

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Fiscal Policy

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**BILL:** CS/CS/CS/SB 1064

**INTRODUCER:** Committee on Fiscal Policy; Appropriations Committee on Health and Human Services; Committee on Children, Families, and Elder Affairs; and Senator Yarborough

**SUBJECT:** Trauma Screening for Children Removed from Caregivers

**DATE:** April 26, 2023

**REVISED:** \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Tuszynski</u>	<u>Cox</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>Money</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	<u>Tuszynski</u>	<u>Yeatman</u>	<u>FP</u>	<u>Fav/CS</u>

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/CS/CS/SB 1064 amends s. 39.523, F.S., to integrate a trauma screen into the assessment of a child removed from his or her home.

The bill adds to findings and intent that the timely identification of and 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 a requirement for the DCF to adopt rules that require the DCF or community-based care lead agency to conduct a trauma screening as soon as practicable after a child's removal but no later than 21 days after the shelter hearing and requires any indicated trauma assessment, services, or interventions to be provided within 30 days. To the extent possible, the screening, assessment, services, or intervention are to be integrated into the child's overall behavioral health treatment planning and services.

The bill further requires the DCF or the CBC to provide information and support to a caregiver of a child placed out-of-home to help that caregiver respond to and care for the child in a trauma-informed and therapeutic manner. Support and information may include but need not be limited to, consultation, coaching, training, and referral.

The bill will have an indeterminate negative fiscal impact on state government and the private sector. See Section V.

The bill has an effective date of July 1, 2023.

## II. Present Situation:

### Florida's 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 the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children. Out-of-home placements can include a temporary placement with a family member, family foster home, residential child-caring agency, or a permanent adoptive placement with a family previously unknown to the child.<sup>1</sup>

#### *Community-Based Care Organizations and Services*

The Department of Children and Families (DCF) contracts for case management, out-of-home care, including foster care, and other court-approved arrangements, adoption, and other related services with lead agencies, also known as community-based care organizations (CBCs). The CBC model is designed to increase local community ownership of service delivery and design of child welfare services.<sup>2</sup>

The DCF, through the CBCs, administers a system of care<sup>3</sup> for children that is directed toward:

- Prevention of separation of children from their families;
- Intervention to allow children to remain safely in their own homes;
- Reunification of families who have had children removed from their care;
- Safety for children who are separated from their families;
- Promoting the well-being of children through emphasis on educational stability and timely health care;
- Permanency; and
- Transition to independence and self-sufficiency.<sup>4</sup>

The CBCs must give priority to services that are evidence-based and trauma informed.<sup>5</sup> The CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.<sup>6</sup> The CBCs employ case managers that serve as the primary link between the

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<sup>1</sup> Section 409.175, F.S.

<sup>2</sup> The Department of Children and Families, *About Community-Based Care*, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/about-community-based-care> (last visited March 7, 2023) (hereinafter cited as "DCF").

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*; Also see generally s. 409.988, F.S.

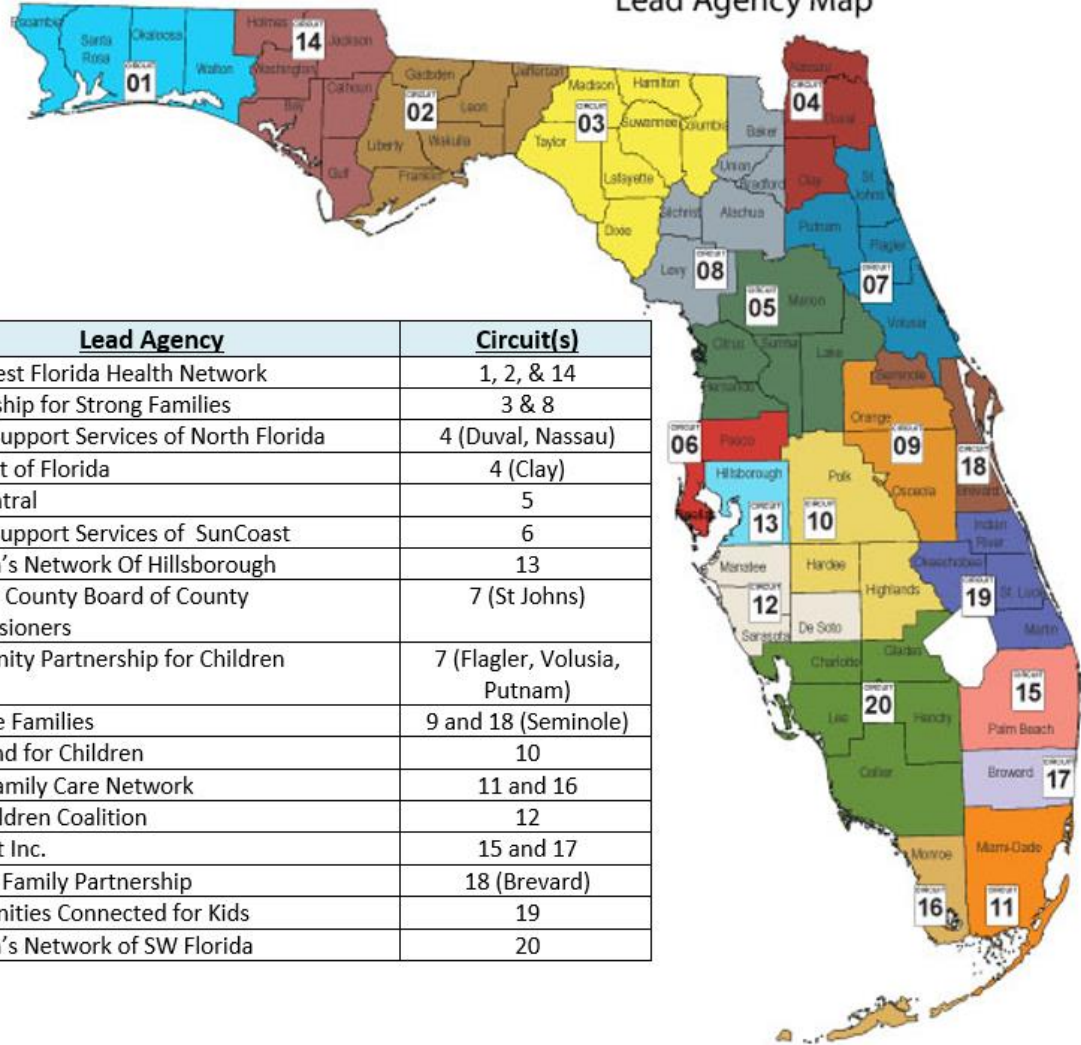
<sup>5</sup> Section 409.988(3), F.S.

<sup>6</sup> The DCF, *Lead Agency Information*, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited March 7, 2023).

child welfare system and families with children under the DCF’s supervision. These case managers work with affected families to ensure that a child reaches his or her permanency goal in a timely fashion.<sup>7</sup>

The DCF contracts with the following lead agencies as illustrated in the table and map below:

## Community-Based Care Lead Agency Map



<u>Lead Agency</u>	<u>Circuit(s)</u>
Northwest Florida Health Network	1, 2, & 14
Partnership for Strong Families	3 & 8
Family Support Services of North Florida	4 (Duval, Nassau)
Kids First of Florida	4 (Clay)
Kids Central	5
Family Support Services of SunCoast	6
Children’s Network Of Hillsborough	13
St Johns County Board of County Commissioners	7 (St Johns)
Community Partnership for Children	7 (Flagler, Volusia, Putnam)
Embrace Families	9 and 18 (Seminole)
Heartland for Children	10
Citrus Family Care Network	11 and 16
Safe Children Coalition	12
ChildNet Inc.	15 and 17
Brevard Family Partnership	18 (Brevard)
Communities Connected for Kids	19
Children’s Network of SW Florida	20

### 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 Florida’s central abuse hotline (hotline), including incidents of domestic violence.<sup>8</sup> A child protective investigation begins if the

<sup>7</sup> Section 409.988(1), F.S.

<sup>8</sup> Section 39.201(1), F.S.

hotline determines the allegations meet the statutory definition of abuse,<sup>9</sup> abandonment,<sup>10</sup> or neglect.<sup>11</sup> A child protective investigator investigates the situation either immediately, or within 24 hours after the report is received, depending on the nature of the allegation.<sup>12</sup>

After conducting an investigation, if the child protective investigator determines that the child is in need of protection and supervision that necessitates removal, the investigator may initiate formal proceedings to remove the child from his or her home.<sup>13</sup> When the DCF removes a child from the home, a series of dependency court proceedings must occur before a child may be adjudicated dependent.<sup>14</sup> The dependency court process is summarized in the table below.

**The Dependency Court Process**

<b>Dependency Proceeding</b>	<b>Description of Proceeding</b>	<b>Controlling Statute</b>
Removal	A child protective investigation determines a child is unsafe in his or her home and the child is removed.	s. 39.401, F.S.
Shelter Hearing	A shelter hearing occurs within 24 hours after removal. The judge determines whether to keep the child out-of-home.	s. 39.401, F.S.
Petition for Dependency	A petition for dependency occurs within 21 days of the shelter hearing. This petition seeks to find the child dependent.	s. 39.501, F.S.
Arraignment Hearing and Shelter Review	An arraignment and shelter review occurs within 28 days of the shelter hearing. This allows the parent to admit, deny, or consent to the allegations within the petition for dependency and allows the court to review any shelter placement.	s. 39.506, F.S.
Adjudicatory Trial	An adjudicatory trial is held within 30 days of arraignment. The judge determines whether a child is dependent during trial.	s. 39.507, F.S.

<sup>9</sup> Section 39.01(2), F.S. The term “abuse” means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes the birth of a new child into a family during the course of an open dependency case when the parent or caregiver has been determined to lack the protective capacity to safely care for the children in the home and has not substantially complied with the case plan towards successful reunification or met the conditions for return of the children into the home. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

<sup>10</sup> Section 39.01(1), F.S. The term “abandoned” or “abandonment” means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both.

<sup>11</sup> Sections 39.01(50) and 39.201(2)(a), F.S. “Neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child may not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering necessary services.

<sup>12</sup> Section 39.101(2), F.S.

<sup>13</sup> See generally ss. 39.401 through 39.4024, F.S.

<sup>14</sup> See s. 39.01(14), F.S., for the definition of “child who is found to be dependent.”

Dependency Proceeding	Description of Proceeding	Controlling Statute
Disposition Hearing	If the child is found dependent, disposition occurs within 15 days of arraignment or 30 days of adjudication. The judge reviews the case plan and placement of the child. The judge orders the case plan for the family and the appropriate placement of the child.	s. 39.506, F.S. s. 39.521, F.S.
Post-disposition hearing	The court may change temporary placement at a post disposition hearing any time after disposition but before the child is residing in the permanent placement approved at a permanency hearing.	s. 39.522, F.S.
Judicial Review Hearings	The court must review the case plan and placement every 6 months, or upon motion of a party.	s. 39.701, F.S.
Petition for Termination of Parental Rights	Once the child has been out-of-home for 12 months, if DCF determines that reunification is no longer a viable goal, termination of parental rights is in the best interest of the child, and other requirements are met, a petition for termination of parental rights is filed.	s. 39.802, F.S. s. 39.8055, F.S. s. 39.806, F.S. s. 39.810, F.S.
Advisory Hearing	This hearing is set as soon as possible after all parties have been served with the petition for termination of parental rights. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for termination of parental rights.	s. 39.808, F.S.
Adjudicatory Hearing	An adjudicatory trial shall be set within 45 days after the advisory hearing. The judge determines whether to terminate parental rights to the child at this trial.	s. 39.809, F.S.

### In-Home and Out-of-Home Care

The DCF is required to administer a system of care that endeavors to keep children with their families and provides interventions to allow children to remain safely in their own homes.<sup>15</sup> Protective investigators and CBC case managers can refer families for in-home services to allow children who would otherwise be unsafe to remain in their own homes.

When a child protective investigator determines that in-home services are not enough to allow a child to safely remain in his or her home, the investigator removes and places the child with a safe and appropriate temporary placement.<sup>16</sup> These temporary placements, referred to as out-of-home care, provide housing and services to children until they can return home to their families or achieve permanency with other families through adoption or guardianship.<sup>17</sup>

<sup>15</sup> See s. 39.001, F.S.

<sup>16</sup> Sections 39.401 through 39.4022, F.S.

<sup>17</sup> The Office of Program Policy and Government Accountability, *Program Summary*, available at <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5053> (last visited March 7, 2023).

The CBCs must place all children in out-of-home care in the most suitable out-of-home placement after assessing the child using a multidisciplinary team (MDT).<sup>18</sup> Legislative intent is to place a child in the least restrictive, most family-like environment in close proximity to parents when removed from his or her home.<sup>19</sup> The DCF is required to follow an enumerated priority list for out-of-home placement, which includes the below-mentioned specified placements in descending order:

- Non-offending parent;
- Relative caregiver;
- Adoptive parent of the child's sibling;
- Fictive kin with a close relationship to the child;
- Nonrelative caregiver without an existing relationship to the child;
- Licensed foster care; and then
- Licensed group or congregate care.<sup>20</sup>

### ***Placement Decisions by Multidisciplinary Teams***

When making a placement decision, Florida law requires the DCF to convene an MDT staffing<sup>21</sup> to assess the child and potential placements and make a placement decision when placing a child in out-of-home care a CBC must place in the most appropriate available setting after conducting an assessment. This assessment and MDT must adhere to the following goals:

- Secure a child's safety in the least restrictive and intrusive placement that can meet his or her needs;
- Minimize the trauma associated with separation from the child's family and help the child to maintain meaningful connections with family members and others who are important to him or her;
- Provide input into the proposed placement decision made by the community-based care lead agency and the proposed services to be provided in order to support the child;
- Provide input into the decision to preserve or maintain the placement, including necessary placement preservation strategies;
- Contribute to an ongoing assessment of the child and the family's strengths and needs;
- Ensure that plans are monitored for progress and that such plans are revised or updated as the child's or family's circumstances change; and
- Ensure that the child and family always remain the primary focus of each multidisciplinary team meeting.<sup>22</sup>

The MDT must convene for all placement decisions, including the initial placement in out-of-home care. The MDT must gather and consider data and information on the child which is

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<sup>18</sup> Section 39.4022, F.S., and Rule 65C-30.023, F.A.C., require an integrated multidisciplinary team staffing to perform an assessment of a child to determine the most suitable out-of-home placement.. *See also* s. 39.523(2), F.S.

<sup>19</sup> Sections 39.001(1) and 39.4021(1), F.S.

<sup>20</sup> Section 39.4021(2)(a), F.S.

<sup>21</sup> The multidisciplinary team comprises many stakeholders with knowledge of the child and placements, to include, the child, family members of the child, current caregiver, a representative of the DCF, a representative of the CBC, and case manager. The multidisciplinary team may also invite many stakeholders that may have information about the child, to include people in the child's life like the GAL, school personnel, therapists or other behavioral health professionals, and other community contacts with relevant information.

<sup>22</sup> Section 39.4022(3), F.S.

known at the time, including, but not limited to, information allowing the team to address the best interests of the child under s. 39.01375, F.S., which includes the following factors that must be considered:

- 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.
- 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, evaluated in accordance with s. 39.4024, F.S.
- 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 required under s. 39.4023, F.S.
- 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

### **Trauma and Trauma-informed Care**

Trauma is a widespread, harmful, and costly public health problem.<sup>23</sup> Children and adolescents are particularly affected by trauma.<sup>24</sup> A growing body of research points to the effects of trauma on mental and physical health, family functioning, academic outcomes, housing stability, and employment.<sup>25</sup> For many youth, exposure to childhood adversity increases the likelihood of

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<sup>23</sup> Chapin Hall at the University of Chicago, Building a Multi-System Trauma-informed Collaborative, 2020, p. V, available at <https://www.chapinhall.org/wp-content/uploads/PDF/Multi-System-Trauma-Informed-Care-MSTIC-Guide.pdf> (last viewed March 7, 2023) (hereinafter cited as “Chapin Hall”).

<sup>24</sup> *Id.*

<sup>25</sup> *Id.* at p. 1



involvement with multiple systems, including health care, behavioral health, child welfare, and juvenile justice.<sup>26</sup>

The term trauma is used to describe an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or life-threatening, overwhelms one's ability to cope, and has adverse effects on a person's mental, physical, social, emotional, or spiritual well-being.<sup>27</sup> Exposure to traumatic experiences can alter how people view themselves and others by challenging their beliefs that the world is a safe place, that other people can be trusted, and that they are worthy of care and protection.<sup>28</sup> Whether an event or set of circumstances is experienced as traumatic is influenced by many factors, including our internal coping resources, our external supports, and broader community, cultural, and societal factors that shape how we understand and respond to our experiences.<sup>29</sup>

The term trauma-informed care refers to a universal approach to addressing trauma and promoting resilience through policies, procedures, practices, and programs adopted by the entire workforce, at all levels or roles, and in all parts of the system, for all people receiving services.<sup>30</sup> The term trauma-informed care is often mistakenly used interchangeably with trauma-specific clinical interventions.<sup>31</sup> However, a trauma-informed approach encompasses a much more comprehensive model within and across systems that often requires that systems engage in certain fiscal, policy, and workforce development reform efforts.<sup>32</sup>

Service systems designed to help people who have experienced trauma can sometimes re-traumatize the people they serve.<sup>33</sup> This results from recreating situations or experiences that mirror or replicate past trauma, causing survivors to experience a similar level of distress in the present.<sup>34</sup> Research has shown that the removal incident by child welfare services to protect the immediate safety and well-being of a child is often a traumatic experience.<sup>35</sup> Trauma is traditionally examined through the lens of what happened to a child before removal and sometimes what occurred to the child after removal; however, it is critical to consider how a child may experience trauma due to the removal.<sup>36</sup> Research, policy, and practice all indicate that child removal and entry into foster care evokes emotional and psychological trauma and is the most drastic safety intervention utilized by a child welfare agency.<sup>37</sup> Significant gaps exist in policy and practice, which fail to address the impact of child removal on children and their

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<sup>26</sup> *Id.*

<sup>27</sup> Substance Abuse and Mental Health Services Administration, *SAMHSA's concept of trauma and guidance for a trauma-informed approach*, HHS Publication SMA14-4884, 2014, p. 7, available at <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf> (last viewed March 7, 2023).

<sup>28</sup> Chapin Hall at p. 3

<sup>29</sup> *Id.*

<sup>30</sup> *Id.* at p. 4

<sup>31</sup> *Id.*

<sup>32</sup> *Id.*

<sup>33</sup> Chapin Hall at p. 10

<sup>34</sup> *Id.*

<sup>35</sup> See Sankaran, V., Church, et al., *A Cure Worse Than the Disease? The Impact of Removal on Children and Their Families*, University of Michigan Law School Scholarship Repository, 2019, available at <https://repository.law.umich.edu/articles/2055/> (last viewed March 7, 2023) (hereinafter cited as "A Cure").

<sup>36</sup> *Id.* at p. 1166

<sup>37</sup> *Id.* at p. 1167



parents. The practice of removal, intended to mitigate serious, imminent harm, has the potential to cause serious, imminent harm itself.<sup>38</sup>

### ***Trauma screening and assessment***

Trauma screening and assessment is designed to be able to be administered to every child within a given system (such as child welfare) to determine whether the child has experienced trauma, displays symptoms related to trauma exposure, and/or should be referred for a comprehensive trauma-informed mental health assessment.<sup>39</sup> A trauma screening should evaluate the presence of two critical elements:

- Exposure to potentially traumatic events and experiences, including traumatic loss; and
- Traumatic stress symptoms and reactions.<sup>40</sup>

Not all children who experience negative events suffer posttraumatic or trauma-specific reactions as a result.<sup>41</sup> Trauma screening should measure a wide range of experiences and identify common reactions and symptoms of trauma as well as other commonly reported difficulties.<sup>42</sup> With proper training, various professionals or paraprofessionals from child-serving systems can administer trauma screening tools or instruments.<sup>43</sup>

There are multiple requirements throughout law for specific screenings within the child welfare system; however there is not a requirement for a trauma specific screening or assessment.<sup>44</sup>

### ***Comprehensive Assessment***

Current law defines a “comprehensive assessment” as the gathering of information to evaluate a child and caregiver’s physical, psychiatric, psychological, or mental health; developmental delays or challenges; and educational, vocational, and social condition and family environment.<sup>45</sup> This assessment is to evaluate the need for services, including substance abuse, mental health, developmental, literacy, medical, family, and other specialized services.<sup>46</sup>

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<sup>38</sup> *Id.* at p. 1168

<sup>39</sup> The National Child Traumatic Stress Network, *Trauma Screening, What is a Trauma Screening Tool or Process?*, available at <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening> (last viewed March 7, 2023) (hereinafter cited as “NCTSN”).

<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

<sup>42</sup> *Id.*

<sup>43</sup> *Id.*

<sup>44</sup> See generally s. 39.0016(2)(b)3.a., F.S., requiring a referral for screening for a child who has or is suspected of having a disability; s. 39.0(65), F.S., defining “preliminary screening” to mean the gathering of information to be used to determine a child’s need for substance abuse services; s. 39.407(1), F.S., authorizing the DCF to perform a medical screening on a child to examine a child for injury, illness, and communicable diseases; s. 39.407(4)(c), F.S., allowing a judge to order a screening for learning disabilities, other handicaps, and the need for alternative education; s. 39.4085, F.S., finding that a goal of the child welfare system is to have a full risk, health, educational, medical, and psychological screening; ss. 39.524 and 409.1754, F.S., requiring an assessment and screening for a child that is suspected of being or found to be a victim of commercial sexual exploitation; and s. 409.996(16), F.S., requiring the DCF to work with the Agency for Health Care Administration to provide a Medicaid-eligible child with a 72-hour screening under the Medicaid early and periodic screening, diagnosis, and treatment requirements.

<sup>45</sup> Section 39.01(17), F.S.

<sup>46</sup> *Id.*

*Comprehensive Behavioral Health Assessment (CBHA)*

The DCF requires a CBHA for all children entering out-of-home care who are Medicaid eligible.<sup>47</sup> Any needs identified through the CBHA and recommendations for services must be included in the family's case plan.<sup>48</sup> The CBHA is a Medicaid funded assessment with the following goals:

- Provide assessment of areas where no other information exists;
- Update pertinent information;
- Provide functional information;
- Provide specific information and recommendations to accomplish family preservation, reunification, or permanency planning;
- Provide data to promote the most appropriate out-of-home placement; and
- Provide information for development of an effective individualized treatment plan.<sup>49</sup>

The CBHA requires information gathering in many components related to the child and the child's family, including the following:

- Personal and family history;
- Placement history;
- Cognitive functioning;
- Medications;
- Substance use and abuse history;
- Mental health treatment history;
- Educational analysis;
- Cultural analysis;
- Present function; and
- Strengths.<sup>50</sup>

A child protective investigator or dependency case manager must refer a child that has been removed from his or her home for a CBHA within seven calendar days of removal.<sup>51</sup> The CBHA provider must complete the assessment and send the report of the findings within 24 calendar days of receipt of the referral.<sup>52</sup> If at any point during the CBHA process a dependency case manager determines a child has an urgent need for immediate behavioral health treatment, the case manager will see appropriate services for the child.<sup>53</sup>

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<sup>47</sup> The DCF, Children and Families Operating Procedures (CFOP) 170-18 ch. 2-1, August 21, 2020, available at [https://www.myflfamilies.com/sites/default/files/2022-12/cfop\\_170-18\\_chapter\\_02\\_comprehensive\\_behavioral\\_health\\_assessments.pdf](https://www.myflfamilies.com/sites/default/files/2022-12/cfop_170-18_chapter_02_comprehensive_behavioral_health_assessments.pdf) (last viewed March 7, 2023).

<sup>48</sup> *Id.*

<sup>49</sup> Agency for Health Care Administration, *Specialized Therapeutic Services Coverage and Limitations Handbook*, 2-10, March 2014, available at [https://ahca.myflorida.com/medicaid/review/Specific/59G-4.295\\_Specialized\\_Therapeutic\\_Services\\_and\\_Limitations\\_Handbook\\_Adoption.pdf](https://ahca.myflorida.com/medicaid/review/Specific/59G-4.295_Specialized_Therapeutic_Services_and_Limitations_Handbook_Adoption.pdf) (last viewed March 7, 2023).

<sup>50</sup> *Id.* at 2-6 through 2-9.

<sup>51</sup> CFOP 170-18 at ch. 2-5a.

<sup>52</sup> *Id.* at d.

<sup>53</sup> *Id.* at g.

The CBHA component requirements or process does not specifically reference trauma or trauma screening.

### *Parenting Partnerships for Children in Out-of-Home Care*

In 2020, the Legislature created s. 409.1415, F.S., related to parenting partnerships for children in out-of-home care, requiring the DCF to develop and support relationships between caregivers and birth or legal parents of children in out-of-home care.<sup>54</sup> As part of the parenting partnerships, a caregiver is expected to provide, and the DCF support, excellent parenting. This is to include being aware of the impact of trauma on the behavior of the child placed in out-of-home care.<sup>55</sup>

### **III. Effect of Proposed Changes:**

The bill amends s. 39.523, F.S., related to placement decisions, to add to findings and intent that the timely identification of and 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 a requirement for the DCF to adopt rules that require the DCF or community-based care lead agency to conduct a trauma screening as soon as practicable after a child's removal but no later than 21 days after the shelter hearing and requires any indicated trauma assessment, services, or interventions to be provided within 30 days. To the extent possible, the screening, assessment, services, or intervention are to be integrated into the child's overall behavioral health treatment planning and services.

The bill further requires the DCF or the CBC to provide information and support to a caregiver of a child placed out-of-home to help that caregiver respond to and care for the child in a trauma-informed and therapeutic manner. Support and information may include but need not be limited to, consultation, coaching, training, and referral.

The bill has an effective date of July 1, 2023

### **IV. Constitutional Issues:**

#### A. Municipality/County Mandates Restrictions:

None.

#### B. Public Records/Open Meetings Issues:

None.

#### C. Trust Funds Restrictions:

None.

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<sup>54</sup> Chapter 2020-138 s. 10, L.O.F.

<sup>55</sup> Section 409.1415(2)(b)3.f.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have an indeterminate negative fiscal impact on CBC lead agencies as they may incur workload increases or operational changes to provide the required trauma screenings and trauma services within the expedited timeframe. Such changes may result in additional costs to some CBCs and may require increases in their contracts with the DCF.<sup>56</sup>

However, the addition of a timely trauma screening may reduce placement disruption and the need for more acute behavioral health services, resulting in an indeterminate positive fiscal impact.

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the DCF as they may provide expedited trauma screenings and services.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 39.523 of the Florida Statutes.

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<sup>56</sup> The Department of Children and Families, *Senate Bill 1064 Fiscal Analysis* (March 2023) (on file with Senate Appropriations Committee on Health and Human Services).

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS/CS/CS by Fiscal Policy on April 25, 2023:**

The committee substitute:

- Moves all substantive provisions from ch. 409, F.S., to ch. 39, F.S.
- Provides new finding to Legislative findings and intent.
- Requires the DCF or community-based care lead agency to conduct a trauma screening as soon as practicable after a child's removal but no later than 21 days after the shelter hearing, and any indicated trauma assessment, services, or interventions to be provided within 30 days.
- Requires, to the extent possible, that any screening, assessment, service, or intervention and be integrated into the child's overall behavioral health treatment planning and services.
- Requires certain information and support be provided to caregivers of children in out-of-home care to help them respond and care for the child in a trauma-informed manner, as required under s. 409.1415(2)(b)3.f.
- Removes references to coordination with the managing entity and the requirement to offer voluntary services to families whose children are removed but not sheltered.

**CS/CS by Appropriations Committee on Health and Human Services on April 12, 2023:**

The committee substitute delays implementation for a CBC, in coordination with the local managing entity, to administer validated trauma-focused screenings until July 1, 2024, and requires:

- The child welfare professional administering the trauma screening to request all relevant information from the CPI to complete the trauma screening.
- Any further evaluation or intervention to address adverse experiences by the child in general, the issue that caused the removal, and the removal incident itself.
- To the extent possible, any evaluation or intervention to be integrated into the child's overall mental health treatment plan, and not considered an additional or adjunct service or treatment.

**CS by Children, Families, and Elder Affairs on March 14, 2023:**

The committee substitute specifies that a lead agency must administer a “validated trauma-focused screening” to a child removed from his or her home, replacing the more general “trauma assessment.”

- B. **Amendments:**

None.