

Guidelines of Practice for

CHILD ABUSE MULTIDISCIPLINARY TEAMS (MDT'S)

In New Jersey

NEW JERSEY TASK FORCE ON CHILD ABUSE
AND NEGLECT PROTECTION SUBCOMMITTEE

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THE FOLLOWING DOCUMENT WAS REVISED BY:

The New Jersey Task Force on Child Abuse and Neglect, Protection Subcommittee and
The New Jersey Multidisciplinary Team Coordinators' Association (NJMDTCA):

Atlantic County
Bergen County
Burlington County
Camden County
Cape May County
Cumberland County
Essex County
Gloucester County
Hudson County
Hunterdon County
Mercer County
Middlesex County
Monmouth County
Morris County
Ocean County
Passaic County
Salem County
Somerset County
Sussex County
Union County
Warren County

EXECUTIVE SUMMARY

This document is a collaborative effort to agree upon best practice guidelines for all public and private service providers who work with children experiencing abuse and neglect. The core multidisciplinary team (MDT) includes child protection, police, prosecutors, victim witness, medical and mental health providers who investigate crimes against children and protect and treat children in their local communities. Through MDT case review each team member comes to a better appreciation of the roles and responsibilities of other team members. Service plans among all partners expand and evolve as timely discussions take place during each agency's decision making process.

Since 1986, the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) has taken a lead role in establishing and growing the multidisciplinary teams in each of New Jersey's twenty-one counties. As of 1999, every county in New Jersey maintained a functioning MDT and employed an MDT Coordinator on a part time or full time basis.

It is the mission of MDT's to ensure that all survivors of child abuse and their non-offending family members receive appropriate diagnosis and treatment and supportive services in a well-timed manner. MDT's provide a comprehensive approach to the child's needs and prioritize the most effective investigation. These combined acts and decisions promote healing and limit the number of child interviews conducted by each agency. Partners always strive to offer adequate resources to the child and family through the system's function. Therefore, it becomes important for each discipline to have a vested interest in the process and the outcome of the case. The professional disciplines share an ownership in the disposition of the case.

MDT's collaborate through shared information and decision making forged from a consensus approach. Each team's core elements include case review by all members of the community who have a legally mandated responsibility or an on-going interest in child maltreatment. MDT cases typically concern an allegation of criminal child sexual abuse. The cases consist of parallel criminal and child protective service investigations. MDT's are guided by child maltreatment statutes, DYFS policy, Regional Diagnostic and Treatment Center protocol and practice, the 2007 DCF/Law Enforcement Joint Investigation Protocol and locally developed protocol and affiliation agreements. The MDT Coordinator facilitates information gathering and each bi-monthly meeting. At the meeting, each service provider describes their service delivery plan and the status and effectiveness of past case management decisions.

In an effort to promote greater implementation of best practice standards throughout the state and identification of barriers to best practice standards, County Based MDT Advisory Boards and a Statewide Executive MDT Advisory Board are necessary. Each Board should consist of senior decision makers who can dialogue about best practice standards, build consensus around the standards at a county, regional and state level and designate concrete actions within their body or agency to achieve the standards. MDT's are the core process of a child advocacy center or a child abuse investigative unit. The National Children's Alliance currently conducts a thorough and independent certification and licensing process of all MDT applicants based upon ten core standards. Currently eleven out of twenty-one MDTs have some level of associate or full certification NCA member status. The NJTFCAN Protection Subcommittee recommends that the remaining ten MDT's work toward NCA MDT certification.

FUTURE MULTIDISCIPLINARY TEAM OBJECTIVES

After a thorough review of existing needs and fiscal resources, the NJ Task Force on Child Abuse and Neglect designated the follow future MDT objectives:

- ▶ Seek formal legislation adopting the MDT process.
- ▶ Establish and convene a Statewide MDT Advisory Board.
- ▶ Review MDT case management approaches at annual Prosecutor's and DYFS' Central Office meetings.
- ▶ Adopt MDT practice guidelines.
- ▶ Advocate for vertical prosecution of all sexual abuse cases with adult suspects. Vertical prosecution is a single detective and single prosecutor assigned to the family from investigation to complaint approval, grand jury, plea or ultimate trial.
- ▶ Promoting establishment and legislation to create formation of CAC's within every county. CAC funding for emergency services such as funds to assist families with maintaining stability in their housing or health insurance co-payments.
- ▶ Promote legislation to support NJ Children Alliance (NJCA).
- ▶ Establish working relationship with the Office of the Child Advocate and the New Jersey Multidisciplinary Team Coordinator's Association (NJMDTCA).
- ▶ Uniform statewide data collection – National Children's Alliance (NCA) TRAK.
- ▶ Survey successes and limits of forensic interviews protocols that include rapport building, anatomy identification, touch inquiry, abuse scenario and closure.
- ▶ Recommend timely information sharing with Child Fatality and Near Fatality Review Board; work collaboratively to implement recommendations of annual report across systems.
- ▶ All MDT's should adhere to the practices of the NCA by seeking certification as either a full, associate of MDT member.
- ▶ MDT's should consider the availability of funding through the Children's Justice Act of the New Jersey Task Force on Child Abuse and Neglect and seek funding for those projects which are complimentary and consistent with the goals of the MDT Guidelines and the Children's Justice Act.
- ▶ Initiate debate among service providers and the general public as to the need for a comprehensive child bill of rights that promotes the primacy of the best interest standard in all executive, legislative and judicial government conduct.

INTRODUCTION

A Multidisciplinary Team (MDT) is a group of professionals who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect. Members of the team represent the government agencies and private practitioners responsible for investigating crimes against children and protecting and treating children in a particular community. An MDT may focus on investigations; policy issues; treatment of victims, their families, and perpetrators; or a combination of these functions. The MDT approach promotes well coordinated child abuse investigations that benefit from the input and attention of many different parties, especially law enforcement, prosecution, and child protective services, to ensure a successful conclusion to the investigation and to minimize additional trauma to the child victim.

It is now well accepted that the best response to the challenge of child abuse and neglect investigations is the formation of an MDT. In fact, formation of such teams is authorized, and often required, in more than three-quarters of the States and at the Federal level. Hospitals have been using MDT's in a variety of ways for nearly 40 years. The MDT approach often extends beyond joint investigations and interagency coordination into team decision making. Team investigations requires the full participation and collaboration of team members, who share their knowledge, skills, and abilities. Team members remain responsible for fulfilling their own professional roles while learning to take others' roles and responsibilities into consideration. (*Forming a Multidisciplinary Team to Investigate Child Abuse*, Office of Juvenile Justice and Delinquency Prevention, hereinafter OJJDP, 2000, second edition, pp. 2,4).

A multidisciplinary team (MDT) approach that coordinates the activities of law enforcement, child welfare, medical, mental health, and legal agencies is widely recognized as the most effective approach to cases involving child maltreatment. The needs of a child who has been victimized are best served when police officers, detectives, social workers, physicians, therapists, and prosecutors understand what each is mandated to accomplish and how their procedures and protocols interrelate. Communication is the cornerstone of the MDT process. Child Advocacy Centers, Prosecutor's Offices, non-profit organizations or hospitals, provide the physical *buildings*. MDT is the *process* that animates the core work of child protection at these buildings.

This manual is intended to serve as a guideline and best practice model for all twenty-one New Jersey counties. These contents also serve as the performance benchmarks for a healthy MDT.

The authorship of these guidelines reflects the necessity of a multidisciplinary approach to investigating child abuse. (*A Multidisciplinary Resource: Portable Guidelines to Investigating Child Abuse, OJJDP*).

The New Jersey MDT proposed "*Guidelines for Practice*" have been reviewed by the Office of the Attorney General, the Department of Children and Families, the New Jersey Task Force on Child Abuse and Neglect, Protection Sub Committee and MDT's who function within this system.

HISTORY AND OVERVIEW OF MDT IN NEW JERSEY

History and Overview

In the summer of 1989, the Protection Subcommittee of the NJTFCAN, utilized Children's Justice Act Funding to develop, in conjunction with the Division of Youth and Family Services, protocols to provide information and training on the development of the child abuse multidisciplinary teams (MDT's) for cases of criminal child abuse and neglect and sexual assault. Additionally in the summer of 1990 training was provided on the use of multidisciplinary teams and, for those counties that received prior training, provided technical assistance on the development and implementation of MDT's. In conjunction with the Federal Victims of Crime Act (VOCA) funding through the Office of the Attorney General, a grant was written by the Center of

Applied Psychology of the Graduate School of Applied and Professional Psychology at Rutgers University to secure funding for five multidisciplinary team coordinators throughout the state. A grant funded multidisciplinary team has also functioned in Morris County since 1986. Specifically the NJTFCAN provided funding for a MDT Coordinator for each county for two years. Full fiscal responsibility for the position was then assumed by the recipient entity once the start up funding ended.

As of 1999, every county in New Jersey maintained a functioning MDT and employed an MDT Coordinator on a part time or full time basis.

The Evolution of a Program Definition

Multidisciplinary teams are investigatory and case management teams made up of professionals from law enforcement, prosecution, medicine, child protective services, mental health, and victim witness advocacy groups. These teams primarily function as case review teams. Team discussion and information sharing regarding the investigation, case status and services needed by the child and family occurred and continue to occur on a routine and timely basis. The purpose of the teams was to provide case supervision from initial criminal and civil investigation, through evaluation and treatment and to criminal and civil case disposition. The formation of these teams was not to be confused with interagency cooperation and communication. Throughout the State of New Jersey, law enforcement communities, prosecutors' offices and child protective services had varying levels of cooperation.

Initially the state of investigatory practices

was divided into three levels. On the first level, numerous County Prosecutors' offices had specialized child abuse units and engage in joint investigation with child protective services. On the second level, several counties had the predominant number of investigations conducted either by the prosecutor's office or child protective services. These investigations were later reviewed by the other department. On the third level, investigations were predominantly conducted by local law enforcement or child protective services. These cases were then reviewed in the Prosecutor's Offices for criminal charges. Throughout the state, therefore, there is a considerable difference in how these cases are investigated, treated, managed and disposed of in the criminal justice system.

Multidisciplinary teams were meant to provide access to multiple departments and agencies and therefore maximize the available information in such systems. Such teams were seen as useful

to combat re-victimization of the child victim, reduce the number of interviews and delays in providing adequate legal and mental health services. The multidisciplinary teams' goal was to support victims through a difficult criminal justice system by facilitating case management and develop faster dispositions in cases of criminal child abuse and sexual assault.

Since the counties had been working in the area of criminal child abuse and sexual assault, many positive working relationships were established. Multidisciplinary teams were not meant to replace those cooperative relationships but represented an attempt to provide a maximum amount of information during the investigatory phase through shared follow-up responsibility to secure missing information or to clarify contradictory information. The MDT process had the potential to reduce recantation and the disenchantment that is associated with what may be perceived as a unresponsive or lengthy criminal justice process.

Multidisciplinary teams were meant to initially and periodically review cases within the system so that victims could be supported and bolstered throughout the criminal process. Recantation, inadequate social-economic or psychotherapeutic interventions, victim crises, and victim or offender manipulations often create difficulties for effective treatment and prosecution. Interagency gaps and parallel or contradictory case directions existed. Multidisciplinary teams attempted to weave the service delivery system together in such a way that effective case management could occur. Frequently, systems were overloaded and many of the constituents in a multidisciplinary team had significant and individual pieces of information that were not articulated in a manner that could be utilized by the MDT.

Through interagency cooperation, the roles of law enforcement, child protection and mental health practitioners could at times be merged in the investigatory or case management phase by an assignment of duties. In this way, multidisciplinary teams maximally utilized the time and effort of

all the various professionals within this victim service delivery system. The development of multidisciplinary teams in New Jersey allowed for case processing and case disposition to occur with one case plan established from a legal, medical, child protective and mental health prospective. Through regular meetings and case management, civil and criminal litigation can often be coordinated in a way that did not exist.

A primary goal of these cases was for the victim's need for psychological resolution and perpetrator accountability through effective criminal prosecution and parallel victim services. Dispositions such as incarceration or probation were developed in a system that began to negotiate dispositions from the perspective of the victim. Frequently, ideal resolutions were not possible in complex cases of child abuse and sexual assault. Multidisciplinary teams attempt to provide reasonable yet victim-centered coordination of civil and criminal dispositions by supporting the victim through a unified service delivery and a unified case plan.

Multidisciplinary teams are time efficient, resource effective and create a shared responsibility and investment. In multidisciplinary teams, all the constituents maintain their roles. The MDT created, from the early phases of the investigation, case plan recommendations that all parties could agree upon. The involved programs and child abuse professionals that are associated with any given victim have a unified direction. When a case plan is changed, such a change is accomplished with all the professional disciplines. In this way, MDT's are time efficient.

Multidisciplinary case management allows for the maximum utilization of personnel through a coordinated investigation and treatment/management approach. Since all disciplines interview, assess and establish plans for victims, those common responsibilities are shared within a multidisciplinary team approach. The commonality of their roles allows for, in a case management approach, coordination, not duplication of effort.

Summary

In 1992, the NJTFCAN formally proposed the adoption of multidisciplinary teams as a preferred method of case handling. Each community can only address its service needs and system difficulties through a collaborative effort of all disciplines especially in times of funding cutbacks and competing funding priorities. The advantages of developing multidisciplinary teams provided greater levels of victim cooperation, unified case planning and disposition, increased levels of criminal prosecution and more successful victim resolution. The utilization of multidisciplinary teams' required consistent education and training through the New Jersey Task Force on Child Abuse and Neglect, the Attorney General's Office and DCF¹. All three groups facilitated the development

of the county MDT's. National legal and child protection endeavors have clearly supported this type of programmatic change. (*Guidelines of Practice for MDT Management*, Cathy Lazar and Anthony D'Urso, 1995). As of 1999, all twenty-one counties had functioning MDT's and MDT's coordinators. In 2002, the program had sufficiently evolved so that New Jersey was able to form a statewide Multidisciplinary Team Coordinators' Association. Coordination of this statewide effort continues to be essential. Availability of multiple funding resources and the proximity and affordability of competent service providers have been a problematic issue in addressing the on-going needs of each family.

¹In 2006 DYFS was moved from the Department of Human Services to the newly created Department of Children and Families (DCF).

MDT MISSION

Multidisciplinary Teams are composed of various child abuse professionals who together conduct coordinated and collaborated efforts during and continuing through a child abuse investigation to ensure that the child victim is safe and the child's needs are being met. It is the mission of MDT's to ensure that all victims of child abuse and their non-offending family members receive appropriate diagnostic, treatment and supportive services in a timely manner. When services are in place a team may vote to end review of the case. MDT's provide a comprehensive approach for the child's needs as the priority towards the most effective investigation, promoting healing and limiting the number of interviews of the child and provide adequate resources to the child and family through the system. Therefore, it becomes important for each discipline to have a vested interest in the process and the outcome of the case. The professional disciplines share an ownership in the disposition of the case. Each individual professional discipline has an independent mission through its organization. And each discipline serves to provide a check and balance on the other disciplines when the demands and goals of the system become overweighed in the case process. Therefore, it becomes extremely important for each discipline to maintain its role and identity in the case discussion. When collaborating together the MDT professionals are equals and will listen to one another, respect others and at times agree to disagree. And equally the Team understands each of the respective roles and responsibilities. The role of each team member is to provide their discipline's information to the overall representation of the case. The Teams will be ethical and remain professional while open to constructive criticism. The Team will be respectful and demonstrate professional behavior by being prepared and contributing to

the MDT process. The ultimate goal and mission is to provide a commitment of excellence with the desire for progressive and positive change within the child abuse investigative and protection systems. Where Child Advocacy Centers (CAC) exist, they are crucial to the mission of the MDT. The heart of a child advocacy center is the MDT. The best mechanism to ensure the highest quality of services for a victim of child abuse is the cooperation, coordination and collaboration of the responsible disciplines partnered in the MDT's. The goals of MDT's include improved comprehensive investigation, communication and case coordination among community professionals and agencies involved in child protection efforts. One core function of the MDT process is to identify and resolve problems in service delivery to families; in addition the absence or delay in services can also be addressed. (*Child Advocacy Centers: Improving Community Response to Child Abuse, OJJDP, 2006*).

MDT COMPONENTS AND CRITERIA

The New Jersey Child Abuse MDT Teams function and operate with consistent principles as followed in national teams and with the essential components and significant criteria as outlined by the National Children's Alliance (NCA) (*NCA Guidelines Standard for Accredited Members, Revised 2008*).

A The Methodology and Rationale of a MDT

An MDT is a group of professionals who represent various child abuse investigation and protection disciplines and work collaboratively from the point of report to necessitate the most effective coordinated response possible for every child abuse allegation. The principle of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. The interagency collaboration is based on a systems response.

Collaborative response begins with the case initiation and is developed through understanding and exploring case issues. Insight from each MDT representative provides the environment for a coordinated, comprehensive, compassionate professional response. Strategic effort is a necessary component of this joint response to review the effectiveness of the collaborative endeavor.

A minimum of six disciplines compose the foundation or "core" MDT: law enforcement, child protective services (DYFS), prosecution, medical, mental health and victim advocacy. Community resources may limit personnel and require some to undertake multiple roles. For example an MDT Coordinator may also be an agent of the prosecutor, victim advocate, victim witness coordinator or CAC director. What is

strategically essential is that each of the above mentioned disciplines be performed by a member of the MDT while sustaining obvious boundaries for each function. An MDT coordinator should be a single full time position with no other responsibilities. MDT's may also be expanded to include other professionals as needed and appropriate for the community it serves. An example may be guardian *ad litem*, deputy attorney general, Federal investigator, school personnel, domestic violence specialist or other community resource identified as appropriate. The MDT has the flexibility to invite other professionals to join in the process on a case by case basis so as to meet the objectives of the MDT's mission for that case and family. Additional community partners that have provided valuable incites during case reviews, around our state, include Care Management Organizations (CMO) and Youth Case Management (YCM).

A coordinated MDT methodology initiates efficient collaboration, consultation, collection and sharing of information, expands the knowledge base with which decisions are made by including information from various sources, and improves communication among agencies. From an individual agency's perspective, there are also benefits to working on an MDT. Additional thorough and shared information, improved and timely evidence gathering, and the involvement of the prosecutor from the beginning stages of the case may contribute to a more successful

prosecutorial outcome. An MDT response also promotes needed education, support and treatment for children and families that may increase a willingness to participate and the ability to be effective witnesses. MDT interventions, particularly when provided in a child-focused, safe CAC settings are associated with less anxiety, fewer interviews, increased support and

more appropriate and timely referrals for needed services.

Non-offending parents or guardians are empowered to protect and support their children throughout the investigation, prosecution and beyond.

MDT Essential Components:

- A. County MDT's must have written agreements, protocols, and/or guidelines signed by authorized representative of all team components.
- B. County MDT's include all members of the team including if applicable appropriate CAC staff, as defined by the needs of the case, are routinely involved in investigations and/or team intervention.
- C. County MDT's have implemented procedures for routine sharing of information among team members.
- D. MDT members must have the ability to communicate with their respective staff and implement ultimate case processing decisions. Managers maintain full case autonomy for the respective decisions.
- E. The County MDT's provide routine opportunity for the Team members to provide feedback and suggestions regarding procedures/operations of agency.
- F. The County MDT's provide opportunity for members of the Team to receive on-going and relevant cross-discipline training.

B Components and Criteria in a MDT Case Review

MDT Essential Components:

- A. County MDT's criteria for case review and case review procedures are included in the Team's written protocol or agreement.
- B. County MDT's provide a forum for the purpose of reviewing cases and is conducted on a regularly scheduled basis at least monthly.
- C. County MDT's have an identified individual as the Team coordinator who organizes the case review process, and Team members are informed of cases to be reviewed prior to case review.
- D. County MDT's have representatives participating in the case review to include, at the minimum:
 - LAW ENFORCEMENT
 - PROSECUTION
 - CHILD PROTECTIVE SERVICES
 - MEDICAL, RDTC
 - MENTAL HEALTH, RDTC/ LOCAL HOSPITAL
 - VICTIM ADVOCACY
 - CHILD ADVOCACY CENTER (if it exists in the county)
 - ATTORNEY GENERAL'S OFFICE – LAW PUBLIC SAFETY
 - SEXUAL ASSAULT NURSE EXAMINER (SANE)
- E. County MDT's provide opportunity for recommendations from case review and are communicated to appropriate parties for implementation.
- F. County MDT's utilize case review meetings as opportunities for Team members to increase understanding of the complexity of child abuse cases.

C Program Design

“Core” Team Members are the professionals who have decision-making authority within their discipline or agency. It is the Core Team members that meet and discuss child abuse cases on a regularly scheduled basis. Ideal Core Team Members should have experience with children and families in crisis and an extensive comprehension with multi-problem families including domestic violence. Core members

should maintain open communication with relevant community resources for child abuse victims and their non-offending families. Core team members will need to be flexible in role responsibility and demonstrate acceptance of the importance with other professionals on the Team. Team members will demonstrate sensitivity to the difficulties in developing rapport with multi-problem families.

CORE TEAM MEMBERS:

- ▶ MDT Coordinator
- ▶ Local Office (LO) Casework Supervisor or Case Practice Specialist
- ▶ Criminal Investigation Supervisor
- ▶ Assistant Prosecutor
- ▶ Deputy Attorney General
- ▶ Mental Health Child Abuse Program Director
- ▶ Victim/Witness Advocate
- ▶ Physician/staff (from the RDTC)
- ▶ Sexual Assault Nurse Examiner
- ▶ Child Advocacy Center Staff

Each Core Team member will have a Designated Alternate

Case-Specific Team Members are the individuals assigned to a specific case being discussed for review and may provide or offer significant insight. Case specific team members are the actual service providers involved in the criminal/civil case.

- ▶ Caseworker - DYFS
- ▶ LO Supervisors
- ▶ Criminal Investigator
- ▶ Local Municipal Detective/Investigator
- ▶ Pediatrician from RDTC
- ▶ Mental Health Professional
- ▶ Victim Advocate
- ▶ Child Advocate
- ▶ Law Guardian
- ▶ Teacher
- ▶ Other appropriate professionals as needed- such as a domestic violence specialist or court appointed special advocate (CASA)

Many of the core team members listed have long been statutorily mandated as MDT participants since 1998.

See *N.J.S.A. 9:6-8.104*.

Team members will:

- Understand the fundamental principles of multidisciplinary team approach to child abuse investigations are crucial. Collaborate, consult and share
- Understand the systems of the various disciplines; maximize information sharing, support for victim and non-offending family
- Continue to build rapport and intra-discipline relationships for future cases

Any team member, in their professional discretion, may invite a party to the case specific review if the invitee has information to offer on the case and is statutorily eligible to share and participate in the MDT process. See generally *N.J.S.A. 9:6-9.10a*; *N.J.S.A. 9:6-8.104*.

Child Abuse Cases identified for Case Review

Child abuse cases for MDT review consideration are typically any allegation of criminal child abuse case including child sexual abuse, physical abuse and endangering and abuse and neglect as defined by the New Jersey criminal and child welfare law. New Jersey's sexual assault

statutes are based upon the *age* of the child, the *conduct* by the defendant and occasionally the *relationship* between the child and the defendant, i.e., a special supervisory relationship such as a step-parent or teacher.

- ▶ Aggravated Sexual Assault- *N.J.S.A. 2C: 14-2a.(1)* (sexual penetration of a child less than thirteen)
- ▶ Sexual Assault- *N.J.S.A. 2C: 14-2b* (sexual contact child less than thirteen); and *N.J.S.A. 2C: 14-2a.(2)* (sexual penetration, child between thirteen and sixteen); *N.J.S.A. 2C:14-2c.(1)* (sexual penetration and force for child sixteen and older)
- ▶ Sexual Contact- *N.J.S.A. 2C: 14-3a.;*] and *N.J.S.A. 2C: 14-3b.* (child thirteen and older)
- ▶ Endangering the Welfare of a Child- *N.J.S.A. 2C:24-4a.* and *N.J.S.A. 2C:24-4b.* (sexual or physical abuse); Title 9 (violation by a caretaker)
- ▶ Aggravated Assault- *N.J.S.A. 2C: 12-1b (1).** and *N.J.S.A. 2C: 12-1b (7)* (non-accidental head trauma; assault with bodily injury, significant bodily injury, or serious bodily injury)
- ▶ Title 9 (Abuse and Neglect) - *N.J.S.A. 9:6-3*(neglect, excessive corporal punishment, failure to seek medical attendance, etc.)

Each team member should possess the ability to request that a case be listed on the MDT.

Timely Case Review

MDT case review among all core team member should occur at least twice a month so that all parties can offer input into case plans.

DCF/Law Enforcement Joint Investigation

On February 8, 2007, DCF and the Attorney General's Office released the DCF/Law Enforcement Model Coordinated Response Protocol. The purpose of this protocol was to better streamline communications between these two important child welfare agencies. The responsibility to investigate allegations of child physical and sexual abuse falls to both DYFS and law enforcement. Each, however, balances overarching goals, which while interconnected, may be competing. The primary goal of the DYFS staff is to ensure safety, permanency and well being of children and to support families. The primary interest of law enforcement is the identification of and pros-

ecution for criminal acts of culpable suspects. Three important goals of the policy were to act in the best interest of every child by ensuring safety via a prompt and thorough investigation, prevent future abuse and to reduce the number of child interviews for each child reporting abuse.

Following a report to the State Central Registry, information is communicated to a local DYFS office and law enforcement/county prosecutors. County Prosecutors and DYFS will coordinate service delivery on all emergent and non-emergent cases. DYFS will gather basic information from the family. Prosecutor's detective or forensic

interviewers will conduct a formal and digitally recorded forensic interview.

If a child discloses an act of sexual penetration that occurred in the last five days, DYFS and law enforcement will immediately assemble to interview the child. If an act of sexual penetration occurred less than six months from the date of the initial report, an interview will be scheduled in forty-eight hours. If an act of sexual penetration occurred more than six months from the date of the report, an interview will be scheduled in seventy-two hours. Physical abuse cases and acts of sexual contact will be scheduled based on the seriousness of injury, past abuse and neglect history and the risk of injury to the child and the location of the perpetrator in relation to the child.

Once an MDT case is opened the case should be periodically reviewed for support services at least every ninety days. (*DCF/Law Enforcement Model Coordinated Response Protocol, 2007, pp. 1, 2, 5, 6, 9, 10*)

New Jersey Multidisciplinary Team Coordinators' Association (NJMDTCA)

Every county in New Jersey employs an MDT Coordinator. It is the responsibility of the MDT Coordinator to make the case review agenda and assigned tasks responsible to each of the Team members prior to the meeting and case review. Coordination and facilitation is also the responsi-

bility of the MDT Coordinator. The MDT Coordinator will provide information to the Team members on available, joint child abuse training.

The Association may have various committees working on various projects and all Coordinators are encouraged to participate. The monthly meetings also allow opportunity for various community partners to present new or updated information and develop stronger collaborative working relationships within the community realm. The NJMDTCA has a mentor and advisor from the Division of Criminal Justice. The NJ MDT Coordinators' Association has the support from each of the County Prosecutors' Offices and the NJ County Prosecutors' Association.

The Coordinators' Association is responsible for coordinating statewide MDT conferences/symposiums on various topics concerning child abuse investigations and protection as well as leadership skills and team building.

The MDT Coordinators' Association has established by-laws for Association meetings have been established to provide guidance and assistance to fellow Coordinators.

Each MDT Coordinator can participate in the New Jersey Children's Alliance (NJCA), the New Jersey State Chapter of the National Children's Alliance. Accreditation by the NCA increases grant funding opportunities for MDT's and CAC's.

D MDT Coordinator

Provides MDT Agenda and Agreements to Team Members in a timely manner; Identifiers

- ▶ **Victim name, date of birth**
- ▶ **Type of Allegation**
- ▶ **Date of report**
- ▶ **Non-Offending Caregiver**
- ▶ **Suspect name and relationship**
- ▶ **Investigator and Case number**
- ▶ **DYFS Local Office**

are provided on the case on the agenda for the team. Identifiers include:

Facilitates MDT Meetings; maintains a Record/Case Management of Case Discussions and Tasks assigned to each agency/team member; offers training and education via the NJMDTCA.

E Other Team Members

Review Agenda/Agreements prior to meeting representing their prospective agency/discipline. Attend meetings prepared for case discussion; possess current case information. Participate and contribute to case discussion in a professional manner to work out a case plan or needs for cases.

Communicate the designated tasks and time frames for completion of each task to their respective agency and assigned worker. Contact MDT coordinator to request specific case is placed on the agenda (both new or re-review cases).

Multidisciplinary Team Meetings, Team Input by Discipline

A typical MDT meeting will satisfy the following co-equal goals:

- 1. Case Review/Discussion of new cases and review of previously reviewed and open cases***
- 2. Coordination and collaboration between the professional disciplines allow for timely therapeutic resources and needed medical intervention and treatment.***
- 3. Collaboration also allows for each discipline the opportunity to specify their agency's responsibilities, concerns and issues.***

Investigative Review

The investigative process includes information on the victim's interview, and prior history of victimization, witness interviews, non-offending family's cooperation and the suspect's statement,

criminal history of suspect provided and the case status on-going investigation or concluded with outcome.

- ▶ **Outcome**
- ▶ **Charged/Arrested**
- ▶ **Charged/Non-Arrest**
- ▶ **On-Going investigation pending medical reports, lab reports or other needed documents**
- ▶ **On-Going investigation pending additional statements needed**
- ▶ **Closed – No Charges; insufficient probable cause**
- ▶ **Closed – Referred to another jurisdiction**
- ▶ **Closed – Referred to SCR for differential response**
- ▶ **Closed – Criminally; open DYFS**
- ▶ **Juvenile Petitions Signed -Referred to Juvenile Unit/Family Court**

Medical Review

The specialized pediatricians provide expert knowledge and information on medical findings when children are evaluated for child abuse and neglect. The medical information provided offers an explanation of the nature of physical injuries, information on physical evidence from sexual abuse or lack of evidence, any follow up medical care needed including additional tests or signifi-

cant findings. The medical services include STD screening and treatment and a medical exam that promotes the child's sense of integrity and well being. Medical providers may also provide a comprehensive health evaluation for children (CHEC) when requested by the Division of Youth and Family Services if the child is placed in foster care.

Therapeutic Review

Therapeutic resources from the community and regional diagnostic and treatment center are made available including the potential need for psychological evaluations, waiting lists, available

groups and determination of additional needed services; include individual treatment and group therapy.

Child Protection

DYFS will demonstrate that the case practice involved with the victim on current matter and any history and the cooperation level of the victim's family. Case worker describes the response and pertinent information, placement of child, and

makes timely medical referrals and follow-up medical needs for the victim as well as coordinating a variety of other services for the child's specific needs.

- Provides:**
- ▶ **Case finding *i.e.* substantiated or unfounded**
 - ▶ **Caseworker (SPRU (Special Response Unit)², Intake and Permanency)**
 - ▶ **Placement of Child** (if removed)
 - ▶ **Services; medical, therapeutic and family needs**
 - ▶ **History with DYFS & Cooperation level**
 - ▶ **Permanency Plan**

Prosecution/Criminal Court/Family Court

Prosecution will provide information concerning the legal issues and concerns, request additional information needed for the completion of the criminal investigation and potential charges. The prosecution will provide information on the current status of criminal charges, bail conditions, potential pleas including the cooperation of the defendant with DYFS and therapeutic services; reasons for close, criminal inventory.

A Deputy Attorney General will provide the status of all litigated child abuse or neglect proceedings on the MDT case list. A DAG will detail the merits and timeline of reunification or the need to terminate parental rights.

² The Special Response Unit are the DYFS investigators that respond to allegations of abuse and neglect after hours.

Victim Services

Victim services are provided to the victim and non-offending caregivers including the criterion of Victims of Crimes Compensation Office, additional community resources. When criminal charges

are signed and the case becomes indicted the victim witness unit will provide on-going support and information to the non-offending caregiver.

▶ **Information provided**

▶ **Case status**

▶ **Court hearings** (status conference, bail hearings, pre-trial)

▶ **Potential pleas**

▶ **Trials**

▶ **Trial preparation**

▶ **Court accompaniment**

▶ **Referral to service providers** – e.g. psychological – VCCO, food, loss income.

F MDT Requisite Case Data

Part I - Victim Identifying Information

1. Name of Victim(s); Age and D.O.B., Gender/Race
2. Name/Contact Information of Non-Offending Parent/Guardian; age, D.O.B. and Relationship
3. Case Number
4. Case Type
5. Municipality of Residence
6. Previous Contacts Criminal/Civil: (Yes) (No); if (Yes), date

Part II – Criminal Process Information

1. Complaint Date Received: Municipality Reporting Offense
2. Offense/Allegation
3. Arrest: Bail Conditions – No Contact with victim, Statement/Confession, Other
4. Name of Investigator and Name of DYFS SPRU and/or Caseworker
5. Municipality Reporting Offense
6. Name of the Suspect (Relationship to the Victim)
7. Disposition

Part III - Service Activity

1. Date of MDT Review/Re-Review:
2. Date of Victim Interview: Location / Disclosure
3. Date of Initial MDT Assessment: Services Offered (medical, counseling, other)
DYFS Case Open (Services Being Provided & Caseworker's Information)
4. Victim's Denial/Refusal for Service: DYFS / Victim-Witness
5. MDT Reviews (dates): **A. Initial B. Periodic C. Emergent**
6. Case Specific Reviews (dates): **A. Initial B. Periodic C. Emergent**

Outcome Evaluation and Measures

The Responsibility for the evaluation of each team is of interest to the victim and non-offending families and the individual counties. Listed below

are factors which may be indicative of positive performance.

- 1. Time between disclosures to disposition.**
- 2. Stability of placements.**
- 3. Decrease in re-victimization as indicated in mental health issues.**
- 4. Reduction in multiple interviews.**
- 5. Nature of the criminal justice disposition.**
- 6. Treatment acceptance.**
- 7. Recidivism.**
- 8. Level of service delivery.**
- 9. Level of findings and inter-disciplinary substantiation.**

(Guidelines of Practice for Multidisciplinary Team Case Management, D'Urso, Lazar, 1995)

G County Based MDT Advisory Executive Board

Each county based MDT should establish a working MDT Advisory Executive Board at the county level to assist in basic MDT coordination and function. This Advisory Board would be responsible to implement and put into effect statewide practice, statewide protocol and individual county protocol. While resources and capacity differ among county MDT's and each MDT may operate with some understandable variance, the County Advisory Executive Board would insure adherence to core standards outlined by these guidelines and NCA certification criteria. The Members of the this Board should include all DYFS Local Office managers and/or the DYFS Area Director, CAC supervisors, Prosecutor's Office supervisors, RDTC representative, mental health professional and a Victim Witness

supervisor. Members of the Advisory Board must possess the power to bind their organizational staff to any decisions made by the county based MDT Advisory Board. The county based Advisory Board should meet as needed and at least twice a year to improve and facilitate child abuse and neglect services and investigation. The county based board should also assess how well the monthly MDT meeting is fulfilling jointly agreed upon goals including information sharing and improved client service delivery. An example of an MDT Advisory Executive Board would be the limiting of the number of interviews a single child must experience following disclosure of sexual abuse. The level of performance of existing MDT Advisory Boards varies across the state.

H Statewide Executive MDT Advisory Board

The MDT Executive Board was created to establish best practices and resolve senior level policy disputes among MDT partners. Issues regarding methods of data collection, standards of practice and quality assurance are areas of central concern. The Executive Board will not be empowered to direct local county practice but rather to publicize best practices, build consensus around those practices and solve issues at a state or regional level. County based MDT's are encouraged to forward difficult or intractable problems to the MDT Executive Board for review and attempted resolution.

The MDT Executive Board Membership should include: the DYFS Deputy Director, an Assistant Prosecutor with child abuse experience, one

representative of the County Prosecutors' Association, MDT Coordinators' Association, RDTC (medicine and mental health), Victim Witness Advocacy, CAC/New Jersey Children's Alliance, Department of Child Behavioral Health Services, and two representatives from the Department of Law & Public Safety, one from the Office of the Attorney General and one from the Division of Law and one of the co-chairs of the New Jersey Task Force on Child Abuse and Neglect..

As of March 2010, the Statewide Executive MDT Advisory Board was defunct. Efforts are underway to reconvene the Board by extending invitations to the parties listed immediately above.

I MDT Protocols

MDT's should maintain current and signed MOU's or Protocols between the various

professional disciplines and should contain the following fundamental guidelines:

- Statement of purpose.
- Articulation of joint and respective missions and organizational responsibilities.
- Types of cases covered (e.g., sexual abuse and serious or potentially serious cases, including special investigative techniques).
- Procedures for handling cases, including special investigative techniques.
- Guidelines and procedures for evidence collection.
- Procedures for obtaining medical diagnosis or treatment for victim.
- Statutory guidelines for identifying neglect.
- Statutory guidelines for identifying cases of sexual abuse.
- Guidelines for interviewing abuse victims.
- Guidelines for interviewing alleged abuser.
- Directive to look for child abuse in spouse abuse cases.
- DYFS criteria for child's removal based on safety and risk assessment.
- Criteria for arrest of suspects.
- Criteria for law enforcement referral to the child protection agency.
- Criteria for child protection referral to the law enforcement agency.
- Guidelines for referral to victim witness unit.

- Procedures to assist the child protective agency.
 - Criteria and/or procedures for joint investigations, including timing, which has prime decision-making authority, and concurrent prosecutions.
 - Procedures for handling protective custody (e.g., notifying parents, transporting child).
 - Procedures for follow up investigations.
 - Criteria and/or procedures for cooperative/coordination with/among agencies.
 - MDT Protocols should be written, distributed to agency members.
- (Guidelines of Practice for Multidisciplinary Team Case Management, D'Urso, Lazar, 1995)*

J Special Issues

A. Confidentiality

N.J.S.A. 9:6-8.10a(b)(15) explicitly permits county MDT's to share information on cases of child abuse and neglect with other MDT partners

for the purpose of case coordination and ultimate delivery of services to children and families.

B. Funding

Typically, MDT coordinators are funded through a prosecutor's office county budget. In the

alternative Child Advocacy Centers may fund the position.

C. Child Advocacy Centers (CAC's)

Child Advocacy Centers (CACs) were initiated by law enforcement out of concern for the child victim's needs and sensitive and complex issues in the interviewing and investigating of child abuse allegations. CAC's provide a safe and secured, child-friendly environment where the focus of the investigation remain on the child. The concept is a "one-stop shop" for child abuse victims

and their non-offending family come to and the various disciplines also come to and meet and serve the child at one location, limit the number of interviews the child may be subjected to and provide or offer referral services on site. There are a number of CAC's in New Jersey, including the following:

- **Burlington County CAC-** (Prosecutor Based – Full NCA Accreditation)
- **Camden County CAC-** (Prosecutor Based – NCA Accreditation Process)
- **Essex County CAC-** (Co-Location - Full NCA Accreditation)
- **Hudson County CAC-** (Prosecutor Based – NCA Accreditation Process)
- **Hunterdon County CAC-** (Prosecutor Based)
- **Middlesex County CAC -** (Prosecutor Based – Full NCA Accreditation)
- **Monmouth County CAC-** (Public-Private Partnership – Full NCA Accreditation)
- **Morris County CAC -** (Private Non-Profit/Co-Location – Full NCA Accreditation)
- **Passaic County CAC -** (Prosecutor Based – Full NCA Accreditation)
- **Sussex County CAC-** (Private Non-Profit – Full NCA Accreditation)
- **Union County CAC-** (Prosecutor – Associate NCA Accreditation)

National Children's Alliance is a nationwide not-for-profit membership organization whose mission is to promote and support communities in providing a coordinated investigation and comprehensive response to victims of severe child abuse. NCA is a membership organization providing services to Children's Advocacy Centers, multidisciplinary teams, and professionals across the country. Children's Advocacy Centers stress coordination of investigation and intervention services by bringing together professionals and agencies as a multidisciplinary team to create a child-focused approach to child abuse cases. The goal is to ensure that all available resources are provided to children and families experiencing abuse and neglect.

1. Multidisciplinary Team

A multidisciplinary team includes law enforcement, Division of Youth and Family Services, prosecution, mental health, medical, victim advocacy and CAC staff; each team member has a set of affiliation agreements or guidelines outlining areas of joint responsibility and participation.

2. Child Appropriate/Child Friendly Facility

The CAC provides a comfortable, private, age appropriate setting that is both physically and psychologically safe for clients.

3. Organizational Capacity

A designated legal entity is responsible for program and fiscal operations and establishes and implements sound administrative practices.

4. Cultural Competency and Diversity

The MDT promotes policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function and serve more than one culture. MDT staff must maintain an ability to appreciate, understand and interact with members of diverse population within the local community. MDT also assesses a child and parent's ability to participate in a forensic and medical examination process and make any necessary adjustment to compensate for a developmental disability.

5. Forensic Interviews

Interviews intended for use in a legal proceeding are conducted in a neutral, fact finding nature and are coordinated to avoid duplication. Each forensic interview should include rapport building, anatomy identification, touch inquiry, detailed abuse scenario and closure. Forensic interviews are by nature semi-structured. Therefore, interviewers, in their professional discretion, may alter the forensic interview process.

6. Medical Evaluations

Specialized medical evaluation's for the diagnosis and treatment of residual to suspected abuse/neglect are available at RDTC's and may be made available on site at the CAC. The MDT and/or DYFS provides coordination and referrals for medical services during the initial phase of the investigation to meet the child's medical diagnostic & treatment needs

7. Therapeutic Intervention

Specialized mental health services are to be made available on-site at the CAC or in the community as part of the team response through coordination and referral with appropriate treatment providers.

8. Victim Support/Advocacy

Victim support and advocacy are to be made available as part of the team response on site at the CAC or at the Prosecutor's Office through coordination with other provider, throughout the investigation and subsequent legal proceedings.

9. Case Review

Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis.

10. Case Tracking

MDT's must develop and implement a system for monitoring case progress, tracking case outcomes and insuring appropriate services are offered to each client family. This is the heart of the MDT process.

By statutory definition and as a matter of best practice a CAC must utilize a multidisciplinary approach in a culturally competent manner. N.J.S.A. 9:6-8.104. See also Lisa Aronson Fontes, *Child Abuse and Culture: Working With Diverse Families*, (Guilford Press, 2005).

D. Conflict of Interest Policy

Each County should develop its own conflict of interest policy regarding its MDT members.

E. Civil and Criminal Court Differences

Civil family courts decide cases under a best interest of the child standard. Statutes pertaining to family court proceedings often maintain informal evidentiary standards that permit wide latitude in what information a fact finder may consider. Child welfare and the feasibility of parental reunification are core issues in the Family Court. When parental rights are suspended due to abuse or neglect a child may be placed with a relative or in kinship or resource family care (formally referred to as foster care). As an area of joint concern a civil family court typically forwards all abuse and neglect petitions where a child is removed from a guardian (Dodd removals) to the County Prosecutor for additional investigation. See *N.J.S.A. 9:6-8.25*.

Criminal charges are based on probable cause, *i.e.*, a well grounded suspicion that a crime has occurred. Typically corroborative evidence of child sexual abuse is rare so that the child forensic interview is the primary evidence in a criminal case. Prosecutors must balance limited evidence and victim input with the likelihood that the highest evidentiary standard in the law, proof beyond a reasonable doubt, can be satisfied with competent and available evidence. Prosecutors are statutorily required to consult with all victims of sexual assault prior to the conclusion of plea negotiations. *N.J.S.A. 2C:14-2.1*.

APPENDIX I - Acronyms

AG	Attorney General
AP	Assistant Prosecutor
CAC	Child Advocacy Center
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CHEC	Comprehensive Health Evaluation for Children
DAG	Deputy Attorney General
DCF	Department of Children and Families
DCJ	Division of Criminal Justice
DV(S)	Domestic Violence (Specialist)
DYFS	Division of Youth and Family Services
LOM	Local Office Manager
MDT	Multidisciplinary Team
NCA	National Children's Alliance
NJCA	New Jersey Children's Alliance (NJ Chapter of NCA)
NJMDTCA	New Jersey Multidisciplinary Team Coordinators' Association
NJTFPSC	New Jersey Task Force on Child Abuse and Neglect Protection Sub-Committee
NJTFCAN	New Jersey Task Force Child Abuse and Neglect
RDTC	Regional Diagnostic and Treatment Center
SANE	Sexual Assault Nurse Examiner
SART	Sexual Assault Response Team
SCR	State Central Registry
SPRU	Special Response Unit
STD	Sexually Transmitted Disease
VOCA	Victims of Crime Act

New Jersey's Regional Diagnostic Treatment Centers

Audrey Hepburn Children's House

Northern Regional Diagnostic Center for Child Abuse and Neglect
Hackensack University Medical Center
30 Prospect Ave.
Hackensack, N.J. 07601
(201) 996-2271

Metropolitan Regional Child Abuse Diagnostic and Treatment Center

Children's Hospital of New Jersey at Newark Beth Israel Medical Center
201 Lyons Ave.
Newark, N.J. 07112
(973) 926-4500

Dorothy B. Hersh Child Protection Center

The Children's Hospital at St. Peter's University Hospital
123 How Lane
New Brunswick, N.J. 08901
(732) 448-1000

NJ Child Abuse Research Education & Service (NJ CARES) Institute

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APPENDIX III

NJ MULTI-DISCIPLINARY TEAM COORDINATORS - 2009

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Cape May
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NJ MULTI-DISCIPLINARY TEAM COORDINATORS - 2009

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