MDT Best Practice

Can’t we just all get along??????

What we do to kids they grow up and do to the world…

Standards for Accredited Members (revised 2017)

”To ensure that all children across the U.S who are served by Children’s Advocacy Centers receive consistent, evidence-based interventions that help them heal.”

#1 – Multidisciplinary Team Members §15.2-1627.5

- Prosecution (shall establish)
- Law Enforcement
- Child Protective Services
- Medical
- Mental Health
- Victim Advocacy
- Children's Advocacy Center *
- ICAC (Internet Crimes Against Children Task Force)*
- School Superintendent / Designee
- Sexual Assault Crisis Center
- Victim/Witness
- Other Members

§15.2-1627.5

- "shall conduct regular reviews of new and ongoing reports of felony sex offenses involving a child"
- "…at the request of any member of the team, may conduct reviews of any other reports of child abuse and neglect, or sex offenses"
- "..shall meet frequently enough to ensure that no new or ongoing reports go more than 60 days without being reviewed by the team"

FOIA Exempt §2.2-3705.7 & §2.2-3711

- Excludes the records of a MDT as they relate to individual child abuse, or neglect or sex offenses involving a child.
- Exemption from open meeting requirement.

Make the Meetings Fit your Jurisdiction

- Consider more than one meeting
- Consider two types of meetings
- Consider rotating attendance
- Consider reviewing as many types of cases as you can

A. Interagency Agreement / M.O.U.

- All MDT Agency Heads sign
- Ensures continuity of practice
- Reviewed Annually
- Re-executed with change in leadership

B. Written Protocols

- Developed with input from all MDT members
- Reviewed minimally every 3 years
- Make sure new members are given copies

C. All Members Involved in Cases

- Consistently involving all members throughout each case
- Initial outcry through prosecution

D. Effective Information Sharing
E. Written Protocol

- Should be spelled out in your protocol
- Enhances decision making and minimizes duplicative efforts
- Password protected – proper destruction
- Confidentiality Sign-In sheet

F. Feedback

- Regular opportunity for feedback (formal and informal) both for the MDT and the operations of the CAC
- CAC has a formal process for reviewing and assessing the information provided
  - Surveys
  - Suggestion Boxes
  - Specific MDT meetings for this

G. Training / Educational Opportunities

- Annual training relevant to investigation, prosecution, and services for children *and* their non-offending care-givers
- Cross-Discipline in nature and MDT-focused

#2 Cultural Competency and Diversity

Cultural Competency: the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.

Cultural Competency = Well Functioning MDT

- Cultural competency is a takes proactive planning and focuses on:
  - Culture and degree of acculturation (process of adaptation)
  - Ethnicity
  - Gender
  - Gender Identity and Expression
  - Sexual Orientation
  - Disabilities
  - Religion
  - Income
  - Geography

A. CAC conducts a community assessment every 3 years

- Community demographics
- CAC client demographics
- Analysis of disparities between these populations
- Methods the CAC utilizes to identify and address gaps in services
- Strategies for outreach to un- or underserved communities
- Method to monitor effectiveness of outreach

B. Ensure provisions are made for non-English speaking and hard of hearing

- For the child *and* the family throughout all steps of the investigation, intervention and case management
- Barriers in communication hinder the effectiveness of the entire process
- Make preliminary protocols prior to need
- Appropriate translators should be used – ideally professionals
  - Not Family Members
  - Not Children
  - Warn of Content

C. Services are tailored to meet individualized needs

- Diverse backgrounds
- Unique needs
- Identify barriers from original contact with child/family and communicate these to the entire team
- Recognize that prior experience with police and/or government authorities may impact disclosure and cooperation
- Discuss physical disabilities, cognitive delays and mental health disorders

D. CAC makes ongoing efforts to reflect the demographics of the community

- Makes efforts to recruit, hire and retain staff, volunteers and board members

#3 Forensic Interviews

FI's are coordinated to avoid duplicative interviewing and are conducted in a manner that is legally sound and of a neutral, fact finding nature.

A. Forensic Interviewers are trained (Child First Virginia)

- CAC/MDT staff have received specialized training
- Minimum of 32 hours
- Evidence-supported protocol
- Pre and post testing
- Content is comprehensive and includes child development, implementation of protocol, dynamics of abuse, disclosure process, cultural competency, etc.
- Requires reading of research

B. Interviewers must participate in ongoing education

- CAC and/or MDT must provide specialized training for interviewers on developments in the fields relevant to their delivery of services to children and families
- Minimum of 8 hours every 2 years

C. CAC/MDT Protocol for Forensic Interviews

- Must include:
- Case acceptance criteria
- Criteria for choosing who conducts the FI
- Personnel expected to attend/observe
- Preparation Methods (Information Sharing)
- Use of Interview Aids
- Use of Interpreters
- Recording / Documentation
- Interview Methodology
- Introduction of evidence in the FI
- Sharing of FI information among the MDT
- Mechanism for collaborative case coordination
- Process for multi-session or subsequent interviews

D. MDT members involved in the investigation must observe the FI

- Ensures necessary preparation, information sharing and coordination
- CAC, LEO, CPS - what about CAs?

E. 75% of cases that meet CAC acceptance protocol get Fis in the CAC

- When conducted outside of the CAC – still use FI protocol
- Just because it is not under the "acceptance protocol" doesn't mean you can't uses CAC

F. Peer Review required of interviewers

- Minimum of 2x a year
- Structured Peer Review Process by other trained Forensic Interviewers
- Review and Performance Feedback of actual interviews
- Discussion of current research and trends

G. Coordinate Information and History Taking

- Ideally done by the CAC
- Value in avoiding duplication of all parts of the process – not just FIs
- History taking necessary part of multiple components – discuss how this can be minimized

#3 Victim Support and Advocacy

- Parent / Caregiver support is essential to reducing trauma and improving outcomes
- Up-to-date information and ongoing access to comprehensive services
- Victim-centered advocacy is critical to successful intervention, investigation, prosecution and ideally treatment.

A. Comprehensive and coordinated advocacy by a trained victim advocate
B. Ongoing Training

- Minimum of 24 hours of instruction
- Trained in dynamics of abuse, trauma-informed services, crisis assessment, risk assessment and safety planning, professional ethics, victim rights, court education
- If multiple agencies are providing delivery of services – protocols to ensure seamless coordination.
- Ongoing education – 8 hours every 2 years

C. Provide a Constellation of Services

- Crisis assessment and intervention, risk assessment and safety planning at all stages
- Assessment of individual needs and cultural considerations for the child and the family
- Present to discuss information with the parent/caregiver at the FI
- Education of victims' rights and crime victim's compensation
- Assistance in procuring concrete services (housing, protective orders, transportation, etc.)

C. Provide a constellation of services

- Referrals for specialized, trauma-informed mental health and medical treatment
- Case review participation
- Updates to the family on case status, continuances, inmate release, etc.
- Court education
- Coordinate case management between those providing services

D. Active Outreach and Follow-up
E. Written protocol

- Follow up beyond initial assessment and crisis response
- On-going, regular contact, may need to be repetitive
- Protocol defines who in the CAC/MDT provides which victim services – review for gaps

#5 Medical Evaluation

- Provide specialized medical evaluation and treatment services to all victims, as appropriate
- Should NOT be limited to those for which forensically significant information is anticipated
- Classified as emergent, urgent and non-urgent, follow-up

A. Medical evaluations conducted by specifically trained provider
B. Ongoing Training

- Child Abuse Pediatrics Sub-Board eligibility or certification
- If a Physician or Physician-Assistant not certified in child abuse pediatrics – minimum of 16 hours of didactic (scientific-based) training in the medical evaluation of child sexual assault
- SANEs / FNEs should have a minimum of 40 hours coursework specific to child sexual abuse and a clinical preceptorship where they can demonstrate competency in performing an exam (IAFN guidelines)
- Method for Continuous Quality Improvement (CQI)
- Continuing Education of 8 hours every 2 years

C. Expert review of abnormal or "diagnostic" findings

- 50% of all findings deemed abnormal or diagnostic of trauma need to undergo expert review by an "advanced medical consultant". (Recommended for all exams in this category)
- Must be reviewed by:
- Child Abuse Pediatrician (preferred)
- Physician or Advanced Practice Nurse with the following:
  - Minimum training requirements
  - Performed at least 100 child abuse exams
- "De-Identified Log" / Timing of Review

D. – G. Specialized Medical Exams available to all victims

- Regardless of disclosure – the exam is available
- Regardless of ability to pay – the exam is available
- Written protocol for referral procedures
- Written protocol for when exam is recommended and the timing of the exam (emergent, urgent, non-urgent)

H., J. Documentation and Photographs

- Appropriate thorough, consistent documentation
- Protocol on history taking, competency, truth/lie
- Storage and transfer of records
- Storage and transfer of photographs
- Storage and preservation of evidence
- Findings shared with MDT in a routine, timely and meaningful manner
- Suspected child abuse is HIPAA exception

I. MDT members are trained about the medical exam and protocol

- Important to understand what happens, where it happens and when it needs to happen
- Often non-medical members are the first to explain to a family about the exam
- Consistent and accurate information decreases anxiety and misconceptions

#6 – Mental Health

Consistent, available, evidence-based, trauma-focused mental health services, designed to meet the needs of the children *and* caregivers

A. Training Requirements for Providers
B. Ongoing Training
I. Ongoing Clinical Supervision

- 40 contact hour CEUs in relation with license requirements, evidence-based treatment for trauma training and clinical supervision AND one of the following:
  - Master's degree, licensed, certified, or supervised by a licensed mental health professional
  - Master's degree or license-eligible in a related mental health field
  - Student intern in an accredited mental health related graduate program, when supervised by a licensed/certified mental health professional (both need to meet 40 hour requirement)
- 8 hours of continuing education every 2 years in child abuse
- Clinicians participate in clinical supervision/consultation

C., D. Evidence-supported, trauma-focused mental health services consistently available

- Use of a Trauma-specific assessment including traumatic events and abuse-related trauma symptoms
- Use of standardized measures to inform treatment
- Individualized treatment plan based on assessments
- Individualized, evidence-supported treatment
- Child and care-giver treatment
- Referrals to other community services as needed
- Treatment available regardless of ability to pay

E., F., G. Written Protocols

- Details of how mental health care is accessed by victims and caregivers
- Guidelines for sharing of mental health records – what is HIPPA exempt and what needs a release
- Guidelines for clear explanation of what will be shared with others to the client

E., F., G. Written Protocols

- Role of the mental health professional on the MDT
  - Attendance and participation at MDT meetings
  - Sharing of information at MDT
  - Service as a clinical consultant to the MDT on child-trauma and evidence based practice
  - Supporting the MDT in treatment progress
  - *****Expectation for testifying – closed circuit and case-specific*****

H. Supportive Services to the Caregiver

- Safety of the Child
- Emotional Impact of Abuse Allegations
- Risk of Future Abuse
- Issues or Distress that Allegations may Trigger
- On-site at the CAC or by agreement with other providers

#7 Case Review

A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case status, and services needed by the child and the family occur on a routine basis.

A. MDT Written Protocols

- Frequency of Meetings
- Designated Attendees
- Case Selection Criteria
- Process for Adding Cases to the Agenda
- Designated facilitator/coordinator
- Mechanism for distribution of agenda / cases to be discussed
- Procedures for follow-up recommendations to be addressed
- Location of Meeting

B., C., D. & E. Case Review Meetings

- Minimum of a monthly meeting - Not in line with our code requirements
- Representatives previously listed
- Input from all partners at the meeting
- Review Interview Outcomes
- Discuss, plan and monitor the progress of the investigation
- Review medical evaluations
- Discuss Child Protection and Safety
- Provide input for prosecution and sentencing decisions

B., C., D. & E. Case Review Meetings

- Discuss emotional support and treatment needs of the child and family and strategy for meeting those needs
- Assess the family's reaction to the disclosure and criminal justice involvement
- Review civil case updates as well as criminal case status
- Make provision for court education and support
- Discuss ongoing cultural and special needs relevant to the case
- Ensure that all children and family members are afforded the legal rights and comprehensive services they are entitled
- Designated individual coordinates any follow-up recommendations

#8 Case Tracking

The CAC develops and implements a system for monitoring case progress and tracking case outcomes for all MDT components

CAC track, aggregate data and client feedback

#9 Organizational Capacity

A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative policies and procedures

Incorporated private, non-profit or government based agency

Administrative protocols, financial review, succession plan

Promotes well-being, trains on vicarious trauma, techniques for building resiliency… both CAC staff and MDT members

#10 Child-Focused Setting

Child-focused setting is comfortable, private, and both physically and psychologically safe for diverse populations of children and their family members

Child Interview Area or CAC

- If available – child-proofed and safe and sanitary play area
- Victims and Alleged Offenders always separated through the full array of services
- Protocols if serving juvenile victim/offender clients
- ADA accommodations
- Live observation of interviews and the ability to give feedback to the interviewer
- ****Protocol about who can watch the interview****
- Separate and Private area for interviews, advocacy and others awaiting services

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