First Regular Session Sixty-ninth General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House

LLS NO. 13-0621.01 Jane Ritter x4342

SENATE BILL 13-255

SENATE SPONSORSHIP

Kefalas and Newell, Morse

HOUSE SPONSORSHIP

May and Singer,

Senate Committees

Health & Human Services Appropriations

House Committees

Public Health Care & Human Services Appropriations

A BILL FOR AN ACT

101	CONCERNING CHILD FATALITY REVIEW TEAMS, AND, IN CONNECTION
102	THEREWITH, INCREASING THE CAPACITY AND RESOURCES,
103	CLARIFYING THE RESPONSIBILITIES AND PROCESSES OF STATE
104	AND LOCAL CHILD FATALITY REVIEW TEAMS IN THE
105	DEPARTMENTS OF PUBLIC HEALTH AND ENVIRONMENT AND
106	HUMAN SERVICES, AND MAKING AN APPROPRIATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

HOUSE 3rd Reading Unamended May 6, 2013

HOUSE Amended 2nd Reading May 3, 2013

SENATE 3rd Reading Unamended April 29, 2013

SENATE Amended 2nd Reading April 26, 2013

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

Sections 1 and 4 of the bill require county or district public health agencies to establish or arrange to be established local or regional child fatality prevention review teams operating under the purview of the department of public health and environment (local or regional review team). County or district public health agencies may collaborate to form a regional child fatality prevention review team.

Section 2 revises and updates language in the legislative declaration for the Colorado department of public health and environment (CDPHE) child fatality review teams.

Section 3 adds a definition of a "local or regional review team".

Section 5 details the responsibility of local or regional review teams. The local or regional review teams are required to report case review findings to public and private agencies that have responsibilities for children and make prevention recommendations. The local and regional review teams shall also enter data into the web-based data-collection system utilized by CDPHE.

Section 6 amends the membership of CDPHE's state-level child fatality prevention review team (CDPHE state review team) to include a member from the office of Colorado's child protection ombudsman and to make numerous currently nonvoting positions into voting positions.

Section 7 of the bill tasks the CDPHE state review team with the following duties:

- ! To conduct an individual case-specific review of every child abuse or neglect fatality in Colorado, if a local or regional review team has not conducted such a review;
- ! To conduct a review of systemic child welfare issues;
- ! To utilize a child fatalities data-collection system;
- ! To collaborate with the Colorado department of human services child fatality review team (CDHS review team) to make joint recommendations for the prevention of child abuse and neglect fatalities;
- ! To work directly with professionals who have information regarding the cause or circumstances leading to a child's fatality;
- ! To administer moneys to county and district public health agencies to support local and regional review teams;
- ! To provide training and technical assistance to local and regional review teams regarding the facilitation of a child fatality review process, data collection, evidence-based prevention strategies, and the development of prevention recommendations, as well as strategies for convening a local or regional review team, establishing methods of notification after a child fatality, and strategies to address conflicts of interest; and
- ! To provide an annual data report to local and regional

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review teams.

Sections 8 and 9 provide conforming amendments.

Section 10 deals with the time frame in which the CDHS review team is required to conduct a review. Currently, the CDHS review team is required to conduct an in-depth case review after an incident of egregious abuse or neglect against a child, a near fatality, or a child fatality that involves a suspicion of abuse or neglect (incident) when the child or family has had previous involvement with the state or county within the previous 2 years. The bill changes that time frame to 3 years.

The CDHS review team is given the additional duty to make annual policy recommendations that address systems involved with children and to follow up on specific system recommendations. The CDHS review team is required to make annual reports to both the public and the legislature concerning such recommendations.

Current law also requires the CDHS review team to complete a draft, confidential, case-specific review report and submit the draft to any county department of social services with previous involvement with the child or family related to the incident within 30 days. That 30-day period is extended to 55 days.

Language is added to ensure that any information released to the public by the CDHS review team is not contrary to the best interests of the child who is the subject of the report, or his or her siblings, is in the public's interest, and is consistent with the federal "Child Abuse Prevention and Treatment Reauthorization Act of 2010".

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 25-1-506, amend (3)

(b) (XIII) and (3) (b) (XIV); and add (3) (b) (XV) as follows:

25-1-506. County or district public health agency. (3) (b) In

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25-1-506. County or district public health agency. (3) (b) In addition to other powers and duties, an agency shall have the following duties:

(XIII) To make necessary sanitation and health investigations and inspections, on its own initiative or in cooperation with the state department, for matters affecting public health that are within the jurisdiction and control of the agency; and

(XIV) To collaborate with the state department and the state board

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1	in all matters pertaining to public health, the water quality control
2	commission in all matters pertaining to water quality, the air quality
3	control commission and the division of administration of the state
4	department in all matters pertaining to air pollution, and the solid and
5	hazardous waste commission in all matters pertaining to solid and
6	hazardous waste; AND
7	$(XV)\ To establish or arrange for the establishment of, by$
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9	OR REGIONAL CHILD FATALITY PREVENTION REVIEW TEAM PURSUANT TO
10	SECTION 25-20.5-404.
11	SECTION 2. In Colorado Revised Statutes, amend 25-20.5-402
12	as follows:
13	25-20.5-402. Legislative declaration. (1) The general assembly
14	hereby finds and declares that protection of the health and welfare of the
15	children of this state is an important goal of the citizens of this state, and
16	the injury and death of infants and children are serious public health
17	concerns that require legislative action. The general assembly further
18	finds that the prevention of the CHILD abuse, neglect, and death of
19	children FATALITIES is a community responsibility; that professionals
20	from disparate disciplines have responsibilities to children and have
21	expertise that can promote the safety and well-being of children; and that
22	multidisciplinary reviews of the CHILD abuse, neglect, and death of
23	ehildren FATALITIES can lead to a greater understanding of the causes of,
24	and methods of preventing, the CHILD abuse, neglect, and death of
25	children FATALITIES.
26	(2) It is, therefore, the intent of the general assembly in enacting

this part 4 to establish a statewide STATE AND LOCAL multidisciplinary,

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multi-agency child fatality prevention system REVIEW TEAMS. The purpose of the system THESE TEAMS is: to:

- (a) Review specified deaths of children from birth to eighteen years of age occurring in Colorado involving circumstances in which the children are receiving services from a county department or in which there has been a report of suspected abuse or neglect in order to develop a community approach to the problem of child abuse and neglect For Local or regional review teams, to review specific cases of child fatalities in the team's service area that occur from birth through seventeen years of age and involve unintentional injury, violence, motor vehicle incidents, child abuse or neglect, sudden unexpected infant death, suicide, or undetermined causes and to provide the state with individual case findings to develop a community approach to the systemic issues surrounding child fatalities;
- (b) Review the records of all other unexpected and unexplained deaths of children from birth to eighteen years of age occurring in Colorado in order to develop a community approach to the prevention of childhood fatalities. For the state review team, to review the individual case findings of the local and regional review teams and to create a report based on those findings to make specific recommendations regarding systemic trends across the state that may help prevent future child fatalities;
- (c) TO HELP THE PEOPLE OF COLORADO understand the incidence and causes of childhood deaths CHILD FATALITIES AND THEREFORE ENCOURAGE PUBLIC ACTION TO PREVENT FURTHER CHILD FATALITIES;
- (d) To identify services provided by public, PRIVATE, AND

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1	NONPROFIT agencies to children and their families that are designed to
2	prevent, child abuse, neglect, or death, and that are effective in
3	preventing, child abuse, neglect, or death FATALITIES;
4	(e) To identify any gaps or deficiencies that may exist in the
5	delivery of services provided by public, PRIVATE, AND NONPROFIT
6	agencies to children and their families that are designed to prevent child
7	abuse, neglect, or death FATALITIES; and
8	(f) To make recommendations for, act as a catalyst for, and
9	implement any changes to laws, rules, and policies that will support the
10	safe and healthy development of the children in this state and prevent
11	FUTURE child abuse, neglect, and death FATALITIES.
12	SECTION 3. In Colorado Revised Statutes, 25-20.5-403, amend
13	(2); and repeal (4) as follows:
14	25-20.5-403. Definitions. As used in this part 4, unless the
15	context otherwise requires:
16	(2) "Local OR REGIONAL review team" means a local OR REGIONAL
17	child fatality prevention review team established pursuant to section
18	25-20.5-404.
19	(4) "Unexpected and unexplained death" means a death that, prior
20	to investigation, appears to have been caused by trauma, suspicious or
21	obscure circumstances, or child abuse or neglect. An "unexpected and
22	unexplained death" includes, but is not limited to, death from vehicular
23	trauma, fire, drowning, abuse, suicide, and unknown causes.
24	SECTION 4. In Colorado Revised Statutes, 25-20.5-404, amend
25	(1), (2), (3) (a) introductory portion, (3) (b) introductory portion, and (4)
26	as follows:
27	25-20.5-404. Local and regional review teams - creation -

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1	membership - authority. (1) ON OR BEFORE JANUARY 1, 2015, each
2	judicial district may COUNTY OR DISTRICT PUBLIC HEALTH AGENCY
3	ESTABLISHED PURSUANT TO SECTION 25-1-506 SHALL establish, OR
4	ARRANGE TO BE ESTABLISHED, subject to available appropriations, a local
5	child fatality prevention review team. The first meeting of a local review
6	team shall be called by the district attorney of the judicial district in which
7	the local review team is located. COUNTY OR DISTRICT PUBLIC HEALTH
8	AGENCIES MAY COLLABORATE TO FORM A REGIONAL CHILD FATALITY
9	PREVENTION REVIEW TEAM TO FULFILL THE REQUIREMENTS OF THIS
10	SECTION.
11	(2) Each local OR REGIONAL review team shall consist of
12	representatives of public and nonpublic agencies in the judicial district
13	COUNTY OR COUNTIES that provide services to children and their families
14	and of other individuals who represent the community.
15	(3) (a) A local OR REGIONAL review teams shall TEAM MUST
16	include representatives from the following entities located in the judicial
17	district WITHIN THE SERVICE AREA OF THE ESTABLISHING COUNTY OR
18	DISTRICT PUBLIC HEALTH AGENCY OR AGENCIES:
19	(b) A local OR REGIONAL review teams TEAM may include but are
20	Is not limited to representatives from the following entities or groups
21	located in the judicial district WITHIN THE SERVICE AREA OF THE
22	ESTABLISHING COUNTY OR DISTRICT PUBLIC HEALTH AGENCY OR
23	AGENCIES:
24	(4) Each local OR REGIONAL review team has the authority to
25	establish committees to review specific types of childhood deaths CHILD
26	FATALITIES.

SECTION 5. In Colorado Revised Statutes, **amend** 25-20.5-405

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1	as follows:
2	25-20.5-405. Local review teams - duties - authority. (1) Each
3	THE local OR REGIONAL review team shall review the following types of
4	cases: CONDUCT INDIVIDUAL, CASE-SPECIFIC REVIEWS OF FATALITIES OF
5	CHILDREN FROM BIRTH THROUGH SEVENTEEN YEARS OF AGE OCCURRING
6	IN THE JURISDICTION OF THE LOCAL OR REGIONAL REVIEW TEAM FOR THE
7	PURPOSE OF IDENTIFYING PREVENTION RECOMMENDATIONS RELATED, AT
8	A MINIMUM, TO THE FOLLOWING CAUSES OF CHILD FATALITY:
9	(a) A case of unexpected and unexplained death of a child
10	eighteen years of age or younger occurring in the judicial district of the
11	local review team;
12	(a) Undetermined causes;
13	(b) Unintentional injury;
14	(c) VIOLENCE;
15	(d) MOTOR VEHICLE INCIDENTS;
16	(e) CHILD ABUSE OR NEGLECT AS DEFINED IN SECTION 19-1-103
17	(1), C.R.S., INCLUDING THE DEATH OF A CHILD WHO WAS PREVIOUSLY
18	UNKNOWN TO THE COUNTY DEPARTMENT BUT WHOSE DEATH INCLUDED
19	CIRCUMSTANCES RELATED TO CHILD ABUSE OR NEGLECT, REGARDLESS OF
20	THE OFFICIAL MANNER OF DEATH;
21	(f) SUDDEN UNEXPECTED INFANT DEATH; OR
22	(g) Suicide.
23	(b) A case occurring in the judicial district involving the death of
24	a child eighteen years of age or younger who was:
25	(I) In the custody of the department of human services or the
26	county department at the time of death;
27	(II) The subject of an open child welfare case maintained by a

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- (III) Reported as a child involved in an investigation of suspected abuse or neglect by a county department of social services or a law enforcement agency at any time during the twelve months preceding the child's death.
- (2) With respect to each case CHILD FATALITY reviewed, the local OR REGIONAL review team shall:
- (a) Review the cause and manner of the child's death CHILD FATALITY as determined by the local coroner, pathologist, or medical examiner, and attempt to determine whether the local OR REGIONAL review team concurs with the coroner's, pathologist's, or medical examiner's findings. Any information requested from the local coroner must be in compliance with section 30-10-606, C.R.S.
- (b) In cases in which the local OR REGIONAL review team does not concur with the cause or manner of death as determined by the local coroner, pathologist, or medical examiner, forward a report of the local OR REGIONAL review team's analysis of the cause and manner of the child's death CHILD FATALITY to the local coroner, pathologist, or medical examiner for his or her consideration;
- (c) Evaluate means by which the death FATALITY might have been prevented;
- (d) Report case review findings, AS APPROPRIATE, to public and private agencies that have responsibilities for children and make PREVENTION recommendations to these agencies that may help to reduce the number of child deaths FATALITIES;
- (e) Request from an agency a plan of action for improvements to prevent child deaths based upon a report submitted to the agency pursuant

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1	to paragraph (d) of this subsection (2) when the case review involves a
2	child in the custody of the agency at the time of death or involves
3	identified system problems at the agency;
4	(e.5) NO LATER THAN TWO MONTHS AFTER REVIEWING A CASE,
5	ENTER INFORMATION REGARDING THE CHILD FATALITY INTO A WEB-BASED
6	DATA-COLLECTION SYSTEM, UTILIZED BY THE DEPARTMENT;
7	(f) Submit to the state review team the following information:
8	(I) Information about each death reviewed;
9	(II) A listing of any system issues identified through the review
10	process and recommendations to the state review team and the
11	appropriate agencies for system improvements and needed resources,
12	training, and information dissemination where gaps and deficiencies may
13	exist;
14	(III) Any changes, positive or negative, that appear to have
15	resulted from implementation of previous recommendations made by the
16	local OR REGIONAL review team to the state review team and appropriate
17	agencies; AND
18	(IV) Examples of services known by the local OR REGIONAL
19	review team to be provided by public OR PRIVATE agencies to children
20	and their families that are designed to prevent child abuse, neglect, or
21	death CHILD FATALITIES and that are effective in preventing child abuse,
22	neglect, or death SUCH FATALITIES. and
23	(V) Any additional information requested by the state review
24	team.
25	(g) SECURE THE MOST RELIABLE INFORMATION POSSIBLE THAT IS
26	RELATED TO A CHILD FATALITY TO PROVIDE A THOROUGH,
27	COMPREHENSIVE REVIEW OF EACH CHILD FATALITY; AND

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1	(h) REQUEST CAPACITY ASSISTANCE AS NECESSARY FROM THE
2	DEPARTMENT FOR THE PURPOSE OF CONDUCTING A CHILD FATALITY
3	<u>REVIEW.</u>
4	(3) Each local OR REGIONAL review team may, within existing
5	appropriations and community resources, PROMOTE CONTINUING
6	EDUCATION FOR PROFESSIONALS INVOLVED IN INVESTIGATING, TREATING,
7	AND PREVENTING CHILD ABUSE AND NEGLECT AS A MEANS OF PREVENTING
8	CHILD FATALITIES DUE TO ABUSE OR NEGLECT AND OTHER CHILD
9	FATALITIES. THE LOCAL OR REGIONAL REVIEW TEAM MAY ALSO, WITHIN
10	EXISTING RESOURCES, PROMOTE PUBLIC EDUCATION RELATED TO
11	PREVENTING CHILD FATALITIES RELATED TO ABUSE AND NEGLECT.
12	(a) Promote continuing education for professionals involved in
13	investigating, treating, and preventing child abuse and neglect as a means
14	of preventing child deaths due to abuse or neglect; and
15	(b) Promote public education related to preventing unexpected
16	and unexplained child deaths and deaths related to abuse or neglect.
17	SECTION 6. In Colorado Revised Statutes, 25-20.5-406, amend
18	(2) (a) introductory portion, (2) (a) (VII), (2) (a) (VIII), (2) (b)
19	introductory portion, (2) (c), (2) (d), and (2) (e); and add (2) (a) (IX) as
20	follows:
21	25-20.5-406. State review team - creation - membership -
22	vacancies. (2) (a) On or before September 1, 2005 2013, the governor
23	shall appoint the seventeen EIGHTEEN voting members of the state review
24	team specified in this paragraph (a), as follows:
25	(VII) One member who represents county attorneys within the
26	state who practice in the area of dependency and neglect; and
27	(VIII) One member who represents county commissioners within

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1	the state; AND
2	(IX) One member who represents the office of Colorado's
3	CHILD PROTECTION OMBUDSMAN.
4	(b) The executive director of the department of human services
5	shall appoint six ex officio nonvoting VOTING members, as follows:
6	(c) The executive director of the department of public health and
7	environment shall appoint eight ex officio nonvoting VOTING members
8	who represent the department of public health and environment, one of
9	whom represents county or district public health agencies.
10	(d) The commissioner of education shall appoint one ex officio
11	nonvoting VOTING member who represents the department of education.
12	(e) The executive director of the department of public safety shall
13	appoint one ex officio nonvoting VOTING member who represents the
14	department of public safety.
15	SECTION 7. In Colorado Revised Statutes, amend 25-20.5-407
16	as follows:
17	25-20.5-407. State review team - duties - definitions. (1) The
18	state review team shall:
19	(a) Form committees to review at a minimum, childhood deaths
20	A CHILD FATALITY CASE, IF A LOCAL OR REGIONAL CHILD FATALITY
21	REVIEW TEAM HAS NOT CONDUCTED SUCH A REVIEW OF THE CASE, IF THE
22	CHILD FATALITY OCCURRED in the state of Colorado AND WAS related to
23	ONE OR MORE OF the following causes:
24	(I) Natural Undetermined causes;
25	(II) Unintentional injury;
26	(III) Violence;
27	(IV) Motor vehicle incidents;

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1	(V) Child abuse or neglect, and AS DEFINED IN SECTION 19-1-103
2	(1), C.R.S.;
3	(VI) Sudden UNEXPECTED infant death; syndrome; AND
4	(VII) SUICIDE.
5	(b) Outline trends and patterns of childhood death CHILD
6	FATALITIES in Colorado;
7	(c) Identify and investigate risk factors that may lead to childhood
8	death CHILD FATALITIES;
9	(d) Characterize groups of children who are at risk for childhood
10	death A CHILD FATALITY;
11	(e) Evaluate the services offered and the system responses to
12	children who are at risk of childhood death A CHILD FATALITY AND review
13	recommendations of local OR REGIONAL review teams, if any; and plans
14	of action submitted by agencies for improvements to prevent childhood
15	deaths, if any; offer recommendations for improvement to these services
16	and system responses; and request plans of action for improvement from
17	agencies, when necessary;
18	(e.5) Consider a review of all systemic child-related
19	ISSUES WHEN EVALUATING SERVICES OFFERED OR SYSTEM RESPONSES TO
20	CHILDREN WHO ARE AT RISK OF FATALITY. FOR PURPOSES OF THIS
21	PARAGRAPH (e.5), "SYSTEMIC CHILD-RELATED ISSUES" MEANS ANY ISSUE
22	INVOLVING ONE OR MORE AGENCIES.
23	(f) Take steps to improve the quality and scope of data obtained
24	through investigations and review of childhood deaths CHILD FATALITIES;
25	(f.5) UTILIZE A CHILD FATALITIES DATA-COLLECTION SYSTEM,
26	USING NATIONALLY DEVELOPED PUBLIC HEALTH GUIDELINES, TO ENSURE
27	THE PROPER IDENTIFICATION OF ALL POTENTIAL CHILD ARUSE OR NEGLECT

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FATALITIES;

(g) Report to the governor and to the health PUBLIC HEALTH CARE
and human services committees COMMITTEE, and the judiciary
committees COMMITTEE of the house of representatives and the HEALTH
AND HUMAN SERVICES COMMITTEE, AND THE JUDICIARY COMMITTEE OF
THE senate of the Colorado general assembly, OR ANY SUCCESSOR
COMMITTEES, concerning any recommendations for changes to any law,
rule, or policy that the state review team has determined will promote the
safety and well-being of children. The state review team shall report
annually within the first week of convening or reconvening the general
assembly on or before July 1, 2014, and on or before July 1 each
YEAR THEREAFTER. IN ITS REPORT, THE STATE REVIEW TEAM SHALL
PROVIDE A LIST OF SYSTEM STRENGTHS AND WEAKNESSES IDENTIFIED
THROUGH THE REVIEW PROCESS AND RECOMMENDATIONS FOR PREVENTIVE
ACTIONS TO PROMOTE THE SAFETY AND WELL-BEING OF CHILDREN. THE
ANNUAL REPORT MUST INCLUDE AN ANALYSIS OF THE STATE REVIEW
TEAM'S RECOMMENDATIONS FROM THE PREVIOUS YEAR AND STATE WHAT
POLICY CHANGES, IF ANY, WERE MADE TO IMPROVE CHILD SAFETY AND
WELL-BEING. THE STATE REVIEW TEAM SHALL MAKE THE ANNUAL REPORT
PUBLICLY AVAILABLE AND WILL CONDUCT OUTREACH EFFORTS TO
EDUCATE MEMBERS OF THE CHILD PROTECTION COMMUNITY ON REPORT
FINDINGS.

(h) Subject to available appropriations and community resources, distribute information to the public concerning risks to children and recommendations for promoting the safety and well-being of children Provide an annual summary to the department of human services outlining the trends and patterns of child abuse and

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1	NEGLECT FATALITIES, INCLUDING INFORMATION REGARDING THE FINDINGS
2	FROM CASES KNOWN AND UNKNOWN TO THE COUNTY DEPARTMENTS OF
3	SOCIAL SERVICES;
4	(i) Serve as a link with child death review teams throughout the
5	country and participate in national child death review team activities; and
6	COLLABORATE WITH THE DEPARTMENT OF HUMAN SERVICES CHILD
7	FATALITY REVIEW TEAM, CREATED PURSUANT TO SECTION 26-1-139,
8	C.R.S., TO MAKE JOINT RECOMMENDATIONS FOR THE PREVENTION OF
9	CHILD FATALITIES;
10	(j) Perform any other functions necessary to enhance the
11	capability of the state of Colorado to reduce and prevent childhood
12	injuries and death;
13	(k) SUBJECT TO AVAILABLE APPROPRIATIONS, ADMINISTER
14	MONEYS TO COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES TO SUPPORT
15	LOCAL OR REGIONAL REVIEW TEAM ACTIVITIES;
16	(1) PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO LOCAL OR
17	REGIONAL REVIEW TEAMS REGARDING THE FACILITATION OF A CHILD
18	FATALITY REVIEW PROCESS, DATA COLLECTION, EVIDENCE-BASED
19	PREVENTION STRATEGIES, AND THE DEVELOPMENT OF PREVENTION
20	RECOMMENDATIONS. THE TRAINING AND TECHNICAL ASSISTANCE FOR
21	LOCAL OR REGIONAL REVIEW TEAMS MUST BE PROVIDED THROUGH
22	FEDERALLY FUNDED TRAINING PROGRAMS FOR IMPROVING EFFECTIVENESS
23	IN CONDUCTING CHILD FATALITY REVIEWS; EXCEPT THAT, IF SUCH
24	FEDERALLY FUNDED PROGRAMS ARE UNAVAILABLE, THE STATE, SUBJECT
25	TO AVAILABLE APPROPRIATIONS, MAY PROVIDE THE TRAINING AND
26	TECHNICAL ASSISTANCE. THE TRAINING AND TECHNICAL ASSISTANCE MAY
27	ALSO INCLUDE, BUT NEED NOT BE LIMITED TO:

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1	(1) STRATEGIES <u>OR ASSISTANCE WITH</u> CONVENING AND
2	FACILITATING LOCAL AND REGIONAL REVIEW TEAMS;
3	(II) ESTABLISHING METHODS OF NOTIFICATION AFTER A CHILD
4	FATALITY HAS OCCURRED; AND
5	(III) STRATEGIES FOR MEMBERS OF STATE, LOCAL, OR REGIONAL
6	REVIEW TEAMS TO ADDRESS A CONFLICT OF INTEREST IN A CHILD FATALITY
7	REVIEW;
8	(m) Provide an annual data report to each local or
9	REGIONAL REVIEW TEAM SUMMARIZING ITS LOCAL OR REGIONAL REVIEW
10	DATA ENTERED INTO THE WEB-BASED DATA-COLLECTION SYSTEM;
11	(n) Subject to available appropriations and community
12	RESOURCES, DISTRIBUTE INFORMATION TO THE PUBLIC CONCERNING RISKS
13	TO CHILDREN AND RECOMMENDATIONS FOR PROMOTING THE SAFETY AND
14	WELL-BEING OF CHILDREN;
15	(o) Serve as a link with child fatality review teams
16	THROUGHOUT THE COUNTRY AND PARTICIPATE IN NATIONAL CHILD
17	FATALITY REVIEW TEAM ACTIVITIES; AND
18	(p) Perform any other functions necessary to enhance the
19	CAPABILITY OF THE STATE OF COLORADO TO REDUCE AND PREVENT
20	CHILDHOOD INJURIES AND FATALITIES.
21	SECTION 8. In Colorado Revised Statutes, amend 25-20.5-408
22	as follows:
23	25-20.5-408. Access to records. (1) Review team access to
24	records. (a) Notwithstanding any other state law to the contrary but
25	subject to the requirements of applicable provisions of federal law, the
26	state review team and the local OR REGIONAL review teams shall have
27	access to all records and information in the possession of the department

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of human services and the county departments of social services that are relevant to the review of a child death FATALITY, including records and information related to previous reports and investigations of suspected child abuse or neglect.

- (b) Except as otherwise provided in paragraph (c) of this subsection (1), notwithstanding any other state law to the contrary, but subject to the requirements of applicable provisions of federal law, the state review team and the local OR REGIONAL review teams shall have access to all other records and information that are relevant to a review of a child death FATALITY and that are in the possession of a state or local governmental agency. These records include, but are not limited to, birth certificates, records of coroner or medical examiner investigations, and records of the department of corrections.
- (c) Mental health and substance abuse treatment records may be accessed only with the written consent of appropriate parties in accordance with applicable federal and state law.
- (2) Public access to records and information. (a) Open meetings. Meetings of the state review team and local OR REGIONAL review teams shall be subject to the provisions of section 24-6-402, C.R.S.
- (b) **Confidentiality.** Each member of the state review team, each member of a local OR REGIONAL review team, and each invited participant at a meeting shall sign a statement indicating an understanding of and adherence to confidentiality requirements. A person who knowingly violates confidentiality requirements commits a class 3 misdemeanor and, upon conviction, shall be punished as provided in section 18-1.3-501, C.R.S.

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(c) **Release of information.** (I) Members of the state review team, members of the local OR REGIONAL review teams, a person who attends a review team meeting, and a person who presents information to a review team may release information to governmental agencies as necessary to fulfill the requirements of this part 4.

- (II) Members of the state review team, members of the local OR REGIONAL review teams, a person who attends a review team meeting, and a person who presents information to a review team shall not be subject to examination, in any civil or criminal proceeding, concerning information presented to members of the review team or opinions formed by the review team based on that information. A person may, however, be examined concerning information reviewed by the state review team or a local OR REGIONAL review team that is otherwise available to the public or that is required to be revealed by that person in another official capacity.
- (III) Information, documents, and records of the state review team and the local OR REGIONAL review teams shall not be subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding; except that information, documents, and records that would otherwise be available from a person serving on the state review team or a local OR REGIONAL review team or that would otherwise be required to be revealed by law shall not be immune from subpoena, discovery, or introduction into evidence solely because the information was presented at or became available due to a proceeding of the state review team or a local OR REGIONAL review team.
- (IV) Information received by the state review team or a local OR REGIONAL review team that contains information exculpatory to a person

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1	charged with a criminal offense shall be subject to release pursuant to the
2	rules of criminal procedure.
3	SECTION 9. In Colorado Revised Statutes, 25-20.5-409, amend
4	(1) and (2) as follows:
5	25-20.5-409. Administration - funding - cash fund. (1) To the
6	extent funds MONEYS are available, the state review team and the local OR
7	REGIONAL review teams may hire staff or consultants to assist them in
8	completing their duties.
9	(2) Staff and consultants of the state review team or the local OR
10	REGIONAL review teams shall receive reimbursement for travel and
11	expenses to offset the costs incurred in fulfilling their duties, which shall
12	be paid from moneys appropriated to implement this part 4 and within the
13	limits of those moneys.
14	SECTION 10. In Colorado Revised Statutes, 26-1-139, amend
15	(1), (2) (c), (3) (a), (4) (b), (4) (c), (4) (i) (I), (5) (a), (5) (b), (5) (c), (5)
16	(e), (5) (l), and (6) (f); and add (6.5) as follows:
17	26-1-139. Child fatality and near fatality prevention -
18	legislative declaration - process - department of human services child
19	fatality review team - reporting - rules. (1) The general assembly
20	hereby finds and declares that:
21	(a) It is of the utmost importance and a community responsibility
22	to mitigate the incidents of egregious abuse or neglect, near deaths
23	FATALITIES, or deaths FATALITIES of children in the state due to abuse or
24	neglect. Professionals from disparate disciplines share responsibilities for
25	the safety and well-being of children as well as expertise that can promote
26	that safety and well-being. Multidisciplinary reviews of the incidents of
27	egregious abuse or neglect, near deaths FATALITIES, or deaths FATALITIES

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of children due to abuse or neglect can lead to a better understanding of the causes of such tragedies and, more importantly, methods of mitigating future incidents of egregious abuse or neglect, near deaths FATALITIES, or deaths FATALITIES.

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- (b) There is a need for agency transparency and accountability to the public regarding an incident of egregious abuse or neglect against a child, a near fatality, or a child fatality that involves a suspicion of abuse or neglect when the child or family has had previous involvement, AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, with the state or county. that was directly related to the incident WITHIN THREE YEARS PRIOR TO THE INCIDENT.
- (c) There is a need for a multidisciplinary team to conduct in-depth case reviews after an incident of egregious abuse or neglect against a child, a near fatality, or a child fatality that involves a suspicion of abuse or neglect and when the child or family has had previous involvement, that was directly related to the incident of egregious abuse or neglect against a child, near fatality, or fatality, with a county department AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, within two THREE years prior to the incident. The multidisciplinary review REVIEWS would complement that of the review conducted by the Colorado state child fatality prevention review team in the department of public health and environment pursuant to article 20.5 of title 25, C.R.S. The goal of the multidisciplinary review shall not be to affix blame, but rather to improve understanding of why the incidents of egregious abuse or neglect against a child, near fatalities, or fatalities OF A CHILD DUE TO ABUSE OR NEGLECT occur, TO IDENTIFY AND UNDERSTAND WHERE IMPROVEMENTS CAN BE MADE IN THE ____ DELIVERY OF CHILD

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<u>WELFARE SERVICES</u>, and TO develop recommendations for mitigation of future incidents of egregious abuse or neglect against a child, near fatalities, or fatalities OF A CHILD DUE TO ABUSE OR NEGLECT.

- (d) It is the intent of the general assembly to codify the department of human services child fatality review team as well as modify certain aspects of its processes to promote an understanding of the causes of each child's death or near death incident OF EGREGIOUS ABUSE OR NEGLECT, NEAR FATALITY, OR FATALITY OF A CHILD due to abuse or neglect, identify systemic deficiencies in the delivery of services and supports to children and families, and recommend changes to help mitigate future incidents of egregious abuse or neglect against a child, near fatalities, or child deaths FATALITIES OF CHILDREN DUE TO ABUSE OR NEGLECT.
- (e) It is further the intent of the general assembly to comply with the federal "Child Abuse Prevention and Treatment Act", 42 U.S.C. sec. 5101 et seq. "CHILD ABUSE PREVENTION AND TREATMENT REAUTHORIZATION ACT OF 2010", P.L. 111-320, which requires states to allow for public disclosure of the findings or information about a case of child abuse or neglect that resulted in a child fatality or near fatality, AND TO INCLUDE IN THE DISCLOSURE THE AGE, GENDER, AND RACE OR ETHNICITY OF THE CHILD TO BETTER UNDERSTAND TRENDS AND PATTERNS OF CHILD FATALITIES IN COLORADO AS THEY RELATE TO AGE, GENDER, AND RACE OR ETHNICITY.
 - (2) As used in this section, unless the context otherwise requires:
- (c) "Previous involvement" means a situation in which the county department has received a referral, responded to a report, opened an assessment, provided services, or opened a case in the Colorado TRAILS system THAT IS RELATED TO THE PROVISION OF CHILD WELFARE SERVICES,

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1	AS DEFINED IN SECTION 26-5-101 (3). <u>except that the following</u>
2	situations shall not be considered to be "previous involvement":
3	(I) The situation did not involve abuse or neglect;
4	(H) The situation occurred when the parent was seventeen years
5	of age or younger and before he or she was the parent of the deceased
6	child; or
7	(HI) The situation occurred with a different family composition
8	and a different alleged perpetrator.
9	(3) There is hereby established in the state department the
10	department of human services child fatality review team. The team shall
11	have the following objectives:
12	(a) To assess the records of each case in which a suspicious
13	incident of egregious abuse or neglect against a child, near fatality, or
14	child fatality DUE TO ABUSE OR NEGLECT occurred and the child or family
15	had previous involvement, with a county department that was directly
16	related to the incident of egregious abuse or neglect against a child, near
17	fatality, or fatality AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF
18	THIS SECTION, within two THREE years prior to the incident of egregious
19	abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE
20	TO ABUSE OR NEGLECT;
21	(4) The team shall have the following duties:
22	(b) To review the services provided to the child, the child's family,
23	and the perpetrator by the county department for any county with which
24	the family has had previous involvement, that was directly related to the
25	incident of egregious abuse or neglect against a child, near fatality, or
26	fatality in the two AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF
27	THIS SECTION, WITHIN THREE years prior to the incident of egregious abuse

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or neglect against a child, near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT;

- (c) To review records and interview individuals, as deemed necessary and not otherwise prohibited by law, involved with or having knowledge of the facts of the incident of egregious abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT, including but not limited to all other state and local agencies having previous involvement, with the child or family that was directly related to the incident of egregious abuse or neglect against a child, near fatality, or fatality AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, within two THREE years prior to the incident of egregious abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT;
- (i) To develop and distribute the following reports, the content of which shall be determined by rules promulgated by the state department pursuant to subsection (7) of this section:
- (I) On or before April 30, 2013 July 1, 2014, and on or before each April 30 July 1 thereafter, an annual child fatality and near fatality review report, absent confidential information, summarizing the reviews required by subsection (5) of this section conducted by the team during the previous year. The REPORT MUST ALSO INCLUDE ANNUAL POLICY RECOMMENDATIONS BASED ON THE COLLECTION OF REVIEWS REQUIRED BY SUBSECTION (5) OF THIS SECTION. THE RECOMMENDATIONS MUST ADDRESS ALL SYSTEMS INVOLVED WITH CHILDREN AND FOLLOW UP ON SPECIFIC SYSTEM RECOMMENDATIONS FROM PRIOR REPORTS THAT ADDRESS THE STRENGTHS AND WEAKNESSES OF CHILD PROTECTION SYSTEMS IN COLORADO. The team shall post the annual child fatality and near fatality

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review report on the state department's web site and distribute it to the Colorado state child fatality prevention review team established in the department of public health and environment pursuant to section 25-20.5-406, C.R.S., the governor, the health and human services committee of the senate, and the health and environment PUBLIC HEALTH CARE AND HUMAN SERVICES committee of the house of representatives, or any successor committees. The annual child fatality and near fatality review report shall MUST be prepared within existing resources.

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(5) (a) Each county department shall report to the state department any suspicious incident of egregious abuse or neglect against a child, near fatality, or fatality of a child DUE TO ABUSE OR NEGLECT within twenty-four hours OF BECOMING AWARE of the incident of egregious abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT. If the county department has had previous involvement, that was directly related to the incident of egregious abuse or neglect against a child, near fatality, or child fatality AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, within two THREE years prior to the incident of egregious abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT, the county department shall provide the state department with all relevant reports and documentation regarding its previous involvement with the child within sixty calendar days after BECOMING AWARE OF the incident of egregious abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT. The state department may grant, at its discretion, an extension to a county department for delays outside of the county department's control regarding the receipt of all relevant reports and information critical to an effective review, including but not limited to the

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final autopsy and law enforcement reports, until such documents can be made available for review by the team.

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- (b) Within three business days after receiving FROM A COUNTY DEPARTMENT the information provided under paragraph (a) of this subsection (5), the department shall disclose to the public that information has been received, whether the department is conducting a review of the incident, whether the child was in his or her own home or in foster care, as defined in section 19-1-103 (51.3), C.R.S., and the child's gender and age. The department may disclose the scope of the review.
- The team shall complete its review of each incident of egregious abuse or neglect, near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT, draft a confidential, case-specific review report, and submit the draft report to any county department with previous involvement, AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, within thirty FIFTY-FIVE calendar days after the review team meeting. Any county department with previous involvement, shall have AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, HAS thirty calendar days after the completion of the draft confidential, case-specific review report to review the draft confidential, case-specific review report and provide a written response to be included in the final confidential, case-specific review report. A confidential, case-specific review report shall MUST be finalized and submitted pursuant to paragraph (e) of this subsection (5) no more than thirty calendar days after the county department's response is received by the team or upon confirmation in writing from the county department that a written response will not be provided.
 - (e) The TEAM SHALL PROVIDE THE final confidential, case-specific

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review report shall be provided to the executive director, the director for any county or community agency referenced in the report, the county commissioners BOARD OF HUMAN SERVICES of any county department with previous involvement, AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, the legislative members of the team appointed pursuant to paragraph (f) of subsection (6) of this section, and the department of public health and environment.

- (l) The state department or any county department may release to the public any information at any time to correct any inaccurate information reported in the news media, so long as the information released by the state department or county department is not explicitly in conflict with federal law, IS NOT CONTRARY TO THE BEST INTEREST OF THE CHILD WHO IS THE SUBJECT OF THE REPORT, OR HIS OR HER SIBLINGS, IS IN THE PUBLIC'S BEST INTEREST, AND IS CONSISTENT WITH THE FEDERAL "CHILD ABUSE PREVENTION AND TREATMENT REAUTHORIZATION ACT OF 2010", P.L. 111-320.
- (6) The team consists of up to twenty members, appointed on or before September 30, 2011, as follows:
- (f) One member from the health and environment committee of the house of representatives or any successor committee, to be appointed by the speaker of the house of representatives, and one member from the health and human services committee of the senate or any successor committee, to be appointed by the president of the senate. Two MEMBERS OF THE GENERAL ASSEMBLY, ONE APPOINTED BY THE MAJORITY LEADER OF THE SENATE AND ONE APPOINTED BY THE MAJORITY LEADER OF THE HOUSE OF REPRESENTATIVES; EXCEPT THAT, IF THE MAJORITY LEADERS ARE FROM THE SAME POLITICAL PARTY, THE MINORITY LEADER OF THE

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1	HOUSE OF REPRESENTATIVES SHALL APPOINT THE SECOND MEMBER. THE
2	members appointed pursuant to this paragraph (f) are nonvoting members
3	and are not required to be present at any meeting of the team.
4	(6.5) MEMBERS OF THE TEAM SERVE THREE-YEAR TERMS AND ARE
5	ELIGIBLE FOR REAPPOINTMENT UPON THE EXPIRATION OF THE TERMS.
6	VACANCIES SHALL BE FILLED IN A MANNER AND WITHIN A TIME FRAME TO
7	BE DETERMINED BY RULES PROMULGATED BY THE STATE DEPARTMENT
8	PURSUANT TO SUBSECTION (7) OF THIS SECTION; EXCEPT THAT ANY
9	VACANCY OF A MEMBER APPOINTED PURSUANT TO PARAGRAPH (f) OF
10	SUBSECTION (6) OF THIS SECTION SHALL BE FILLED BY THE APPOINTING
11	AUTHORITY.
12	SECTION 11. In Colorado Revised Statutes, 26-1-139, repeal
13	and reenact, with amendments, (5) (g) and (5) (h) as follows:
14	26-1-139. Child fatality and near fatality prevention -
15	legislative declaration - process - department of human services child
16	fatality review team - reporting - rules. (5) (g) THE CASE-SPECIFIC
17	EXECUTIVE SUMMARY FOR A CHILD WHO WAS NOT IN FOSTER CARE, AS
18	DEFINED IN SECTION 19-1-103 (51.3), C.R.S., AT THE TIME OF THE
19	FATALITY MUST INCLUDE:
20	(I) THE CHILD'S NAME, DATE OF BIRTH, AND DATE OF FATALITY;
21	(II) THE AGE, GENDER, AND RACE OR ETHNICITY OF THE CHILD AND
22	A DESCRIPTION OF THE CHILD'S FAMILY , INCLUDING THE BIRTH ORDER OF
23	THE CHILD WHOSE DEATH IS BEING REVIEWED;
24	(III) A STATEMENT OF ANY CHILD WELFARE SERVICES, AS DEFINED
25	IN SECTION 26-5-101 (3), AND ANY OTHER GOVERNMENT ASSISTANCE OR
	· / ·
26	SERVICES THAT WERE BEING PROVIDED TO THE CHILD AND ARE RECORDED

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1	INCLUDING TRAILS, THE COLORADO BENEFITS MANAGEMENT SYSTEM, OR
2	THE COLORADO CHILD CARE AUTOMATED TRACKING SYSTEM, ANY
3	MEMBER OF THE CHILD'S FAMILY, OR THE PERSON SUSPECTED OF THE
4	ABUSE OR NEGLECT;
5	(IV) THE DATE OF THE LAST CONTACT BETWEEN THE AGENCY
6	PROVIDING ANY CHILD WELFARE SERVICE AND THE CHILD, THE CHILD'S
7	FAMILY, OR THE PERSON SUSPECTED OF THE ABUSE OR NEGLECT;
8	(V) THE AGE, INCOME LEVEL, AND EDUCATION LEVEL OF THE
9	LEGAL CARETAKER AT THE TIME OF THE FATALITY;
10	(VI) INFORMATION ON THE PERSON OR PERSONS CARING FOR THE
11	CHILD AT THE TIME OF THE FATALITY; AND
12	(VII) ANY OTHER INFORMATION REQUIRED BY RULES
13	PROMULGATED BY THE STATE DEPARTMENT PURSUANT TO SUBSECTION (7)
14	OF THIS SECTION.
15	(h) THE CASE-SPECIFIC EXECUTIVE SUMMARY FOR A CHILD WHO
16	WAS IN FOSTER CARE, AS DEFINED IN SECTION 19-1-103 (51.3), C.R.S., AT
17	THE TIME OF THE INCIDENT MUST INCLUDE:
18	(I) THE CHILD'S NAME, DATE OF BIRTH, AND DATE OF FATALITY;
19	(II) THE AGE, GENDER, AND RACE OR ETHNICITY OF THE CHILD;
20	(III) A DESCRIPTION OF THE FOSTER CARE PLACEMENT;
21	(IV) THE LICENSING HISTORY OF THE FOSTER CARE PLACEMENT;
22	(V) A STATEMENT OF ANY CHILD WELFARE SERVICES, AS DEFINED
23	IN SECTION 26-5-101 (3), AND ANY OTHER GOVERNMENT ASSISTANCE OR
24	<u>SERVICES</u> THAT WERE BEING PROVIDED TO THE CHILD AND ARE RECORDED
25	IN THE STATE'S HUMAN SERVICES CASE MANAGEMENT SYSTEMS,
26	INCLUDING TRAILS, THE COLORADO BENEFITS MANAGEMENT SYSTEM, OR
27	THE COLORADO CHILD CARE AUTOMATED TRACKING SYSTEM, ANY

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1	MEMBER OF THE CHILD'S FAMILY, OR THE PERSON SUSPECTED OF THE
2	ABUSE OR NEGLECT;
3	(VI) THE DATE OF THE LAST CONTACT BETWEEN THE AGENCY
4	PROVIDING ANY CHILD WELFARE SERVICE AND THE CHILD, THE CHILD'S
5	FAMILY, OR THE PERSON SUSPECTED OF THE ABUSE OR NEGLECT; AND
6	(VII) ANY OTHER INFORMATION REQUIRED BY RULES
7	PROMULGATED BY THE STATE DEPARTMENT PURSUANT TO SUBSECTION (7)
8	OF THIS SECTION.
9	SECTION 12. Appropriation. (1) In addition to any other
10	appropriation, there is hereby appropriated, out of any moneys in the
11	general fund not otherwise appropriated, to the department of public
12	health and environment, for the fiscal year beginning July 1, 2013, the
13	sum of \$456,966 and 4.0 FTE, or so much thereof as may be necessary,
14	for allocation to the prevention services division, for the child fatality
15	prevention line item for costs related to the implementation of this act.
16	(2) In addition to any other appropriation, there is hereby
17	appropriated, out of any moneys in the general fund not otherwise
18	appropriated, to the department of human services, for the fiscal year
19	beginning July 1, 2013, the sum of \$63,755 and 1.0 FTE, or so much
20	thereof as may be necessary, for allocation to the executive director's
21	office, special purpose subdivision for the administrative review unit for
22	costs related to the implementation of this act.
23	SECTION 13. Safety clause. The general assembly hereby finds,
24	determines, and declares that this act is necessary for the immediate
25	preservation of the public peace, health, and safety.

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