Impact of Senate Bill 1666 on Child Welfare

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Significant Child Welfare Bills
2014 Legislative Session

- SB 1666 – Child Welfare (July 1, 2014)
- HB 561 – Attorneys for Dependent Children with Special Needs (July 1, 2014)
- HB 977 – Keys to Independence: Motor Vehicle Insurance & Driver Education (July 1, 2014)
- HB 989 – Human Trafficking (victim confidentiality) (October 1, 2014)
- HB 7141 – Human Trafficking (comprehensive) (July 1, 2014)
Legislative provisions that directly impact the Department
Creates an Assistant Secretary for Child Welfare, who must have at least 7 years’ experience working in child protection or child welfare

Janice Thomas was appointed effective July 1, 2014
SB 1666 – Critical Incident Rapid Response

- Creates a critical incident rapid response team (eff. January 15, 2015)
  - immediately investigate certain child deaths or other serious incidents
  - identify root causes and rapidly determine needed policy/practice changes
  - at least 5 professionals with expertise in child protection, child welfare and organizational management
  - majority of the team must reside outside the judicial circuit where the incident occurred.
SB 1666 – Child Fatality

- Requires prompt posting on the Department’s website of any child death reported to the hotline, to include
  - the date of death
  - allegations of the cause of death
  - county the child resided in
  - the name of the community-based care or case management agency involved with the family
  - whether the family had been subject of verified prior reports
  - whether the child was younger than the age of five

- http://www.dcf.state.fl.us/childfatality/
As of August 23, 2014

Total Child Fatalities 2014: 267

Fatalities By Causal Factor

- Drowning
- Unsafe Sleep
- Accidental Trauma
- Inflicted Trauma
- Under Investigation
- Natural Causes
- SIDS/SUID
- Other

Age at Death

Children 3 and Under represent 81% of Fatalities
SB 1666 – Child Fatality

Verifed Prior with Family in Past 12 Months
- 4% Prior (12)
- 96% No Prior (255)

Prior Involvement with Deceased Child
- 27% Prior (71)
- 73% No Prior (196)

Prior Involvement with Family in Past 5 Years
- 46% Prior (106)
- 54% No Prior (161)

Minimum Age Range: 0
Maximum Age Range: 18
Select Year: 2014

Causal Factor: Select Cause
Verified Prior with Family in Past 12 Months: Select All
Show only Verified Fatalities: All Fatalities

Click to View Statewide Results
## SB 1666 – Child Fatality

<table>
<thead>
<tr>
<th>County</th>
<th>Date Of Death</th>
<th>Age</th>
<th>Causal Factor</th>
<th>Verified Findings</th>
<th>Verified Prior with Family in Past 12 Months</th>
<th>Provider Involvement</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palm Beach</td>
<td>01/01/2014</td>
<td>3</td>
<td>Drowning</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>3-year-old drowned in the family’s swimming pool after getting out of the home undetected. The parents were asleep at the time and the father believed that he had locked the French doors leading out to the pool area where no safety barrier was observed.</td>
</tr>
<tr>
<td>Bay</td>
<td>01/04/2014</td>
<td>&lt;1</td>
<td>Under Investigation</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>2-month-old found unresponsive after being placed to sleep on a bed after he was breast-fed. The mother tested positive for benzodiazepines due to her prescribed medication for epilepsy and post partum depression.</td>
</tr>
<tr>
<td>Miami-Dade</td>
<td>01/04/2014</td>
<td>&lt;1</td>
<td>Under Investigation</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>4-month-old found unresponsive in bed with her 15-year-old sibling.</td>
</tr>
<tr>
<td>Lake</td>
<td>01/05/2014</td>
<td>2</td>
<td>Drowning</td>
<td>None</td>
<td>No</td>
<td>No</td>
<td>2-year-old found at the bottom of a swimming pool while he and his father were visiting at a friend's house. Another adult was to be watching the child while the father was outside helping the friend when the child got out of the home undetected. View Report</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>01/05/2014</td>
<td>&lt;1</td>
<td>Unsafe Sleep</td>
<td>None</td>
<td>No</td>
<td>No</td>
<td>5-month-old found unresponsive and face-down in a car seat after he rolled off of the couch where he had been sleeping. View Report</td>
</tr>
</tbody>
</table>
SB 1666 – Child Fatality

Minimum Age Range: [ ]
Maximum Age Range: [ ] 18
Select Year: [ ] 2014

Causal Factor: [ ] Select Cause

Verified Prior with Family in Past 12 Months: [ ] Select All

Show only Verified Fatalities: [ ] All Fatalities

Select filters above then click an individual county below.
Sets the goal and hiring preference for CPIs and CPISs to have a **BA or MA in social work**. Sets hiring preferences for other factors to consider if the individual does not have a social work degree.

- By July 1, 2019, **at least half** of all CPIs and CPISs should have this educational background.
- Requires annual reporting of the educational qualifications, turnover and working conditions of CPIs and CPISs.
All CPIs must complete specialized training focused on a specific population (medically fragile, sexually exploited, children under 3, or DV) or on performing certain aspects of child protection practice.

FCADV, Fla Alcohol & Drug Abuse Assoc., Fla Council for Community Health to provide training to local death review committee members on DV, substance abuse, and mental health.

Requires all attorneys hired on or after July 1, 2014 to receive training in the dependency process and safety assessment within 6 months of employment.
SB 1666 – Child Welfare Workforce Tuition Exemption & Student Loan Forgiveness

- Creates a tuition exemption program for child protection and child welfare personnel to pursue an accredited graduate-level social work program related to child welfare.
  - Up to 6 credits/term
  - Application is posted on the Center’s website

- Creates a student loan forgiveness program for child protection and child welfare personnel who have a bachelor’s or master’s in social work from an accredited program.
  - up to $3,000 a year for 4 years.
  - Funds are prioritized to regions with high caseload averages and low retention.
“Nonrelatives who are willing to assume custody and care of a dependent child in the role of substitute parent as a result of a court’s determination of child abuse, neglect, or abandonment and subsequent placement with the nonrelative caregiver under this chapter. The court must find that a proposed placement under this subparagraph is in the best interest of the child.” § 39.5085(2)(a)(3)

- Placement may be temporary or as a permanency option
CF OPERATING PROCEDURE
NO. 175-11

Family Safety

NONRELATIVE CAREGIVER FINANCIAL ASSISTANCE

This operating procedure describes the Department’s policies and procedures for administration of the Relative Caregiver Program for nonrelative caregivers. Effective July 1, 2014, the Florida Legislature expanded the Relative Caregiver Program in s. 39.5085, Florida Statutes, to include nonrelative caregivers. The Legislature has made a commitment to assist nonrelatives who assume court ordered custody and care of a dependent child in the role of a substitute parent because of a court’s determination of child abuse, neglect, or abandonment. The Legislature recognizes that some children have a close relationship with a person who is not a relative, and that this person should qualify for financial assistance for providing the child with a safe, stable home environment.

While the statutory framework for the Relative Caregiver Program includes both relatives and nonrelatives, the funding for the financial assistance comes from different sources, and therefore the
Department released CFOP No. 175-11

Application
http://centerforchildwelfare.fmhi.usf.edu/legislativechanges/NonrelCaregiverFinAssistApp.pdf
SB 1666 – Fee exemption for children in custody of nonrelatives

- Expanded tuition fee exemption under section 1009.25 to students who are or were in the custody of a nonrelative at the time he or she reached his or her 18th birthday.
- Exemption available until 28th birthday.
- Application
Expands the parameters of the Rilya Wilson Act to include children from birth to school entry (instead of starting at age 3) who are under court-ordered protective supervision or Department custody.

When child is enrolled, attendance must be a required action in the safety plan or case plan. § 39.604
Does the change in law mean every child must attend an early education/child care program? No

- If a child was not already enrolled at the time of placement, the child does not have to be enrolled
- But if the child was enrolled, or if the caregiver chooses to enroll the child, the child must attend 5 days per week.
“Present danger” means a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child’s safety. § 39.01(59)
“Impending danger” means a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time. § 39.01(31)
“Safety plan” means a plan created to control present or impending danger using the least intrusive means appropriate to protect a child when a parent, caregiver, or legal custodian is unavailable, unwilling, or unable to do so. § 39.01(67)

“Diligent efforts by a parent” now requires a course of conduct that results in “a meaningful change in the behavior of a parent” that reduces risk to the child in the child’s home. § 39.01(22)
If CPI identifies present or impending danger, must implement a safety plan or take the child into custody.

The plan may not rely on promissory commitments or on services not available.

CPI shall collaborate with the CBC. § 39.301(9)(a)(6)
Created new exception to the provision of voluntary services

Voluntary services not required if

“there is a high likelihood of lack of compliance with voluntary services, and such noncompliance would result in a child being unsafe” § 39.301(14)(a)2.
New protections for “medically complex children”

- Access to sufficient supports and services to encourage least restrictive and most nurturing environment
- Maintain program of family-centered services and support
- Department to collaborate with all relevant state and local agencies
- Children suspected of having a delay or disability must be referred to a local child developmental screening program
New protections for “medically complex children”

- Child Protection Team to consult physician with experience treating child’s condition
- Department to work with Department of Health to develop, use, monitor medical foster homes
- Investigations conducted by investigators with specialized training
Legislative provisions that directly impact dependency legal proceedings
“Medical neglect” means the failure to provide or the failure to allow needed care as recommended by a health care practitioner for a physical injury, illness, medical condition, or impairment, or the failure to seek timely and appropriate medical care for a serious health problem that a reasonable person would have recognized as requiring professional medical attention. § 39.01(41)
Medical neglect does not occur if the parent or legal guardian has made reasonable attempts to obtain necessary health care services or the immediate health condition giving rise to the allegations of neglect is a known and expected of the child’s diagnosis and treatment and:

(a) The recommended care offers limited net benefit to the child and the morbidity or other side effects of the treatment may be considered to be greater than the anticipated benefit; or

(b) The parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations.
Medical Neglect Investigation:

- Upon receiving an investigation for a “Medical neglect” allegation, the child protective investigator (CPI) shall promptly notify the Child Protection Team (CPT).

- Upon receipt of the report by CPT, the Department should convene a staffing for the case to include Children’s Legal Services, the CPI, Children’s Medical Services, the community based care organization and the Agency for Health Care Administration (if the child receives Medicaid).
Medical Neglect Investigation:

- When evaluating a medical neglect report and assessing the needs of a medically complex child, CPT is required to consult with a physician who has experience in treating children with the same condition. § 39.303
If the perpetrator of domestic violence is not the parent, guardian, or legal custodian of the child, the CPI shall seek a section 39.504 injunction to implement a safety plan for the perpetrator and impose any other conditions to protect the child. § 39.301(9)(a)(6)(a)

The conditions of an injunction may include to “comply with the terms of a safety plan implemented in the injunction pursuant to s. 39.301.” § 39.504(4)(a)(7)
Keep in mind:

- The standard for an injunction is “reasonable cause”
- The petition must be verified.
- There must be imminent danger to obtain an ex parte injunction
- Petition can be filed by DCF, LEO, state attorney, or other responsible person
- The perpetrator must be personally served with a copy of the petition and a notice of hearing.
“Sibling” means

- (a) a child who shares a birth parent or legal parent with one or more children; or
- (b) a child who has lived together in a family with one or more other children whom he or she identifies as siblings. §39.01(71)

Shelter orders to contain findings that the Department made reasonable efforts to keep siblings together, unless not in the best interest of a child. § 39.402(8)(h)(6)
If siblings cannot be placed together, Department to provide recommendation to the court for frequent sibling visitation unless it is contrary to sibling’s safety and well-being. Department to provide justification if visitation does not commence in 72 hours. § 39.402(9)(b)

Requires that the frequency, kind and duration of sibling contacts for separated siblings, as well as efforts to reunite them, be determined at judicial reviews. § 39.701(2)(c)(7)
Expanded to include 0 to 17+ years of age (previously 13 or older)

“Juvenile sexual offender” changed to “alleged abuser”

Incidents involving a child in the custody of or protective supervision of the Department shall be reported to the Florida Abuse Hotline

The Department shall ensure that the facts and results of any investigation of child sexual abuse involving a child in the custody of or under the protective supervision of the Department are made known to the court at the next hearing or included in the next report to the court concerning the child. § 39.201
Placement decisions must include consideration of needs for both the child who has been involved with the sexual abuse and any other children in the placement.

Child’s history of child sexual abuse, to include the services received related to the incident, must be included in FSFN.

Department to monitor occurrence of child(ren) involved in sexual abuse or sexually inappropriate behavior.

§ 39.307
A dependency petition must state whether the parent or legal custodian has fully complied with a safety plan. § 39.501(3)(d)(4)

The Department must provide all safety plans involving the parent or legal custodian to the court. § 39.501(3)(d)(5)
Eliminates the requirement that only a department employee can sign the TPR petition *if the department is the petitioner.* § 39.802(2)
New grounds for TPR:

- The child has been in care for any 12 of the last 22 months and the parent has not substantially complied with the case plan and failure to substantially comply is not due to lack of finances or lack of reasonable efforts. § 39.806(1)(e)(3)

- The parent has been convicted of an offense requiring them to register as a sexual predator. § 39.806(1)(n)
Proof of a nexus between egregious conduct to a child and the potential harm to the child’s sibling is not required. § 39.806(1)(f)

Proof of a nexus between the murder, manslaughter, aiding or abetting the murder, or conspiracy or solicitation to murder the other parent or another child, or felony battery to a child and the potential harm to the child’s sibling is not required. § 39.806(1)(h)
The Department shall directly or through contract provide attorneys to prepare and present cases in dependency court and shall ensure that the court is provided with adequate information for informed decision making in dependency cases, including a face sheet for each case which lists the names and contact information for:

- any child protective investigator,
- any child protective investigator supervisor,
- case manager,
- case manager supervisor, and
- the regional department official responsible for the lead agency contract

§ 409.996(17)
Department shall be represented by counsel in each dependency proceeding.

Department may support its recommendations through testimony and other evidence by its own employees, employees of sheriff’s offices providing child protection services, employees of its contractors, employees of its contractor’s subcontractor’s, or from any other relevant source. § 39.013(12)
“Desertion” means to leave a child in a place or with a person other than a relative with the intent not to return to the child and with the intent not to provide for the care of the child.

A caregiver who deserts a child under circumstances that expose the child to unreasonable risk commits a third-degree felony. § 827.10
Legislative provisions that directly impact case management
Prioritize safety plan services to families who have multiple risk factors

- young parent
- history of SA, MI, or DV
- someone in or visiting home has been found to have physically or sexually abused a child
- child is physically or developmentally disabled
- child is 3 or younger

§ 39.301(9)(a)(6)
A Chapter 120 hearing may be used by a family to challenge a CBC’s decision not to recommend their home for licensure. The CBC is the respondent to the challenge and the Department would be notified of the proceedings.

However, licensure of a foster home does not require an agency to place children in that home.
Requires managed care plans serving children in care to maintain complete medical, dental and behavioral health records and make them accessible to DCF and CBC lead agencies.

Medicaid recipients residing in a group home are exempt from enrollment

§ 409.972
SB 1666 – Lead Agency Procurement

- Sets parameters for lead agency procurement.
- Organization must be a Florida corporation or a governmental entity; may be for profit or non-profit.
- Governing board must be comprised of at least 75% members who reside in the state and 51% members who reside in the service area of the lead agency.
- 5-year contracts
- Procurement team must include community alliance
Requires lead agency to post on its website the current budget, including salaries and compensation for the CEO, COO, CFO or their equivalents.

Requires lead agency to post on its website the average caseload of case managers, the turnover rate for case managers and supervisors for the previous 12 months, the percentage of required home visits completed and the performance on outcome measures required by F.S. 409.997 for the previous 12 months.

Prohibits a lead agency from providing more than 35% of direct services.
• Shall prepare all judicial reviews, case plans, and other reports necessary for court hearings
• Shall make staff available to Department attorneys for preparation for dependency proceedings
• Shall ensure all personnel receive appropriate training
If a lead agency or other provider has accepted case management responsibilities for a child who is **sheltered** or **found to be dependent** and who is assigned to the care of the lead agency or other provider, the agency or provider may act as the child’s guardian for the purpose of registering the child in school if a parent or guardian of the child is unavailable and his or her whereabouts cannot reasonably be ascertained.

If a child’s parents’ rights have been terminated, the lead agency shall act as a guardian of the child in all circumstances.
Creates a community partnership matching grant program for local entities to contribute to the lead agency and make them eligible for a matching grant on a one-to-one basis up to $500,000 annually per lead agency. Matching funds can be used for prevention or in-home services and is based on availability of nonrecurring funds.

Restores the risk pool and sets parameters for use.

Sets liability coverage requirements for lead agencies and subcontractors at $1 million/$3 million and requires $100,000/$300,000 automobile insurance. Caps noneconomic damages in any tort action against a lead agency at $400,000 per claim. Damage limitations are increased 5% annually, prorated from July 1, 2014 to the date damages are awarded.
Specifications Department’s responsibilities in contracting for services.

- Adds fiscal penalties to those allowable for DCF to enact upon a CBC not meeting contract compliance and requires that the funds be taken from administrative costs and redirected to direct care for children.

- Requires DCF to post on website written policies and procedures for monitoring CBC contracts, including provisions for reducing program monitoring duplications.

- Allows CBC to request a waiver of these policies when they create inefficiencies or inhibit performance.
SB 1666 – Dispute Resolution

- Requires that annual monitoring include consultation with dependency judges in the circuit to assess performance of the lead agency.
- Requires DCF to develop a dispute resolution process with lead agencies so that disagreements between legal staff, investigators and case management staff are resolved in the best interest of the child prior to court appearances.
Directs DCF to create a results-oriented accountability system to monitor the use of resources, quality and amount of services provided and child and family outcomes through data analysis, research review, evaluation and quality improvement.

System to provide information on the performance of individual entities and groups of entities working together as a system of care.

A report on the progress of developing system due to the Governor and Legislature by February 2015.
System must use efficacy evaluation and effectiveness evaluation

Present the results in a visual report card for the state and each CBC region, but may not rank or compare performance unless adjustments are made to account for diversity in regions’ demographics, resources, etc.

The information should be made transparent to the public and should be reported annually to the Governor and Legislature.
Creates a Florida Institute for Child Welfare at the FSU College of Social Work to advance the performance of child protection and child welfare services through research, policy analysis, evaluation and leadership development – Dr. Patty Babcock, Director.

- Include members from public and private universities offering degrees in social work.
- Other programs relevant to the institute’s work may be invited.
- Specifies their work priorities and responsibilities, as well as annual reporting requirements.
Since we have time...

Let’s discuss the other child welfare bills passed during the 2014 Legislative Session.
An attorney must be appointed for a dependent child with special needs. §39.01305

- (2) “Dependent child" under this section means a child who is subject to any proceeding under Chapter 39; child does not have to be adjudicated dependent.
- (3) An attorney shall be appointed for a dependent child who:
  
  (a) resides in a skilled nursing facility or is being considered for placement in a skilled nursing home;
  
  (b) is prescribed a psychotropic medication but declines assent to the psychotropic medication;
(c) has a diagnosis of a developmental disability as defined in s. 393.063;
(d) is being placed in a residential treatment center or being considered for placement in a residential treatment center; OR
(e) is a victim of human trafficking as defined in s. 787.06(2)(d).
Attorney is appointed for proceedings under Chapter 39, as well as in fair hearings and appellate proceedings, so that the attorney may address the child's medical and related needs and the services and supports necessary for the child to live successfully in the community.

Appointment must be in writing and continue until the attorney is allowed to withdraw, is discharged by the court, or the case is dismissed.
Before appointment, the court must request a recommendation from the Statewide Guardian Ad Litem Office for an attorney who is willing to represent a child **without additional compensation**. If such an attorney is available within 15 days after the court's request, the court must appoint that attorney. However, the court may appoint a compensated attorney within the 15-day period if the Statewide Guardian Ad Litem Office informs the court that it will not be able to recommend an attorney within that time period. § 39.01305(4)(a)
Except if the attorney has agreed to provide pro bono services, attorney or organization must be adequately compensated and provided with access to funding for expert witnesses, depositions, and other costs of litigation.

The Justice Administrative Commission shall contract with attorneys appointed by the court. Attorney fees may not exceed $1,000.00 per child per year.
The Department shall develop procedures to identify a dependent child who has a special need specified under subsection (3) and to request that a court appoint an attorney for the child.

Statute does not limit the appointment of an attorney for the child under Chapter 39.
Goal is to remove barriers for children in licensed care from being able to get a driver’s license and motor vehicle insurance.

Department shall establish a 3-year statewide pilot program to pay cost of driver education, obtaining a license, and motor vehicle insurance for children in licensed out-of-home care who have successfully completed a driver education program.

Department to contract with a not-for-profit entity to develop procedures to determine eligibility, develop an application process, and notify eligible children. § 409.1454
Payment shall be made to eligible children in the order of eligibility until available funds are exhausted.

- $800,000 appropriated in recurring funds

If an individual adds a child to his/her existing insurance policy, the amount paid to the caregiver may not exceed the increase in cost due to the addition of the child.
Establishes that secondary schools shall provide preferential enrollment in driver’s education to a student in the custody of the Department if the student maintains appropriate progress as required by the school. § 1003.48
Court can now remove the disability of nonage to secure motor vehicle insurance for 16 year old or older child who has been adjudicated dependent, is residing in an out-of-home placement and has completed a driver education program. § 743.047

Court shall enter an order that the disability of nonage has been removed in conjunction with the judicial review for 17 year old. § 39.701(3)
HB 989 – Human Trafficking (HT) Victims’ Rights

- Allows the use of pseudonym for victim of human trafficking in discovery; prohibits identification of human trafficking victim in media reports
- Provides that HT victims are eligible for crime victim compensation awards and relocation awards; increases penalties for HT offenses
- Provides for expunction of criminal arrest or court records where victim of trafficking may have been charged with a crime as a result of being trafficked
- Requires destruction of investigative records related to expunged records. § 92.56
HB 989 – Human Trafficking (HT) Victims’ Rights

- Prohibits the employment of minors in adult theaters
- Makes it a second-degree felony to permanently brand a victim--permanent branding means a mark on the victim’s body that can only be repaired or removed, if at all, by surgery, laser treatment, or some other medical procedure
- Eliminates statute of limitations for prosecutions of a specified human trafficking provision
Requires specialized intensive training of child protective investigators and case managers who handle cases involving a sexually exploited child; must assign HT cases to these CPIs and case managers.

Department to develop or adopt screening and assessment instruments for the identification, service planning, and placement of sexually exploited children § 409.1754
Screening of child shall consider, at a minimum, the following factors:

1. Risk of the child running away.
2. Risk of the child recruiting other children into the commercial sex trade.
3. Level of the child's attachment to his or her exploiter
4. Level and type of trauma that the child has endured
5. Nature of the child's interactions with law enforcement
6. Length of time that the child was sexually exploited
7. Extent of any substance abuse by the child
HB 7141 – Human Trafficking

- Department, with the Lead Agency and other community stakeholders, to assess service needs and system gaps, drafting local protocols and procedures that allow for a response that is specific to the needs of the sexually exploited child.

- Defines and identifies "safe house" and "safe foster home" to include creating a certification process that must go hand in hand with the existing licensing process in order to self identify as a "safe house" or "safe foster home." § 409.1678
Department will specify the contents of training for foster parents who wish the "safe foster home" designation; the lead agency will ensure the foster parent has completed the appropriate training.

Department will be responsible for inspecting safe houses and safe foster homes prior to certification and annually thereafter.

Residential treatment centers licensed under s. 394.875 must provide specialized training for sexually exploited children in the custody of the department who are placed in these facilities.
HB 7141 – Human Trafficking

- Develop a Statewide Council on Human Trafficking, to include the Department
- Develop recommendations for
  - comprehensive programs and services for victims of human trafficking
  - certification criteria for safe houses and safe foster homes
- Work with the Department to create and maintain an inventory of human trafficking programs and services in each county.
Each region of the department and each community-based care lead agency shall establish local protocols and procedures for working with sexually exploited children which are responsive to the individual circumstances of each child.

Department shall assist circuits to obtain available funds for the purpose of conducting law enforcement training from the Office of Juvenile Justice and Delinquency Prevention of the United States Department of Justice.
Office of Program Policy Analysis and Government Accountability shall conduct an annual study on commercial sexual exploitation of children

- Analyze the effectiveness of safe houses, safe foster homes, residential treatment centers and hospitals with specialized programs for sexually exploited children
Circuit administrators, chief probation officers of the DJJ, and the chief operating officers of lead agencies shall participate in any task force, committee, or other entity in their service area that is involved in coordinating responses to address human trafficking or sexual exploitation of children.

If such entity does not exist, the circuit administrator for the department shall initiate one.
Lead agency shall ensure that all sexually exploited children residing in safe houses or safe foster homes or served in residential treatment centers or hospitals have a case manager and a case plan, whether or not the child is a dependent child.

With authorized funding, services may be available to all sexually exploited children whether such services are accessed voluntarily, as a condition of probation, through a diversion program, through a proceeding under chapter 39, or through a referral from a CBC or agency.
Department shall contract with a qualified consultant or organization with expertise in child welfare by August 31, 2014, to prepare a plan for development and implementation of a comprehensive, results-oriented accountability program consistent with this section.
Questions?

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