

Multi-agency Team (MAT) Handbook

*A Resource Guide for MAT Professionals Working with
Children Involved in the Juvenile Justice System*

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TABLE OF CONTENTS

Introduction 2

MAT Protocol 3

Role and Responsibilities of the MAT Facilitator..... 7

Role and Expectations of the MAT and Team Members 8

Role of the Lead Professional..... 9

Information Sharing Tips..... 9

Sample Initial Case Review Form..... 11

Sample Authorization to Use/Disclose Information Form 14

Introduction

Children and their families experience a range of needs at different times in their lives. A number of children involved in the juvenile justice system have complex needs that cannot be met by the Department of Juvenile Justice (DJJ) alone. Additional services to improve outcomes for these children may be needed for a limited period, or on a long-term basis. A Multi-agency Team (MAT) can be established to ensure that agencies and service providers are working together to intervene early and take a proactive, preventative approach to providing these children with effective and timely services.

The ultimate goal of the MAT is to improve outcomes for children who have come into contact with the juvenile justice system, through the implementation of integrated and streamlined services and treatment plans. Although the Children's Law Center developed the MAT Handbook as a tool to be used by DJJ County offices, it can be tailored for use by any child- or family-serving agency to assist clients in need of service from multiple providers.

MAT objectives:

- Provide efficient and effective service delivery to children and families in need of services from multiple providers.
- Eliminate duplication of services.
- Engage in more effective early intervention and prevention strategies.
- Promote quick and proactive response to risk factors indicating service needs.
- Develop more integrated treatment plans based on individual needs.
- Promote a holistic, family approach.

Multi-agency Team (MAT) Protocol

Identifying and responding to children who have contact with multiple child- and family-serving agencies within our state should be a priority among treatment providers. Too often, service delivery efforts for these children do not involve cooperation and information sharing among providers, leading to repetition of services in some cases and to service gaps in others. While service and treatment providers are often aware that the youth and families they are assisting are also receiving services from other providers, there has not been an established mechanism to promote the sharing and exchange of information to ensure the most effective provision of services without duplication. When child-serving agencies and providers do convene, it is often in response to a crisis situation or a court order calling for an inter-agency staffing when the child is facing final disposition.

The Multi-agency Team (MAT) Protocol was developed by the Children's Law Center as part of an effort to address the well-recognized need for more timely and effective service delivery for children and families involved in our juvenile justice system. It encourages agencies to move away from a crisis-response mentality, take a proactive approach to monitoring and directing treatment plans, and routinely work together to streamline efforts to assist those children and families in need of services from multiple sources. This is especially critical in cases involving children on commitment status or in placement who will be transitioning back into the community and will greatly benefit from a seamless delivery of services.

This model protocol was created to assist the South Carolina Department of Juvenile Justice (DJJ) county offices interested in establishing a MAT whose purpose will be to provide effective and comprehensive delivery of services. Although this protocol was designed to assist DJJ with facilitating the MAT approach, it is a tool that can be used by other child-serving agencies as well, to coordinate services for youth and families receiving assistance from multiple providers.

STEP ONE: MAT DEVELOPMENT

DJJ county offices interested in creating a MAT must ensure endorsement and cooperation from their local counterparts. An advisory work group comprised of local representatives from DJJ, the Department of Mental Health (DMH), the Department of Social Services (DSS), the Department of Disabilities and Special Needs (DDSN), the Department of Alcohol and Other Drug Abuse Services (DAODAS), the county's school districts, the Continuum of Care (COC), and any other identified local service providers including private providers, should meet first in an effort to formulate a county-specific plan. This advisory group will determine how the MAT youth will be identified and establish standard meeting times, staffing procedures, inter-agency confidentiality agreements, the use of release of information forms and related documents, and data collection procedures. Although this process should be county specific, the Children's Law Center (CLC) has developed sample documents and forms to assist counties in

establishing policies and procedures tailored to meet their specific needs and are included in the MAT Handbook, available on the CLC website at <http://childlaw.sc.edu>.

STEP TWO: DESIGNATION OF MAT FACILITATOR

The DJJ County Director should designate a DJJ staff member or other lead professional to serve as the team facilitator. In some counties, the DJJ County Director or DJJ Special Needs Coordinator may serve in this role. The MAT Facilitator will be responsible for organizing and conducting MAT meetings and ensuring that team members and participating families are kept informed, that established policies and procedures are followed, and that data is properly recorded and maintained.

STEP THREE: IDENTIFICATION OF JUVENILES

DJJ county offices must first identify juveniles under their supervision who are also receiving services from another agency and/or treatment provider. Juveniles from the Intensive Supervision Officers (ISO) caseloads, as well as those participating in specialty programs, such as drug courts or youth courts, should also be considered for this program. When identifying potential participants for the project, consideration should be given to juveniles who are currently receiving, have received in the past, or are in need of receiving in the future, services from multiple providers. Additionally, consideration should be given to juveniles currently in placement/under commitment status who will be returning to the community in the near future and will need to receive services from other community agencies.

STEP FOUR: AUTHORIZATION AND CONSENT

Once a juvenile and family has been identified as prospective participants, the MAT Facilitator or designee (e.g., ISO or probation officer) must approach the family and obtain their consent to move forward with the MAT. The person chosen to approach the family should be someone trained by the DJJ County Director or designee on proper use of the parental consent document. Participation in this project is entirely voluntary and families should not be pressured into participating. The designated team member should meet with the parent and child, fully explain the project and requisite consent form, and ask the parent and child if they wish to participate. It is also critical to inform the parents that they may limit agency involvement or opt out at any time if they so choose.

If the family agrees to participate, it is at this point that the designee will have the parent/guardian sign the consent form. A copy of the signed consent must then be provided to the family. If someone other than the DJJ County Director meets with an identified family, the DJJ County Director should follow up with that person regarding the status of parental consent. The DJJ County Director, MAT Facilitator, or designee should always be available to answer questions or address concerns participant families may have.

STEP FIVE: IDENTIFYING AND INVOLVING SERVICE PROVIDERS

Once consent is attained, the MAT Facilitator must schedule an initial case review. All identified treatment providers and/or involved agencies must be invited to the initial case review meeting. Identified service providers may include any agency or service provider that is currently working with the child/family, has provided services to the child/family in the past, or will be providing services to the child/family in the future. The family should be interviewed to ensure that any unidentified agencies or treatment providers, especially those who may have recently initiated services with the family, are included.

The MAT Facilitator should contact all identified providers by phone and then mail each provider a written invitation to participate. Follow-up phone contact with each invited participant is recommended to address any questions or concerns prior to the initial case reviews.

From the point of initial contact with these providers, the MAT Facilitator must clearly state the MAT goals. It is equally important to stress to participants how important and valuable their participation is. The MAT Facilitator should explain what the first meeting will entail and let participants know that they will be receiving copies of the client consent form for their files. The MAT Facilitator must then coordinate the initial case staffing and answer any questions participants may have.

STEP SIX: CREATING A MAT DATABASE

A MAT database should be developed and maintained by a designee of the MAT. All relevant information regarding MAT participants should be recorded and maintained in this database to ensure efficiency when tracking the cases and to effectively identify needs for service delivery improvements through data analysis. The database may be in Excel format and should include at least the following information regarding the cases staffed by the MAT: name, age, diagnoses, service/treatment history to include open and closing dates, current services, expected length of agency involvement and needed services. The database should be routinely updated at least following each staffing to reflect new information, such as new offenses, placements, changes in agency involvement, and educational changes. A sample Excel database can be provided to MATs by the Children's Law Center upon request.

STEP SEVEN: INITIAL CASE REVIEWS

When scheduling initial case reviews, MAT Facilitators should be mindful of the schedules of other involved participants. Meetings must be scheduled in a way to ensure maximum attendance. Be sure to request that participants respond to all meeting invitations when necessary. It is always a good idea to follow up with participants in the week prior to the staffing to confirm attendance and handle any last minute questions that participants may have. While this process may seem labor intensive, the best outcome can only be assured through careful and thoughtful planning. When possible, the reviews should be scheduled so service providers will not experience down time between case reviews at meetings, keeping in mind that

representatives from the agencies and providers will only attend those reviews that concern youth with whom they are involved.

Meetings should be conducted in accordance with a clear agenda. The initial case review will last approximately 30 minutes to one hour per youth. Agendas should allow for a brief introduction, during which time a “sign-in sheet” may be passed around, followed by time for each participant to discuss the child’s and/or family’s service/treatment history, a summary of services currently in place, and the expected length of agency involvement with a given child or family. The MAT Facilitator will record this information on the Initial Case Review Form, which will then be transferred to the MAT database.

The MAT Facilitator is responsible for ensuring meetings are conducted effectively and efficiently and that they begin and conclude on time as scheduled to motivate future participation by agency and provider representatives. The MAT Facilitator must also ensure that each participant is allowed adequate time to provide information.

At the conclusion of the meeting, a summary should be given by the MAT Facilitator to include the current functioning of the child, any services that will be introduced, and the anticipated future involvement of agencies with this child and family.

STEP EIGHT: MAT REVIEWS AND FOLLOW-UPS

A MAT Case Review Follow-Up Form (CRFF) should be filled out by the MAT Facilitator or designee (e.g., ISO, PO, or other participant) for each case in order to track additions to and modifications or discontinuations of participants’ treatment and supervision plans. The information from the CRFFs will then be recorded in the MAT database. Once in the database, data from all case reviews will be compiled, analyzed, and presented at subsequent MAT meetings. Information from the data analysis will also be used to guide future planning and fine tuning of the MAT project process for that specific county.

In order for the MAT to work effectively, the MAT Facilitator must maintain periodic contact with the agencies and providers to track the provision of identified services and record any changes made to each participant’s treatment and supervision plans.

STEP NINE: DATA ANALYSIS

The data obtained in this process and compiled in the MAT database will be analyzed in an effort to identify any common characteristics of juveniles involved with multiple agencies, with specific attention given to factors that may contribute to a negative outcome. A negative outcome includes incurring a new offense, a subsequent commitment, out of home placement, or probation extension. This will allow MATs to develop early intervention strategies for juveniles and/or families exhibiting these characteristics and create multi-agency protocols to address and prevent these negative outcomes for future participants.

Role and Responsibilities of the Multi-agency Team (MAT) Facilitator

In order for the MAT to be successful in any county, there must be strong leadership and commitment from the team manager, referred to as the MAT Facilitator.

Characteristics of an effective MAT Facilitator:

- Ability to develop a vision for children's services and communicate that clearly and persuasively to others;
- Ability to create a culture of multi-agency working whereby the needs of children and families transcend traditional professional perspectives;
- Ability to motivate and secure effective participation from team members; and
- Ability to motivate a multi-disciplinary team to work effectively across existing and future organizational boundaries.

It is the Facilitator's responsibility to ensure that all team members have a clear understanding of the following:

- Purpose and goals of the MAT;
- General expectations of participating agencies and service providers;
- General expectations of all team members; and
- Specific roles of each participating representative from the participating agencies.

Additional MAT Facilitator responsibilities:

- Identify, co-ordinate, and lead MAT members who will be delivering services to participating children and families.
- Arrange and conduct MAT meetings and record all key decisions.
- Prioritize cases and tasks to be completed by the MAT and team members.
- Promote and facilitate early intervention approaches.
- Allocate tasks according to identified needs and priorities.
- Oversee case plans and case reviews.
- Ensure team members are informed about all local agencies and service providers, including private providers, which support children and families in the community.
- Promote rigorous information sharing and recording for all MAT cases.

Role and Expectations of the Multi-agency Team (MAT) and Team Members

As a group, the MAT will:

- Identify children and families who would most benefit from participation in the MAT Project.
- Support and assist with enabling appropriate access to services for identified children and their families.
- Ensure that appropriate service providers and local partners are invited to join the MAT as needed.
- Develop local interventions appropriate to the individual needs of the children and families being served by the MAT.
- Determine what action is to be taken by all the participants, including the parent/guardian and the child.
- Provide care consistent with effective transition into the community for those children being released from DJJ custody.
- Regularly review the service-delivery plan to monitor progress towards the intended outcomes and identify any unmet or additional needs for the child's/family's smooth transition between services.

Each team member will be expected to:

- Participate in and contribute to team communications as defined by the MAT Facilitator, including team meetings.
- Share information as appropriate and adhere to information sharing protocols as established by the MAT.
- Share concerns about individual children and families with team members where there may be a benefit from a multi-professional response.
- Share concerns about individual children and families with team members where there are any child protection considerations.
- Record all information relating to their work with the cases according to protocol established by the MAT.

The Lead Professional

Children who require support from multiple providers are more likely to experience a seamless and effective service when one practitioner – a lead professional – undertakes the role to ensure that frontline services are coordinated, coherent, and achieving intended outcomes.

The Lead Professional will be designated by the MAT and should be the practitioner best suited to work most closely with the family.

The lead professional of a MAT case will:

- Maintain a relationship with the child and family and serve as their single point of contact to address any questions or concerns they may have throughout the MAT process.
- Coordinate the delivery of services and serve as the single point of contact for all practitioners who are delivering services to the child.

Information Sharing Tips

Appropriate and timely sharing of information is a critical component of the MAT; it involves working across professional boundaries and sharing information about a child's needs. All team members must be fully informed and have a clear understanding from the onset of how and when they can share information lawfully.

The following information regarding information sharing was found in *Children, Young People and Families: Multi-agency Teams in Derbyshire* (MAT Handbook, Pilot Edition 2011).

Knowing when and how to share information isn't always easy, but it's important to get it right. Families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

Six Key Principles:

1. Explain openly and honestly at the outset what information will/could be shared, why, and seek agreement, except where doing so puts the child or others at risk of significant harm.
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.

3. Respect the wishes of children or families who do not consent to share information unless in your judgment there is sufficient need to override that lack of consent.
4. Seek advice when in doubt.
5. Ensure information is accurate, up-to-date, and necessary for the purpose for which you are sharing it, shared only with those who need to see it and shared securely.
6. Always record the reasons for your decision.

Points for consideration:

- Is there a legitimate purpose for sharing the information?
- Does the information enable a person to be identified?
- Is the information confidential?
- If so, do you have consent to share?
- Is there a statutory duty or court order to share the information?
- If consent is refused/or there are good reasons not to seek consent, is there sufficient public interest to share information?
- If the decision is to share, are you sharing the right information in the right way?
- Have you properly recorded your decision?

INITIAL CASE REVIEW FORM

Date: _____

Juvenile: _____ JJMS: _____ County: _____ DOB: _____ AGE: _____

Race: _____ Gender: _____ Probation Officer or ISO: _____ Current Residential Setting: _____

If currently in out-of-home placement, indicate level of care and agency involved: _____

DJJ Involvement:

___ Currently on Probation

___ Currently on Parole

Supervision start date and length: _____

Number and dates of Determinate Commitments: _____

Number and dates of Indeterminate Commitments: _____

Number, dates, and types of DJJ Evaluations: _____

Number, dates, and Level of Care of DJJ Placements: _____

Number and type of Subclass Inclusions (DMH or DDSN): _____

Number and Level of Care of Subclass Placements: _____

Most Serious Adjudicated Offense: _____

Mental Health Services:

___ Current DMH Client

___ Prior DMH Client

Number, dates, and Level of Care of DMH Placements: _____

___ Current Client of Private MH Treatment Provider

___ Prior Client of Private MH Treatment Provider

Child Protective Services:

___ Currently in DSS Custody

___ Currently Open Treatment Case

___ History of DSS Custody

___ History of Open Treatment Cases

Number, dates, and Level of Care of DSS Placements: _____

Drug and Alcohol Services:

___ Current DAODAS Client

___ Prior DAODAS Client

Number, dates, and Level of Care of alcohol or drug treatment placements: _____

Continuum of Care:

___ Current COC Client

___ Currently on COC Waiting List

___ Prior COC Client

Number, dates, and Level of Care of COC Placements: _____

Vocation Rehab Services:

Current Client
 Prior Client

DDSN Involvement:

Current DDSN Client
 Prior DDSN Client

Number, dates, and Level of Care of DDSN Placement(s): _____

Special Education Services:

Current Classification: _____

Prior Classification: _____

Current School and District: _____

Current Status (Expelled, suspended, homebound, etc.): _____

Number of adjudications for school-based offenses and offense types: _____

History of 3 or more major disciplinary events or suspensions in one school year

History of 6 or more major disciplinary events or suspensions per year

History of unexcused absences

Service Type	Provider:	Date referred:	Date initiated:	Date closed:	Reason for closure:

<u>Agency/Provider</u>	<u>Representative</u> (please print)	<u>Signature</u>	<u>Contact Information</u>

AUTHORIZATION TO USE/DISCLOSE INFORMATION

Client Name: _____ DOB: _____ SS# _____

Address Phone

By initialing the following blank(s), I authorize the named agencies, including their local community counterpart providers, where I receive(d) treatment or care to use and disclose my information as indicated below:

- _____ South Carolina Department of Disabilities and Special Needs
- _____ South Carolina Department of Education
- _____ South Carolina Department of Mental Health
- _____ South Carolina Department of Juvenile Justice
- _____ South Carolina Department of Social Services
- _____ SC DAODAS Provider _____
- _____ Continuum of Care, S.C. Governor's Office
- _____ USC Children's Law Center
- _____ Other _____

The information to be shared includes my name and other personal identifying information, clinical health information, and other information pertaining to my treatment. This information will be used to coordinate and evaluate my treatment and improve service delivery.

The purpose of sharing information with the agencies is to evaluate my treatment needs and provide for the delivery of these services. This information may also be used in reports to improve treatment program operations, to evaluate policy changes, to assist in the provision of services for people experiencing similar problems, to identify any unmet needs, and to assist staff with the administration of the program. Reports are confidential and no information identifying me will be released. Only authorized staff will have access to this information. Furthermore, names and/or identities will never appear in any report for public distribution.

I understand that my information is protected by federal law 42 CFR Part 2 (alcohol and drug treatment) and 45 CFR Part 160 et. seq. (HIPAA) and cannot be disclosed without my written authorization unless otherwise allowed by law. I understand that I may revoke this consent at any time, except to the extent that action already has been taken. I also understand that I may revoke this authorization at any time, either verbally or in writing. This authorization expires when I am no longer participating in the treatment programs provided by the above-listed agencies or one year from this date, whichever comes first. I have been given a copy of this completed authorization.

Client Signature (or parent/guardian/personal representative if applicable) Date

If signed by a parent/guardian/personal representative, describe that person's authority to act on behalf of client: _____

Revocation of Authorization

I hereby revoke (cancel) my authorization.

Client's Signature Date