Critical Incident Rapid Response Team

Lincoln Boesenberg

Department of Children and Families
April 6, 2022

Critical Incident Rapid Response Team

Lincoln Boesenberg
Southeast Region
Circuit 17
Broward County, Florida
2022-000257

Table of Contents

Executive Summary	3
Case Participants	4
Child Welfare Summary	4
System of Care Review	8
Practice Assessment	8
Organizational Assessment	11
Service Array	12

Executive Summary

On January 1, 2022, the Department was notified of the critical injury of 6-month-old Lincoln Boesenberg after being hospitalized for severe head trauma and other inflicted injuries sustained while in the care of his father. Lincoln was admitted to the intensive care unit and placed on life support. Lincoln and his 18-month-old sibling, [redacted], were reunified with their parents, Savannah Golliday and Robert Boesenberg, ages 24 and 26 years, respectively, on December 22, 2021, nine days prior to the incident. As a result, both children were removed from their parents, with Lincoln remaining in the hospital and [redacted] placement into licensed care.

On January 15, 2022, Lincoln was taken off life support and passed away.

The cause of the infant's death was the result of complications of craniocerebral blunt trauma, and the manner of death was homicide.

The criminal investigation resulted in the father being arrested and charged with aggravated manslaughter of a child and aggravated child abuse.

Due to the circumstances surrounding Lincoln's injuries and the family's history, DCF Secretary Shevaun Harris deployed a Critical Incident Rapid Response Team (CIRRT) to Broward County. This report presents the team's findings, a summary of the family's child welfare history, the family's composition, and an analysis of Broward County's child welfare service providers. The team reviewed the family's prior interventions in the child welfare system to assess for any potential systemic issues within the local system of care.

The review team consisted of representatives from DCF's Quality Office, Substance Abuse and Mental Health from the Southern Region, Children's Legal Services (CLS) from the SunCoast Region, Families First Network (a community-based care lead agency in the Northwest Region), the Pinellas County Sheriff's Office Child Protective Investigations Division, and the Associate Statewide Child Protection Team (CPT) Medical Director.

The team reviewed case records involving all key case participants and conducted interviews with child welfare professionals involved in the recent interventions. The following agencies were interviewed during the review: Broward Sheriff's Office (BSO), Child Protective Investigations (CPI) (BSO CPI) frontline and leadership staff, ChildNet (community-based care lead agency), the case manager, case manager supervisor and director, representatives from Henderson Behavioral Health who provided the Family Intensive Treatment Team (FITT), CPT, and the Guardian Ad Litem (GAL).

A summary of the team's findings is outlined below.

Summary of Findings:

Practice Assessment

- In the 2020 investigation, CPT misdiagnosed [redacted] physical injury, which continued the dismissal of her severe inflicted injuries.
- While multiple agencies were involved in gathering and providing information, some of the information was discounted.
- There were numerous programmatic strengths throughout the life of the case, including detailed documentation, seamless case transition and coordination between programs, and CLS's ongoing efforts to address additional concerns in court.

Organizational Assessment

- The professionals working with the family have a wealth of knowledge and experience in their respective fields. This knowledge base contributed to ongoing positive relationships between the agencies.

Service Array

- There are a variety of services within Broward County to meet the family's identified needs. The parents had a team of professionals who made concerted efforts to keep them engaged in their treatment plan.

Case Participants

Name	Age at Time of Incident	Relationship
Lincoln Boesenberg	6 months	Deceased Victim
[redacted]	18 months	Sibling
Savannah Golliday	24 years	Mother
Robert Boesenberg	26 years	Father

Child Welfare Summary

The parents were involved in two prior investigations, one in April 2020 and the second in June 2021; both resulted in verified maltreatments and removal.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Throughout the life of the court case, the focus remained on the parents' drug abuse; however, there were instances when professionals and the maternal aunt raised concern about the father's aggressive behavior. [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

A new baby staffing was held approximately one month later with the recommendation of non-judicial services for the newborn, as the case progressed towards [redacted] reunification.

Upon Lincoln's birth in late June 2021, an abuse report was received with concerns for the mother's history of substance abuse. At delivery, the mother tested positive for buprenorphine (Subutex) and amphetamine (Adderall), [redacted]. The mother also had a faint reading for fentanyl. Lincoln tested negative for all substances; however, he was experiencing tremors and had to be put on a morphine drip. There were also concerns that the mother had not received any prenatal care.

As a result of the mother testing positive for alcohol in the previous months, the mother violated her probation and was arrested. Due to ongoing concerns for substance abuse, Lincoln was removed from his parents and placed in the same licensed home as [redacted]

During the investigation, an additional report was received from the hotline alleging [redacted] was injured during an overnight visit with her father. The father reported he was playing with [redacted] and she headbutted him on the forehead. The father texted the foster parent to inform her of [redacted] injury and sent pictures of a scratch on the father's forehead.

[redacted] was evaluated by CPT with the foster parent present. The foster parent stated she was concerned about [redacted] behavior after the overnight visit with the father. [redacted] struggled to sleep and was expressing her anger by hitting others. The following morning the foster mother noticed [redacted] had a busted lip, bruising on the left side of her chin and right cheek up to her eye, and on the right side of her forehead. While CPT was aware the family had a history with the Department, the report stated, "The details of the priors are not known to this examiner at the time of the exam." [redacted] presented at CPT with a tan-colored bruise to her right cheek and a fading bruise below her right eye. CPT concluded there were no indicators of physical abuse, and the caregivers may benefit from parenting lessons regarding age-appropriate child safety. Both parents were required to participate in parenting a second time and did so.

The investigation was closed with no indicators of physical injury, substance misuse – prescription drugs, substance-exposed newborn, and verified findings of threatened harm on Lincoln by both parents. The BSO CPI documented concerns for the parents sleeping a lot and the father having more pills than prescribed. Around the same time, the foster parent submitted

a letter to the court describing the father failing to answer the door to participate in a visitation because he was sleeping. As a result, no other sanctions were provided to the parents during court proceedings.

A reunification staffing was held in November 2021, and a transition plan was implemented to include unsupervised day visits and to slowly add overnight visits. The goal continued to be reunification by December 24, 2021, if the visits were positive and there were no concerns for abuse or neglect. The parents' noted their informal support system included two relatives who resided out of state, and the foster parent. The transition plan was in effect for four weeks.

The children were reunified with their parents on December 22, 2021.

On January 1, 2022, Lincoln was brought to the hospital unresponsive, by both parents.

At the time of Lincoln's death, January 15, 2022, the family was open to case management services with ChildNet and Henderson Behavioral Health's FITT program.

System of Care Review

This review is designed to provide an assessment of the child welfare system's interactions with the Boesenberg family and to identify matters that may have influenced the system's response and decision making.

Practice Assessment

PURPOSE: This practice assessment examines whether the child welfare professionals' actions and decision making regarding the family were consistent with the Department's policies and protocols.

FINDING A: In the 2020 investigation, CPT misdiagnosed [redacted] physical injury which, in turn, perpetuated a continued dismissal of severe inflicted injuries.

The family became known to the Department in April 2020 when [redacted] tested positive for cocaine at birth. One month into the investigation, an additional report was received, when [redacted] was taken to the hospital for vomiting blood. While at the hospital, staff observed [redacted] with several bruises, marks, cuts, and scratches all over her body, as well as a significant and well-defined bite mark to her cheek. In addition, there were numerous photographs taken of [redacted] injuries by law enforcement officials and CPT.

[redacted] age, the severity of her injuries, and where the injuries were located made this investigation a mandatory referral to CPT. Given CPT's extensive training and medical background, their assessments are critical in gathering information to ensure the proper safety action is taken. CPT's assessment was based on verbal discussions with [redacted] nurse and her attending physician. According to the hospital nurse, all test results, including a CT scan of the abdomen, scan of the brain, skeletal survey, and retinal exam of the eyes were all negative. According to the attending physician the following day, while [redacted] did present with bilateral tiny brown/purple spots called petechiae on each cheek near her mouth, the doctor indicated the petechia may be related to the hematemesis (vomiting blood). No concerns were expressed, and [redacted] was ready for discharge. CPT concluded that there were no indicators of physical abuse and recommended the following: ongoing medical management, a CPT medical records review, and [redacted] should remain in a safe and nurturing environment where her physical and

emotional needs can be met. Despite investigations disagreeing with CPT's findings of no physical abuse, [redacted] was sheltered.

A follow-up staffing took place on May 27, 2020, to discuss and assess the risk of [redacted] being in the care of her parents and considering CPT's findings of no physical abuse. It should be noted, even though investigative staff disagreed with CPT's findings, the proper safety decision was made, and [redacted] was sheltered before the staffing.

While Broward County has a local policy in place to resolve conflicts between CPT and BSO Protective Investigations, the policy was not followed. The local policy reads in part, "If a conflict isn't resolved at the supervisory level, then administration shall intervene."

BSO Investigations staff were able to articulate what the local conflict resolution process looked like in their area. The supervisors were empowered to resolve disagreements; however, if they were unable to reach a consensus, the matter was risen to administration. The conflict resolution process was used more often to discuss conflicts around CPT's recommendations. Investigations did not view this as a conflict, as all parties agreed a shelter was needed. While the BSO Protective Investigations and CPT did not come to an agreement around no findings of physical abuse, ultimately all parties agreed [redacted] should be removed, which was done. The initial misdiagnoses of physical abuse and the focus on substance misuse perpetuated missed opportunities to fully explore [redacted] physical abuse.

During this review, CPT reviewed their records and acknowledged that [redacted] injuries were, in fact, misdiagnosed as evidenced by the photographs in their file, namely the bite mark on her cheek. The APRN who examined [redacted] at the time was no longer employed with CPT and could not be interviewed.

Based on CPT's finding of no evidence of physical abuse, law enforcement closed their criminal investigation with no further action, and no determination was made which parent (if not both) inflicted [redacted] injuries. In addition, all allegations concerning physical abuse were removed from the dependency petition and the sole focus became the parents' ongoing substance use.

FINDING B: While multiple agencies were involved in gathering and providing information, some of the information was discounted.

Throughout the life of the case, there were multiple individuals from numerous agencies who performed a variety of assessments and evaluations and/or who made ongoing treatment recommendations. While these assessments noted the previous concerns about [redacted] unexplained injuries, each concluded with a focus on the parents' use of substances. In addition, when child welfare professionals expressed additional concerns to the court, most, if not all, were discounted.

The parents were referred to services early in the 2020 investigation and had a team of professionals working with them. All the professionals noted the injury; however, there was no assessment on how the incident or injury impacted one's ability to parent. Focusing on the addiction was at the expense of understanding the correlation between (a) both parents' substance *addiction* [or at minimum *substance misuse*] and (b) the specific and concrete behaviors manifested and reflected in the severe inflicted injuries sustained by [redacted].

Substances, whether illegal or prescribed (e.g., opioids, alcohol, cocaine), when misused or abused, can impact a person's brain structurally and functionally by affecting their judgment and impeding effective decision making. The substance can also lower inhibitions, often leading to inappropriate/risky behaviors, diminishing motor coordination, and impairing impulse control.

There were concerns noted in the father's parenting capacity psychological evaluation that triggered ChildNet to request the court to add anger management to his case plan. The court ultimately denied this request, and anger management was not added.

The Child Behavioral Health Assessment (CBHA) noted the reason for [redacted] removal was her parents' drug use; however, it was the unexplained injuries on top of their ongoing substance abuse that initiated [redacted] removal.

Child welfare professionals expressed continued concern for the parents' inability to show proof of participating in medication management and Narcotics Anonymous. They also refused to sign a medical release for providers to communicate with the treating MAT psychiatrist and they attended an inpatient facility not recommended by ChildNet or the court. This information was discounted, and the court moved forward with the MAT psychiatrist's assessment of the parents.

It should be noted that the parents were not forthcoming when sharing information with the MAT psychiatrist; for example, initially, the psychiatrist was unaware the mother was pregnant. Given their meetings occurred via telehealth, it made it easier for the mother to hide her pregnancy. The lack of information sharing by the parents may have impacted the psychiatrist's full assessment of the parents.

FINDING C: There were numerous programmatic strengths throughout the life of the case including detailed documentation, seamless case transition and teaming between programs, and CLS's ongoing efforts to address additional concerns in court.

Despite the parents' hesitation to share information and their struggle to maintain sobriety, there was excellent collaboration between each entity. The BSO CPI provided detailed documentation to include a description of the child's injuries, who was interviewed, what the professionals recommended, and all actions taken to keep the child safe. The BSO CPI also organized multidisciplinary staffings when barriers or disagreements were identified.

Although there were two CMs assigned to the family (throughout the life of the case), the transition from one CM to the next was smooth. The CMs were offered the ability to shadow each other and complete joint visits with the parents, foster parent, and children. These joint visits allowed the family to familiarize themselves with the new incoming CM before the previous CM transitioned out.

Having the same CM supervisor offered the benefit of ensuring all information was shared timely, and the assigned CM was comfortable addressing the court when needed. This single supervisor allowed for a seamless case transition between not only the two CMs but also reinforced the continual communication between programs. The CM supervisor was able to ensure CLS, FITT, and all other programs had the necessary information to properly assess the parents' needs and progression.

Having fluid communication between each program allowed CLS the opportunity to bring forth witnesses who could speak about the parents' behaviors, the parents' lack of engagement, and

the concern for the parents' abusing their prescribed medication. CLS played an important role in advocating for additional services and assessments; however, most were denied by the court.

Organizational Assessment

PURPOSE: This section examines the level of staffing, experience, caseload, training, and performance as potential factors in the management of this case.

FINDING A: The professionals working with the family have a wealth of knowledge and experience in their respective fields. This knowledge base contributed to an ongoing positive relationship between the agencies.

The BSO CPIs assigned to the 2020 and 2021 investigations have more than 10 years of child welfare experience, and both have appropriate educational backgrounds. Their caseloads were at manageable levels. The BSO CPI Supervisor assigned to both cases has a total of 17 years of experience in child protective investigations and holds a bachelor's degree. During the interviews, investigators reported supportive relationships within the unit and the service center.

The CM became provisionally certified in October 2021. When first assigned to this case, she was still in pre-service training. Even though the CM was new in her position, she was provided supports within her unit and by her supervisor. The CM was allowed the opportunity to shadow the initial primary CM, and got to know the family before taking over as the primary CM. The CM supervisor has more than 10 years of experience and an appropriate educational background. Both the CM and CM supervisor reported positive and supportive relationships with each other and within the unit. The CM supervisor indicated she reviews each case before assigning it to her staff. When assigning cases, the CM supervisor takes into consideration the case manager's years of experience and the complexity of the family's needs.

The assistant supervisor with Henderson Behavioral Health has close to 10 years of experience and has a master's in social work degree. The mother's team consisted of a therapist, a certified peer recovery specialist, and a caseworker, each with around two years of experience and proper educational backgrounds. The years of experience allowed the mother's team to use different engagement tactics to re-engage the mother when needed. The father's team consisted of a therapist, a certified peer recovery specialist, and a caseworker, each with several years of experience and the proper levels of education. Both teams reported having regular meetings to discuss any barriers and collaborate about the mother and father's progress.

The CLS attorney assigned to this family started with the Department in 2019 and carried a caseload of 70-75 families.

Leadership within the agencies, including BSO CPI, CLS, and Henderson, have a wealth of knowledge and experience in their respective fields. This level of knowledge and experience cultivated collaboration and positive relationships between the agencies.

Service Intervention/Array

PURPOSE: This section assesses the inventory of services within the child welfare system of care.

FINDING A: There are various services within Broward County to meet the family's identified needs. The parents had a team of professionals who made concerted efforts to keep them engaged in their treatment plan.

Broward County has several programs to meet the family's needs. ChildNet, the community-based care lead agency in Broward County, provides both judicial and non-judicial services along with transitional independent living services.

ChildNet subcontracts with Henderson Behavioral Health to provide an array of services to include, in part: safety management, crisis intervention, prevention services, FITT, housing, medication management, and clinical services, both inpatient and outpatient.

The family was referred to Henderson Behavioral Health in April 2020 to assist in monitoring the present danger safety plan and initiate in-home services. Given the parents' long history of substance misuse, they were referred to Henderson's FITT program. The FITT program is a team of professionals who work in the home with the family. The mother and the father had their own separate team of professionals including a therapist, a certified peer specialist, and a case manager. Along with the team of experts, the parents were also working with an MAT treatment psychiatrist (not associated with Henderson and/or its FITT program). However, the chosen psychiatrist was not approved by ChildNet or the court.

The parents were not forthcoming with information; therefore, the MAT psychiatrist did not have an adequate picture of the parents' needs. The mother was able to initially hide her pregnancy, with ease, due to her appointments taking place via telehealth.

Child welfare professionals reached out to the court with concerns around how much medication the parents were being prescribed, the fluctuation of those levels, and the lack of communication between the FITT team and the unapproved MAT psychiatrist. [redacted] Taking [redacted] together can lead to an increase in side effects and needs to be monitored closely. In addition, [redacted], contains active ingredients such as amphetamine and dextroamphetamine, which are stimulant drugs; they can increase one's ability to focus and one's level of energy, while alcohol is a Central Nervous System *depressant*. Consuming both is counterproductive, as the effect of alcohol can counteract the effect of [redacted], possibly making [redacted] worse. Given these contradictions and lack of communication, CLS asked the court to assign an independent MAT psychiatrist to review the parents' progress; however, the courts denied the request.

Numerous efforts were made to collaborate with the MAT psychiatrist; however, the parents refused to sign a medical release. It wasn't until the MAT psychiatrist was subpoenaed to testify in court that information was shared.

Throughout the two years the family was open to services, the FITT team and ChildNet made numerous efforts to engage/re-engage the parents. Even though there was little to no

collaboration between the MAT psychiatrist and other child welfare professionals, FITT, CLS, GAL, foster parent, and ChildNet, shared information seamlessly.