



PERCEPTIONS ON MDTs IN WEST VIRGINIA

February 2022

ABSTRACT

Examines survey results from 645 child welfare professionals, paraprofessionals, and 269 foster parents on their perceptions of the multi-disciplinary process in West Virginia

[West Virginia Court Improvement Program](#)

INTRODUCTION

According to WV Code, an MDT (multidisciplinary team) is established for children in abuse and neglect cases to assess, plan, and implement a system of services for those children and their families. The results of this meeting are then forwarded to the court for its use in determining the best possible outcome for that child, whether he/she remains in the home or is removed for safety reasons. Multidisciplinary team approaches are not new in abuse and neglect cases. The U.S. Administration for Children and Families encouraged the practice in the late 1970s.¹

The West Virginia Court Improvement Program (CIP) has long been interested in examining the efficacy of MDTs. When conducted well, teams are effective and child welfare cases can move toward permanency for the child expeditiously. In 2008, the CIP commissioned a study conducted by a researcher from West Virginia University. Dr. Corey Colyer with the School of Applied Social Science conducted a study on the functioning of multi-disciplinary teams within West Virginia. The researchers surveyed Department of Health and Human Resources (DHHR) workers and attorneys. These are the primary professionals associated with MDTs. The CIP then conducted a follow up survey on MDTs in 2014. This survey was made available to a wide variety of stakeholders.

In 2019, the CIP began looking at indicators of quality hearings. These are elements, that when present, indicate a quality hearing. Quality hearings are important in abuse and neglect cases and help shepherd cases to conclusion. There appears to be a correlation between quality hearings and increased permanency outcomes.²

The numbers of new abuse and neglect petitions in West Virginia have skyrocketed in the past few years. This means these cases, which can be complex, comprise a larger portion of court dockets. In many jurisdictions, Circuit Judges hear these types of cases on a specific day. With the number of cases to be heard, it is vital that the parties present are prepared. This preparation can begin in the MDT preceding the hearing. If parties are present, engaged, and able to work effectively to determine next steps in the case, then in the next hearing they can present sufficient information to answer judicial inquiries and ensure appropriate findings. This is what the CIP is researching with its current quality hearing project. Specifically, the project examines if the quality of the MDT impacts the subsequent hearing in the case. This project seeks to answer two questions:

- 1) How are MDTs and hearings conducted throughout the state? CIP and Supreme Court of Appeals of West Virginia, Division of Children and Juvenile Services staff are observing MDTs and subsequent court hearings and collecting data.
- 2) Have attitudes and practices surrounding MDTs changed? To examine this, CIP surveyed multiple stakeholders.

The remainder of this report focuses on those findings.

¹ [MULTIDISCIPLINARY TEAMS IN CHILD ABUSE AND NEGLECT PROGRAMS - A SPECIAL REPORT FROM THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT | Office of Justice Programs \(ojp.gov\)](#)

² **Research Summary: Hearing Quality in Child Abuse and Neglect Cases**, Authored by Alicia Summers, Ph.D. & Sophia Gatowski, Ph.D.

First a synopsis of West Virginia law will be reviewed, then results of historical CIP findings. This will be followed with the results from the recent CIP surveys conducted 2019- 2021.

WEST VIRGINIA LAW

MDTs are described in *West Virginia Code §49-4-403 – Multidisciplinary treatment planning process; coordination; access to information.*

According to WV Code, an MDT is established for children in abuse and neglect cases, or youth involved with the juvenile justice system to assess, plan, and implement a system of services for those children and their families. The results of this meeting are then forwarded to the court for its use in determining the best possible outcome for that child, whether he/she remains in the home or is removed for safety reasons or due to circumstances warranting detention in a correctional facility. However, the goal of an MDT to determine the best outcome for that child to facilitate permanency planning.

The code states:

Each circuit, in conjunction with all stakeholders, shall designate one day per month to hold MDT meetings. Each team shall advise the court as to the types of services determined to be best for that child and its family, or in the alternative, which out-of-home placement is best for the child, having first considered relative placement first. An out-of-state placement shall only be considered if no in-state facility is available or suitable.

Dates and times of all MDT meetings shall be shared with all participants by written notice or by order of the court and stakeholders can participate by telephone or video, if needed. Coordination with local family resource networks and other regional services is needed to ensure best outcomes for the child and its family. MDT teams shall have access to all pertinent information from DHHR, BJS, law-enforcement and all other state, county, and local agencies.

2008

In 2008, the CIP commissioned a study conducted by a researcher from West Virginia University. Dr. Corey Colyer with the School of Applied Social Science led a study on the functioning of multi-disciplinary teams within West Virginia. Researchers examined MDTs in 9 counties. Notable findings from that research include the following:

“... variation in MDT practices across different localities in the state, our most significant finding involves differences in attitudes and perceptions expressed by DHHR professionals and the attorneys that are involved in the process. The data and analysis provided in this report suggests that there are two professional cultures that interplay in the MDT process. While at times complementary, these "two cultures" of the DHHR and the legal profession can lead to differing perceptions, frustration, and disagreement about the efficacy of the MDT process.”

“...identified several ways in which MDT practices are consistent across the State: (a) the group dynamics in MDTs evolve, (b) most MDTs do not generate complete unanimity or consensus, and (c) it is difficult to maximize MDT member participation. We also identified key ways in which MDT practices vary from one jurisdiction to the other: (a) differences in the influence of agencies and institutions; (b) differences in the roster of participants who typically attend MDT sessions; and (c) differences in the organization, facilitation, and administration of MDT sessions.”

“In general, MDT participants view the process and procedures as effective tools in the child welfare tool kit. But there is also the sentiment that the process can be improved.”

This study was limited to 9 counties and the researchers only surveyed DHHR and attorneys; other stakeholders were not surveyed. They found about 15% of the surveyed participants were not eligible or hadn't been to an MDT; 361 surveys were usable.

2014

Six years later a survey was issued by CIP to see if there was a change in perceptions. This survey titled “**The State of MDTs in West Virginia,**” asked many similar but not the same questions asked in 2008. There was no notable difference between the responses. For instance, in 2008, about 70% of participants survey stated that the MDTs are scheduled with enough frequency to be effective, and that number remained the same in 2014. However, a few comments from survey participants in 2014 indicated there continued to be room for improvement in the process:

“The ones [MDTs] in [X] County are completely ineffective, and by far the worst I have been to barring one in [X] County where the guardian ad litem, prosecutor, and worker did not even tell the children or the foster parents about the meeting which was to discuss visitation. It was insane, and no discussion occurred.”

“MDT's could be on a more routine basis. For example [,] every 30-45 days. Not just scheduled to put out a fire”

Overall, just under ¾ of respondents reported MDTs were occurring and 53% said they met enough to be effective.

2019- 2021

CIP started with the idea that, if MDTs are quality, then the subsequent hearing should contain multiple indicators of quality related to judicial inquiries and determinations.

A quality MDT should resemble a quality hearing. Many elements that contribute to a quality hearing can be covered in an MDT. These include all parties are present and heard, barriers to permanency are addressed, family progress with the case plan is reviewed, and there is consensus on next steps to help move the child to permanency. This information, when presented in the subsequent hearing can assist with judicial inquiries and findings and can contribute to reasonable efforts findings.

With this new quality hearing project, the CIP will examine the link between the quality of MDTs and the quality of the subsequent hearing and their impact on outcomes for the child and family.

METHODOLOGY

While researching, compiling, and creating the “What about Us?” training session in 2018, ample anecdotal stories about MDTs abounded. Particularly concerns that quality MDTs are not held consistently. The MDT can be the most important tool for a quality hearing. MDTs should meet and address the child and family needs to properly inform the court on case progress. To that end, a need emerged to examine the issue. The research question for the current quality hearing project became—*does the quality of the MDT impact the quality of the subsequent hearing?* The notion is that if the MDT

was high quality, then much discussion and information related to indicators of quality hearings would be obvious in the next hearing following the MDT.

CIP began by sending two staff to every county in West Virginia to talk about their MDT practices. Below are findings from those interviews:

All but Wirt County is represented.

- While CSMs were interviewed in all counties, in 14 counties the CPS Supervisor was included in the interview and in another 13 counties, the CSM was joined by both CPS and YS supervisors
- DHHR schedules all MDTs in 91% of the counties surveyed.
- 87% said that the MDTs provides the groundwork for the court hearing.
- 94% said foster families are actively involved
- 89% said children and youth were active participants
- 85% said education participated

This still did not provide the CIP with enough information to determine the state of MDTs. In 2019 CIP began developing a new survey. Surveys were crafted by looking at questions originally asked in 2008 and 2014, and then adding additional questions. Unlike previous efforts, the CIP decided to survey each stakeholder group separately. Surveys on MDT practices and perceptions began in 2019. The COVID 19 Pandemic slowed the project somewhat, but surveys continued. All surveys were closed in September 2021.

| Stakeholder | Total responses | Dates collected | Completion rate | Avg. Time Spent |
|-----------------------|-----------------|-------------------|-----------------|-----------------|
| Probation | 80 | 11/18/19-12/16/19 | 90% | 16 m:41 S |
| Attorneys | 260 | 2/24/20-5/18/20 | 81% | 16m:15s |
| Providers | 92 | 6/15/20-9/7/20 | 89% | 19m:41s |
| DHHR | 205 | 11/9/20-12/8/20 | 88% | 16m:11s |
| CAC & CASA | 63 | 9/21/20-12/14/20 | 83% | 15m5s |
| Foster Care | 390 | 10/8/20-4/14/21 | 100% | 4m:59s |
| Education | 54 | 7/16/21-8/16/21 | 91% | 11m:22s |
| Total | 1144 | | | |

Limitations

This report provides a non-statistical examination of the data. It should also be known that questions were slightly altered among each group surveyed. Therefore, for some questions not all participants are included.

This does not reflect the perceptions of 100% of all stakeholders, merely a sample. Numbers for Education personnel and providers are unknown, but these respondents likely represent a very small portion of the total number of personnel.

| Stakeholder Group | Estimated # in West Virginia | % Represented by survey |
|---------------------|------------------------------|-------------------------|
| Probation | 317 | 25% |
| Attorneys | 6284 | 5% |
| Foster Care parents | 4500 | 6% |
| DHHR | 800 | 19% |

| Stakeholder Group | Estimated # in West Virginia | % Represented by survey |
|-------------------|------------------------------|-------------------------|
| CAC & CASA | 380 | 15% |

However, this report still provides some insight into the perceptions and practices surrounding MDTs in West Virginia.

SURVEY RESULTS

Although 1144 participants took the survey, 20% did not report attending an MDT, leaving 914 surveys from individuals who have attended an MDT.

| MDT | Yes | No |
|--------------------|-----|-----|
| Attorneys | 233 | 27 |
| CASA/CAC | 56 | 7 |
| Foster Care | 269 | 121 |
| DHHR | 156 | 49 |
| Providers | 89 | 3 |
| Education | 33 | 21 |
| Probation | 78 | 2 |
| | 914 | 230 |
| | 80% | 20% |

SIGNIFICANT FINDINGS

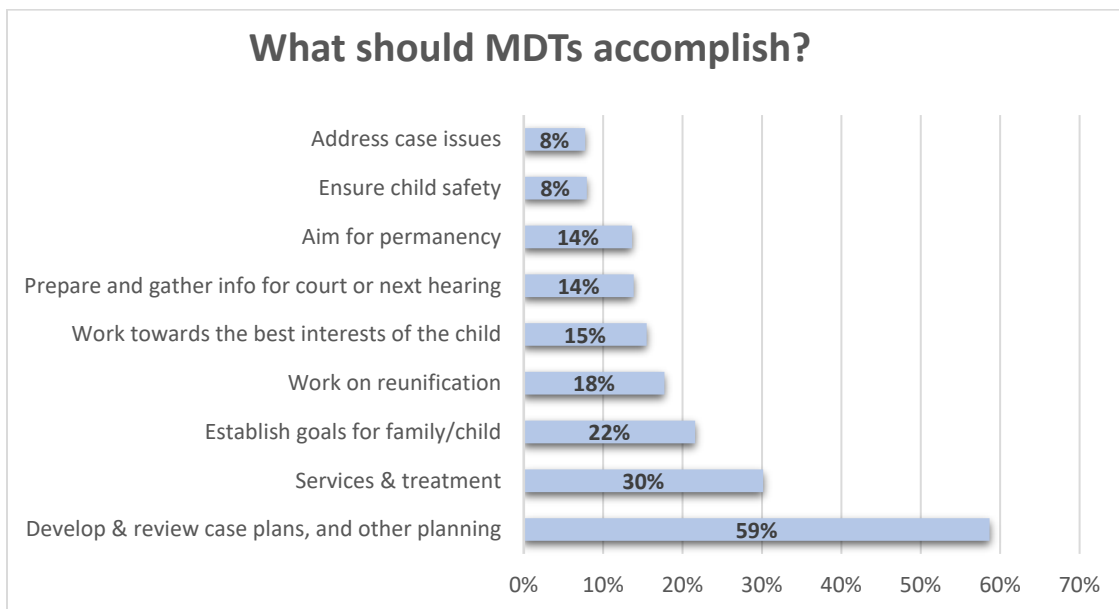
- Results mirrored those from the 2008 study in that practices and perceptions vary widely across the state. While the fundamentals spelled out in Code were the same, there is not a statewide practice that can be identified, but rather multiple regional practices.
- The culture difference between DHHR and attorneys found in the 2008 study was not as pronounced in the current surveys.
- Attorneys reported attending the most MDTs in the previous year than any other group. They were also the group most likely to experience scheduling conflicts (92%).
- Providers stated they had the furthest to travel to attend MDTs. DHHR workers said they average about 5 miles to travel to MDTs, although most respondents stated MDTs are most often held at DHHR offices (36%), followed by the Court House (35%).
- Twenty nine percent reported their county has MDTs on regular set days, 69% said there was no set day, and two percent said they didn't know.
- This project started prior to the COVID 19 Pandemic and continued throughout. After the initial outbreak, a question was added for subsequent groups regarding how MDTs were meeting. In-person meetings were less frequent but still occurring. Of in interest, was that since COVID 19, there were very distinct feelings on virtual meetings. Many stated that virtual meetings increased participation in MDTs while many others stated that these need to be done in-person and never virtually.
- The majority of respondents agreed that DHHR had the overall responsibility for facilitating the meeting. The next most cited group were prosecuting attorneys.

- While there seems to be some consensus as to who leads the meetings, there is more dissention over who handles scheduling and notifying participants of the meeting.
- On average about 2/3 of those responding say DHHR is responsible for both functions.
 - These perceptions were the same in 2008 and 2014.
- Interestingly, when asked about time spent in the child welfare profession, DHHR workers averaged the least amount of time in the profession.
- Only 43% of professionals who reported attended an MDT in the past year, reported having training on MDTs.
- Foster care parents and representatives were asked if they received *adequate information about what an MDT is and its function*. Nearly all (98%) stated they had heard of an MDT but only 55% said they felt they received enough information. About 8% said they received no information at all.
- Overall most participants that the MDTs accomplished their stated goals, met frequent enough to effective, were sensitive to the needs of all team members, and were able to reach consensus.
- Only ¾ of survey takers felt MDTs felt that for the most part, MDT practices contribute to the child achieving permanency in a timely manner.
- Apart from DHHR, most professions rated themselves present more often than the group did overall. This could be for probation, that not all children in abuse and neglect cases have a probation officer but when they do, the probation officer is present and involved.
- Survey participants were also asked if there were other parties that were part of the process and what impact the MDT process had on them. We received 369 responses to this answer. Some more frequent responses were:
 - Providers either working with the child and family, or that could assist (18%)
 - Foster parents (11%)
 - Anyone who has a vested interest or can help the child should be there (5%)
 - Counselors (5%)
 - CASA (although included in the selection list 3% of individuals added this as another group)
 - Grandparents (2%)
 - Kinship (2%)
 - Other family (2%)
- Other participants felt the list included everyone and more focus should be spend working on being a team.
 - *"I feel that right now there are enough participants. Sometimes too many different opinions cause lack of progress in the meetings and final outcomes."*
 - *"I feel we have the right people at the table, but we don't spend enough time working as a team to create a plan that will be followed through with for the child."*
- When looking at being engaged in the MDT, meaning there was ample input from the team member, DHHR workers and attorneys for the children were listed as very much and consistently engaged. Less than 1/3 of respondents said this for the child.
- About 1/3 of attorneys said their work on MDTs results in uncompensated work, meaning unbillable hours.

- About 40% of the attorneys commented on barriers to notification. Seven percent cited scheduling conflicts regardless of whether there was adequate notification. Roughly 22% mentioned something about email with some stating emails made it difficult while others said it was helpful. A few stated that the MDTs are scheduled during the court hearings and that helps eliminate barriers to notification.
- While most CAC/CASA respondents said they receive adequate notification, many stated they are not invited at all.
- Providers reported that COVID 19 did not really change how many MDTs in which they participate.
- Overall, DHHR workers were more current than their counterparts with regards to recent MDT training. This could be due to the relatively newness in their positions. When looking at the time of employment within CPS, survey respondents said they had been employed anywhere from less than 3 months to 28 years with an average of about 4 years on the job. Less than 1/3 of the workers found their MDT training to be effective. Most were neutral or negative on how well the MDT training prepared them for their role in actual MDTs. Less than half (43%) stated they had help in preparation for MDT meetings.
- Several foster parents reported they received notification of MDTs via text message.
- About half of foster parent respondents indicated they were invited to the hearing following the MDT and of those 60% said they attended.

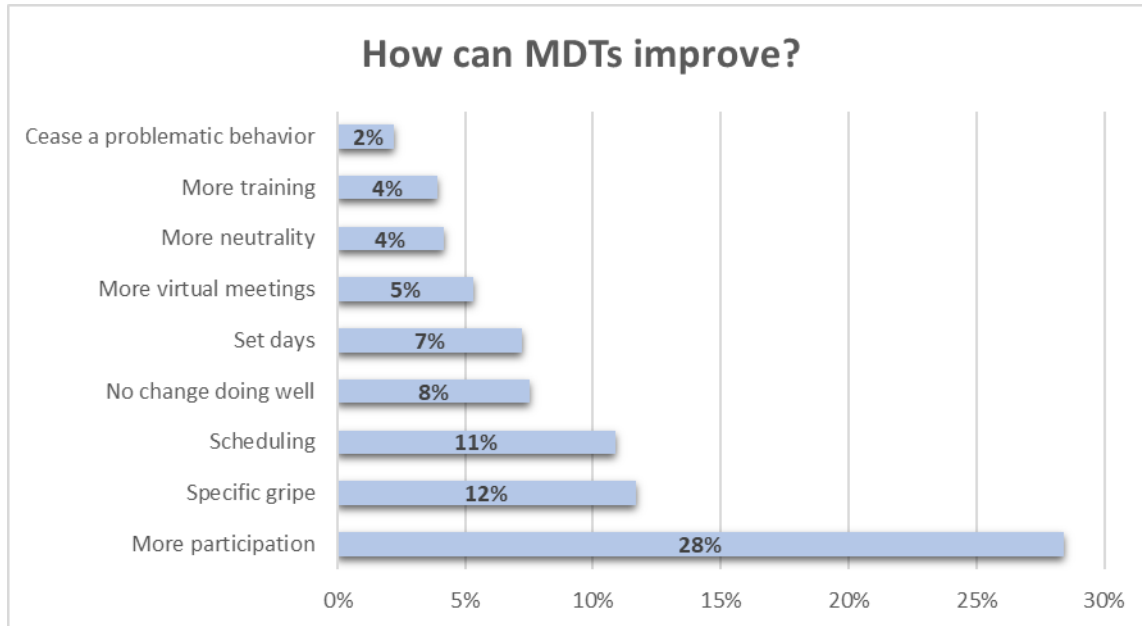
Open-ended questions

Professionals and paraprofessionals (attorneys, DHHR workers, CASA/CAC, providers, probation, and education) were asked what they thought MDTs should accomplish. Over ¾ (76%) responded. Most of the answers involved the following goals.



The next open question was “how can the MDT process can be improved?”, and over half of respondents provided answers. The majority of suggestions involved the increased participation of a certain stakeholder, in that the stakeholder should be invited and attend meetings. Many answered that

attendance should be mandatory for everyone. There were many comments regarding scheduling and notification. Many felt these areas could be improved upon. Further, a fair number of participants suggested set days would help the scheduling issues. Some respondents stated very specific issues related to their county or district. Others felt that there were certain behaviors of team members that were problematic and should be stopped. This included attorneys using the time to consult with their clients and DHHR case workers ‘interrogating’ the respondents. Similarly, several said that there needed to be more neutrality in the MDTs. More training was recommended. This not only includes training on MDTs specifically, but training on how to run effective meetings and being trauma informed. Less than 10% said their process in their county or district was doing well and did not need improved.



NEXT STEPS

The CIP Hearing Quality project will continue through 2022. MDTs and subsequent hearings will be observed, and data collected. Observations from those MDTs will be compared to the data collected through this survey and then the court observations will be evaluated to determine the impact of MDTs on the quality of hearings.

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