



CHILDREN'S JUSTICE PROJECT MULTIDISCIPLINARY TEAM GUIDEBOOK TRAINING

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HISTORY OF THE GUIDEBOOK

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- Early 2000s – conversations began regarding the need for a handbook or rules for MDTs
- Legislature indicated that they did not want to give rulemaking authority to DFS or another agency for MDTs
- 2003 – Juvenile Court Enhancement Initiative created a MDT Subcommittee to look at a handbook, created first draft of this guidebook
- 2007 – Handbook was revised
- 2009 – CJP formed MDT Committee to address issues and needs of MDTs, rules were written to create MDT Facilitator Panel at supreme court, ultimately no rulemaking authority
- 2011 – CJP Committee began meeting again and decided to revise handbook again and released final guidebook Sep. 2011

Committee Membership

- Included representatives from:
 - Wyoming Supreme Court Children’s Justice Project
 - Wyoming Guardians Ad Litem Program
 - MDT Coordinators
 - County/District Attorneys
 - Casey Family Programs
 - Wyoming Department of Family Services
 - Office of the Public Defender
 - Wyoming Office of the Governor
 - Wyoming Attorney General’s Office
 - Wyoming Department of Education
 - University of Wyoming College of Law
 - District/Juvenile Court Judge
 - Parents Attorney

PURPOSE/USE FOR GUIDEBOOK

GUIDEBOOK IS NOT

- A rule or law
- Specific to local practice or customs
- A court order

GUIDEBOOK IS

- Meant to provide guidance
- Meant to create a baseline of state-wide uniformity
- Meant to provide facilitator with effective processes and procedures

****To find the Handbook:** <http://www.courts.state.wy.us/CIP/MDTGuidebook-FINAL.pdf>
 Also see DFS Resource Guide for more resource information for MDT teams.

DISCLAIMER

- Can be used to help courts and MDTs review their current practices to determine if any modifications can be made to make MDTs more:
 - efficient and effective.
- Many counties use complimentary or overlapping processes such as family partnerships and wraparound to help fulfill the statutory intent of MDTs.
 - These are best practices/innovative approaches and are encouraged.
- However, this guidebook outlines a traditional MDT.



TOPICS

TOPICS FOR TRAINING

1. Purpose of Multidisciplinary Teams
2. Core Values and Guiding Principles
3. MDT Roles and Responsibilities
4. Member's Roles and Responsibilities
5. Processes and Procedures
6. Recommendations and Report
7. Sample Report Cover Sheet
8. Questions





PURPOSE OF MULTIDISCIPLINARY TEAMS

STATUTORY MANDATE

- W.S. 14-3-427(e), 14-6-427(e), and 14-6-227(f)
- Court shall appoint an MDT within ten days of the petition
- Purpose of MDT – make written recommendations to court
 - After reviewing the child's personal and family history; school, health and DFS records; family services plan; and any other pertinent information
 - In delinquency proceedings – make recommendations consistent with purpose of JJ Act which promotes balanced and restorative justice, victim reparation, accountability and competency development
- MDT shall give consideration to: best interest of child, best interest of family, most appropriate/least restrictive family service planning and the costs of care

FRONTLOADING OF SERVICES

- MDT should meet as soon as possible in order to frontload services.
- Frontloading = all potential services are immediately identified and made available to the family and child.
 - i.e. to keep a child from placement in a detention facility or RTC, the child and family should have immediate access to community-based supervision, in-home services, assessments and treatment
 - i.e. Regardless of whether the neglect allegations are adjudicated, a substance abusing parent should have immediate access to assessment and treatment, which might allow the child to remain in the home if supervision can be provided in a way that ensures the child's safety



CORE VALUES AND GUIDING PRINCIPLES

CORE VALUES

General guidance augmented by the team members' knowledge of the child and family; and members' professional expertise.

1. MDT should be **family centered**, with best interests of the child and needs of the family guiding the recommendations.
2. The MDT shall recommend **local community resources** if available and appropriate.
3. Each child and family shall have an MDT that is **aware of their unique qualities, strengths and challenges** and shall use these as the basis of their recommendations.

GUIDING PRINCIPLES

1. MDT should recommend testing/evaluations when child or family has a presenting issue or need.
2. Children and families should have access to all services available that address their identified needs. (physical, emotional, social, educational, medical, dental, etc.)
3. Placement should be least restrictive.
4. Children, families and kind should be full participants in all aspects of developing the family service plan and MDT recommendations.
5. All providers for the child and family should be represented or provide input to the MDT so services may be coordinated.
6. MDT should support and promote prevention and intervention of services to enhance likelihood of positive outcomes.

GUIDING PRINCIPLES (CONT.)

7. Smooth transitions to independent living should be ensured for all children before they reach adulthood.
8. MDT should ensure that the rights of children and families are represented and advocacy efforts are promoted.
9. Children and families should receive services regardless of race, religion, national origin, sex, sexual orientation, physical disability or other characteristics.
10. Services should be sensitive and responsive to all cultures.
11. MDT recommendations should be made as soon as possible to meet the family's needs but no later than the legal deadlines (federal and state).
12. MDT should promote a balanced and restorative justice approach for delinquent youth.



MDT ROLES AND RESPONSIBILITIES

COURT OVERSIGHT

- Juvenile Court Judge has ultimate authority over the MDT.
- Court relies upon the MDT to:
 - Fully investigate and discuss.
 - Agree whenever possible on the best court of action give the various needs and goals for the child and family.
 - Advise the court when determining which services and supports (or sanctions) it will order.
- All recommendations or concerns identified by the MDT should be brought to the court's attention so the judge can act upon the recommendations.

STATUTORY MEMBERSHIP

- Parent(s)
- Representative of the school district with direct knowledge of the child (if child receives special ed services, must be a member of the child's IEP team)
- DFS representative
- Child's psychiatrist, psychologist or mental health professional
- District/county attorney or designee
- Child's attorney or guardian *ad litem*
- Court appointed special advocate (if appointed)
- Foster parent

OTHER MEMBERS

There are other members who may be named in the court order. Inclusion of these members is consistent with best practices and strongly encouraged.

- Child
- A relative
- A representative of Department of Health's Behavioral Health Division (who has knowledge of the services available in the state's system of care that are pertinent to the needs) if parent or child has mental health, substance abuse or developmental disability needs
- Others who have particular knowledge relating to the child or family's linguistic and cultural needs
- Others who have particular knowledge relating to the child or family

TEAM TIPS

- MDT should ensure participation of the child, if appropriate
- Child's or parent's attorney is responsible for representing the legal interest of their client in the MDT process
- Other non-members with knowledge may be invited to provide information and then asked to step out of the meeting without violating confidentiality
- Members should remain consistent for the life of the case whenever possible
- Members should have personal knowledge of the family
- MDT should make accommodations to ensure appropriate support is in place for the child or parent if needed
- All cases should be screened for DV and process may need to be modified to protect family members from perpetrator and keep the integrity of the MDT process



MEMBERS' ROLES AND RESPONSIBILITIES

PARENT

- **ROLE** – to serve as an advocate for themselves and/or their child.
- **RESPONSIBILITIES:**
 - Helpful in providing background information, current living situation, prior services and supports.
 - Placement option.
 - Information on how the child is doing what is best for them.
 - Assist in formulating family service plan recommendations.
 - Identify barriers to successful completion of the family service plan.

SCHOOL REPRESENTATIVE

- **ROLE** – inform the team of educational needs/concerns and coordinate education services and transitions.
- **RESPONSIBILITIES:**
 - Advising MDT as to educational appropriateness of placements.
 - Direct knowledge of the child and should gather info from other school staff.
 - Should provide MDT with info on education program, IEP, grades, attendance, discipline issues, progress, behaviors, areas of concern and other pertinent info.
 - Should facilitate the education component of any placement transitions.
 - Extra attention should be paid to ensuring child can get credit toward graduation in the placement.

CHILD PROTECTION CASEWORKER

- **ROLE** – provides the history of the case leading up to petition, current status of case and any other relevant info including current services and supports.
- **RESPONSIBILITIES:**
 - In most cases, a FPM is used to gather this info to submit to the MDT and include in the PDR.
 - Should present relevant assessment or evaluations, as well as options for the team.
 - Should represent family-centered values and principles, involve the caretakers and provide recommendations.
 - Guidance to the team on DFS policy and procedures and what services DFS can provide.
 - Provide MDT coordinator names and contact info for MDT members.

JUVENILE SERVICES CASEWORKER

- **ROLE** - support the safety of the community, work with the delinquent to address issues, and advise MDT of best practices associated with delinquent youth.
- **RESPONSIBILITIES:**
 - Inform MDT coordinator of names and contact info of MDT team.
 - Represents the mission, beliefs and position of DFS.
 - Writes measurable service plan goals that reflect input of the MDT and provides a copy to the team.
 - Provides PDR to team and any other supporting documents they have for the PDR.
 - Should represent family-centered values and principles; and balanced and restorative justice.

MENTAL HEALTH PROVIDER

- **ROLE** – to inform MDT of psychological concerns identified through assessments, family interviews and client contacts.
- **RESPONSIBILITIES:**
 - Inform the team of relevant information regarding the diagnosis.
 - Provide relevant history of the client.
 - Make appropriate family service plan recommendations, specifically regarding appropriate treatment modalities, individualized client needs and further testing, if needed.

PROSECUTOR

- **ROLE** – represents the state of Wyoming’s interest in the legal process.
- **RESPONSIBILITIES:**
 - Provides an explanation of the legal procedure for the case and the statutory role of providing recommendations.
 - Should provide expertise regarding federal and state law which team must follow in making recommendations (i.e. reasonable efforts, facilitating reunification, etc.).
 - Should focus on parents as well as children in all cases.
 - In delinquency cases, prosecutor is also responsible for the public safety interest and providing recommendations for sanctions in accordance with JJA.

GUARDIAN AD LITEM

- **ROLE** – represent the child’s best interests and their wishes, in a hybrid model of representation.
- **RESPONSIBILITIES:**
 - Identify and advocate for what is in the child’s best interest.
 - Investigate the allegations, meet with the child and others and actively communicate with the professionals involved.
 - Make recommendations at MDT.
 - If child’s wishes are different than GAL’s best interest recommendations, they must be shared with the MDT.
 - Responsible for advocating for the child’s interest in peripheral areas such as education rights, Medicaid and other entitlements (within the juvenile court).
 - Can provide guidance to team concerning the court process and legal ramifications and should also ensure all laws (state and federal) are followed.
- **Child’s Attorney** (in a CHINS or Delinquency case) – advocate for child’s wishes (public defender in a delinquency case)

COURT APPOINTED SPECIAL ADVOCATE (CASA)

- **ROLE** – advocate for the best interests of the child in abuse/neglect cases, either independently or in conjunction with the GAL.
- **RESPONSIBILITIES:**
 - Independently research the child and family.
 - Work with the MDT to create stability for the child and achieve permanency outcomes in a timely manner.
 - Can also bring info to the MDT from service providers, family members and other sources that are not represented on the team.
 - Should voice the child’s wishes when known.

FOSTER PARENT, RELATIVE CAREGIVER, OR CARETAKER

- **ROLE** – important to give their input on all major decisions affecting the children in their care.
- **RESPONSIBILITIES:**
 - Provide the team knowledge of the family’s strengths, if working with the family and known.
 - Provide the team with the most current information on the child/youth including primary interests, important routines or needs and current behaviors.
 - Express any concerns they have.
 - Explain what they can do to assist in meeting the goals and requirements in the family service plan.

NON-MANDATORY MEMBERS

- Advocacy and Support Organizations – direct or system advocates
- Attorney General – represents DFS
- Child/Youth – integral part of MDT and should be an active team member if possible
- Parent's Attorney – advocate for his/her client, should be present at all MDTs with their client
- Physician – provide info about child's health
- Substance Abuse Treatment Provider – present the assessment of the child's need for SA treatment and recommend type and level; also serve as resource to the MDT re SA diagnosis and treatment

MDT COORDINATOR

- **ROLE** – facilitate the MDT meeting as a neutral third party that has no authoritative decision making power.
- **RESPONSIBILITIES:**
 - Facilitates the team developing a mutually acceptable, comprehensive MDT report and recommendations.
 - Ensures all team members are heard.
 - Make meetings productive.
 - Ensure the team addresses safety, permanency and well-being of the child.
 - Complies with all statutory and court-ordered MDT duties.
 - Documents team's plan.
 - Recommendations and plan are clearly conveyed in the MDT report.

MDT COORDINATOR DUTIES

- Differ in each jurisdiction. Should develop specific direction re expectations, procedures and logistics in your jurisdiction.
- General guidelines/duties the coordinator may be responsible for:
 1. Arrange meeting;
 2. Timely notify of meeting;
 3. Obtain copy of MDT order, family service plan and other reports needed;
 4. Allow telephone participation when needed;
 5. Maintain a neutral, unbiased position;
 6. Ensure all members are heard;
 7. Ensure meeting progresses in orderly manner;

MDT COORDINATOR DUTIES (CONT.)

- 8. Prepare written summary;
- 9. Report to court at least 5 days before hearing;
- 10. Report to MDT members at least 5 days before hearing;
- 11. Set next MDT meeting during current MDT meeting;
- 12. Ensure MDTs are held at least quarterly if OOH placement;
- 13. Obtain records/recommendations from team members who can't attend and present to the team;
- 14. Notify members of any change in membership to ensure continuity; and
- 15. Comply with all statutes, court rules and court orders.



PROCESS AND PROCEDURE

APPOINTMENT OF MDT

- Must be ordered by the court within 10 days of petition filed
 - Should occur at first hearing
- DFS should let prosecutor, GAL and judge know the names of any recommended MDT members that aren't mandatory members
- Any party can recommend additional members to the court
 - Must be listed in the court order if they are approved by court as a member

RECOMMENDED MDT MEETING SCHEDULE

- If child in OOH placement, must meet at least quarterly
 - Can meet more often if necessary
- If child is in the home, no time requirement in statute
 - Recommended that the MDT still meet quarterly
- MDT should review the child and family's progress toward completing the family service plan and quickly identify and report any problems or changes to the court

CONFIDENTIALITY ISSUES

- All of juvenile court is confidential by statute
- Statute does allow sharing of relevant information among the MDT members to make family service planning recommendations to the court
- Information shared at MDT cannot be shared and used by anyone outside of the MDT or for purposes unrelated to the MDT's function and authority
 - it is a misdemeanor crime

RELEASES/AGREEMENTS

- RELEASE OF INFORMATION
- If a member declines to share relevant information due to confidentiality, MDT can attempt to obtain a release of information from the affected parties
 - If the party refuses to sign release, court can be notified of the need and order its release
- CONFIDENTIALITY AGREEMENTS
- All members and invited attendees should sign confidentiality agreements that indicate they understand this and agree to abide by the confidentiality statutes.
 - At the beginning of the case or at every meeting.

REFERRALS AND COORDINATION

- Once the court has ordered an MDT, DFS (or the prosecutor) should refer the matter immediately to the MDT coordinator, along with a copy of the court order.
- MDT coordinator should then meet with the DFS worker to be updated on the case and family service plan; and ensure all appointed members are listed and have contact information.
- First meeting should then be immediately scheduled (and should consider the family's schedule and needs).
- If member has never attended an MDT, coordinator should provide them with information on the purpose and process prior to the first meeting (including this guidebook if appropriate).

IDENTIFY FAMILY'S STRENGTHS AND NEEDS

- DFS can use the family partnership and other assessments to identify strengths and needs; and make appropriate referrals for further evaluations.
 - It can also inform the family service plan and MDT.
- Common areas of screening, evaluation or assessment are:
 - Physical health,
 - Mental health,
 - Substance abuse,
 - Domestic violence,
 - Disabilities,
 - Etc.

INFORMATION AND RECORDS

- Information and records that should be provided to the MDT Coordinator prior to the MDT meetings, so the coordinator can provide them to the team at the meeting:
 - PDR
 - Family Service Plan
 - Independent Living/Transition Plan (if applicable)
 - Documentation for recommendations involving out-of-home placement (i.e. diligent search for kin and basis for recommendation of placing child in non-relative foster care)
 - Copies of child's or family's evaluations and assessments
 - IEP and educational records

MEETING ATTENDANCE

- All members should make every attempt to attend scheduled MDT meetings
- If member is unable to attend, she/he should contact the coordinator as soon as possible in case the meeting can be rescheduled
- If member will be absent and meeting cannot be rescheduled, the absent member should contact the coordinator and provide him/her with any relevant information and their recommendations
 - Coordinator should disseminate this information to the team members prior to the meeting

CONDUCT OF MEETINGS

- Coordinator should:
 - Develop an agenda for the meeting
 - Introduce all members in attendance and advise team of absent members
 - Provide a brief synopsis of the MDT's purpose and format of the meeting
 - Ensure that every member is encouraged to share information
 - Ensure every member has opportunity to provide his or her opinions and perspectives
 - Set the next meeting date, time and location

SUBSEQUENT MDT MEETINGS

- Primary function of MDT is to review family service plan goals and records to determine whether services are being implemented and are effectively addressing the needs identified by the MDT.
- MDT should also review progress toward family service plan goals.
- Meetings should be scheduled at least two weeks prior to any scheduled hearing to allow the report to be submitted to the court and parties in a timely manner for review.



RECOMMENDATIONS AND REPORT

MAKING RECOMMENDATIONS

- All recommendations should be made or supported by individuals who are qualified by appropriate education, training, licensure or certification; and supported by validated tools and assessments.
- MDT members should represent their particular profession and make recommendations consistent with that; should not make recommendations beyond the scope of their expertise.
- Placement should not be recommended without adequate assessment and a recommendation for appropriate level of care by a licensed or certified professional in the particular field.
- Should include clear and concise goals; should be measurable; and someone should be responsible for monitoring.

RESOLVING DISAGREEMENT

- Different by jurisdiction:
 - Some are made by votes
 - Others by majority rules
 - Others have strong mandates from the court to continue working and exploring options until consensus of all members is reached
- Best practice supports the consensus building approach except when consensus cannot be met in a timely manner
- If unanimous agreement is not reached, all positions and rationale should be included in the report for the court to review; and dissenting members should be given the opportunity to include a written explanation of their position to be included with the written report
- Lack of parental or child support should be of special concern to the MDT

AREAS TO ADDRESS

- Recommendations should address and balance:
 - Family relations (permanency plan)
 - Treatment needs
 - Education needs
 - In delinquency cases - Sanction recommendations
- Negative impact of placements must be factored into all areas of the recommendations.
- Temporary removals may provide short term relief, but creates long term destabilization, especially with adolescents acting out because the impetus for parents to learn new skills is gone.

RECs – FAMILY RELATIONS

- A critical goal is to maintain or repair family relationships and ensure child are raised in their own families, as long as safety can be assured.
- MDT must begin with an understanding of the current family relationship
- Family input is critical
- MDT must develop a concurrent plan (often with a relative)
- A child should only be removed from their home when it would be contrary to the child's welfare to remain in the home and no services can be provided that would eliminate the need for removal.
- DFS must make reasonable efforts to prevent placement, return the child to the home and reach permanency.

RECs - TREATMENT

- These recommendations should be made by professionals who have appropriate training and expertise.
- Should be independent professionals who have no financial interest in the treatment recommendations.
- MDT's role in treatment recommendations is primarily one of quality assurance.
- Members should monitor delivery and hold providers accountable.
- When a child is not progressing in treatment, the MDT should review the services delivered and consider need for additional evaluations to ensure correct diagnosis and services.

RECs - EDUCATION

- MDT should work with schools to ensure educational goals of student are fully addressed in the recommendations and educational rights are not being compromised by the recommendations of the MDT.
- If child is on IEP, a copy should be provided to the MDT.
 - The appropriate educational placement identified in the IEP should be used by the MDT as a starting point for case planning and recommendations.
 - If the MDT recommendations do not coincide with the IEP plan, this must be reported to the court pursuant to 21-13-315(e).
- If indicators that child could qualify for special ed services, child should be referred to the school district for testing.
- The school district should assume leadership in identifying and planning for the educational needs. (including graduation credits, home school and appropriate transportation)

RECs - SANCTIONS

- When child adjudicated delinquent, MDT has additional responsibility to recommend sanctions to the court.
- The JJA provides detailed instructions on sanction levels.
 - MDT should review these statutes and provide recommendations consistent with the statute.
- These recommendations must be balanced with the recommendations related to family relations, treatment and education.

MDT REPORT

- Should be filed at least 5 days prior to next court hearing
- Should be provided to all team members within same time line
- At a minimum, the report should include the following:
 1. A cover sheet highlighting case requirements, placements and other data, found in Appendix A.
 2. Case information including specific and measurable goals/recommendations
 3. Name of child/youth, DOB, name of parent(s), statement regarding parental participation, case initiation (how child came into current placement), type of action, MDT meeting date, docket number, next hearing type/date, presiding judge, current placement, permanency plan, list of all out-of-home placements including affiliation to the child, number of placements throughout life of child, Medicaid eligibility/enrollment status, verification if mental health screening/evaluation was done prior to any RTC or PRTE placement, WWCAPS number, and WISER number;

MDT REPORT (CONT.)

- 4. List of court ordered members, informational members, invited participates including notation as to relationship to case/family, who attended, who received copy of report;
- 5. Background information including DFS history/prior family contacts, family history, and criminal history including restitution. The report should include a genogram, if appropriate;
- 6. Summary of MDT meeting;
- 7. Description of safety issues at the time of placement/reason for court involvement, whether safety and/or behavioral support (Medicaid) plans are in place for family, what safety issues are still an issue, progress made to alleviate safety issues, listing of services needed to address remaining safety issues;
- 8. Home/placement information including a description of services/supports needed to keep child in home and in community and/or wraparound plan, if relevant;

MDT REPORT (CONT.)

- 9. Education/School information including a description of services/supports needed to keep child in his/her school or education transition plan, if relevant;
- 10. Mental Health, Substance Abuse, and/or Health Care Oversight Plan Updates, if relevant. If mental health is an issue, statement whether there has been a diagnosis, if so, whether referral has been made to the Medicaid waiver. If psychiatric facility is recommended whether the proposed facility is CMS approved, whether the child has completed an assessment and has been approved for placement by a physician/clinician and a reminder regarding the required court order language;
 - a) To ensure the availability of Medicaid funds for PRTF services, the following court order language for a child/youth in need of a PRTF placement must be used:
"...the child shall be placed in the temporary custody of the Department of Family Services for placement in accordance with the recommendations set forth in psychiatric evaluation, a copy of which is in this court file and which is attached as Attachment "A" to this court order."

MDT REPORT (CONT.)

- 11. Visitation plan with parents, siblings, and other significant family/kin;
- 12. MDT recommendations to the court including but not limited to permanency plan (which includes transition and wraparound plans), placement/level of care, substance abuse treatment/aftercare plan, education plan, and sanctions, if appropriate, including if a unanimous agreement is not reached, all positions and rationale should be included in the MDT report for the court to review;
- 13. List of agreed upon assigned tasks/dates of completion; and
- 14. Date and time of next MDT meeting.



REPORT COVER SHEET (P. 27-29)



QUESTIONS?
