



State of Florida
Department of Children and Families

Jeb Bush
Governor

Lucy D. Hadi
Secretary

DATE: November 30, 2006

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

THROUGH: Greg Keller, Assistant Secretary for Operations
David Fairbanks, Director of Provider Relations

FROM: Patricia Badland, Director, Office of Family Safety

SUBJECT: Directive on the Use of Professional Opinions

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.

Action Required: Please disseminate this directive to staff required to complete safety and risk assessments, safety plans, and those in management or specialist positions responsible for conducting second party reviews. Any questions on implementation should be directed to Leslie Chytka, CPI Specialist, at (850) 487-0947 or sc 277-4897.

Background: Critical analysis of several recent child deaths 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 directive is broader in nature and deals with safety concerns and recommendations submitted in reports by child protection teams, or by professionals in the substance abuse, mental health, and domestic violence fields.

On October 12, 2006 a draft document was released to the field soliciting statewide feedback. The vast majority of your comments and recommendations for changes have been incorporated into this directive.

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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 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 substance abuse and mental health services.

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

1. Documentation of shared information in the automated CSA/Case case file. 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.

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. 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 carefully assess and take into consideration all professional opinions and recommendations received. The specific information and recommendations provided, as well as the date and time of any face to face or phone contacts with the professionals to whom the referral was made shall be documented in the Notes section of the automated file. Any written documentation received or faxed 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. Implications for child safety, especially recommendations related to removal of children from their home, changes in placement decisions, or critical changes in safety plans need to be carefully evaluated. Particular attention will be given to the relevance of this information in

the determination of imminent or emerging safety threats, the child's vulnerability (ability to self-protect) and the parental or family protective capacities (their ability to control the imminent or emerging danger threats to the child).

For the purpose of a child protective investigation, if the findings or recommendation concerns specific safety factors, the CPI will update the Initial Child Safety Assessment. Other safety concerns and how the information received impacts the CPI's safety determination shall be documented in an updated Overall Safety Assessment. The specific safety actions or plan implemented to control the safety threats to the child will be documented under Safety Actions. 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 disagreements in findings and recommendations through the use of consultations and multidisciplinary staffings. When differences of opinion between the department/CBC provider and the other professional stakeholders occur and resolution cannot be reached, the CPI/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, and CBC administrator, or as outlined in local working agreements. 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. When a case is in Early Service Intervention (ESI) status the CPI will take the lead and ensure final resolution is obtained. 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 (DOM) for resolution. If consensus still cannot be reached the DOM will consult with the Zone PI Specialist for further review. If agreement still cannot be reached the District Operations Manager and the 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 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/CBC procedures above.