

FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

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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-

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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 made
50 up of experts in child protection and child welfare, including
51 the Statewide Medical Director for Child Protection under the
52 Department of Health, a representative from the institute
53 established pursuant to s. 1004.615, an expert in organizational
54 management, and an attorney with experience in child welfare, to
55 conduct an independent review of investigative reports from the
56 critical incident rapid response teams and to make
57 recommendations to improve policies and practices related to
58 child protection and child welfare services. The advisory

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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 to
86 read:

87 383.402 Child abuse death review; State Child Abuse Death

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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,
91 epidemiological child abuse death assessment and prevention
92 system that consists of state and local review committees. The
93 ~~state and local review~~ committees shall review the facts and
94 circumstances of all deaths of children from birth ~~to~~ through
95 age 18 which occur in this state and are reported to the central
96 abuse hotline of the Department of Children and Families. The
97 state and local review committees shall work cooperatively. The
98 primary function of the state review committee is to provide
99 direction and leadership for the review system and to analyze
100 data and recommendations from local review committees to
101 identify issues and trends and to recommend statewide action.
102 The primary function of the local review committees is to
103 conduct individual case reviews of deaths, generate information,
104 make recommendations, and implement improvements at the local
105 level. Each case ~~The purpose of the review must use a data-~~
106 based, epidemiological approach ~~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 ~~cases~~ 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

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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 approved 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~~.

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- 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 Families
150 who supervises family services counselors and who has at least 5
151 years of experience in child protective investigations.
- 152 ~~e.5.~~ The medical director of a child protection team.
- 153 ~~f.6.~~ A member of a child advocacy organization.
- 154 ~~g.7.~~ A social worker who has experience in working with
155 victims and perpetrators of child abuse.
- 156 ~~h.8.~~ A person trained as a paraprofessional in patient
157 resources who is employed in a child abuse prevention program.
- 158 ~~i.9.~~ A law enforcement officer who has at least 5 years of
159 experience in children's issues.
- 160 ~~j.10.~~ A representative of the Florida Coalition Against
161 Domestic Violence.
- 162 ~~k.11.~~ A representative from a private provider of programs
163 on preventing child abuse and neglect.
- 164 1. A substance abuse treatment professional.
- 165 3. The members of the state committee shall be appointed to
166 staggered terms not to exceed 2 years each, as determined by the
167 State Surgeon General. Members may be appointed to no more than
168 three consecutive terms. The state committee shall elect a
169 chairperson from among its members to serve for a 2-year term,
170 and the chairperson may appoint ad hoc committees as necessary
171 to carry out the duties of the committee.
- 172 4. Members of the state committee shall serve without
173 compensation but may receive reimbursement for per diem and
174 travel expenses incurred in the performance of their duties as

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175 provided in s. 112.061 and to the extent that funds are
176 available.

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

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

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

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

199 3.(d) Provide training to local child abuse death review
200 committee members on the dynamics and impact of domestic
201 violence, substance abuse, or mental health disorders when there
202 is a co-occurrence of child abuse. Training must ~~shall~~ be
203 provided by the Florida Coalition Against Domestic Violence, the

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204 Florida Alcohol and Drug Abuse Association, and the Florida
205 Council for Community Mental Health in each entity's respective
206 area of expertise.

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

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

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

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

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

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

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

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

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

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

243 ~~(3) (6) LOCAL DEATH REVIEW COMMITTEES.~~ At the direction of
244 the State Surgeon General, a county or multicounty death review
245 committee shall be convened and supported by the county health
246 department directors ~~the director of each county health~~
247 ~~department, or the directors of two or more county health~~
248 ~~departments by agreement, may convene and support a county or~~
249 ~~multicounty child abuse death review committee in accordance~~
250 with the protocols established by the State Child Abuse Death
251 Review Committee.

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

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

256 2. The medical examiner's office.

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

259 4. The Department of Health child protection team.

260 5. The community-based care lead agency.

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

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262 7. The school district.

263 8. A mental health treatment provider.

264 9. A certified domestic violence center.

265 10. A substance abuse treatment provider.

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

268
269 To the extent possible, individuals from these organizations or
270 entities who, in a professional capacity, dealt with a child
271 whose death is verified as caused by abuse or neglect, or with
272 the family of the child, shall attend any meetings where the
273 child's case is reviewed. The members of a local committee shall
274 be appointed to 2-year terms and may be reappointed. ~~The local~~
275 ~~committee shall elect a chairperson from among its members.~~
276 Members shall serve without compensation but may receive ~~are~~
277 ~~entitled to~~ reimbursement for per diem and travel expenses
278 incurred in the performance of their duties as provided in s.
279 112.061 and to the extent that funds are available.

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

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

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

290 a. Nonidentifying information from ~~on~~ individual cases.

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291 b. Identification of any problems with the data system
292 uncovered through the review process and the committee's
293 recommendations for system improvements and needed resources,
294 training, and information dissemination, where gaps or
295 deficiencies may exist. ~~and~~

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

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

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

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

306 (4) ANNUAL STATISTICAL REPORT.—The state committee shall
307 prepare and submit a comprehensive statistical report by October
308 1 of each year to the Governor, the President of the Senate, and
309 the Speaker of the House of Representatives which includes data,
310 trends, analysis, findings, and recommendations for state and
311 local action regarding deaths from child abuse. Data must be
312 presented on an individual calendar year basis and in the
313 context of a multiyear trend. At a minimum, the report must
314 include:

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

318 (b) A detailed statistical analysis of the incidence and
319 causes of deaths.

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

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

325 (5)-(8) ACCESS TO AND USE OF RECORDS.-

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

333 1.(a) Patient records in the possession of a public or
334 private provider of medical, dental, or mental health care,
335 including, but not limited to, a facility licensed under chapter
336 393, chapter 394, or chapter 395, or a health care practitioner
337 as defined in s. 456.001. Providers may charge a fee for copies
338 not to exceed 50 cents per page for paper records and \$1 per
339 fiche for microfiche records.

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

346 (b)-(9) The State Child Abuse Death Review Committee or a
347 local committee shall have access to all information of a law
348 enforcement agency which is not the subject of an active

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

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

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

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

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

377 (g)~~(14)~~ A person who has attended a meeting of the state

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378 committee or a local committee or who has otherwise participated
379 in activities authorized by this section may not be permitted or
380 required to testify in any civil, criminal, or administrative
381 proceeding as to any records or information produced or
382 presented to a committee during meetings or other activities
383 authorized by this section. However, this subsection does not
384 prevent any person who testifies before the committee or who is
385 a member of the committee from testifying as to matters
386 otherwise within his or her knowledge. An organization,
387 institution, committee member, or other person who furnishes
388 information, data, reports, or records to the state committee or
389 a local committee is not liable for damages to any person and is
390 not subject to any other civil, criminal, or administrative
391 recourse. This subsection does not apply to any person who
392 admits to committing a crime.

393 (6) ~~(15)~~ DEPARTMENT OF HEALTH RESPONSIBILITIES.—

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

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

402 (c) ~~(17)~~ For the purpose of carrying out the
403 responsibilities assigned to the State Child Abuse Death Review
404 Committee and the local review committees, the State Surgeon
405 General may substitute an existing entity whose function and
406 organization includes ~~include~~ the function and organization of

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407 the committees established by this section.

408 ~~(7)-(18)~~ DEPARTMENT OF CHILDREN AND FAMILIES

409 RESPONSIBILITIES.—Each regional managing director ~~district~~
410 ~~administrator~~ of the Department of Children and Families must
411 appoint a child abuse death review coordinator for the region
412 ~~district~~. The coordinator must have knowledge and expertise in
413 the area of child abuse and neglect. The coordinator's general
414 responsibilities include:

415 (a) Coordinating with the local child abuse death review
416 committee.

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

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

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

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

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

433 (g) Notifying the regional managing director ~~district~~
434 ~~administrator~~, the Secretary of Children and Families, the
435 Department of Health Deputy Secretary for Health and Deputy

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436 State Health Officer for Children's Medical Services, and the
437 Department of Health Child Abuse Death Review Coordinator of all
438 ~~child abuse~~ deaths meeting criteria for review as specified in
439 this section within 1 working day after case closure ~~verifying~~
440 ~~the child's death was due to abuse, neglect, or abandonment.~~

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

445 (i) Providing technical assistance to the local child abuse
446 death review committee during the review of any child abuse
447 death.

448 Section 4. Paragraph (a) of subsection (1) of section
449 409.986, Florida Statutes, is amended to read:

450 409.986 Legislative findings and intent; child protection
451 and child welfare outcomes; definitions.—

452 (1) LEGISLATIVE FINDINGS AND INTENT.—

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

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465 safety, permanence, and well-being for all children in the
466 state.

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

469 409.988 Lead agency duties; general provisions.—

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

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