



**State of Florida  
Department of Children and Families**


**Rick Scott**  
Governor



**Mike Carroll**  
Secretary

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**DATE:** June 6, 2018

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

**THROUGH:** David L. Fairbanks, Deputy Secretary 

**FROM:** JoShonda Guerrier, Assistant Secretary for Child Welfare   
Rebecca Kapusta, Assistant Secretary for Operations 

**SUBJECT:** Mandatory Multidisciplinary Baker Act Staffing

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**PURPOSE:** The purpose of this memorandum is to outline the Department's response when information is received that a Baker Act was initiated on a child or adolescent during an active investigation or while the family is receiving ongoing services, including post placement supervision.

**BACKGROUND:** The placement of a child or adolescent in a mental health receiving/treatment facility for involuntary examination as authorized by a Baker Act (s. 394.463, F.S.) or voluntary admission (s. 394.4625, F.S.) warrants a thorough assessment or re-assessment of child functioning and the caregiver's ability and/or willingness to manage the child or adolescent's emotional or behavioral challenges. In order to assess the significance of the event, determine the appropriate interventions and provide the level of support needed to stabilize the child and/or family, it is essential that child welfare professionals receive information from all therapeutic disciplines.

**ACTION REQUIRED:** Effective immediately, upon receiving information that a Baker Act was initiated on a child or adolescent or they were voluntarily admitted for evaluation, the assigned child welfare professional or designee shall contact the receiving or treatment facility immediately and request information regarding the child or adolescent's discharge status.

**Child or Adolescent Discharge Pending**

If the child or adolescent has not been discharged from the facility, the child welfare professional shall request notice of, and subsequently attend, any scheduled discharge planning or multidisciplinary staffing on the child. If the child welfare professional is aware of additional therapeutic disciplines working with the child or family (e.g., child or family therapist, behavior analyst, school social worker, psychologist or psychiatrist, etc.), the child welfare professional should share this information with the treatment provider so these individuals may be asked by the facility to participate in the multidisciplinary staffing as well.

The child welfare professional shall request that individuals participating in the discharge planning conference or multidisciplinary staffing review, discuss, and to the extent possible, reach consensus on the following issues:

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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

- (1) The factors or circumstances which contributed to, or resulted in the child or adolescent's hospitalization;
- (2) Recommendations to address any child safety, permanency or well-being needs identified; and
- (3) Develop a plan to ensure ongoing therapeutic and placement needs are met.

When the child welfare professional does not agree with any significant recommendations resulting from the multidisciplinary staffing, or if the team cannot reach consensus on developing a plan to ensure the child or adolescent's ongoing therapeutic or placement needs, the child welfare professional should consult with his or her supervisor and a second level manager (e.g., Program Manager/Administrator, etc.) within two business days to determine next steps.

#### **Child or Adolescent Has Been Discharged or Staffing Already Conducted**

If the child or adolescent has already been discharged from the facility, or the discharge planning conference or multidisciplinary staffing is conducted without the child welfare professional in attendance, the child protective investigator or assigned case manager will complete the following activities:

- (1) Immediately attempt to obtain and review the receiving or treatment facility's discharge plan and/or multidisciplinary staffing notes and any recommendations for aftercare;
- (2) **Schedule a follow-up multidisciplinary staffing with all therapeutic disciplines working with the child or family as soon as possible, but no later than 72 hours from the child or adolescent's discharge from the treatment facility;** and review, discuss and to the extent possible, reach consensus on the following issues:
  - i. Factors or circumstances which contributed to, or resulted in the child or adolescent's hospitalization;
  - ii. Recommendations to address any child safety, permanency, or well-being needs identified; and
  - iii. Develop a plan to ensure ongoing therapeutic and placement needs are met.
- (3) For families under the jurisdiction of the court, the child welfare professional will notify the court of the child or adolescent's emergency mental health admission in keeping with the statutory intent to keep the court "*updated throughout the judicial review process*" relative to "any other relevant health, *mental health*, and education information concerning the child." [emphasis added].

If the plan to ensure the child or adolescent's ongoing therapeutic and placement needs differs significantly from any recommendations or discharge planning developed by the receiving or treatment facility responsible for the child's mental health examination, the child welfare professional should consult with his or her supervisor and a second level manager (e.g., Program Manager/Administrator, etc.) within two business days to determine next steps.

Child protective investigators will be responsible for initiating the multidisciplinary staffing for any child in an active investigation not concurrently opened for case management services. Case managers will be responsible for initiating the multidisciplinary staffing for all ongoing services cases including those with an active investigation (although the child professional investigator is required to attend and participate in the staffing).

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CFOP 170-5, Chapter 12 (Mental Health Consultations) and CFOP 170-9, Chapter 3 (Assessment of Child Functioning) are being revised to reflect the requirements outlined in this memorandum.

Please share this memorandum with all child welfare professionals responsible for investigation or case management functions.

**CONTACT INFORMATION:** For additional information, please contact John Harper at (850) 717-4643 or email at [John.Harper@myflfamilies.com](mailto:John.Harper@myflfamilies.com).

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