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Multidisciplinary Team (MDT) Meeting Desk Guide

Please note: This is a guide for best practice and therefore everything contained within this guide may not be found in children's services policies or West Virginia Code.

Statutory Requirements and Timelines of Initiating/Convening Multidisciplinary Treatment Team (MDT) Meetings

- As required by W. Va. Code §49-4-405, an MDT must be convened within 30 days of the filing of an abuse and neglect petition. Notice of this meeting must be provided to all parties within seven days of filing the petition.
- In juvenile proceedings, if the juvenile has been granted an improvement period, the court may require the DoHS to convene an MDT meeting to assess the juvenile and prepare a case plan. If the court is considering the placement of the juvenile in DoHS custody, a referral to the DoHS to convene an MDT meeting must be made.
- As required by W. Va. Code §49-4-406, once a juvenile is adjudicated as a status offender, an MDT meeting must be convened to assess the juvenile and to prepare a case plan.
- As required by W. Va. Code §49-4-406, once a juvenile has been adjudicated for a delinquency offense, the court may require the DHHR to convene an MDT meeting. If the court is considering the placement of the juvenile in DoHS custody, a referral to the DoHS to convene an MDT meeting must be made. If the court requires the DoHS to convene an MDT meeting in a delinquency case, the juvenile probation officer should provide the DHHR with 15 days' notice before any court proceeding to allow the DoHS time to convene an MDT meeting and develop a case plan.
- In the event DoHS is notified by a provider that an emergency MDT meeting is required, the DoHS will have 72 hours to convene this MDT meeting.
- In cases in which DoHS is notified that a finalized adoption is disrupting or has disrupted, prompt notice of the disruption must be reported to the circuit court of origin and an MDT meeting be convened within seven business days.
- MDT meetings must occur on a continuous basis, at least every 90 days, or when any significant case circumstances change.

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

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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 the Comprehensive Child Welfare Information System (CCWIS). If this is a status offender/delinquency case and only five or fewer days of notice are given to the child welfare worker, the child welfare worker must phone each member of the MDT to advise that an MDT meeting will be held and to provide the date, time, and location of the meeting. The child welfare worker must also send out written notice by printing the Notification of MDT letters from CCWIS even if they have phoned or faxed the members with the information.

Note: It is best practice to schedule subsequent MDT meetings while all parties are present at each court hearing. The child welfare worker should request this prior to the conclusion of the hearing. If not possible, the subsequent MDT meetings should be scheduled during the preceding meeting.

Meeting Place

Every effort should be made to ensure the family's involvement. For this reason, the MDT should be meeting within the family's county of residence to encourage the attendance and input from all MDT members. and ensure the family's involvement.

MDT Membership

The members of the MDT will be dependent upon the type of program (CPS/YS/Adoption).

In CPS and Adoption cases per W. Va. Code §49-4-405(b), the MDT is composed of the following individuals:

- the child's custodial parents or guardian;
- the child welfare worker assigned to the child or family;
- other immediate family members;
- the attorney(s) representing the parent(s) of the child, if assigned by the judge of the Circuit Court;
- the child if the child is over the age of 12 and the child's participation is otherwise appropriate;
- the child if under the age of 12 and when the team determines that the child's participation is appropriate;
- the guardian ad litem;
- the prosecuting attorney or their designee;
- the kinship/relative parent(s);
- resource/foster and/or adoptive parent(s);
- child's residential program staff;
- emergency shelter staff;
- an appropriate school official;
- a court-appointed special advocate (CASA);
- a member of a child advocacy center;
- any other person or an agency representative who may assist in providing recommendations for the particular needs of the child and family, including domestic violence service providers, W. Va. Code 49-4-406(d)(2)(I);
- any other agency, person or professional who may contribute to the team's efforts to assist the child and family. (This last category of membership should be interpreted to mean any professional or

- non-professional provider of direct and/or supportive services to the child and family.)
- the managed care case coordinator

In YS cases per W. Va. Code §49-4-406, the MDT is composed of the following individuals:
the juvenile;

- the juvenile’s case manager with the Department of Health and Human Resources and/or with the Bureau of Juvenile Services;
- the juvenile’s parent(s)/guardian(s), or custodial relatives;
- the juvenile’s attorney;
- any attorney representing any member of the treatment team;
- the prosecuting attorney or his or her designee;
- an appropriate school official;
- a treatment or service provider with training and clinical experience coordinating behavior or mental health treatment;
- any other person or agency representative who may assist in providing recommendations for the particular needs of the youth and family, including domestic violence service providers”. W. Va. Code §49-4-406(d)(2)(I);
- probation officer shall be a member of a treatment team in delinquency cases;
- Adult Service staff for all youth aged 17 years or older, who meet the eligibility criteria for Substitute Decision Maker services, as defined in Substitute Decision Maker policy;
- DHHR Home finding staff when placement options for the youth are being discussed; and
- the managed care case coordinator.

Note: W. Va. Code §49-4-406(c) requires that when a juvenile has been adjudicated and committed to the custody of the Director of the Division of Corrections and Rehabilitation, in which the juvenile has been committed for examination and diagnosis, or the court considers commitment for examination and diagnosis, the Division of Corrections and Rehabilitation shall promptly convene a multidisciplinary treatment team. The child welfare worker and the Bureau of Juvenile Services should coordinate for MDT meetings.

Other possible MDT members for either CPS or YS cases could include, but are not limited to:

- service providers (SNS providers, community mental health/therapist, child advocacy center, domestic violence advocate, juvenile competency attainment services providers when applicable, etc.);
- child’s residential program staff;
- emergency shelter staff.

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 process, which can be accomplished through a family conference prior to the MDT meeting. The child welfare worker must prepare the family for the MDT meeting during the family conference by explaining the MDT process, who will be attending the MDT meeting and the case planning process. The child welfare worker should also ask for the family’s input and about who they would like to attend the MDT meeting, what purpose this person or people would serve, and how they could be of help to the family in achieving, safety, permanency, or well-being for the child(ren).

Transportation Issues

It is the child welfare worker’s responsibility to ensure that transportation is provided to the family and

child to attend the meeting. Securing transportation 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.

Gather and Review Information Concerning Child/Family

- Assessments (CPS Initial and Ongoing Assessments, YS FAST, and any additional assessments completed outside of DoHS such as the CANS or CAFAS and any psychological evaluations).
- Medical Records.
- Educational Records.
- Provider Reports.
- History with DHHR.
- Assessments, evaluations and reports related to CSED Waiver.
- Qualified Independent Assessments.

MDT MEETING PROCESS

Introductions

All participants will be introduced by the child welfare 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 having an orderly and effective meeting. Topics that should be addressed will be:

- Confidentiality.
- Break times.
- Talking over each other.
- Sidebar conversations.
- Aggressive behavior.
- Threats.
- Clean-up after meeting.

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

Roles/Responsibilities (for all meetings)

All participants will have a role and/or responsibility during and 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 child welfare worker will be responsible for chairing the MDT meeting, keeping and distributing records, collecting and destroying copies after the meeting, convening ongoing meetings, developing the MDT report for the court, and identifying and overseeing all service provisions.

Confidentiality Statement/Signature Form

All participants must sign a confidentiality statement prior to each meeting. The child welfare worker will maintain an MDT signature sheet in the case record. The child welfare worker must explain the

confidentiality statement to the MDT participants prior to asking for their signatures or noting their virtual attendance. It is NOT a sign-in sheet to indicate participation. *Note: The child welfare worker will use the List of MDT Participants form to use as the confidentiality statement. This form can be modified to add additional team members as they participate in the MDT process. It must also be uploaded to the case in CCWIS.

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 meeting, the statements cannot be used against them in a subsequent criminal prosecution, except for perjury or false swearing.

Distribution of Assessments/Records

The child welfare worker will distribute all assessments and records related to the child and family to assess the child's and family's social, emotional, environmental, physical, educational, domestic violence, substance abuse, and financial strengths and needs thoroughly and comprehensively. This should include information, assessments, evaluations and reports regarding CSED. Information and documents regarding CSED Waiver, including the Qualified Independent Assessment, should be shared with the MDT upon receipt of the documents and prior to the upcoming MDT. This information will be utilized to develop the case plan for the child and family.

Collection and Destruction of Records

The child welfare 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

It is best practice to have the future MDT meeting scheduled during the court hearing. Requesting the judge to order an MDT occur prior to the next hearing would be beneficial. If this does not occur, the child welfare worker may also schedule the next subsequent meetings prior to the conclusion of the MDT meeting. (The meeting must be held within 90 days.) MDT meetings must be held at least every 90 days.

W.Va. Code §49-4-403 requires that circuit courts establish at least one mandatory day per month on which MDT team meetings occur.

CASE PLAN PROCESS AND GOALS

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 needs. The family's natural support system should be utilized, when possible, when developing a case plan.

The case plan must be developed and documented in CCWIS and submitted to the court. For children that are in the custody of DoHS, the Aetna Care Manager must be involved.

The child welfare worker will develop the case plan utilizing the information presented at the MDT meeting. The MDT must develop a permanency plan as well as a concurrent permanency plan for the child. The child welfare worker is responsible for documenting the discussion, as well as differing opinions, and report those to the court in the MDT report. The child welfare worker will also include information in the MDT

report regarding CSED assessments, evaluations, and reports that have been shared and discussed with the MDT. The child welfare worker will attempt to settle all disagreements that arise during the MDT meeting. If they are unable to reach an agreement, the court report will request that the court determine a resolution. An MDT member who disagrees with all other MDT participants recommendations, may also inform the court of their position.

In CPS cases

The unified child and family case plan must be submitted to the court within 30 days of an order that grants an improvement period. The child's case plan must be submitted to the court at least five days prior to a dispositional hearing. The child welfare 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. Areas that should be addressed:

- Any comprehensive and thorough assessments of the child and family.
- Case plan collaboration and family engagement.
- Placement consideration and recommendations.
- Specific case plan goals that address each individual child needs as they relate to safety, permanency, and well-being.
- Case plan goals that address parent/caregiver needs.

Areas to address child's safety:

- Child's feelings about where they are living – do they feel safe?
- Child's behaviors that may affect safety.
- Service provisions that ensure child's safety.

Areas to address regarding the child's permanency:

- 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.
- Assessment of the care the child is currently receiving in their current placement.

Areas to address regarding the child's well-being:

- The child's last medical appointments and treatment.
- The child's mental health needs.
- The progress of any services the child may be receiving.
- The medications the child may currently be taking and purpose of those medication.
- The status of the child's education.
- The grades the child is making in school.
- Information from school personnel about 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 or 504 plan) if one is needed.
- The need for any extra attention to a certain subject.
- Any behavioral problems displayed in school recently.

In YS cases

When an MDT meeting has been convened in a YS case (improvement period, status offense, or delinquency offense), the MDT is required to review any comprehensive assessments of the juvenile offender. Once the review has been completed, the MDT must prepare a case plan. The case plan must be

submitted to the court and the juvenile offender's attorney at least 72 hours before the disposition hearing. Further, per code, a case plan must be prepared for every juvenile who has been placed in DoHS custody, and it must be prepared within 60 days of when the juvenile enters custody. The information that should be reviewed by the MDT and the services that should be recommended to the youth and parent, are the same as a CPS case. Substantially like the information and services involved in a CPS case, the MDT must always evaluate the child's safety, permanency, and well-being. This includes any child residing in the youth's household. Refer to above CPS section regarding addressing safety, permanency and well-being. In addition to these areas, other issues that should be addressed include:

- The youth's placement, if required to assure youth's safety.
- A reunification plan, if appropriate.
- The youth's health and educational records.
- Youth's mental health screening; and if positive status of the referral to the assessment pathway.
- The transition plan if a youth 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 community services that the MDT finds appropriate.

SUBSEQUENT MDT MEETINGS (at least every 90 days)

Ongoing MDT meetings may occur as often as necessary, depending upon changes in the case, but must occur no less than every 90 days.

Review and Update Case Plans

The MDT will review and revise the case plan utilizing the information presented at the meeting. The MDT must review the permanency plan as well as a concurrent permanency plan for the child. The MDT report must be developed by the MDT and prepared by the child welfare worker for the court, concerning the progress of the child and family goals in the case plan. If the case plan is revised, the child welfare worker will prepare the revised plan and submit it to the court. The MDT report may contain different opinions. The child welfare worker is responsible for documenting the different opinions in the report as they were stated at the MDT meeting and represent those to the court. The child welfare worker will attempt to settle all disagreements that arise during the MDT meeting. 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 a resolution. An MDT member who disagrees with the treatment team's recommendations may also inform the court of their position.

In CPS cases, once a case plan has been developed, the MDT will have the responsibility to monitor the progress of the child(ren) and adult respondents in fulfilling goals that were established in the case plan and to monitor the progress towards achieving permanent placement for the children. The MDT should also review any additional 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. Safety, permanency, and well-being for all family members must be addressed in all meetings.

In YS Cases, once a case plan has been developed, the MDT must monitor the juveniles' and family's progress towards the completion of any goals. If a juvenile has been placed outside of their 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. Safety, permanency, and well-being for all family members must be

addressed in all meetings.

Review Out-of-Home Observation Reports

The child's resource parent or provider will provide the *Out-of-Home Observation Report* to the MDT at the meeting 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 their 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. Resource parents should bring the child's *Journey Placement Notebook* to the MDT meeting since it contains information concerning the above information. Resource parents must be invited and encouraged to participate in the MDT meetings.

Review Monthly Reports from Residential Facility

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.