HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/CS/HB 1007 Children Removed from Caregivers
SPONSOR(S): Health & Human Services Committee and Children, Families & Seniors Subcommittee, Borrero and others
TIED BILLS: **IDEN./SIM. BILLS:** CS/CS/CS/SB 1064

FINAL HOUSE FLOOR ACTION: 114 **Y's** 2 **N's** **GOVERNOR'S ACTION:** Approved

SUMMARY ANALYSIS

CS/CS/HB 1007 passed the House on May 3, 2023, as CS/CS/CS/SB 1064.

Florida's dependency system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. The Department of Children and Families (DCF) and the community-based care lead agencies (CBC's) throughout Florida work with those families to address the problems endangering children, if possible. If the problems are not addressed, DCF and the CBC's find safe out-of-home placements for these children.

The process of child protective investigation, removal and placement can be traumatic for children. However, the degree to which an individual child experiences these events as traumatic depends on several factors, such as the child's age and resilience. Children who enter out-of-home care have typically often already experienced multiple traumatic events.

According to the National Child Traumatic Stress Network, a "trauma-informed mental health *assessment* offers a structured framework for (1) gathering information across several key domains of functioning, (2) identifying and addressing the needs of children and families exposed to traumatic events, and (3) coding and summarizing this information, so that it can be communicated to families and other providers." Currently, a Comprehensive Behavioral Health Assessment is conducted for children who are sheltered in out-of-home care; this must be performed within 30 days.

The bill requires trauma screening, assessment, and therapeutic response when placing children in foster care under s. 39.523, F.S. The bill requires DCF and CBC's to screen children removed from their homes for trauma as soon as practicable and, at a minimum, within 21 days of their removal. If appropriate based on screening results, DCF and CBC's must then refer children to trauma assessments and also provide supports to their caregivers.

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

The bill was approved by the Governor on June 16, 2023, ch. 2023-254, L.O.F., and will become effective on July 1, 2023.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Background

Florida Dependency System

Chapter 39, F.S., creates the dependency system charged with protecting child welfare. Florida's dependency system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. DCF and the 17 community-based care lead agencies (CBC's) throughout Florida[1] work with those families to address the problems endangering children, if possible. If the problems are not addressed, DCF and the CBC's find safe out-of-home placements for these children.

DCF's practice model is based on the safety of the child within the home by using in-home services, such as parenting coaching and counseling, to maintain and strengthen that child's natural supports in his or her environment.

DCF contracts with CBC's for case management, out-of-home services, and related services. The outsourced provision of child welfare services is intended to increase local community ownership of service delivery and design. CBC's contract with a number of subcontractors for case management and direct care services to children and their families.

DCF remains responsible for a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.[2] Ultimately, DCF is responsible for program oversight and the overall performance of the child welfare system.[3]

Dependency Process

Current law requires any person who knows or suspects that a child has been abused, abandoned, or neglected to report such knowledge or suspicion to the central abuse hotline (hotline).[4] The hotline[5] receives more than 350,000 child-related calls annually.[6] Calls received are screened to determine if the criteria are met to initiate a protective investigation. Statewide, there are more than 240,000 child protective investigations conducted annually.[7]

When child welfare necessitates that DCF remove a child from the home, a series of dependency court proceedings must occur to adjudicate the child dependent and place that child in out-of-home care. Steps in the dependency process may include:

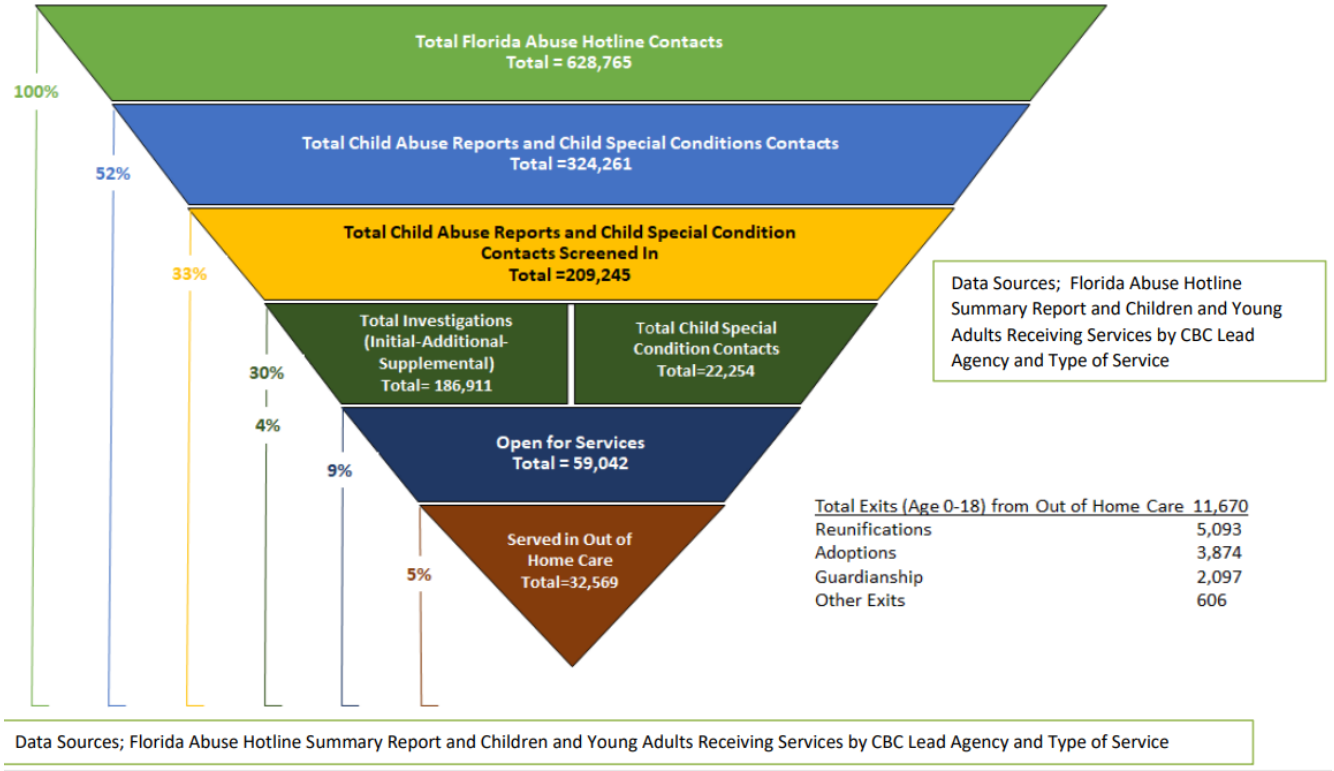
- A report to the hotline.
- A child protective investigation to determine the safety of the child.
- Placement in out-of-home care, if necessary.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in their child's dependency.

[1] These 17 CBC's together serve the state's 20 judicial circuits.
[2] Ch. 39, F.S.
[3] *Id.*
[4] Section 39.201(1), F.S.
[5] Department of Children and Families, Florida Abuse Hotline, Overview, https://www2.myflfamilies.com/service-programs/abuse-hotline/overview.shtml, (last visited March 11, 2023).
[6] Department of Children and Families, *Child Welfare Key Indicators Monthly Report*, Feb. 2023, System Overview, p. 8, https://www2.myflfamilies.com/service-programs/child-welfare/kids/results-oriented-accountability/performanceManagement/docs/KI_Monthly_Report_December%202022.pdf (last visited March 23, 2023).
[7] *Id.*

- Reunification with the child's parent or another option to establish permanency, such as adoption.[8]

The graphic below presents key statistics regarding children and families having contact with the child welfare system in FY 2021-22.[9]

Florida Child Protective System Overview FY 2020-2021

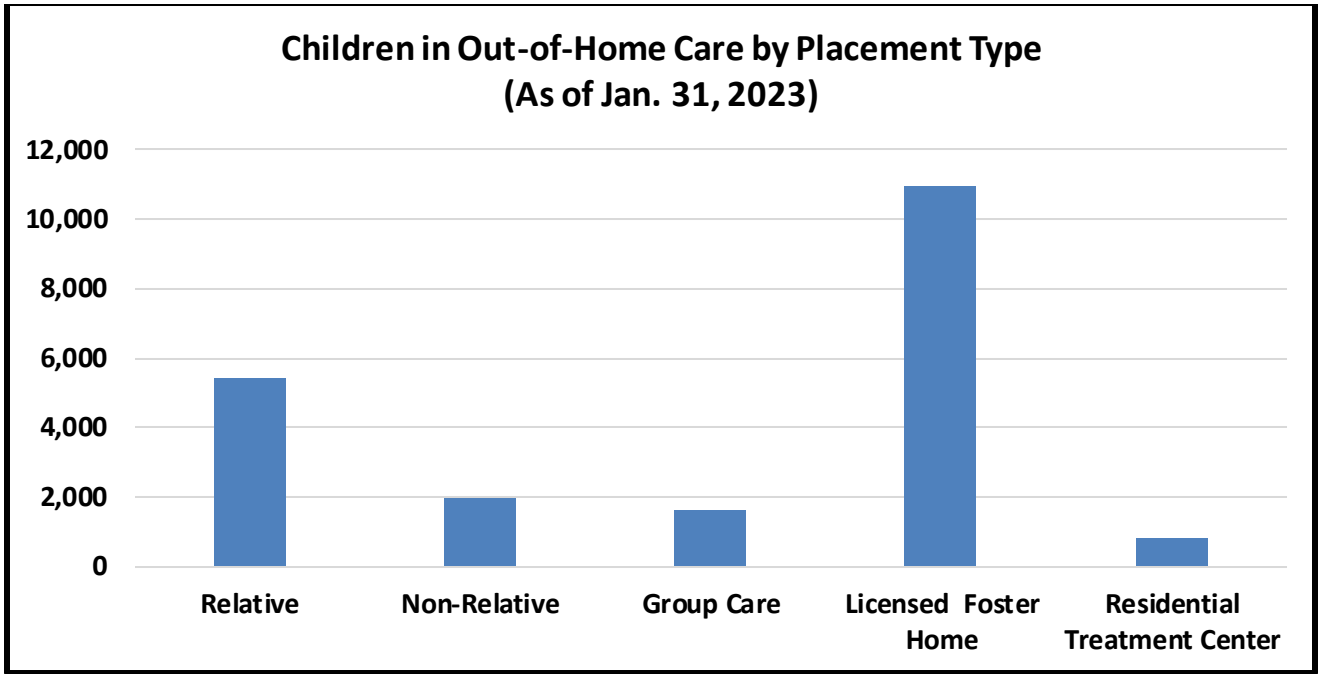


Out-of-Home Care

When children cannot safely remain at home with parents, Florida's child welfare system finds safe out-of-home placements for them. After an assessment to determine the most appropriate out-of-home placement, a child may be placed with a relative, fictive kin, licensed foster parent, in a group home or residential setting.[10] While in out-of-home care, the child and his or her parents receive services to address problems that led to the removal so that reunification or other permanency option may be reached as quickly as possible.[11]

As the graphic above indicates, slightly more than half of children with cases open for services in FY 2021-22 were served in out of home care. The graph below shows the number of children in out-of-home care by placement type, as of January 2023.[12]

[8] The state has a compelling interest in providing stable and permanent homes for adoptive children in a prompt manner, in preventing the disruption of adoptive placements, and in holding parents accountable for meeting the needs of children. S. 63.022, F.S.
[9] *Supra* note 6, p. 9.
[10] R. 65C-28.004, F.A.C.
[11] Child Welfare Information Gateway, *Out-of- Home Care Overview*, https://www.childwelfare.gov/topics/outofhome/overview/#:~:text=Out%2Dof%2Dhome%20care%20is,to%20abuse%20and%2For%20neglect. (last visited Jan. 18, 2023).
[12] *Supra* note 6, p. 31. Licensed foster homes include relative and nonrelative placements that are licensed to care for a specific child, as well as traditional licensed family foster homes.



Community-Based Care Organizations and Services

DCF typically enters into 5-year contracts with CBC's.[13] There are minimum requirements with which CBC's must comply to be eligible to contract with DCF, including:

- Being organized as a Florida corporation or a governmental entity.[14]
- Having a board of directors or board committee with authority to approve the CBC's budget and hire a CBC executive director.[15]
- Demonstrating financial responsibility by having a plan for regular fiscal audits and securing a performance bond.[16]

DCF must ensure contracts with CBC's:

- Provide for the services as required under s. 409.988, F.S.[17]
- Require CBC's to specify how they will carry out certain child welfare best practices.[18]
- Provide relevant information to DCF related to the quality assurance program and the child welfare results-oriented accountability system.[19]
- Include tiered interventions and graduated penalties for failure to comply with the contract or performance deficiencies.[20]
- Require CBC's to provide current and accurate information about their activities related to case records in the statewide automated child welfare information system.[21]
- Specify the procedures to resolve differences in interpreting the contract or to resolve a disagreement amongst the parties regarding compliance with the contract.[22]

A CBC is obligated to perform a variety of duties including to:

[13] S. 409.987(3), F.S.
[14] S. 409.987(4)(a), F.S.
[15] S. 409.987(4)(b), F.S.
[16] S. 409.987(4)(c), F.S.
[17] S. 409.996(1)(a), F.S.
[18] S. 409.996(1)(b), F.S.
[19] S. 409.996(1)(c), F.S.
[20] S. 409.996(1)(d), F.S.
[21] S. 409.996(1)(e), F.S.
[22] S. 409.996(1)(f), F.S.

- Serve the children who are referred as a result of abuse, neglect, or abandonment reports to DCF's central abuse hotline.
- Provide DCF with accurate and timely information necessary for oversight by DCF pursuant to the child welfare results-oriented accountability system.
- Follow financial guidelines developed by DCF and provide for regular independent audits.
- Post its current budget, including the salaries, bonuses and other compensation paid to the agency's chief executive officer, chief financial officer, and chief operating officer, or their equivalents, on the CBC's website.
- Prepare and file all necessary court documents and attend dependency court proceedings.
- Ensure all individuals providing care to dependent children receive training and specified information and meet employment requirements.
- Maintain eligibility to receive all available federal child welfare funds.
- Maintain written agreements with Healthy Families Florida entities in its service area.
- Comply with federal and state statutory requirements and agency rules in the provision of contractual rules.
- Use authority to subcontract for the provision of services provided the CBC contributes to services and meets specified criteria.
- Post information regarding case management services on its website.[23]

Out-of-Home Care

Assessment and Placement Process

Placement Decisions: Priority Placement Types

When a child cannot remain safely at home with a parent, DCF must consider the following options, in order of priority, as the initial out-of-home placement for the child:

- The nonoffending parent.
- A relative caregiver.
- An adoptive parent of the child's sibling, when DCF or the CBC is aware of a sibling.
- A fictive kin with a close existing relationship to the child
- A nonrelative that does not have an existing relationship with the child.
- A licensed foster home.
- A group home or congregate care.

DCF must also consider what is in the child's best interest based on the best interest factors in s. 39.01375, F.S., using a multidisciplinary team (MDT) staffing process to determine the level of care needed by the child and match the child with the most appropriate placement.

Placement Decisions: Best Interest Factors

Section 39.01375, F.S., lists factors DCF and CBC's must consider when determining whether a proposed placement is in the child's best interest:

- The child's age.
- The physical, mental, and emotional health benefits to the child by remaining in his or her current placement or moving to the proposed placement.
- The stability and longevity of the child's current placement.
- The established bonded relationship between the child and the current or proposed caregiver.

[23] S. 409.988(1), F.S. Further, s. 409.988(1)(k), F.S., provides that CBC's and subcontracted case management providers must disclose the average caseload of case managers for filled positions, the turnover rate for case managers and their supervisors for the previous 12 months, the percentage of required home visits completed, and performance on outcome measures required under s. 409.997, F.S., for the previous 12 months.

- The reasonable preference of the child, if the child is of a sufficient age and capacity to express a preference.
- The recommendation of the child's current caregiver, if applicable.
- The recommendation of the child's guardian ad litem, if one has been appointed.
- The child's previous and current relationship with a sibling and if the change of legal or physical custody or placement will separate or reunite siblings.
- The likelihood of the child attaining permanency in the current or proposed placement.
- The likelihood the child will be required to change schools or child care placement, the impact of such change on the child, and the parties' recommendations as to the timing of the change, including an education transition plan.
- The child's receipt of medical, behavioral health, dental, or other treatment services in the current placement; the availability of such services and the degree to which they meet the child's needs; and whether the child will be able to continue to receive services from the same providers and the relative importance of such continuity of care.
- The allegations of any abuse, abandonment, or neglect, including sexual abuse and human trafficking history, which caused the child to be placed in out-of-home care and any history of additional allegations of abuse, abandonment, or neglect.
- The likely impact on activities that are important to the child and the ability of the child to continue such activities in the proposed placement.
- The likely impact on the child's access to education, Medicaid, and independent living benefits if moved to the proposed placement.
- Any other relevant factor.

Placement Decisions: Multidisciplinary Teams

Florida law requires DCF to use MDTs for important decisions about a child, such as placement decisions. Section 39.4022, F.S., addresses what MDT staffings are, when staffings should occur, and what is required at each staffing. The formation of an MDT must begin as soon as possible when a child is removed from home, or within 72 hours after a subsequent removal in an emergency situation. MDTs must be led by trained professionals who are otherwise required to attend the MDT staffing in their official capacities. All of the following individuals must be invited to each MDT staffing:

- The child, unless not of an age or capacity to participate in the team.
- The child's family members and other individuals identified by the family as being important to the child, provided that a parent who has a no contact order or injunction, is alleged to have sexually abused the child, or is subject to a termination of parental rights may not participate.
- The child's current caregiver, unless the caregiver is a parent who has a no contact order or injunction, is alleged to have sexually abused the child, or is subject to a termination of parental rights.
- A representative from DCF, other than DCF's attorney, when DCF is directly involved in the staffing's goal.
- A representative from the CBC, when the CBC is directly involved in the staffing's goal.
- The child's case manager or case manager supervisor.

Additionally, based on the particular goal of the staffing, DCF or the CBC may also invite other professionals, including, but not limited to:

- A representative from Children's Medical Services, if Children's Medical Services is involved with the family;
- A guardian ad litem, if one is appointed;
- A school personnel representative who has direct contact with the child;
- A therapist or other behavioral health professional, if applicable;
- A mental health professional with expertise in sibling bonding, if DCF or the CBC deems such expert is necessary; or
- Other community providers of services to the child or stakeholders, when applicable.

MDTs may address multiple needs and decisions regarding a child or sibling group, and invited participants may attend the MDT staffing in person or remotely.

Before formulating a decision, MDTs must gather and consider data and information on the child which is known at the time of the staffing, including, but not limited to, allowing the team to address the best interest factors in s. 39.01375, F.S. The assessment conducted by the MDT may also use an evidence-based assessment instrument or tool that is best suited for determining the specific decision of the staffing and the needs of that individual child and family. However, MDT staffings may not be delayed to accommodate pending behavioral health screenings, assessments, or referrals for services.

When an MDT is considering a decision related to a child age 3 or younger, the MDT must also consider:

- Identified kin and relatives who express interest in caring for the child, including strategies to overcome potential delays in placing the child with such persons if they are suitable.
- The likelihood that the child can remain with the prospective caregiver past the point of initial removal and placement with, or subsequent transition to, the caregiver and the willingness of the caregiver to provide care for any duration deemed necessary if placement is made.
- The prospective caregiver's ability and willingness to:
    - Access supports related to early childhood development and services addressing any possible developmental delays.
    - Address the emotional needs of the child and accept infant mental health supports, if needed.
    - Help nurture the child during the transition into out-of-home care.
    - Effectively co-parent with the parent.
    - Ensure frequent family visits and sibling visits.

Placement Decisions: Siblings

DCF and CBC's must make reasonable efforts to place siblings who are removed from their home in the same foster, kinship, adoptive, or guardianship home when it is in the best interest of each sibling and when appropriate, capable, and willing joint placement for the sibling group is available. If a child enters out-of-home care after a sibling, DCF or the CBC and the MDT must make reasonable efforts to initially place the child with siblings as long as it would not jeopardize the stability of the placement and it is in the best interest of each child.

DCF or the CBC must to convene an MDT when a child in a sibling group is removed from a home to determine and assess the sibling relationships from the perspective of each child to ensure the best placement is chosen for each child in the sibling group. The MDT must consider the best interest factors in s. 39.01375, F.S., the existing emotional ties between and among the siblings, the degree of harm each child is likely to experience as a result of separation, and standard protocols.

Comprehensive Assessments of Children in the Child Welfare System in Florida

Section 39.01(17), F.S., defines "comprehensive assessment" or "assessment" as the gathering of information for the evaluation of a child's and caregiver's physical, psychiatric, psychological, or mental health; developmental delays or challenges; and educational, vocational, and social condition and family environment as they relate to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services, as appropriate.

Chapter 65C-28.014, Florida Administrative Code (F.A.C.) requires a child to be referred for a Comprehensive Behavioral Health Assessment (CBHA) in the following circumstances:

- When a child is in shelter status, the child welfare professional responsible for the case shall refer the child for a CBHA within seven calendar days of being removed from his or her household, or
- If a child is already in out-of-home care and is exhibiting emotional or behavioral issues that might result, or may have already resulted, in the child losing his or her placement, the child welfare professional responsible for the case may refer the child for a CBHA to assist in determining services that would allow the child to maintain his or her placement. This may be done if a CBHA has not been conducted on the child within the past year; and,
- The child has been determined to be Medicaid enrolled. If the child is not Medicaid enrolled, the child welfare professional responsible for the case shall take all steps necessary to ensure the child becomes enrolled as soon as possible, including assisting the child's out-of-home caregiver to establish enrollment.[24]

The actual assessment is completed by a provider during the provision of case management services.[25] The CBHA provider must complete the assessment within 24 calendar days of receiving the authorization.[26]

CBC's report that they administer a trauma assessment as part of the CBHA.[27]

The child welfare professional must review and consider any interventions or services recommended in a CBHA. Specifically, Rule 65C-28.014, F.A.C., requires that when service needs are identified through the CBHA, children shall be referred to mental health providers in the community who accept the child's Medicaid Managed Medical Assistance plan. If a Medicaid provider is not available, the child welfare professional shall refer to a provider that best meets the child's needs. The child welfare professional has the primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child's care and treatment.[28]

[24] Florida Department of Children and Families, *Agency Analysis of 2023 HB 1007,* p. 2 (March 8, 2023).
[25] *Id.*
[26] Department of Children and Families, CFOP 170-18, *Comprehensive Behavioral Health Assessments*, Aug. 21, 2020, pg. 2-2 https://www.myflfamilies.com/sites/default/files/2022-12/cfop_170-18_chapter_02_comprehensive_behavioral_health_assessments.pdf (accessed March 23, 2023).
[27] Email from Caleb Hawkes, Director of Government Affairs, Florida Coalition for Children, Re: HB 1007/SB 1064--questions for CBC's on screening/addressing trauma of removal, March 21, 2023.
[28] *Supra* note 24.

Children and Trauma

Child Traumatic Stress

According to the National Child Traumatic Stress Network, a traumatic event is "a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures."[29]

Many experiences that may be traumatic to a child are also reasons why a child may be subject to a child protective investigation and removal from the home, such as:

- Physical or psychological abuse.
- Neglect.
- Sexual abuse, including sexual exploitation and human trafficking.
- Family violence.
- Substance use disorder (personal or familial).[30]

According to the National Child Traumatic Stress Network, children who suffer from child traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended.

Children can have a variety of reactions to traumatic events. Examples are:

- Intense and ongoing emotional upset,
- Depressive symptoms or anxiety,
- Behavioral changes,
- Difficulties with self-regulation,
- Problems relating to others or forming attachments,
- Regression or loss of previously acquired skills,
- Attention and academic difficulties,
- Nightmares,
- Difficulty sleeping and eating, and
- Physical symptoms, such as aches and pains.
- Use of drugs or alcohol,
- Behaving in risky ways, and
- Engaging in unhealthy sexual activity.[31]

Although many people experience reactions to stress from time to time, when a child is experiencing traumatic stress, these reactions interfere with the child's daily life and ability to function and interact with others. Any child may suffer effects of traumatic experience, including infants and toddlers. However, the way that traumatic stress manifests will vary from child to child, and will depend on factors such as the child's age and developmental level.

According to the National Child Traumatic Stress Network, "without treatment, repeated childhood exposure to traumatic events can affect the brain and nervous system and increase health-risk behaviors (e.g., smoking, eating disorders, substance use, and high-risk activities). Research shows that child trauma survivors can be more likely to have long-term health problems (e.g., diabetes and heart disease) or to die at an earlier age. Traumatic stress can also lead to increased use of health and mental health services and increased involvement with the child welfare and juvenile justice systems.

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[29] National Child Traumatic Stress Network, *About Child Trauma*, https://www.nctsn.org/what-is-child-trauma/about-child-trauma (accessed March 23, 2023).
[30] *Id.*
[31] *Id.*

Adult survivors of traumatic events may also have difficulty in establishing fulfilling relationships and maintaining employment."

Trauma and Response to Investigation, Removal and Placement

The process of child protective investigation, removal, and placement can be traumatic for children. However, the degree to which an individual child experiences these elements as traumatic depends on several factors, such as the child's age and resilience. Casey Family Programs describes frequent responses from children as follows:

- *Surprise and shock.* Intervention is particularly traumatic when it happens suddenly or unexpectedly, and with a high level of conflict. Children may be confused about cause and effect, not understanding why they have been removed from the home. (e.g., "We were just eating dinner and then I was taken away.") The degree of trauma to the child will depend to some degree on the level of hostility in the interactions between the parent and the professional, and how much distress vs. calm the parent exhibits.
- *Negative views of police and social workers.* Children may have been told to fear the police and/or the child protection agency, or they may have heard horror stories about foster care that exacerbate their own fears.
- *Betrayal and loss of trust.* Children may feel betrayed by the person who reported the family. They may feel surrounded by people they cannot trust.
- *Loss of control, helplessness.* Children experiencing removal face many unknowns. They may not know where they are going, what will happen to them, what is happening to their parents and siblings, and how long they will be away from home. Any feeling that they are unable to speak up on their own behalf and ask questions may compound their disorientation. Other traumatic elements of the situation may make it difficult for children to absorb or retain information provided to them.
- *Worry about parents and siblings.* Older children may feel responsible for taking care of other family members. They may feel guilty that the disruption to the family is their fault, or that they have failed to protect parents or siblings.
- *Repeated interviewing about traumatic events*. Having to tell the story of "what happened" multiple times to different professionals (school staff, caseworker, police) may exacerbate trauma and/or reinforce feelings of guilt or betrayal.
- *Loss of the familiar.* Children who are removed from their home face losses on multiple levels: family (including extended family members, pets, belongings, routines), neighborhood and school (familiar places, friends, teachers, extracurricular activities), and culture (language, race/ethnicity, religion). All of these elements may create or reinforce a belief that the world is unpredictable and unsafe.[32]

Multiple Traumatic Events

Children with some level of trauma typically have experienced a variety of traumatic events. In a study of 14,088 children and adolescents served by National Child Traumatic Stress Network service centers, nearly 80% of those screened reported an experience of at least one traumatic event. However, of the 11,104 who had trauma exposure:

- 77% had more than one type of trauma;
- 27% had experienced 3-4 types of trauma; and
- 31% had experienced 5 or more types.[33]

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[32] Casey Family Programs, *Issue Brief: How does investigation, removal, and placement cause trauma for children?* May 2018, p. 2 https://www.casey.org/media/SC_Investigation-removal-placement-causes-trauma.pdf (accessed March 23, 2023).

[33] National Child Traumatic Stress Network, *Facts for Policymakers: Child and Adolescent Trauma Exposure and Service Use Histories: Highlights from the NCCTS Core Data Set* https://www.nctsn.org/sites/default/files/resources//facts_policymakers_child_adolescent_trauma_exposure_service_use_histories_highlights_core_data_set.pdf (accessed March 23, 2023).

In a sample of 2,251 children and adolescents in foster care referred to National Child Traumatic Stress Network service centers between 2004 and 2010, the mean number of types of traumatic exposure was 5, indicating that exposure to multiple types of trauma is common for children in the child welfare system.[34]

This may lead to their experiencing complex trauma, or have interactions between the traumatic events. Trauma screening instruments do not screen for only one type of trauma (such as removal), nor is it clinically advisable given the variety of traumas to which a child may have been exposed.[35]

Risk and Protective Factors

Fortunately, even when children experience a traumatic event, they don't always develop traumatic stress. Many factors contribute to symptoms, and protective factors can reduce the negative impact of trauma on a child. According to the National Child Traumatic Stress Network, some factors that affect how a child is impacted by a traumatic event include:

- *Severity of the event.* How serious was the event? How badly was the child or someone she loves physically hurt? Did they or someone they love need to go to the hospital? Were the police involved? Were children separated from their caregivers? Were they interviewed by a principal, police officer, or counselor? Did a friend or family member die?
- *Proximity to the event.* Was the child actually at the place where the event occurred? Did they see the event happen to someone else or were they a victim? Did the child watch the event on television? Did they hear a loved one talk about what happened?
- *Caregivers' reactions.* Did the child's family believe that he or she was telling the truth? Did caregivers take the child's reactions seriously? How did caregivers respond to the child's needs, and how did they cope with the event themselves?
- *Prior history of trauma.* Children continually exposed to traumatic events are more likely to develop traumatic stress reactions.
- *Family and community factors.* The culture, race, and ethnicity of children, their families, and their communities can be a protective factor, meaning that children and families have qualities and or resources that help buffer against the harmful effects of traumatic experiences and their aftermath.[36]

Screening, Assessing, and Responding to Trauma in Children

Screening is used to determine whether the next steps, a trauma-focused assessment or treatment, is helpful for a child. Brief screening tools are available for this purpose.[37] Trauma screening determines whether someone has experienced one or more traumatic events, has reactions to them, has specific mental or behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health assessment. Screening is a "wide-net" process.[38] Experts recommend screening for a range of traumatic events rather than for a specific single event.[39]

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[34] National Child Traumatic Stress Network, *Facts for Policymakers: Complex Trauma and Mental Health of Children Placed in Foster Care Highlights from the National Center for Child Traumatic Stress (NCCTS) Core Data Set* https://www.nctsn.org/sites/default/files/resources//facts_policymakers_complex_trauma_mental_health_children_placed_in_foster_care.pdf (accessed March 23, 2023).

[35] Email from L. Amaya-Jackson, M.D., M.P.H., Co-Director, UCLA-Duke National Center for Child Traumatic Stress, Professor, Dept. of Psychiatry & Behavioral Sciences, Duke University School of Medicine, Quick response needed if you have input: Question--assessing/treating individual sources of trauma vs. general trauma experienced (March 19, 2023) (on file with the Children, Families, and Seniors Subcommittee).

[36] *Supra* note 29.

[37] National Child Traumatic Stress Network, *Assessment of Complex Trauma Information for Non-Mental Health Professionals*, p. 2, https://www.nctsn.org/sites/default/files/resources/fact-sheet/assessment_of_complex_trauma_information_for_nonmental_health_professio.pdf (accessed March 23, 2023).

[38] National Child Traumatic Stress Network, Screening and Assessment, http://www.nctsn.org/treatments-and-practices/screening-and-assessment (accessed March 23, 2023).

[39] *Supra* note 35.

A trauma-informed mental health *assessment* offers a structured framework for "(1) gathering information across several key domains of functioning, (2) identifying and addressing the needs of children and families exposed to traumatic events, and (3) coding and summarizing this information, so that it can be communicated to families and other providers."[40] Examples of domains include trauma exposure, trauma reminders and triggers, caregiver and family functioning and response to trauma, and resilience and strengths of the child, family and community.[41] Recommended practices include gathering information from multiple perspectives, such as the child, all caregivers, teachers, and other relevant professionals working with the child. Additionally, clinicians should use a variety of assessment approaches and techniques.

Some evidence-based *interventions, treatments* and *services* are highly effective for child traumatic stress.[42] A wide variety of trauma treatments exist that vary based on the age of the child, the nature of the traumatic exposure and response, and modalities used (such as individual, family, or group). Some are covered by the Medicaid program, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).[43] Additional supports are available as well.[44]

According to the National Child Traumatic Stress Network, core components of trauma-focused interventions include:

- Motivational interviewing (to engage clients).
- Risk screening (to identify high-risk clients).
- Triage to different levels and types of intervention (to match clients to the interventions that will most likely benefit them/they need).
- Systematic assessment, case conceptualization, and treatment planning (to tailor intervention to the needs, strengths, circumstances, and wishes of individual clients).
- Engagement/addressing barriers to service-seeking (to ensure clients receive an adequate dosage of treatment in order to make sufficient therapeutic gains).
- Psychoeducation about trauma reminders and loss reminders (to strengthen coping skills).
- Psychoeducation about posttraumatic stress reactions and grief reactions (to strengthen coping skills).
- Teaching emotional regulation skills (to strengthen coping skills).
- Maintaining adaptive routines (to promote positive adjustment at home and at school).
- Parenting skills and behavior management (to improve parent-child relationships and to improve child behavior).
- Constructing a trauma narrative (to reduce posttraumatic stress reactions).
- Teaching safety skills (to promote safety).
- Advocacy on behalf of the client (to improve client support and functioning at school, in the juvenile justice system, and so forth).
- Teaching relapse prevention skills (to maintain treatment gains over time).
- Monitoring client progress/response during treatment (to detect and correct insufficient therapeutic gains in timely ways).

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[40] National Child Traumatic Stress Network, *Trauma-Informed Mental Health Assessment*, https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-informed-mental-health-assessment (accessed March 23, 2023).

[41] National Child Traumatic Stress Network, *Assessment of Complex Trauma by Mental Health Professionals,* p. 3, https://www.nctsn.org/sites/default/files/resources/fact-sheet/assessment_of_complex_trauma_by_mental_health_professionals.pdf (accessed March 23, 2023).

[42] National Child Traumatic Stress Network, *Understanding Child Trauma,* https://www.nctsn.org/sites/default/files/resources/fact-sheet/understanding_child_trauma_and_the_nctsn_0.pdf (accessed March 23, 2023).

[43] Sunshine Health, New Child Welfare Value-Based Incentive Program: Trauma-Focused Evidence Based Practice https://www.sunshinehealth.com/newsroom/trauma-focused-evidence-based-practice.html (accessed March 23, 2023).

[44] One resource offered by Florida Medicaid Sunshine Health Child Welfare Specialty Plan is training is offered to all caregivers including foster parents, adoptive parents, relative caregivers, biological parents and other caregivers on Trauma Informed C are and other trauma training. *See Member Handbook,* p. 37 https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/CWSP-Member-Handbook.pdf (accessed March 23, 2023).

- Evaluating treatment effectiveness (to ensure that treatment produces changes that matter to clients and other stakeholders, such as the court system).[45]

After a child experiences trauma, support from that child's caregiver is a crucial factor contributing to children's handling of posttraumatic reactions and ultimate recovery.[46] For instance, several of the interventions listed above require involvement from the child's caregiver to effectively implement and reinforce. Additionally, during daily life a child may experience trauma reminders. Trauma may also impair a child's feelings and beliefs, leading to negative and unexpected reactions. Caregiving practices can help create a reassuring, comforting, and healing environment, through such actions as:

- Keeping to a daily routine.
- Setting reasonable and consistent limits and give clear expectations.
- Using simple language.
- Reassuring the child.
- Watching for trauma reminders and responding appropriately when the child is reacting to them.
- Praising the child for making good choices, cooperating, and handling things well.[47]

Effect of Proposed Changes

Trauma and Out-of-Home Placement

The bill adds legislative intent that the timely identification of and therapeutic response to acute presentation of symptoms indicative of trauma can reduce adverse outcomes for a child, aid in the identification of services to enhance initial placement stability and of supports to caregivers, and reduce placement disruption.

The bill adds requirements regarding trauma screening, assessment, and therapeutic response to the assessment and placement process for children being placed in out-of-home care under s. 39.523, F.S.

DCF or the CBC must conduct a trauma screening as soon as practicable after a child's removal, but no later than 21 days after the shelter hearing. If indicated as appropriate or necessary by the screening, DCF or the CBC must promptly refer the child to appropriate trauma assessment, which must be completed within 30 days, and if appropriate, services and intervention as needed. To the extent possible, the trauma screening, assessment, and services and intervention shall be integrated into the child's overall behavioral health treatment planning and services. In addition, DCF or the CBC must provide information and support to the caregiver of the child to help the caregiver respond to and care for the child in a trauma-informed and therapeutic manner. This may include, but need not be limited to, consultation, coaching, training, and referrals to services.

DCF must adopt rules to implement the bill.

The bill has an effective date of July 1, 2023

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

[45] National Child Traumatic Stress Network, Overview, https://www.nctsn.org/treatments-and-practices/trauma-treatments/overview (accessed May 11, 2023).

[46] Hahn, H., et al., "Child and family traumatic stress intervention (CFTSI) reduces parental posttraumatic stress symptoms: A multi-site meta-analysis (MSMA), *Child Abuse & Neglect,* vol 92, June 2019, pp. 106-115. https://www.sciencedirect.com/science/article/abs/pii/S0145213419300924.

[47] National Child Traumatic Stress Network, Complex Trauma: Facts for Caregivers, 2014 https://www.nctsn.org/sites/default/files/resources//complex_trauma_caregivers.pdf.

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 may require CBC's to conduct trauma screenings; provide referrals to trauma assessments, services, and interventions for children; and provide supports and information to caregivers. If any CBC is not engaged in this full scope of responsibilities, there may be a fiscal impact on that CBC to carry out the requirements of the bill. However, the bill also tasks DCF with these responsibilities, so it is unknown the degree to which any new responsibilities would fall on DCF as opposed to the CBC's.

D. FISCAL COMMENTS:

None.