

Addressing Childhood Trauma in Montana: Localized Responses *and* Oversight Mechanisms

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May 2012

Localized Responses

Child Protection Teams

- Established 41-3-108, MCA in 1979.
- Mandatory: NO
- Number existing: 45
- Comprised of:
 - (1) a social worker;
 - (2) a member of a local law enforcement agency;
 - (3) a representative of the medical profession;
 - (4) a representative of a public school system;
 - (5) a county attorney; and
 - (6) if an Indian child or children are involved, someone, preferably an Indian person, knowledgeable about Indian culture and family matters
- Mandate:

May assist in assessing the needs of, formulating and monitoring a treatment plan for, and coordinating services to the child and the child's family

County Interdisciplinary Child Information Teams ("Multidisciplinary Teams" or MDTs)

- Established 52-2-21, MCA in 1991
- Mandatory: NO
- Number existing: 17
- Comprised of:
 - (1) the youth court;
 - (2) the county attorney;
 - (3) the department of public health and human services;
 - (4) the county superintendent of schools;
 - (5) the sheriff;
 - (6) the chief of any police force;
 - (7) the superintendents of public school districts; and
 - (8) the department of corrections

With an option to expand team membership to include:
physicians, psychologists, psychiatrists, nurses, and other providers of medical and mental health care;
entities operating private elementary and secondary schools;
attorneys; and
a person or entity that has or may have a legitimate interest in one or more children that the team will serve;
- Mandate:

Facilitate the exchange and sharing of information that one or more team members may be able to use in serving a child in the course of their professions and occupations, including but not limited to abused or neglected children, delinquent youth, and youth in need of intervention. *Also*, state

how the team will coordinate its efforts with interdisciplinary child protective teams as provided in 41-3-108 and youth placement committees as provided for in 41-5-121

Youth Placement Committees

- Established 41-5-121, MCA in 1987
 - Mandatory: YES
 - Formed by the youth court in each judicial district and DPHHS
 - Number existing: 22
 - Comprised of not less than five members and must include persons who are knowledgeable about the youth, treatment and placement options, and other resources appropriate to address the needs of the youth:
 - (1) a juvenile parole officer employed by the department;
 - (2) a representative of the department of public health and human services;
 - (3) the chief juvenile probation officer or the chief juvenile probation officer's designee. The officer or the officer's designee is the presiding officer of the committee;
 - (4) a mental health professional; and
 - (5) if an Indian youth is involved, a person, preferably an Indian, knowledgeable about Indian culture and Indian family matters
- With an option to expand committee membership to include:
- a representative of a school district located within the boundaries of the judicial district who has knowledge of and experience with youth;
 - the youth's parent or guardian;
 - a youth services provider; and
 - the youth's juvenile probation officer
- **Mandate:**
 - Recommend an appropriate placement of a youth committed to the youth court or to DPHHS
 - Recommend available community services or alternative placements

Accredited Child Advocacy Centers

- National model established 1985 in Huntsville, Alabama.
- First center in Montana (Butte) established 2007
- Mandatory: NO
- Number existing: 5 NCA accredited centers; 5 centers working towards accreditation
- A CAC is the home of a multidisciplinary team comprised of:
 - county prosecutors, law enforcement, medical, child protection and mental health and victim advocacy
- **Mandate:**
 - (1) Provide evidence based trauma focused treatment to child victims served at the center (specifically, Trauma Focused Cognitive Behavioral Therapy)
 - (2) use improved evidence collection through forensic interview and forensic medical exam techniques

Note: Prior to 2002, DPHHS ran a localized response model of intake

- Calls routed to local/county level offices
- System reverted to centralized intake due to concerns of:
 - (1) Uneven resources and inconsistent response across the many offices
 - (2) Local intake by offices familiar with the communities or even families involved were potentially subject to bias

Oversight Mechanisms

Board of Social Work Examiners and Professional Counselors

- Established 2-15-1744 and 37-22-part 1-4, MCA in 1983.
- Appointed by Governor and public
- Comprised of:
 - Seven individuals: Six appointed by Governor with consent of Senate, one appointed from and representing the general public
- Nature and scope of authority:
 - (1) ensure the ethical, qualified, and professional practice of social work;
 - (2) set standards for those who seek to engage in the practice of social work *as licensed social workers* {NOTE}
 - (3) establish a screening panel to determine whether there is reasonable cause to believe that a licensee has violated a particular statute, rule, or standard justifying disciplinary proceedings; deny a license and, upon a finding of unprofessional conduct by an applicant or license holder

State Advisory Council

- Established in _____
- Appointed by _____
- Comprised of:
 - (includes, but is not limited to:) chairperson of the local advisory committees, district court judge, legislator, former legislator/nurse, educator, retired chief juvenile probation officer, public defender (representing children), foster/adoptive parent, therapist, community members, state director of CASA, a former county attorney, executive director of the Montana Chapter of the National Association of Social Workers, and a member of the Native American Advisory Council
- Nature and scope of authority:
 - (1) Serves as the primary vehicle for on-going coordination and collaboration across the entire system
 - (2) Meets quarterly, receives information about CFSD activities, and provides feedback as to those activities
 - (3) Includes a case review process whereby an actual case is presented to the Council. Addresses how Montana statute and CFSD policies/procedures/ best practice were applied to the case. The Council provides feedback and recommendations for possible changes in statute, policy, procedure, and practice
 - (4) The Council acts in effect as Montana's Citizen Review Panel (CRP) which meets the requirement of the Child Abuse Prevention and Treatment Act.

Regional Advisory Councils

- Established: (inaugural dates of each varied)
- Comprised of:
 - Six, one in each of four regions and two in the Eastern region
- Nature and scope of authority:
 - (1) Meet quarterly
 - (2) Advise and make recommendations to the regional managers and to the State Advisory Council about CFSD policy, procedures, need for services, gaps in services, and other issues.
 - (3) Conduct community stakeholder meetings when needed to obtain information about community needs

Best Beginnings Advisory Council

- Established in 2011
- Comprised of:
 - interested constituency groups, governmental agencies, the public at large, child care providers, state and local government, and tribal communities
- Nature and scope of authority:
 - Collaborating entity for the early childhood system. The Early Childhood Services Bureau within DPHHS serves as the home for the Advisory Council.

Family Support Services Advisory Council

- Established in 2011
- Appointed by Governor
- Comprised of:
 - 25~ mbrs: six parents of children with disabilities, six providers of services, a legislative representative who provides liaison with the Montana State Legislature, and several state and local agencies
- Nature and scope of authority:
 - (4) Meet quarterly
 - (5) advise and assist the Developmental Disabilities Program (DDP) of the DPHHS in the implementation of Part C services statewide
 - (6) early intervention services for infants and toddlers with disabilities and their families