

Multi-Disciplinary Child Protection Teams

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I. INTRODUCTION

DHR is mandated to provide for the development and coordination of Multi-Disciplinary Child Protection Teams throughout Alabama to assist and supplement protective services for abused and neglected children (§ 26-16-50). § 26-16-51 provides that the Department shall adopt guidelines and criteria relating to the teams' operation and functions as promulgated by an ad hoc advisory committee. These teams are valuable resources for collaborating with other disciplines in a community that provide services to abused and neglected children.

County Departments shall mobilize community resources to help protect Alabama's children and facilitate interest and support for developing new resources to provide treatment for abusive/neglectful parents. Child abuse/neglect issues are multifaceted and existing community services may not adequately meet protective service families' needs. The potential for developing community resources will vary from county to county, and resource development is a joint effort between County Departments and their communities. Examples of community resources include, but are not limited to, the following:

- Prevent Child Abuse Alabama;
- Crisis Nursery Centers;
- Family Options;
- Children's Trust Fund; and
- Family Resource Centers.

II. GUIDELINES FOR DEVELOPING TEAMS

DHR has adopted the following guidelines and criteria as prepared by the Governor's ad hoc advisory committee, and they shall supplement existing DHR protective service functions and activities.

A. Team Membership

Multi-disciplinary child protection teams must be composed of representatives from the County Department of Human Resources, local law enforcement agencies, District Attorney's Office, educational systems and the medical community. In communities where local volunteer groups deal with CPS needs (e.g., child abuse prevention), those organizations should have a representative on the multi-disciplinary team. These teams may be merged with other mandated or voluntarily formed teams in the county (e.g., multi-needs child team, child death review committee). If the teams merge, the multi-disciplinary team's legally mandated functions must be carried out.

Multi-disciplinary teams may also include other professional representatives from the mental health, legal, judicial, child development, and other appropriate disciplines. Appropriate members of a family's ISP team may also be included on the multi-disciplinary team.

B. Team Functions

The Multi-Disciplinary Team's function shall include, but is not limited to, the following:

- Advisory Case Consultation - Gathers expert advice, opinions or information as an aid in the assessment and treatment planning for abused/neglected children and their families.
- Information and Referral - Serves to provide case coordination and assistance in an effort to provide a full array of services without duplication (e.g., type and location of services available to abused/neglect children and their families from public agencies in the community).
- Education - Provides for child abuse/neglect educational and community awareness campaigns in an effort to enable citizens to more successfully prevent, identify, report, and treat child abuse/neglect.
- Resource Development - Occurs when a team identifies recurring gaps in services and unmet needs of abused/neglected children and their families; explores methods by which resources can be developed or enhanced to fill gaps and unmet needs.
- Treatment - Allows for comprehensive medical and psychological programs for the identification/diagnosis of child abuse/neglect and treatment/rehabilitation programs for abused/neglected children and their families.
- Meetings - Teams must meet at least once every two (2) months unless prior approval has been given in writing by the DHR Commissioner. DHR-FCS-1522, Multi-Disciplinary Child Protection Team Report, may be used to request such approval.
- Case Referrals - Any case involving Alabama children and their families may be presented by any team member when the case situation meets Alabama laws defining child abuse/neglect or the case involves children who are at risk of serious harm and are, therefore, in need of child protective services.
- Confidentiality - Confidentiality of family information must be ensured pursuant to state law and each team member must sign the DHR-FCS-1521, Multi-Disciplinary Child Protection Team Member Commitment And Confidentiality Agreement. The children's and adult family members' surnames may be used during team meetings when the confidentiality agreement has been signed and adhered to by all team members.
- Individual Team Plans - Each County Department of Human Resources Director or their designee was required to submit an operational plan to the

DHR Commissioner within ninety (90) days after the adoption of these guidelines. This plan included team functions; membership; provisions for referrals; caseload; team standards; record keeping; membership selection and retention; follow-up reporting; meeting location, scheduling, and coordination; and any other needed provisions. Any revisions to the operational plan must be submitted to and approved by the DHR Commissioner. DHR-FCS-1522, Multi-Disciplinary Child Protection Team Report, is used to request this approval.

III. GUIDELINES FOR EFFECTIVE USE OF MULTI-DISCIPLINARY TEAMS

The following guidelines are provided for making the most effective use of teams.

A. Referrals

Any team member may refer a case to the team for consultation and recommendations by completing DHR-FCS-1519, Multi-Disciplinary Child Protection Team Referral Form. Submit the referral form to the team coordinator as early as possible, but at least one (1) day before the team meeting.

B. Cases Appropriate for Referral

Cases considered appropriate for referral to the multi-disciplinary child protection team include, but are not limited to:

- Severe physical or sexual abuse and neglect where CPS staff are unsure of the disposition, or other involved professionals disagree with the disposition (e.g., child has been abused/neglected and the identity of the person allegedly responsible for abuse/neglect is unknown or in dispute, and the child's safety must be ensured);
- Child has injuries from physical/sexual abuse or neglect, and there is uncertainty about the appropriate treatment plan;
- Abuse/neglect continues after CPS intervention, and there is uncertainty about the appropriate treatment plan;
- Severe emotional abuse has resulted in the child being emotionally disturbed or rejected by the parents/primary caregivers (e.g., divorce/custody disputes) and there is uncertainty about the appropriate treatment plan;
- Parents/primary caregivers are suspected of being dangerous and there is uncertainty about how to proceed with CPS intervention;
- CA/N reports occurring in out-of-home settings and case consultation is needed;

- Several disciplines are involved with a family and a more coordinated approach is needed for service planning and delivery in order to prevent a duplication of services and to provide better service delivery;
- Cases representative of a population of children (e.g., children with sexually transmitted diseases, truants, runaways) who require specific disciplinary expertise (e.g., medical, educational, legal);
- Medical neglect of handicapped infants (aka “Baby Doe” cases);
- Consultation is needed regarding decisions to place children in foster care or reunify children with their families;
- Foster care placements experiencing unique challenges and there is uncertainty about the treatment methodology that is in the child’s best interest;
- Consultation is needed to assist with decisions regarding termination of parental rights;
- Cases in which any team member or the public has expressed concern or disagreement with the processing and/or disposition of a CA/N report; and
- DHR staff need safe case closure consultation.

These case situations are intended to serve only as a guide, and team members may refer any case they deem appropriate. Cases requiring crisis intervention are not usually appropriate for referral since most team meetings are scheduled at regular intervals. However, it may be appropriate to consult with one or more of the team members during crisis intervention as they may be able to assist with diagnosis or treatment by sharing their expertise.

C. Team Recommendations

Team members must reach consensus concerning their recommendations. Occasionally, it may be necessary for the team coordinator to determine consensus by actually voting on a recommendation. Team recommendations shall be documented in the case record.

D. Follow-up Case Consultations

The Multi-Disciplinary team may continue to consult on cases at regular intervals after the initial referral. Care should be taken to ensure that new cases are being considered as well as those cases that are being reviewed for follow-up consultation. Prior to follow-up consultations, child welfare staff shall complete sections I and II of the Multi-Disciplinary Team Follow-Up Report (DHR-FCS-1520) and submit to the Team

Coordinator. The follow-up consultation will be documented in sections III and IV and returned following the presentation.

IV. ANNUAL REPORTS

County Departments shall complete an annual report on the activities of their multi-disciplinary teams using DHR-FCS-1522, Multi-Disciplinary Child Protection Team Report. These reports must be submitted by September 30th of each year to SDHR's Office of Child Protective Services as they are used to apprise the Joint Legislative Committee on Children and Youth of the teams' activities across the state.