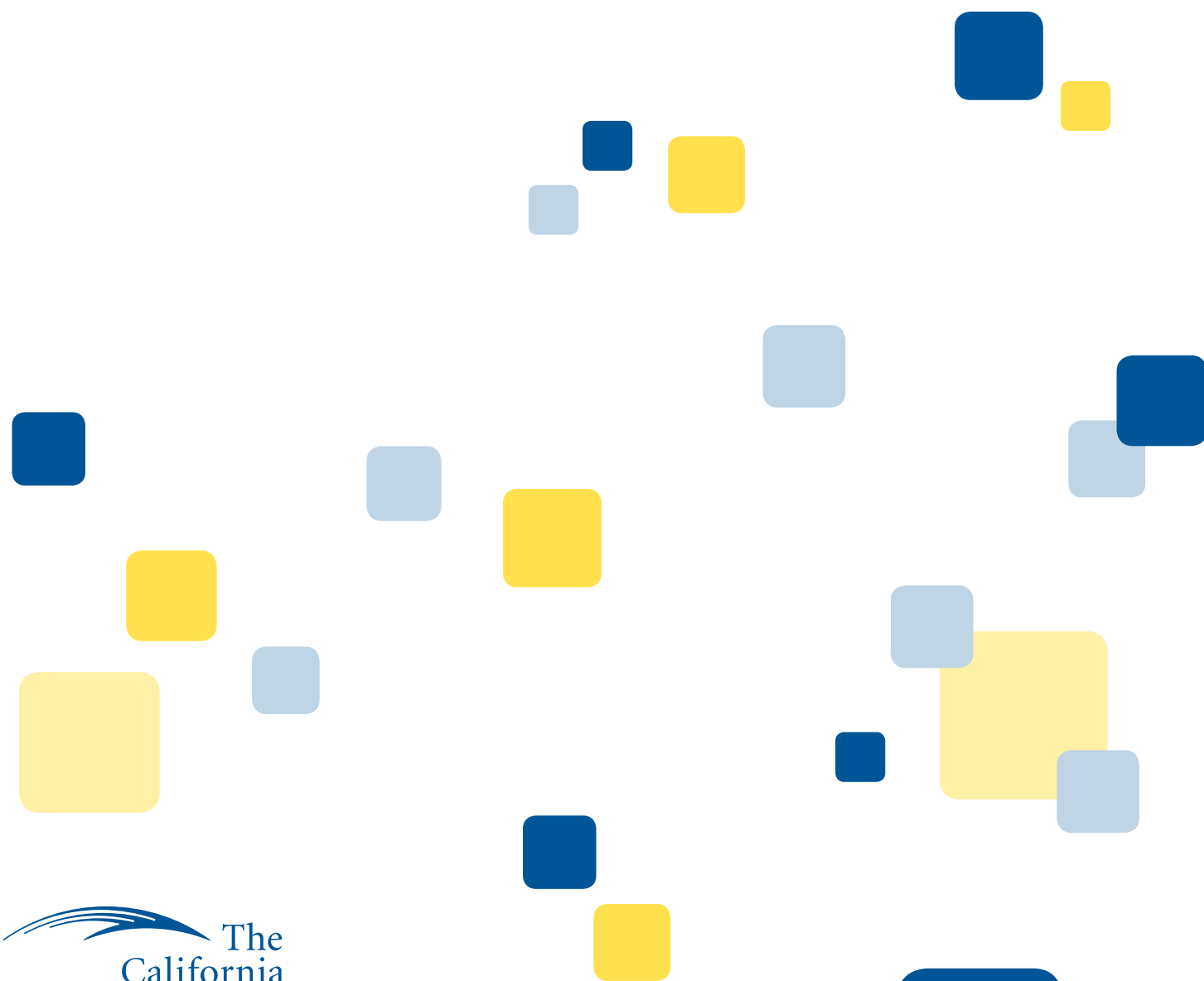




MAY 2010

MULTIDISCIPLINARY TEAMS



Most youth in the juvenile justice system have some level of mental health, substance abuse, behavioral, and physical health problems and many have been victims of abuse or trauma. They often struggle with learning disabilities and have difficulty staying in school. Some youth are pregnant or are parenting. In addition, these youth and their families are generally in need of benefits and resources such as health insurance, housing, income assistance, and food stamps.

The complex needs of these youth and their families require the provision of services and benefits provided by multiple agencies outside of probation, including mental health, alcohol and drug, human services, public health, education, and child welfare, as well as community-based providers. Multidisciplinary teams (MDTs) are an important mechanism increasingly used by probation departments to ensure that youth with complex needs receive the cross-agency and community services that can support their successful rehabilitation and return to the community.

In addition, MDTs promote collaboration between agencies and identify service gaps and breakdowns in coordination between agencies or individuals. They also enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplines.

MDTs can help juvenile justice programs:

- Share and review mental health screening and assessment results and mental health case histories to develop age-appropriate, culturally responsive treatment plans
- Collectively develop case plans that include placement recommendations and incorporate services provided by multiple agencies and providers
- Coordinate the provision of health, mental health, substance abuse, and other needed services
- Facilitate referrals to health care and mental health services and access to benefits and resources
- Monitor progress and address issues and barriers that arise for youth and their families in accessing services and meeting goals
- Coordinate reentry (aftercare) services with community-based organizations and providers
- Increase accountability for youth, families, and providers

“The challenge of a collaborative effort like the MDT is that we are all used to working in our own little silo. So we have to break out of that silo and work with the courts, alcohol and drug, and the schools. We had our bumps in the road, but in the long term what it did was taught us a new way of doing business that was much more effective. We can see the results.”

– Karen Staples, Retired Chief Probation Officer, Ventura County Probation Department

WHAT IS A MULTIDISCIPLINARY TEAM?

A multidisciplinary team (MDT) is a group that meets regularly to share information and provide comprehensive assessment and consultation for youth in the juvenile justice system. MDT members generally are professionals from diverse disciplines representing the various agencies in contact with the youth and many times parents and youth participate in the MDT meetings as well. MDTs in the juvenile justice system can fulfill a variety of functions—some work together on youth case plans and are based either in probation or the court, while others may specifically address mental health treatment plans, coordinate reentry services, or delegate primary responsibility and coordinate services for “cross-over” youth that are in both the child welfare and juvenile justice systems (241.1 WIC assessment process). Overall, their primary purpose is to help team members collectively develop recommendations for treatment and services, facilitate and coordinate access, and solve problems that may arise in the plan to effectively meet the multiple needs of the youth under their jurisdiction.

“A multidisciplinary team is a collaborative where everyone working with the youth is at the table to develop the best strategy of how to get that youth and their family what they need to be successful.”

– Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department



LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

All of the Healthy Returns Initiative counties either established new MDTs or expanded their existing MDTs, with some counties establishing contracts and memorandums of understanding (MOUs) with local agencies and community providers. As a result, most of the counties revisited and reorganized their MDT guidelines and working procedures. In general, the Healthy Returns Initiative MDTs brought together probation, mental health, public health, education, lawyers, parents, and sometimes youth on a regular basis to address youths' health and mental health issues and the needs of their families. These teams helped youth receive appropriate treatment and services, both in detention and in the community, by making referrals, appointments, providing transportation, and connecting youth to evidence-based programs. In order to provide these services, the teams developed numerous tools to identify youth and family needs and establish short- and long-term goals.

MULTIDISCIPLINARY TEAM MEMBERS

In the counties participating in the Healthy Returns Initiative, each MDT had a different composition and not every county was able to include all of these potential members on its teams.

Juvenile Justice

- Probation Officer
- Probation Manager
- Field Probation Officer
- Juvenile Hall Manager
- Custodial Care
- Family Resource Specialist

Mental Health

- Department of Mental Health Clinician
- California Forensic Medical Group Clinician
- Juvenile Hall Psychiatrist
- Juvenile Hall Clinician (e.g., LCSW, Psychologist, MFT)
- Mental Health Clinical Services Coordinator

Public Health and Medical

- Registered Nurse
- Juvenile Hall Nurse
- Public Health Nurse
- Health Educator

Education

- School personnel
- County Office of Education
- Education Advocate

Legal Community

- Public Defender
- Alternate Public Defender
- Public Defender Social Worker
- District Attorney

Community-Based Partners

- Certified Application Assistor
- Wraparound programs
- Mental Health Services Act Full Service Partnerships (MHSA/FSP)
- Children's System of Care
- Family Preservation
- Private therapists, clinicians, and medical professionals
- Gang violence prevention organizations
- Counseling centers
- Reentry programs
- Tribal organizations

Parents/Caregivers/Relatives



PROMISING PRACTICES

Routine Sharing of Information

Even if MOUs are established with providers participating in MDTs to share information, confidentiality issues including youths' Health Insurance Portability and Accountability Act (HIPAA) rights, Family Educational Rights and Privacy (FERPA), their right to consent to services, juvenile court confidentiality rights, and parental rights still exist. In Los Angeles County, consent from youth and parents is needed first to open the doors for cross-systems information sharing. Other counties established standing court orders to facilitate the sharing of information.

For some of the issues MDTs address, formal data sharing agreements and informed consent may not be necessary to work effectively with the family and collaboratively with partners. However, while MOUs can facilitate the sharing of non-clinical information, confidentiality release forms are critical for accessing information on behavioral, educational, and mental health issues and to address these issues in all aspects of case planning (e.g., mental health treatment, education needs, and needed family services).

Once confidentiality issues are addressed, information shared by the Healthy Returns Initiative MDTs can include MAYSI-2 results; probation and criminal history; current and recent behavior; mental health diagnoses, treatment, and medication history; physical health and medical issues; insurance status; education information, including an Individualized Education Plan (IEP); and legal issues (e.g., pending court dates, disposition options).

In Santa Clara County, weekly MDT meetings have created a formal process for information sharing across the range of providers involved with the youth. Multiple providers develop a shared understanding of the youths' needs and plans to address them. In addition, information is shared between providers that otherwise would not occur. For example, the MDT process allows for the routine sharing of medical information (e.g., prescribed medications) between the medical and juvenile hall staff. When youth are transitioned to an out-of-home placement, notes from the MDT are shared with the new placement, along with any court orders, psychiatric assessments, individual education plans (IEPs), and notes from the probation officer.

Co-location of Cross-Systems Providers

In Santa Cruz County, probation works collaboratively with their on-site Children's Mental Health (CMH) clinicians. Following the implementation of the Healthy Returns Initiative, the probation department was able to hire a Certified Health Educator and contracted with a Certified Application Assistor (CAA). These professionals were co-located at juvenile hall, which allowed them to access the county probation data systems along with CMH clinicians and nursing staff. They were fully integrated into the MDT process and participated on various interdisciplinary committees.

Addressing Mental Health Issues

Santa Clara County developed their MDT process as a strategy to better manage juvenile hall youth with complex mental health needs. The MDT creates a basic care plan for youth in custody, as well as a Mental Health Care Plan (MHCP) that includes short- and long-term care plans and goals for youth while in custody and as they transition to the ranch, placements, or back home. The MHCP includes both clinical and custody goals, and documents family, school, psychiatric, and medication histories; probation status; and behavioral problems. When possible and appropriate, the MDT meets, develops the plan, and then brings in the youth for input. By "seeing" the range of team members at the table and having the opportunity to "be heard," the minor is engaged in implementing the plan and making needed changes. At the completion of each MDT, the MHCPs are updated and distributed to the participants and units within 24 hours. Because it has not been possible to integrate the probation and mental health information systems, mental health staff enter the MHCP into both systems.

Including Public Health Professionals

In Ventura and Santa Cruz counties, probation included public health professionals on their MDTs. In Ventura County, the Department of Public Health nurse provided gender- and age-specific comprehensive health assessments of youth and their family members. The nurse also helped teen parents access parenting assessments and health education tools and provided education to youth about the physiological impact of substance use on the body, such as the effects of methamphetamine use on dental and oral health and the development of skin lesions and “meth mouth” after chronic use. The Department of Public Health has strong collaborations with community health clinics and community-based organizations such as the Teen Clinic and Planned Parenthood. Having this direct linkage on the MDT connected the probation department to many partners in the community that did not exist prior to the Healthy Returns Initiative.

In Santa Cruz County, probation hired a health educator, who was an employee of the Santa Cruz County Health Services Agency (HSA). The health educator provided a broad range of services, attended the MDT meetings, and helped develop the anti-gang curriculum. HSA also provides two nurses who work at juvenile hall and attend MDT meetings.

“We brought our health educator into our placement screening MDT where the probation officers meet with families to discuss placement options. Having that physical health information was an enormous help in locating appropriate placements for youth and determining the best situation for them.”

– Kathy Martinez, Assistant Juvenile Probation Director, Santa Cruz County Probation Department

Youth Reentry Multidisciplinary Teams

In Santa Cruz County, there were four community-based organizations that provided most of the reentry services for youth in the juvenile justice system. These organizations were provided a stipend under the Healthy Returns Initiative grant to offset the costs of meeting regularly to assess and improve the coordination of reentry services. The Youth Reentry Team (YRT) developed a data sharing agreement and a short, two-page needs assessment that was administered to youth and their parents. Depending on the answers provided on the needs assessment, youth were then referred to the appropriate agencies for services.

Probation officers working with youth in the Los Angeles County Healthy Returns Initiative program work collaboratively with community-based partners, the youth, their families, and the field probation officers responsible for the probation case. The HRI probation officer participated in weekly MDT meetings and was a conduit of information for community partners or others who could not participate in the process.

Family and Youth Involvement with the Multidisciplinary Team

Traditionally, juvenile justice programs focus on youth in the system and youth that are at high risk for becoming involved with the system. While the initial focus of the Healthy Returns Initiative set by The California Endowment was also on these youth, the Los Angeles County program extended its focus to the youth's families. By the end of the first year, all of the participating counties had also expanded their strategies to include active outreach to and engagement with families.

In Santa Clara County, parents are invited and encouraged to participate in the juvenile hall MDT process. Prior to a youth's release from juvenile hall, a special MDT meeting is held with the probation officer and parents to set up services in the community and the probation officer does the follow-up on this plan.

Additionally, most of the Healthy Returns Initiative counties utilized home-based service provision and arranged service availability convenient to family schedules, such as nights and weekends, which overall helped MDT members engage families in complying with case plans.

Developing Trust and Rapport with Youth and Families

In Ventura County, each MDT member was bilingual, which was a significant asset in building trust and relationships with monolingual Latino families. While the team typically worked together on each case, there were scenarios when it was advantageous for one team member to take the lead to leverage his or her professional expertise. For example, because of the "power of the badge," there were instances when the probation officer took the lead because the badge could command respect and open doors in times of crisis when timely access to resources was paramount. Having a probation officer as part of the MDT was also a strength when going into homes in neighborhoods that could be unsafe or prone to violence. However, during sensitive situations, such as health issues, depression, grief, relationship issues, and conflicts, youth and their families were more likely to respond better to the public health nurse or therapist. The MDT relied on a gentler approach in these situations and the public health nurse or the therapist took the primary role in working with the youth.

IMPROVING OUTCOMES

- MDT care plans for youth in detention better address youth with physical and mental health needs, thereby increasing the stability and safety of the youth and reducing their time in confinement. In Santa Clara County, incidents involving minors trying to harm themselves and having to be transferred to the emergency psychiatric ward have decreased.
- MDT members share critical information that is used to inform case plans both in and out of custody. Increased information sharing between county agencies and community-based organizations allows services to be integrated more effectively, resulting in greater access to treatment and resources for youth and families.

“It has helped so much to have the staff be there for us, making calls to support us. I have two kids in the hall and with the help from this program, they are doing better. They have been more positive and are feeling more comfortable. They can trust the case manager.”

— Parent, Los Angeles County

- The MDT process has increased communication, empowered staff, and enabled departments to “speak the same language.” The process has reduced the opportunity for minors to manipulate and play departments and individuals against each other, ultimately resulting in a more efficient and effective work environment.
- The MDT approach with youth and their families offers greater opportunities to establish personal connections, which increases trust and rapport, as well as broadening the perspective of staff to the issues and challenges faced by the youths and their families. The MDT approach enhances the overall chances for success.

CHALLENGES OF UTILIZING MULTIDISCIPLINARY TEAMS

Funding and Resources

Budget cuts at the state level trickle down to local agencies and community-based partners, affecting collaboration and service capacity in the community. In general, not enough funding is available or allocated to supporting interagency collaboration. Contracting costs associated with MDT members may be unsustainable for many probation departments. In the Los Angeles County Healthy Returns Initiative program, MDT participation was not paid for or contracted.

Securing Buy-in and Building Trust with Partners

Securing buy-in for the MDT process from multiple agencies and providers, as well as probation and juvenile hall staff, takes significant time and planning. Before developing MOUs, agreements, and protocols, probation departments should anticipate challenges, articulate the need for collaboration, and build relationships. In addition, establishing trust and rapport between partners is essential for sharing highly sensitive information.

“We clearly underestimated the need for developing skill sets in our staff for how to better engage families in service plans. We’re still working on that to this day.”

— Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department

Working with Families

Engaging and maintaining relationships with families is time-consuming and difficult. Probation departments often need technical assistance on how best to work with families in the community to build trust. Family engagement is especially difficult considering that many families are dealing with significant problems. In addition, many of the youth are court dependents and may enter the juvenile justice system from child welfare (e.g., foster care or group home placements), making family members inaccessible. For example, in July of 2009, over 5,000 of California’s youth in foster care were under the jurisdiction of probation agencies.¹

¹ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). Child Welfare Services Reports for California, University of California at Berkeley Center for Social Services Research website, http://cssr.berkeley.edu/ucb_childwelfare.

NOTES ON POLICY

Legislation Promoting Multidisciplinary Teams in Juvenile Justice

In 2005, Senate Bill 570 (Midgen) was passed in California, which established an optional procedure within county juvenile courts for the identification, assessment, and disposition of minors with serious mental and emotional disturbances or developmental disabilities, including case review by a MDT.² Currently, no counties are known to use this process.

ADDITIONAL RESOURCES

Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System, National Center for Mental Health and Juvenile Justice

Healthy Returns Initiative Case Studies – Final Report, Desert Vista Consulting

Healthy Returns Initiative Case Studies – Grantee Supplemental Resource Compendium, Desert Vista Consulting

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System, National Council on Crime and Delinquency

Santa Cruz County Healthy Returns Initiative: Final Evaluation Report, Ceres Policy Research

² For more information on Senate Bill 570, visit the California Legislative Information website, http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_570&sess=05o6&house=B&author=migden.



www.healthyreturnsinitiative.org