H.B. 448 CHILD FATALITY REVIEW BOARD PROVISION

Effective Date: October 5, 2000

Revised Code Sections Affected: 307.621 through 307.629

Lead Sponsor: METZGER


Senate Co-Sponsors: KEARNS-DRAKE-SPADA

OVERVIEW

The creation of child fatality review boards in H.B. 448 is one part of a larger effort to improve child welfare in Ohio. The major thrust behind the act is to improve fiscal accountability of the foster care program. Other major provisions include: allowing PCSA’s to employ legal counsel to represent them (with county commissioner approval if using County General Revenue Funds) (ORC 305.14(C)); allows county commissioners who are designated as administrative agents for the Family and Children First Council to delegate the duties to an agency (ORC 121.37); and a requirement that all PCSA caseworker new hires must have, or eventually achieve within 5 years, an undergraduate job-related college degree (ORC 5153.112).

INTENT OF CHILD FATALITY REVIEW BOARDS

CCAO has been a long-time supporter of establishing child fatality review boards as an approach to bring together people with the proper expertise necessary to review the deaths of children under age 18 in a standard, methodical way. Consequently, the child fatality
review boards would recommend changes in agencies and procedures aimed at preventing and reducing fatalities among Ohio's children.

Many counties did not wait for statutory language to begin setting up a system for reviewing child fatalities. To date, thirteen counties are known to already have a child fatality review process. These counties include: Auglaize, Clark, Cuyahoga, Delaware, Franklin, Greene, Guernsey, Hamilton, Mahoning, Marion, Montgomery, Summit, and Union.

ESTABLISHING CHILD FATALITY REVIEW BOARDS

The act calls for a board of county commissioners to begin the process by deciding whether the county will have its own child fatality review board or join with other counties to form a regional child fatality review board. If adopting a single county approach, the county commissioners are to pass a resolution appointing the health commissioner of the board of health of a city or general health district entirely or partially located in the county to establish the county's child fatality review board.

If a regional approach is desired, the boards of county commissioners of two or more counties need to adopt a joint resolution passed by a majority of the commissioners calling for the creation of a regional child fatality review board. The joint resolution needs to appoint one health commissioner from a board of health of a city or general health district located at least in part in each county. The health commissioners appointed then select one of the health commissioners who will assume responsibility for establishing and chairing the regional review board.

Regardless of the approach selected, the membership of the child fatality review board will be essentially the same, as the members are statutorily prescribed. The review boards consist of:

1) A county coroner or designee
2) The sheriff or the chief of police who serves the greatest population in the county or region (a designee is also permitted)
3) The executive director of a public children services agency or designee
4) A public health official or designee
5) The executive director of a board of alcohol, drug addiction, and mental health services or designee
6) A physician who currently practices pediatric or family medicine

A majority of the members can invite additional members to be a part of the review board if desired.

Child fatality review board members do not receive any compensation or payment for expenses incurred for fulfilling their duties, unless compensation or payment for expenses incurred is received pursuant to a member's regular employment.

Child fatality review board members are granted immunity from civil liability as a result of their participation on the review board. All information and documents presented to the
child fatality review board, statements made during the meetings, and work products of the review board are confidential.

Once county commissioners have adopted a resolution to establish either a single county or regional child fatality review board and named a health commissioner from the county to take a leadership role, their responsibilities with respect to the child fatality review boards are complete. The reason for county commissioner involvement in adopting a resolution is twofold; 1) some commissioners expressed a desire to determine whether their county had a single or regional child fatality review board, and 2) other parties involved in the negotiations felt it would be beneficial for commissioners to be involved in this capacity.

**GRANDFATHERING EXISTING CHILD FATALITY REVIEW BOARDS**

The act allows any county that already had a body acting as a child fatality review board to appoint that body to function as the child fatality review board. While the entity being grandfathered does not need to follow the new membership requirements, the duties and obligations will be the same regardless of when the board was created. These major duties include:

- Promoting cooperation and communication between entities that serve families and children
- Maintaining a database of all child deaths that occur in the county or region
- Recommending plans for implementing local service and program changes that might prevent child deaths

**CONCLUSION**

County commissioners need to decide whether they want a single county or regional child fatality review board and pass a resolution accordingly. Considerations may include whether there is a significant amount of migration between residents of your county and a neighboring county as well as which option will encourage the most participation among the required members.

If you have any questions about this bulletin, please direct them to Suzanne Alexander, CCAO Policy Analyst, at (614) 221-5627 or e-mail Suzanne at salexander@ccao.org.