A bill to be entitled

An act relating to child welfare; amending s. 39.2015, F.S.; allowing critical incident rapid response teams to review deaths other than those with ; requiring quarterly reports from the advisory committee; amending s. 39.3068, F.S.; requiring case staffings when medical neglect is substantiated; amending s. 383.402, F.S.; requiring an epidemiological child abuse death assessment and prevention system; providing intent for the operation and interaction between the state and local death review committees; limiting state committee members to three consecutive terms; providing for per diem and reimbursement of expenses; specifying duties of the state committee; providing for the convening of county or multicounty local review committees and support by the county health department directors; specifying membership of local review committees and other meeting attendees; specifying duties; requiring an annual statistical report; specifying requirements for the report; changing references to "districts" and "district administrators"; amending s. 409.988; requiring community-based care lead agencies to provide trauma-informed services; providing an effective date.

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

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

39.2015 Critical incident rapid response team.—

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

(11) The secretary shall appoint an advisory committee made up of experts in child protection and child welfare, including the Statewide Medical Director for Child Protection under the Department of Health, a representative from the institute established pursuant to s. 1004.615, an expert in organizational management, and an attorney with experience in child welfare, to conduct an independent review of investigative reports from the critical incident rapid response teams and to make recommendations to improve policies and practices related to child protection and child welfare services. The advisory committee shall meet and ~~By October 1 of each year, the advisory committee shall~~ submit quarterly reports ~~a report~~ to the secretary which include ~~includes~~ findings and recommendations. The secretary shall submit the reports ~~report~~ to the Governor,

the President of the Senate, and the Speaker of the House of Representatives.

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

39.3068 Reports of medical neglect.—

(3) The child shall be evaluated by the child protection team as soon as practicable. If ~~After receipt of the report from~~ the child protection team reports that medical neglect was substantiated, the department shall convene a case staffing which shall be attended, at a minimum, by the child protective investigator; department legal staff; and representatives from the child protection team that evaluated the child, Children's Medical Services, the Agency for Health Care Administration, the community-based care lead agency, and any providers of services to the child. However, the Agency for Health Care Administration is not required to attend the staffing if the child is not Medicaid eligible. The staffing shall consider, at a minimum, available services, given the family's eligibility for services; services that are effective in addressing conditions leading to medical neglect allegations; and services that would enable the child to safely remain at home. Any services that are available and effective shall be provided.

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

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

(1) INTENT. It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system that consists of state and local review committees. The ~~state and local review~~ committees shall review the facts and circumstances of all deaths of children from birth to ~~through~~ age 18 which occur in this state and are reported to the central abuse hotline of the Department of Children and Families. The state committee and the local review committees shall work cooperatively. The state committee shall primarily provide direction and leadership of the review system and analyze data and recommendations from local committees to identify issues, trends, and recommended action on a statewide basis. The local committees shall primarily conduct individual case reviews of deaths, generate information, and make recommendations and implementing improvements at the local level. The ~~purpose of the~~ review shall ~~be to~~ use a data-based, epidemiological approach to:

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

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

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

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

(e) Implement such recommendations to the extent possible.

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.

(a) Membership.

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

a. ~~1.~~ The Department of Legal Affairs.

b. ~~2.~~ The Department of Children and Families.

c. ~~3.~~ The Department of Law Enforcement.

d. ~~4.~~ The Department of Education.

e. ~~5.~~ The Florida Prosecuting Attorneys Association, Inc.

f. ~~6.~~ The Florida Medical Examiners Commission, whose representative must be a forensic pathologist.

2. ~~(b)~~ In addition, the State Surgeon General shall appoint the following members to the state committee, based on recommendations from the Department of Health and the agencies listed in paragraph (a), and ensuring that the committee

represents the regional, gender, and ethnic diversity of the state to the greatest extent possible:

a. ~~1.~~ The Department of Health Statewide Child Protection Team Medical Director ~~for Child Protection~~.

b. ~~2.~~ A public health nurse.

c. ~~3.~~ A mental health professional who treats children or adolescents.

d. ~~4.~~ An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.

e. ~~5.~~ The medical director of a child protection team.

f. ~~6.~~ A member of a child advocacy organization.

g. ~~7.~~ A social worker who has experience in working with victims and perpetrators of child abuse.

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

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

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

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

l. A substance abuse treatment professional.

2. The members of the state committee shall be appointed to staggered terms of office which may not exceed 2 years, as

determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

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

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

1. ~~(a)~~ Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline ~~the result of child abuse~~. The system must include a protocol for the uniform collection of data statewide, which shall at a minimum use the Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths ~~uses existing data-collection systems to the greatest extent possible~~.

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

~~(c) Prepare an annual statistical report on the incidence and causes of death resulting from reported child abuse in the~~

~~state during the prior calendar year. The state committee shall submit a copy of the report by October 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must include recommendations for state and local action, including specific policy, procedural, regulatory, or statutory changes, and any other recommended preventive action.~~

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

4. ~~(e)~~ Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection~~,~~ and reporting, for local child abuse death review committees, and provide training and technical assistance to local committees.

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

6. ~~(g)~~ Study the adequacy of laws, rules, training, and

services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.

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

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

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

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

~~(4) The members of the state committee shall be appointed to staggered terms of office which may not exceed 2 years, as determined by the State Surgeon General. Members are eligible for 2 reappointments. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.~~

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

(3) LOCAL DEATH REVIEW COMMITTEES.

~~(6)~~ At the direction of the State Surgeon General, a county or multicounty death review committee shall be convened ~~the director of each county health department, or the directors of two or more county health departments by agreement, may convene and support a county or multicounty child abuse death review committee~~ in accordance with the protocols established by the State Child Abuse Death Review Committee and supported by the local county health department directors.

(a) Membership. Each local committee must include local representatives from:

1. The ~~a local~~ state attorney's office~~, or his or her designee~~.~~,~~

2. The Medical Examiner's Office.

3. The local Department of Children and Families child protective investigations unit.

4. The Department of Health child protection team.

5. The community-based care lead agency.

6. Law enforcement.

7. The school district.

8. A mental health treatment provider.

9. A domestic violence organization.

10. A substance abuse treatment provider.

11. ~~and~~ Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

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

(b) ~~(7)~~ Duties. Each local child abuse death review committee shall:

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

2. ~~(b)~~ Submit written reports as required by ~~at the direction of~~ the state committee. The reports must include:

a. Nonidentifying information on individual cases.

b. A listing of any system issues identified through the review process and recommendations for system improvements and needed resources, training, and information dissemination where gaps or deficiencies may exist.

~~and~~

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

3.~~(c)~~ Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.

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

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

(4) ANNUAL STATISTICAL REPORT. The state committee shall prepare and submit an annual statistical report by October 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must be comprehensive and include data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multi-year trend. At a minimum, the report must include:

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

b. A detailed statistical analysis of the incidence and causes of deaths.

c. Specific issues identified within current policy,

procedure, regulation, or statute and recommendations to address them from both the state and local committees.

e. Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.

(5) ~~(8)~~ ACCESS TO AND USE OF RECORDS. Notwithstanding any other law, the chairperson of the State Child Abuse Death Review Committee, or the chairperson of a local committee, shall be provided with access to any information or records that pertain to a child whose death is being reviewed by the committee and that are necessary for the committee to carry out its duties, including information or records that pertain to the child's family, as follows:

(a) Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under chapter 393, chapter 394, or chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and $1 per fiche for microfiche records.

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

(c) ~~(9)~~ The State Child Abuse Death Review Committee or a

local committee shall have access to all information of a law enforcement agency which is not the subject of an active investigation and which pertains to the review of the death of a child. A committee may not disclose any information that is not subject to public disclosure by the law enforcement agency, and active criminal intelligence information or criminal investigative information, as defined in s. 119.011(3), may not be made available for review or access under this section.

(d) ~~(10)~~ The state committee and any local committee may share any relevant information that pertains to the review of the death of a child.

(e) ~~(11)~~ A member of the state committee or a local committee may not contact, interview, or obtain information by request or subpoena directly from a member of a deceased child's family as part of a committee's review of a child abuse death, except that if a committee member is also a public officer or state employee, that member may contact, interview, or obtain information from a member of the deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.

(f) ~~(12)~~ The chairperson of the State Child Abuse Death Review Committee may require the production of records by requesting a subpoena, through the Department of Legal Affairs, in any county of the state. Such subpoena is effective throughout the state and may be served by any sheriff. Failure

to obey the subpoena is punishable as provided by law.

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

(h) ~~(14)~~ A person who has attended a meeting of the state committee or a local committee or who has otherwise participated in activities authorized by this section may not be permitted or required to testify in any civil, criminal, or administrative proceeding as to any records or information produced or presented to a committee during meetings or other activities authorized by this section. However, this subsection does not prevent any person who testifies before the committee or who is a member of the committee from testifying as to matters otherwise within his or her knowledge. An organization, institution, committee member, or other person who furnishes information, data, reports, or records to the state committee or a local committee is not liable for damages to any person and is not subject to any other civil, criminal, or administrative recourse. This subsection does not apply to any person who admits to committing a crime.

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

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

(b) ~~(16)~~ To the extent that funds are available, the Department of Health may hire staff or consultants to assist a

review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the state committee and the local committees.

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

(7) ~~(18)~~ DEPARTMENT OF CHILDREN AND FAMILIES' RESPONSIBILITIES.

(a) Each regional managing director ~~district administrator~~ of the Department of Children and Families must appoint a child abuse death review coordinator for the region ~~district~~. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:

1. ~~(a)~~ Coordinating with the local child abuse death review committee.

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

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

4. ~~(d)~~ Maintaining a system of logging child abuse deaths

covered by this procedure and tracking cases during the child abuse death review process.

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

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

7.~~(g)~~ Notifying the regional managing director ~~district administrator~~, the Secretary of the Department of Children and Families, the Deputy Secretary for Health and Deputy State Health Officer for Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator of all ~~child abuse~~ deaths meeting criteria for review as specified in this section within 1 working day after case closure ~~verifying the child's death was due to abuse, neglect, or abandonment~~.

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

9.~~(i)~~ Providing technical assistance to the local child abuse death review committee during the review of any child abuse death.

Section 4. Subsection (3) of section 409.988, Florida Statutes, is amended to read:

409.988 Lead agency duties; general provisions.—

(3) SERVICES.—A lead agency must serve dependent children through services that are trauma-informed and supported by research or are best child welfare practices. The agency may also provide innovative services, including, but not limited to, family-centered, cognitive-behavioral, trauma-informed interventions designed to mitigate out-of-home placements.

Section 5. This act shall take effect July 1, 2015.