Investigations
Day 9 – Participant Manual

Advanced MDT Coordination

Child Advocacy Center and Law Enforcement

Managing Interagency Conflict

MDT Simulation

Day 9:

Investigations Training Agenda

Thursday	
9:00 – 9:30	Welcome Pre-Test
9:30 – 10:30	Advanced MDT Coordination
10:30 -10:45	**Break**
10:45 – 12:00	Child Advocacy Center and Law Enforcement
12:00 – 1:00	**Lunch Break**
1:00 – 2:15	Managing Interagency Conflict
2:15 - 2:30	**Break**
2:30 – 3:30	MDT Simulation
3:30 – 4:00	Wrap Up and Review

Investigations
Specialty Training

UA Little Rock MidSOUTH College of Business, Health, and Human Services University of Arkansas at Little Rock

Day 9

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MULTI-AGENCY SYSTEM COLLABORATION

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Target Outcomes

- Understand how multidisciplinary Team collaboration supports coordinated child welfare decision-making.
- Apply collaborative communication strategies that improve information-sharing and professional coordination.
- Assess how coordinated practice influences safety decisions, family engagement, and case outcomes.

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Understanding Multidisciplinary Team Roles & Shared Responsibilities

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Building a Shared Understanding of Safety Concerns

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Using SDM to Support Collaborative Decision-Making

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Coordinating Information Across Professional Systems

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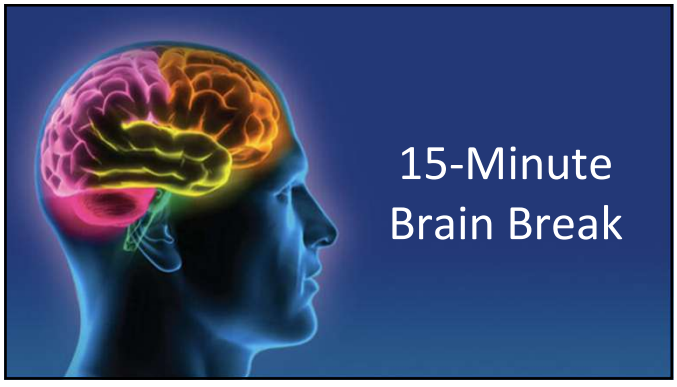

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KEY INVESTIGATIVE PARTNERS:
CHILD ADVOCACY CENTERS & LAW ENFORCEMENT

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Target Outcomes

- Understand how Child Advocacy Centers and law enforcement contribute unique expertise during investigations.
- Apply collaborative strategies that support coordinated investigative responses across agencies.
- Assess how communication, information-sharing, and role clarity influence investigative effectiveness.

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Target Outcomes

- Understand how communication influences collaboration, coordination, and professional relationships during child welfare investigations.
- Apply techniques for clarifying concerns, explaining recommendations, and maintaining collaborative relationships.
- Assess strategies that help maintain collaboration during complex or difficult situations.

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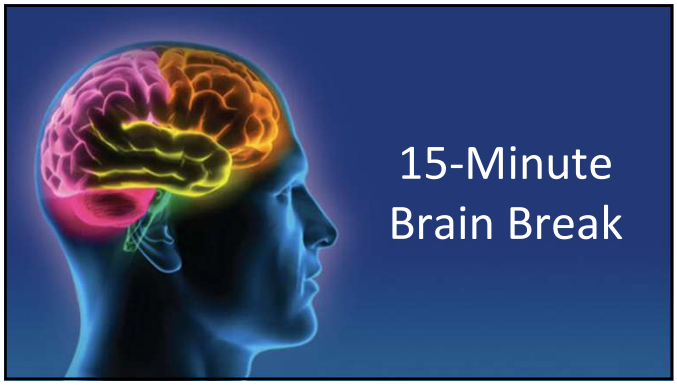
15-Minute
Brain Break

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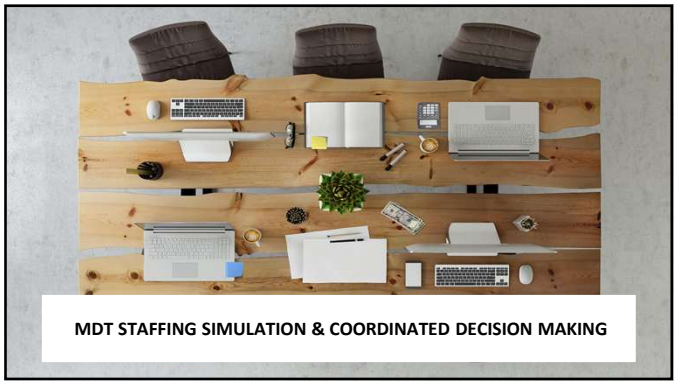
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Collaboration Through MDT Decision-Making

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Target Outcomes

- Understand how multidisciplinary Team staffing supports collaborative assessment and coordinated decision-making.
- Apply strategies that support information-sharing, clarification, and coordinated planning.
- Assess how information from multiple professional partners influences case recommendations.

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MULTIDISCIPLINARY TEAM COORDINATION & CASE MANAGEMENT

Purpose: This notes page provides an overview of Multidisciplinary Team (MDT) coordination, shared decision-making, and collaborative case management practices used throughout child welfare investigations.

The information below is intended to support understanding of how professionals work together to gather information, evaluate concerns, coordinate services, and support child safety outcomes.

WHAT IS A MULTIDISCIPLINARY TEAM (MDT)?

A Multidisciplinary Team (MDT) is a group of professionals from different disciplines who collaborate to support child safety, well-being, and informed decision-making during child welfare cases.

MDT members may include:

- DCFS Specialists
- Supervisors
- Child Advocacy Center personnel
- Law enforcement
- Medical professionals
- Attorneys
- Court personnel
- Service providers
- Behavioral health professionals
- Family support networks

Each professional contributes unique expertise, responsibilities, and information to the case.

WHY MDT COORDINATION MATTERS

Child welfare investigations often involve complex family circumstances that cannot be fully understood through the perspective of a single agency.

Effective MDT coordination helps:

- Improve information gathering.
- Increase understanding of family circumstances.
- Strengthen child safety decision-making.

- Reduce duplication of effort.
- Improve communication across systems.
- Support coordinated intervention planning.
- Promote more informed case recommendations.

Strong collaboration helps professionals develop a more complete picture of child and family functioning.

BUILDING A SHARED UNDERSTANDING OF CONCERNS

Professionals may initially view situations differently based on their training, responsibilities, and experiences.

To support effective collaboration, MDT members should focus on:

- Observable behaviors.
- Reported information.
- Conditions that were observed.
- Child impact.
- Protective capacities.
- Family strengths.
- Safety concerns.

Behaviorally descriptive information promotes greater consistency and helps professionals discuss concerns using a common understanding.

STRUCTURED DECISION MAKING (SDM)

Structured Decision Making (SDM) provides a framework that helps support consistency and transparency throughout child welfare decision-making.

SDM assists professionals in evaluating information related to:

- Safety
- Risk
- Family strengths
- Protective capacities
- Case planning
- Ongoing case progress

SDM supports informed discussions by helping professionals understand how decisions were reached and what information contributed to those decisions.

COORDINATING INFORMATION ACROSS SYSTEMS

Information often develops throughout the life of an investigation.

Professionals may receive information at different times from different sources.

Effective coordination requires professionals to:

- Share information appropriately.
- Clarify information when needed.
- Verify understanding.
- Communicate significant changes.
- Identify information gaps.
- Maintain professional communication.

Coordination is strengthened when professionals remain curious, collaborative, and focused on developing an accurate understanding of family circumstances.

COLLABORATIVE PRACTICE PRINCIPLES

Strong MDT collaboration includes:

- Respect for professional roles.
- Open communication.
- Shared problem-solving.
- Information clarification.
- Professional accountability.
- Family-centered decision-making.
- Focus on child safety and well-being.

Collaboration does not require agreement on every issue.

Collaboration requires professionals to communicate effectively, coordinate efforts, and contribute their expertise toward informed decision-making.

REFLECTION NOTES

What benefits result from MDT collaboration?

How does behaviorally descriptive information support coordination?

How does Structured Decision Making® support collaboration?

What communication practices strengthen coordinated case management?

What role do family strengths and protective capacities play in collaborative decision-making?

Dependency Neglect Proceedings Benchcard

Under Arkansas code, a child may be adjudicated dependent-neglected when acts or omissions by a parent or caregiver result in a failure to provide necessary food, shelter, medical care, supervision, or protection from abuse or neglect, such that the child's health or safety is jeopardized. This guide, organized by key hearings and judicial decisions, provides stakeholders with statutory timelines and legal standards, as well as information on the Structured Decision Making® (SDM) assessments that the Division of Children and Family Services (DCFS) should use to make recommendations based on information that DCFS staff gather during assessments. Information provided herein should be used as a reference guide but does not include all statutory requirements and DCFS procedures and is not a substitute for checking applicable statutes and procedures.

COURT ORDER/ HEARING AND TIMELINES	STATUTORY FINDINGS AND REQUIREMENTS	DCFS SDM® ASSESSMENTS AND PROCEDURES	INFORMATION TO BE PROVIDED BY DCFS
Emergency orders (ex parte order) A.C.A. § 9-35-309	To remove a child from a custodian's home or to provide safeguards when there is probable cause in the petition that immediate emergency custody is **necessary to protect the health or physical well-being of the *juvenile from immediate danger*** or to prevent the juvenile's removal from the state. Order should include a hearing date to be held **within five days** of the ex parte order.	When the **SDM safety assessment** supports a finding of ***unsafe***, DCFS will petition the court for an ex parte emergency order. **Harm statements** and **worry statements** are short, simple, behavior-based statements that workers can use to help family members, child welfare staff, and the courts clearly understand what happened, why DCFS is involved, and what the concerns for the future are.	What is the danger? How is the child in need of care and supervision? • Caregiver behavior and impact on the child that met the safety threat threshold (concrete behavioral description, not labels/jargon). • Safety-Organized Practice (SOP) engagement tools, including harm and worry statements, frequently reflected in court documentation. • Was a Team Decision Making® meeting held? Who attended, and what was the final safety decision? • What are the action steps for DCFS and/or the family to take as a result of the meeting?
Probable cause hearing A.C.A. § 9-35-310 Within **five business days** from the issuance of the ex parte order	To determine **whether probable cause existed** to issue an emergency order to protect the juvenile's health or physical well-being from immediate danger; and if so, determining **whether probable cause continues to exist**	**SDM safety assessment** finding is ***unsafe***. Was the **immediate safety plan** ruled out or put in place? **An immediate safety plan** is a short-term, action-oriented plan that may be developed collaboratively with the family **and their safety network** to control safety threats so the child can safely remain at home in the	What is the danger? How is the child in need of care and supervision? • Specific caregiver behavior and impact on the child that met safety threat threshold. • What has been done/offered to mitigate the danger?

COURT ORDER/ HEARING AND TIMELINES	STATUTORY FINDINGS AND REQUIREMENTS	DCFS SDM® ASSESSMENTS AND PROCEDURES	INFORMATION TO BE PROVIDED BY DCFS
	Burden of proof by preponderance of the evidence (Indian Child Welfare Act [ICWA] clear and convincing)	care of the parent. Safety networks expand protective capacity by providing reliable day-to-day support and accountability beyond the worker's presence, helping ensure safety is sustained over time.	• Were reasonable efforts made to safety plan and prevent removal?
Family time A.C.A. § 9-35-315 To be considered at every hearing beginning with protective custody (PC)	To determine if supervised family time is **in the best interest of the child**—there is a presumption that unsupervised family time is in the best interest of the child. DCFS may allow unsupervised family time unless the court has ordered restrictions. A **rebuttable presumption** that unsupervised family time is in the best interest of the juvenile: This presumption applies at every hearing, and there is burden of proof to rebut by a preponderance of the evidence.	DCFS uses the **SOP *family time planning tool*** to inform recommendations regarding family time frequency, duration, supervision, and location consistent with minimum requirements in DCFS policy (9 CAR § 40-712). When safety permits, family time should occur in the least restrictive developmentally appropriate setting, with preference for normalized, community-based locations rather than a DCFS office.	Can the juvenile's health and safety be protected sufficiently for unsupervised family time to occur?
Adjudication hearing A.C.A. § 9-35-316 Within 30 days after the probable cause hearing (up to 60 days after removal for good cause)	To determine **whether the allegations are substantiated by the evidence** Burden of proof by **preponderance of the evidence** (ICWA clear and convincing) To determine whether **reasonable efforts** were made to prevent removal	**SDM safety assessment** finding is "unsafe." **SDM risk assessment** findings are due at end of an investigation to inform agency involvement and service intensity.	What specific allegations were substantiated, and how do they relate to identified safety threats? What did the DCFS safety assessment identify at the time of adjudication? What reasonable efforts were made to safety plan and prevent removal? What are the behavior change goals for these caregivers? In what timeframes?
Disposition hearing A.C.A. § 9-35-319	To enter orders consistent with the dispositional alternatives, giving preference to the **least restrictive** disposition consistent with the **best**	**The SDM family case plan tool** helps caregivers and workers identify the key strengths and needs affecting child safety, permanency, and well-being and guides the	What safety threats need to be addressed in the case plan? • What actions of protection are present? What strengths can be built upon?

COURT ORDER/ HEARING AND TIMELINES	STATUTORY FINDINGS AND REQUIREMENTS	DCFS SDM® ASSESSMENTS AND PROCEDURES	INFORMATION TO BE PROVIDED BY DCFS
Either **concurrent with the adjudication hearing or within 14 days of it**	**interests and welfare of the juvenile** and the public.	development of targeted, effective interventions in the family case plan. Case plan goals should be co-created with families and most often will be reunification with a concurrent goal.	• What is the household's risk level? How does that inform DCFS involvement or service intensity? Did any Family Team Meetings occur, and did the family and their network participate in the case plan development? If not, what were the barriers and attempts to resolve them?
Six-month review hearing A.C.A. § 9-35-323 Within six months from the original out-of-home placement	To review the case sufficiently **to determine the future status** of the juvenile based on the best interest.	**The SDM reunification assessment** helps assess whether children in care who have a reunification goal should be reunified to the removal household or another household with a legal right to care, be maintained in care while reunification services continue, or transition to concurrent goal for permanency. The reunification assessment is completed at least every 90 days (with results of trial home placement, continue services, or change goal). Reunification can occur at any point once identified safety threats are sufficiently mitigated and the child can be safely returned home.	Was progress made toward case plan goals for behavior changes? • Any new safety threats discovered? • Safety and support network development. • Review of parent–child contact (frequency and quality for each caregiver). Were identified safety threats mitigated such that reunification could safely occur prior to permanency planning?
Permanency planning hearing A.C.A. § 9-35-324 Within **12 months** after the date the child enters an out-of-home placement.	To **finalize a permanency plan** for the juvenile based on the facts of the case and the juvenile's best interest To determine whether the child can **safely return home** or whether the goal should be another permanency outcome Burden of proof is on the Department of Human Services (DHS) to prove that they made **reasonable *efforts to provide appropriate services*** and that	**The SDM reunification assessment** is completed at least every 90 days (with results of trial home placement, continue services, or change goal). **The SDM risk reassessment** helps to assess, for reunified families, whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue. Prior to case closure, the safety finding needs to be "safe."	Has risk reduced (demonstrated behavior change and no new safety threats), is family time acceptable, and are reunification efforts continuing or is return home now safe for the child? • What is the reunification assessment recommendation? • Did DCFS override the initial recommendation? If so, why?

COURT ORDER/ HEARING AND TIMELINES	STATUTORY FINDINGS AND REQUIREMENTS	DCFS SDM® ASSESSMENTS AND PROCEDURES	INFORMATION TO BE PROVIDED BY DCFS
	preponderance of the evidence supports the recommended permanency goal(s). Burden of proof is on the custodian to demonstrate ***significant and measurable progress*** complying with the case plan and court orders if the plan is for the child to be returned home. If the child is continuing in an out-of-home placement, a 15-month review hearing should be set.		
15-month review hearing A.C.A. § 9-35-331 When the juvenile has been out of the home for 15 continuous months and the goal is reunification or Another Planned Permanent Living Arrangement (APPLA)	To determine whether DHS shall file a termination of parental rights (TPR) petition when the goal at the permanency planning hearing (PPH) was reunification. If the child is continuing in an out-of-home placement, a review hearing should be set within six months.	**The SDM reunification assessment** is completed at least every 90 days (with results of trial home placement, continue services, or change goal). **The SDM risk reassessment** helps to assess, for reunified families, whether risk has been reduced sufficiently to allow a case to be closed or whether the risk level remains high and services should continue. Prior to case closure, the safety finding needs to be "safe."	DCFS should continue to demonstrate why reunification is appropriate. • What does the assessment say? • What is lacking for reunification to occur? • What length will it take to make this happen? If reunification has not been achieved, does the family case plan document list a compelling reason, consistent with DCFS policy, for the selected permanency goal? What information from ongoing safety assessments and the family time tool informs the current permanency recommendation? If a permanency goal other than adoption is recommended, how does DCFS policy support that recommendation, and how will the goal be achieved in a timely manner?

COURT ORDER/ HEARING AND TIMELINES	STATUTORY FINDINGS AND REQUIREMENTS	DCFS SDM® ASSESSMENTS AND PROCEDURES	INFORMATION TO BE PROVIDED BY DCFS
Termination of Parental Rights hearing A.C.A. § 9-35-325 Within 90 days from the TPR petition filing unless continued for good cause	To provide permanency in a child's life **when a return home is contrary to the child's health, safety, or welfare** and cannot be accomplished in a **reasonable period of time** as viewed from the child's perspective To clear the child for permanent placement To ensure that DHS filed TPR petition in a timely manner and met statutory requirements therein Burden of proof by clear and convincing evidence (ICWA beyond a reasonable doubt)	**The SDM reunification assessment** is completed at least every 90 days (trial home placement, continue services, or change goal). This should provide historical context regarding safety and risk but is not determinative of TPR findings. **The SDM *family case plan tool and updated family case plan*** to reflect the child's permanency needs at least every 90 days	What permanency plan is being pursued, and how does it serve the child's best interest? What specific efforts has DCFS made to assess adoptability? What relatives or current resource parents have been assessed as potential permanent placements, and what steps have been taken to pursue those options expeditiously?
Post-TPR review hearings A.C.A. § 9-35-332 Review at least every six months until permanency is achieved. PPH every year until permanency	To determine if the case plan, services and placement meet the special needs and best interest of the child To determine if DHS has made reasonable efforts to finalize an appropriate permanent placement To determine if the case plan is moving toward an appropriate permanency plan for the juvenile	**The child section of the SDM family case plan tool and child's case plan** will continue to be completed every 90 days post-TPR to ensure all child needs are met. DCFS uses the ***SOP adoption family time tool*** to ensure the child remains safely connected to family of origin and builds new connections.	What specific actions has DCFS taken since TPR to achieve permanency for this child? What are the current permanency goals, associated timelines, and identified barriers? What efforts have been made to pursue adoption, including relative-, fictive-kin-, or resource-parent adoption? If APPLA is being considered, what compelling reason supports its use as a last resort, consistent with DCFS policy?

COURT ORDER/ HEARING AND TIMELINES	STATUTORY FINDINGS AND REQUIREMENTS	DCFS SDM® ASSESSMENTS AND PROCEDURES	INFORMATION TO BE PROVIDED BY DCFS
Extended care reviews (or extended foster care review hearings): Never required; however, DCFS would like these to be at minimum every six months	To determine if the juvenile is still in compliance with the requirements of extended foster care. Youth who are not in compliance may not remain eligible for extended foster care.	DCFS should provide a **transitional youth services** (TYS) **staffing and life plan**.	Do they desire to remain in foster care? DCFS should be able to demonstrate the youth's compliance in extended foster care including the services provided. DCFS should provide notice that the youth is present at court and ensure assistance to be there.

CHILD ADVOCACY CENTER & LAW ENFORCEMENT COLLABORATION

Purpose: This notes page provides an overview of Child Advocacy Center (CAC) and law enforcement collaboration during child maltreatment investigations. The information below is intended to support understanding of agency roles, coordinated investigative practice, and effective communication throughout the investigative process.

CHILD ADVOCACY CENTERS (CACs)

Child Advocacy Centers support child maltreatment investigations through a coordinated, child-focused approach that brings together professionals from multiple disciplines.

CACs help create an environment that:

- Reduces unnecessary duplication of interviews.
- Promotes child-centered practices.
- Supports coordinated information-sharing.
- Provides access to specialized services.
- Helps minimize additional stress for children and families.

Common CAC Services May Include:

- Forensic interviews.
- Victim advocacy services.
- Medical referrals or coordination.
- Mental health referrals.
- Case coordination activities.
- Multidisciplinary Team participation.

Investigator Responsibilities When Working with CACs:

- Coordinate with CAC personnel when appropriate.
- Share relevant investigative information.
- Participate in coordinated case discussions.
- Communicate investigative needs and concerns.
- Maintain ongoing collaboration throughout the investigation.

LAW ENFORCEMENT COLLABORATION

Law enforcement and child welfare professionals often work together when allegations involve potential criminal conduct, immediate safety concerns, or situations requiring coordinated investigative responses.

Although law enforcement and DCFS have different responsibilities, both agencies contribute important information that supports child safety and investigative decision-making.

Law Enforcement May Focus On:

- Criminal violations.
- Evidence collection.
- Witness interviews.
- Suspect interviews.
- Criminal prosecution considerations.
- Immediate public safety concerns.

DCFS May Focus On:

- Child safety assessment.
- Protective capacities.
- Family functioning.
- Caregiver behavior.
- Safety planning.
- Ongoing child welfare intervention.

Coordinated Investigations Often Require:

- Information-sharing.
- Communication regarding investigative activities.
- Clarification of agency roles.
- Coordination of interviews when appropriate.
- Ongoing updates regarding significant findings.

COLLABORATIVE PRACTICE PRINCIPLES

Effective collaboration is strengthened when professionals:

- Understand partner roles and responsibilities.

- Communicate clearly and professionally.
- Share information appropriately.
- Avoid assumptions regarding another agency's actions.
- Respect differing professional responsibilities.
- Maintain focus on child safety and well-being.
- Seek clarification when information is incomplete.

Strong collaboration does not require professionals to agree on every issue. Effective collaboration occurs when professionals maintain communication, coordinate efforts, and work toward informed decision-making.

REFLECTION NOTES

What responsibilities are unique to Child Advocacy Centers?

What responsibilities are unique to law enforcement?

How does collaboration strengthen investigations?

What communication practices support effective coordination?

INTERAGENCY CONFLICT & PROFESSIONAL COMMUNICATION

Purpose: This notes page provides an overview of professional communication practices that support collaboration during child welfare investigations. The information below is intended to help professionals understand common communication challenges, navigate differing perspectives, and maintain productive working relationships across agencies and systems.

UNDERSTANDING PROFESSIONAL PERSPECTIVES

Professionals involved in child welfare investigations often approach situations from different responsibilities, authorities, and decision-making frameworks.

Different professionals may focus on:

- Child safety.
- Criminal concerns.
- Medical findings.
- Service needs.
- Legal requirements.
- Family functioning.
- Permanency outcomes.

Because responsibilities differ, professionals may:

- Ask different questions.
- Seek different information.
- Prioritize different concerns.
- Recommend different actions.
- Operate under different timelines.

Differing perspectives do not automatically indicate disagreement. They often reflect the unique responsibilities assigned to each professional role.

COMMON SOURCES OF COMMUNICATION CHALLENGES

Communication challenges may occur when professionals experience:

- Incomplete information.
- Differing priorities.
- Unclear expectations.

- Role confusion.
- Assumptions about another agency's actions.
- Communication delays.
- Different interpretations of information.
- Competing timelines.

Understanding the source of a communication challenge often helps professionals respond more effectively.

COMMUNICATION PRACTICES THAT SUPPORT COLLABORATION

Strong professional communication includes:

- Active listening.
- Seeking clarification.
- Asking questions before making assumptions.
- Providing updates regarding significant developments.
- Explaining concerns clearly.
- Maintaining professionalism.
- Respecting differing viewpoints.
- Remaining focused on child safety and family well-being.

Effective communication promotes understanding, transparency, and coordination.

EXPLAINING RECOMMENDATIONS PROFESSIONALLY

Professionals may not always agree regarding safety concerns, intervention needs, or case direction.

When explaining recommendations:

- Focus on observations and available information.
- Explain reasoning clearly.
- Avoid personalizing disagreement.
- Describe concerns objectively.
- Remain open to additional information.
- Communicate respectfully.
- Support recommendations with documented information.

Strong communication helps others understand how conclusions were reached.

FLOWERS FAMILY STAFFING PACKET

Case Staffing Purpose: Participants will conduct a Multidisciplinary Team staffing regarding the Flowers family and discuss current concerns, strengths, progress, and future planning considerations.

Case Summary:

Participants have worked with the Flowers family throughout the training and are familiar with:

- Referral information.
- Investigation activities.
- Child interviews.
- Caregiver interviews.
- Collateral contacts.
- Safety planning efforts.
- Court involvement.
- Documentation activities.

Current Staffing Discussion:

The investigation has progressed significantly since the original referral.

Several interventions have occurred, including:

- Child safety assessment activities.
- Family engagement efforts.
- Support network involvement.
- Court-related actions.
- Ongoing service coordination.

The MDT has convened to discuss current circumstances and identify recommendations moving forward.

Information for Discussion:

Strengths Identified:

- Family participation has improved in several areas.
- Support network members have become more involved.
- Communication with professionals has increased.
- Some previously identified concerns have decreased.

Ongoing Concerns:

- Questions remain regarding long-term stability.
- Professionals continue monitoring child safety and well-being.
- Additional information may be needed regarding caregiver progress.
- Ongoing support and accountability may be necessary.

Discussion Tasks:

As an MDT, discuss:

1. What strengths currently support child safety?
2. What concerns continue to require attention?
3. What additional information would be helpful?
4. What recommendations should be considered moving forward?
5. What professional partners may continue playing a role?
6. What factors should be monitored over time?

Staffing Notes:

Key Information:

Strengths:

Concerns:

Recommendations:

Additional Follow-Up Needed:

Final Reflection:

What information most influenced your recommendations?

TRANSPARENCY IN DECISION-MAKING

Transparency supports collaboration by helping professional partners understand:

- What information was considered.
- What concerns were identified.
- What strengths were observed.
- How decisions were reached.
- Why recommendations were made.

Transparency does not require agreement. It promotes understanding and informed discussion.

COLLABORATION DURING DIFFERING VIEWPOINTS

When professionals disagree:

- Seek understanding before responding.
- Clarify concerns.
- Identify areas of agreement.
- Focus on child safety and family well-being.
- Remain solution-focused.
- Continue professional communication.
- Respect differing responsibilities.

Effective collaboration often occurs even when recommendations differ.

REFLECTION NOTES

What communication practices strengthen collaboration?

How can assumptions affect professional relationships?

Why is transparency important during collaborative decision-making?

How can professionals explain recommendations respectfully when viewpoints differ?

What strategies help maintain collaboration during challenging situations?