

By Senator Garcia

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1 A bill to be entitled
2 An act relating to child safety; amending s. 39.303,
3 F.S.; renaming service districts as service circuits
4 and district medical directors as child protection
5 team medical directors; requiring that each child
6 protection team medical director be a licensed
7 physician and board certified in specified specialty
8 areas; revising the list of persons who must timely
9 review all abuse and neglect cases transmitted to the
10 Department of Health to determine whether a face-to-
11 face medical evaluation by a child protection team is
12 necessary; requiring the department's Children's
13 Medical Services program to develop, maintain, and
14 coordinate the services of one or more sexual abuse
15 treatment programs; specifying eligibility
16 requirements; requiring the programs to provide
17 specialized therapeutic treatment to eligible persons;
18 requiring the programs and child protection teams to
19 provide referrals to such services for the eligible
20 persons; conforming provisions to changes made by the
21 act; amending s. 39.3031 and 391.026, F.S.; conforming
22 provisions to changes made by the act; reenacting s.
23 39.301(14)(c), F.S., relating to the initiation of
24 protective investigations, to incorporate the
25 amendment made to s. 39.303, F.S., in a reference
26 thereto; providing an effective date.

27
28 Be It Enacted by the Legislature of the State of Florida:
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30 Section 1. Section 39.303, Florida Statutes, is amended to
31 read:

32 39.303 Child protection teams and sexual abuse treatment
33 programs; services; eligible cases.—

34 (1) The Children's Medical Services program in the
35 Department of Health shall develop, maintain, and coordinate the
36 services of one or more multidisciplinary child protection teams
37 in each of the service circuits ~~districts~~ of the Department of
38 Children and Families. Such teams may be composed of appropriate
39 representatives of school districts and appropriate health,
40 mental health, social service, legal service, and law
41 enforcement agencies. The Department of Health and the
42 Department of Children and Families shall maintain an
43 interagency agreement that establishes protocols for oversight
44 and operations of child protection teams and sexual abuse
45 treatment programs. The State Surgeon General and the Deputy
46 Secretary for Children's Medical Services, in consultation with
47 the Secretary of Children and Families, shall maintain the
48 responsibility for the screening, employment, and, if necessary,
49 the termination of child protection team medical directors, at
50 headquarters and in the circuits ~~districts~~.

51 (2) (a) The Statewide Medical Director for Child Protection
52 must be a physician licensed under chapter 458 or chapter 459
53 who is a board-certified pediatrician with a subspecialty
54 certification in child abuse from the American Board of
55 Pediatrics.

56 (b) Each child protection team ~~district~~ medical director
57 must be a physician licensed under chapter 458 or chapter 459
58 who is board certified in pediatrics, family medicine, emergency

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59 medicine, internal medicine, or another specialty recognized by
 60 the American Board of Medical Specialties and has 3 or more
 61 years of experience working in the area of child abuse or
 62 neglect. ~~a board-certified pediatrician and,~~ Within 4 years
 63 after the date of his or her employment in that capacity, ~~as~~ a
 64 child protection team district medical director must, either
 65 obtain a subspecialty certification in child abuse from the
 66 American Board of Pediatrics or meet the minimum requirements
 67 established by a third-party credentialing entity recognizing a
 68 demonstrated specialized competence in child abuse pediatrics
 69 pursuant to paragraph (d). Each child protection team district
 70 medical director employed on July 1, 2015, must, within 4 years,
 71 either obtain a subspecialty certification in child abuse from
 72 the American Board of Pediatrics or meet the minimum
 73 requirements established by a third-party credentialing entity
 74 recognizing a demonstrated specialized competence in child abuse
 75 pediatrics pursuant to paragraph (d). Child protection team
 76 medical directors are ~~shall be~~ responsible for oversight of the
 77 teams in the circuits ~~districts~~.

78 (c) All medical personnel participating on a child
 79 protection team must successfully complete the required child
 80 protection team training curriculum as set forth in protocols
 81 determined by the Deputy Secretary for Children's Medical
 82 Services and the Statewide Medical Director for Child
 83 Protection.

84 (d) Contingent on appropriations, the Department of Health
 85 shall approve one or more third-party credentialing entities for
 86 the purpose of developing and administering a professional
 87 credentialing program for child protection team district medical

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88 directors. Within 90 days after receiving documentation from a
89 third-party credentialing entity, the department shall approve a
90 third-party credentialing entity that demonstrates compliance
91 with the following minimum standards:

92 1. Establishment of child abuse pediatrics core
93 competencies, certification standards, testing instruments, and
94 recertification standards according to national psychometric
95 standards.

96 2. Establishment of a process to administer the
97 certification application, award, and maintenance processes
98 according to national psychometric standards.

99 3. Demonstrated ability to administer a professional code
100 of ethics and disciplinary process that applies to all certified
101 persons.

102 4. Establishment of, and ability to maintain, a publicly
103 accessible Internet-based database that contains information on
104 each person who applies for and is awarded certification, such
105 as the person's first and last name, certification status, and
106 ethical or disciplinary history.

107 5. Demonstrated ability to administer biennial continuing
108 education and certification renewal requirements.

109 6. Demonstrated ability to administer an education provider
110 program to approve qualified training entities and to provide
111 precertification training to applicants and continuing education
112 opportunities to certified professionals.

113 (3) The Department of Health shall use and convene the
114 child protection teams to supplement the assessment and
115 protective supervision activities of the family safety and
116 preservation program of the Department of Children and Families.

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117 This section does not remove or reduce the duty and
118 responsibility of any person to report pursuant to this chapter
119 all suspected or actual cases of child abuse, abandonment, or
120 neglect or sexual abuse of a child. The role of the child
121 protection teams shall be to support activities of the program
122 and to provide services deemed by the child protection teams to
123 be necessary and appropriate to abused, abandoned, and neglected
124 children upon referral. The specialized diagnostic assessment,
125 evaluation, coordination, consultation, and other supportive
126 services that a child protection team shall be capable of
127 providing include, but are not limited to, the following:

128 (a) Medical diagnosis and evaluation services, including
129 provision or interpretation of X rays and laboratory tests, and
130 related services, as needed, and documentation of related
131 findings.

132 (b) Telephone consultation services in emergencies and in
133 other situations.

134 (c) Medical evaluation related to abuse, abandonment, or
135 neglect, as defined by policy or rule of the Department of
136 Health.

137 (d) Such psychological and psychiatric diagnosis and
138 evaluation services for the child or the child's parent or
139 parents, legal custodian or custodians, or other caregivers, or
140 any other individual involved in a child abuse, abandonment, or
141 neglect case, as the team may determine to be needed.

142 (e) Expert medical, psychological, and related professional
143 testimony in court cases.

144 (f) Case staffings to develop treatment plans for children
145 whose cases have been referred to the team. A child protection

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146 team may provide consultation with respect to a child who is
147 alleged or is shown to be abused, abandoned, or neglected, which
148 consultation shall be provided at the request of a
149 representative of the family safety and preservation program or
150 at the request of any other professional involved with a child
151 or the child's parent or parents, legal custodian or custodians,
152 or other caregivers. In every such child protection team case
153 staffing, consultation, or staff activity involving a child, a
154 family safety and preservation program representative shall
155 attend and participate.

156 (g) Case service coordination and assistance, including the
157 location of services available from other public and private
158 agencies in the community.

159 (h) Such training services for program and other employees
160 of the Department of Children and Families, employees of the
161 Department of Health, and other medical professionals as is
162 deemed appropriate to enable them to develop and maintain their
163 professional skills and abilities in handling child abuse,
164 abandonment, and neglect cases.

165 (i) Educational and community awareness campaigns on child
166 abuse, abandonment, and neglect in an effort to enable citizens
167 more successfully to prevent, identify, and treat child abuse,
168 abandonment, and neglect in the community.

169 (j) Child protection team assessments that include, as
170 appropriate, medical evaluations, medical consultations, family
171 psychosocial interviews, specialized clinical interviews, or
172 forensic interviews.

173
174 A child protection team that is evaluating a report of medical

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175 neglect and assessing the health care needs of a medically
176 complex child shall consult with a physician who has experience
177 in treating children with the same condition.

178 (4) The child abuse, abandonment, and neglect reports that
179 must be referred by the department to child protection teams of
180 the Department of Health for an assessment and other appropriate
181 available support services as set forth in subsection (3) must
182 include cases involving:

183 (a) Injuries to the head, bruises to the neck or head,
184 burns, or fractures in a child of any age.

185 (b) Bruises anywhere on a child 5 years of age or under.

186 (c) Any report alleging sexual abuse of a child.

187 (d) Any sexually transmitted disease in a prepubescent
188 child.

189 (e) Reported malnutrition of a child and failure of a child
190 to thrive.

191 (f) Reported medical neglect of a child.

192 (g) Any family in which one or more children have been
193 pronounced dead on arrival at a hospital or other health care
194 facility, or have been injured and later died, as a result of
195 suspected abuse, abandonment, or neglect, when any sibling or
196 other child remains in the home.

197 (h) Symptoms of serious emotional problems in a child when
198 emotional or other abuse, abandonment, or neglect is suspected.

199 (5) All abuse and neglect cases transmitted for
200 investigation to a circuit ~~district~~ by the hotline must be
201 simultaneously transmitted to the Department of Health child
202 protection team for review. For the purpose of determining
203 whether face-to-face medical evaluation by a child protection

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204 team is necessary, all cases transmitted to the child protection
205 team which meet the criteria in subsection (4) must be timely
206 reviewed by:

207 (a) A physician licensed under chapter 458 or chapter 459
208 who holds board certification in pediatrics, family medicine,
209 emergency medicine, internal medicine, or another specialty
210 recognized by the American Board of Medical Specialties, who has
211 3 or more years of experience working in the area of child abuse
212 or neglect and who ~~and~~ is a member of a child protection team;

213 (b) A physician licensed under chapter 458 or chapter 459
214 who holds board certification but does not meet the criteria for
215 a child protection team medical director specified in paragraph
216 (2) (b) in a specialty other than pediatrics, who may complete
217 the review only when working under the direction of a physician
218 licensed under chapter 458 or chapter 459 who meets the criteria
219 for a child protection team medical director under paragraph
220 (2) (b) holds board certification in pediatrics and is a member
221 of a child protection team;

222 (c) An advanced registered nurse practitioner licensed
223 under chapter 464 who has a specialty in pediatrics or family
224 medicine and is a member of a child protection team;

225 (d) A physician assistant licensed under chapter 458 or
226 chapter 459, who may complete the review only when working under
227 the supervision of a physician licensed under chapter 458 or
228 chapter 459 who meets the criteria for a child protection team
229 medical director under paragraph (2) (b) holds board
230 certification in pediatrics and is a member of a child
231 protection team; or

232 (e) A registered nurse licensed under chapter 464, who may

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233 complete the review only when working under the direct
234 supervision of a physician licensed under chapter 458 or chapter
235 459 who meets the criteria for a child protection team medical
236 director under paragraph (2) (b) ~~holds certification in~~
237 ~~pediatrics~~ and is a member of a child protection team.

238 (6) A face-to-face medical evaluation by a child protection
239 team is not necessary when:

240 (a) The child was examined for the alleged abuse or neglect
241 by a physician who is not a member of the child protection team,
242 and a consultation between the child protection team board-
243 certified physician ~~pediatrician~~, advanced registered nurse
244 practitioner, physician assistant working under the supervision
245 of a child protection team board-certified physician
246 ~~pediatrician~~, or registered nurse working under the direct
247 supervision of a child protection team board-certified physician
248 ~~pediatrician~~, and the examining physician concludes that a
249 further medical evaluation is unnecessary;

250 (b) The child protective investigator, with supervisory
251 approval, has determined, after conducting a child safety
252 assessment, that there are no indications of injuries as
253 described in paragraphs (4) (a)-(h) as reported; or

254 (c) The child protection team board-certified physician
255 ~~pediatrician~~, as authorized in subsection (5), determines that a
256 medical evaluation is not required.

257
258 Notwithstanding paragraphs (a), (b), and (c), a child protection
259 team physician ~~pediatrician~~, as authorized in subsection (5),
260 may determine that a face-to-face medical evaluation is
261 necessary.

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262 (7) In all instances in which a child protection team is
263 providing certain services to abused, abandoned, or neglected
264 children, other offices and units of the Department of Health,
265 and offices and units of the Department of Children and
266 Families, must ~~shall~~ avoid duplicating ~~the provision of~~ those
267 services.

268 (8) The Department of Health child protection team quality
269 assurance program and the Family Safety Program Office of the
270 Department of Children and Families shall collaborate to ensure
271 referrals and responses to child abuse, abandonment, and neglect
272 reports are appropriate. Each quality assurance program shall
273 include a review of records in which there are no findings of
274 abuse, abandonment, or neglect, and the findings of these
275 reviews shall be included in each department's quality assurance
276 reports.

277 (9) The Department of Health Children's Medical Services
278 program shall develop, maintain, and coordinate the services of
279 one or more sexual abuse treatment programs.

280 (a) A child under the age of 18 who is alleged to be a
281 victim of sexual abuse and his or her siblings, nonoffending
282 caregivers, and family members who have been impacted by sexual
283 abuse are eligible for services under such programs.

284 (b) Sexual abuse treatment programs shall provide or, as
285 appropriate, provide referrals to specialized therapeutic
286 intervention services, including crisis intervention, clinical
287 treatment, and individual, family, and group therapy, to
288 eligible persons to assist them in recovering from sexual abuse,
289 to prevent developmental impairment of the child, to restore the
290 child to his or her level of developmental functioning before

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291 the abuse occurred, and to promote healthy, nonabusive
292 relationships.

293 Section 2. Section 39.3031, Florida Statutes, is amended to
294 read:

295 39.3031 Rules for implementation of s. 39.303.—The
296 Department of Health, in consultation with the Department of
297 Children and Families, shall adopt rules governing the child
298 protection teams and sexual abuse treatment programs pursuant to
299 s. 39.303, including definitions, organization, roles and
300 responsibilities, eligibility, services and their availability,
301 qualifications of staff, and a waiver-request process.

302 Section 3. Subsection (2) of section 391.026, Florida
303 Statutes, is amended to read:

304 391.026 Powers and duties of the department.—The department
305 shall have the following powers, duties, and responsibilities:

306 (2) To provide services to abused and neglected children
307 through child protection teams and sexual abuse treatment
308 programs pursuant to s. 39.303.

309 Section 4. For the purpose of incorporating the amendment
310 made by this act to section 39.303, Florida Statutes, in a
311 reference thereto, paragraph (c) of subsection (14) of section
312 39.301, Florida Statutes, is reenacted to read:

313 39.301 Initiation of protective investigations.—

314 (14)

315 (c) The department, in consultation with the judiciary,
316 shall adopt by rule:

317 1. Criteria that are factors requiring that the department
318 take the child into custody, petition the court as provided in
319 this chapter, or, if the child is not taken into custody or a

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320 petition is not filed with the court, conduct an administrative
321 review. Such factors must include, but are not limited to,
322 noncompliance with a safety plan or the case plan developed by
323 the department, and the family under this chapter, and prior
324 abuse reports with findings that involve the child, the child's
325 sibling, or the child's caregiver.

326 2. Requirements that if after an administrative review the
327 department determines not to take the child into custody or
328 petition the court, the department shall document the reason for
329 its decision in writing and include it in the investigative
330 file. For all cases that were accepted by the local law
331 enforcement agency for criminal investigation pursuant to
332 subsection (2), the department must include in the file written
333 documentation that the administrative review included input from
334 law enforcement. In addition, for all cases that must be
335 referred to child protection teams pursuant to s. 39.303(4) and
336 (5), the file must include written documentation that the
337 administrative review included the results of the team's
338 evaluation.

339 Section 5. This act shall take effect July 1, 2017.