

**Series:****Policy Name:** Multidisciplinary Team Meetings (MDTs)**Policy Number:** 319**Regulations:** Section 39.4022, And Section 39.522, Florida Statutes; Florida Administration code 65C-30.019**Origination Date:** 2/25/2023**Revision Date:**

**Procedure: Florida Statute** establishes a mandatory multidisciplinary team staffing process with the purpose of allowing for better engagement with families and a shared commitment and accountability from the families and their circle of support. We are strategically aligned around the commitment to bring together a diverse group of individuals to convene and holistically serve families at the earliest moment of impact to help improve families well-being, safety and permanency.

- A. A multidisciplinary staffing must be held when a important decision is required to be made a child's life, which includes the following:
  - 1. Initial placement decisions for a child who is placed in out-home care.
  - 2. Changes in custody when a child is placed in out of home care by the courts;
  - 3. Changes in a child's educational placement;
  - 4. Placement changes which involves sibling groups, and
  - 5. Any important decision in a child's life which are so complex that the department or appropriate community- based lead agency determine convening a multidisciplinary team staffing is necessary to ensure the best interest of the child is maintained.
- B. The facilitator Must invite the following participants to the meeting as outlined below and is in 39.402(4)(a)1., F.S., and document the attendance of each participant.
  - 1. The child, unless he or she is not of age or capacity to participate in the MDT.
  - 2. The family member and other individuals identified by the family as being important to the child;
  - 3. The department, other than the Children's Legal Services (CLS) attorney, when the department is directly involved in the goal identified by the staffing;
  - 4. The case manager for the child, or his or her case manager supervisor
  - 5. Parent or current caregiver
- C. The Facilitator May invite additional professionals to the meeting including but not limited to:
  - 1. A representative from Children Medical Services;
  - 2. Guardian ad litem, if one is appointed;
  - 3. A school representative who has direct contact with the child;
  - 4. A therapist or other behavioral health professional, if applicable;
  - 5. A mental health professional with expertise in the sibling bonding, if the department or lead agency deems such expert is necessary;



6. Economic Self Sufficiency (ESS) Care Navigator; and/or
  7. Other community providers of services to the child or stakeholders, when applicable.
- D. The following additional actions must be completed for MDT's concerning children who are in a placement for 9 months, and for whom the following are met:
1. Reunification is not a permanency option for the child;
  2. The caregiver is able, willing, and eligible for consideration as an adoptive parent or permanent custodian for the child;
  3. The caregiver is not requesting the change in physical placement; and
  4. The change in physical placement being sought is not to reunify the child with his or her parent or sibling or transition the child from a safe and stable nonrelative caregiver.
- E. When a caregiver does not attend the MDT.
1. If the caregiver did not attend the MDT staffing, the child welfare professional or facilitator will provide a written notice to the current caregiver outlining the MDT decision or the Department representative decision, if applicable.
  2. The written notice and the date the current caregiver received the notice will be provide to CLS within 72 hours of the Post Disposition Change in Custody MDT staffing.
  3. The transition of the child to the new placement shall not begin until 5-day period in which the caregiver may object has expired.
  4. Upon receipt of a written notice from the caregiver, the Department or CBC may not move the child without a court order.
  5. The court must conduct a status within 7 days after receipt of the written notice from and provide a written order of the findings.
  6. If the court orders a change in the child's placement, a transition plan must be developed pursuant to s.39.4023 or as ordered by the court.

## **II. Procedure:**

### **A. Request for MDT meeting**

Upon identification of any factors which warrant an MDT staffing the CCKids or CHS case management staff person, however other external partners such as community providers, GALs, foster parents, caregivers are not allowed to request an MDT staffing, once case management identify the need for the MDT he or she will immediately:

Send an email of the required template to the email [cckmdtfacilitators@cckids.net](mailto:cckmdtfacilitators@cckids.net) including the following information:

In the subject line of the email include the FSFN case number and the county; i.e MDT Request FSFN123456-Martin County

The body of the email must include the following:



Child's Name, DOB, Child's FSFN person ID, FSFN case# and court case #.:

Reason for the MDT request: ex planned placement MDT must be held and court notified at least 18 days prior to a potential placement change; for emergency placements MDT must be held within 72 hours of the change. It is critical that MDTs be requested as soon there is an identified need so that the mandatory timeframes are met. MDT participants may attend the staffing in person or remotely. The staffing may not be delayed if the required invitees fail to attend after being provided reasonable opportunities.

List of child specific contacts with email addresses and phone numbers:

- Children
- Parents
- Caregivers
- Family members other significant in family/child's life- Who does child/family wants to participate ? Facilitator will ask when scheduling
- Case manger
- Case manager supervisor
- GAL and GAL supervisor
- Therapist
- DJJ involvement? If yes, JPO/Supervisor
- Other community providers working with the family
- DCF individual staff is applicable- CPI is open investigation or pre-disposition (does not include CLS)
- Any known educational professionals involved with the family
- Is there a contact order against either of the parents with the child or Chapter 39 injunctions?
- Is a translator needed for any parties?

Case management will ensure that the following documents are available in FSFN for discussion during the MDT staffing:

- Child Placement Agreement/Precaution/Management Plans.
- Medical records-including psychotropic med information.
- Educational Records
- CBHA
- Other Behavioral/Health reports

#### **B. Scheduling MDT/Participant Considerations**

1. Once the facilitator receives the MDT request as outlined in page 3 of the policy, and MDT will be scheduled to meet the mandatory timeframes, timeframes will be done to best meet the required participants to allow for the greatest opportunity for school-age children to participates.
2. The facilitator will reach out to those who MUST attend to provide availability for the staffing days and time.



3. The facilitator will send the scheduled date and time via email notification not:
  - a. child and family-specific identified participants for the MDT
  - b. Identified points of contact within CCKids including CCKids Clinical placement and licensing case management program Director subcontracted child Placing Agencies.
  - c. The GAL program POCs will be included if they are appointed on the case.
  - d. Educational liaisons appropriate to the county/school district the child currently attends and educational county liaisons for the receiving county, as appropriate.

### C. **MDT Staffing**

1. The MDT will be held and included consideration for each area that applies to the child as the time of the referral including planned placement changes, placement transition planning; emergency placement changes; educational/childcare changes; siblings' separations, as appropriate.
2. The facilitator will conduct introductions, read the confidentiality statement and discuss the goals of the MDT. The facilitator will document on the MDT form the participants identities and roles; the information presented and discussion points as outlined in MDT guidance.
3. After the presentation and discussion, the facilitator will ask every participant individually if they agree with the recommendations or disagree with the recommendation. The vote and any comments will be recorded on the MDT form.
4. Before formulating a decision, MDT participants must consider data and information on the child which is known at the time, including, but not limited to information allowing the team to address the best interest factors under s. 39.01374, F.S. Supporting documentation included for meetings may vary based on the reason for the MDT meeting.
- .5. MDT staffings may not be delayed to accommodate pending behavioral health screenings or assessments or pending referrals for services.
6. The MDT facilitators shall ensure meetings participants consider the following sibling separation factors pursuant to s. 39.4024, F.S, for all changes of placement which may result in separating one or more siblings from a sibling group.
7. If the participants of an MDT staffing reach a unanimous consensus decision, it becomes the official position of the Community Based Care Lead Agency (CBC) regarding the decision for which the team convened. Such decision is binding upon the department and lead agency participants, who are obligated to support it.
8. When a unanimous consensus cannot be reached by all participants, the facilitator must provide notification to the courts through Children's Legal Services (CLS) within 48 hours after the conclusion of the staffing and submit a written report to CLS to be filed with the



courts within five business days of the meeting. The report, at a minimum, must include details regarding the decision of the meeting and the position of each meeting participant. The facilitator will also forward all supporting documents including any assessment tools to Regional Managing Director (RMD) and their designated DCF Family Safety Program Staff to review and determine how to address the identified goal of the meeting. They must determine how to address the identified goals of the meeting by what is in the child's best interest. The decision of the RMD and their designated DCF Families Safety Program Staff must be included in the written report filed with the court.

In the subject line of the email to RMD the facilitator will include: MDT Non- Consensus, child initials, FSFN Person ID, DP# with any supporting documents the contacts are:

[Robert.Shea@myflfamilies.com](mailto:Robert.Shea@myflfamilies.com)

[Michelle.Windelder@dcf.state.fl.us](mailto:Michelle.Windelder@dcf.state.fl.us)

The facilitator will send the MDT form to CLS as follows:

[SER.C19.SAINTLUCIE.CLS.DOCS@myflfamilies.com](mailto:SER.C19.SAINTLUCIE.CLS.DOCS@myflfamilies.com)

[SER.C19.Okeechobee.Devereux@myflfamilies.com](mailto:SER.C19.Okeechobee.Devereux@myflfamilies.com)

[SER.C19.IndianRiver.Devereux@myflfamilies.com](mailto:SER.C19.IndianRiver.Devereux@myflfamilies.com)

[SER.C19.Martin.Devereux@myflfamilies.com](mailto:SER.C19.Martin.Devereux@myflfamilies.com)

9.The facilitator is responsible for documenting the date and goal of the MDT staffing, the names of MDT participants and staffing outcomes under the following FSFN meeting types. All assessment tools and transition plans must be uploaded into the meeting modules and a list of the documents utilized must be included in the FSFN meeting note or uploaded in the meeting module. The list of documents must include the title of the documents, the date of the document, and the naming convention utilized in the FSFN cabinet.

DocuSigned by:  
 Approved:  4/26/2023  
 Carol DeLoach, CEO 96C0F7A7E92E4BA... \_\_\_\_\_  
 Date