

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Harrell offered the following:

4
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
 7 Section 1. Subsections (2) and (11) of section 39.2015,
 8 Florida Statutes, are amended to read:

9 39.2015 Critical incident rapid response team.—

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

Amendment No. 1

17 limited to, a death or serious injury occurring during an open
18 investigation.

19 (11) The secretary shall appoint an advisory committee
20 made up of experts in child protection and child welfare,
21 including the Statewide Medical Director for Child Protection
22 under the Department of Health, a representative from the
23 institute established pursuant to s. 1004.615, an expert in
24 organizational management, and an attorney with experience in
25 child welfare, to conduct an independent review of investigative
26 reports from the critical incident rapid response teams and to
27 make recommendations to improve policies and practices related
28 to child protection and child welfare services. The advisory
29 committee shall meet at least once each quarter and ~~By October 1~~
30 of each year, the advisory committee shall submit quarterly
31 reports ~~a report~~ to the secretary which include ~~includes~~
32 findings and recommendations. The secretary shall submit each
33 the report to the Governor, the President of the Senate, and the
34 Speaker of the House of Representatives.

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

37 39.3068 Reports of medical neglect.—

38 (3) The child shall be evaluated by the child protection
39 team as soon as practicable. If ~~After receipt of the report from~~
40 the child protection team reports that medical neglect is
41 substantiated, the department shall convene a case staffing
42 which shall be attended, at a minimum, by the child protective

Amendment No. 1

43 investigator; department legal staff; and representatives from
44 the child protection team that evaluated the child, Children's
45 Medical Services, the Agency for Health Care Administration, the
46 community-based care lead agency, and any providers of services
47 to the child. However, the Agency for Health Care Administration
48 is not required to attend the staffing if the child is not
49 Medicaid eligible. The staffing shall consider, at a minimum,
50 available services, given the family's eligibility for services;
51 services that are effective in addressing conditions leading to
52 medical neglect allegations; and services that would enable the
53 child to safely remain at home. Any services that are available
54 and effective shall be provided.

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

57 383.402 Child abuse death review; State Child Abuse Death
58 Review Committee; local child abuse death review committees.—

59 (1) INTENT.—It is the intent of the Legislature to
60 establish a statewide multidisciplinary, multiagency, data-
61 based, epidemiological child abuse death assessment and
62 prevention system that consists of state and local review
63 committees. The ~~state and local review~~ committees shall review
64 the facts and circumstances of all deaths of children from birth
65 to through age 18 which occur in this state and are reported to
66 the central abuse hotline of the Department of Children and
67 Families. The state and local review committees shall work
68 cooperatively. The primary function of the state review

Amendment No. 1

69 committee is to provide direction and leadership for the review
70 system and to analyze data and recommendations from local review
71 committees to identify issues and trends and to recommend
72 statewide action. The primary function of the local review
73 committees is to conduct individual case reviews of deaths,
74 generate information, make recommendations, and implement
75 improvements at the local level. The purpose of the state and
76 local review system is ~~shall be~~ to:

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

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

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

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

90 (e) Implement such recommendations, to the extent
91 possible.

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

93 (a) Membership.-

Amendment No. 1

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

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

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

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

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

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

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

108 ~~2.(b)~~ In addition, the State Surgeon General shall appoint
109 the following members to the state committee, based on
110 recommendations from the Department of Health and the agencies
111 listed in subparagraph 1. ~~paragraph (a)~~, and ensuring that the
112 committee represents the regional, gender, and ethnic diversity
113 of the state to the greatest extent possible:

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

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

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

Amendment No. 1

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

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

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

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

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

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

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

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

135 1. A substance abuse treatment professional.

136 3. The members of the state committee shall be appointed
137 to staggered terms not to exceed 2 years each, as determined by
138 the State Surgeon General. Members may be appointed to no more
139 than three consecutive terms. The state committee shall elect a
140 chairperson from among its members to serve for a 2-year term,
141 and the chairperson may appoint ad hoc committees as necessary
142 to carry out the duties of the committee.

143 4. Members of the state committee shall serve without
144 compensation but may receive reimbursement for per diem and

Amendment No. 1

145 travel expenses incurred in the performance of their duties as
146 provided in s. 112.061 and to the extent that funds are
147 available.

148 (b)(3) Duties.—The State Child Abuse Death Review
149 Committee shall:

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

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

161 (c) Prepare an annual statistical report on the incidence
162 and causes of death resulting from reported child abuse in the
163 state during the prior calendar year. The state committee shall
164 submit a copy of the report by October 1 of each year to the
165 Governor, the President of the Senate, and the Speaker of the
166 House of Representatives. The report must include
167 recommendations for state and local action, including specific
168 policy, procedural, regulatory, or statutory changes, and any
169 other recommended preventive action.

Amendment No. 1

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

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

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

188 ~~6.(g)~~ Study the adequacy of laws, rules, training, and
189 services to determine what changes are needed to decrease the
190 incidence of child abuse deaths and develop strategies and
191 recruit partners to implement these changes.

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

194 ~~8.(i)~~ Educate the public regarding the provisions of
195 chapter 99-168, Laws of Florida, the incidence and causes of

Amendment No. 1

196 child abuse death, and ways by which such deaths may be
197 prevented.

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

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

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

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

215 ~~(3)(6) LOCAL DEATH REVIEW COMMITTEES.~~At the direction of
216 the State Surgeon General, a county or multicounty death review
217 committee shall be convened and supported by the county health
218 department directors ~~the director of each county health~~
219 ~~department, or the directors of two or more county health~~
220 ~~departments by agreement, may convene and support a county or~~
221 ~~multicounty child abuse death review committee in accordance~~

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Amendment No. 1

222 with the protocols established by the State Child Abuse Death
223 Review Committee.

224 (a) Membership.—The local death review committees shall
225 include at a minimum the following organizations'
226 representatives, appointed by the county health department
227 directors in consultation with those organizations:

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

230 2. The medical examiner's office.

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

233 4. The Department of Health child protection team.

234 5. The community-based care lead agency.

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

236 7. The school district.

237 8. A mental health treatment provider.

238 9. A certified domestic violence center.

239 10. A substance abuse treatment provider.

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

242
243 To the extent possible, individuals from these organizations or
244 entities who, in a professional capacity, dealt with a child
245 whose death is verified as caused by abuse or neglect, or with
246 the family of the child, shall attend any meetings where the
247 child's case is reviewed. The members of a local committee shall

Amendment No. 1

248 be appointed to 2-year terms and may be reappointed. ~~The local~~
249 ~~committee shall elect a chairperson from among its members.~~
250 Members shall serve without compensation but may receive ~~are~~
251 ~~entitled to~~ reimbursement for per diem and travel expenses
252 incurred in the performance of their duties as provided in s.
253 112.061 and to the extent that funds are available.

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

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

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

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

265 b. Identification of any problems with the data system
266 uncovered through the review process and the committee's
267 recommendations for system improvements and needed resources,
268 training, and information dissemination, where gaps or
269 deficiencies may exist. ~~and~~

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

Amendment No. 1

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

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

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

280 (4) ANNUAL STATISTICAL REPORT.—The state committee shall
281 prepare and submit a comprehensive statistical report by October
282 1 of each year to the Governor, the President of the Senate, and
283 the Speaker of the House of Representatives which includes data,
284 trends, analysis, findings, and recommendations for state and
285 local action regarding deaths from child abuse. Data must be
286 presented on an individual calendar year basis and in the
287 context of a multiyear trend. At a minimum, the report must
288 include:

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

292 (b) A detailed statistical analysis of the incidence and
293 causes of deaths.

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

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

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Amendment No. 1

299 (5) ~~(8)~~ ACCESS TO AND USE OF RECORDS.-

300 (a) Notwithstanding any other law, the chairperson of the
301 State Child Abuse Death Review Committee, or the chairperson of
302 a local committee, shall be provided with access to any
303 information or records that pertain to a child whose death is
304 being reviewed by the committee and that are necessary for the
305 committee to carry out its duties, including information or
306 records that pertain to the child's family, as follows:

307 1. ~~(a)~~ Patient records in the possession of a public or
308 private provider of medical, dental, or mental health care,
309 including, but not limited to, a facility licensed under chapter
310 393, chapter 394, or chapter 395, or a health care practitioner
311 as defined in s. 456.001. Providers may charge a fee for copies
312 not to exceed 50 cents per page for paper records and \$1 per
313 fiche for microfiche records.

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

320 (b) ~~(9)~~ The State Child Abuse Death Review Committee or a
321 local committee shall have access to all information of a law
322 enforcement agency which is not the subject of an active
323 investigation and which pertains to the review of the death of a
324 child. A committee may not disclose any information that is not

294103 - h7121-strike.docx

Published On: 4/8/2015 8:16:36 PM

Amendment No. 1

325 subject to public disclosure by the law enforcement agency, and
326 active criminal intelligence information or criminal
327 investigative information, as defined in s. 119.011(3), may not
328 be made available for review or access under this section.

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

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

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

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

Amendment No. 1

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

367 (6) ~~(15)~~ DEPARTMENT OF HEALTH RESPONSIBILITIES.-

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

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

Amendment No. 1

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

382 ~~(7) (18)~~ DEPARTMENT OF CHILDREN AND FAMILIES
383 RESPONSIBILITIES.—Each regional managing director ~~district~~
384 ~~administrator~~ of the Department of Children and Families must
385 appoint a child abuse death review coordinator for the region
386 ~~district~~. The coordinator must have knowledge and expertise in
387 the area of child abuse and neglect. The coordinator's general
388 responsibilities include:

389 (a) Coordinating with the local child abuse death review
390 committee.

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

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

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

399 (e) Conducting or arranging for a Florida Safe Families
400 Network Abuse Hotline Information System (FAHIS) record check on
401 all child abuse deaths covered by this procedure to determine

Amendment No. 1

402 whether there were any prior reports concerning the child or
403 concerning any siblings, other children, or adults in the home.

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

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

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

419 (i) Providing technical assistance to the local child
420 abuse death review committee during the review of any child
421 abuse death.

422 Section 4. Paragraph (a) of subsection (1) of section
423 409.986, Florida Statutes, is amended to read:

424 409.986 Legislative findings and intent; child protection
425 and child welfare outcomes; definitions.—

426 (1) LEGISLATIVE FINDINGS AND INTENT.—

Amendment No. 1

427 (a) It is the intent of the Legislature that the
428 Department of Children and Families provide child protection and
429 child welfare services to children through contracting with
430 community-based care lead agencies. The community-based lead
431 agencies shall give priority to the use of services that are
432 evidence-based and trauma-informed. Counties that provide
433 children and family services with at least 40 licensed
434 residential group care beds by July 1, 2003, and that provide at
435 least \$2 million annually in county general revenue funds to
436 supplement foster and family care services shall continue to
437 contract directly with the state. It is the further intent of
438 the Legislature that communities have responsibility for and
439 participate in ensuring safety, permanence, and well-being for
440 all children in the state.

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

443 409.988 Lead agency duties; general provisions.—

444 (3) SERVICES.—A lead agency must provide ~~serve~~ dependent
445 children with ~~through~~ services that are supported by research or
446 that are recognized as best practices in the best child welfare
447 field practices. The agency shall give priority to the use of
448 services that are evidence-based and trauma-informed and may
449 also provide other innovative services, including, but not
450 limited to, family-centered and, ~~cognitive-behavioral, trauma-~~
451 ~~informed~~ interventions designed to mitigate out-of-home
452 placements.

Amendment No. 1

453 Section 6. This act shall take effect July 1, 2015.
454

455 -----
456 **T I T L E A M E N D M E N T**

457 Remove everything before the enacting clause and insert:
458 An act relating to child welfare; amending s. 39.2015, F.S.;
459 authorizing critical incident rapid response teams to review
460 cases of child deaths occurring during an open investigation;
461 requiring the advisory committee to meet quarterly and submit
462 quarterly reports; amending s. 39.3068, F.S.; requiring case
463 staffing when medical neglect is substantiated; amending s.
464 383.402, F.S.; requiring an epidemiological child abuse death
465 assessment and prevention system; providing intent for the
466 operation of and interaction between the state and local death
467 review committees; limiting members of the state committee to
468 terms of 2 years, not to exceed three consecutive terms;
469 requiring the committee to elect a chairperson and authorizing
470 specified duties of the chairperson; providing for per diem and
471 reimbursement of expenses; specifying duties of the state
472 committee; deleting obsolete provisions; providing for the
473 convening of county or multicounty local review committees and
474 support by the county health department directors; specifying
475 membership and duties of local review committees; requiring an
476 annual statistical report; specifying that certain
477 responsibilities of the Department of Children and Families are
478 to be administered at the regional level, rather than at the

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 7121 (2015)

Amendment No. 1

479 district level; amending s. 409.986, F.S.; revising legislative
480 intent to require community-based care lead agencies to give
481 priority to the use of evidence-based and trauma-informed
482 services; amending s. 409.988; requiring lead agencies to give
483 priority to the use of evidence-based and trauma-informed
484 services; providing an effective date.