



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

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Multidisciplinary Team Meeting 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 West Virginia Code.

Initiation/Convening of Multidisciplinary Team (MDT) meeting

- 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 7 days of filing the petition.
- In juvenile proceedings, if the juvenile has been granted an improvement period, the court may require the DHHR to convene an MDT meeting 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 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 an individualized service 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 DHHR custody, a referral to the DHHR to convene an MDT meeting must be made. If the court requires the DHHR 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 DHHR time to convene an MDT meeting and develop an individualized service plan.
- In the event DHHR is notified by a provider that an emergency MDT meeting is required, the DHHR will have 72 hours to convene this MDT meeting.
- In cases in which DHHR 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 (7) business day.

Members of the MDT 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 five or fewer days of notice are given to the worker, the 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. They must also send out written notice by printing the Notification of MDT letters from FACTS even if 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 offence case.

These participants should include, but not limited to:

- DHHR case worker
- Child (if age appropriate)
- Parents or guardians – (If parental or custodial rights have been terminated, the parent/guardian and their counsel should not be given notice of the MDT. They do not have the right to participate unless the court orders otherwise.)
- Any co-petitioner
- Custodial relatives
- Counsel for all parties, including Prosecuting Attorney
- Aetna Care Manager
- Resource parents (notification and attendance is required)
- Child Placing Agency representative
- Appropriate school personnel

Other possible MDT members include, but are not limited to:

- Service providers (SNS providers, community mental health, Child Advocacy Center, Domestic Violence advocate, etc.)
- Potential adoptive parents
- Court-appointed special advocate
- DHHR Adult Service representative (if appropriate)
- DHHR Home finding worker

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

- Juvenile
- DHHR primary caseworker
- Juvenile Probation officer (required in delinquency cases)
- Parents/guardians or custodial relatives
- Resource parents
- Juvenile's attorney

- Any attorney representing an MDT member
- Prosecuting Attorney
- Appropriate school personnel
- Service providers

§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 juvenile's DHHR case manager and the Bureau of Juvenile Services should coordinate for MDT 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 process, which can be accomplished through a family conference prior to the MDT meeting. The DHHR 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 DHHR 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. This discussion is a good time to show the family *The Time Is Now* video, which provides a good understanding of the MDT process. The video is available for download at <http://www.courtsv.gov/court-administration/CIP/time-is-now.html> .

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. Securing transportation can be done by completing a referral for ASP transportation, having a family member transport them, having a provider transport them, or transporting the family or child themselves.

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

Gather and Review Information Concerning Child/Family:

- Assessments (including FAST, 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 hold an orderly and effective meeting.

Some areas that should be addressed will be:

- Confidentiality.
- Break times.
- Talking over each other.
- Sidebar 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 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 DHHR 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 report for the court, and identifying and overseeing all service provisions.

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

The Case Plan must be developed and documented in FACTS and submitted to the court. For children that are in the custody of DHHR, the Aetna Care Manager must be involved.

In CPS cases: In a CPS case, the 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 5 days prior to a dispositional 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:

- 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.

Some areas to address child's safety are:

- 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

Some areas to address regarding 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
- Assessment of the care the child is currently receiving in their current placement

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

- 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 Youth Services case: When an MDT meeting has been convened in a youth services case (improvement period, status offense, or delinquency offense), the MDT is required to review any comprehensive assessments of the juvenile. Once the review 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 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.

Confidentiality Statement/Signature Form: All 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 prior to 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 form the 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 meeting, 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 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 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:

The DHHR 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 DHHR worker is responsible for documenting the discussion, as well as differing opinions, and report those to the court. The child's 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 a resolution. An 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.)

W. Va. Code §49-4-403 requires that circuit courts establish at least one mandatory day per month on which 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 child's service needs, 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.

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 hold an orderly and effective meeting.

Some areas that should be addressed will be:

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

The DHHR 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 DHHR 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 report for the court, and identifying and overseeing all service provisions.

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 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. Safety, permanency, and well-being for all family members must be addressed in all meetings.

In Youth Services cases: Once an individualized service 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 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. Safety, permanency, and well-being for all family members must be addressed in all meetings.

Confidentiality Statement/Signature Form: All 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 prior to 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 form the 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 meeting, 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 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 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 resource parent or provider will provide the Out-of-Home Observation Report to the MDT 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 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 (reports may have different opinions)
- Development of report to Court

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. A report must be developed by the MDT and prepared by the DHHR worker, for the court concerning the child's and family's progress on the Case Plan. If the Case Plan is revised, the DHHR worker will prepare the revised plan and submit to the court. 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 meeting and represent those to the court. The child's 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 its opinion as to a resolution. An MDT member who disagrees with the treatment team's recommendations may also inform the court of their 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.)