

## Questions for DCYF Leadership: Medical Consultation Cases

In preparation for DCYF Oversight Board Meeting | September 2, 2021 from 10 am to 1 pm  
*Questions were submitted by DCYF Oversight Board to DCYF in preparation for the September 1, 2021 meeting. Additional questions may have been asked by DCYF Oversight Board Members during the meeting. DCYF provided the following written responses to the DCYF Oversight Board on 9/2/2021 prior to the meeting.*

### Medical Consultation Cases

#### Referral and Process:

What types of cases are most likely to require medical consultation?

- Per policy, CPS workers request a Med Con when:
  - A. Indicators of serious Child Abuse or Neglect (CA/N) exist\*(See examples below).
  - B. Children are age three or younger with a physical abuse allegation.
  - C. The alleged CA/N cannot be reasonably attributed to the explanation and a diagnostic finding would clarify the assessment of risk or determine the need for medical treatment.
  - D. The alleged neglect includes concerns that children or youth are being deprived of food, underweight, or starved.
  - E. The alleged CA/N cannot be reasonably attributed to the explanation and a diagnostic finding would clarify the assessment of risk or determine the need for medical treatment.
  - F. The alleged neglect includes concerns that children or youth are being deprived of food, underweight, or starved with no medical explanation.
- Examples of serious Child Abuse or Neglect scenarios that have required Med Con include:
  - Broken bones with an explanation that doesn't match the injury
  - Unexplained bruising
  - Fractured skull
  - Failure to Thrive with no known underlying medical condition.
  - Factitious Disorder (Also, called Munchausen by proxy)
- Please see the Medical Consult (MedCon) Flow Chart document explaining which cases go to Med Con
- There is a 3-hour online training provided to CPS workers that you may access here, to understand how CPS workers are trained to refer cases for Medical Consultation:  
<https://allianceforchildwelfare.org/content/child-protection-medical-consultation-elearning>
- Med Con policy can be found online here, under 2331. Child Protective Service (CPS) Investigation.

Can you please review the medical consultation process step by step, including but not limited to, who is involved, what initiates a medical consultation and when the Seattle Children's Safe Child and Adolescent Network (SCAN) becomes involved in a case?

- Medical providers contracted to provide services under this Contract must be either Child Abuse

Board Certified (or eligible) Physicians or have a combination of depth of experience in child abuse and neglect work and a current occupation as a “child expert” at or above the level of a Nurse Practitioner.

- CPS workers and supervisors and tribal social workers are trained in identifying which cases are appropriate for referral for MedCon is based on criteria above.
- When appropriate, the MedCon is initiated via an online survey link called RedCap that is accessible to CPS workers and supervisors, and tribal social workers.
- Each MedCon is assigned a priority by Seattle Children’s SCAN Team (Standard, Urgent, or Immediate).
- There are approximately 13 providers who we contract with who are in the network to provide medical consultation services. 11 of the providers are medical doctors and 2 are APRN’s under the supervision of a medical doctor. Some are based in Region 1, 5 and 6, and currently most operate out of Seattle Children’s Hospital.
- Cases are attempted to be assigned based on geographic proximity and availability of the SCAN team providers.
- The SCAN providers have support of a supervising doctor, as well as rounds where they get together as a group to staff difficult cases. The team is provided training on a regular basis to ensure they have the most updated information as regards to research and new developments in the field.

During this process, when and how often do parents, or a parent advocate/representative, have an opportunity to engage with the medical consultation team or the case worker involved in the case?

- The provider from the SCAN Team who assesses the child may participate in the Family Team Decision meeting and court or can be contacted by the parent or the parent’s attorney to discuss the case.
- Parent has ongoing contact with the CPS caseworker until the case is closed or it is transferred to Family Voluntary Services or Child Family Welfare Services. At that time the parents and children would have ongoing contact with their newly assigned case worker.
- The parent’s attorneys and the CASA’s also have ongoing contact with the case worker assigned to the family.

Is there any independent oversight reviewing a family’s case or the consultant’s determinations? If so, when does the independent oversight get called in?

- There is no formal oversight other than the team around the family through child welfare and the court system.

According to RCW 26.44.030(8), there are several potential steps that can be taken in a case where an expert medical opinion finds that child abuse, neglect or sexual assault has occurred and that the child’s safety will be seriously endangered if returned home.

*RCW 26.44.030(8): Any case referred to the department by a physician licensed under chapter **18.57** or **18.71** RCW on the basis of an expert medical opinion that child abuse, neglect, or sexual assault has occurred and that the child's safety will be seriously endangered if returned home, the department shall file a dependency petition unless a second licensed physician of the parents' choice believes that such expert medical opinion is incorrect. If the parents fail to*

*designate a second physician, the department may make the selection. If a physician finds that a child has suffered abuse or neglect but that such abuse or neglect does not constitute imminent danger to the child's health or safety, and the department agrees with the physician's assessment, the child may be left in the parents' home while the department proceeds with reasonable efforts to remedy parenting deficiencies.*

According to this law, a parent can request the opinion of a second licensed physician if the parent believes that the original expert medical opinion is incorrect. And this second opinion can come from a licensed physician of the parents' choice, or, if the parent fails to designate a second physician, then the department may make the selection.

- A. How and when are parents in this situation informed of their option to request a second licensed physician's opinion?
  - This discussion takes place in conversation with the family, SCAN physician, and court.
  - Parents are represented by counsel or have counsel appointed to them. The parents and/or their attorney can request a second opinion.
  - The parent can also communicate concerns with a case worker.
  - There is no formalized process for informing the parent of the ability to request a second opinion.
  
- B. If a parent requests a second opinion, but does not select a specific alternate licensed physician, how does the department make the selection of a second licensed physician's opinion?
  - Each case is unique and is handled on a case by case basis, and this rarely happens, and this is handled in conversation with the family and care team.
  
- C. Are there potential barriers or challenges for parents in the process seeking a second opinion, such as additional medical costs to receive a second licensed physician's opinion, or particular timelines within which a second opinion must be obtained?
  - We are not aware of barriers.
  
- D. Are there any case situations in which DCYF – independent of a parent's request - would determine a second medical opinion would be warranted? If so, what circumstances would prompt DCYF to request a second medical opinion on its own?
  - If a caseworker or supervisor had a concern with the assessment, their first step would be to call the provider that provided the medical consultation and go over their concerns.
  - If there were still concerns, the caseworker or supervisor would ask the provider if they would be willing to talk with them and another provider.
  - If this still cannot be resolved a request would be made to Dr. Wiester who oversees the SCAN Team to determine next steps.