



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

DATE: February 7, 2022

TO: Regional Managing Directors
Sheriff Offices Conducting Child Protective Investigations
Community-Based Care Lead Agency CEOs

THROUGH: Taylor Hatch, Deputy Secretary

FROM: Jessica Tharpe, Assistant Secretary for Child Welfare
Sharron Washington, Assistant Secretary for Operations

SUBJECT: CFOP 170-5, Chapter 7, Consultation and Teamwork with External Partners

PURPOSE: The purpose of this memorandum is to provide notification of updates to CFOP 170-5, Chapter 7, Consultation and Teamwork with External Partners, which amends guidance around when children meeting certain criteria must be referred for a developmental assessment.

BACKGROUND: The Child Abuse Prevention and Treatment Act (CAPTA) requires that states have provisions and procedures for the referral of children under the age of 3 who are involved in substantiated cases of child abuse or neglect to early intervention services funded by Part C of the Individuals with Disabilities Act (IDEA). Part C of IDEA, which was reauthorized on December 3, 2004, by Public Law 108-446, contains a provision very similar to the one in CAPTA. The Conference Report accompanying the IDEA legislation indicates that the conferees did not intend the IDEA provision to require every child under the age of 3 who is involved in a substantiated case of child abuse or neglect to receive an evaluation. Rather, the intention was that such children be screened to determine whether a referral to early intervention services is warranted (House Report 108-779, p. 241).

CAPTA does not specifically require that every child under the age of 3 who is involved in a substantiated case of child abuse and/or neglect must be referred to Part C Services. Therefore, states have the discretion as to whether to refer every such child under the age of 3 for early intervention services, or to first employ a screening process to determine whether a referral is necessary. The intent is to ensure that all children who have a substantiated case of child abuse or neglect will be given special attention to determine whether they need early intervention services and to ensure referral when such services are warranted.

NEW INFORMATION: The new guidance allows for children under the age of 3 with a verified maltreatment, or infants identified as affected by illegal substance abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure, to be screened to determine the need for a developmental assessment. CFOP 170-1, Appendix A, Child Development Stages Matrix, shall be used by child welfare professionals when screening to determine the need for a developmental assessment.

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

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ACTION REQUIRED: Please share this memorandum with all child protective investigations staff, sheriff offices conducting child protective investigations, community-based care lead agencies, and case management organizations.

CONTACT INFORMATION: If you have any questions regarding these procedures, please contact Brooke Bass, CPI Practice and Policy Manager, at Brooke.Bass@myflfamilies.com or 850-717-4643.

cc: Regional Family and Community Services Directors
Center for Child Welfare

Chapter 7

CONSULTATION AND TEAMWORK WITH EXTERNAL PARTNERS

7-1. Purpose. Based upon a review of the available information and/or discussion during pre-commencement case consultation activities, the investigator is required by statute to determine if immediate consultation and teamwork with individuals from specific professional disciplines are necessary to facilitate the assessment of the family and needed interventions during the investigation. The list of potential external partners the investigator might need to work with on an investigation can be extensive. Part of the consultative discussion should involve determining if a joint response is feasible and necessary (per local agreements) with any of the following entities:

- a. Law Enforcement;
- b. Child Protection Team;
- c. Co-located Domestic Violence Advocate;
- d. Substance Abuse or Mental Health Professional;
- e. Case Manager (if open for safety services or case management);
- f. Child Care and Foster Care Licensing staff; or,
- g. Adoption case manager or post-adoption services staff.

7-2. Use of Professional Assessments during FFAs.

a. Professional assessments are purpose-specific, stand-alone evaluations intended to provide the child protective investigator additional clinical expertise to help determine the need for immediate safety interventions or to adequately inform the investigation Family Functioning Assessment (FFA). Professional assessments in this context are different from more generalized intake assessments that are typically part of a referral for service to a provider or the assessment a provider may conduct to determine appropriateness and engagement in a treatment process.

b. Screening for potential developmental delays or disabilities is a critical component of assessing child functioning. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator shall provide the parent information on community early intervention services. Additionally, the Child Abuse Prevention and Treatment Act (CAPTA) requires investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure to be screened to determine the need for a developmental assessment. The child welfare professional will utilize CFOP 170-1, [Appendix A](#), Child Development Stages Matrix to screen for the need of a referral for a developmental assessment.

(1) "Safe" Safety Determinations (regardless of findings) – referrals for developmental assessments, if the initial screening indicates a need, shall be initiated by the child protective investigator.

(2) "Unsafe" Safety Determinations – referrals for developmental assessments, if the initial screening indicates a need, shall be initiated by the case manager, if not already initiated by the investigator.

c. Additional appropriate assessments from a subject matter expert, clinician or professional discipline would include, but not be limited to:

(1) Substance abuse assessments to determine if drug or alcohol use is out-of-control to the point of having a direct and imminent effect on child safety.

(2) Batterers' Intervention Program assessments by Domestic Violence professionals to help determine the severity and pattern of coercive control.

(3) Mental health evaluations for assessment of the severity of a condition and review of an individual's medication management, or the need for changes in drug dosage or medication prescribed.

7-3. Multidisciplinary Staffing.

a. The investigator will often need to facilitate the exchange of information between a team of family members and professionals who all have a different role to play in a complex, rapidly unfolding family crisis. The investigator has the constant challenge of organizing all of these individuals into a well-functioning team. The investigator will demonstrate team leadership by:

(1) Maintaining a professional demeanor throughout the investigation.

(2) Respecting differences of opinion held by individuals.

(3) Continuing to promote open and ongoing communication and teamwork.

(4) Actively working to resolve differences when safety planning for the child will be negatively impacted.

b. The investigator will direct and guide the team by:

(1) Ensuring other team members are kept up to date with the current situation by:

(a) Informing members of present danger and the specifics of the safety plan;
and,

(b) Knowing about other interviews being conducted, who has the lead, and how information will be shared.

(2) Understanding and supporting the respective roles and expectations of other professionals involved.

(3) Working to achieve consensus on understanding family dynamics, next steps, and the actions needed with all the professionals involved.

c. The investigator will discuss the situation with a supervisor when necessary to determine best approaches to resolving differences among team members. When the multidisciplinary team cannot reach a consensus, the local escalation protocol will be followed.

7-4. Supervisor. When initiated, supervisor consultations are provided to affirm:

a. The investigator's ability to provide team leadership.

b. The importance of the investigator's participation in local joint meetings and training sessions with other key partners to nurture and build effective system level partnerships.

c. The need for identifying local partnerships which need strengthening in order to support the collaboration needed in investigations and bring system needs to the attention of local department leaders.

d. The investigator has fully assessed and determined the need for initiating a joint investigation, inter-agency consultation, or obtaining subject matter expertise prior to commencing or during the investigation.

7-5. Documentation.

a. The investigator will document that an intentional determination was made regarding the need for inter-agency consultation, any identified service referrals, and a joint response with other professional disciplines in case notes within two business days.

b. The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days.

c. The multidisciplinary staffing, if held, will be documented in the meetings module within the Florida Safe Families Network (FSFN), in accordance with CFOP 170-1, [Chapter 12](#), Case Note and Meetings Documentation.

