lint and other dirt on them. Laundry supplies are available and staff may monitor usage.
 <input type="checkbox"/> 0 POINT	The laundry area/machines are dirty, unsanitary and lint is found in the dryer/floor. Machines are not in working order or are rusted with doors not functional. Mold and mildew are inside the washer. There is no folding table or place to keep clothes when they finish their cycle. Detergent, fabric softener and sheets are left out and staff is unable to monitor usage.

NOTES

QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

13. STUDY AREA

 <input type="checkbox"/> 4 POINTS	The study area can accommodate more than six (6) clients with each having access to a computer and flat screen monitor. The room has resource books such as encyclopedias, plenty of natural lighting and free from outside distractions.
 <input type="checkbox"/> 3 POINTS	The study room can accommodate up to five (5) clients with three (3) flat screen computer monitors and ample school supplies. Distractions are minimized and the room has reference materials such as a set of encyclopedias. The room is well lit and has plenty of natural light.
 <input type="checkbox"/> 2 POINTS	A room has been identified for a study area that can accommodate three (3) clients. There are at two (2) flat screen computer monitors and school supplies. There is natural lighting and artificial lighting and the space is conducive for studying.
 <input type="checkbox"/> 1 POINTS	There is a study area identified that is limited in size and use. A computer is available with an older monitor that takes up almost half the work area. There is limited lighting and noise along with other outside distractions from this area.
 <input type="checkbox"/> 0 POINT	The home has no designated study area, no school supplies and no functioning computer and/or laptop. There are loud noises that prevent most from concentrating and limited lighting.

Reviewer Final Score:

YARD	
PARKING	
SECURITY	
OUTDOOR AMENITIES	
HOME LIKE ATMOSPHERE	
ACTIVITIES	
KITCHEN	
DINING ROOM	
LIVING ROOM	
BEDROOM	
BATHROOM	
LAUNDRY ROOM	
STUDY AREA	
TOTAL POINTS	
TOTAL STARS	

<u>CONTRACT LEAD ONLY</u>	
REVIEWER 1 TOTAL	
REVIEWER 2 TOTAL	
REVIEWER 3 TOTAL	
TOTAL	
AVERAGE	

<u>RGH FINAL STAR SCORE</u>	
<input type="checkbox"/>	1 STAR = 0 – 10 Points
<input type="checkbox"/>	2 STAR = 11 – 22 Points
<input type="checkbox"/>	3 STAR = 23 – 33 Points
<input type="checkbox"/>	4 STAR = 34 – 44 Points
<input type="checkbox"/>	5 STAR = 45– 52 Points

FAMILY SUPPORT SERVICES OF NORTH FLORIDA, INC. REPRESENTATIVE

SIGNATURE: _____

PRINTED NAME: «LEAD» _____

TITLE: «TITLE» _____

DATE: «DATE__TIME» _____



RGH Name: «Group Home»

Date: «Date Time»

QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

1. YARD

★★★★★ <input type="checkbox"/> 4 POINTS	The home has strong curb appeal with the landscaping have taken place. The grass is vibrant and green and the shrubbery and plants look healthy. The exterior is excellent condition, warm and inviting. There are no toys/bikes/trash in the front or backyards.
★★★★☆ <input type="checkbox"/> 3 POINTS	The yard has been manicured nicely; house is in good condition with minimal wood/brick damage. Screens are found on each window and in good condition. There is no trash in the yard.
★★★☆☆ <input type="checkbox"/> 2 POINTS	Generally the yard is in acceptable condition having been recently cut but not edged. Shrubby and plants need attention. The exterior needs pressure washing but the paint is acceptable. Screens may need some attention.
★★☆☆☆ <input type="checkbox"/> 1 POINTS	The grass in the front/back yard needs cutting, it has not been edged and has many spots where the grass is either dead or non-existent. The shrubbery or plants are overgrown and the exterior of the home needs repairs and/or painting. The walkway to the front/back door needs repair.
★☆☆☆☆ <input type="checkbox"/> 0 POINT	The yard is minimal in size; grass is either overgrown or dead. There is no shrubbery or plants and the home has no curb appeal. The home is in need of exterior repairs because of wood rot, missing wood slats or bricks and paint peeling/chipping away. Screens are missing or torn and there is limited to no walkway to the front and/or backdoor.

2. PARKING






★★★★★★ <input type="checkbox"/> 4 POINTS	The home has ample parking for visitors/staff that can accommodate more than six (6) vehicles. It's convenient to all who visit and additional parking is available that is safe. Parking is free from debris, has security or fencing.
★★★★☆ <input type="checkbox"/> 3 POINTS	The driveway allows for up to five (5) vehicles to park safely and others are able to park in front of the home with minimal inconvenience. Vehicles are out of harm's way.
★★★☆☆ <input type="checkbox"/> 2 POINTS	The home has a double drive way that allows for up to three (3) vehicles to park. Others are able to park on street around the home with some inconvenience.
★★☆☆☆ <input type="checkbox"/> 1 POINTS	There is limited parking, allowing for no more than two vehicles. Visitors/staff have to park on the street or an off-site parking lot and walk no more than a block from the home.
★☆☆☆☆ <input type="checkbox"/> 0 POINT	The driveway is either non-existent or does not allow vehicles to park. Visitors/staff must park on the street and walk more than two blocks from the home.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

3. SECURITY

 <input type="checkbox"/> 4 POINTS	The home is located in a low crime rated neighborhood. The alarm system is activated, security cameras are in use and there is strong sense of security being a priority. Clients, staff and visitors feel safe because the neighborhood is safe.
 <input type="checkbox"/> 3 POINTS	The home is located in a lower crime rated neighborhood; it has security measures in place such as deadbolts, fencing and an activated alarm system.
 <input type="checkbox"/> 2 POINTS	The home is located in a moderately rated crime area and has a simple chain-linked fence around the yard. Deadbolts are used on all exterior doors and the home has the capacity to use an alarm system.
 <input type="checkbox"/> 1 POINTS	The home is located in an area that is borderline to have higher crime but there is some type of fence around yard. The home has deadbolt locks.
 <input type="checkbox"/> 0 POINT	The home is located in an area that is known to have a higher crime rate. There is no security system activated in the home and there is no fence around yard. Clients, staff and visitors are vulnerable to anyone walking up to them.

4. OUTDOOR AMENITIES






 <input type="checkbox"/> 4 POINTS	Age appropriate outdoor gear is in like-new condition and it's obvious it's utilized. The area is larger in size and encourages socialization. There are more than four (4) types of outdoor equipment available for client use. The area and equipment is maintained for safety. Lawn furniture and/or picnic tables are outside along with sporting type equipment (volleyball net, basketball net or soccer net).
 <input type="checkbox"/> 3 POINTS	Age appropriate outdoor gear is in excellent condition and it's obvious it's utilized. The area is larger in size and encourages socialization. There are more than three (3) types of outdoor equipment available for client use. The area and equipment is maintained for safety. Lawn furniture and/or picnic tables are available and in good condition.
 <input type="checkbox"/> 2 POINTS	Age appropriate outdoor gear is available in acceptable condition. The area is larger in size and encourages socialization. There are more than two (2) types of outdoor equipment available for client use. The area and equipment is maintained for safety.
 <input type="checkbox"/> 1 POINTS	The yard is large enough for clients and staff to gather, however, there is no age appropriate outdoor gear available. The area may have a picnic table or barbeque grill available but there is not enough activities available.
 <input type="checkbox"/> 0 POINT	There are no outdoor recreational activities available to clients and there is not a place for productive outdoor time with staff, family and/or friends. There is a lack of sporting equipment, swing set or slide.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

5. HOME-LIKE ATMOSPHERE

 <input type="checkbox"/> 4 POINTS	The home has a lot of natural lighting and has at least ten (10) personal type wall décor. Walls are freshly painted and free from unpleasant odors. The home is set up to have a "home-like" atmosphere in that it's personalized to the clients. There are no fire hazards such as dusty vents and the temperature is comfortable. Each room has at least one (1) television.
 <input type="checkbox"/> 3 POINTS	The home is clean, has at least five (5) personal type wall décor. The walls are clean, in good shape and free from finger prints and smudge. There are personal knickknacks that are not broken or dusty. The home is free from odor and fire hazards. There are at least 3 (three) rooms that have working televisions.
 <input type="checkbox"/> 2 POINTS	The home has some natural lighting and a few non-personable pictures on the wall. The paint and walls are in average shape and it has less of an "institutional" feel. The home is free from fire hazards. There are at least 2 (two) rooms that have working televisions.
 <input type="checkbox"/> 2 POINTS	The home is dark, outdated and has a clutter feel. The walls are dirty with smudge prints, peeling paint and various other imperfections in the sheet rock/plaster. There are minimal non-personable wall décor and knickknacks. There is limited natural lighting. There is a faint odor and the home has some fire hazards such as dust and lint build-up in the vents. There is at least 1 (one) room that has a working television.
 <input type="checkbox"/> 0 POINT	When one walks into the home, it feels "institutional" because there is no real décor such as pictures or curtains. There is no natural lighting and limited artificial lightings. The walls are scuffed, floors are in poor condition and the home has a stale/musty smell. Blinds/curtains are closed in all rooms and the air vents are dusty and/or closed causing an increase for fire hazard. There are no working televisions in the home.

6. ACTIVITIES






 <input type="checkbox"/> 4 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least three (3) outside activities such a football, basketball, and/or soccer game, local concert or see at least three (3) movies at the local theater. The home has at least three (3) gaming consoles, more than seven (7) types of video games, and more than thirty (30) movies on DVD and/or Blue Ray. Various toys/books are in mint condition and utilized by clients.
 <input type="checkbox"/> 3 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least two (2) outside activities such a football, basketball, and/or soccer game, local concert or see at least two (2) movies at the local theater. There are two (2) gaming consoles, six (6) types of age appropriate games and twenty (20) movies on DVD and/or Blue Ray. Newer board games are available and numerous books.
 <input type="checkbox"/> 2 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least one (1) outside activity such a football, basketball, and/or soccer game, local concert or see at least one (1) movie at the local theater. There is at least one (1) gaming console and five (5) age appropriate games. There are ten (10) DVD's/Blue rays available and its apparent the entertainment items are utilized.
 <input type="checkbox"/> 1 POINTS	During the past thirty (30) days, clients have had the opportunity to attend at least one (1) movie at the local theater. There are five (5) DVD/Blue Ray movies and three (3) age appropriate games available. What limited activities are available are older, worn and in some cases not functional.
 <input type="checkbox"/> 0 POINT	During the past thirty (30) days, clients have no outside activity such a football, basketball, and/or soccer game, local concert or movie at the local theater. There are limited indoor activities resulting in minimal interaction among clients. The home is void of toys, games, puzzles and other type activities.

NOTES






QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

7. KITCHEN

 <input type="checkbox"/> 4 POINTS	The kitchen is immaculately cleaned. It looks like the heart of the home, no food products have expired in the cabinet/refrigerator and/or freezer. The kitchen is well maintained, walls free from food and other stains, appliances newer and in good working condition.
 <input type="checkbox"/> 3 POINTS	The kitchen is clean, free from dishes and food left out. The appliances are clean and in good working condition with all elements working. Current menus are posted with options and the walls are free from food and dirt stains. Two (2) or less food products have expired in the cabinet/refrigerator and/or freezer.
 <input type="checkbox"/> 2 POINTS	The kitchen is generally clean with the floors needing attention. Appliances are in working order but could use a good cleaning. Dirty dishes are not left in the sink or on the counter. The kitchen could be upgraded with newer appliances, fresh coat of paint and additional attention to the floors. More than three (3) food products have expired in the cabinet/refrigerator and/or freezer.
 <input type="checkbox"/> 1 POINTS	The kitchen is generally unsanitary with the appliances needing to be cleaned. Food is left out and dishes/cutlery is worn. Appliances need upgrading and the floor needs attention. Food products have expired. More than four (4) food products have expired in the cabinet/refrigerator and/or freezer.
 <input type="checkbox"/> 0 POINT	The kitchen is dirty, unsanitary and a mess. Dirty dishes are left out and food is left out on the counter. Appliances are dirty, not all stove elements work and excessive grease is on the stove top. Sharp knives are not locked or put away from children. Floors are dirty and stained. More than five (5) food products have expired in the cabinet/refrigerator and/or freezer.

8. DINING ROOM

 <input type="checkbox"/> 4 POINTS	The dining room furniture is in excellent shape, chairs match and are comfortable. Clients and staff are able to eat together as a family in a room that has lots of natural light and is warm and inviting.
 <input type="checkbox"/> 3 POINTS	The dining room furniture is in good shape, chairs match and are comfortable. Clients and staff are able to eat together as a family and the room is warm and inviting.
 <input type="checkbox"/> 2 POINTS	The dining room furniture is acceptable, has matching chairs and clients and staff are able to eat together. The room has décor that makes it feel like home.
 <input type="checkbox"/> 1 POINTS	The dining furniture matches but is in need of repair. Clients and staff cannot eat together as a family and there is minimal "home-like" décor in the room.
 <input type="checkbox"/> 0 POINT	The dining room furniture does not match; chairs are uncomfortable and have stains and/or are broken. There is not enough space for all clients and staff to eat at the same. It is not a "home-like" atmosphere.

NOTES

QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

9. LIVING ROOM

<p>★★★★★ <input type="checkbox"/> 4 POINTS</p>	<p>The living room has a pleasant sitting area with excellent quality and condition of furniture. There is sufficient size and with well-designed lay out to provide generous personal space. "Home-like" framed pictures are on the wall and it represents the faces of the clients and staff. There is natural light from the windows and in the evening there is excellent lighting to watch TV or entertaining friends.</p>
<p>★★★★☆ <input type="checkbox"/> 3 POINTS</p>	<p>The living room has above-average sitting area and the furniture is in good shape. The layout is inviting and has framed pictures on the walls. There is natural lighting during the day and above average lighting at night via lamps.</p>
<p>★★★☆☆ <input type="checkbox"/> 2 POINTS</p>	<p>The living room is an average size room with nice furniture. The room is inviting but does not have much natural lighting or lamps. There are some unframed pictures on the wall.</p>
<p>★★☆☆☆ <input type="checkbox"/> 1 POINTS</p>	<p>The living room is adequate in size, minimal wall hangings and the furniture is in acceptable condition. The television is older and not necessarily compatible with newer gaming consoles. The room does not have enough space for everyone to gather.</p>
<p>★☆☆☆☆ <input type="checkbox"/> 0 POINT</p>	<p>The living room is small, dark and void of pictures. The furniture is torn and/or worn.</p>

10. BEDROOM

<p>★★★★★ <input type="checkbox"/> 4 POINTS</p>	<p>The bedroom is clean, bright, organized, and allows for privacy. There is ample storage space and the room has been personalized to the client. Linens are in great condition, free from stains and tears and furniture is in excellent condition and pieces match.</p>
<p>★★★★☆ <input type="checkbox"/> 3 POINTS</p>	<p>The bedroom is bright, organized and free from clutter. The rooms are spacious and allow for privacy. Linens match, are clean and free from stains. The box spring and mattress are in good shape, comfortable and furniture matches. Pictures are on the wall providing a "home-like" atmosphere.</p>
<p>★★★☆☆ <input type="checkbox"/> 2 POINTS</p>	<p>The mattress/box spring is in good condition, linens match and the room is generally clean/organized. Furniture has some scratches but matches. There is adequate storage space for personal belongs and privacy is available should clients need/want it.</p>
<p>★★☆☆☆ <input type="checkbox"/> 1 POINTS</p>	<p>The mattress/box spring is in fair condition with lumps and stains. The furniture is in moderate condition with scratches/dings and mix-matched pieces. Storage space is limited and little privacy.</p>
<p>★☆☆☆☆ <input type="checkbox"/> 0 POINT</p>	<p>There is plastic on the box spring and/or mattress that sit on an unsteady bedframe. Sheets are worn or stained and do not match the pillow cases. There is an odor in the room, clothes on the floor and generally dirty and disorganized. There are no pictures on the walls and not enough storage space for client belongings. The furniture is in poor condition and clients have no privacy.</p>

NOTES

QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

11. BATHROOM

<p>★★★★★ <input type="checkbox"/> 4 POINTS</p>	<p>The bathroom is clean, smells fresh and has matching shower curtains, towels and rugs. Caulking is white and mirrors are sparklingly clean. Privacy is available to the user and paper and soap products are available. There is ample water pressure, commodes flush and drains work properly.</p>
<p>★★★★☆ <input type="checkbox"/> 3 POINTS</p>	<p>The bathroom is clean, has matching rugs/shower curtain. Caulking is white and free from mold/mildew. Mirrors are generally clean. The room has natural light and has privacy for the user. Supplies are ample and stored properly.</p>
<p>★★★☆☆ <input type="checkbox"/> 2 POINTS</p>	<p>The bathroom is generally clean, may have some mold/mildew. Caulking may need to be replaced but is acceptable for the time of the visit. Bathroom rugs are present and liquid soap is used. Supplies are stocked with soap and paper products. Cleaning chemicals are not in the bathroom. Mirrors are generally clean with some spots from toothpaste or fingerprints.</p>
<p>★★☆☆☆ <input type="checkbox"/> 1 POINTS</p>	<p>The bathroom is dirty, has mold/mildew and the caulking is black or missing. Bathroom rugs are present but need to be cleaned as does the shower curtain. Bar soap is caked on either the sink or in the bathtub/shower area. Supplies are limited and cleaning chemicals are under the sink. Mirrors have some toothpaste residue and fingerprints. Commodes are slow to flush and water slow to drain from sink.</p>
<p>★☆☆☆☆ <input type="checkbox"/> 0 POINT</p>	<p>The bathroom is dirty, has mold/mildew and a musk smell. The caulking is black or missing in the bathtub/sink area. There are no rugs and the shower curtain has mildew on it. Bar soap is caked on either the sink or in the bathtub/shower area. Supplies are not stocked, water pressure is low and commodes slow to flush. Mirrors have toothpaste residue and fingerprints. Cleaning chemicals are under the sink.</p>

12. LAUNDRY ROOM

<p>★★★★★ <input type="checkbox"/> 4 POINTS</p>	<p>The machines are newer, free from dust, lint and mold/mildew. Supplies are secured in a cabinet that staff has access to so they can monitor usage. The room is designed to allow natural light in, conducive for laundry and the room has pictures on the wall to make it more "home-like."</p>
<p>★★★★☆ <input type="checkbox"/> 3 POINTS</p>	<p>The machines are free from rust, lint and mold/mildew. The folding table is large enough that client can fold their laundry; supplies are secured to monitor usage. The room is clean, bright and has natural light.</p>
<p>★★★☆☆ <input type="checkbox"/> 2 POINTS</p>	<p>The machines are older, may have spots of rust or mold/mildew. There is a folding table and supplies are kept secured to ensure staff monitors usage. The room has lint on the floors/dryer but generally it's kept clean.</p>
<p>★★☆☆☆ <input type="checkbox"/> 1 POINTS</p>	<p>The machines are operational but dirty, mildew/mold and/or rusted. There is not space for clients to fold laundry and the floors have lint and other dirt on them. Laundry supplies are available and staff may monitor usage.</p>
<p>★☆☆☆☆ <input type="checkbox"/> 0 POINT</p>	<p>The laundry area/machines are dirty, unsanitary and lint is found in the dryer/floor. Machines are not in working order or are rusted with doors not functional. Mold and mildew are inside the washer. There is no folding table or place to keep clothes when they finish their cycle. Detergent, fabric softener and sheets are left out and staff is unable to monitor usage.</p>

NOTES



QUARTERLY GROUP HOME QUALITY SCORE SHEET

DIRECTIONS: Check the box that most accurately reflects your opinion from the observation. At the end, total your score.

13. STUDY AREA

 <input type="checkbox"/> 4 POINTS	The study area can accommodate more than six (6) clients with each having access to a computer and flat screen monitor. The room has resource books such as encyclopedias, plenty of natural lighting and free from outside distractions.
 <input type="checkbox"/> 3 POINTS	The study room can accommodate up to five (5) clients with three (3) flat screen computer monitors and ample school supplies. Distractions are minimized and the room has reference materials such as a set of encyclopedias. The room is well lit and has plenty of natural light.
 <input type="checkbox"/> 2 POINTS	A room has been identified for a study area that can accommodate three (3) clients. There are at two (2) flat screen computer monitors and school supplies. There is natural lighting and artificial lighting and the space is conducive for studying.
 <input type="checkbox"/> 1 POINTS	There is a study area identified that is limited in size and use. A computer is available with an older monitor that takes up almost half the work area. There is limited lighting and noise along with other outside distractions from this area.
 <input type="checkbox"/> 0 POINT	The home has no designated study area, no school supplies and no functioning computer and/or laptop. There are loud noises that prevent most from concentrating and limited lighting.

Reviewer Final Score:

YARD	
PARKING	
SECURITY	
OUTDOOR AMENITIES	
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KITCHEN	
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REVIEWER 1 TOTAL	
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TOTAL	
AVERAGE	

RGH FINAL STAR SCORE	
<input type="checkbox"/>	1 STAR = 0 – 10 Points
<input type="checkbox"/>	2 STAR = 11 – 22 Points
<input type="checkbox"/>	3 STAR = 23 – 33 Points
<input type="checkbox"/>	4 STAR = 34 – 44 Points
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FAMILY SUPPORT SERVICES OF NORTH FLORIDA, INC. REPRESENTATIVE

SIGNATURE: _____

PRINTED NAME: «LEAD» _____

TITLE: «TITLE» _____

DATE: «DATE __ TIME» _____

TECHNICAL REPORT

Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations

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July 26, 2015

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FLORIDA INSTITUTE
for CHILD WELFARE

Executive Summary

In 2013, an estimated 14% of the nation's child welfare cases in out-of-home care were placed in some form of residential group care (RGC).¹ Although the appropriate use of RGC has been a subject of longstanding debate, most child welfare experts, including practitioners, researchers, and advocacy groups, acknowledge that for some youth involved in the child welfare system, high quality group care is an essential and even life saving intervention^{2,3,4,5,6} (Child Welfare League of America 2013; Children's Bureau, 2015). In this report, current trends in placements and the characteristics of children and youth in RGC were reviewed. The findings report that rates of placement have declined over the past decade, both at the national level and in the state of Florida. Consistent with findings from prior research, youth placed in RGC in Florida are more often males, are older on average, and exhibit more severe behavioral problems compared to youth in family foster care. These findings suggest that more intensive and/or structured services may be warranted for this subset of the foster care population.

Despite the longstanding preference for less restrictive approaches and recent declines in placements, RGC remains an often utilized intervention for children and youth in the child welfare system. Those in favor and those who oppose the use of RGC agree that the best place for children to grow up is in nurturing families. Those who argue for the reduction or the elimination of RGC, base their positions on findings from the studies that demonstrate RGC results in limited benefits to children and youth, particularly when compared with alternative interventions. Those in favor of the use of high quality RGC argue that priorities should be focused on identifying the best placement for children in the foster care system who require out-of-home care and ensuring that a full continuum of services, guided by best practices, is available to effectively meet the diverse and changing needs of all children.^{7,8} Research findings also support that for some children and youth, RGC is an effective intervention.

Findings from outcomes studies are mixed, with more recent scientific reviews concluding that, overall, youth appear to benefit from placement in RGC. Results from studies comparing RGC with alternative interventions find that for some youth, family-style RGC may be a more effective option while for others, including juvenile justice involved adolescents and younger children entering out-of-home care for the first time due to substantiated child abuse, treatment foster care and family foster care may be better options. Limitations in studies of RGC include a lack of research using rigorous designs, a failure to clearly describe programs under investigation, and the inadequate delineation of various forms of RGC. Such limitations hinder the ability to gain a complete and accurate picture of RGC and its role within the child welfare service continuum.⁹ Residential service providers are expected to apply best practices supported by research as leading to successful outcomes,

continued on page 2

Executive Summary, con't.

yet not until more recently has there been a re-emergence of research focused on RGC with researchers and other stakeholder groups putting forth recommendations as a means to guide the field in efforts to build the scientific evidence-base. The empirical evidence-base for high quality models of group care is growing.

Based on reviews of current trends and issues surrounding RGC, findings from research, and reviews of recommendations proposed by child welfare experts and advocacy groups, recommendations are proposed with the goal of improving the overall quality of RGC programs in the state of Florida. Specifically, the following seven recommendations are offered:

1. Develop and implement a basic set of common quality standards for RGC.
2. Increase evaluation efforts to identify and support evidence-based RGC services.
3. Support RGC providers in strengthening efforts to engage families.
4. Explore innovative approaches, including those that are trauma-informed and relationship-based.
5. Increase efforts to identify and implement culturally competent practices that are supported by research.
6. Continue to build upon efforts to strengthen the child welfare workforce.
7. Explore flexible funding strategies that can help facilitate higher quality services and innovative uses of RGC that are consistent with systems of care principles.

What is Known?

Residential group care (RGC), in its various forms, is considered a necessary component of the child welfare service continuum (Children's Bureau, 2015), ensuring that specialized needs of the subset of children and youth requiring more intensive or structured services, are met. The term group care is used broadly to represent an assortment of residential group-based placements. Children may be referred by the child welfare, juvenile justice, or mental health systems or, in some instances, they may be voluntarily placed by caregivers. This report primarily focuses on the use of RGC as a child welfare intervention; however, it is noted that children who are placed in group care settings often have a history of involvement in multiple systems.¹⁰ RGC has generally been described as an intervention reserved for children with complex behavioral and mental health needs, yet the specific structure, service components, and populations served can vary widely from one facility to the next. The lack of a universal definition and the inadequate delineation of its various forms have clouded the ability to gain a complete and accurate picture of RGC and its role within the child welfare service continuum¹¹ (Government Accountability Office, 2007).

At the federal level, the Children's Bureau identified two broad categories of RGC, group homes and institutions, which were used as reporting criteria for the Adoption and Foster Care Analysis and Reporting System (AFCARS). Both represent facilities that provide 24-hour care and/or treatment for children and adolescents who require out-of-home placement in group living. The key point of distinction is that group homes refer to facilities that serve 12 or fewer youths whereas institutions may serve 12 or more youths at a time (Children's Bureau, 2006). These two categories encompass a diverse range of facilities including community-based group homes, psychiatric residential treatment centers, family-style group homes, maternity homes, and treatment programs for youth with substance abuse or sexually offending behaviors. In Florida, residential programs are defined as agencies that are licensed by the Department of Children and Families (DCF) that provide 24-hour care to children adjudicated as dependent and who are expected to spend at least six months in foster care.¹² Florida uses two primary RGC models: shift care, in which direct care staff work in shifts, and family-style group homes with live-in staff, sometimes referred to as house parents. In FY 2013-2014 there were 96 DCF licensed RGC providers in the state with 58% using shift-care models and the other 42% were family-style group homes.¹³ Other types of facilities in the state include those licensed as emergency shelters, maternity group homes, wilderness camps, and those licensed by other state regulatory systems including Statewide Inpatient Psychiatric Programs (SIPP), therapeutic group homes, and group homes for persons with disabilities.

Placement Trends

Following the Adoption Assistance and Child Welfare Act of 1980 (P. L. 96-272), which mandated that children and youth requiring out-of-home care be placed in the least restrictive setting available, RGC has increasingly been considered a placement option of last resort only to be used after less restrictive interventions have failed. At the same time, growing emphasis has been placed on limiting the length of time spent in residential care only to that which is necessary to stabilize the child prior to expeditiously returning her or him to a family-like setting.^{14,15} Consistent with federal guidelines, family-based placements are preferred over RGC in Florida. Placement in RGC is typically only considered following an assessment to determine 1) if the child is over age 11; 2) has been in foster care for a minimum of six months; 3) has been removed from a family foster home more than once; and 4) the needs of the child.¹⁶ RGC is discouraged for children under 12 unless it helps to keep a sibling group together. Preference is given to family-style group homes over shift-care models, especially for younger children. The use of shift-care models are more often reserved for older youth with severe behavioral problems and/or a history of aggression or violence.

Nationally, the number of children in the foster care system declined by 21% over the past decade (Children's Bureau, 2015). Comparatively, the number of children in RGC declined by 37%. Declines in group care placements varied across states from 7% to 36% with five states increasing placement rates. In Florida, the total number of children in out-of-home care declined by a noteworthy 33% from 2006 to 2014. Over the same period, the percentage of children in Florida in out-of-home care that were placed in some form of RGC remained steady at 11%. Overall, the number of children placed in RGC has declined over the past decade at the national and state levels.

Characteristics of Youth in Residential Group Care

Demographics

The 2013 AFCARS data showed that the majority of youth in RGC were adolescent males (62.7%) with a mean age of 14 years old. Approximately 31% were under age 12. White youth made up 40.7% of those placed in group homes or institutions followed by 30.2% black/African American, 19.7% Hispanic, 5% multiracial, 1.6% Alaska Native/American Native, and less than 1% Asian and Hawaiian/Pacific Islander. Demographics of youth in RGC in Florida were similar. In FY 2013-2014, approximately 83% were adolescents between the ages of 11-17 and 17% were ages 10 and under.¹⁷ Among adolescents, the majority were nonwhite (64%) males (51%).

National

Children and youth served in RGC often have extensive trauma histories, including exposure to family and community violence. Using clinical data collected from 56 sites throughout the United States, Briggs et al. found that 92% of youth served in residential care compared to 77% of youth receiving community-based services met criteria for complex trauma (i.e., multiple or repeated exposure to different forms of interpersonal trauma).¹⁸ The residential sample also exhibited significantly higher mean levels of functional impairment compared to youth receiving community-based services. Using the 2013 AFCARS data, the Children's Bureau (2015) reported that 36.2% of children in RGC had at least one diagnosed psychiatric disorder compared to 12.8% of children placed in non-group care settings (i.e., pre-adoptive homes, foster homes, supervised independent living, and trial home visits). Forty-five percent of children in RGC compared to 6.9% of children in non-group care placements, had child behavior problems as an identified reason for referral.

Florida

Florida's foster care data showed similar distinctions between youths placed in RGC and family-foster homes. Compared with adolescents in family foster care, those in group care had higher rates of behavioral problems at the time of entry.¹⁹ Among early adolescents (ages 11-14), 56% in RGC had at least one identified behavioral problem compared with 40% in family foster care. Early adolescents in RGC were over twice as likely to have four or more identified behavioral problems than those in family-foster care. Seventy-one percent of older adolescents (ages 15-17) in RGC had one identified behavioral problem and 39% had four or more identified problems. Comparatively, 48% of older adolescents in family foster care had one identified behavioral problem and 21% had four or more identified problems.

The combined national and state level data show that children in RGC tend to fare worse in the areas of trauma and mental and behavioral health than those in other non-group-based placement settings that likely warrants more specialized and intensive services.

Summary of Key Issues Surrounding Residential Group Care

This is a time of unprecedented pressure for group care settings. Increased emphasis on evidence and outcomes, policy directives and class action lawsuits urging reduction of group care utilization along with a growing number of home and community-based interventions that promise to provide better care and outcomes for children with serious emotional and behavioral disorders have placed group care under renewed scrutiny.²⁰

Negative views of RGC, fueled by media coverage sensationalizing the worst cases, lack of investment in identifying and developing best practices, along with the high costs of care, a lack of research clearly demonstrating effectiveness, and the status as a restrictive intervention, have contributed to its designation as a placement of last resort.²¹ The estimated costs of RGC are nearly six times that of family foster care and two times more than therapeutic foster care (Children's Bureau, 2015).²² In fiscal year 2013-2014, the average per diem rates of shift care and family group homes in Florida were \$124 and \$96, respectively, compared with an average per diem of \$15 for family foster care. It should be noted that these figures reflect additional required and specialized services provided to youth in RGC. Hence, caution should be taken in making lateral comparisons between the costs of RGC and family foster care or other less intensive interventions. Given that RGC is designed to provide more structured and/or intensive services to youth with higher level needs, it might reasonably be expected that the costs associated with providing quality care would be greater. Some have argued that when RGC is the most appropriate placement and of high quality, it is the most cost effective option both in monetary terms and in the overall benefits to the child.^{23,24} Similar to national trends of decreasing funds for group care placements, Florida's RGC expenditures have steadily declined for nearly a decade, with a 30% cumulative reduction reported for fiscal year 2013-2014.²⁵

The relative high cost of RGC is further called into question in light of limited scientific evidence supporting the beneficial effects,²⁶ which resulted in views that it is overused and that efforts should be made to divert resources to developing alternatives.^{27,28} Further complicating matters has been the increasingly limited benefits for extended in-patient care provided by managed care and public funding sources such as Medicaid.²⁹ Under increased scrutiny to demonstrate positive outcomes, RGC programs

are expected to provide effective treatment within increasingly shorter durations and with decreasing resources.³⁰ Additionally, as support for extended psychiatric hospitalization options faded away, children and youth with severe mental health conditions began to be more frequently admitted to RGC with the expectation of receiving comparable services, but at less cost and in less time. As part of a continuum of care, the role of RGC has been to move clients from inpatient to family and community-based care in an accelerated timeframe.³¹ In the mix of de-investment, diminishing resources, changing roles, and increased demands, RGC has struggled to maintain a clear purpose, with some facilities being reduced to 'catch-all' placements for children and youth without alternative options rather than programs with well-specified placement criteria and service protocols in which placements are made based on a suitable match to the needs of the youth. When used in this way, RGC may very well be over utilized. There has been no shortage of debate regarding what is the best use of residential programs. RGC has been viewed as a placement for treatment and management of children's mental and behavioral health issues, short-term stabilization, and more recently, as an intervention focused on helping children recover from trauma in the safety of a nurturing therapeutic environment.^{32,33}

Despite the longstanding preference for less restrictive approaches and recent declines in placements, RGC remains an often utilized intervention for children and youth in the child welfare system. In 2013, an estimated 14% of child welfare cases in out-of-home care were placed in some form of RGC.³⁴ Among the probable reasons for its continued use include the limited availability of alternative placement options,³⁵ high rates of placement disruptions in family-based settings among youth with more severe behavioral issues, and for some children it is presently the best available option to meet their needs.^{36,37,38} Arguments in support of the reduction or, in extreme cases, the elimination, of RGC are based on positions that children should grow up in family-settings and are often supported by citing those studies that found limited benefits over alternative options or international studies that found children, particularly at a younger age, are detrimentally impacted by placement in orphanage-style congregate care settings.^{40,41} Proponents of RGC tend to agree that when possible, children should grow up in nurturing family environments, but when that is not possible, quality RGC can be an optimal alternative for some children. Those in favor of RGC tend to argue that priorities should be focused on identifying the best placement for children in the foster care system requiring out-of-home care and ensuring that a full continuum of services, guided by best practices, is available to effectively meet the diverse needs of all children.^{42,43}

What is Important?

Residential service providers are expected to apply best practices supported by research as leading to successful outcomes. Negative views and the focus on placement in the least restrictive settings resulted in research priorities shifting away from RGC throughout the 1990s and, consequently, limited evidence to guide the selection of evidence-based practices and approaches.⁴⁴ Not until more recently, has there been a re-emergence of research focused on RGC with researchers and other stakeholder groups putting forth recommendations as a means to guide the field in efforts to build the scientific evidence-base.

In 1994, following a review process that entailed contacting 18 residential group care programs that had conducted program evaluations, the U.S. Accounting Office reported that RGC may be a viable option for some high-risk youth based on results that demonstrated benefits in maintaining school attendance; and reduced drug use and involvement in criminal behavior. However, few programs used controlled or comparison designs needed to link youth outcomes with treatment or follow-up assessments, leading the U.S. Accounting Office to conclude that more research is needed in order to determine the long-term effects and which types of youth are best served in RGC. The extant research on RGC is scant and plagued with methodological limitations weakening the ability to extrapolate firm conclusions about its effectiveness as a child welfare intervention.^{45,46,47,48} Four widely recognized problems among RGC outcomes studies include:

1. a frequent absence of control or comparison conditions.
2. a lack of random assignment limiting internal validity.
3. poorly defined service units making it difficult to determine what treatment components contribute to change.
4. poorly defined outcomes.

Studies tend to vary widely in terms of scope and quality, an existing problem Pecora et al. noted is common across much of social services research.⁴⁹

Another issue of critical importance is a lack of research that adequately delineates between different RGC models.⁵⁰ Results from studies focused on widely different and, often not well described programs tend to be combined, leading some to make over generalized conclusions regarding the effects of RGC. This is akin to concluding that clinical therapy is not effective, while ignoring the nuances in the effects of different models of therapy such as Cognitive-behavioral therapy, Solution-Focused therapy or Multisystemic therapy, which may be more or less effective in treating different types of problems and different types of clients. Understanding variations in RGC programs is essential to gaining a full understanding of the effects for different types of youth. Keeping the noted limitations in mind, the following sections provide a summary of findings from scientific reviews of RGC outcomes studies, studies comparing RGC with alternative interventions, and current evidence-supported models. The following research summary is intended to provide a snapshot of existing research conducted over the past two decades, highlighting the complexity of the findings. It should not be considered an exhaustive review nor what is referred to as a systematic review, as these are both beyond the scope of this report.

Summary of Findings from Residential Group Care Outcomes Studies

In more recent scientific reviews of RGC outcomes studies published in peer reviewed journals, reviewers concluded that overall the evidence supports that youth experience improvements following placement in RGC.^{51,52,53} Among the outcomes reported across studies were decreased pathology,^{54,55} externalizing behaviors^{56,57,58,59} and depression^{60,61} and improvements in prosocial behaviors^{62,63} and family functioning.⁶⁴ Results from studies that included post-discharge follow-up assessments were mixed with some finding that between 59%-75% of youth returned to care within three to seven years,^{65,66} while other studies reported sustained improvements over follow-up periods ranging from three months to 10 years.^{67,68,69,70,71} A key finding across studies was that outcomes varied according to youth and program characteristics and treatment approaches.^{72,73} To date, studies have yielded mixed results concerning which factors are most relevant to treatment effects and these differences are likely to vary across different types of RGC programs. The question of how to best match client characteristics with appropriate treatments provided in the most beneficial contexts remains to be further examined.^{74,75}

Summary of Findings from Studies Comparing Residential Group Care with Alternative Interventions

The question of whether youth are best served in RGC or alternative settings has not been definitively answered by existing research.⁷⁶ As previously noted, research shows that there are substantial differences between youth placed in RGC and those placed in other settings. Compared to youth in treatment foster care and family foster care, those in RGC are older on average, more likely to be male, and exhibit more severe behavioral and mental health problems (Children's Bureau, 2015).^{77,78} Researchers attempting to make comparisons in outcomes among youth treated in RGC versus other settings must take these differences into account in order to produce valid findings. Research in which statistical controls for group differences, such as randomization or propensity score matching, are not applied should not be used to draw conclusions about the effectiveness of less restrictive interventions compared with RGC.

Lee et al. reviewed two-group studies that compared RGC to family foster care, treatment foster care, no placement or two different models of RGC.⁷⁹ Twelve out of the 19 reviewed studies included some method of statistical control for differences between groups. Eight of the 12 studies compared RGC to treatment foster care. Findings from seven randomized clinical trials supported that Multidimensional Treatment Foster Care (MDTFC) outperformed generic models of RGC in reducing delinquent conduct and high-risk behavior among juvenile justice involved boys and girls.^{80,81,82,83,84,85,86} Using propensity score matching to control for group differences, Lee and Thompson compared Teaching Family (TF) models of group care and treatment foster care using a sample of 828 youth (minimum of eight years old at intake) who were involved in either the child welfare, juvenile justice, and/or mental health systems.⁸⁷ Although both models were effective in reducing later involvement in the legal system, youth in the TF group homes were significantly more likely to discharge under favorable conditions and had higher rates of return home and lower rates of subsequent placements up to six months following discharge. They concluded that family-style group care appears to be more effective in promoting positive outcomes than treatment foster care.

Two of the 12 studies compared outcomes of youth who were placed in RGC with those who avoided placement. Thompson et al. compared outcomes between youth (ages 10-16) who were treated in a TF group home or who were accepted for treatment but never admitted, finding that youth in the TF group experienced significantly greater improvements in attitudes during treatment and school performance over time.⁸⁸ Barth et al. found little difference between children and adolescents who either received in-home services or who were placed in RGC, concluding that due to the costs and restrictiveness of RGC, the results support in-home services as the more effective approach.⁸⁹

Two additional studies compared outcomes of children and youth placed in family-foster homes with those placed in a short-term shelter or a general model of group care. Using propensity score matching, DeSena et al. found children ages 3-12 who were placed in a short-term group shelter (i.e., SAFE Homes) as a first time placement were more likely to be placed with siblings but those who were placed in family foster homes fared better on a number of other outcomes including placement stability.⁹⁰ Ryan, Marshall, Herz, and Hernandez compared outcomes in a sample of abused children involved in the child welfare system who were either initially placed in a group care or family foster care, finding that the relative risk for involvement in subsequent delinquency was 2.5 greater for youth placed in RGC.⁹¹ In a later study, not included in the Lee et al. review, McCrae, Lee, Barth, and Rautkis used propensity score matching and three waves of data from the National Survey of Child and Adolescent Well-Being, to compare long-term cognitive, academic, and affective well-being of youth who were first placed in either nonkinship foster care ($n = 259$) or group care ($n = 89$). Results from a hierarchical linear regression supported that both groups of youth showed improved behavior and below-average academics over time.^{92,93}

Overall, the results suggest that MDTFC may be a more effective alternative for juvenile justice involved youth, at least when compared with generic models of RGC. For more diverse samples, family style group care appears to produce more positive outcomes than treatment foster care or no placement at all. In other instances no differences were found for RGC compared to alternatives; however, based on results of Ryan et al. placement in foster family care may be a better initial option for younger children who have been removed from the home due to child abuse.⁹⁴ In summarizing findings from their review, Lee et al. noted that outcomes appear to vary according to the sample and the type of group care and alternative intervention. In several instances group care programs were vaguely described, a previously mentioned limitation of RGC studies.⁹⁵ Differing outcomes by placement type for youth referred through different service systems or at varying points of involvement in the child welfare service continuum may indeed be indicative of a need to ensure that a full array of service options is available in order to meet the wide range of needs of children and youth that will inevitably vary over time.

Lee et al. also pointed out that the lack of consistency in the findings across studies may be a reflection of quality of the given program, a factor that is often not adequately captured in outcomes studies.⁹⁶ Barth accurately noted that, “All residential treatment programs are not created, or managed equally. The results correspond.”⁹⁷ In their review of five meta-analyses of residential treatment outcomes studies for juvenile offenders, Grietens and Hellinckx found overall small positive effects sizes but that outcomes were dependent upon program quality and implementation.⁹⁸ Several program characteristics were found to predict variations in effects including monitoring treatment implementation, treatment duration, and whether treatment was delivered by mental health professionals. In a statewide evaluation, Lyons et al. examined clinical outcome of 285 adolescents placed in RGC facilities finding that, overall, youth experienced significant improvement over the course of treatment, yet there were variations in outcomes across sites, with one provider whose clients got significantly worse over time.⁹⁹ Possible causes that were proposed included instability within the facility administration and an aging facility thought to contribute to low staff morale. The findings highlight that proper management and oversight is equally important in RGC as it is in all other areas of child welfare services and programs.

Summary of Evidence-Supported Models of Residential Group Care

The evidence-base for specific models of RGC is growing. Currently, four evidence-supported models of RGC are identified by the California Evidence-Based Clearinghouse for Child Welfare (CEBC), a registry of evidence-based programs for use in child welfare practice settings. Programs are rated on a scientific scale that ranges from ‘1’, indicating a practice with the strongest research evidence to a ‘5’, indicating a concerning practice that may pose a risk to children and families. The CEBC also rates programs based on whether the reviewed research demonstrates outcomes that are relevant to federal child welfare outcomes of safety, permanency, and child/family well-being. For complete descriptions of the CEBC rating scale and assessment of programs’ relevance to child welfare outcomes see <http://www.cebc4cw.org/search/advanced/>. The four evidence-supported models of RGC that have been rated by CEBC are described below. Additionally, the program principals, demonstrated outcomes, and child welfare outcomes ratings are summarized in Table 1.

TABLE 1. EVIDENCE-SUPPORTED MODELS OF RESIDENTIAL GROUP CARE

Model	Essential Components	Target Population	Demonstrated Outcomes	Manual or Training Available	Child Welfare Outcomes		
					Safety	Permanency	Child/Family Well-being
Positive Peer Culture	<ul style="list-style-type: none"> Address universal growth needs Therapeutic milieu approach Peer group problem-solving meetings Service learning/engagement in community projects Teamwork primacy Group sizes of 8-12 youth 	Troubled adolescents ages 12-17	<ul style="list-style-type: none"> Decreased delinquency and recidivism up to 12 month post-discharge Improved social skills, school attendance, cognitive distortions and attitudes toward delinquency 	Manual and training available			X
Sanctuary Model	<ul style="list-style-type: none"> Trauma theory Seven principles of nonviolence, emotional intelligence, social learning, democracy, open communication, social responsibility & growth and change Psycho-educational trauma recovery curricula for youth and families Sanctuary Tool Kit focusing on emotion regulation skills 	Traumatized adolescents ages 12-20	<ul style="list-style-type: none"> Improved coping skills and therapeutic community environment Decreased verbal aggression 	Manual and training available			X
Stop-Gap	<p>Environment-based intervention:</p> <ul style="list-style-type: none"> Token economy Academic intervention Social skills training Problem-solving and anger management skills training <p>Discharge-based intervention:</p> <ul style="list-style-type: none"> Intensive case management Behavioral parent training Community integration 	Children and adolescents ages 6-17 with disruptive behavior disorders	Decreased therapeutic holds	Training Available	X		

Model	Essential Components	Target Population	Demonstrated Outcomes	Manual or Training Available	Child Welfare Outcomes		
					Safety	Permanency	Child/Family Well-being
Teaching Family Model	<p>Delivery systems:</p> <ul style="list-style-type: none"> Staff selection & training Competency-based management (consultation/supervision) Quality assurance (evaluation) Facilitative administration <p>Essential elements:</p> <ul style="list-style-type: none"> Teaching systems Self-determination Client advocacy Relationships Family-sensitive approach Diversity Professionalism 	<p>Children and adolescents ages 0-17</p> <p>At-risk, juvenile delinquents, in foster care, developmentally disabled, emotionally disturbed</p>	<p>Increased reunification and placement stability 6 months post-discharge</p> <p>Decreased involvement in delinquent offense during treatment</p>	Manual and training available		X	X

Source: California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>)

Positive Peer Culture (PPC) was designed for use in shift care style RGC programs for troubled youth. The peer group is treated as the primary change agent with guidance provided by program staff. The model utilizes a strength-based approach that emphasizes social competence, responsibility, empowerment, and caring for others. Pro-social norms based in trust, respect, and responsibility for one's actions and the actions of peer group members are established and reinforced by peer leaders, peer group members, and program staff. Positive values and behavioral change are primarily achieved through a peer helping process that facilitates a sense of self-worth and concern for others while negating negative peer influences. PPC currently has a scientific rating of 2, indicating that it is supported by research. Two studies are identified and described that utilized experimental or quasi-experimental designs and lend support for PPCs designation as an evidence-supported model. Using a sample of 56 adolescent males ages 12-18, Nas, Brug, and Koop found that compared to youth in a comparison RGC, those in the PCC group experienced significantly greater reductions in cognitive distortions and attitudes toward delinquency.¹⁰⁰ In a second randomized trial using a sample of 57 adolescent males (mean age = 16), Leeman, Gibbs, and Fuller found that youth in the experimental PPC condition experienced significantly greater improvements in conduct (e.g., social skills, delinquency, and school attendance) and lower rates of recidivism up to 12 months following discharge.¹⁰¹ The combined results suggest that PPC is an effective/efficacious intervention for addressing negative attitudes and delinquent behavior in adolescents.

The Sanctuary Model was adapted for use in residential programs with adolescents and is designed to create trauma-informed organizational systems.¹⁰² Sanctuary is grounded in trauma theory and guided by seven principles (i.e., nonviolence, emotional intelligence, social-learning, democracy, open communication, social responsibility, and growth and change) that shape the culture of the treatment milieu and approach to providing services. The model includes a group-based trauma recovery curriculum and a set of practice tools to help build emotion regulation skills and protective factors into the treatment community. The goals are to create a cohesive community-oriented environment that promotes collaboration, healing and growth, decreased use of coercive practices (e.g. restraints), and that fosters high functioning multi-disciplinary treatment teams, increased staff moral and employee retention, and more effective work with traumatized clients. Preliminary findings from a non-randomized comparison group study of 158 adolescents in residential treatment, showed that after six months youths in the Sanctuary units had significantly better scores on measures of coping strategies and internal locus of control and reduced verbal aggression scores on the Child Behavior Checklist and several dimensions of therapeutic community as measured by the Community Oriented Environment Scales.¹⁰³ The model is being implemented in over 150 programs nationally and internationally, including one group home in Tampa, Florida. Sanctuary currently has a rating of '3' indicating it has promising research evidence supporting the model.

A third evidence-support model, **Stop-Gap** is an intensive, short-term intervention for children and youth in residential group care. The overall aim is to interrupt patterns of disruptive behavior in order to prepare youth to discharge to a community-based placement in a timely manner. Stop-Gap is described as a two-tiered model that initially focuses on reducing problem behavior (Tier 1) through providing intensive ecological and skills training interventions. At the same time, discharge planning and intervention services are provided. Tier 2 services focus on maintaining stabilization post-discharge through 'function-based behavior support planning'. The goals of Stop-Gap are to reduce the length of stay in RGC, reduce disruptive behaviors that interfere with the child's ability to be maintained in less restrictive settings, and to improve the post-discharge environment. The model currently has rating of '3' indicating promising research evidence. In a quasi-experimental comparison group evaluation, McCurdy and McIntyre compared rates of therapeutic holds between two residential units of approximately 25 adolescent females.¹⁰⁴ They found that after 12 months of implementation, the units using the Stop-Gap model experienced statistically significant reductions in rates of therapeutic holds whereas comparison unit did not.

The **Teaching Family Model** of group care is based on providing a family-like environment to children and youth in care. The model is unique in its use of live-in house parents who help teach children important life skills and to establish positive social relationships. The model also emphasizes involvement of members of the child's extended support network including parents and family members, educators, and other natural supports. The chief goals are to improve mental health outcomes, reduce the restrictive of the living environment, to promote family reunification, and to help children and families achieve personal goals. The TFM currently has a rating of '3', indicating promising research evidence supporting the model. In an early quasi-experimental investigation of the TFM, using a sample of 192 male and female adolescents involved in the juvenile courts, Kirigin, Braukman, Atwater, and Wolf found that rates of offending during treatment were significantly less among those in the TFM group homes compared to youth in the comparison group.¹⁰⁵ Lee and Thompson examined outcomes among youth in TFM group homes with those in comparison RGC using propensity score matching to reduce sampling bias, finding that youth in the TFM condition had significantly higher rates of return home and maintained placement stability at six-month follow-up.¹⁰⁶

A commitment to competent practice, coupled with increasing requirements to demonstrate service effectiveness has resulted in the widespread adoption of an evidence-based practice perspective in child welfare.¹⁰⁷ The evidence-base for different models of RGC remains somewhat limited but it continues to grow. Investigators have begun using more rigorous methods to evaluate the efficacy/effectiveness of various RGC models and are engaging in efforts to address other noted limitations in outcomes research in order to respond to increased demands to demonstrate the effectiveness of RGC through empirical evidence.

Recommendations for Research, Practice, and Policy

Drawing upon current national and state trends in residential group care, findings from research reviewed in the previous sections and a review of priority areas for RGC identified by national groups and members of the scientific community with expertise in child welfare, seven recommendations are proposed aimed at helping improve the quality of RGC in the state of Florida. The recommendations were derived by leading national groups with expertise in RGC including the American Association of Child Residential Centers, Children's Bureau, and the Child Welfare League of America. In addition, recommendations put forth by child welfare scholars were reviewed.^{108,109} Table 2 provides a summary of priority areas for RGC that were identified by the key sources that guided the selection of recommendations offered in this report. Two topic areas, the development of quality standards and workforce development, although not as widely identified across the five key sources presented in the table, are two frequently cited issues of concern in RGC literature and are widely considered of relevance to current policy/practice decision-making identified by child welfare stakeholders. In the following section, each of the seven recommendation areas is summarized.

TABLE 2. SUMMARY OF PRIORITY RECOMMENDATIONS TO GUIDE PRACTICE AND POLICY FOR RESIDENTIAL GROUP CARE

Source	RECOMMENDATIONS						
	Quality Standards	Evidence-Based Practices	Workforce Development	Cultural Competency	Family Engagement	Explore/Expand New & Innovative Models/Approaches	Flexible Funding Strategies
AACRC (2009-2014)	X	X		X	X	X	
Bullard et al. (2014)		X	X	X	X	X	X
Children's Bureau (2015)		X	X				
CWLA (2007)		X			X	X	X
Pecora et al. (2010)		X		X	X	X	X

1. Quality Standards

The American Association for Children's Residential Centers recommended licensing, accreditation, and the development of practice standards as a starting place for initiatives focused on improving the quality of residential programs.¹¹⁰ Collectively, licensing and accreditation criteria, and practice standards should embody the conditions necessary to ensuring children's safety, rights, and health needs are met and a high level of competency in treatment planning and implementation. Licensing criteria tend to focus on environmental safety and health; whereas, accreditation standards may extend these criteria to focus on ensuring youth receive competent and effective services. Residential providers must adhere to licensing requirements as part of their

service contracts, but agencies are often not required to go through the accreditation process.¹¹¹ In a survey of 544 children's residential facilities throughout the country, Allen, Kamala, Pires, and Brown found that nearly all facilities were state-licensed and 79% were nationally accredited. States wishing to encourage increased accreditation among residential providers might consider doing so through increased contractual requirements, purchasing specifications or pay-for-performance measures.¹¹²

Despite well-established licensing requirements and an increasing number of accredited agencies, little has been done to develop quality measures in RGC.¹¹³ The development of core practice indicators and standards can be a valuable means for assessing quality. A quality indicator is a practice component whereas a standard is measurable threshold that reflects acceptable quality in that component (APA, 2002). Practice standards should encompass and/or compliment and go beyond accreditation standards. They should reflect the perspectives of multiple key stakeholders including child care workers, administrators, youth, and families and be linked with available research informing evidence-based practices.¹¹⁴

Quality standards can be developed at the organizational, state, or national levels by building upon the framework of licensing and accreditation criteria, to identify critical values and practice foundations for achieving a broader mission.¹¹⁵ Establishment and measurement of desired outcomes and performance indicators can help assess the degree to which residential programs are meeting quality standards and can inform a process of continuous quality improvement.¹¹⁶ Examples of nationally proposed standards include the Child Welfare League of America's [Standards of Excellence for Residential Care](#) and [National Performance Standards for Residential Care: A Policy Initiative from Father Flanagan's Boys' Home](#). Whether standards are created and/or adapted at the organizational, state, or national level, establishing a basic set of common measures is recommended as a way to better monitor quality.¹¹⁷ A clear set of guidelines should be provided with any set of practice standards to facilitate greater universal interpretation, implementation, and measurement.

2. Evidence-Based and Best Practices

We encourage jurisdictions to analyze their data to understand the unique characteristics of their own populations that are in and at risk of placement in congregate care and consider these when crafting their policies, practices, and programs (Children's Bureau, 2015).

Efforts to increase the evidence-base for RGC through evaluation and research can support growth in other areas including practice and policy. The Children's Bureau encouraged states to engage in evaluation of RGC with the goals of determining how it is being used in the state, for whom it is being used and how effective it is. A frequently cited limitation in the extant literature is the tendency to aggregate RGC facilities and/or vaguely define programs and service elements when examining effectiveness.¹¹⁸ Yet, researchers have shown that program characteristics and practices are directly linked to outcomes.¹¹⁹ Proper delineation of these program elements is critical to understanding and cultivating best practices.

Lee and Barth proposed the use of reporting standards to help adequately describe RGC programs and the relevant characteristics that should be reported to improve the ability to determine the effectiveness of different programs.¹²⁰ The use of a common reporting framework has potential to address issues with existing RGC research but also could be utilized as a tool to guide efforts to understand the different RGC programs at the state level. Based on the CONSORT (Consolidated Standards of Reporting Trials) checklist, initially created to increase the usefulness of results reported from randomized clinical trials, Lee and Barth adapted a set of reporting standards for group care research that includes the following three domains: 1) Participant descriptions that include the number and characteristics of youth served and the setting and location of the program; 2) Intervention descriptions that include the program model, program activities, staff, system influences (e.g., funding, licensing, accreditation), and structure (e.g., level of restrictiveness); and 3) Program outcomes (for complete description of [An Index of Reporting Standards](#) for residential group care.¹²¹ Evaluations of program outcomes should identify and collect specific process or performance measures to determine what elements or approaches contribute to outcomes and, conversely, what practices or approaches may be less helpful.^{122,123,124} Outcome measures should examine change over time in various attributes of youth and family functioning.¹²⁵ Suggested categories of outcomes include measures of clinical and behavioral functioning, recidivism/re-entry, and consumer satisfaction.¹²⁶ Outcomes measures should also include indicators of safety, well-being, and permanency. Finally, to determine whether the benefits of group care persist over time and the effectiveness of transition and aftercare services, programs should engage in efforts to collect long-term outcomes data.^{127,128} States or organizations using evaluation as a means to create an evidence-based catalog of RGC programs can adapt or add elements to reporting standards to meet their specific informational needs.

Although the appropriate use of RGC has been the subject of longstanding debate, most child welfare experts including practitioners, researchers, and advocacy groups readily acknowledge that for some youth involved in the child welfare system, high quality group care is an essential and even living saving intervention (Child Welfare League of America 2013; Children's Bureau, 2015).^{129,130,131,132,133} As part of the evaluation process, data on specific characteristics of youth and families who receive RGC services can be collected and used to determine which types of youth are being treated in RGC programs and what are the effects for different youth.

3. Family Engagement

The family-centered and strengths-based perspectives represent frameworks that have become increasingly accepted standards of child welfare practice over the past two decades (Barth, 2008; Berry, 2005).^{134,135} Among the most well-supported findings from RGC research is that when families are involved in treatment, youth experience better outcomes. For example, residential

programs that encourage family involvement through visitation and that provide family therapy as a treatment component have been found to significantly increase the probability of treatment completion and discharge to a lower level of care.^{136,137} A quasi-experimental investigation comparing differences in outcomes between a standard and family-focused residential program found that youth in the family focused program were significantly more likely to be reunified at discharge compared to youth in the standard program.¹³⁸

RGC providers are encouraged to strengthen efforts to engage families and explore new ways to further involve youths' family and natural supports in the treatment process. The AACRC described the process of becoming family driven as a journey "...that involves constantly addressing the belief systems of the staff, through leadership involvement, training, ongoing dialogue with family members, and self-monitoring (quality improvement)".¹³⁹ There are countless ways in which families and natural supports can be a part of the treatment process. Among those suggested by AACRC include allowing family members to be key decision-makers in the treatment process and providing opportunities to facilitate treatment planning meetings and to work with staff in the treatment setting. Family members can serve as volunteers or, for those who have successfully come through the treatment process, become parent mentors. They can provide important feedback on program procedures; serve on boards and advisory committees or as strong advocates in the policy-making process.

Among the most well-supported findings from RGC research is that when families are involved in treatment, youth experience better outcomes.

4. Explore/Expand New and Innovative Models and Approaches

RGC providers are encouraged to integrate new and innovative models such as relationship-based and trauma-informed approaches that emphasize healing through recovery and building connections.¹⁴⁰ Given the extensive trauma histories and heightened risk for re-traumatization that characterizes youth served in residential treatment programs, trauma-focused interventions are increasingly being considered as a critical component to effective treatment.^{141,142} Trauma-informed care involves delivering services and creating a culture within the agency or treatment setting that is designed to facilitate recovery from prior trauma while minimizing risks for re-traumatizing clients.¹⁴³ Trauma-informed approaches that promote a safe and supportive therapeutic community are thought to be potentially promising for reducing the use of coercive behavior management practices through a focus on youth empowerment versus compliance and control.

Children in group care often have few and/or weak interpersonal connections. RGC providers, who are in the role of key agents of change, recognize the centrality of the relationships in the lives of children. Forming what has been referred to as a strong working or therapeutic alliance based in trust and positive regard is an essential pre-condition for youth and families to achieve stability and positive change. For many youth, connections made with direct care staff in RGC are meaningful and long-lasting. The Teaching Families, Sanctuary, and Positive Peer Culture models each emphasize change through relationships with others, whether it is family, treatment staff/house parents, or peers. Increased emphasis on building quality relationships and strengthening youths' natural support network as a cornerstone of effective treatment, already fully a part of the approach within many RGC facilities, may help to change the perspective of RGC as cold institutional environments and encourage providers to increase efforts to build upon this foundation.

Recommendations also include the exploration of approaches that soften the boundaries between in-home and out-of-home services such as weekday placement programs or shared care models suggested by Pecora et al.¹⁴⁴ Increased flexibility of funding that allows for simultaneous RGC and family support services and increased provision of transition and after care services could also help expedite permanency and prevent future placement disruptions and/or the need for services.¹⁴⁵

5. Culturally and Linguistically Competent Practice

RGC providers should renew their commitment to culturally and linguistically competent practices, both through evaluation of services and exploring new approaches.¹⁴⁶ Allen et al. found that while training on cultural and linguistic competency was nearly universal across RGC facilities, the application of training elements differed substantially.¹⁴⁷ Little empirical evidence exists that demonstrates the implementation and effectiveness of specific culturally and linguistically competent practices. Efforts to ensuring effective interventions for youth with diverse cultural backgrounds should include testing evidence-based practices with diverse populations and increased use of culturally competent services and models.¹⁴⁸ Current policies should also be evaluated to determine how they may be contributing to disparities for certain cultural subgroups.

6. Workforce Development

Workforce issues have long plagued the field of child welfare, detrimentally impacting the effectiveness of services. Workforce development is an area of high priority for the field as a whole and has important implications that extend to the effectiveness of RGC as well. Workforce development and training is a frequently identified challenge among residential care providers (Children's Bureau, 2015). Allen et al. reported that 64% of RGC program directors identified difficulty with hiring staff, particularly child care workers and RNs due to a shortage of applicants and an inability to offer competitive wages, which also impacts retention.¹⁴⁹ Fifty-six percent of survey respondents indicated that they felt their staff did not receive adequate training, which may also exacerbate retention issues. Addressing workforce development and retention issues are central to insuring youth in RGC are receiving quality, evidence-based care.¹⁵⁰ Efforts to strengthen the child welfare workforce should focus on providing adequate training, oversight, and support for those in direct care and supervisory roles.

7. Flexible Funding Strategies

Efforts to identify and implement best practices in RGC cannot proceed without adequate funding.^{151,152} In addition to allocating funds to support evaluation, exploring alternative payment options such as case capitation versus the per diem approaches or providing reimbursement that covers costs associated with providing quality care, treatment, and services should be considered.^{153,154} Such approaches could make it more possible to receive payment for out-of-home care for children while providing services to caregivers to work toward reunification and other permanency options when needed.

Summary

All children should grow up, not only in families, but in a nurturing environment in which they can prosper and develop long-lasting, meaningful connections. However, for some children, temporary placement in RGC may help address issues that interfere with their well-being and ability to achieve safety and permanency. Prior to making any decisions that will inevitably impact children and families who are involved in the children welfare system, the full range of benefits and consequences should be carefully weighed. Possible consequences of intensified efforts to dramatically reduce the use of RGC at the present time could result in the following:

Increased expectations on foster families and treatment foster care providers to care for youth with increasingly severe challenges. Research does not conclusively demonstrate that foster families or treatment foster homes are more adequately equipped to respond to the diverse range of needs identified among youth currently treated in RGC. Even with proper training and supports, which also need further research, this could result in further loss of foster families due to an increased burden and an increase in placement disruptions.

A continued disincentive to invest in resources needed to develop high quality group care programs. A lack of resources and political support will continue to undermine evaluation/research focused on ensuring that children with high-level needs are receiving the best possible care and on gathering information to inform the best and most cost-effective uses of RGC.

Stakeholders and legislators are encouraged to oppose any initiatives geared toward eliminating the use of RGC. Empirical research does not support such initiatives. In light of limited placement options and evidence that for some youth RGC is a critical service, the potential consequences of such initiatives are too great and may negatively impact those children and families who are already among the most vulnerable.

Resources

Cultural Competency

[Child Welfare Information Gateway: "Group and Residential Care"](#)

Provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice.

- [Cultural Competence in Out of Home Care](#) page provides information regarding cultural issues for foster/adoptive parents.

Evidence-Based Practices

[California Evidence-Based Clearinghouse for Child Welfare](#)

CEBC provides a searchable database of programs that can be utilized by professionals that serve children and families involved with the child welfare system.

- ["What Works in Group Care? – A Structured Review of Treatment Models for Group Homes and Residential Care"](#) (Sigrid, 2011).

[Child Welfare Information Gateway: "Group and Residential Care"](#)

Provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice.

- [Evidence-Based Practices](#) resource page, involves identifying, assessing, and implementing strategies that are supported by scientific research.

Children's Bureau

CB focuses on improving the lives of children and families through programs that reduce child abuse and neglect, increase the number of adoptions, and strengthen foster care.

- [A National Look at the Use of Congregate Care in Child Welfare](#)
- [Adoption and Foster Care Analysis and Reporting System \(AFCARS\)](#)
AFCARS collects case-level information on all children in foster care and those who have been adoptions with title IV-E agency involvement.

[Chapin Hall at the University of Chicago](#)

Policy research that benefits children, families, and their communities.

- [The Center for State Child Welfare Data](#)
Knowledge-based investments and improved outcomes for children and families.
 - [Foster Care Dynamics 200-2005: A Report from the Multistate Foster Care Data Archive](#)

Explore/Expand New & Innovative Models/Approaches

[Children and Residential Experiences \(CARE\) Model Overview](#)

The CARE model, developed by Cornell University, is used to create conditions for change to support safe environments, strong programmatic elements and wide-variety of treatment programs and interventions that are trauma-sensitive and developmentally appropriate.

[Moving Forward](#)

Tool for informing and inspiring practitioners, organizations, and governments across the globe who are seeking to provide the best possible rights-based care for children who are, or may be, in need of alternate care.

[Midwest Trauma Services Network](#)

MTSN provide training and consultation in the use of trauma-informed interventions for agencies that work with children, youth, and their caregivers.

Family Engagement

[Child Welfare Information Gateway: “Group and Residential Care”](#)

Provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice.

- [Engaging Families](#) page, provides resources on how to understand and fully engage families in child welfare services and includes state and local examples.
- [Residential Treatment for Children and Youth](#)
- [Official Journal of the American Association of Children's Residential Centers](#)
- [The Future of Family Engagement in Residential Care Settings](#) (Levison-Johnson & Affronti, 2009).

Flexible Funding Strategies

[Child Welfare Information Gateway: “Group and Residential Care”](#)

Provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice.

- [Funding Strategies](#) page, provides information on how child welfare services can be funded as well as examples of how agencies structure funding for their programs.

Quality Standards

[Child Welfare League of America](#)

CWLA promotes best practice in child, youth, and family services. They also provide blueprints and standards of excellence for out-of-home care services such as residential group care.

- CWLAs [“Standards of Excellence for Residential Services”](#)

[National Association of Social Workers \(NASW\)](#)

NSAW Standards for Social Work Practice in Child Welfare.

[Child Welfare Information Gateway: “Group and Residential Care”](#)

Provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice.

- [Standards for Out-of-Home Care Services](#) resource page includes state and local examples.

Workforce Development

[Center for Workforce Studies](#)

The NASW Center for Workforce Studies conducts studies to enhance social work professional development through innovation training programs in emerging practice areas.

[Child Welfare Information Gateway: “Group and Residential Care”](#)

Provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice.

- [Child Welfare Workforce Development and Workplace Enhancement Institute](#) report sponsored by the Children's Bureau.
- [Practice Issues in Residential Care](#) page provides information to assist child serving agencies in working with children and youth in residential care and with their families.

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