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By the Committee on Health Care Services and Representative Albright $\,$

A bill to be entitled An act relating to protection of children; amending s. 20.19, F.S.; deleting reference to child protection and sexual abuse treatment teams from responsibilities of the Children and Families Program Office of the Department of Children and Family Services; transferring all powers and duties relating to child abuse prevention services, the child protection teams, and the sexual abuse treatment program to the Department of Health; providing the Department of Health with certain authority with respect to transferred positions; amending s. 20.43, F.S.; providing responsibility of the Department of Health to provide child abuse prevention services and services to abused and neglected children through the teams and program; providing qualifications and requirements for the Director of Children's Medical Services of the Department of Health; amending ss. 39.4031, 39.4032, and 39.408, F.S., relating to children and family case plan requirements and case staffing, and hearings for dependency cases; providing for coordination with the child protection teams of the Department of Health; amending ss. 119.07, 415.50175, and 415.51, F.S.; providing confidentiality under existing public records exemptions for records of child protection teams and personnel thereof; amending ss. 154.067, 232.50, 395.1023, 415.50171, 415.5018,

1 415.502, 415.503, 415.5055, 415.507, and 2 415.5095, F.S.; clarifying respective responsibilities of the Department of Health 3 and the Department of Children and Family 4 5 Services, relating to child abuse and neglect 6 cases, policy, and procedures, to child 7 protection teams, and to child sexual abuse 8 cases, pursuant to the transfer of 9 responsibilities under the act; providing 10 duties of the Division of Children's Medical Services; amending s. 415.501, F.S.; revising 11 12 participants in the state plan for prevention 13 of child abuse and neglect; amending s. 14 415.514, F.S.; providing for rules of the 15 Department of Health; repealing s. 415.5075, F.S., relating to rulemaking; providing an 16 effective date. 17

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

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Section 1. Paragraph (b) of subsection (4) of section 20.19, Florida Statutes, 1996 Supplement, is amended to read:
20.19 Department of Children and Family
Services.--There is created a Department of Children and

24 Services.--There 25 Family Services.

- (4) PROGRAM OFFICES.--
- 272829

30 31 (b) The following program offices are established and may be consolidated, restructured, or rearranged by the secretary; provided any such consolidation, restructuring, or rearranging is for the purpose of encouraging service

integration through more effective and efficient performance of the program offices or parts thereof:

- 1. Economic Self-Sufficiency Program Office.--The responsibilities of this office encompass income support programs within the department, such as temporary assistance to families with dependent children, food stamps, welfare reform, and state supplementation of the supplemental security income (SSI) program.
- 2. Developmental Services Program Office.--The responsibilities of this office encompass programs operated by the department for developmentally disabled persons.

 Developmental disabilities include any disability defined in s. 393.063.
- 3. Children and Families Program Office.--The responsibilities of this program office encompass early intervention services for children and families at risk; intake services for protective investigation of abandoned, abused, and neglected children; interstate compact on the placement of children programs; adoption; child care; and out-of-home care programs and other specialized services to families; and child protection and sexual abuse treatment teams created under chapter 415.
- 4. Alcohol, Drug Abuse, and Mental Health Program Office.—The responsibilities of this office encompass all alcohol, drug abuse, and mental health programs operated by the department.

Section 2. All powers, duties, functions, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds of the Department of Children and Family Services relating to the child abuse prevention program created under s. 415.501, Florida Statutes,

and services to abused and neglected children provided through the child protection teams and sexual abuse treatment program created under part IV of chapter 415, Florida Statutes, are transferred to the Department of Health by a type two transfer as defined in s. 20.06, Florida Statutes. The Department of Health may organize, classify, and manage the positions transferred in a manner that will reduce duplication, achieve maximum efficiency, and ensure accountability.

- Section 3. Paragraphs (h) through (l) of subsection (1) of section 20.43, Florida Statutes, 1996 Supplement, are redesignated as paragraphs (i) through (m), respectively, a new paragraph (h) is added to said subsection, and paragraph (e) of subsection (3) of said section is amended, to read:
- 20.43 Department of Health.--There is created a Department of Health.
- (1) The purpose of the Department of Health is to promote and protect the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. The department shall:
- (h) Provide child abuse prevention services and services to abused and neglected children through child protection teams and sexual abuse treatment programs.
- (3) The following divisions of the Department of Health are established:
- (e) Division of Children's Medical Services. The Director for Children's Medical Services must be a physician licensed under chapter 458 or chapter 459 who has specialized training and experience in the provision of medical care to children and who has recognized skills in leadership and the promotion of children's health programs. The Director for

Children's Medical Services shall be the Deputy Secretary and Deputy State Health Officer for Children's Medical Services and is appointed by and reports to the secretary.

Section 4. Paragraph (j) of subsection (4) of section 39.4031, Florida Statutes, is amended to read:

39.4031 Case plan requirements.--

- (4) When the child is receiving services in a placement outside the child's home or in foster care, the case plan must be prepared within 30 days after placement and also be approved by the court and must include, in addition to the requirements in subsections (2) and (3), at a minimum:
- (j) A written notice to the parent that failure of the parent to substantially comply with the case plan may result in the termination of parental rights, and that a material failure to substantially comply may result in the filing of a petition for termination of parental rights sooner than the compliance periods set forth in the case plan itself. The child protection team shall coordinate its effort with the case staffing committee shall coordinate its effort with the child protection team of the Department of Health.

Section 5. Paragraph (4) of section 39.4032, Florida Statutes, is amended to read:

39.4032 Multidisciplinary case staffing.--

(4) The case staffing committee shall coordinate its effort with the child protection team $\underbrace{\text{of the Department of}}$ Health.

Section 6. Paragraph (a) of subsection (3) of section 39.408, Florida Statutes, is amended to read:

39.408 Hearings for dependency cases.--

(3) DISPOSITION HEARING.--At the disposition hearing, if the court finds that the facts alleged in the petition for

dependency were proven in the adjudicatory hearing, or if the parents have consented to the finding of dependency or admitted the allegations in the petition, have failed to appear for the arraignment hearing after proper notice, or have not been located despite a diligent search having been conducted, the court shall receive and consider a predisposition study, which must be in writing and presented by an authorized agent of the department.

- (a) The predisposition study shall cover for any dependent child all factors specified in s. 61.13(3), and must also provide the court with the following documented information:
- 1. An assessment defining the dangers and risks of returning the child home, including a description of the changes in and resolutions to the initial risks.
- 2. A description of what risks are still present and what resources are available and will be provided for the protection and safety of the child.
- 3. A description of the benefits of returning the child home.
 - 4. A description of all unresolved issues.
- 5. An abuse registry history for all caretakers, family members, and individuals residing within the household.
- 6. The complete child protection team report and recommendation of the child protection team of the Department of Health or, if no report exists, a statement reflecting that no report has been made.
- 7. All opinions or recommendations from other professionals or agencies that provide evaluative, social, reunification, or other services to the family.

- 8. The availability of appropriate prevention and reunification services for the family to prevent the removal of the child from the home or to reunify the child with the family after removal, including the availability of family preservation services through the Family Builders Program, the Intensive Crisis Counseling Program, or both.
- 9. The inappropriateness of other prevention and reunification services that were available.
- 10. The efforts by the department to prevent out-of-home placement of the child or, when applicable, to reunify the family if appropriate services were available, including the application of intensive family preservation services through the Family Builders Program, the Intensive Crisis Counseling Program, or both.
- 11. Whether the services were provided to the family and child.
- 12. If the services were provided, whether they were sufficient to meet the needs of the child and the family and to enable the child to remain at home or to be returned home.
- 13. If the services were not provided, the reasons for such lack of action.
- 14. The need for, or appropriateness of, continuing the services if the child remains in the custody of the family or if the child is placed outside the home.
 - 15. Whether family mediation was provided.
- 16. Whether a multidisciplinary case staffing was conducted and, if so, the results.
- 17. If the child has been removed from the home and there is a parent who may be considered for custody pursuant to s. 39.41(1), a recommendation as to whether placement of the child with that parent would be detrimental to the child.

Section 7. Paragraph (i) of subsection (3) of section 119.07, Florida Statutes, 1996 Supplement, is amended to read: 119.07 Inspection, examination, and duplication of records; exemptions.--

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(i)1. The home addresses, telephone numbers, social security numbers, and photographs of active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Health and Rehabilitative Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties include child abuse prevention services and services to abused and neglected children, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; the home addresses, telephone numbers, social security numbers, photographs, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from the provisions of subsection (1). The home addresses, telephone numbers, and photographs of firefighters certified in compliance with s. 633.35; the home addresses, telephone numbers, photographs, and places of employment of the spouses and children of such firefighters; and the names and locations of schools and day care facilities attended by the children of such firefighters are exempt from subsection (1). The home addresses and telephone numbers of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; the

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home addresses, telephone numbers, and places of employment of the spouses and children of justices and judges; and the names and locations of schools and day care facilities attended by the children of justices and judges are exempt from the provisions of subsection (1). The home addresses, telephone numbers, social security numbers, and photographs of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; the home addresses, telephone numbers, social security numbers, photographs, and places of employment of the spouses and children of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; and the names and locations of schools and day care facilities attended by the children of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors are exempt from subsection (1) and s. 24(a), Art. I of the State Constitution. The home addresses and home telephone numbers of county and municipal code inspectors and code enforcement officers are confidential and exempt from the provisions of subsection (1) and s. 24(a), Art. I of the State Constitution.

2. An agency that is the custodian of the personal information specified in subparagraph 1. and that is not the employer of the officer, employee, justice, judge, or other person specified in subparagraph 1. shall maintain the confidentiality of the personal information only if the officer, employee, justice, judge, other person, or employing agency of the designated employee submits a written request for confidentiality to the custodial agency.

Section 8. Section 154.067, Florida Statutes, is amended to read:

154.067 Child abuse and neglect cases; duties.--The Department of Health and Rehabilitative Services shall, by March 1, 1985, promulgate a rule requiring every county public health department unit, as described in s. 154.01, to adopt a protocol that, at a minimum, requires the county public health <U>department unit to:

- (1) Incorporate in its health <u>department</u> unit policy a policy that every staff member has an affirmative duty to report, pursuant to chapter 415, any actual or suspected case of child abuse or neglect; and
- (2) In any case involving suspected child abuse or neglect, designate, at the request of the department, a staff physician to act as a liaison between the <u>county public</u> health <u>department unit</u> and the Department <u>of Children and Family Services</u> office which is investigating the suspected abuse or neglect, and the child protection team, as defined in s. 415.503, when the case is referred to such a team.

Section 9. Section 232.50, Florida Statutes, is amended to read:

232.50 Child abuse and neglect policy.--Every school board shall by March 1, 1985:

(1) Post in a prominent place in each school a notice that, pursuant to chapter 415, all employees or agents of the district school board have an affirmative duty to report all actual or suspected cases of child abuse or neglect, have immunity from liability if they report such cases in good faith, and have a duty to comply with child protective investigations and all other provisions of law relating to child abuse and neglect. The notice shall also include the statewide toll-free telephone number of the state abuse registry.

superintendent's designee, at the request of the Department of Children and Family Health and Rehabilitative Services, will act as a liaison to the Department of Children and Family Health and Rehabilitative Services and the child protection team of the Department of Health, as defined in s. 415.503, when in a case of suspected child abuse or neglect or an unlawful sexual offense involving a child the case is referred to such a team; except that this subsection may in no instance be construed as relieving or restricting the Department of Children and Family Health and Rehabilitative Services from discharging its duty and responsibility under the law to investigate and report every suspected or actual case of child abuse or neglect or unlawful sexual offense involving a child.

Each district school board shall comply with the provisions of this section, and such board shall notify the Department of Education and the Department of Children and Family Health and Rehabilitative Services of its compliance by March 1, 1985.

Section 10. Section 395.1023, Florida Statutes, is amended to read:

395.1023 Child abuse and neglect cases; duties.--Each licensed facility shall adopt a protocol that, at a minimum, requires the facility to:

- (1) Incorporate a facility policy that every staff member has an affirmative duty to report, pursuant to chapter 415, any actual or suspected case of child abuse or neglect; and
- (2) In any case involving suspected child abuse or neglect, designate, at the request of the department, a staff physician to act as a liaison between the hospital and the

Department of Children and Family Services office which is investigating the suspected abuse or neglect, and the child protection team, as defined in s. 415.503, when the case is referred to such a team.

Each general hospital and appropriate specialty hospital shall comply with the provisions of this section and shall notify the agency and the department of its compliance by sending a copy of its policy to the agency and the department as required by rule. The failure by a general hospital or appropriate specialty hospital to comply shall be punished by a fine not exceeding \$1,000, to be fixed, imposed, and collected by the agency. Each day in violation is considered a separate offense.

Section 11. Subsections (2) and (3) of section 415.501, Florida Statutes, are amended to read:

415.501 Prevention of abuse and neglect of children; state plan.--

- (2) PLAN FOR COMPREHENSIVE APPROACH. --
- Services shall develop a state plan for the prevention of abuse and neglect of children and shall submit the plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than January 1, 1983. The Department of Children and Family Services and the Department of Education shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level.

 Appropriate local groups and organizations shall include, but

not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the district human rights advocacy committees; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies, and the circuit courts, when guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

- (b) The development of the comprehensive state plan shall be accomplished in the following manner:
- Services shall establish an interprogram task force comprised of the Deputy Assistant Secretary for Children's Medical

 Services Health or his designee and representatives from the Division of Family Services of the Department of Health and the Children, Youth, and Families Program Office, the Children's Medical Services Program Office, the Alcohol, Drug Abuse, and Mental Health Program Office, and the Developmental Services Program Office of the Department of Children and Family Services, and the Office of Evaluation. Representatives of the Department of Law Enforcement and of the Department of Education shall serve as ex officio members of the interprogram task force. The interprogram task force shall be responsible for:

- a. Developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse and neglect conducted by the department in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.
 - b. Providing a basic format to be utilized by the districts in the preparation of local plans of action in order to provide for uniformity in the <u>local</u> district plans and to provide for greater ease in compiling information for the state plan.
 - c. Providing the districts with technical assistance in the development of local plans of action, if requested.
 - d. Examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, noting any informing the districts of the deficiencies and requesting the additional information needed.
 - e. Preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the collapsing of information obtained from the local plans, the cooperative plans with the Department of Education, and the plan of action for coordination and integration of departmental activities into one comprehensive plan. The comprehensive plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The plan shall also include each separate local plan of action.

- f. Working with the specified state agency in fulfilling the requirements of subparagraphs $2.,\ 3.,\ 4.,\$ and 5.
- 2. The Department of Education and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect, and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.
- 3. The Department of Law Enforcement and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect.
- 4. Within existing appropriations, the Department of Health and Rehabilitative Services shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect. The plan for accomplishing this end shall be included in the state plan.
- 5. The Department of Education and the Department of Health and Rehabilitative Services shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification,

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intervention, and prevention of child abuse and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the comprehensive state plan for the prevention of child abuse and child neglect.

6. Each district of The Department of Health and Rehabilitative Services shall develop a plan for each its specific geographical area. The plan developed at the local district level shall be submitted to the interprogram task force for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in paragraph (a) as well as representatives from those departmental district offices participating in the treatment and prevention of child abuse and neglect. In order to accomplish this, the district administrator in each district shall establish a task force on the prevention of child abuse and neglect. The district administrator shall appoint the members of the task force in accordance with the membership requirements of this section. In addition, the district administrator shall ensure that each subdistrict is represented on the task force; and, if the district does not have subdistricts, the district administrator shall ensure that both urban and rural areas are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The local district plan of action

to be prepared by the task force shall include, but shall not be limited to:

- a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child neglect in its geographical area.
- b. A description of programs currently serving abused and neglected children and their families and a description of programs for the prevention of child abuse and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.
- c. A continuum of programs and services necessary for a comprehensive approach to the prevention of all types of child abuse and neglect as well as a brief description of such programs and services.
- d. A description, documentation, and priority ranking of local needs related to child abuse and neglect prevention based upon the continuum of programs and services.
- e. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.
- f. A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse and neglect.

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The district local plan of action shall be submitted to the interprogram task force by November 1, 1982.

- (3) FUNDING AND SUBSEQUENT PLANS. --
- (a) All budget requests submitted by the Department of Health and Rehabilitative Services, the Department of Children and Family Services, the Department of Education, or any other agency to the Legislature for funding of efforts for the prevention of child abuse and neglect shall be based on the state plan developed pursuant to this section.
- (b) The Department of Health and Rehabilitative Services at the state and local district levels and the other agencies listed in paragraph (2)(a) shall readdress the plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. An annual progress report shall be submitted to update the plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the prevention of child abuse and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required above.

Section 12. Paragraphs (c) and (e) of subsection (2) of section 415.50171, Florida Statutes, are amended to read:

415.50171 Family services response system; reports of child-on-child sexual abuse.--

- (2) District staff, at a minimum, shall adhere to the following procedures:
- (c) The assessment of risk and the perceived treatment needs of the alleged juvenile sexual offender, the victim, and respective caregivers shall be conducted by the district staff, the child protection team of the Department of Health, and other providers under contract with the department to provide services to the caregiver of the alleged offender, the alleged offender's caregiver, the victim, and the victim's caregiver.
- (e) When necessary, the child protection team of the Department of Health shall conduct an evidence-gathering physical examination of the victim.

Section 13. Section 415.50175, Florida Statutes, 1996 Supplement, is amended to read:

415.50175 Confidentiality of records.--

- (1) The department <u>and Department of Health</u> shall make and keep records of all cases brought before <u>them</u> it pursuant to this part and shall preserve the records pertaining to a child and family until 7 years after the last entry was made or until the child is 18 years of age, whichever date is first reached, and may then destroy the records.
- (2) Department and Department of Health records required by this part are confidential and are exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution and, notwithstanding the provisions of s. 415.51, may be inspected only upon order of the court or as provided for in this section. Confidential records and information provided pursuant to the provisions of this section shall remain confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

- (3) Access to records required by this part, excluding the name of the reporter, which shall be released only as provided in s. $415.51\underline{(4)(9)}$, may be provided to the child, the parent, and their attorney, law enforcement agencies, and, with the consent of the parent, the agency or individual providing services to the child or family.
- (4) The department <u>and Department of Health</u> shall provide for access to and use of records required by this part for research or statistical purposes. All requests for such records or information shall require the requesting individual or entity to enter into a privacy and security agreement which provides that the requesting individual or entity shall comply with all laws and rules governing the use of such records and information for research and statistical purposes.

Section 14. Subsection (3) of section 415.5018,

Florida Statutes, 1996 Supplement, is amended to read:

415.5018 District authority and responsibilities.--

(3) CHILD PROTECTIVE INVESTIGATION; COUNTY SHERIFF'S OFFICE OR LOCAL POLICE DEPARTMENT OPTION.—Within existing resources, a district, with the approval of the district health and human services board, and the secretary of the department, after consultation with the Division of Children's Medical Services of the Department of Health, shall enter into an agreement with a county sheriff's office or local police department that is jurisdictionally responsible to allow such law enforcement entity to assume a lead in conducting any potential criminal investigations as well as partial or full responsibility for conducting certain components of protective investigations under ss. 415.502-415.514 that are related to cases involving a criminal investigation. The written

agreement must specify how the requirements of ss. 415.502-415.514 will be met.

- (a) The agreement between the district and the county sheriff's office or local police department must include the following assurances and information:
- 1. Assurance that the county sheriff's office or local police department will be in compliance with the procedural requirements of ss. 415.502-415.514.
- 2. Description of a protocol between the district and the county sheriff's office or local police department that at a minimum addresses the following:
 - a. Response to reports of abuse and neglect.
- b. Investigations.

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- c. Assessment of risk.
- d. Evidence gathering.
- e. Classification of reports.
 - f. Appeals of classifications.
- g. Communication and involvement with the state attorney.
- h. Confidentiality of reports and access to information.
- i. Utilization of the child protection team $\underline{\text{of the}}$ Department of Health.
- j. Storage and maintenance of records and other information.
- 3. Description of the transition of responsibility that assures the integrity and continuity of protective investigations.
- 4. Description of any necessary changes to department rules.

- (b) County sheriff's office or local police department personnel assuming responsibility for conducting certain components of protective investigations shall receive training from the department relevant to child protective investigations and services.
- (c) The secretary of the department shall dispose of a proposed agreement by approving or disapproving the agreement between a district and the county sheriff's office or local police department within 60 days after receipt. The secretary may negotiate modifications within this 60-day period.

Section 15. Section 415.502, Florida Statutes, is amended to read:

415.502 Comprehensive protective services for abused or neglected children; legislative intent.—The intent of ss. 415.502-415.514 is to provide for comprehensive protective services for abused or neglected children found in the state by requiring that reports of each abused or neglected child be made to the Department of Children and Family Health and Rehabilitative Services in an effort to prevent further harm to the child or any other children living in the home and to preserve the family life of the parents and children, to the maximum extent possible, by enhancing the parental capacity for adequate child care. Each child should have a social security number.

Section 16. Subsections (5) and (6) of section 415.503, Florida Statutes, 1996 Supplement, are amended to read:

415.503 Definitions of terms used in ss. 415.502-415.514.--As used in ss. 415.502-415.514:

30 (5) "Child protection team" means a team of
31 professionals established by the Department of Health to

receive referrals from the protective investigators and protective supervision staff of the children, youth, and families program and to provide specialized and supportive services to the program in processing child abuse and neglect cases. A child protection team shall provide consultation to other programs of the department and other persons on child abuse and neglect cases pursuant to s. 415.5055(1)(g).

(6) "Department" means the Department of <u>Children and</u> Family <u>Health and Rehabilitative</u> Services.

Section 17. Section 415.5055, Florida Statutes, 1996 Supplement, is amended to read:

415.5055 Child protection teams; services; eligible cases.—The <u>Division of Children's Medical Services of the</u>

Department <u>of Health</u> shall develop, maintain, and coordinate the services of one or more multidisciplinary child protection teams in each of the service districts of the Department <u>of Children and Family Services</u>. Such teams may be composed of representatives of appropriate health, mental health, social service, legal service, and law enforcement agencies.

the teams to supplement the assessment and protective supervision activities of the children, youth, and families program of the Department of Children and Family Services.

Nothing in this section shall be construed to remove or reduce the duty and responsibility of any person to report pursuant to s. 415.504 all suspected or actual cases of child abuse or neglect or sexual abuse of a child. The role of the teams shall be to support activities of the program and to provide services deemed by the teams to be necessary and appropriate to abused and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination,

consultation, and other supportive services that a child protection team shall be capable of providing include, but are not limited to, the following:

- (a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services, as needed, and documentation of findings relative thereto.
- (b) Telephone consultation services in emergencies and in other situations.
- (c) Medical evaluation related to abuse or neglect, as defined by $\frac{1}{2}$ department policy or rule $\frac{1}{2}$ of the Department of Health.
- (d) Such psychological and psychiatric diagnosis and evaluation services for the child or his parent or parents, guardian or guardians, or other caregivers, or any other individual involved in a child abuse or neglect case, as the team may determine to be needed.
- (e) Short-term psychological treatment. It is the intent of the Legislature that short-term psychological treatment be limited to no more than 6 months' duration after treatment is initiated, except that the appropriate district administrator may authorize such treatment for individual children beyond this limitation if the administrator deems it appropriate.
- (f) Expert medical, psychological, and related professional testimony in court cases.
- (g) Case staffings to develop, implement, and monitor treatment plans for children whose cases have been referred to the team. A child protection team may provide consultation with respect to a child who has not been referred to the team, but who is alleged or is shown to be abused, which

consultation shall be provided at the request of a representative of the children, youth, and families program or at the request of any other professional involved with a child or his parent or parents, guardian or guardians, or other caregivers. In every such child protection team case staffing, consultation, or staff activity involving a child, a children, youth, and families program representative shall attend and participate.

- (h) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.
- (i) Such training services for program and other department employees of the Department of Children and Family Services, and employees of the Department of Health, as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse and neglect cases.
- (j) Educational and community awareness campaigns on child abuse and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse and neglect in the community.
- (2) The child abuse and neglect cases that are appropriate for referral by the children, youth, and families program to child protection teams of the Department of Health for support services as set forth in subsection (1) include, but are not limited to, cases involving:
- (a) Bruises, burns, or fractures in a child under the age of 3 years or in a nonambulatory child of any age.
- (b) Unexplained or implausibly explained bruises, burns, fractures, or other injuries in a child of any age.

- (c) Sexual abuse of a child in which vaginal or anal penetration is alleged or in which other unlawful sexual conduct has been determined to have occurred.
- (d) Venereal disease, or any other sexually transmitted disease, in a prepubescent child.
- (e) Reported malnutrition of a child and failure of a child to thrive.
- (f) Reported medical, physical, or emotional neglect of a child.
- (g) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse or neglect, when any sibling or other child remains in the home.
- (h) Symptoms of serious emotional problems in a child when emotional or other abuse or neglect is suspected.
- (3) All records and reports of the child protection team are confidential and exempt from the provisions of ss. 119.07(1) and 455.241, and shall not be disclosed, except, upon request, to the state attorney, law enforcement, the Department of Children and Family Services, the Department of Health, and necessary professionals, in furtherance of the treatment or additional evaluative needs of the child or by order of the court.

In all instances in which a child protection team is providing certain services to abused or neglected children, other offices and units of the Department of Health, and offices and units of the Department of Children and Family Services, shall avoid duplicating the provision of those services.

Section 18. Subsection (4) of section 415.507, Florida Statutes, is amended to read:

415.507 Photographs, medical examinations, X rays, and medical treatment of abused or neglected child.--

(4) The county in which the child is a resident shall bear the initial costs of the examination of the allegedly abused child; however, the parents, legal guardian, or legal custodian of the child shall be required to reimburse the county for the costs of such examination, other than an initial forensic physical examination as provided in s. 960.28, and to reimburse the department of Health and Rehabilitative Services for the cost of the photographs taken pursuant to this section. A medical provider may not bill a child victim, directly or indirectly, for the cost of an initial forensic physical examination.

Section 19. Subsection (2) of section 415.5095, Florida Statutes, is amended to read:

415.5095 Intervention and treatment in sexual abuse cases; model plan.--

Services shall develop a model plan for community intervention and treatment of intrafamily sexual abuse in conjunction with the <u>Department of Children and Family Services</u>, the Department of Law Enforcement, the Department of Education, the Attorney General, the state Guardian Ad Litem Program, the Department of Corrections, representatives of the judiciary, and professionals and advocates from the mental health and child welfare community.

Section 20. Subsection (5) of section 415.51, Florida Statutes, 1996 Supplement, is amended to read:

1 415.51 Confidentiality of reports and records in cases 2 of child abuse or neglect .--3 (5) All records and reports of the child protection 4 team of the Department of Health are confidential and exempt 5 from the provisions of ss. 119.07(1) and 455.241, and shall 6 not be disclosed, except, upon request, to the state attorney, 7 law enforcement, the department, and necessary professionals, 8 in furtherance of the treatment or additional evaluative needs 9 of the child or by order of the court. Section 21. Section 415.514, Florida Statutes, is 10 11 amended to read: 12 415.514 Rules for implementation of ss. 13 415.502-415.514.--The department and the Department of Health shall promulgate rules in furtherance of the purpose of ss. 14 415.502-415.514 and may amend such rules as may be necessary. 15 16 Section 22. Section 415.5075, Florida Statutes, is 17 hereby repealed. 18 Section 23. This act shall take effect October 1, 1997. 19 20 21 22 HOUSE SUMMARY 23 Transfers from the Department of Children and Family Services to the Department of Health all responsibilities 24 relating to those child abuse prevention services and services to abused and neglected children provided through the child protection teams and sexual abuse 25 treatment programs created under part IV of chapter 415, F.S. Authorizes the Department of Health to organize 26 F.S. Authorizes the Department of Health to organize transferred positions to ensure efficiency and accountability. Provides qualifications and requirements of the Director for Children's Medical Services, who shall be the Deputy Secretary and Deputy State Health Officer for Children. Revises, clarifies, and conforms the respective functions and responsibilities of the two departments and the Division of Children's Medical Services of the Department of Health pursuant to said transfer 27 28 29 30 31 transfer.