

**STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
POLICY AND PROCEDURES

Title:	Multidisciplinary Teams and Juvenile Case Staffings	Policy No.:	E-1.5	Page(s):	1 of 17
Authority:	Treatment and Intervention Services				
Juvenile Justice Code:	n/a				
PbS Related Standard(s):	n/a				
December 31, 2014 Effective Date	SIGNED/ <i>Margaret H. Barber</i> Margaret H. Barber Director				
DATES UPDATED:					

**POLICY:** The Department of Juvenile Justice (DJJ) will use Multidisciplinary Teams to make significant decisions concerning juveniles' plans for services. Unit teams will be used to guide clinical treatment planning and monitoring. Facility Teams will be used for developing and reviewing plans for services and recommending placement. Broad River Road Complex (BRRC) Teams will be used for reviewing facility teams' recommendations that may result in a juvenile's change in custody/placement. Community Teams may be used for assisting in court recommendations and monitoring aftercare and will be used for the intensive supervision process.

**PROCEDURAL GUIDELINES:**

A. Facility Multidisciplinary Teams

Facility Teams and case staffings focus on the juvenile's placement and service planning during the juvenile's commitment. The Multidisciplinary Team and Juvenile Case Staffings Chart (Attachment E-1.5D) depicts the purposes, meeting schedule, members, minimum review schedules, notification, preparation, and documentation of Multidisciplinary Teams.

1. Evaluation Center (EC) Admissions Unit Multidisciplinary Team

a. Purposes:

- 1) Juvenile Information: To gather the evaluation, assessments, reports, and other information concerning the juvenile.
- 2) Supervision and Service Planning: To identify the juvenile's risks, needs, strengths, and recurring concerns and problems, and to document the Initial Supervision and Service Plan (ISSP).
- 3) Placement: To determine the most appropriate placement by identifying the juvenile's least restrictive housing requirement to meet the juvenile's treatment needs.

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- b. Team Members: The required, core members are the Classification Coordinator (CC), Social Worker, Psychologist, County Case Manager (CCM), Education and a representative from security. Representatives from health services are invited to attend. If they are unable to attend, health services will submit written information to the Social Worker to present to the team. Other staff knowledgeable of the juvenile's adjustment and behavior (e.g., activity therapy and chaplaincy,) will be invited to attend or submit written input to the Classification Coordinator to present to the team.
- c. Team Member Roles:
  - 1) The Classification Coordinator:
    - A) Serves as Chairperson of the EC Admissions Unit Multidisciplinary Team.
    - B) Establishes the schedule and juvenile roster for each multidisciplinary team meeting and notifies the members.
    - C) Completes Pages 1 and 4 of the Initial Supervision and Services Plan (ISSP) and presents to the multidisciplinary team.
    - D) Provides information relating to the juvenile's current adjudication, criminal and aggressive behavior history, classification risk score, identified risks, adjustment, and alerts that may have an impact upon juvenile's custody, placement and supervision level.
    - E) Presents written reports related to the juvenile's behavior since commitment.
    - F) In the absence of the educational services representative, presents the education section of the ISSP on behalf of educational services.
    - G) Provides other relative information submitted from pastoral services and activity therapy.
    - H) Assists the team in determining the juvenile's custody and supervision levels, and placement, and ensures that the juvenile meets the criteria for the recommended placement.

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- I) Completes the ISSP document, obtains the signatures of the attending multidisciplinary team members, juvenile and obtains other required approval signatures.
  - J) Files the original ISSP in the juvenile's classification record and forwards a photocopy to the juvenile's Social Worker.
- 2) The Social Worker:
- A) Completes the Social Work Section of the ISSP and presents to the multidisciplinary team.
  - B) Provides information relevant to the juvenile's prior community mental health assessments and evaluations, discharge summaries, and other available reports, limited to "as needed to know" for the team to make appropriate treatment and placement decisions.
  - C) Provides information concerning the juvenile's clinical treatment, social skills, and family.
  - D) Assists the team to identify the juvenile's risks, needs, and strengths, and recurring concerns and problems.
  - E) Provides input concerning treatment goals and modalities that may be appropriate to the needs of the juvenile, and provides information regarding the juvenile's known participation and response to treatment.
  - F) In the absence of the health services representative, provides the juvenile's health information, limited to "as needed to know" to make appropriate treatment and placement decisions and the juvenile's physical ability or inability to participate in programs at placement locations.
  - G) Prepares the Staffing Form, if applicable.
  - H) Reviews the ISSP and provides the juvenile's parents/guardians and the County Case Manager (CM) with a copy.

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- 3) The Psychologist:
  - A) Provides information relevant to the juvenile's psychological status based upon his/her psychological assessment of the juvenile.
  - B) Provides input regarding treatment modalities or/and behavioral interventions and programs that may be appropriate to the needs of the juvenile.
  - C) Provides information regarding the juvenile's progress in treatment (for any juvenile being seen by the Psychiatrist) and the need for and current status of psychiatric services being provided to the juvenile, limited to "as needed to know" for the team to make appropriate treatment and placement decisions.
  - D) If applicable, addresses information concerning the juvenile's serious mental illness, intellectual disability, and/or special needs, and the referral to services for such.
  
- 4) The representative from Educational Services will attend or provide the educational section of the ISSP to the Classification Coordinator that includes information regarding:
  - A) The juvenile's math and language art/reading level, as indicated from DJJ and other educational assessments.
  - B) The juvenile's academic/career technology needs and goals.
  - C) Documented Americans with Disabilities Act (ADA/504) or Individuals with Educational Disabilities Act (IDEA) needs that may impact upon the juvenile's ability to successfully participate in and complete specific treatment activities.
  - D) The juvenile's Individualized Educational Plan (IEP).
  - E) The juvenile's current behavior and progress in the educational setting.
  
- 5) The representative from Security will attend and provide information:

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- A) Regarding the juvenile's behavior and adjustment since commitment.
  - B) Describing the juvenile's relationships with peers and authority figures.
  - C) Describing the juvenile's level of life skills (e.g., ability or inability to take care of his/her own needs in the living area and independence in doing such.)
- 6) The representative from Health Services will attend or provide written information to the Social Worker that provides information regarding:
- A) The juvenile's health information, limited to "as needed to know" to make appropriate treatment and placement decisions.
  - B) The juvenile's physical ability or inability to participate in programs at placement locations.
- 7) The representatives from the County will participate in person, or by phone or video, and provide information:
- A) Relating to the juvenile's current adjudication, criminal and aggressive behavior history, identified risk and alerts that may have an impact on the juvenile's custody and supervision level, to include prior placements with DJJ or another agency
  - B) Assist the team in identifying the juvenile's risk, needs, strengths, and recurring concerns and problems.
- d. Process:
- 1) The Classification Coordinator will routinely convene teams and ensure that each juvenile's case is staffed and the juvenile assigned to placement within 14 days of the juvenile's arrival at the center, except in extenuating circumstances. These cases will be closely monitored by the Classification Coordinator and acted upon as soon as possible.
  - 2) The Classification Coordinator will schedule the meetings, notify the members of the schedule, and prepare the roster of juvenile cases to be staffed.

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- 3) The required, core members will make the decisions and the Classification Coordinator will document the decisions on the ISSP.
- 4) The Classification Coordinator will notify the appropriate authority to arrange transportation to the juvenile's assignment.

2. Facility Multidisciplinary Teams within the Broad River Road Complex

a. Purposes:

- 1) To develop the Updated Supervision and Service Plan (USSP) at the Commitment Phase within 30 days of the juvenile's arrival at the facility.
- 2) To monitor the juvenile's progress by quarterly reviewing/modifying the USSP. The Classification CM will schedule the Facility Multidisciplinary Team to review the juvenile's Plan at least quarterly.
  - A) The team will re-assess the appropriateness of the juvenile's continued placement at his/her current assigned supervision level using the reclassification instrument and, when appropriate, recommend the juvenile to transfer to a less restrictive placement facility.
  - B) The team will modify, eliminate, and/or add to the long-range goals and/or short-term objectives, and/or the planned activities and services in accordance with the juvenile's needs.
- 3) To determine when juvenile is within 90 days of anticipated release to finalize the Juvenile's Release Plan/Reintegration Plan.
- 4) To determine the frequency of subsequent reintegration staffings.
- 5) The Classification CM will schedule the juvenile for a case staffing prior to the juvenile's scheduled release date and thereafter.
- 6) To modify the USSP when there is a significant change in the service/supervision status of the juvenile. Potential team meetings could be the result of, but not limited to:
  - A) Documented exemplary behavior.

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- B) Removal/placement of General Session or Family Court detainees.
  - C) Adjudication for an additional offense.
  - D) Disciplinary action.
  - E) Protective custody.
  - F) Change in clinical status.
  - G) Any other unanticipated transfers to protect the safety and welfare of a juvenile or employee in an emergency situation.
- b. Team Members: The required, core team members are the Program Manager, Unit Manager, Classification CM, Social Worker, Psychologist, Education/Guidance Counselor, and County Case Manager (CM). Other members include representatives from health services and activity therapy. If they are unable to attend, the health services representative will submit written information to the Social Worker and the activity therapy representative will submit written information to the Classification CM. Other staff knowledgeable of the juvenile's adjustment and behavior will be invited to attend or submit written input to the Classification CM to present to the team. The juvenile's Social Worker will invite the juvenile's parent/guardians to attend and will arrange for the juvenile to attend.
- c. Team Member Roles
- 1. The Program Manager:
    - A) Reviews the aftercare goals and the short-term objectives, activities, and services to ensure that all are appropriate, achievable, and measurable.
    - B) Signs approval of the goals and objectives of the USSP.
  - 2) The Classification CM:
    - A) Serves as Chair Person of the Facility Multidisciplinary Team.
    - B) Establishes the schedule and juvenile roster for each Multidisciplinary Team meeting and notifies the members a

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minimum of two (2) weeks prior to each scheduled team meeting.

- C) Completes the Classification Section of the USSP and presents to the multidisciplinary team.
  - D) Provides information relating to the juvenile's current adjudication, criminal and aggressive behavior history, classification risk scores, identified risks, adjustment and alerts that may have an impact upon unit assignment and the juvenile's custody, placement and supervision level.
  - E) Provides written reports concerning the juvenile's behavior.
  - F) Reports the reclassification instrument scores.
  - G) Assists the team in determining the juvenile's custody and supervision levels, and placement. Reports the juvenile's eligibility for transfer to a community-based placement and facilitates team discussion regarding whether or not to complete such a transfer. Ensures that the juvenile meets the criteria for the recommended placement.
  - H) Ensures that decisions made are in compliance with procedures and in the best interest of the juvenile, considering the safety and security factors.
  - I) Completes the USSP document, obtains the signatures of the attending multidisciplinary team members and the juvenile, and provides a photocopy to the Social Worker.
  - J) Reviews the completed USSP for correctness and accuracy.
  - K) Obtains other required approval signatures.
  - L) Files the original USSP in the juvenile's classification record.
- 3) The Social Worker:
- A) Invites the juvenile's parents/guardians to the meeting. If they are unable to attend, provides their information to the team members.
  - B) Arranges for the juvenile to attend.

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- C) Completes the Social Work Section of the USSP and presents to the multidisciplinary team.
  - D) Drafts the USSP long-range goals and the short-term objectives, activities, and services the juvenile to meet those goals.
  - E) Provides information relevant to the juvenile's prior community mental health assessments and evaluations, discharge summaries, and other available reports, limited to "as needed to know" for the team to make appropriate treatment and placement decisions.
  - F) Assists the team to identify the juvenile's special needs, recurring problems, risks, needs, and strengths.
  - G) Provides input concerning treatment goals and modalities that may be appropriate to the needs of the juvenile, and provides information regarding the juvenile's participation and response to treatment.
  - H) Reports to the team the juvenile's progress in treatment, level of acceptance of responsibility for behavior/actions, and participation in aftercare planning. Reports the reclassification instrument score in these areas.
  - I) Prepares the Placement Staffing Form, if applicable.
  - J) Reviews and explains the USSP to the juvenile, obtains the juvenile's signature, and provides the juvenile's parents/guardians and the County CM with a copy.
  - K) Files a photocopy of the completed USSP in the juvenile's clinical record.
- 4) The Psychologist:
- A) Provides information relevant to the juvenile's current psychological status.
  - B) Provides input regarding treatment modalities or/and behavioral interventions and programs that may be appropriate to the needs of the juvenile.

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- C) Provides information regarding the juvenile's progress in treatment for any juvenile being seen in therapy and/or psychiatry clinic, and the need for and current status of psychiatric services being provided to the juvenile, limited to "as needed to know" for the team to make appropriate treatment and placement decisions.
  - D) If applicable, addresses information concerning the juvenile's serious mental illness, mental intellectual disabilities, and/or other special needs, and referral to services for such.
  - E) Recommends mental health long-range goals and short-term objectives, and activities and services to meet those goals.
- 5) The Guidance Counselor:
- A) Completes the educational information section of the USSP prior to the scheduled multidisciplinary team meeting and submits it to the Classification CM.
  - B) Recommends the educational long-range goals and short-term objectives, and activities and services to meet those goals.
  - C) Provides information relative to special needs, Americans with Disabilities Act (ADA/504), and/or Individuals with Educational Disabilities Act (IDEA) needs that may impact the juvenile's abilities.
  - D) Provides information regarding the juvenile's grade level and testing results, school program and progress in that program, effort and behavior during school, and participation in the juvenile work program. Reports the reclassification instrument scores for these areas.
- 6) The Unit Manager
- A) Provides information regarding the juvenile's behavior and adjustment.
  - B) Describes the juvenile's relationships with peers and authority figures and social interaction within the unit.

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- C) Describes the juvenile's level of life skills and ability to handle tasks independently.
  - D) Reports the reclassification instrument scores for these areas.
- 7) The DJJ County Office Representative
- A) Participates in multidisciplinary team case staffings. In the event the County CM cannot be present, he/she will participate in the form of a video or telephone conference, when possible. If the County CM is not able to do any of the above, as a last resort he/she will send the written information to the Classification CM to present to the team.
  - B) Provides updated information regarding the juvenile and his/her family, the juvenile's home and community environment, and potential aftercare needs.
  - C) Provides information on victim and/or community sentiment regarding the release plan.
- 8) The Representative from Health Services will attend or provide written information to the Social Worker that includes information regarding:
- A) The juvenile's health information, limited to "as needed to know" for the team to make appropriate treatment and placement decisions.
  - B) The juvenile's physical ability or inability to participate in programs at placement locations.
- 9) The Representative from Activity Therapy will provide activity information to the Classification CM that includes information regarding:
- A) The programs and activities for which the juvenile was referred.
  - B) The programs and activities that the juvenile completed and his/her level of attendance and participation.
  - C) The programs and activities the juvenile did not complete and the reason for not completing.

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D) Other extra-curricular activities in which the juvenile participated.

10) Other staff knowledgeable of the juvenile's interaction and behavior may provide pertinent information to the Classification CM for the team to consider.

d. Process:

- 1) Facility Multidisciplinary Teams will meet weekly at designated locations. Each Program will meet a minimum of once each month.
- 2) Each juvenile's case will be staffed at a minimum on a quarterly basis following the initial 30-day facility/program case staffing.
- 3) The Classification CM will schedule the meetings and notify the representatives and facility operations of the schedule and juvenile roster at least two (2) weeks in advance of the meetings.
- 4) The required, core members will make the decisions and the Classification CM will document the decisions on the USSP.
- 5) The Social Worker will make referrals to service and activity providers, review and explain the plan with the juvenile, and obtain the juvenile's signature.
- 6) The Classification CM will finalize the USSP document, obtain approval signatures, and file the original in the juvenile's classification record.
- 7) The Social Worker will disseminate a photocopy of the USSP to the juvenile's parent/guardian and the County CM, and file a photocopy in the juvenile's clinical record.
- 8) The Classification CM will notify the Coordinator of Juvenile Movement of juvenile placement assignments, if applicable.

3. Broad River Road Complex (BRRC) Multidisciplinary Team

a. Purposes: The BRRC team will meet to staff juvenile cases in the following circumstances:

- 1) Facility/Program reassignment within the complex with the same level of custody and supervision.

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- 2) Recommended changes to a higher level of custody.
  - 3) Returns from community residence program to secure facility
  - 4) Returns from parole with or without revocation.
  - 5) Recommended changes to a lower level of custody.
- b. Team Members: The required, core members are the Supervising Psychologist, the Director of Social Work Services, the Director of Classification Services, the Program Manager, the juvenile's Classification CM, Social Worker, Psychologist, County CM and the Unit Manager or designee of current dorm or dorm where juvenile may be reassigned to.
- c. Team Member Roles
- 1) Team members will ensure that recommendations are in compliance with procedures, in the best interest of the juvenile, and consider safety and security factors.
  - 2) The Program Manager will guide the team to modify the juvenile's goals and objectives, and ensure that they are documented on the USSP modification and review.
  - 3) The Director of Classification Services will chair the Multidisciplinary Team and ensure that the appropriate placement recommendation is made for the juvenile. That the juvenile meets the criteria of the recommended placement program, and that appropriate justification for the decision is documented on the USSP. He/She will also ensure the team members present during the staffing are those currently assigned to the juvenile being staffed.
  - 4) The Psychologist will ensure that pertinent information is considered by the team, address specific clinical oriented issues, and ensure that the appropriate treatment recommendations are made for the juvenile.
  - 5) The Director of Social Work Services will ensure that the recommendations are consistent with the USSP, focus on aftercare, and ensure the continuity of clinical treatment for the juvenile.

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- 6) The Classification CM will complete the USSP document and prepare necessary paperwork for juvenile placement.
- 7) The Social Worker and County CM will present facility and community information for the team to consider. For cases in which a juvenile is being considered for a reduction in custody/supervision and assignment to a higher level custody placement facility, the Social Worker will present the juvenile's statement concerning the matter.
- 8) Unit Manager or designee will provide information regarding the juvenile's behavior and adjustment. Describe the juvenile's relationships with peers and authority figures, social interaction within the unit, the ability to handle tasks independently and the juvenile's level of life skills.

d. Process

- 1) The BRRC Multidisciplinary Team will convene, as necessary.
  - A) Only the required participants for the juvenile will be allowed to attend the meeting.
  - B) Unit team will meet prior to requesting a staffing with the BRRC Multidisciplinary Team.
  - C) The Program manager will submit a request to the Director of Classifications or CCM by noon the Friday preceding the scheduled staffing using the Request for Staffing Form (E-1.5B) and attach an updated USSP and copies of recent incident reports.
  - D) If approved, the Director of Classifications or Classification Case Manager will add them to the roster of cases to be reviewed and notify the team members, no later than Friday, preceding the scheduled staffing. The roster will include a designated time for each case to be staffed. Under extenuating circumstances, the roster may be updated and re-submitted no later than noon, the Monday preceding the scheduled staffing.
  - E) The Social Worker will notify the juvenile of the staffing, interview him/her prior to the case staffing and provide his/her statement to the team if the juvenile is being

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considered for placement in a higher level security environment or dorm reassignment.

- F) The required, core members will make the decisions and the Classification CM will document the decisions of the USSP.
- G) The Classification CM will notify the Coordinator of Juvenile Movement in cases of juvenile placement changes.
- H) The Social Worker will notify the juvenile and his/her parents/guardians of the team decisions and send a copy to the County Case Manager.

**B. Special Needs Multidisciplinary Team**

1. The Special Needs Multidisciplinary Team will meet for the following purposes:
  - a. Juveniles with Serious Mental Illness: To develop the treatment plan for a juvenile who is determined to have a serious mental illness.
  - b. Juveniles with Serious Intellectual Disability: To develop the treatment plan for a juvenile who is determined to have a serious intellectual disability.
  - c. Other Special Needs Juvenile: In result of lack of progress at BRRC, to consult with other agencies involved with the juvenile, to develop the treatment plan, and to locate alternate placement for the juvenile.
2. Members, Roles, and Process: The Rehabilitative Services Coordinator of Special Needs Case Management (CSNCS) convenes the Multidisciplinary Team for admissions juveniles at evaluation centers and for juveniles within the BRRC. The Regional CSNCS convenes the Multidisciplinary Team when the court orders interagency involvement, unless it is more appropriate to be handled by the Rehabilitative Services CSNCS. The CSNCSs will discuss the case and determine who should handle these type cases. In all cases, the process will be handled consistent with DJJ Policy C-3.2, Identification and Referral of Seriously Mentally Ill and Intellectually Disabled Juveniles.

**C. Confidentiality**

Information discussed in team meetings is confidential. No health/mental health information that is not directly pertinent to decisions will be disclosed. Health and/or mental health information is limited to a need-to-know basis for making treatment and placement decisions.

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D. Juvenile, Parent/Guardian, Others Attendance to Multidisciplinary Team Meetings

1. Facility Multidisciplinary Teams within the BRRC: Juveniles and their parents/guardians will be invited and may attend the juvenile's initial, quarterly, and final release preparation Facility/Program Multidisciplinary Team meetings. The Social Worker will invite the parents/guardians and arrange for the juvenile's attendance.
2. Juveniles that are being considered for reduction in custody, supervision, and placement in a more restrictive setting/higher level of security placement will have their cases staffed by the Facility and BRRC Multidisciplinary Teams. This includes reassignment from a termination from a Community Residence Program. These meetings are administrative in nature, not criminal or legal, thus no attorneys or other persons may attend. The juvenile's Social Worker will discuss the matter with the juvenile, obtain the juvenile's written statement concerning the situation, and present this written statement to the Multidisciplinary Team when the juvenile is unable to appear.
3. BRRC Teams: The juvenile, his/her parents, attorneys, or other personal representatives of the juvenile will not be invited to attend the BRRC Teams.

E. Juvenile Grievance for Multidisciplinary Team Decision

A juvenile may grieve the multidisciplinary team's decision by completing and submitting the Juvenile Allegation, Grievance, and Appeal within five (5) days of the team's decisions. The Office of Juvenile and Family Relations will review the allegation/grievance in compliance with DJJ Policy G-10.1, Juvenile Allegation and Grievance Process and make final determination. The response will be returned to the juvenile and a copy placed in his/her classification record.

F. Protocol When the Core Team Members Do Not Agree

1. When consensus for the juvenile's placement cannot be reached at the Evaluation Center, the Classification Coordinator will notify the Regional Classification Coordinator, who will staff the case with the Director of Classification and, if necessary, the Director of Classification will staff the case with the Associate Deputy Director for Treatment and Intervention Services, the Director of Community Alternatives and the Director of Psychological Services to make the final decision.
2. When consensus for the juvenile's placement cannot be reached at the Facility/Program Level, the Classification CM will place the juvenile's case on the roster for review by the BRRC Multidisciplinary Team.

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3. When consensus for the juvenile's placement cannot be reached at the BRRRC Level, the Director of Classification Services will staff the case with the Associate Deputy Director for Treatment and Intervention Services to make the final decision.

G. Rescheduling of Team Meetings

Rescheduling of team meetings is discouraged. Primary representatives must pre-arrange with secondary representatives to attend meetings in their behalf. Only in extreme situations should a team meeting be rescheduled. A manager or supervisor must approve rescheduling a team meeting in their areas of supervision. The person rescheduling the meeting is responsible to notify all representatives, the juveniles, his/her parents/guardians, the facility staff, and any other person that may have plans to attend the meeting.

**RELATED FORMS AND ATTACHMENTS:**

Attachment E-1.5D, Multidisciplinary Teams and Juvenile Case Staffings Chart  
 Form E-OG, Updated Supervision and Service Plan  
 Form E-OF, Initial Supervision and Service Plan  
 Form E-1.5B, BRRRC Staffing Request

**SCOPE:**

This policy applies to staff members serving as representatives on Multidisciplinary Teams.

**LOCAL PROCEDURAL GUIDE:**

Not required.

**TRAINING REQUIREMENT:**

The classification and clinical supervisors will provide training of this policy to employees that will serve as Multidisciplinary Team members as part of their on-the-job training requirements.