

MDT Desk Guide

Please note that this is a guide for best practice and therefore everything in this guide may not be found in policy or State Code.

Initiation/Convening of MDT Team

In CPS Cases: An MDT team must be convened within **30** days of the filing of an abuse and neglect petition.

In Youth Services Cases:

1. Improvement Periods: Once a juvenile has been granted an improvement period, the court may require the DHHR to convene an MDT to assess the juvenile and prepare an individualized service plan. If the court is considering the placement of the juvenile in DHHR custody, a referral to the DHHR to convene an MDT must be made.

2. Status Offenses: Once a juvenile is adjudicated as a status offender, an MDT must be convened to assess the juvenile and to prepare an individualized service plan.

3. Delinquency Offenses: Once a juvenile has been adjudicated for a delinquency offense, the court may require the DHHR to convene an MDT. If the court is considering the placement of the juvenile in DHHR custody, a referral to the DHHR to convene an MDT must be made. If the court requires the DHHR to convene an MDT in a delinquency case, the juvenile probation officer should provide the DHHR within **15** days notice before any court proceeding to allow the DHHR time to convene an MDT and develop an individualized service plan.

Members of the multidisciplinary team may participate in team meetings by telephone or video conferencing and written notice shall be provided to all team members of the availability to participate by videoconferencing.

Prior to MDT Meeting

Notification of Meeting: The members of the MDT must be properly notified at least **15** days prior to the MDT meeting by printing the Notification of MDT letters from FACTS. If this is a status offender/delinquency case and only 5 days or fewer of notice are given to the worker, the worker must phone each member of the MDT advising that an MDT will be held and give them the date, time, and location. They must also send out written notice by printing the Notification of MDT letters from FACTS after they have phoned or faxed the members with the information.

The MDT membership will be dependent upon the type of court case, such as CPS, juvenile delinquency, or juvenile status offense case.

The following is a list of possible MDT members in CPS cases who should be notified of the MDT:

- DHHR case worker;
- adult respondents;
- parents or guardians;
- any co-petitioner;
- counsel for any party;
- child's attorney or guardian ad litem;
- prosecuting attorney;
- the child unless his or her attendance is deemed inappropriate by the MDT;
- service providers for the child and family including representatives from a child advocacy center or a domestic violence agency;

- foster/adoptive parents;
- pre-adoptive parents;
- custodial relatives;
- a court-appointed special advocate (CASA);
- and an appropriate school official.

If the parental or custodial rights of an adult respondent have been terminated, the adult respondent and his or her attorney should not be given notice of the MDT, and they do not have the right to participate in the MDT unless the court orders otherwise.

The following is a list of possible MDT members in juvenile status or delinquency cases that should be notified of the MDT:

- juvenile;
- juvenile's DHHR caseworker;
- juvenile probation officer (required in delinquency cases);
- the parents, guardians or custodial relatives;
- juvenile's attorney;
- any attorney representing a MDT member;
- prosecuting attorney;
- an appropriate school official;
- and any service providers.

When it is appropriate, the juvenile's case managers from the DHHR and the Division of Juvenile Services may cooperate in conducting multidisciplinary treatment team meetings.

Family Conference (Family/Child Engagement):

Special attention must be given to the family's involvement in the MDT process. The family must be encouraged to participate in the MDT, which can be accomplished through a family conference prior to the MDT meeting. The DHHR worker must prepare the family for the MDT during the family conference by explaining the MDT process, who will be attending the MDT, and the case planning process. The DHHR worker should also ask for the family's input about who they would like to attend the MDT, what purpose this person or people would serve, and how they could be of help to the family in achieving safety, permanency, and/or well-being for the child/ren. This would be a good time to show the family the *The Time Is Now* video, which provides a good understanding of the MDT process.

Transportation Issues: The family must be ensured transportation to attend the MDT meeting. It is the DHHR worker's responsibility to provide the family and child with transportation. This can be done by completing a referral for ASO transportation, having a family member transport them, having a provider transport them, or transporting the family or child themselves.

Meeting Place: The MDT should be held within the family's county of residence to assure the input from team membership and to assure the family's involvement. Every effort should be made to hold the MDT in the family's county of residence.

Gather/Review Information Concerning Child/Family:

- **Assessments (including CAPS assessments, if applicable)**
- **Investigations**
- **Medical**
- **Educational**
- **History With DHHR**

First Meeting

Introductions: All participants will be introduced by the DHHR worker, and each person should explain the role that they will play during the meetings.

Ground Rules (for all meetings): Ground rules will be established at the first meeting for all MDT meetings to follow. These rules will encompass all aspects of the meeting to assist the participants in holding an orderly and effective meeting.

Some areas that should be addressed will be:

- break times;
- talking over each other;
- side-bar conversations;
- aggressive behavior;
- threats;
- and clean-up after meeting.

The DHHR worker should encourage the group to assist in developing the ground rules for their MDT so that members will take ownership and abide by the rules.

Roles/Responsibilities (for all meetings):

- **Chair of Meeting**
- **Overseeing Service Provision**
- **Providing Service Provision**

All participants will have a role and/or responsibility during and/or after the MDT meetings. Everyone should be aware of these roles and responsibilities. Roles and responsibilities will need to be explained during the meetings, as well as documented on the Case Plan. One role that needs to be explained is that the DHHR worker will be responsible for chairing the MDT, keeping and distributing records, collecting and destroying copies after the meeting, convening ongoing meetings, developing the report for the court, and identifying and overseeing all service provisions.

Case Plan Process/Goals (to meet/maintain safety, permanency, and well-being of child):

The Case Plan must be developed and documented in FACTS and submitted to the court.

In CPS Cases: In a CPS case, the Case Plan must be submitted to the court within **30** days of an order that grants an improvement period or at least **5** days before a disposition hearing. The DHHR worker must explain the Case Plan development process to the MDT participants, emphasizing that throughout this process the team must always evaluate the child's safety, permanency, and well-being. Some areas that should be addressed are:

- the comprehensive and thorough assessments of the child and family completed prior to the meeting;
- working together to develop the Case Plan;
- the type of placement that would be in the child's best interest;
- and to develop a specific Case Plan that addresses each individual child's safety, permanency, and well-being.

Some areas to address in regard to the child's permanency are:

- input from the child about the type of home they would like to live in if they are unable to be reunified with their parent(s);
- assessment of the home in which the child is currently placed as a permanency option;
- and assessment of the care the child is currently receiving in their current placement.

Some areas to address in regard to the child's well-being are:

- information about the child's last medical appointments/treatment;

- a psychological assessment (if one has not been completed yet);
- the progress of any therapy the child may be attending;
- the medications the child may currently be taking and purpose of those medications;
- the status of the child's education;
- what grades the child is making in school;
- if there have been any changes in the child's academic performance and if so, what those changes may be attributed to;
- the status of the child's Individual Education Plan (IEP) if he/she has one or the need for one;
- the need for any extra attention to a subject in the form of tutoring assistance (this can be informal tutoring offered through an after-school church program and by a relative or foster parent);
- and any behavioral problems displayed in school recently.

In Youth Services Case: When an MDT has been convened in a youth services cases (improvement period, status offense, or delinquency offense), the MDT is required to conduct a comprehensive assessment of the juvenile. Once the assessment has been completed, the MDT must prepare a comprehensive, individualized service plan for the juvenile. The individualized service plan must be submitted to the court and the juvenile's attorney at least **72** hours before the disposition hearing. Further, a case plan must be prepared for every juvenile who has been placed in DHHR custody, and it must be prepared within **60** days of when the juvenile enters DHHR custody. The information that should be reviewed by the MDT and the services that should be recommended are substantially similar to the information and services involved in a CPS case. Issues that should be addressed include:

- the juvenile's placement;
- a reunification plan, if appropriate;
- the juvenile's health and educational records;
- and a transition plan if a juvenile is 14 years of age or older.

Services should be considered for the juvenile and his or her family that may include psychiatric, medical, psychological, legal, or other social services that the MDT finds appropriate.

Confidentiality Statement/Signature Form: All MDT participants must sign a confidentiality statement prior to each meeting. The DHHR worker will maintain an MDT signature sheet in the case record. The DHHR worker must explain the confidentiality statement to the MDT participants before asking for their signatures. It is **not** a sign-in sheet to indicate participation. **Note: The DHHR worker must print the List of MDT Participants from Merge Forms to use as the confidentiality statement, until the form has been revised. This form can be modified to add additional team members as they participate in the MDT process.*

Immunity: If an adult respondent or co-petitioner admits the allegations of abuse or neglect or if a juvenile respondent admits the allegations of the petition during a MDT, the statements cannot be used against them in a subsequent criminal prosecution, except for perjury or false swearing.

Distribution of Assessments/Records: The DHHR worker will distribute all assessments and records related to the child and family to thoroughly and comprehensively assess the child's and family's social, emotional, environmental, physical, educational, domestic violence, substance abuse, and financial strengths and needs. This information will be utilized to develop the comprehensive, individualized Case Plan for the child and family.

Identification of Service Needs: The MDT team will utilize a family-centered practice approach to identify the service needs of the child and family. This approach will build on the family's strengths as well as determine their deficits. The family's natural support system should be utilized when possible when developing the service plan.

Development of Comprehensive Individualized Plan:

- ****Permanency Plan and Concurrent Plan**

- **Settle All Disagreements (report may have different opinions)**

The DHHR worker will develop the Case Plan utilizing the information presented at the MDT. The MDT must develop a permanency plan as well as a concurrent permanency plan for the child. The child's worker will attempt to settle all disagreements that arise during the MDT. If they are unable to accomplish this task, the MDT report to the court must contain the differing opinions and a request that the court provide its opinion as to a resolution. A MDT member who disagrees with the treatment team's recommendations may also inform the court of his or her position.

Collection and Destruction of Records: The DHHR worker will be responsible for keeping and distributing records as well as collecting and destroying copies after the meeting to maintain the confidentiality of the family's case record.

Scheduling of the Next MDT Meeting: The DHHR worker will schedule the next MDT meeting prior to the conclusion of the meeting. (The meeting must be held within **90** days.)

§49-4-403 requires that circuit courts establish at least one mandatory day per month on which Multidisciplinary Treatment (MDT) team meetings occur.

On-Going Meetings (at least every 90 days)

*(These may occur as often as necessary, dependent on changes within a child's case, such as their behaviors, but must occur at least every **90** days.)*

Introductions: All participants will be introduced and will explain the role that they will play during the meetings.

Case Plan Process/Goals (to meet/maintain safety, permanency and well-being of child):

In CPS Cases: Once a Case Plan has been developed, the MDT will have the responsibility to monitor the progress of the adult respondents in fulfilling goals that were established by the case plan and to monitor the progress towards achieving permanent placement for the children. The MDT should also review any assessments that are completed. When necessary, the MDT may recommend amendments or modifications to the Case Plan. The MDT must continue meeting and reporting to the court until permanency has been achieved for the children.

In Youth Services Cases: Once an individualized service plan has been developed, the MDT must monitor the juvenile's and family's progress towards the completion of any goals. If a juvenile has been placed outside of his or her home, the MDT must participate in the development of an after-care plan. The MDT must continue to meet at least every **90** days so long as the juvenile remains in an out-of-home placement. The MDT must also be available for status conferences and hearings.

Confidentiality Statement/Signature Form: All MDT participants must sign a confidentiality statement prior to each meeting. The DHHR worker will maintain an MDT signature sheet in the case record. The DHHR worker must explain the confidentiality statement to the MDT participants before asking for their signatures. It is **not** a sign-in indicating participation. **Note: The DHHR worker must print the List of MDT Participants from Merge Forms to use as the confidentiality statement, until the form has been revised. This form can be modified to add additional team members as they participate in the MDT process.*

Immunity: If an adult respondent or co-petitioner admits allegations of abuse or neglect or if a juvenile respondent admits the allegations of the petition during an MDT, the statements cannot be used against them in a subsequent criminal prosecution, except for perjury or false swearing.

Distribution of New Assessments/Records: The DHHR worker will distribute all assessments and records related to the child and family to thoroughly and comprehensively assess the child's and family's social, emotional, environmental, physical, educational, domestic violence, substance abuse, and financial strengths

and needs. This information will be utilized to develop the comprehensive, individualized Case Plan for the child and family.

Review Out-of-Home Observation Reports from Foster/Adoptive Parent on Child, if Applicable: The child's foster/adoptive parents or provider will provide the Out-of-Home Observation Report to the MDT which includes a report on the progress of the child, any changes in the child's case, an evaluation of the services provided to the child and his family, the status of the child's health and education, and any other relevant information for each month the child has been in placement with the provider. Foster/adoptive parents should bring the child's Journey Placement Notebook to the MDT since it contains information concerning the above information. *Foster/adoptive parents must be invited and encouraged to participate in the MDT meetings.*

Review Monthly Reports from Residential Facility on Child, if Applicable: The participants will review the monthly progress reports from the residential facility if the child is placed in a residential facility.

Review Monthly Reports from Providers: The participants will review all monthly progress reports from providers who have been providing services to the family and child.

Review of Comprehensive Individualized Plan:

- **Case Plan Changed if Necessary**
- ****Permanency Plan and Concurrent Plan Reviewed**
- **Settle All Disagreements (report may have different opinions)**
- **Development of Report to Court**

The MDT will review/revise the Case Plan utilizing the information presented at the MDT. The MDT must review the permanency plan as well as the concurrent permanency plan for the child at each MDT. A report must be developed by the MDT for the court concerning the child's and family's progress on the Case Plan. The MDT report may contain different opinions. The DHHR worker is responsible for documenting the different opinions in the report as they were stated at the MDT and representing these to the court. If the Case Plan is revised, the revised plan must also be submitted to court. The child's worker will attempt to settle all disagreements that arise during the MDT. If they are unable to accomplish this task, the MDT report to the court must contain the differing opinions and a request that the court provide its opinion as to a resolution. A member who disagrees with the MDT's recommendations may also inform the court of his or her position.

Collection and Destruction of Records: The DHHR worker will be responsible for keeping and distributing records as well as collecting and destroying copies after the meeting to maintain the confidentiality of the family's case record.

Scheduling of Next MDT Meeting: The DHHR worker will schedule the next MDT meeting prior to the conclusion of the meeting. (The meeting must be held within **90** days.)