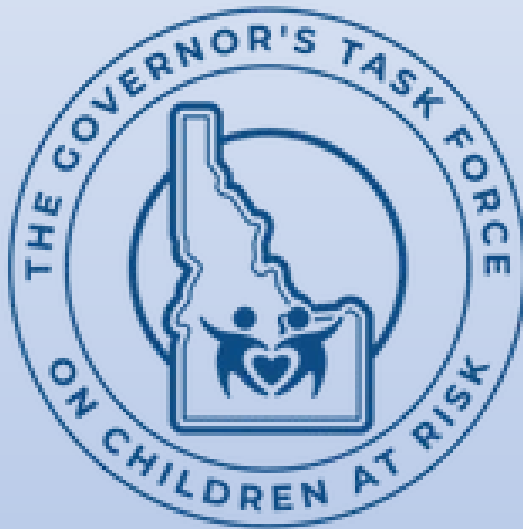


# **Multidisciplinary Teams Survey 2025**



## **Report and Findings**

# Multidisciplinary Teams Survey 2025



Survey and report created by:  
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Administrative Office of the Courts, CARTF Member.

In collaboration with:  
The Governor's Task Force for Children at Risk and  
the Idaho Network of Children's Advocacy Centers

# ABOUT CARTF

The **Governor's Task Force on Children at Risk (CARTF)**, a nonpartisan, broadly representative organization with concerns related to children at risk in Idaho, is dedicated to providing informed recommendations to the Governor of the State of Idaho regarding the full scope of issues related to child abuse and neglect. In 1988, by Executive Order, Governor Cecil Andrus established the Governor's Task Force on Children at Risk. The group's first assignment was to review research on sex crimes against children and develop recommendations to address the issue. This included reviewing testimony from public hearings, national research, and interviews with investigators, treatment providers, law enforcement personnel, perpetrators, citizen advocates, victims and their families. Findings and recommendations were published in "A Report on Idaho's System for Protecting and Serving Children at Risk of Sexual Abuse," containing 14 specific recommendations. Most of these have been followed to completion. Since 1988, the Task Force has continued to make recommendations to the Governor on issues pertaining to Idaho's children.

## EXECUTIVE SUMMARY

Idaho law<sup>1</sup> requires each county to have a Multidisciplinary Team (MDT) to investigate child abuse and neglect referrals. This report provides information on the functioning of MDTs to child welfare stakeholders in the state.

The 2023 Legal and Judicial Survey found that court partners were largely unaware of the work of MDTs throughout the state. Though this function is statutorily mandated, it appears that not all counties have an active MDT team. This survey was designed to understand the existence of MDTs throughout the state and identify additional resources that may be provided to make each team more effective.

The data will provide information on barriers experienced by MDT teams as well as opportunities that could be made to help improve program functions and will be used to inform policy and programmatic decisions in the future.

## KEY FINDINGS

- Only one MDT reported that they receive funding
- 70% (n= 24) of MDT teams meet monthly
- The majority of MDTs (n=15) have an MOU with the local Child Advocacy Center to use a multidisciplinary team approach in the investigation, assessment, referral for prosecution, and medical and therapeutic treatment involving child victims of abuse.
- Lack of staffing/staff availability in rural areas at the Department of Health and Welfare was identified as the biggest barrier to engaging in collaborative conversations with MDT teams.
- Lack of participation was the biggest barrier for MDTs in engaging with law enforcement.

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<sup>1</sup> Idaho Code § 16-1617(1)

- Lack of participation from prosecutors (n=5) and time (n=5) were the primary challenges reported with coordinating or participating in an MDT.
- The majority of respondents (n=16) indicated that they felt supported by existing laws and legislation governing MDTs.
- General training on the role of MDTs and MDT partners was reported.

## SURVEY METHODOLOGY AND RESPONSE RATE

Survey questions were developed by CARTF with help from the Idaho Network of Children’s Advocacy Centers. The survey was developed, in part, to collect data to inform Goal 1 of the CARTF’s strategic plan.

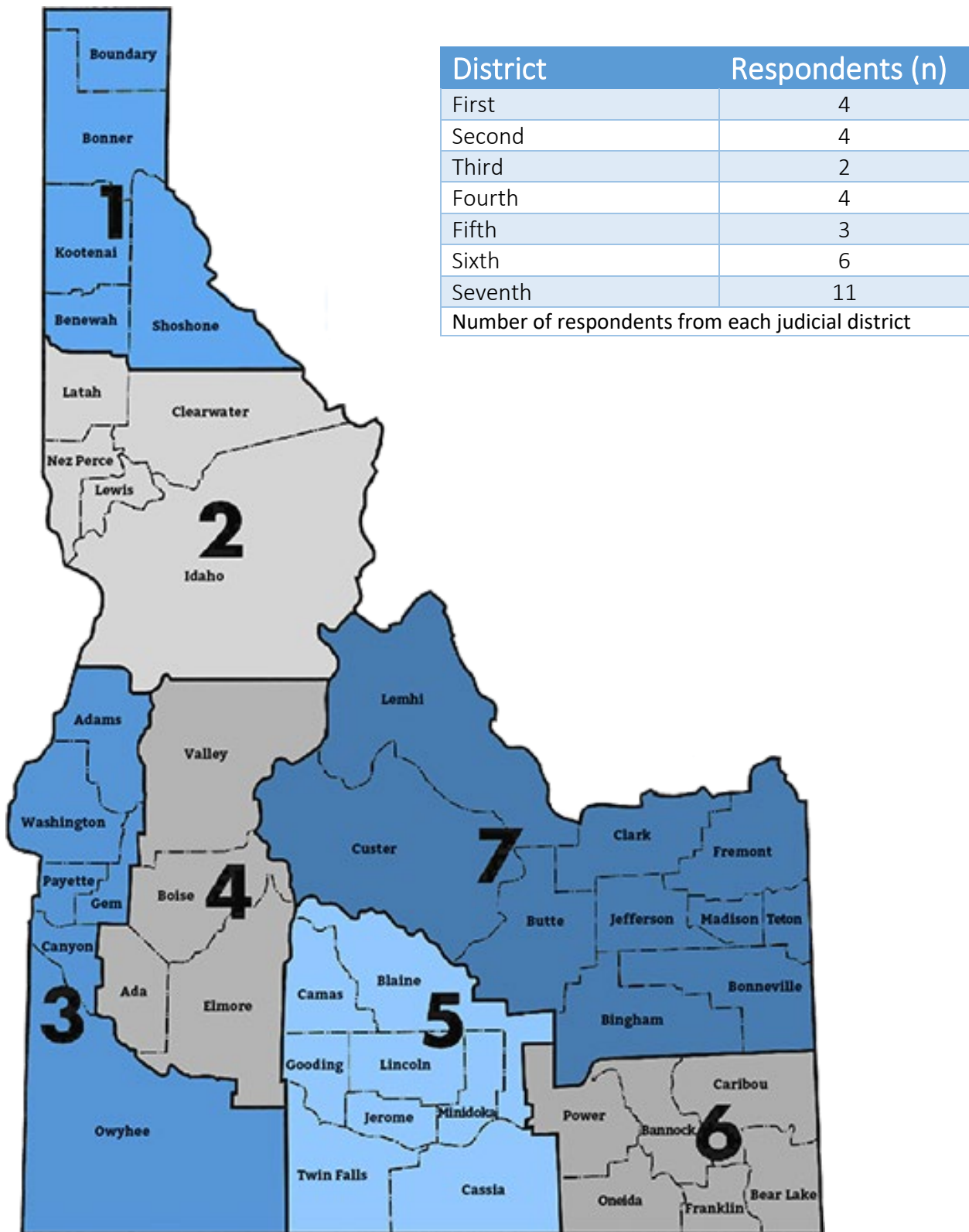
The survey was delivered to the Idaho Prosecutors Association with the guidance that it should be sent to whoever is leading the county MDT.

The online survey was conducted over a six-week period. The survey was completed by 35 respondents, who responded for 24 of Idaho’s 44 counties.

The survey questions are listed in Appendix A.

## REGULAR PARTICIPANTS IN MDTs

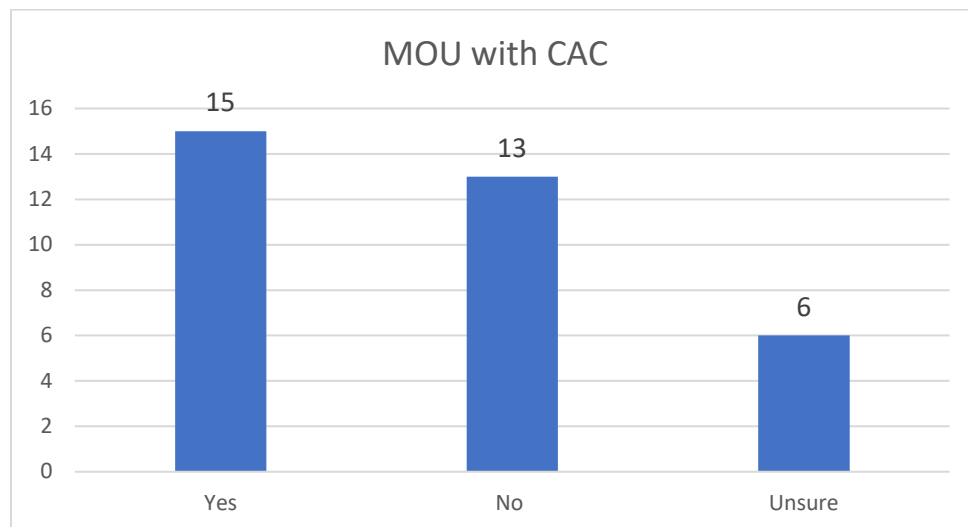
Role	Percent of Respondents
Department of Health and Welfare (DHW) staff	89% (n=31)
Law enforcement personnel	89% (n=31)
Prosecuting Attorney	83% (n=29)
Medical professionals	74% (n=26)
School personnel	54% (n=19)
Child Advocacy Center (CAC) staff	43% (n=15)
School Resource Officer (SRO)	40% (n=14)
Court Appointed Special Advocates (CASA) staff	29% (n=10)
Probation	17% (n=6)
Guardian ad Litem volunteers	11% (n=4)
Mental health professionals	6% (n=2)
Advocates	6% (n=2)
Other	6% (n=2)



**Figure 1.** Map of Idaho's seven judicial districts.

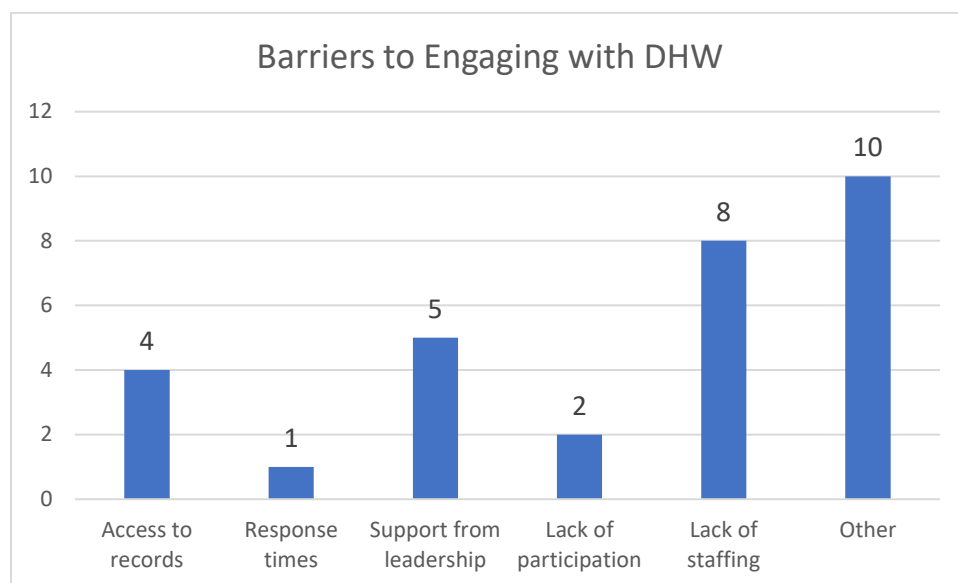
## MOU WITH THE CAC

The majority of MDTs (n=15) have an MOU with the local Child Advocacy Center to use a multidisciplinary team approach in the investigation, assessment, referral for prosecution, medical and therapeutic treatment involving child victims of abuse.



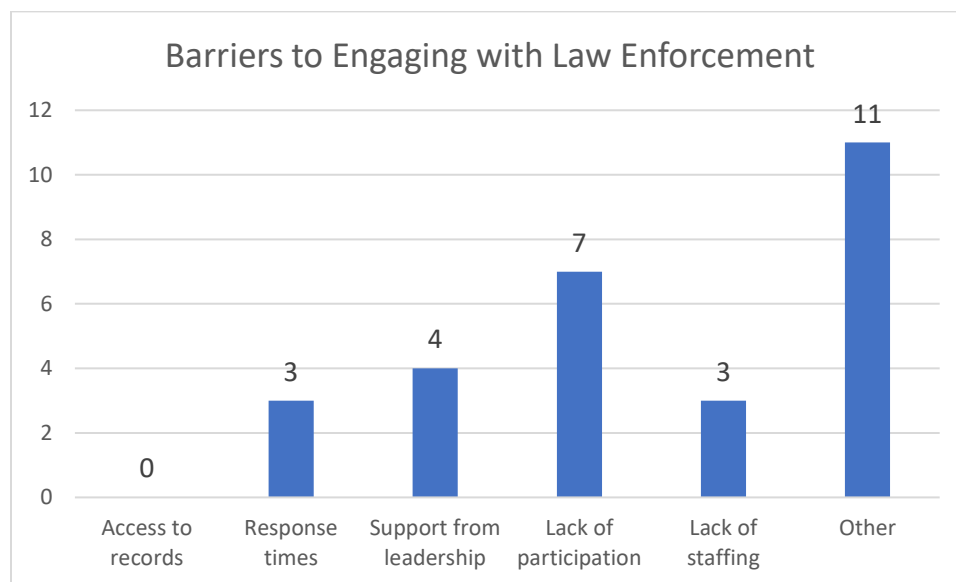
## BARRIERS TO ENGAGING WITH DHW

Lack of staffing/staff availability in rural areas at the Department of Health and Welfare was identified as the biggest barrier to engaging in collaborative conversations with MDT teams.



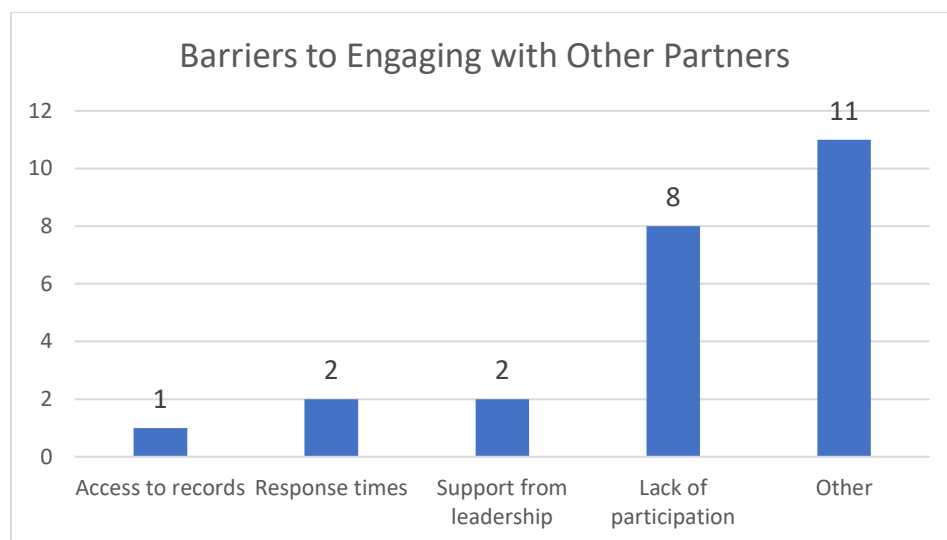
# BARRIERS TO ENGAGING WITH LAW ENFORCEMENT

Lack of participation was the biggest barrier for MDTs in engaging with law enforcement.



# BARRIERS TO ENGAGING WITH OTHER PARTNERS

Lack of participation from prosecutors (n=5) and time (n=5) were the primary challenges reported with coordinating or participating in an MDT.



# OPEN-ENDED RESPONSES

Several of the survey questions allowed respondents to provide open ended comments. Responses to these questions are summarized below.

## 1. Participation and Engagement Issues

### Findings

- Many MDT members struggle with scheduling conflicts, making regular participation difficult.
- Some key agencies (e.g., prosecutors, law enforcement, DHW) are inconsistent in attendance.
- Smaller jurisdictions face particular challenges in having dedicated personnel for MDTs.
- Some regions report that law enforcement and prosecutors fully engage, while others cite minimal participation.

### Opportunities

1. Setting recurring MDT meetings at predictable times (e.g., first Monday of each month) could help with attendance.
2. Educating law enforcement leadership on the importance of MDT participation may foster more consistent engagement.
3. Utilize virtual meetings to allow participation from remote areas.

## 2. Communication and Information Sharing

### Findings

- Some MDT members report good communication with partners, while others struggle with limited case updates.
- DHW personnel are sometimes hesitant to share information due to confidentiality concerns.
- HIPAA restrictions prevent some medical professionals from openly discussing cases.
- Some agencies fail to follow up on cases, leading to frustration among MDT members.

### Opportunities

1. Clear information-sharing protocols among MDT agencies while complying with confidentiality laws.
2. Provide training on legal guidelines regarding data-sharing for MDT members.

## 3. Resource Constraints and Staffing Challenges

### Findings

- DHW has experienced staffing barriers, leading to delays in case handling and burnout.
- Prosecutors' offices and law enforcement agencies struggle with high caseloads and limited personnel.
- Many MDTs lack direct funding, relying on nonprofits or local budgets.
- Some regions lack CPS workers locally, forcing cases to be handled remotely.

### Opportunities

1. Dedicated personnel specific to MDT coordination.

## 4. Need for Standardized Processes and Training

### Findings

- Many MDT members request standardized protocols for child abuse investigations.
- Some jurisdictions lack clear Memorandums of Understanding (MOUs) with Child Advocacy Centers (CACs).



- MDT members want more training on collaboration strategies and child abuse case management.
- Some participants note a lack of understanding of each agency's role and limitations.

#### Opportunities

1. Statewide MDT protocol, including:
  - Investigation checklists.
  - Standardized MOUs.
  - Case-tracking mechanisms.
2. Ongoing training on:
  - Legal and confidentiality rules.
  - Best practices in child abuse case handling.
  - Roles and responsibilities.

### 5. Prosecutor and Law Enforcement Involvement

#### Findings

- Some jurisdictions report prosecutors are disengaged, failing to bring or take information from MDT meetings.
- Some law enforcement agencies do not regularly attend MDT meetings or fail to follow up on cases.
- Turnover in law enforcement personnel creates inconsistencies in MDT engagement.

#### Opportunities

1. Develop partnerships with law enforcement training academies to emphasize MDT participation.

### 6. Structural Improvements

#### Findings

- Some members worry that Idaho SB 1329 could limit children's access to medical evaluations in abuse cases.
- There is a desire for stronger enforcement of MDT participation requirements.

#### Opportunities

1. Potential oversight mechanisms for MDTs.

### 7. Meeting Effectiveness and Case Coordination

#### Findings

- Some MDTs hold very brief meetings due to low participation, limiting case review effectiveness.
- Some agencies focus too much on what they lack rather than actionable solutions.
- Limited tracking mechanisms for case progress lead to disjointed efforts.

#### Opportunities

1. Structured meeting formats, including:
  - Standardized agendas.
  - Case-tracking updates.
  - Action plans for each meeting.

## CONCLUSION

The survey highlights both strengths and weaknesses in Idaho's MDTs. While many agencies demonstrate strong collaboration, inconsistencies in participation, communication, and resources hinder the effectiveness of some MDTs. Opportunities have been identified such as training and written resources that may assist in MDT functioning.

# Appendix A

## SURVEY QUESTIONS

### Multidisciplinary Team Survey

As part of an initiative to enhance collaboration and support within the legal community, we are conducting a survey to gather insights into how Multidisciplinary Teams (MDTs) are currently being run in Idaho. Your valuable input will contribute to a better understanding of the challenges and needs faced by prosecutors in managing MDTs. Your responses will be kept confidential, and the aggregated data will be used solely for research purposes. By gaining insights into the various challenges and barriers, we aim to develop resources and support that educate our partners and foster collaboration within MDTs. - Members of the Governor's Task Force for Children at Risk

General Information:

☐ Name: \_\_\_\_\_

☐ Employer: \_\_\_\_\_

☐ Title: \_\_\_\_\_

What county do you work in (select all that apply):

☐ Ada ... Washington

What agencies or professionals regularly participate in your MDT? (select all that apply)

☐

Prosecuting Attorney

☐

Defense Attorney

☐

Department of Health and Welfare (DHW) staff

☐

Court Appointed Special Advocates (CASA) staff

☐

Guardian ad Litem volunteers

☐

School personnel

☐

School Resource Officer (SRO)

☐

Law enforcement personnel

☐

Medical professionals

☐

Child Advocacy Center (CAC) staff

☐

Other \_\_\_\_\_

How often does your MDT meet?

- ☐ Weekly
  - ☐ Bi-weekly
  - ☐ Monthly
  - ☐ Quarterly
  - ☐ Twice per year
  - ☐ Annually
  - ☐ Less than annually
- 

Do you have an Memorandum of Understanding (MOU) with your local Child Advocacy Center (CAC) to use a multidisciplinary team approach in the investigation, assessment, referral for prosecution, medical and therapeutic treatment involving child victims of abuse?

- ☐ Yes
  - ☐ No
  - ☐ Unsure
- 

What are the biggest barriers in engaging in collaborative conversations with the Department of Health and Welfare?

- ☐ Access to records
- ☐ Response times
- ☐ Support from DHW leadership
- ☐ Lack of participation
- ☐ Other \_\_\_\_\_

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What are the biggest barriers in engaging in collaborative conversations with law enforcement?

- ☐ Access to records
  - ☐ Response times
  - ☐ Support from law enforcement leadership
  - ☐ Lack of participation
  - ☐ Other \_\_\_\_\_
- 

What are the biggest barriers in engaging in collaborative conversations with other partners?

- ☐ Access to records
  - ☐ Response times
  - ☐ Support from leadership
  - ☐ Lack of participation
  - ☐ Other \_\_\_\_\_
- 

How frequently do you call the team together to address emergent cases that are time sensitive?

- ☐ Never
  - ☐ Sometimes
  - ☐ About half the time
  - ☐ Most of the time
  - ☐ Always
-

Does your MDT receive funding?

- ☐ Yes
- ☐ No
- ☐ Unsure
- 

If yes, where does the funding come from?

- ☐ Fundraising
- ☐ City funds/grants
- ☐ County funds/grants
- ☐ State funds/grants
- ☐ Federal funds/grants
- ☐ Other \_\_\_\_\_
- 

What are the primary challenges you encounter in coordinating or in participating on the MDT?

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Do you feel adequately supported by existing laws and legislation in your efforts to coordinate or participate in MDTs?

- ☐ No
- ☐ Unsure
- ☐ Yes

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Are there specific training needs or areas where professional development could enhance MDT effectiveness?

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Based on your experience, what recommendations do you have for improving the efficiency and effectiveness of reviewing and collaborating on child protection cases?

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Thank you for your time and valuable insights. Your feedback will contribute to a better understanding of MDT functioning and help identify areas for improvement. If you have any additional comments or suggestions, please feel free to include them here.

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# Appendix B

## IDAHO CODE

### TITLE 16 JUVENILE PROCEEDINGS CHAPTER 16 CHILD PROTECTIVE ACT

#### 16-1617. Investigation by multidisciplinary teams.

- (1) The prosecuting attorney in each county shall be responsible for the development of an interagency multidisciplinary team or teams for investigation of child abuse and neglect referrals within each county. The teams shall consist of, but not be limited to, law enforcement personnel, department of health and welfare child protection risk assessment staff, child advocacy center staff where such staff is available in the county, a representative of the prosecuting attorney's office, and any other person deemed to be necessary due to his or her special training in child abuse investigation. Other persons may participate in investigation of particular cases at the invitation of the team and as determined necessary, such as medical personnel, school officials, mental health workers, personnel from domestic violence programs, persons knowledgeable about adaptive equipment and supportive services for parents or guardians with disabilities or the guardian ad litem program.
- (2) The teams shall develop a written protocol for investigation of child abuse cases and for interviewing alleged victims of such abuse or neglect, including protocols for investigations involving a family member with a disability. Each team shall develop written agreements signed by member agencies, specifying the role of each agency, procedures to be followed to assess risks to the child and criteria and procedures to be followed to ensure the child victim's safety including removal of the alleged offender.
- (3) Each team member shall be trained in his or her respective role, including risk assessment, dynamics of child abuse and interviewing and investigatory techniques. Such training may be provided by the Idaho network of children's advocacy centers or by the member's respective agency.
- (4) Each team shall classify, assess and review a representative selection of cases referred to either the department or to law enforcement entities for investigation of child abuse or neglect.
- (5) Each multidisciplinary team shall develop policies that provide for an independent review of investigation procedures utilized in cases upon completion of any court actions on those cases. The procedures shall include independent citizen input. Nonoffending parents of child abuse victims shall be notified of the review procedure.
- (6) Prosecuting attorneys of the various counties may determine that multidisciplinary teams may be most effectively established through the use of joint exercise of powers agreements among more than one (1) county and such agreements are hereby authorized.
- (7) Lack of review by a multidisciplinary team of a particular case does not defeat the jurisdiction of the court.

History:

## **Appendix C**

# **CARTF GOALS AND STRATEGIES RELATED TO MULTIDISCIPLINARY TEAMS:**

### **Goal 1**

Continue to support the development and enhancement of Multidisciplinary Teams (MDTs) in each Idaho county in accordance with Idaho Code Section 16-1617. Support development of training in core competencies for professionals involved in the investigation and prosecution of child abuse and neglect.

### **Strategies**

- Over the next three years, survey local MDTs to assess needs, create a strategy to help meet those needs, and then implement a plan based on the strategies.
- Provide multidisciplinary team training to promote the continued formation of MDTs and enhance existing MDTs.
- Create an MDT subcommittee comprised of members from CARTF and outside stakeholder groups to support the formation, development, and training of MDTs at a statewide level.
- Encourage multidisciplinary team formation and functioning amongst prosecutors via various formats through the Idaho Prosecuting Attorney's Association and other venues.
- During the next three years, invite child protection stakeholders to share training strategies and concerns involved in the investigation and prosecution of child abuse and neglect.
- Using federal Children's Justice Act funds continue to provide funding resources that are available for training and equipping MDTs.
- Foster relationships with and support county MDTs and regional CACs through site visits by task force members, periodic updates from MDTs and CACs at task force meetings and facilitating training through grants and conferences.