

58 individualized service plan and submitting the plan and
59 assessment to the court.

60 (B) In juvenile proceedings conducted pursuant to article
61 five of this chapter, the treatment team shall consist of the
62 juvenile, the juvenile's case manager in the Department of
63 Health and Human Resources or the Division of Juvenile
64 Services, the juvenile's parent or parents, guardian or guardians
65 or custodial relatives, the juvenile's attorney, any attorney
66 representing a member of the treatment team, the prosecuting
67 attorney or his or her designee, an appropriate school official and
68 any other person or agency representative who may assist in
69 providing recommendations for the particular needs of the
70 juvenile and family, including domestic violence service
71 providers. In delinquency proceedings, the probation officer
72 shall be a member of a treatment team. When appropriate, the
73 juvenile case manager in the Department of Health and Human
74 Resources and the Division of Juvenile Services shall cooperate
75 in conducting multidisciplinary treatment team meetings when
76 it is in the juvenile's best interest.

77 (C) Prior to disposition, in each case in which a treatment
78 planning team has been convened, the team shall advise the court

79 as to the types of services the team has determined are needed
80 and type of placement, if any, which will best serve the needs of
81 the child. If the team determines that an out-of-home placement
82 will best serve the needs of the child, the team shall first
83 consider placement at facilities or programs located within the
84 state. The team may only recommend placement in an out-of-
85 state facility if it concludes, after considering the best interests
86 and overall needs of the child, that there are no available and
87 suitable in-state facilities which can satisfactorily meet the
88 specific needs of the child.

89 (D) The multidisciplinary treatment team shall submit
90 written reports to the court as required by applicable law or by
91 the court, shall meet with the court at least every three months,
92 as long as the juvenile remains in the legal or physical custody
93 of the state, and shall be available for status conferences and
94 hearings as required by the court.

95 (E) In any case in which a juvenile has been placed out of his
96 or her home except for a temporary placement in a shelter or
97 detention center, the multidisciplinary treatment team shall
98 cooperate with the state agency in whose custody the juvenile is

99 placed to develop an after-care plan. The rules of juvenile
100 procedure and section twenty, article five, chapter forty-nine of
101 the code shall govern the development of an after-care plan for
102 a juvenile, the submission of the plan to the court and any
103 objection to the after-care plan.

104 (F) If a juvenile respondent admits the underlying allegations
105 of the case initiated pursuant to article five, chapter forty-nine of
106 this code in the multidisciplinary treatment planning process, his
107 or her statements shall not be used in any juvenile or criminal
108 proceedings against the juvenile, except for perjury or false
109 swearing.

NOTE: The purpose of this bill is to require multidisciplinary teams be convened quarterly to discuss children in the custody of the Division of Juvenile Services. This bill also provides that in cases where a child has been detained for more than sixty days without an active service plan, the director of the facility may call a multidisciplinary team meeting to discuss the child. Additionally, this bill requires that team members be notified that he or she may participate electronically.

Strike-throughs indicate language that would be stricken from the present law, and underscoring indicates new language that would be added.