

1 A bill to be entitled
2 An act relating to child welfare; amending s. 39.2015,
3 F.S.; authorizing critical incident rapid response
4 teams to review cases of child deaths occurring during
5 an open investigation; requiring the advisory
6 committee to meet quarterly and submit quarterly
7 reports; amending s. 39.3068, F.S.; requiring case
8 staffing when medical neglect is substantiated;
9 amending s. 383.402, F.S.; requiring an
10 epidemiological child abuse death assessment and
11 prevention system; providing intent for the operation
12 of and interaction between the state and local death
13 review committees; limiting members of the state
14 committee to terms of 2 years, not to exceed three
15 consecutive terms; requiring the committee to elect a
16 chairperson and authorizing specified duties of the
17 chairperson; providing for per diem and reimbursement
18 of expenses; specifying duties of the state committee;
19 deleting obsolete provisions; providing for the
20 convening of county or multicounty local review
21 committees and support by the county health department
22 directors; specifying membership and duties of local
23 review committees; requiring an annual statistical
24 report; specifying that certain responsibilities of
25 the Department of Children and Families are to be
26 administered at the regional level, rather than at the

27 district level; amending s. 409.986, F.S.; revising
 28 legislative intent to require community-based care
 29 lead agencies to give priority to the use of evidence-
 30 based and trauma-informed services; amending s.
 31 409.988; requiring lead agencies to give priority to
 32 the use of evidence-based and trauma-informed
 33 services; providing an effective date.

34

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

36

37 Section 1. Subsections (2) and (11) of section 39.2015,
 38 Florida Statutes, are amended to read:

39 39.2015 Critical incident rapid response team.—

40 (2) An immediate onsite investigation conducted by a
 41 critical incident rapid response team is required for all child
 42 deaths reported to the department if the child or another child
 43 in his or her family was the subject of a verified report of
 44 suspected abuse or neglect during the previous 12 months. The
 45 secretary may direct an immediate investigation for other cases
 46 involving death or serious injury to a child, including, but not
 47 limited to, a death or serious injury occurring during an open
 48 investigation.

49 (11) The secretary shall appoint an advisory committee
 50 made up of experts in child protection and child welfare,
 51 including the Statewide Medical Director for Child Protection
 52 under the Department of Health, a representative from the

CS/HB 7121

2015

53 institute established pursuant to s. 1004.615, an expert in
54 organizational management, and an attorney with experience in
55 child welfare, to conduct an independent review of investigative
56 reports from the critical incident rapid response teams and to
57 make recommendations to improve policies and practices related
58 to child protection and child welfare services. The advisory
59 committee shall meet at least once each quarter and ~~By October 1~~
60 ~~of each year, the advisory committee~~ shall submit quarterly
61 reports ~~a report~~ to the secretary which include ~~includes~~
62 findings and recommendations. The secretary shall submit each
63 ~~the~~ report to the Governor, the President of the Senate, and the
64 Speaker of the House of Representatives.

65 Section 2. Subsection (3) of section 39.3068, Florida
66 Statutes, is amended to read:

67 39.3068 Reports of medical neglect.—

68 (3) The child shall be evaluated by the child protection
69 team as soon as practicable. If ~~After receipt of the report from~~
70 ~~the child protection team~~ reports that medical neglect is
71 substantiated, the department shall convene a case staffing
72 which shall be attended, at a minimum, by the child protective
73 investigator; department legal staff; and representatives from
74 the child protection team that evaluated the child, Children's
75 Medical Services, the Agency for Health Care Administration, the
76 community-based care lead agency, and any providers of services
77 to the child. However, the Agency for Health Care Administration
78 is not required to attend the staffing if the child is not

79 Medicaid eligible. The staffing shall consider, at a minimum,
 80 available services, given the family's eligibility for services;
 81 services that are effective in addressing conditions leading to
 82 medical neglect allegations; and services that would enable the
 83 child to safely remain at home. Any services that are available
 84 and effective shall be provided.

85 Section 3. Section 383.402, Florida Statutes, is amended
 86 to read:

87 383.402 Child abuse death review; State Child Abuse Death
 88 Review Committee; local child abuse death review committees.—

89 (1) INTENT.—It is the intent of the Legislature to
 90 establish a statewide multidisciplinary, multiagency, data-
 91 based, epidemiological child abuse death assessment and
 92 prevention system that consists of state and local review
 93 committees. The ~~state and local review~~ committees shall review
 94 the facts and circumstances of all deaths of children from birth
 95 to through age 18 which occur in this state and are reported to
 96 the central abuse hotline of the Department of Children and
 97 Families. The state and local review committees shall work
 98 cooperatively. The primary function of the state review
 99 committee is to provide direction and leadership for the review
 100 system and to analyze data and recommendations from local review
 101 committees to identify issues and trends and to recommend
 102 statewide action. The primary function of the local review
 103 committees is to conduct individual case reviews of deaths,
 104 generate information, make recommendations, and implement

105 improvements at the local level. The purpose of the state and
 106 local review system is ~~shall be~~ to:

107 (a) Achieve a greater understanding of the causes and
 108 contributing factors of deaths resulting from child abuse.

109 (b) Whenever possible, develop a communitywide approach to
 110 address such causes ~~eases~~ and contributing factors.

111 (c) Identify any gaps, deficiencies, or problems in the
 112 delivery of services to children and their families by public
 113 and private agencies which may be related to deaths that are the
 114 result of child abuse.

115 (d) Recommend ~~Make and implement recommendations for~~
 116 changes in law, rules, and policies at the state and local
 117 levels, as well as develop practice standards that support the
 118 safe and healthy development of children and reduce preventable
 119 child abuse deaths.

120 (e) Implement such recommendations, to the extent
 121 possible.

122 (2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.-

123 (a) Membership.-

124 1. The State Child Abuse Death Review Committee is
 125 established within the Department of Health and shall consist of
 126 a representative of the Department of Health, appointed by the
 127 State Surgeon General, who shall serve as the state committee
 128 coordinator. The head of each of the following agencies or
 129 organizations shall also appoint a representative to the state
 130 committee:

- 131 ~~a.1.~~ The Department of Legal Affairs.
- 132 ~~b.2.~~ The Department of Children and Families.
- 133 ~~c.3.~~ The Department of Law Enforcement.
- 134 ~~d.4.~~ The Department of Education.
- 135 ~~e.5.~~ The Florida Prosecuting Attorneys Association, Inc.
- 136 ~~f.6.~~ The Florida Medical Examiners Commission, whose
- 137 representative must be a forensic pathologist.

138 ~~2.(b)~~ In addition, the State Surgeon General shall appoint
 139 the following members to the state committee, based on
 140 recommendations from the Department of Health and the agencies
 141 listed in subparagraph 1. ~~paragraph (a)~~, and ensuring that the
 142 committee represents the regional, gender, and ethnic diversity
 143 of the state to the greatest extent possible:

- 144 ~~a.1.~~ The Department of Health Statewide Child Protection
- 145 Team Medical Director ~~for Child Protection~~.
- 146 ~~b.2.~~ A public health nurse.
- 147 ~~c.3.~~ A mental health professional who treats children or
- 148 adolescents.
- 149 ~~d.4.~~ An employee of the Department of Children and
- 150 Families who supervises family services counselors and who has
- 151 at least 5 years of experience in child protective
- 152 investigations.
- 153 ~~e.5.~~ The medical director of a child protection team.
- 154 ~~f.6.~~ A member of a child advocacy organization.
- 155 ~~g.7.~~ A social worker who has experience in working with
- 156 victims and perpetrators of child abuse.

157 ~~h.8.~~ A person trained as a paraprofessional in patient
 158 resources who is employed in a child abuse prevention program.

159 ~~i.9.~~ A law enforcement officer who has at least 5 years of
 160 experience in children's issues.

161 ~~j.10.~~ A representative of the Florida Coalition Against
 162 Domestic Violence.

163 ~~k.11.~~ A representative from a private provider of programs
 164 on preventing child abuse and neglect.

165 1. A substance abuse treatment professional.

166 3. The members of the state committee shall be appointed
 167 to staggered terms not to exceed 2 years each, as determined by
 168 the State Surgeon General. Members may be appointed to no more
 169 than three consecutive terms. The state committee shall elect a
 170 chairperson from among its members to serve for a 2-year term,
 171 and the chairperson may appoint ad hoc committees as necessary
 172 to carry out the duties of the committee.

173 4. Members of the state committee shall serve without
 174 compensation but may receive reimbursement for per diem and
 175 travel expenses incurred in the performance of their duties as
 176 provided in s. 112.061 and to the extent that funds are
 177 available.

178 ~~(b)(3)~~ Duties.—The State Child Abuse Death Review
 179 Committee shall:

180 ~~1.(a)~~ 1.(a) Develop a system for collecting data from local
 181 committees on deaths that are reported to the central abuse
 182 hotline ~~the result of child abuse~~. The system must include a

183 protocol for the uniform collection of data statewide, which
184 must, at a minimum, use the National Child Death Review Case
185 Reporting System administered by the National Center for the
186 Review and Prevention of Child Deaths ~~uses existing data-~~
187 ~~collection systems to the greatest extent possible.~~

188 2.(b) Provide training to cooperating agencies,
189 individuals, and local child abuse death review committees on
190 the use of the child abuse death data system.

191 ~~(c) Prepare an annual statistical report on the incidence~~
192 ~~and causes of death resulting from reported child abuse in the~~
193 ~~state during the prior calendar year. The state committee shall~~
194 ~~submit a copy of the report by October 1 of each year to the~~
195 ~~Governor, the President of the Senate, and the Speaker of the~~
196 ~~House of Representatives. The report must include~~
197 ~~recommendations for state and local action, including specific~~
198 ~~policy, procedural, regulatory, or statutory changes, and any~~
199 ~~other recommended preventive action.~~

200 3.(d) Provide training to local child abuse death review
201 committee members on the dynamics and impact of domestic
202 violence, substance abuse, or mental health disorders when there
203 is a co-occurrence of child abuse. Training must ~~shall~~ be
204 provided by the Florida Coalition Against Domestic Violence, the
205 Florida Alcohol and Drug Abuse Association, and the Florida
206 Council for Community Mental Health in each entity's respective
207 area of expertise.

208 4.(e) Develop statewide uniform guidelines, standards, and

209 protocols, including a protocol for standardized data collection
 210 and reporting, for local child abuse death review committees,
 211 and provide training and technical assistance to local
 212 committees.

213 5.(f) Develop statewide uniform guidelines for reviewing
 214 deaths that are the result of child abuse, including guidelines
 215 to be used by law enforcement agencies, prosecutors, medical
 216 examiners, health care practitioners, health care facilities,
 217 and social service agencies.

218 6.(g) Study the adequacy of laws, rules, training, and
 219 services to determine what changes are needed to decrease the
 220 incidence of child abuse deaths and develop strategies and
 221 recruit partners to implement these changes.

222 7.(h) Provide consultation on individual cases to local
 223 committees upon request.

224 8.(i) Educate the public regarding the provisions of
 225 chapter 99-168, Laws of Florida, the incidence and causes of
 226 child abuse death, and ways by which such deaths may be
 227 prevented.

228 9.(j) Promote continuing education for professionals who
 229 investigate, treat, and prevent child abuse or neglect.

230 10.(k) Recommend, when appropriate, the review of the
 231 death certificate of a child who died as a result of abuse or
 232 neglect.

233 ~~(4) The members of the state committee shall be appointed~~
 234 ~~to staggered terms of office which may not exceed 2 years, as~~

235 ~~determined by the State Surgeon General. Members are eligible~~
236 ~~for reappointment. The state committee shall elect a chairperson~~
237 ~~from among its members to serve for a 2-year term, and the~~
238 ~~chairperson may appoint ad hoc committees as necessary to carry~~
239 ~~out the duties of the committee.~~

240 ~~(5) Members of the state committee shall serve without~~
241 ~~compensation but are entitled to reimbursement for per diem and~~
242 ~~travel expenses incurred in the performance of their duties as~~
243 ~~provided in s. 112.061 and to the extent that funds are~~
244 ~~available.~~

245 ~~(3)~~ (6) LOCAL DEATH REVIEW COMMITTEES. At the direction of
246 the State Surgeon General, a county or multicounty death review
247 committee shall be convened and supported by the county health
248 department directors ~~the director of each county health~~
249 ~~department, or the directors of two or more county health~~
250 ~~departments by agreement, may convene and support a county or~~
251 ~~multicounty child abuse death review committee in accordance~~
252 ~~with the protocols established by the State Child Abuse Death~~
253 ~~Review Committee.~~

254 (a) Membership. The local death review committees shall
255 include, at a minimum, the following organizations'
256 representatives, appointed by the county health department
257 directors in consultation with those organizations:

- 258 1. The state attorney's office.
- 259 2. The medical examiner's office.
- 260 3. The local Department of Children and Families child

261 protective investigations unit.

262 4. The Department of Health child protection team.

263 5. The community-based care lead agency.

264 6. State, county, or local law enforcement agencies.

265 7. The school district.

266 8. A mental health treatment provider.

267 9. A certified domestic violence center.

268 10. A substance abuse treatment provider.

269 11. Each local committee must include a local state
 270 attorney, or his or her designee, and Any other members that are
 271 determined by guidelines developed by the State Child Abuse
 272 Death Review Committee.

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274 To the extent possible, individuals from these organizations or
 275 entities who, in a professional capacity, dealt with a child
 276 whose death is verified as caused by abuse or neglect, or with
 277 the family of the child, shall attend any meetings where the
 278 child's case is reviewed. The members of a local committee shall
 279 be appointed to 2-year terms and may be reappointed. ~~The local~~
 280 ~~committee shall elect a chairperson from among its members.~~
 281 Members shall serve without compensation but may receive ~~are~~
 282 ~~entitled to~~ reimbursement for per diem and travel expenses
 283 incurred in the performance of their duties as provided in s.
 284 112.061 and to the extent that funds are available.

285 (b) (7) Duties.—Each local child abuse death review
 286 committee shall:

287 1.(a) Assist the state committee in collecting data on
 288 deaths that are the result of child abuse, in accordance with
 289 the protocol established by the state committee. The local
 290 committee shall complete, to the fullest extent possible, the
 291 individual case report in the National Child Death Review Case
 292 Reporting System.

293 2.(b) Submit written reports as required by ~~at the~~
 294 ~~direction of~~ the state committee. The reports must include:
 295 a. Nonidentifying information from ~~on~~ individual cases.
 296 b. Identification of any problems with the data system
 297 uncovered through the review process and the committee's
 298 recommendations for system improvements and needed resources,
 299 training, and information dissemination, where gaps or
 300 deficiencies may exist. ~~and~~

301 c. All ~~the~~ steps taken by the local committee and private
 302 and public agencies to implement necessary changes and improve
 303 the coordination of services and reviews.

304 3.(e) Submit all records requested by the state committee
 305 at the conclusion of its review of a death resulting from child
 306 abuse.

307 4.(d) Abide by the standards and protocols developed by
 308 the state committee.

309 5.(e) On a case-by-case basis, request that the state
 310 committee review the data of a particular case.

311 (4) ANNUAL STATISTICAL REPORT.—The state committee shall
 312 prepare and submit a comprehensive statistical report by October

313 1 of each year to the Governor, the President of the Senate, and
314 the Speaker of the House of Representatives which includes data,
315 trends, analysis, findings, and recommendations for state and
316 local action regarding deaths from child abuse. Data must be
317 presented on an individual calendar year basis and in the
318 context of a multiyear trend. At a minimum, the report must
319 include:

320 (a) Descriptive statistics, including demographic
321 information regarding victims and caregivers, and the causes and
322 nature of deaths.

323 (b) A detailed statistical analysis of the incidence and
324 causes of deaths.

325 (c) Specific issues identified within current policy,
326 procedure, rule, or statute and recommendations to address those
327 issues from both the state and local committees.

328 (d) Other recommendations to prevent deaths from child
329 abuse based on an analysis of the data presented in the report.

330 (5)-(8) ACCESS TO AND USE OF RECORDS.-

331 (a) Notwithstanding any other law, the chairperson of the
332 State Child Abuse Death Review Committee, or the chairperson of
333 a local committee, shall be provided with access to any
334 information or records that pertain to a child whose death is
335 being reviewed by the committee and that are necessary for the
336 committee to carry out its duties, including information or
337 records that pertain to the child's family, as follows:

338 1.(a) Patient records in the possession of a public or

339 private provider of medical, dental, or mental health care,
340 including, but not limited to, a facility licensed under chapter
341 393, chapter 394, or chapter 395, or a health care practitioner
342 as defined in s. 456.001. Providers may charge a fee for copies
343 not to exceed 50 cents per page for paper records and \$1 per
344 fiche for microfiche records.

345 2.~~(b)~~ Information or records of any state agency or
346 political subdivision which might assist a committee in
347 reviewing a child's death, including, but not limited to,
348 information or records of the Department of Children and
349 Families, the Department of Health, the Department of Education,
350 or the Department of Juvenile Justice.

351 (b)~~(9)~~ The State Child Abuse Death Review Committee or a
352 local committee shall have access to all information of a law
353 enforcement agency which is not the subject of an active
354 investigation and which pertains to the review of the death of a
355 child. A committee may not disclose any information that is not
356 subject to public disclosure by the law enforcement agency, and
357 active criminal intelligence information or criminal
358 investigative information, as defined in s. 119.011(3), may not
359 be made available for review or access under this section.

360 (c)~~(10)~~ The state committee and any local committee may
361 share with each other any relevant information that pertains to
362 the review of the death of a child.

363 (d)~~(11)~~ A member of the state committee or a local
364 committee may not contact, interview, or obtain information by

365 request or subpoena directly from a member of a deceased child's
366 family as part of a committee's review of a child abuse death,
367 except that if a committee member is also a public officer or
368 state employee, that member may contact, interview, or obtain
369 information from a member of the deceased child's family, if
370 necessary, as part of the committee's review. A member of the
371 deceased child's family may voluntarily provide records or
372 information to the state committee or a local committee.

373 (e) ~~(12)~~ The chairperson of the State Child Abuse Death
374 Review Committee may require the production of records by
375 requesting a subpoena, through the Department of Legal Affairs,
376 in any county of the state. Such subpoena is effective
377 throughout the state and may be served by any sheriff. Failure
378 to obey the subpoena is punishable as provided by law.

379 (f) ~~(13)~~ This section does not authorize the members of the
380 state committee or any local committee to have access to any
381 grand jury proceedings.

382 (g) ~~(14)~~ A person who has attended a meeting of the state
383 committee or a local committee or who has otherwise participated
384 in activities authorized by this section may not be permitted or
385 required to testify in any civil, criminal, or administrative
386 proceeding as to any records or information produced or
387 presented to a committee during meetings or other activities
388 authorized by this section. However, this subsection does not
389 prevent any person who testifies before the committee or who is
390 a member of the committee from testifying as to matters

391 otherwise within his or her knowledge. An organization,
 392 institution, committee member, or other person who furnishes
 393 information, data, reports, or records to the state committee or
 394 a local committee is not liable for damages to any person and is
 395 not subject to any other civil, criminal, or administrative
 396 recourse. This subsection does not apply to any person who
 397 admits to committing a crime.

398 (6) ~~(15)~~ DEPARTMENT OF HEALTH RESPONSIBILITIES.-

399 (a) The Department of Health shall administer the funds
 400 appropriated to operate the review committees and may apply for
 401 grants and accept donations.

402 (b) ~~(16)~~ To the extent that funds are available, the
 403 Department of Health may hire staff or consultants to assist a
 404 review committee in performing its duties. Funds may also be
 405 used to reimburse reasonable expenses of the staff and
 406 consultants for the state committee and the local committees.

407 (c) ~~(17)~~ For the purpose of carrying out the
 408 responsibilities assigned to the State Child Abuse Death Review
 409 Committee and the local review committees, the State Surgeon
 410 General may substitute an existing entity whose function and
 411 organization includes ~~include~~ the function and organization of
 412 the committees established by this section.

413 (7) ~~(18)~~ DEPARTMENT OF CHILDREN AND FAMILIES

414 RESPONSIBILITIES.-Each regional managing director ~~district~~
 415 ~~administrator~~ of the Department of Children and Families must
 416 appoint a child abuse death review coordinator for the region

417 ~~district~~. The coordinator must have knowledge and expertise in
418 the area of child abuse and neglect. The coordinator's general
419 responsibilities include:

420 (a) Coordinating with the local child abuse death review
421 committee.

422 (b) Ensuring the appropriate implementation of the child
423 abuse death review process and all regional ~~district~~ activities
424 related to the review of child abuse deaths.

425 (c) Working with the committee to ensure that the reviews
426 are thorough and that all issues are appropriately addressed.

427 (d) Maintaining a system of logging child abuse deaths
428 covered by this procedure and tracking cases during the child
429 abuse death review process.

430 (e) Conducting or arranging for a Florida Safe Families
431 Network Abuse Hotline Information System (FAHIS) record check on
432 all child abuse deaths covered by this procedure to determine
433 whether there were any prior reports concerning the child or
434 concerning any siblings, other children, or adults in the home.

435 (f) Coordinating child abuse death review activities, as
436 needed, with individuals in the community and the Department of
437 Health.

438 (g) Notifying the regional managing director ~~district~~
439 ~~administrator~~, the Secretary of Children and Families, the
440 Department of Health Deputy Secretary for Health and Deputy
441 State Health Officer for Children's Medical Services, and the
442 Department of Health Child Abuse Death Review Coordinator of all

443 ~~child abuse~~ deaths meeting criteria for review as specified in
 444 this section within 1 working day after case closure ~~verifying~~
 445 ~~the child's death was due to abuse, neglect, or abandonment.~~

446 (h) Ensuring that all critical issues identified by the
 447 local child abuse death review committee are brought to the
 448 attention of the regional managing director ~~district~~
 449 ~~administrator~~ and the Secretary of Children and Families.

450 (i) Providing technical assistance to the local child
 451 abuse death review committee during the review of any child
 452 abuse death.

453 Section 4. Paragraph (a) of subsection (1) of section
 454 409.986, Florida Statutes, is amended to read:

455 409.986 Legislative findings and intent; child protection
 456 and child welfare outcomes; definitions.—

457 (1) LEGISLATIVE FINDINGS AND INTENT.—

458 (a) It is the intent of the Legislature that the
 459 Department of Children and Families provide child protection and
 460 child welfare services to children through contracting with
 461 community-based care lead agencies. The community-based lead
 462 agencies shall give priority to the use of services that are
 463 evidence-based and trauma-informed. Counties that provide
 464 children and family services with at least 40 licensed
 465 residential group care beds by July 1, 2003, and that provide at
 466 least \$2 million annually in county general revenue funds to
 467 supplement foster and family care services shall continue to
 468 contract directly with the state. It is the further intent of

CS/HB 7121

2015

469 the Legislature that communities have responsibility for and
470 participate in ensuring safety, permanence, and well-being for
471 all children in the state.

472 Section 5. Subsection (3) of section 409.988, Florida
473 Statutes, is amended to read:

474 409.988 Lead agency duties; general provisions.—

475 (3) SERVICES.—A lead agency must provide ~~serve~~ dependent
476 children with ~~through~~ services that are supported by research or
477 that are recognized as best practices in the best child welfare
478 field practices. The agency shall give priority to the use of
479 services that are evidence-based and trauma-informed and may
480 also provide other innovative services, including, but not
481 limited to, family-centered and ~~7~~ cognitive-behavioral, ~~trauma-~~
482 ~~informed~~ interventions designed to mitigate out-of-home
483 placements.

484 Section 6. This act shall take effect July 1, 2015.