



State of Florida
Department of Children and Families

Jeb Bush
Governor

Lucy D. Hadi
Secretary

DATE: October 12, 2006

TO: District/Region Administrators, Community-Based Care CEOs, Sheriff's Offices

THROUGH: *[Signature]* Assistant Secretary for Operations
David Fairbanks, Director of Provider Relations *[Signature]*

FROM: *[Signature]*
Patricia Badland, Acting Director Office of Family Safety

SUBJECT: Proposed Directive on the Use of Professional Opinions
Request for Review and Feedback

Purpose: The following directive provides guidance regarding the necessary and appropriate consideration of clinical assessments and professional recommendations submitted to child welfare professionals in the course of their work with families. It details procedures for documentation of professional opinions, documentation of the safety implications raised in these reports, and a resolution process to work out differences of opinion.

Background: Critical analysis of several recent child deaths in the state indicates that child protective investigative staff and CBC case workers must fully consider professional opinions from the local Child Protection Team (CPT) and/or other medical or mental health professionals or document their rationale for not acting on these opinions and recommendations

An earlier memorandum dated April 25, 2006 specifically dealt with differences of opinion between medical professionals (i.e., physicians). This document is broader in nature and deals with safety concerns and recommendations submitted in reports by child protection teams, Children Advocacy Centers, and by professionals in the substance abuse, mental health, and domestic violence fields.

Please review the following directive and submit your comments and any recommended changes to John Harper, Chief, Child Protective Investigations and Prevention Unit, by October 20, 2006. Please email your input to: john_harper@dcf.state.fl.us.

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Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Statutory Cites: Chapter 39.303(2), Florida Statutes, requires the mandatory referral of reports of certain types of child maltreatment to the CPT. The intent of this requirement is to provide child protective investigators (CPI) and CBC case workers with specialized expertise in the assessment of the most complex types of child maltreatment.

Similarly, Chapter 39.301(9)(b)6., directs child protective investigators to determine the treatment and ameliorative services necessary to safeguard and ensure the child's safety and well-being and development, and cause the delivery of those services. In regard to high risk cases, this would most typically entail following through with recommendations made by professionals in the areas of domestic violence, substance abuse and mental health services.

Required Practice: In order to ensure compliance with the intent of Florida Statute the following actions should be implemented upon receipt of this directive.

1. Documentation of shared information in the automated CSA/Case case file. The CPI or CBC case worker will document in the Notes section of the automated file the date and time that background information is shared with the particular professional, detailing the specific information shared. This includes information related to the current situation; subject and collateral statements; prior history in Florida, as well as other states in which the family is known to have resided; any known criminal information; and the involvement of other professionals in the care and treatment of the child and/or family. If the referral to the CPT requires a written form, the referenced detailed information must also be documented in the referral form.

As new information develops throughout the investigation, the CPI must continue to update the appropriate professionals involved in the investigative, case management, treatment and assessment processes. Documentation of the updates must be entered in the automated file.

2. Documentation and consideration of other professionals' assessment and recommendations in the determination of child safety and ongoing protective interventions. The CPI or CBC case worker will document in the Notes section of the automated file the date and time that the information is received from the professionals to whom the referral was made, detailing the specific information and recommendations provided. Any written documentation received from the professionals should be included in the supporting investigative or case paper file.
3. Documentation of implications for child safety resulting from professional assessments or consultations. For the purpose of a child protective investigation, the CPI will update the Initial Child Safety Assessment based on the other professionals' findings and recommendations. Since the professional opinion will be based on specific factors identified by the assessor, those factors shall be

addressed in the related item listed under both the Initial Safety Assessment and the Family Strengths/Concerns sections. The CPI will document how the information received impacts the CPI's safety determination and safety actions in the Overall Safety Assessment and Family Strengths/Concerns sections. Particular attention will be given to the relevance of this information in the determination of imminent or emerging safety threats, the child's vulnerability (as it relates to the child's ability to self-protect) and the parental or family protective capacities (as they relate to their ability to control the imminent or emerging danger threats to the child). The specific safety actions or plan to control the safety threats to the child will also be documented in this section of the automated file.

For the purpose of an ongoing services case, this information and assessment will be documented in the Notes section of the automated case file.

4. Resolution of assessment findings and recommendation disagreements through the use of consultations and multidisciplinary staffings. In instances when differences of opinion between the department/CBC provider and the other professional stakeholders occur, the CPI or CBC case worker will notify his/her immediate supervisor and request a staffing/consultation of the investigation/case with the supervisor and Operations Program Administrator/Program Operations Administrator (OPA/POA) or appropriate CBC administrator. The results of this staffing/consultation will be documented in the Notes section of the automated investigative/case file. Please note that this staffing may result in the designation of the investigation/case for red flag tracking and review. If such designation is made, the local red flag protocol procedures shall also apply.

If resolution of this disagreement is not reached after the investigation/case consultation, the CPI or CBC case worker will request a CPT multidisciplinary staffing to reach consensus on the appropriate course of action.

5. Final Resolution Process. For departmental staff, when the multidisciplinary staffing does not result in professional consensus, the OPA/POA will refer the issue to the District Operations Manager and/or District Administrator or their designees. The District Operations Manager and/or District Administrator or their designee will review all the information available, and if appropriate, schedule a staffing of the case with the investigator, supervisor, OPA/POA and the other professionals in the case. Final resolution rests with the Operations Manager and/or District Administrator or their designee. The results of this staffing will be documented in the Notes section of the automated investigative/case file.

For community-based care and sheriff office personnel, a local protocol will be developed detailing each respective agency's management structure to be used to provide a final resolution similar to the departmental procedures above.