Practice Brief 13

Multidisciplinary Teams and Child Protection Teams: What is the Difference?

NCA Accreditation Standard this brief addresses:
Standard 1: Multidisciplinary Team

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At the core of every accredited Child Advocacy Center (CAC) is a Multidisciplinary Team (MDT) bringing together representatives from relevant law enforcement agencies, child protective services, prosecution offices, medical providers, mental health providers, victim advocacy providers, and the CAC itself for the purpose of coordinating the criminal investigation and prosecution of child maltreatment cases while providing holistic services to children and families including both mental health treatment and advocacy. Thus, the first step any Tribe seeking to develop a CAC would take is the assembly of an effective Tribal MDT.

Today, many Tribes have multidisciplinary or interagency teams already in place for responding to civil child protection cases. These are commonly called Child Protection Teams (CPTs), though some Tribes may refer to their child protection teams as MDTs in keeping with common usage in child welfare systems, which do not always distinguish between the two terms. However, these child protection–focused teams, regardless of what they are called, differ from MDTs that operate as part of a CAC response to child maltreatment.

In our work with Tribes interested in developing CACs, NCARC frequently encounters questions about how these two types of teams differ from one another and about how their operations might or might not be combined to meet the National Children's Alliance accreditation standard for MDTs (Standard 1). Below, we will discuss overlaps as well as differences between these two types of teams. For the sake of clarity, we will refer to teams focused on child protection as CPTs and to teams focused on a CAC response as MDTs.

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The Development of CPTs in Tribal Communities

In Indian Country, multidisciplinary teams for coordinating child protection cases became common in the 1980s and 1990s as a result of federal agency collaboration and the passage of key laws relating to law enforcement and child maltreatment response. The key federal agency action was a 1986 Memorandum of Understanding between the Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS) to coordinate their child protection and treatment responses to child maltreatment cases[1]. Two federal laws passed by Congress in 1990, the Indian Law Enforcement Reform Act[2] and the Indian Child Protection and Family Violence Prevention Act[3], mandated interagency coordination in law enforcement and child protection cases, and BIA and IHS established protocols for improving direct services to children and families by coordinating assessment, treatment planning, and case monitoring. These teams that the BIA and IHS coordinated for the duration of civil child protection proceedings came to be known in many Tribal communities as CPTs. In communities where Tribes oversaw child protection, medical, mental health, and/or other functions related to child maltreatment cases, the BIA encouraged the Tribes to facilitate their own CPTs. Whether facilitated by Tribes or the BIA, these child protection teams remain common in Indian Country.

Overlap in Goals but Differences in Focus

CPTs and MDTs are both rooted in the same priority: to improve the response to child maltreatment by coordinating the activities of all relevant agencies. When everyone works together to respond to a child's needs, promote safety, and hold perpetrators accountable, the child, the family, and the community as a whole are better off. So, the activities of CPTs and MDTs are mutually reinforcing, and both contribute to improved outcomes for children, families, and communities. However, the two types of teams focus on different forms of response to child maltreatment reports and therefore have different roles to play in the aftermath of child maltreatment.

CPTs are focused on the child protection response, which includes determinations about family safety, custody, treatment plans, and reunification or placement. Child protection legal proceedings are civil in nature. Civil lawsuits do not involve the attempt to prove that a defendant has committed crimes. Instead, they are focused on requesting the court to make decisions that are binding upon a defendant. For example, a Tribal or BIA child protection agency might ask a civil judge to require that offending parents in a child maltreatment case engage in treatment or parenting programs, take actions to enhance the child's safety, or participate in supervised visits as a means toward regaining custody of their child. CPTs provide a forum for information sharing and coordination of services for the child and

family in these cases, which may have many phases and long horizons.

MDTs are focused on the prosecution response to child maltreatment, which includes investigating and prosecuting crimes as well as offering treatment and support to the child and family from the time of the maltreatment report until the case is resolved. These cases are criminal rather than civil. They are focused on proving beyond a reasonable doubt that the defendant committed a crime and on holding those found guilty accountable through incarceration, probation, or other measures. For example, a prosecutor might seek to prove that a parent committed criminal child abuse and to ensure that the parent, if found guilty, is held accountable in accordance with the jurisdiction's criminal laws. MDTs provide a forum for information sharing and coordination of investigative, treatment, and advocacy services in these cases, ensuring that the child and family receive holistic support so that trauma is mitigated, and no further traumas occur as a result of the investigation and prosecution of the case.

Some Overlap in Team Membership

CPTs and MDTs generally have overlapping members, though this could vary depending on the jurisdictional complexities in each location or case. A CPT includes representatives from child protective services, law enforcement, juvenile counseling and adolescent mental health services, and domestic violence services. An MDT, as defined by NCA Accreditation Standards, likewise includes representatives from law enforcement, child protective services, and mental health providers. But an MDT additionally includes medical providers, victim advocates, prosecutors, and CAC personnel. These differences in team composition reflect the differences in focus described above. Both CPTs and MDTs may choose to include additional members from other agencies or with other forms of expertise, as local needs dictate.

Can CPT and MDT functions be combined into one team?

Tribes may be able to use their current CPTs as a foundation for the development of MDTs that meet NCA Accreditation Standards. However, as noted above, the nature of child protection proceedings is very different from that of criminal prosecution proceedings. Some of the same services may be provided in both kinds of cases (e.g., mental health treatment), but other aspects of the cases are very different. Additional complications may involve the fact that the same person (e.g., a child protection caseworker) may play a different role on a CPT than on an MDT, the fact that there are likely to be differences in the types of decisions and forms of interagency collaborations that each team requires, and the fact that some core members of an MDT team may have no role to play in CPT discussions.

These and other differences between the two types of teams may make it difficult to combine both functions into one team meeting. It may make more sense to encourage collaboration and open lines of communication between local CPTs and

MDTs to ensure that both are meeting the needs of children and families in their service populations. The CAC model is very flexible, however. Depending on local team membership, caseloads, and other factors that vary from community to community, there may be ways of combining some functions or linking CPT and MDT meetings to address both child protection– and prosecution-focused issues. If you are contemplating ways of combining an existing CPT with an MDT in your community, we encourage you to reach out to NCARC to discuss ways that this might work.

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[1] United States Bureau of Indian Affairs. (1990). *Child Protection Reference Book*. Washington D.C.: U.S. Government Printing Office.

[2] 25 USC §2801 et. seq.

[3] 25 U.S.C. § 3209 et. seq.

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