

Multidisciplinary Team (MDT) Collaboration and Engagement Guide

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PREVENTION, PRESERVATION, AND PROTECTION DIVISION

The Michigan Department of Health and Human Services' (MDHHS) Prevention, Preservation, and Protection Division is pleased to release the Multidisciplinary Team (MDT) Collaboration and Engagement Guide to assist Michigan's 83 counties with the successful collaboration of their multidisciplinary teams. It is also designed to support effective implementation of the Governor's Task Force on Child Abuse and Neglect's statutorily required protocol, A Model Child Abuse and Neglect Protocol (MCA) Utilizing a Multidisciplinary Approach (DHS-PUB-794 Rev 6-21).

In August of 2021, the MCA/MDT Technical Assistance Workgroup was formed to develop suggestions to aid in the development, implementation, and maintenance of MDTs and to assist MDTs in developing their protocols as required by Michigan law. The workgroup consisted of representatives of the many disciplines that make up the state's MDTs.

This MDT Collaboration and Engagement Guide is the result of that collaboration. It highlights the importance of cooperation in addressing incidences of child abuse and neglect by encouraging collaboration between stakeholders, including prosecutors, Children's Protective Services, law enforcement, child advocacy centers, medical providers, and many others. The guide has suggestions for how communities can form their MDTs and how to keep their protocols current. It also contains suggested approaches that may be adopted by each county. Each MDT should ensure that implementation of any of the suggested approaches complies with the Child Protection Law before adoption.

The MDT Collaboration and Engagement Guide also serves as a reminder that the principles of diversity, equity, and inclusion should guide the MDTs as they serve Michigan's children and families and the systems intended to protect them.

Multidisciplinary Team Workgroup

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MULTIDISCIPLINARY TEAM ENGAGEMENT AND COLLABORATION GUIDE
Provided by MCA-MDT Technical Assistance Workgroup

DEFINITIONS

Case Review

Case review is the formal process that enables the multidisciplinary team (MDT) to monitor and assess its collective effectiveness so they can assess the investigations, trends, gaps, and well-being of children and families. It serves as a process to share information, experience, and expertise to guide collaborative efforts. The case review is a conversation, with a victim-centered focus, that fosters mutual support for the victim and their families. It also ensures that the local or statewide **Model Child Abuse and Neglect Protocol** is followed. Definition from the National Children’s Alliance.

Diversity

The range of human differences, abilities, experiences, and perspectives.

Equity

Fair and just treatment, access, and opportunities for all people while building better outcomes for historically and currently disadvantaged populations.

Inclusion

A culture that fosters diversity, equity, support, and respect within every facet of organizational services and activities. **Definitions of diversity, equity, and inclusion (DEI) from the Michigan Department of Health and Human Services’ (MDHHS) DEI plan.**

Model Child Abuse and Neglect Protocol

The *Model Child Abuse and Neglect (MCA) Protocol*, DHS-Pub 794, is an investigative and systems roadmap for coordination among the prosecuting attorney, Children’s Protective Services (CPS), law enforcement (LE), and Children’s Advocacy Center (CAC) staff, as well as the medical, mental health, school, victim advocacy, Friend of the Court, Division of Child Welfare Licensing, Licensing and Regulatory Affairs, and federally recognized American Indian or Alaskan Native tribes or bands that respond to suspected child abuse/neglect.

The MCA protocol is to be used as a guide by each county to develop their own community-based child abuse and neglect protocol. The MDHHS and prosecuting attorney shall take a leadership role in the construction, implementation, and maintenance of a local protocol using this model. To access the MCA protocol, click on [Model Child Abuse Protocol](#).

Modifications to any county-specific procedures to how the prosecuting attorney offices send information over to law enforcement must still adhere to the Child Protection Law (CPL), the

Governor’s Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, DHS-PUB 779, and any other relevant statutory provisions.

For best practices related to local investigative protocols, see section: Local Investigative Protocol Best Practice Recommendations.

Multidisciplinary Executive Team

An MDT executive team is composed of key representatives, such as the chief county prosecutor, county child welfare director, CAC county director, and law enforcement. The role of the executive team is to reflect on goals of case reviews, successes, challenges, developing a diverse MDT team following MDHHS’ DEI values, and brainstorming solutions. The executive team ensures that the local county protocol is reviewed and updated annually and is signed by all required MDT members.

Multidisciplinary Team

The MDT’s primary purpose is to ensure coordination of the procedures and practices of the various agencies, organizations, and personnel involved in the detection, investigation, and prosecution of child abuse and neglect cases, as outlined in the MCA protocol, and is coordinated by the prosecuting attorney and MDHHS. The MDT is a collaboration between law enforcement, CPS, medical personnel, mental health professionals, prosecuting attorneys, victim advocates, and in such counties, CAC staff, among others.

Among the duties and responsibilities are regular meetings to increase communication among MDT members. Whether MDTs act only in an oversight capacity or are actively involved in case-by-case decision-making, the MDT facilitates and supports the work of its members, coordinates the sharing of information, and provides oversight to increase awareness of, and compliance with, the law and best practices outlined in the MCA protocol.

MDT objectives are to:

- Coordinate the investigation.
- Conduct a thorough, fair, impartial, objective, and timely investigation.
- Eliminate racial or ethnic bias and appearance of bias or prejudice during investigation and when reaching conclusions and deciding intervention.
- Minimize trauma to the alleged child victim.
- Ensure fairness to the person(s) accused.

PARTICIPATION IN MULTIDISCIPLINARY TEAM

As outlined in the MCA protocol, the CPL requires the MDT consist of the following officials, who must coordinate their efforts. See MCL 722.628(6).

- Prosecuting attorney – MDT leader unless prosecuting attorney designates this task.
- Michigan Department of Health and Human Services (MDHHS) designee.

The MDT may include, but is not limited to, the following additional professionals, on a case-by-case basis:

- Child Advocacy Center (CAC) personnel.
- Federally recognized American Indian or Alaska Native tribe or band.
- Friend of the Court (FOC) personnel.
- Law enforcement (LE) officials.
- Licensing and Regulatory Affairs (LARA) personnel.
- Medical personnel.
- Members of or advocate for racial and ethnic minority populations.
- Mental health personnel.
- School personnel.
- Victim or child advocate.

The roles of MDT members should be determined by those investigating child abuse and neglect. Not every case will require the participation of all MDT members.

Each identified member of the MDT should ensure that, in their absence, there is a representative to attend the meeting from their office or program area to provide input and guidance related to their role in the investigation. The local office protocol must indicate who will be the lead for the MDT meetings and participation will be determined by this lead depending on the case dynamics.

Each member is encouraged to watch the Prosecuting Attorneys Association of Michigan (PAAM) trainings that specifically speak to each professional's role on the MDT. *See link to PAAM trainings in Resources section below.*

MULTIDISCIPLINARY EXECUTIVE TEAM

- Development of the executive team should include the local MDHHS county director, chief prosecuting attorney, and if the county has a CAC, the CAC director. These individuals should decide who will lead the MDT and case review process.

- Develop a meeting schedule for key representatives to engage in regular and ongoing meetings either in-person or virtually.
- The executive team should review standard operating procedures for coordinated case planning, service delivery, investigations, forensic interviews, information sharing, confidentiality, case review process, and quality improvement.
- As a team, discuss the goals of the MDT and case review process. For instance, if the goal is victim-centered decision-making, then the MDT and case reviews should include individuals from other professions (i.e. mental health).
- Encourage MDT medical personnel to participate in a medical peer review process.
- Establish a process for ensuring confidentiality during case reviews.
- Identify an advocate in the community for an under-represented group to inform the case review process.
- Discuss the importance of diverse representation in MDT meetings and implement a policy and/or practice to ensure DEI is imbedded in the MDT process. If diverse representation is identified as a challenge, the MDT executive team should engage with stakeholders to identify ways to improve DEI within the group, including recruitment efforts.

MULTIDISCIPLINARY TEAM LEADERSHIP

- MDT leadership or their designee should ensure MDT members understand why MDT meetings are held and reiterate that attendance and input is necessary.
 - a. The individual identified as the lead for MDT meetings should be the contact person for all members and responsible for identifying and ensuring appropriate individuals are present during case reviews and/or meetings.
 - b. Ensure that law enforcement understands the importance of their participation and the reason (accreditation, funding, etc.).
- Create and maintain a contact list for all current MDT members, including designees for the prosecutor and MDHHS for that specific county and/or area.
- MDT leadership or their designee should provide a high-level overview of the MCA protocol and the differences between MDT meetings and case reviews.
- MDT leadership or their designee should ensure that all MDT members, especially new members, are oriented to how that MDT functions.
- MDT leadership or their designee should consider presenting to MDHHS staff at least twice a year, or as needed, given their county's hiring rate to ensure workers are aware that there is a local MDT.
- MDT leadership or their designee should consistently host, attend meetings, and ensure that case reviews are consistently held with all required participants in attendance.
- MDT leadership or their designee should contact each chief/sheriff within their servicing jurisdiction to make introductions and explain what the MDT's responsibilities and goals are and express the importance of law enforcement participation in these meetings.

- MDT leadership or their designee should collaborate with law enforcement to provide a guide to new detectives or officers attending the MDT to understand what is expected.
- MDT leadership or their designee should identify and collaborate with local and regional child abuse medical resources, balancing proximity of services with needs for special expertise.

ORIENTATION TO AND FUNCTIONING OF MULTIDISCIPLINARY TEAM

- MDT leadership or their designee should provide a high-level overview of the MCA protocol and the differences between MDT meetings and case reviews.
- MDT lead should meet with new members to go over the processes, their role, and provide them the materials for training, etc.
- MDT leadership or their designee should ensure that all MDT members, especially new members, are oriented to how that MDT functions.
- Each MDT member should have access to written processes and/or a manual that details each stakeholder's role.
- Each MDT member should receive adequate training, including:
 - a. Information about the purpose and operation of MDTs.
 - i. Information on why children need medical care after suspected abuse and what the medical forensic care experience is like.
 - ii. Ongoing training to keep up to date on referral processes and mental health services.
- MDTs should conduct case reviews. **See section: Best Practices for Case Review Process.**
 - a. Teams should have policies for special case review sessions (i.e. cases that involve children who may be members of a federally recognized American Indian or Alaskan Native tribe or band).
 - i. Coordinate with the respective Tribal government if the child or family is affiliated. Tribal governments are sovereign nations and cannot speak for each other. It is important to attempt to engage the specific Tribal government involved in the case to be reviewed. Each Tribal government has specific programs and resources unique to them that can be made available to the children and families involved.
 - ii. Utilize the link in the Resources section for Tribal representative contact information.
- Collaboration between law enforcement and MDT leadership or designee should occur to determine the best way to share information, such as required accreditation information for specific cases.
- If the local office or region has a CAC, members and stakeholders should take a tour of the facility.

- MDTs should coordinate with their local FOC to develop processes for exchange of information and engagement in the case review process.
- An MDT designee for medical care coordination should educate team members about medical referral processes and keep contact numbers and triage information up-to-date and available to all team members for common medical forensic needs:
 - Emergency care (less than 120 hours) after suspected sexual abuse.
 - Non-emergency care (“delayed disclosure”) after suspected sexual abuse.
 - Care for suspected physical abuse.
 - MDTs should consider addressing client out-of-pocket costs for medical care and lab testing recommended by the MDT.
- MDTs should coordinate with medical professionals to explore available resources, including:
 - a. Local training by regional or state experts.
 - b. Case review and/or peer review support from regional or state experts.
 - c. Telemedicine support.
 - d. Transportation for children to access expert resources.
 - e. Consulting with child abuse pediatricians through the MDHHS CPS Medical Advisory Committee (MAC) about medical resource development.
 - f. Consulting with forensic nursing leaders, Sexual Assault Nurse Examiners - Pediatric (SANE-P) through the Michigan Chapter of the International Association of Forensic Nurses (IAFN) about medical resource development.

BEST PRACTICES FOR CASE REVIEW PROCESS

- MDTs should conduct case reviews.
- Teams should have policies for special case review sessions (i.e. cases that involve children who may be members of a federally recognized American Indian or Alaskan Native tribe or band).
- Coordinate with the respective Tribal government if the child or family is affiliated.
 - a. Utilize the link in the Resources section for Tribal representative contact information.
- The case review process serves to monitor current child abuse and/or neglect cases.
- Case reviews could be grouped by geographic area, especially in counties where there is not an identified MDT.
- Representatives to be included in regular attendance of case review meetings should be considered by the MDT lead and include the key agencies that are involved with children and families impacted by child abuse and neglect. This includes: a representative from the local prosecuting attorney’s office, Children’s Protective Services workers and/or supervisors, and law enforcement investigators and/or supervisors; and in most

communities, CAC staff (such as forensic interviewers, victim advocates, or directors), trauma informed mental health professionals, and medical professionals.

- Case reviews should have a designated facilitator who helps maintain the meeting flow, guides conversations, and ensures that best practices are employed in meeting facilitation.
- Case reviews should occur at least monthly. An MDT leader/designee should develop and keep a regular and consistent case review meeting schedule and ensure that it's provided to all members.
- Each member of the team should work together to educate each other on the information-sharing processes and procedures for their profession and determine what information is required at case reviews.
- The team should ensure that everyone has an opportunity to provide input and recommendations during case reviews.

Including Other Professionals/Partners

The MDT lead should decide whether to include other partners in the case review process, on a case-by-case basis, depending on the circumstances. Other partners to consider are Tribal representatives, Title IX investigator, or school officer, etc. As it pertains to a mental health professional, one of the benefits of connecting with an evidence-based trauma informed therapist during the case review process is to assist the MDT team with understanding normal parent and/or child behaviors and responses. A trauma-informed mental health professional could also assist the team with understanding trauma responses and provide information on the best treatment options that support a victim-centered approach.

LOCAL INVESTIGATIVE PROTOCOL BEST PRACTICE RECOMMENDATIONS

Each agency is responsible for conducting case responsibilities based on their policy and procedures. The MCA protocol informs the MDT how to work together and does not dictate job responsibilities. The goal is to provide guidance on how to interact as an MDT and how to engage with each other to support collaboration and ensure success.

- The MCA and/or local county protocol should be reviewed through a DEI lens.
- Ensure the team knows the demographics in their county and that there is diverse representation of perspectives and voices during the implementation and/or revision process.
- Create a process for recommending changes and determine when the local protocol will be reviewed and signed. Best practice would be for the protocol to be reviewed and signed annually.
- Representatives from the local MDT teams should meet at least annually to develop, review, revise, or ensure the protocol policies are up-to-date and effective for the community they serve.

- Connect with other counties who recently implemented the protocol, as well as those with more experience on how to implement the local county protocol, if there are challenges.
- Access to professionals with discipline-specific credentials should be provided to MDT members. Prosecutors and attorneys representing MDHHS should be provided with a resource attorney who can provide technical assistance in trying a criminal or child protection matter involving a child who is the victim of child sexual abuse.
- An emphasis should be placed on experiential learning for law enforcement, child advocacy center staff, MDHHS employees, and attorneys representing MDHHS. This training is best conducted using mock courtrooms, mock crime scene investigations, and mock forensic interviews. A minimum of two days of training should be conducted initially for members of the MDT. Additional advanced training should be provided annually for those professionals who continue to work on child sexual abuse cases.
- An accountability mechanism should be identified, authorized, and implemented to ensure that prosecutors, law enforcement, and MDHHS in each county follow the Child Protection Law's requirement to adopt and use local protocols based on the MCA protocol.
- MDT members should conduct all activities in child protective proceedings and criminal justice proceedings involving child sexual abuse in accordance with best practices, training, policies, standards, and procedures available.
- MDT members should have a minimum number of 10 training hours about child sexual abuse before beginning work in this field. In addition, each professional should complete at least 10 hours of training for each year in the profession. Employees of MDHHS should comply with the training mandates of their agency.

RESOURCES

CHILD ADVOCACY CENTERS

[Child Advocacy Center Contact List](#)

[Guide for Case Reviews provided by Genesee County Child Advocacy Center](#)

MEDICAL PROFESSIONALS

[2021 Statewide Child Abuse Medical Experts Resource Guide. Statewide Forensic Psychological Evaluation Providers Combined List](#)

[CHAMP Position Statements](#)

[What MDT Partners Need to Know](#)

[Medical Peer Review Resources](#)

MULTIDISCIPLINARY TEAMS

[Copy of Genesee County MDT Orientation Manual](#)

[ICWA Designated Agents Listing | Indian Affairs \(bia.gov\)](#)

[MDT Orientation Manual Example](#)

[PAAM Training Calendar](#)

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

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