

# MULTIDISCIPLINARY TEAM GUIDEBOOK

[For Wyoming Juvenile Courts]



A Wyoming Supreme Court  
Children's Justice Project Publication

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NOTE: These materials are based on laws in effect at the time of publication (September 2011). Federal and state laws can change at any time. This is not legal advice, if you have questions, please consult a lawyer.

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# Purpose of the Multidisciplinary Team Guidebook

The purpose of this guidebook is to establish state-wide uniformity in facilitating Multidisciplinary Teams (MDT) and to provide guidance to MDT members on their roles and responsibilities in the MDT process. This guidebook addresses the appointment of MDTs in all types of juvenile cases and begins with the assumption that there has been a formal appointment of an MDT by the juvenile court, as required by statute. The guidebook also provides MDT coordinators/facilitators with practical advice on effective processes and procedures for the operation of MDTs. It must be noted, however, if a court order differs from any recommendations contained within these guidelines, the court order must always take precedence.

## Purpose of Multidisciplinary Teams

### Statutory Mandate

Wyoming statutes require the juvenile court to appoint an MDT in all child abuse and neglect, child in need of supervision (CHINS) and delinquency cases within ten days of the filing of a petition. Pursuant to the statutes, MDTs shall review the child's personal and family history; school, health and Department of Family Services' records; and any other pertinent information, for the purpose of making written recommendations to the juvenile court in child abuse and neglect, CHINS and delinquency proceedings pursuant to Wyoming Statutes (W.S.) §§ 14-3-427(e), 14-6-427(e) and 14-6-227(f). In delinquency cases, the MDT shall formulate recommendations consistent with the purposes of the Wyoming Juvenile Justice Act, which promotes a balanced and restorative approach that addresses victim reparation, accountability and competency development. In formulating recommendations, the MDT shall give consideration to the best interest of the child, the best interest of the family, the most appropriate and least restrictive case planning options available as well as costs of care.

The formation of an MDT is intended to ensure that all the circumstances impacting the child and family, especially those related to the potential strengths and needs, are fully identified and considered in formulating recommendations for the court. To make good court recommendations, the team should include family members and professionals who have particular knowledge of the child and family. Before making court recommendations, the MDT should identify the strengths of the child and family. Taking into consideration the family's strengths, the MDT should determine the child's and family's needs and identify the services and supports likely to address those needs. The MDT should also recommend measurable goal(s) designed to track progress in addressing the family's pertinent issues. The MDT should recommend the least restrictive means of attaining the goal(s) and then closely monitor the progress in subsequent meetings to ensure success by the family.

This guidebook recognizes there are many effective ways to ensure the court receives input and appropriate recommendations from the family and their support systems as well as other members of the MDT. This guidebook can be used to help courts and MDTs review their current practices and procedures to determine if they can be modified to make the process more efficient and effective. Some jurisdictions will use complimentary or overlapping processes (i.e., Family Partnership Meetings, Wraparound, Family Group Decision Making, Care Teams, Drug Court Teams, etc.) that are not included in this guidebook to help fulfill the statutory intent of the MDT process. Although these innovative approaches are encouraged and are best practices, this guidebook outlines the roles and responsibilities of a traditional MDT. However, these guidelines can provide guidance to courts implementing innovative processes and assist with meeting the statutory requirements of the MDT.

## Frontloading of Services

The MDT must be appointed within ten days of the filing of a petition and should meet as soon as reasonably possible in order to frontload services for children and families whenever a child has been removed or is at risk of removal from the home. The concept of “frontloading” simply means that all potential services that could help to reduce or prevent the need for more intrusive actions are immediately identified and made available to the child or family. For example, to help reduce the need for a child’s placement in a detention facility or residential treatment center, the child and family should have immediate access to appropriate community-based supervision, in-home services, necessary assessments and appropriate treatment. Likewise, regardless of whether a neglect allegation is going to be admitted or denied, a substance abusing parent should have immediate access to assessment and treatment, which might allow the child to remain in the home or return home more quickly provided the parent can be supervised in a way that ensures the child’s safety and well-being.

# Multidisciplinary Team Core Values and Guiding Principles

The following values and principles were developed to assist MDT members fulfill their responsibilities as a member of the team. They provide general guidance that is augmented by the team members’ knowledge of the child and family and their unique circumstances as well as members’ professional expertise.

## Core Values

1. The MDT should be family centered, with the best interests of the child and the needs of the family governing the types of prevention, intervention and treatment services recommended.
2. The MDT shall recommend services that are located in the community if they are the most appropriate services available to fit the individual needs of the child and family.

3. Each child and family shall have an MDT that is aware of their unique qualities and use their strengths and challenges as the foundation for determining the recommendations for the court.

## Guiding Principles

1. The MDT should recommend testing or evaluations when a child or family has presenting issues that are apparent or known.
2. Children and families should have access to all services available that address the physical, emotional, social, educational, medical and dental needs identified.
3. Placement and services should be provided in the least restrictive environment that is appropriate.
4. The children, families, surrogate families and immediate caretakers of children should be full participants in all aspects of developing the MDT report, and the department family service plan.
5. All service providers engaged with the child and/or family should be represented or provide input to the MDT so that services may be coordinated and adapted to a child's and family's changing needs.
6. The MDT should support and promote prevention, early identification and intervention of services to assist children and families involved in the system and enhance the likelihood of positive outcomes.
7. Smooth transitions to independent living should be ensured for children based on their needs as they reach adulthood.
8. The MDT should ensure that the rights of children and families are represented and advocacy efforts are promoted.
9. Children and families should receive services without regard to race, religion, national origin, sex, sexual orientation, physical disability or other characteristics.
10. Services should be sensitive and responsive to all cultures and the unique needs of the children and families.
11. MDT recommendations should be made as soon as possible to meet the family's needs but no later than the deadlines required by federal and state laws.
12. The MDT should promote a balanced and restorative justice (BARJ) approach for delinquent youth that strives to balance the court's response in order to 1) involve the victim and appropriately hold the youth accountable for his actions, 2) identify and

address the youth's strengths and needs for competency development and 3) ensure community protection.

# Roles and Responsibilities

## Court Oversight of MDT Process

The court oversees the MDT process. This oversight includes giving appropriate professionals the authority to act when necessary and holding the members accountable for carrying out the court orders and delivering services consistent with the family service plan. The court relies on the MDT to advise it 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 as quickly as possible so the juvenile court judge can act upon the recommendations. The juvenile court judge has ultimate authority over the MDT process but relies on the team to fully investigate and, whenever possible, agree on the best course of action to recommend, given the various needs, such as education, treatment and overall goals for the child and family.

## Statutory membership on MDT

The statute requires that certain members be appointed. Each member of an MDT is critical. These members should receive adequate training and information in order to understand and fulfill their roles, which are discussed later in this document.

Wyoming Statutes §§ 14-3-427(c), 14-6-227(c) and 14-6-427(c) provides that appointed members shall include:

- The child's parent, parent(s) or guardian;
- A representative of the school district who has direct knowledge of the child and, if the child receives special education, is a member of the child's individualized education plan team;
- A representative of DFS;
- The child's psychiatrist, psychologist or mental health professional;
- The district/county attorney or his designee;
- The child's attorney or guardian *ad litem* if one is appointed by the court;
- The court appointed special advocate, if one is appointed by the court; and
- The foster parent.

There are other members who may be named in the court order. Inclusion of these members is consistent with best practices and strongly encouraged. Pursuant to Wyoming Statutes §§ 14-3-427(d), 14-6-227(d) and 14-6-427(d), these optional statutory members should include (if appropriate):

- The child;
- A relative;
- If the predisposition study indicates a parent or child has special needs, an appropriate representative of the 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 those identified needs; and

- Other professionals or persons who have particular knowledge relating to the child or his family, or expertise in children's services and the child's or parent's specific disability or special needs, including linguistic and cultural needs.

The MDT should ensure the participation of the child to the maximum extent possible and when direct participation of the child is not appropriate, ensure the child's voice is heard through other means. The child's or parent's attorney will always have the responsibility for representing the legal interest of their client in the MDT process. In addition to statutorily and permissive members who are named and ordered by the court, there are other individuals that may be invited at the recommendation of the court ordered members. These attendees may be invited to provide input on specific issues regarding the child or family. It is recommended that the MDT make every effort to invite those who can provide information that allows the MDT to make informed recommendations and adhere to the core values and principles set forth in these guidelines. The member's recommendations should always identify the least restrictive means of attaining the goal(s) even when those services are not available. The recommendations should also consider cost. For example, in the predisposition report, the DFS worker is required to include:

...A certification by the department of family services that funding for the placement is available within the appropriation. The placement of the child shall not be funded under this section if the department of family services is unable to make the certification. The department of family services shall make the certification only if unencumbered funds are available within the appropriation making allowance for the costs for children already placed. Funds shall not be certified available if an adequate, less restrictive, less expensive placement is available...(W.S. § 21-13-315 (d)(v)).

Best practices also suggest that the members of the appointed MDT remain consistent whenever possible for the life of the case. This allows for easier tracking and follow-up on the recommendations, as well as maintaining an understanding of why the recommendations were made. These MDT members should also be individuals who work with the child and family on a regular basis or have personal knowledge of them. When an MDT member is not fulfilling his/her responsibilities, the team should discuss this and, when appropriate, notify the judge.

The MDT should be sensitive to the ability of the parents and/or children to understand and effectively participate in the MDT process. If the parent or child has a disability (i.e., a mental health or substance abuse issue, or cognitive impairment) the MDT should make accommodation to ensure that appropriate support is in place to assist the parent or child with the process.

All cases should be screened for the presence of domestic violence. For the safety of the family, appropriate actions should be taken when domestic violence is present. The MDT process may need to be modified to protect family members from the perpetrator and prevent his/her actions from compromising the integrity of the process.

# Member and invited attendee roles and responsibilities

Each member of the MDT is appointed to fulfill a unique and important function. This section provides a description of the roles and responsibilities of each team member. However, there are also responsibilities common to all members such as assisting with keeping the MDT meetings focused and on-track. They should also hold themselves accountable for any assigned tasks or responsibilities, and bring matters before the court if the team needs guidance.

## Roles and responsibilities of mandatory members

### Parent

The role of the parents (including the noncustodial parent) is to serve as an advocate for themselves and/or their child. Parents provide background information and current living situation related to the child and family in terms of physical and mental health, chemical abuse, peers, education; provide a history of events, as well as prior services or supports, whether they were successful, and what could be successful. Parents can provide alternative placement options when a less restrictive option is not possible (either noncustodial parent or other family members). Parents can offer information on how their child is doing and what they feel is best for him or her. Parents can assist when formulating family service plan recommendations and voice concerns they have about whether the family will be able to realistically participate in the family service plan recommendations and achieve the family service plan goals (especially if the child remains in the home). Parents can also identify barriers to successful completion of the family service plan.

### School Representative

The role of the educational representative is to inform the team of educational needs/concerns of the child and coordinate education services and transitions. The educational representative is also primarily responsible for advising the MDT as to the educational appropriateness of the placement. The representative should have direct knowledge of the child and should gather relevant information from other school staff. The person may also have knowledge about the family. Specifically, the representative should provide the MDT with information on the child's educational program at school (including coordinating the placement decisions and delivery of special education services contained in the individual educational plan (IEP) if the child is receiving special education services) along with other pertinent information that would be helpful. For instance, the school representative should report on the child's performance at school including grades, attendance, discipline issues, progress or lack of progress in academics, problem behaviors and any other areas of concern. (Note-If the child has an IEP, it is required that the MDT representative be a member of the IEP team.) If the child must transition to a placement outside school district boundaries, the school representative should facilitate the education component of the transition to and from placement

whenever possible. Particular attention should be paid to ensuring the child is able to receive credit toward graduation for education services provided in the placement.

#### Child Protection Caseworker (DFS representative)

The role of the caseworker in the MDT meeting involves providing the history of the case leading up to petition filing, the current status of the case, and any other relevant information including current services and supports. In most cases, a family partnership will be used by the caseworker to gather this information and submit it to the MDT. The caseworker should also include this information in the predisposition report. The caseworker should present relevant assessments or evaluations as well as options for the teams' consideration, including potential resources (ranging from informal family support identified by the family partnership to possible placement facilities) for the child and/or family. The caseworker should represent family-centered values and principles, involve immediate caretakers of the child, and provide DFS' family service plan recommendations. In doing so, the caseworker should provide the team members guidance on DFS policy and procedures and what services/information the agency can provide the team. The caseworker should provide regular updates to the team on the progress made by the child and/or family in completing the family service plan recommendations. In developing DFS' family service plan recommendations, the caseworker represents DFS' position of supporting family-centered practices by understanding the proper role of family and other professionals. Prior to the meeting, the caseworker should inform the MDT Coordinator of the names of persons they have identified who have knowledge of the child and who can offer useful and meaningful information and/or recommendations for the family service plan.

#### Juvenile Probation Officer (DFS representative)

The role of the probation officer is to support the safety of the community, work with the delinquent to address issues associated with the victims, and advise MDT members of best practices associated with delinquent youth. The probation officer should inform the MDT Coordinator of the names of persons they have identified who have knowledge of the child and who can offer useful and meaningful information and/or recommendations for the family service plan. As a team member, the probation officer represents the mission, beliefs and position of DFS (i.e., family centered practices and Balanced and Restorative Justice principles). Further, the probation officer writes measurable family service plan goals that reflect the input of the MDT and provides a copy of the goals to the team. In order for the MDT to make family service plan recommendations, the probation officer provides the team with a copy of the predisposition report (PDR) and any other supporting documents they have accumulated in their effort to complete the PDR.

#### Mental Health Provider

The mental health provider's (MHP) role is to inform the MDT of identified psychological and systemic concerns identified through assessments, family interviews, and client contact. Further, the MHP should inform the team of relevant information regarding their client's diagnosis including a history of their client in order for the team to make appropriate family service plan recommendations. In addition, the MHP

contributes to the team by providing specific recommendations to the team concerning appropriate treatment modalities, individualized client needs, and further testing, if appropriate.

### Prosecutor

The prosecutor represents the state of Wyoming's interests in the legal process. In doing so, the prosecutor is often an important resource for the MDT, providing an explanation of the legal procedure for the case and the team's statutory role of providing recommendations to the court in the manner as prescribed by statute. When making recommendations, the prosecutor should provide expertise regarding federal and state statutory mandates which the team must follow for disposition of juvenile cases (such as reasonable efforts to prevent removal of child from his/her home or facilitating reunification, etc). Recommendations should focus on parents as well as children in all types of cases. In delinquency cases, the prosecutor is also responsible for the public safety interest and providing the MDT with recommendations for sanctions in accordance with the Juvenile Justice Act.

### Guardian *Ad Litem*

The Guardian *Ad litem* (GAL) represents the child's best interest and their wishes, in a hybrid model of representation. The primary role of the GAL is to identify and advocate what is in the child's best interest. The GAL should investigate the allegations in the case, meet with the child and others pertinent to the case (parents, teachers, counselors, etc.), actively communicate with the professionals involved and fully participate in the MDT process in order to develop recommendations which are in the child's best interest. These recommendations should be shared with the MDT prior to court. In situations whereby the child expresses his/her wishes and they are different from what the GAL believes is in the child's best interest, the GAL has an obligation to inform the MDT and court of the child's wishes as well as what the GAL believes is in the child's best interest. The GAL may have a responsibility to advocate for the child's interests in peripheral areas when necessary, such as advocating for education rights and Medicaid or other entitlements. Besides advocating for the child's best interests, the GAL may provide guidance to the team concerning the court process and the legal ramifications of MDT recommendations. The GAL should also ensure that all applicable state and federal laws are followed. The statutes allow for separate appointment of a GAL to represent the child's best interest only in CHINS and delinquency proceedings; when the child's parent(s) are absent or have interests that conflict with the child's best interest, and the child has also been appointed a direct attorney.

### Court Appointed Special Advocates (CASA)

A CASA volunteer's role may vary depending on the court's expectations and order. They advocate for the best interests of the child in all aspects of an abuse/neglect case including safety, permanency and well-being either independently or in conjunction with the GAL. The CASA volunteer may independently research the child and family's circumstances (not the abuse/neglect allegations) while working with the MDT to create stability for the child and achieving permanency outcomes in a timely manner. In addition, the CASA volunteer can bring information to the MDT from service providers,

family members, and other sources that are not represented on the team. The CASA volunteer should voice the child's wishes when known.

### Foster Parent(s) or Caretakers

The participation of caretakers (i.e., relatives or affinity members, tribal or clan members, guardians, foster families, or group care providers) is an important part of the MDT process. Caretakers can make well-informed recommendations about the children in their care and should be allowed to give input in all major decisions affecting the children in their care. If known, the immediate caretakers should provide the team knowledge of the family's strengths and skills to enter into partnerships with the child welfare and/or juvenile justice agencies, the courts, and service providers to make recommendations and/or decisions that protect and nurture the children in their care. The caretakers should provide the team with the most current information on the child/youth including primary interests, important routines or needs and current behaviors of the child. In addition, they should express any concerns they have, and explain what they can do to assist in meeting the requirements of the family service plan.

## Roles and responsibilities of other appointed members or invited attendees

*(in alphabetical order)*

### Advocacy and Support Organizations

Two types of advocates may be appointed or otherwise involved in the MDT process for children and families. These are direct and system advocates. Direct advocates may be invited by the family to advocate, support, or help them navigate the child welfare and juvenile justice systems. Examples of direct advocates are family members, friends of the family, Domestic Violence Advocates and UPLIFT. System advocates assist in identifying the day-to-day issues faced by families in the child welfare and juvenile justice systems and developing solutions to address the system issues. Examples of system advocates include Prevent Child Abuse Wyoming, the Citizen Review Panel, Foster Parent Association, UPLIFT, Victim/Witness Volunteers, and others.

### Attorney General

The Attorney General's office represents the Department of Family Services. A representative of the Attorney General's office does not typically attend MDT meetings but may attend when the case involves complex circumstances or legal issues relating to the Department of Family Services.

### Child/Youth

Children/youth should be an integral part of the MDT. Determining if a child should be an active team member should be decided on an individual case basis, in consultation with a qualified mental health professional and the Guardian *Ad Litem*. If the child is not appointed as a team member or fully included in the MDT, then the child should be provided the opportunity to inform the MDT of their preference for placement, services and family service plan in an appropriate way, which may include indirect

communication through other members of the team. Children/youth should also be given the opportunity to explain their current situation, provide an update of their progress with the family service plan and/or terms of probation, express their concerns and needs, and offer suggestions as to what services they feel can benefit them the most.

### Child's Attorney (Delinquent)

The child's attorney in CHINS and delinquent cases legally represents the child. The primary role of the attorney is to advocate for the child's wishes while giving consideration to what is in the child's best interest. The child's attorney should investigate the case, meet with the child and others pertinent to the case (parents, teachers, counselors, etc.), and actively communicate with the professionals involved. The child's attorney can then appropriately advise the child about his/her wishes and best interest in relationship to the applicable Wyoming law and effectively present the child's case to the MDT and the court. In a delinquency case, this attorney is a public defender. The Juvenile Justice Act allows for separate appointment of a GAL to represent the child's best interest; when the child's parent(s) are absent or have interests that conflict with the child's best interest.

### Parent's Attorney

The attorney's role is to advocate for his/her client. As such, the attorney is obligated to thoroughly research, investigate, and understand all the facts surrounding his/her client's cases in order to make appropriate recommendations to advise him/her. Additionally, the attorney may present his client's point of view to the MDT. It is vitally important that the parent's attorney be present at all MDTs, as the parent will need that attorney to explain the ramifications of the process, recommendations, etc. to the parent. Best practice dictates that a MDT meeting should not be held with a parent present and their attorney not present.

Parents in abuse and neglect cases have a right to legal representation. Typically, parent(s) in juvenile delinquency and CHINS cases do not have court appointed counsel, but may retain counsel on his/her own behalf. Parents should receive a copy of the Parents Handbook published by the Wyoming Supreme Court Children's Justice Project (available online at <http://courts.state.wy.us/CJP/PhandbookThirdEdFinal031110.pdf>).

### Physician

The physician's role is to provide specific information about a child's health and physical condition which require consideration in planning for placement or treatment of the child. Not all children will require the involvement of a physician. The physician may need to educate the team members on medical issues specific to the child.

### Substance Abuse Treatment Provider

The role of the substance abuse treatment provider is to present an assessment of the client's need for substance abuse treatment and to recommend the type and level of treatment for the youth. The substance abuse treatment provider also serves as a resource specialist to the MDT by informing the team of the types of available substance abuse treatment in the community as well in other communities, and the availability of the

treatment facility. If the substance abuse treatment provider is currently providing services and the release of confidentiality is signed by the client, they should provide the team with information about past substance abuse history that would be relevant in making family service plan recommendations about the future placement and treatment of the youth. The provider should gather collateral information from previous treatment providers and family members to provide a more complete picture of the youth's needs. Further, the substance abuse treatment provider should recommend the type of treatment that might be effective with a child and/or parents and the average duration of the treatment.

## Role and duties of the MDT Coordinator/Facilitator

The role of the MDT coordinator is to facilitate the MDT meeting as a neutral third party that has no authoritative decision making power. The coordinator facilitates the team members in developing a mutually acceptable, comprehensive MDT report and recommendations for the family that will be filed with the court. The coordinator ensures that all team members' opinions and input are heard, including the child and family. Likewise, the coordinator should attempt to make each team meeting as productive as possible. The coordinator should ensure the team addresses the safety, permanency, and well-being of the child; complies with all statutory and court-ordered MDT duties; documents the team's plan for monitoring the treatment and placement services and the family service plan timelines; and that the family service plan or sanction/service recommendations and the responsibilities of the various MDT members are specific, measurable and clearly conveyed in the MDT report.

The duties of the MDT coordinator currently differ in each jurisdiction. In most jurisdictions DFS utilizes the services of an independent provider to coordinate and facilitate MDTs. In a small number of jurisdictions a DFS staff member may act as the coordinator. Therefore, MDT coordinators, court designees, or DFS staff are encouraged to develop specific direction about the expectations, procedures and logistics of their particular jurisdiction to supplement these general guidelines. Listed below are some duties for which the coordinator may be responsible:

- 1) Arrange the time, date and location of the MDT meeting. The time shall be set commensurate with the number of parties involved and the number and complexity of the issues that are to be discussed;
- 2) Timely notify the parents and/or guardian of the child(ren) (including the noncustodial parent), the child, the Department of Family Services, a representative of the school district where the child attends and who has direct knowledge of the child, the district and/or county attorney, the child's attorney, guardian *ad litem*, such mental health and/or substance abuse professionals as may be required, foster parents, if any, other relatives, if any have special knowledge of the family and/or child, a lay advocate, if any, anyone else having particular knowledge of the family and/or child, and anyone else stated in the court order or agreed upon by the MDT;

- 3) Obtain a certified copy of the court's order appointing the MDT, the case plan from the Department of Family Services, and any other reports the team may find helpful including Family Partnership reports;
- 4) Allow persons to participate in the meeting by telephone, if that person cannot attend in person;
- 5) Maintain a neutral, unbiased position at each meeting;
- 6) Ensure the parents, child, and all other MDT members have a full opportunity to be heard and express their opinions and feelings and to provide input concerning the case and recommendations;
- 7) Ensure the MDT meeting progresses in an orderly manner;
- 8) Prepare a written summary of the meeting that outlines the date of the MDT meeting, members present, issues discussed, and recommendations of the court-ordered MDT members including all minority recommendations. The recommendations should specify which members support the majority recommendation and which members have dissenting views, if any;
- 9) Provide written MDT report to the court at least five days prior to the next court hearing;
- 10) Ensure a copy of the MDT report is provided to each MDT member and to the court at least five business days prior to the child's next court date;
- 11) Set the next MDT meeting during the MDT meeting;
- 12) Ensure the MDT meetings are scheduled quarterly in out-of-home placement cases [Best practice would dictate frequent MDT meetings for out-of-home placement children/youth and or the scheduling of a meeting before every dispositional, review and permanency hearing];
- 13) Obtain records/recommendations from team members who will not be in attendance at the meeting and present those recommendations to the team;
- 14) Notify members of any change in team membership to ensure continuity;
- 15) Comply with all statutes, court rules and court orders.

If the coordinator is not assigned the responsibility of one of the above tasks deemed necessary by the jurisdiction, the DFS caseworker should take responsibility for the task(s). In the cases where a DFS caseworker acts as the MDT coordinator, the caseworker needs to be aware of his/her potential biases and how they may impact the process. In high conflict cases, it may be necessary for the caseworker to bring in a neutral third-party to facilitate the MDT meetings.

Notwithstanding any additional conditions imposed by order of the court, a coordinator in a juvenile court case should possess the knowledge and training necessary to perform the duties and obligations of a MDT coordinator, specifically:

- 1) Understand the juvenile court process in child abuse/neglect, child in need of supervision and juvenile delinquency cases;
- 2) Facilitate discussion on the safety, permanency and well-being needs of each child;
- 3) Facilitate discussion on whether the child can be safely maintained in the home;
- 4) Facilitate discussion on placement resources if child is not able to safely remain in home, including:
  - The identification of appropriate relatives and noncustodial parents (including relatives living out-of-state),
  - A placement that is least restrictive and home like, and
  - Professional and community resources for each child available in the child's community;
- 5) Facilitate discussion on appropriate level of care, appropriate assessment needed to determine level of care, availability of beds (if residential/detention center), estimated length of stay, and proposed cost of the placement, [*Best practice* dictates that child/youth are kept in their home and/or community safely and provided local resources when possible];
- 6) Facilitate discussion on family issues including substance abuse, mental health and domestic violence issues, if applicable, and local treatment resources for adults and juveniles;
- 7) Facilitate discussion on proposed child-specific permanency plans for those youth placed outside of their home/community including what services can be provided locally during their return/transition including: educational plan, mental health and/or substance abuse counseling follow-up, if required, family specific concerns, and court-ordered requirements (probation, supervision, restitution, etc.). (MDT coordinator should have a copy of the most current permanency plan/family services plan for discussion at the meeting, pursuant to state law.);
- 8) Facilitate discussion on the child/youth's education plan, including the child's individualized education plan (IEP), if applicable;
- 9) Facilitate discussion on visitation with family members and siblings;
- 10) Facilitate discussion on the progress of any tasks and deadlines assigned to MDT members and report any deficiencies to the court;

# Processes and Procedures

Currently in the Wyoming juvenile court system, wide differences exist in the operation of MDTs. This section is intended to identify critical aspects of the MDT process so that courts and the related professionals can maintain the spirit of the MDT statutes in whatever process the court uses.

## Appointment of MDT

### Shelter Care/Detention Hearing

W.S. §§ 14-3-427(b), 14-6-227(b) & 14-6-427(b) require the appointment of an MDT within ten days of the filing of a petition. When a child is taken into protective custody or detained by law enforcement, a petition must be filed with the court and a shelter care/detention hearing must be held within 48 hours (excluding weekends or holidays). Whenever possible, immediate appointment of an MDT is strongly encouraged at the Shelter Care/Detention Hearing. Other mechanisms (such as family partnership teams, court teams, court processing guidelines and screening protocols) should also be used to ensure that appropriate services are made available as quickly as possible. Since Shelter Care or Detention Hearings involve highly intrusive state action, there is a compelling need to quickly develop a comprehensive understanding of the legal and clinical issues regarding the child and family. An MDT is an effective way to accomplish this. The appointment order should provide clear expectations and explicit timeframes. If possible, DFS should provide the judge and the prosecutor with the names of recommended MDT members based on the guidance contained in the *Member Section* of these guidelines. When all the necessary requirements of an Initial Hearing can be met at a Shelter Care/Detention hearing, the two hearings may be combined.

### Initial Hearing

If the child was not placed in Shelter Care or Detention, the Initial Hearing is the first hearing held after the petition is filed. Also, if the child was removed or detained but the full requirements of the Initial Hearing were not met at the Shelter Care/Detention Hearing, an Initial Hearing must be held. The court may appoint the MDT at this hearing and provide guidance in the form of an order outlining expectations and authority prior to and after adjudication. W.S. §§ 14-3-427(b), 14-6-227(b) & 14-6-427(b) require the appointment of an MDT within ten days of the filing of a petition.

### Adjudicatory Hearing

The Adjudicatory Hearing is similar to a “trial” phase in other courts. It is when the court hears the allegations (i.e., of abuse or neglect, the youth committed a delinquent act, or is in need of supervision) and decides whether they are true. This usually involves a “bench” trial before the judge but might also involve a jury to determine whether the allegations are true. If the parent or child admits the allegation, an Adjudicatory Hearing is not necessary. The MDT is not involved in the Adjudicatory Hearing except to provide

recommendations for the immediate detention, care and treatment of the youth or family, pending formal adjudication and disposition by the court.

### Dispositional Hearing

The purpose of the Dispositional Hearing is to make a determination (or disposition) of what should happen to the child and family, after the court determines (or the parties admit) that allegations were true. The juvenile court must receive the predisposition report and consider MDT recommendations prior to entering a disposition. In no event should a dispositional hearing be held without the appointment and subsequent receipt of recommendations from the MDT. An MDT may not be waived by a child or family or any other party to the proceeding.

### Recommended MDT meeting schedule

It is required that, in all cases in which the child is placed outside the home, the MDT shall meet at least quarterly (but more often, if necessary) to review the child and family's progress toward completing the family service plan and to quickly identify and report problems or changes to the court. When the child remains in the home, it is recommended that the MDT still meet quarterly during the first year to review progress on the family service plan and immediately identify problems that should be reported to the court.

### Confidentiality issues

The juvenile court process is confidential by statute. These statutes provide very clear and strict limits on the release of juvenile court and agency files, including information that is relevant to the MDT process. However, the statutes do allow for the sharing of relevant information among MDT members to make case planning recommendations to the court. (See W.S. §§ 14-3-214; 14-3-427; 14-6-203; 14-6-227; 14-6-427.) If an MDT member or other non-member with relevant information declines to share relevant information due to confidentiality concerns and the MDT feels the information is necessary to make appropriate family service plan or sanction recommendations, the first step should be to attempt to obtain a release of information from the affected party(ies). If the parties refuse to sign a release, the court should be notified of the need and relevance of the information sought and a court order for release of information should be obtained when appropriate and necessary.

It is also important to emphasize the MDT statutes set forth clear restrictions on the release of any information obtained through the MDT process. This information is confidential and cannot be used by anyone outside of the MDT process or for purposes unrelated to the MDT's function and authority. Confidential information can only be used for purposes related to making recommendations for appropriate family service planning and sanctioning of a child or family. This generally includes information relevant to the treatment needs of a specific child or family member as well as information relevant to determining a child's placement, education needs, and services needs. The members of the team may not use or share the information outside of the MDT process unless there is separate authority for gaining access to and using the information. Sharing information with persons/agencies outside the MDT is a misdemeanor crime that can

result in a fine of no more than \$500 (pursuant to W.S. §§ 14-3-427(g), 14-6-227(g) and 14-6-427(g)).

### Releases of information

Parents may be able to sign a multiparty release of information in order to make information available to the MDT. Separate releases may be necessary for mental health information, and a separate release is required to access information regarding substance abuse. Such releases must specifically state what information and records are requested. Entities holding information may have a specific release form that such entity requires to be signed in order to release information. Further, the social worker or probation officer may provide release documents for parental signature. The social worker or probation officer should be responsible for gathering the signature(s) necessary for the relevant releases and provide a copy to the MDT coordinator. If an entity chooses not to release requested records, the MDT should notify the court of the need and relevance of the information sought and a court order for release of information should be obtained when appropriate and necessary.

### Confidentiality agreements

All ordered members and invited attendees of the MDT should sign documents stating he/she understands and agrees to abide by the statutes governing confidentiality of the MDT. The MDT coordinator should maintain the original confidentiality agreements and the social worker/probation officer should maintain a photocopy.

Depending on the preference of the MDT, a confidentiality agreement could be signed by each appointed member and invited attendee at the beginning of the case or a confidentiality agreement could be circulated at every MDT meeting to be signed by all attendees (appointed and invited).

## Referrals and coordination of first MDT meeting

Once a juvenile petition is filed with the court and the court appoints an MDT, DFS and/or the prosecutor should refer the matter immediately to the MDT coordinator and should submit a copy of the court order. After the referral is made, the MDT coordinator should meet with the caseworker/probation officer to be updated on the case and read relevant case file material, including the status on the family service plan, if applicable. The coordinator should work with the caseworker/probation officer to ensure that all parties who are appointed to the MDT are listed and gather their contact information. It is recommended that the MDT coordinator work with the family and caseworker/probation officer to schedule the first MDT meeting and then inform the other parties of the date, time and location. The meeting's location, date, and time should first consider the family's schedule and needs, but taking into consideration the costs of the meeting if it is held outside the agency. If the coordinator is unsuccessful in contacting a listed MDT member, the coordinator should inform the caseworker/probation officer of his/her attempts and results. If a listed invitee has never attended an MDT, the coordinator should provide him/her with information (this guidebook) on the purpose and process prior to the first meeting.

## Identification and assessment of the family's strengths and needs

DFS utilizes a family-centered approach to identify strengths and needs of every individual in the family. The caseworker may work with a Family Partnership to gather the necessary information needed to complete assessments and make appropriate referrals for further evaluation. The Family Partnership model is a cross system method of working with children and families served by formal social service systems, such as child welfare, education, health and mental health, workforce services, corrections and perhaps other systems. Family Partnerships are comprised of support people identified by the family, as well as agency representatives who are involved with the family. The idea of the partnership is to provide a forum for the family to creatively develop strategies incorporating their natural supports with assistance from the systems in which they are involved. It also gives those systems the opportunity to communicate and collaborate. A Family Partnership facilitator (often times the caseworker assigned to the case) works with the group to develop a family service plan for the family providing clear expectations of the tasks and who is assigned to complete them.

The family service plan developed by the Family Partnership can provide the MDT with much of the necessary information to assist with making its recommendations to the court. If the family was voluntarily involved in services before court action was necessary, a Family Partnership and family service plan may already be in place. It is the responsibility of the caseworker to inform the MDT of Family Partnership plans and activities, as well as to be available to answer questions regarding the formulation of the plan.

DFS also utilizes a family-centered assessment process. This process includes a series of assessments and screenings at various stages of intake to pinpoint specific areas of need. Through this process, a worker will be able to identify when a child or family requires further evaluation, make the appropriate referrals and convey the results of the evaluations to the MDT to consider when developing their recommendation. The MDT may also identify areas of need but members should only recommend additional evaluation or testing when other risk factors are identified after the initial assessments, and the information that would be gathered from those additional evaluations is necessary to make appropriate recommendations to the court. Further evaluation or testing should come only at the request of a qualified professional in that field. For example, the education member may feel that an education evaluation is necessary before making case planning recommendations concerning education. Common areas of screening, evaluation or assessment are:

- Physical health;
- Mental health;
- Substance abuse;
- Domestic violence/family violence;
- Disabilities;
- Sexual predator;
- Sexual abuse; or
- Emotional/physical abuse;

## Information and records

Once a petition is filed, DFS begins preparing a predisposition report (PDR), as ordered by the court. If possible, a draft of this report and other pertinent information should be provided to the MDT coordinator prior to the first MDT meeting. The predisposition report should contain the following information:

- Source and reason for referral;
- The presenting problem;
- Social history of children and parents;
- Educational history;
- Physical health history;
- Mental health history;
- Prior offenses or court involvement;
- Social services involvement; and
- Other agency involvement.

Other information and records that should be available to the MDT:

- DFS Family Service Plan (if applicable);
- Independent Living/Transition Plan (if applicable);
- Documentation for recommendations involving out-of-home placement; (Example, if a diligent search for kin has been conducted and kin is available for placement, the worker should recommend the placement with the kin if that is in the best interest of the child. The worker should attach documentation for the basis of making the recommendation.)
- Copies of the child's or family's evaluations and assessments; and
- IEP & educational records.

It is imperative that the MDT coordinator and DFS caseworker collaborate to be prepared for the MDT meeting by determining who is responsible for submitting the above information to the MDT in a timely manner.

## Meeting attendance and collecting information from absent members

### Meeting attendance

Standards of member attendance at meetings should be based on what issues will be addressed and possible recommendations. All appointed and invited members should make every attempt to attend scheduled MDT meetings (either in person or by phone), especially if the child and/or family cannot attend or it is anticipated that a recommendation will be made requiring a relevant professional opinion. If a member is unable to attend, he/she should contact the coordinator as soon as possible. If the member's attendance and input is essential to the team's agenda and a recommendation should not be made without them, it is strongly encouraged that the meeting be

rescheduled as soon as practical in order to give the family and the team every opportunity to fully explore options and recommendations.

### Collecting information from absent members

If an MDT member will be absent and it is imperative that the meeting continue as scheduled, that absent member should contact the coordinator and provide him/her with any relevant information that will be helpful to the team in making family service plan recommendations along with a summary of his/her recommendations. If enough time is available, the MDT coordinator should disseminate the information to the team members prior to the MDT meeting.

## Conduct of meetings

In order to effectively facilitate the MDT meeting, the coordinator should, if possible, develop an agenda for each MDT meeting. The first task of the coordinator is to introduce all members in attendance at the meeting. In addition, the MDT coordinator should advise the team of members who are not in attendance. After introductions are made, the coordinator should provide a brief synopsis of the MDT's purpose and the format of the meeting. The MDT coordinator should ensure that every member is encouraged to take this opportunity to share information about the case. The MDT coordinator should also ensure that each member has the opportunity to provide his or her opinions and perspectives. If possible, the next meeting date, time and location are set at the close of the MDT meeting. Again, if the child is in placement, the next meeting should be held no later than three months, but best practices and the requirements of the case may warrant a meeting within one month's time.

## Making recommendations

All recommendations regarding treatment or rehabilitation services should be made or supported by individuals who are qualified by appropriate education, training, licensure or certification. The recommendations should also be supported by validated tools and assessment that provide accepted objective measures for that profession,. **Further, members of the MDT should represent their particular profession and make recommendations consistent with their education, training and/or certification. Members should not make treatment or other recommendations beyond the scope of their expertise, nor should placement be recommended without adequate assessment and a recommendation (written or verbal) for the appropriate level of care by a licensed or certified professional in that particular field.**

Recommendations should include clear and concise goals regarding the expected result of the treatment or service and estimated time frames in which these goals should be reached. The goals should be measurable and the MDT recommendations or DFS family service plan shall include plans for the team's appropriate monitoring or oversight of the progress toward reaching the stated goals. Resolving disagreement on recommendations to the court has evolved into very different practices in the various jurisdictions. In some, decisions are made by votes and majority rules. Other jurisdictions have strong mandates from the court to continue working and exploring options until consensus of all members is reached. Best practices would tend to support the consensus building approach except when consensus cannot be met in a timely

manner. If a unanimous agreement is not reached, all positions and rationale should be included in the MDT report for the court to review. Lack of parental or child endorsement should be of special concern to the MDT. If the family does not support the plan, it could set up the plan for failure. Recommendations should reflect placement and family service planning. Members should also be given the opportunity to provide a written explanation of their dissenting position for inclusion in the MDT report.

Recommendations and goals must fully address and balance three main areas. These are 1) family relations (permanency plan), 2) treatment needs and 3) education needs. In delinquency cases there is a fourth area required by statute, 4) sanction recommendations. All of these recommendations will be impacted by whether the child is home or in (or consideration is being given to) an alternative placement. Recommendations to place a child outside the home should be carefully considered and should only be made when extreme circumstances exist, such as when the safety of the child or family would be at risk and no in-home services can ameliorate that risk. Regardless of their age, moving children causes turmoil and trauma to the child and to all family members and increases the difficulty of stabilizing and strengthening the family in the long-term.

The negative impact of placements must be factored into all areas of the recommendations. For example, the educator may feel that the school district does not have the appropriate level of services or training to fully meet the education needs of a child and therefore wants to recommend that the child be placed at a regional Board of Cooperative Educational Services (B.O.C.E.S.) to meet their education needs. However, if this means long-term separation from family, then the child's need for permanency would not be met by this recommendation. The MDT team must look for a "balance" that can address the education needs in a different way that allows for family relations to be maintained and strengthened.

In the case of an adolescent who is acting out, temporary removal from the home often provides a short term relief to the family, but creates a long-term destabilization by removing the opportunity and impetus for parents to learn new skills and make changes in their own attitudes and behaviors. The goal is to solve, rather than cover up or shift, the underlying problems that led to the crisis. MDT members provide dispassionate expertise to ensure that solutions recommended to the court will be appropriate and effective.

### Family Relations recommendations

A critical goal of this legal process is to maintain or repair family relationships and ensure that children are raised in their own family, provided safety can be assured. The MDT must begin with an understanding of the current family relationship in order to make recommendations about how it could be strengthened. Family input is critical and should be encouraged by all members of the MDT. When, even with all available service and supports, a child may not be safely maintained or returned to their home in a reasonable time, the MDT must develop a concurrent plan for permanency within a new family (often a relative or, when kin is not a viable option, the foster family).

The Adoption and Safe Families Act (ASFA) establishes a basic framework for child welfare practice. The MDTs work and insight assists the court to make informed

decisions required by ASFA. ASFA applies to CHINS or delinquents as well and emphasizes that all children should grow up in safe, stable families (their own whenever possible), rather than in foster care or institutions. There are some basic federal and state requirements that should be incorporated into family relations recommendations which include:

1. 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.
  - If the child has already been removed prior to MDT appointment, this initial determination has already been made, but MDT members should always consider what actions they could recommend to make it safe for the child to return home.
  - If the child is still in the home, then the MDT should focus on actions that will prevent the need for removal (see #2) and only recommend removal from a child’s home when there is no other reasonable alternative that ensures the child’s health and safety.
2. For all children who have an MDT, the state must make “reasonable efforts to prevent placement.”
  - If the MDT is meeting on a child who is still at home – a critical question should be what efforts can be made to prevent the need for placement in the future.
3. If the child is already in placement, is the state making reasonable efforts to address the issues that caused the removal so that the child may return home (or the alternative permanency plan can be achieved) as soon as possible.
4. When a child has been out of his/her home for a period approaching one year, the court must hold a “permanency hearing” to review efforts made to reunify the family and to review the permanency plan for the child.

### Treatment recommendations

Treatment recommendations should be made by professionals who have the appropriate training and expertise for the area being addressed. It is the Department of Family Services’ policy to obtain assessments and evaluations from independent professionals who have no financial interest in the treatment recommendations. However, emergencies, limited access to some professional evaluations and other circumstances of the case will sometimes preclude independent evaluations. The MDT’s role in treatment recommendations is primarily one of quality assurance. Members should monitor delivery, hold providers accountable and ensure that services are necessary and appropriate and delivered as agreed. If the treatment provider making a recommendation also has a financial interest, the MDT should consider this interest in its recommendations. When a child is not progressing in treatment at the expected rate, the MDT should review the services being delivered and consider the need for additional evaluations to ensure that the child has been diagnosed correctly and that the services called for in the treatment plan are being delivered.

## Education recommendations

The MDT should work with the schools to ensure that the educational goals of the student are fully addressed in the recommendations and that educational rights are not being compromised by the recommendations of the MDT.

If the child qualifies for special education, a copy of the Individualized Education Program (IEP) or 504 plan should be provided to the MDT. (See the confidentiality provisions of this Guidebook for further information on the appropriate process for sharing confidential information.) The IEP contains information about the most appropriate and least restrictive environment in which the student's goals can be attained. This information should be shared and explained by the school district representative and considered by the MDT members in making family service plan or sanction recommendations. Specifically, pursuant to federal special education regulation, the school district's MDT representative shall ensure the IEP addresses appropriate federal regulations, specifically 34 CFR 300.346(2), which states that, "In the case of a child whose behavior impedes his or her learning or that of others, consider, if appropriate, strategies, including positive behavioral interventions, strategies, and supports to address the behavior..." and relevant disciplinary regulations specified in 34 CFR 300.519 – 300.543 regarding disciplinary procedures, especially when a change of placement related to the child's behavior is contemplated. These situations require a prior behavioral intervention plan, including a functional behavioral assessment which should be available to the MDT. The appropriate educational placement identified in the IEP should be used by the MDT as the starting point for determining case planning or sanction recommendations to the court. If the recommendations of the MDT do not coincide with the most appropriate educational placement for the child, this must be reported to the court pursuant to W.S. § 21-13-315(e).

If the child does not currently qualify for special education but there are indicators that the child could qualify, the child should be referred to the school district for testing and evaluation to determine if the child has a condition that would qualify him or her for special education services, (or accommodations under Section 504 of the federal rehabilitation act). If testing determines that the child is eligible for special education services, the appropriate steps, including development of an IEP should be completed prior to making dispositional recommendations to the court whenever possible.

If an education referral is not necessary or the educational testing indicates the child does not qualify for special education services or other accommodations, the school district representative should provide recommendations to the MDT related to the most appropriate educational placement based on the child's educational needs and in accordance with the child's goals and desires whenever possible. It is strongly recommended that the school district assume leadership in identifying and planning for the educational needs. This should include the development of an education plan that will maximize the child's opportunity to receive credit toward graduation and keep the child in the home school and community whenever possible. The child shall be maintained in their home school with appropriate transportation provided.

If the circumstances make it impossible to keep the child in the community and/or the home school, a clear transition plan should be developed that outlines how credits will be earned and transferred back to the home school. Whenever possible, this plan should not allow any educational time or credit earned by the student to be lost during transition – either because of school policies that preclude partial semester credits or because education credits earned will not qualify for credit in the local school district. (Both of these circumstances, if they exist, should be a consideration in reporting to the court whether the educational placement is appropriate.) If there is a potential for children involved in the court process to lose education credits due to local rules or policies, these guidelines encourage the local school district to immediately bring this to the attention of the school board to address the problem.

The court must designate the child’s school district or districts of residency in the disposition order as part of the juvenile court process pursuant to W.S. § 21-13-315(h). Unless the court indicates otherwise, this school district will be the designated school district for all MDT related education services and coordination throughout the life of the court case. For those children qualifying for special education services, the home district remains responsible for the development and implementation of the IEP, while the child is in placement and for transition planning when the child returns home. However, this does not preclude working with a local school district where the child is placed to arrange for appropriate educational services in the most appropriate and least restrictive setting when appropriate. If the school district does not participate on the MDT as outlined in these guidelines, the court should be advised of the circumstances and asked to provide guidance or take appropriate action to ensure that all education related provisions contained in Wyoming statutes are met.

When the child has been suspended or expelled from school, the worker should explore whether the district has alternative education programs available. If the court has identified the expelling school district as the child’s “school district of record,” the school district should be asked to fulfill the role of the education representative on the MDT unless the court has instructed otherwise.

### Sanction recommendations

When a child is adjudicated as a delinquent, the MDT is given the additional responsibility to recommend sanctions to the court for consideration in the disposition. The Juvenile Justice Act provides detailed instruction in its purpose statement and statutes pertaining to Sanction Levels. The MDT should review these statutes and provide recommendations consistent with the statute in the written report to the court. When unusual circumstances exist, the MDT should inform the court of the circumstances and conform to the recommendations to address these whenever possible. The MDT sanction recommendations must also be balanced with the recommendations related to family relations, treatment and education.

## MDT report

It is important for the court to know how and why the MDT came to its recommendations. The written report should be filed with the court at least five (5) days prior to the next court hearing. Likewise, the coordinator should provide a copy of the report to all team members five (5) days prior to the court hearing. The MDT report, at a minimum, 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, including, but not limited to:
- 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 PRTF placement, WYCAPS number, and WISER number;
- 4) List of court ordered members, informational members, invited participants 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;
- 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.”*

- 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.

## Subsequent MDT Meetings

The primary function of the MDT in subsequent meetings is to review family service plan goals and records to determine whether services are being implemented and are effectively addressing the needs previously identified by the MDT. The MDT should also review progress toward family service plan goals. The meetings should be scheduled at least two weeks prior to any scheduled review or permanency hearings and the MDT report submitted to the court and parties in a timely manner for their review.

## Case closure

The MDT should continue meeting regularly until the court’s jurisdiction ends.

# Appendices

## Appendix A – MDT Report Cover Sheet

Provided as a sample only.

### Multidisciplinary Team Meeting Report Cover Sheet

Childs Name:	Judge:
Date of Birth:	Meeting Date:
Docket #:	Court Date:

MDT Meeting Composition/Relationship to Child:

Diligent Search and Notice:

- |                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mother located (and invited to MDT)<br><br><input type="checkbox"/> Father located (and invited to MDT)<br><br><input type="checkbox"/> Adult relatives located | <input type="checkbox"/> Relatives contacted about possible placement<br><br><input type="checkbox"/> ICWA discussed (if yes tribal notification)<br><br><input type="checkbox"/> ICPC process initiated (if potential for out-of-state placement) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Placement History:

<u>Placement</u>	<u>Length of Time/Dates</u>
<i>Current Placement:</i>	

ASFA Timelines:

Current date	
Date removed from home	
Adjudication date	
Disposition date	
<b>Total number of days in care</b>	
<b>Total number of months in the last 22 months in care</b>	
<b>Total number of placements</b>	

Permanency plan:

Current permanency goal	
Concurrent permanency goal	
Current placement type	

Court reviews, hearings, MDT, FP/wrap around conferences:

Last review hearing	
Next review hearing	
Next 12 month perm hearing	
Last MDT	
Next MDT	
Next FP/WA conference	

Reason child came into care: \_\_\_\_\_  
\_\_\_\_\_

Specific continuing safety concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for continued placement: \_\_\_\_\_

Safety plan completed date: \_\_/\_\_/\_\_

MDT Recommendations:

Recommendations (majority view):	
Did all members agree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Members who did NOT agree with majority view:	
Non-Agreeing members' recommendations:	

BACKGROUND INFORMATION:

MDT DISCUSSION:

RECOMMENDATIONS DISCUSSION:

Attachment(s): Case plan

Respectfully Submitted,

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MDT Coordinator