

Guidelines for the Strengths- and Needs-Based MAT Summary of Findings (SOF) Report

The following is a revised guideline for completing the Strengths- and Needs-Based MAT Summary of Findings (SOF) Report. The SOF Report was revised to make it more streamlined and consistent with the Core Practice Model, the approach shared by DMH and DCFS when working with children and families in the child welfare system. The Core Practice Model emphasizes services that are home/field-based, trauma informed, collaborative and strengths- and needs-based. Suggestions and examples about how to incorporate these principals into the MAT Assessment and Report are detailed throughout this guideline.

All sections of the SOF report are important as the final report will be submitted to the court. Throughout the report, always document the source of your information clearly, follow all prompts, and answer all questions in order to ensure the most comprehensive assessment for the child and family. In addition, it is important that the information be presented in a clear and concise manner, and not be repetitive.

Engagement Overview

This area documents the quality of the engagement in the assessment process. Also document who, what, when, and where interviews occurred, as well as what language the interviews were conducted in, if other than English. Document any barriers to engagement. Be concise: this section should be about half a page.

- State child(ren)'s, family's, caregiver's and any significant other's willingness to engage in the MAT process and their level of concern.
- Organize this section by persons interviewed and then chronologically.
- Include dates of interviews/observations, whether interview was by phone or in person, and who was present if in person.
- In all cases, attempts to observe biological parents with MAT children must be documented. If no observation took place, document why.
- If not engaged, provide specific information. Be cautious not to infer that unwillingness to participate/share info always indicates a lack of concern.
- Document "no-shows" and attempts made to contact if no contact is made.
- Do not comment on difficulties with "teaming" with other MAT members (e.g. do not say "CSW did not return phone calls"). The SOF is not the place to address systems' dynamics. These issues should be addressed with DCFS and DMH MAT Coordinators and Administration.
- Do not include verbatim contacts; instead, summarize information.
- If pertinent, include information regarding individual's participation in the Summary of Findings meeting in your final version of the SOF report.

Family Contextual Summary

This Section is about the immediate family, from whom the child was detained: biological/adoptive/legal guardian/parents. This section should "paint a picture" of the context in which the child was raised. Information regarding current caregivers (even when this is a family member) is to be documented in the placement section.

- Family constellation – who lived in the home at the time of the detention; who raised the child; were there multiple caregivers; was the primary caregiver consistently available.
- Involvement of extended family and whether they are sources of support or conflict/distress
- Cultural/immigration history (e.g.: country of origin; separation from parent due to immigration; trauma related to immigration). Do not specify immigration status but do include if the family does not have access to specific programs.
- Languages spoken in the home, if other than English.
- Parent's educational and work history, ability to work.

- Parents' relationship history and the impact their relationship had on the parents' ability to effectively care for child's needs. Include history of domestic violence, specifying recency; severity; frequency; police involvement/reports; child's involvement
- Socio-economic status, financial resources, stability of housing.
- Do parents have Medi-Cal or other insurance coverage?
- Briefly highlight the family's prior DCFS history (were other children detained, when and why were they detained, with whom were they placed, did the family reunify, were children adopted, current participation with the DCFS case plan)
- Parental mental health history: prior psychiatric hospitalizations (include approximate dates if available), involvement in Mental Health Services, prescribed medications and compliance, and response to treatment. Note source of information.
- Parental significant medical condition(s) and treatment compliance.
- Parental substance abuse history: onset, past vs. current use, drugs of choice, efforts/motivation to stop, drug treatment, response to drug treatment
- Parent(s)' own history of child abuse and trauma
- Criminal & incarceration history; if currently incarcerated: expected release date
- Social supports the family has (religious, cultural, friendships, formal/informal support systems)
- Insight into reasons for detention, impact of their own behaviors on their children; If the family does not disclose the reasons for current DCFS involvement, include a brief statement summarizing the allegations from the Detention Report

Visitation Findings for the Family

Current Court Ordered Visitation Plan

Quote directly from the most recent court documents; specify monitored vs. unmonitored.

Actual Visitation Occurring

Describe frequency, duration, location of visitation.

- Should be observed directly by assessor; if unable to observe, describe as reported by a third party e.g. foster parent, visitation monitor, social worker
- Note any phone contact, letter writing, etc. and who initiates (parent vs. the children)
- Child's response to visits (e.g. behavior changes) and parents' level of engagement during visits
- Do not include recommendations to change visitation from monitored to unmonitored.
- May include the MAT team's recommendation about the spacing of visitation within what the court has allowed (e.g. recommend 3x/wk for 1hr instead of 1x/wk for 3hrs, if this is within court order, to support attachment bond between infant and mother if family is to reunify)
- May discuss any of DCFS' proposed changes in the visitation plan at the SOF Meeting.

Findings for the Family¹

Information provided in this section should be relative to what has been discussed with the family, as well as the assessor's clinical impressions. Strengths, needs and challenges should be directly related to issues that affect the parent's ability to effectively care for the child's needs. Please note: if the family from whom the child was detained was not able to be interviewed, the assessor should document attempts to contact in the Engagement Overview section of the report. The assessor can gather information about the family from relatives, DCFS staff and/or other available reports, including court orders, to address strengths and needs of the family members in the absence of face-to-face or telephone contact. As a last resort, if

¹ Some examples of Strengths, Challenges and Needs are taken from the QSR Protocol – Pilot Test Version 1.2, Human Systems and Outcomes, Inc, 2010, pages 43-44.

there is no information available, the assessor may document that the strengths/needs could not be determined due to lack of contact with family and that family members should contact DCFS to identify needed resources.

Strengths of the Family

Strengths should be as specific as possible, and should be considered as the foundation on which to build the interventions. In eliciting the family's strengths, consider the following broad categories:

- Environmental/External Supports: e.g.: church community; extended family; close friends
- Character Traits: e.g. parent is assertive; has insight; is motivated to change; follows through
- Adaptive Skills: e.g. parent is gainfully employed; has job training; has a particular skill/education; maintains a stable residence; is cooperative.
- Parenting Strengths: e.g. parent is attuned to child; has ability to set limits; is consistent in visiting; recognizes/prioritizes child's needs; advocates for child.

Challenges for the Family

What challenges does the parent face in meeting the child's needs? For example:

- Parent has difficulty organizing and maintaining the household
- Parent has difficulty understanding child development
- Parent's current substance abuse (or addiction, or physical/mental disability, or current domestic violence, etc) gets in the way of meeting child's needs
- Parent has inadequate financial resources to meet the child's needs

Needs

What underlying needs should be met in order for the parent to be better able to care for the child? Needs are not services. For example, the parent may need emotional support, understanding of appropriate child development, healthy coping skills to maintain sobriety, appropriate medical care, skills for stabilizing mood and behavior, educational support, etc

Recommended Activities

What can be done to meet the identified needs? Consider what the parents can do themselves, as well as what others can contribute to support the parents in better meeting the child's needs.

- Don't forget to use parents' strengths, build on those strengths to meet their own needs.
- Can include, but should not be limited to, referrals for services.
- Each activity listed should specify the person responsible.

Referrals

If the parent is referred to an agency, include full contact information, and the therapist name if applicable. Whenever possible, provide referrals as soon as possible, even at the end of your interview.

- In cases with safety issues, such as DV or gang activity, provide confidential referrals to parents separately and write "Referrals kept confidential and provided to parent separately".

Linkage Status

Give status of linkage and interventions

- indicate source of information (e.g. parent reported starting individual counseling on....)
- Identify any barriers to the ability to link to this specific service (e.g. fees, distance, childcare)

Family Needs Example

Background

Ten-month-old female detained because mother is currently abusing alcohol and methamphetamine. The baby was diagnosed with Fetal Alcohol Syndrome at birth. HUB assessment indicates that she was under weight and was unable to sit up on her own without propping. She is difficult to sooth and has a lot of difficulty with sleeping. Mother becomes easily overwhelmed when the baby is fussy and difficult to console. She is just beginning to understand that her child has developmental delays which will require additional resources and support.

Strengths of the Family:

Mother loves her daughter and is very motivated to get her daughter back. She has enrolled in a drug treatment program and reported being sober for 30 days. She has attended all visitation appointments. Mother has support of grandmother and church family.

Need: Mother needs to feel that she is a competent parent.

Recommended Activities:

- A. **CSW** will help with increasing visitation time in the home of the foster parent, which will provide more opportunities for Mother to support and interact with her daughter.
- B. **MAT Assessor** will coach mother about Fetal Alcohol Syndrome including common signs and symptoms; provide referrals for individual therapy for mother
- C. **Foster Parents** will model strategies for soothing baby including having a quiet environment, gently rocking and swaying.
- D. **Mother** will develop strategies for coping with stress, including physical activities and seeking social support, with the assistance of therapist.
- E. **Drug Counselor** will work with mother on a relapse prevention plan and help her to build social network to maintain sobriety.

Referrals: Women's counseling center & Karma yoga studio [contact info]

Linkage/Status: Mother reported that she has contacted a therapist to begin individual therapy on 12//9/10. Drug counselor has helped mother develop a relapse prevention plan. Mother has started building a social support network by joining a yoga group.

Child Contextual Summary

Child's Interpersonal Functioning

Throughout the report, refer to the child by name, do not use "client." This area should describe social relationships with family, caregiver, teachers, foster sibs, etc. For 0-5 this area should include social bonding and attachment. All documented information should directly relate to the child's strengths and needs.

- Describe child's interpersonal relationships
 - o Quality of child's relationships, including child's interactions with relevant individuals (e.g.: parents, caregivers, siblings, peers, extended family, community members, etc).
 - o What supports are available

- o Questioning sexual identity/orientation and how this may be affecting child's relationships, including impact on placement, education, and supports
- Include the assessor's own observations of the child's social functioning, not just the observations of the caregiver.

Changes in Placement

Describe changes in placement since child was detained, including approximate dates of changes, reasons for the moves, whether the placements were with relatives, foster parents, group homes

- Describe the child's reaction/adjustment to the placement changes
- Note any differences in the child's behavior in the different placements

Briefly summarize significant placement circumstance/functioning from previous detention(s)

- This could include past child welfare placement history (e.g. child was removed from mother's care twice before the most recent detention and placed w/ relative for 6 months)

Mental Health Functioning

This section should include information on child's strengths and signs of resilience, mental health history, current symptoms and behaviors, the assessor's understanding of the emotional needs underlying any concerning symptoms or behaviors, and whether the child currently requires mental health services.

- Do not include the specific term "medical necessity" in the report; instead, indicate that the child's impairments rise to the level of requiring (or the child would benefit from) mental health services.
- Document mental health symptoms:
 - o If present, document symptoms related to mood, affect, hyperactivity, eating disorder, substance use, psychosis, perseveration, anxiety, inappropriate sexual behavior, enuresis, encopresis, changes in sleeping and eating patterns.
 - o Consider onset, frequency, intensity, & duration of symptoms/behaviors, in order to guide the decision about whether they are abnormal or typical among children that age. Do symptoms reflect a change in functioning? Do symptoms cause impairment in functioning?
 - o Observations of relevant aspects of child's current mental status; summarize, do not include full MSE, make sure info is relevant (e.g. do not state "no homicidal ideation" for an infant)
 - o Whenever possible, avoid diagnostic labeling in favor of descriptors, except when the diagnosis is connected to a specific service need for the child (for example with Autism or Anorexia). When using the diagnosis, also describe the behaviors/symptoms (associated with the diagnosis) exhibited by the child.
- Document current & relevant past psychological traumas or issues of loss.
- History of mental health treatment (including contact with a prior therapist)
 - o Type of treatment, response to treatment, effectiveness
 - o Report history of psychotropic medications, what symptoms/behaviors the medications have targeted, and the effectiveness of the medications.
 - o Attempt to obtain and review all prior mental health information
 - o Psychiatric hospitalization (hospital, date, length of stay, reason for admission)
- For high-risk behaviors/suicidal ideation (current or past), document in detail:
 - o What, when, onset, history/ frequency, severity, outcome/treatment
 - o Whether there is current suicidal ideation, plan and/or access to means
 - o How long since last attempt (suicidal or homicidal) and who intervened
 - o Re: Homicidal Intent: who is target (name & available contact info)
 - o If there was past SI/HI, but not currently, indicate what has changed
 - o Assessor must follow-up on any current report of SI/HI/self-harm to ensure child's (or potential victim's) safety
 - Detail action taken – e.g. safety plan, Tarasoff notification, plan for ongoing monitoring until child is in treatment

- In Needs & Recommended Activities sections – indicate that child’s safety is a need, child must be monitored for risk, and who will be responsible for doing so

For children ages 0-5, also consider the following areas of assessment:

- Attachment relationships (without labeling attachment style), e.g.:
 - o Disruptions (such as changes in primary caregiver)
 - o Attachment behaviors (describe your observations of specific behaviors)
 - Does child seek caregiver/parent for comfort, help, affection, objects
 - How easily is the child consoled by the caregiver/parent
 - Does the child maintain mutual eye contact, initiate interactions, and engage socially with others
 - Does the child appear to prefer the caregiver/parent over others
 - Response to being held (if infant)
 - Reaction to strangers
- Separation anxiety
- Self-regulation/ability to self-soothe
- Anxiety: startle response, freezing, anxiety leading to avoidance of age-appropriate tasks/activities, nightmares, unusual or excessive fears (include caregiver report)
- Tantrums/crying – indicate frequency, duration, intensity, self-injurious behaviors; note triggers
- Aggression: describe and explore underlying issues
- Frustration tolerance
- Preoccupation with violent themes in play or speech, compulsive/repetitive play
- Depression: social withdrawal, irritability, range of affect, does child explore the environment, interest in age-appropriate activities/play
- Sleeping & eating – include current pattern and if this is a change from baseline. Note failure to make appropriate weight gain.
- Self-stimulating behavior (ex. rocking, hand flapping); note triggers
- Problems with wetting and soiling (specify when this is occurring – day or night); has this changed? Is there are relation to stressors?
- Response to transitions from one activity/person/environment to the next (for example: poor transitions from play to eating, sleep to awake). How does the child react to changes in routines?

Physical Health Section

- Describe the child’s physical appearance, approximate height and weight, hygiene, etc. (note physical characteristics including unusual features).
- Document date child went to the Hub, location, results, and any follow up treatment/recommendations. If the Hub exam has not occurred, note any pending appointments, and document this as a recommended Intervention Activity
- Last physical exam (state who reported the info)
 - o date, location, contact information
 - o general medical findings and recommended follow-up care
- Immunizations up-to-date
- Interview parents and caregivers as to significant medical history (if none, state “no significant medical history per...”)
 - o Include prenatal and birth history when possible, including:
 - suspected drug exposure in *utero*
 - born at term or premature
 - birth weight
 - Complications (e.g. NICU, extended hospital stay after birth, etc.)
 - o Any history of chronic/acute illness e.g. asthma, allergies (if food allergy, specify food and severity of allergy), diabetes, obesity & treatment, chronic ear infections in regards to language delays, seizures, and any head injuries.

- Past hospitalizations (approximate dates/ages, length, location and for what reasons)?
- Current meds, required treatment and/or specialty care (e.g. child has diabetes Type I and is insulin dependent. Child receives diabetes care at Harbor UCLA diabetes clinic with endocrinologist Dr. Smith.)
- Document general findings/concerns for vision (need for glasses, etc.) and hearing
- Attempt to verify all medical information with medical providers; list attempts made and the results of those attempts, including dates, addresses, persons contacted and phone numbers

Dental Health Section

In general: list any reported dental issues (past/present); indicate if no current concerns (and who stated). For all children, include a visual inspection of the mouth and observations.

- For 0-3: inquire about number of teeth and any teething issues/concerns. Observe mouth. Document color gums if there are no teeth.
- For 3+: document date of most recent dental exam, findings, name & contact info of dentist

Speech/Language and Developmental Functioning Section

In general:

- Refer to ICARE Manual for developmental milestones & corresponding ages.
- Document assessor's observations along with those provided by collaterals.
- Note if a developmental measure was used (e.g. Ages and Stages) and the findings.
- Indicate the child's baseline development and document any significant changes through the course of the assessment and when they occurred.
- Note any regressions in developmental functioning.
- Note any strengths observed
- Indicate if premature status or severe neglect affected developmental milestones or the child's ability to reach developmental milestones, including elements that could be linked to in *utero* drug exposure or premature birth.
- Include monolingual or multilingual status, language preference, degree of fluency in each language
- Include language of assessment for multilingual child
- Receptive language: understand and follow multi-step directions
- Expressive language: consider the complexity of the vocabulary and grammar, note articulation problems, lisps, stuttering
- Note if there are any concerns regarding language development at school.
- Current/past speech therapy (include age, frequency, duration and whether individual or group)
- Do not just indicate that the child's language is "age appropriate". Instead, write that it is "age appropriate as evidenced by _____."
- Conclude the section with a statement about whether or not there are identified concerns/delays in child's development and whether Regional Center referral or IEP is recommended

Areas to assess for 0-5, when possible/applicable:

- Interview parent/other caregiver to determine what the child can currently do and when the child has achieved major developmental milestones
- Temperament
- Receptive Language: watch mouth of speaker, localize sound, responds to name and simple requests, follow simple to complex directions, point to body parts or pictures in a book
- Expressive Language: cooing, babbling, simple gestures, imitate words, first words, (ask number of words and typical number of words/sentence), ask questions, use pronouns, use plurals, prepositions, verb tenses, speak in full sentence, articulation (clarity, how much of the speech can you understand),
- Fine motor: pincer grasp, pick up small objects, drawing, stacking blocks, shape sorters, play with small toys, string beads, cut paper, writing

- Gross motor: move legs and arms, head control, roll over, reach for objects, grasp toys, sit up, crawl, pull up to stand, cruise, first steps, throw a ball, walk independently, jump, run smoothly, walk up and down stairs, stand on one leg, hop, kick ball, ride tricycle, climb play equipment
- Self-care skills: self-feed finger foods, feed with spoon & fork, toilet training, undress and dress self, use buttons and zippers
- Social-emotional: interest in caregivers, ability to recover from distress or be soothed by caregiver, smile, initiate interactions, show various emotions, imitation, laughs, jokes, respond to limits
- Sensory: visual tracking; tolerate bright lights, sounds, touch, pressure, smells, movement in space, food textures, bite and chew. Consider any signs of hypersensitivity, hyposensitivity, or sensory seeking behaviors
- Cognitive/problem solving: ability to focus, explore toys, cause & effect play, object permanence, pretend play with increasing complexity and themes, distinguish between real vs. fantasy, counting, learn simple games, comprehend & recall recent experiences
- Hold infants and document their response to this interaction.
- Was the child breast-fed and for how long?

Areas to assess for ages 6+:

- Document early developmental milestones (walking, first words, toilet training), to screen for delays
- Consider what is developmentally appropriate (in the domains of language, independent living skills, social-emotional development, motor coordination, cognitive) for the age of the child, for example:
 - o For 6-11: ability to focus and sit still in class, attention-span, impulsivity, ability to follow directions, sharing, taking turns, forming friendships, self-regulation skills, recreational and play skills, cognitive skills, chores and other daily living skills
 - o For 12-18: increasing complexity of social interactions, selective friendships, sense of identity, increasing independence, use public transportation or drive, daily living skills, budget money, employment, set and achieve goals

Educational Functioning

For child too young to attend public school

- Indicate if s/he has attended daycare/preschool/Head Start, how often, from what age, and how child coped with transition to school, functioning in school setting
- Note strengths

For child attending school:

- Indicate school currently attending (or if not attending), whether this changed when child was detained, and grade
- Ask child about his/her experience of school
- Obtain collateral information
 - o Speak with current teacher, counselor, CSW or DI
 - o Obtain academic and behavioral information from the child's school prior to detention (some children are immediately placed in a new school which does not have this historical information)
 - o Review report cards or child's academic cumulative records
 - o Review any IEP or AB3632 documents if applicable
 - o Obtain history of academic functioning from appropriate caregiver(s)
- Note strengths
- Document significant problems at school (including truancy, behind in school credits, learning difficulties, inattention, social difficulties, behavior problems, low grades, disciplinary action) and indicate whether these difficulties existed prior to detention
- If child has a past/current Individualized Educational Plan (IEP), indicate:
 - o The date of the last IEP and whether it was a 3 year or 1 year update.

- Type of classes/school child is currently attending (regular, special ed., etc.) What services are being provided (note child's progress with services; do services seem appropriate?)
- When did services start?
- What was the designation (i.e., on what basis did the child qualify for special education) e.g. emotional disturbance (ED), Specific Learning Disability (SLD), Other Health Impairment (OHI – and include the impairment)
- Note any changes, such as if the child is being mainstreamed into regular education classes.
- If the child does not have Special Ed but needs an IEP and/or AB3632 evaluation (if child's emotional functioning is thought to interfere with academic Functioning), justify why. Add this to the Intervention Activity and identify responsible persons for follow up and referral information obtained.

Vocational Functioning

- If the child has language capacity, indicate:
 - If the child has worked/volunteered?
 - Does child have a skill set to begin work?
 - What are child's interests/goals?
 - Has child identified future academic and/or work goals?
 - What are the child's hobbies?
 - If the child is 16+ indicate the need for ILP, TILP, and transition services as a need

Findings For Child

Strengths

What are child's strengths, and how might these help child achieve his/her goals?

- Consider: character traits, accomplishments, external supports/relationships, coping skills, signs of resilience, talents, special interests, etc.
- Also, document the areas in which the child is developing normally or evidenced no concerns as strengths (e.g. an infant who is meeting developmental milestones on target)

Needs

Needs refer to underlying needs, what the child may be lacking to function productively, and what may be underlying concerning behaviors/symptoms; needs are not services. For instances, the child needs to.... have friends; feel successful; feel safe; feel competent; have a secure attachment, etc.

Recommended Activities

These are activities that anyone in the child's life may commit to doing, to address the needs of child;

- Please involve parent(s) and build on parents' (or caretakers) strengths during visitations to meet the needs of the child as much as possible.
- Can include, but should not be limited to, referrals for services.
- Each activity listed should specify the person responsible.

Referrals

If the child is referred for services, document the agency name and contact information

- In cases where the placement is to be kept confidential, write "Referrals kept confidential and provided to caregiver separately."

- Indicate if a child is scheduled to be replaced and (if applicable) include additional referrals for the new placement area alongside referrals for the child's current placement.

Linkage/Status

- Give status of linkage and recommendations
- Identify any barriers to the intervention, activities or services (e.g. fees, distance)

Examples of Child Needs with Recommended Activities, Referrals & Linkage Status

Example of Mental Health Need

Need: Liliana needs to develop close friendships. .

Recommended Activities:

- MAT Assessor** will link Liliana to outpatient agency for group therapy to learn appropriate skills for initiating and maintaining friendships and to learn and practice positive communication skills with others.
- Parents and Foster Parents** will praise Liliana for positive communication skills, ignore minor negative behavior, and will obtain feedback from Liliana's therapist regarding skills being targeted in order to support her progress.
- Foster Parent** will enroll Liliana in local basketball activity in order to meet people with similar interest.

Referrals:

- The Whole Child, 555 Lovely Dr. Los Angeles, CA. 555-5555
- Basketball Camp, 222 Sports Dr. Hollywood, CA. 222-2222

Linkage/Status:

Liliana had an intake on 7/7/10 and is waiting to see a therapist. MAT assessor will continue to monitor Liliana's needs and provide required mental health services until she is seen for intake. Liliana is enrolled in basketball camp and will attend every Saturday during the summer.

Example of Vocational Need

Need: La Fonda is 17-years-old and needs to feel confident that she is ready to support herself and join the labor force.

Recommended Activities:

- Youth** will help select a mentor to talk about future aspirations, explore occupations and internship possibilities; attend weekly ILP classes for 3 months that will teach resume writing, budgeting, bill paying etc.
- CSW** will facilitate enrollment of La Fonda in ILP classes and monitor her attendance.
- Caregiver** will help La Fonda find a part time job with assistance from her mentor; help La Fonda open a bank account and start saving money for rent and bills with assistance from youth's mentor

Referrals: Department of Children and Family Services ILP Program, 666-6666

Linkage/Status: La Fonda has enrolled in ILP classes and is currently looking for a part time job. Caregiver has already assisted in opening a bank account and is helping La Fonda with savings. La Fonda has put in a couple of applications and continues to look for work.

Example of Developmental Need:

Case example of 3-year-old Miguelito with limited vocabulary and poor articulation

Need: Miguelito needs to increase the words he says. He needs to say words more clearly.

Recommended Activities:

- A. **Caregiver** will apply/enroll Miguelito in Head start or preschool by XX date, in order to provide opportunities to learn and practice communication skills.
- B. **CSW** will help mother write and submit a letter requesting a special education assessment (IEP).
- C. **Parents** will provide enriching activities during visits, such as reading books, modeling expression of feelings and needs, talking with Miguelito about his interests or the activities of the day.
- D. **Caregivers** will provide enriching activities in the home such as labeling objects with words for Miguelito to say, reading books, modeling expression of feelings and needs, talking with him about his interests or the activities of the day, encouraging Miguelito to use his words to express his needs and wants.

Referrals:

Local Preschools/Head Start and the local school district [provided by MAT assessor]

Linkage/Status:

Foster mother is contacting the local preschools. CSW has made an appointment with mother to develop the letter requesting IEP. Parent has chosen an activity to do with Miguelito on their next visit.

Example of Social Emotional Need:

Case example of five-week-old Katherine that has been moved twice, has been substance exposed and difficult to sooth.

Need: Katherine needs to be cuddled, soothed and talked to looking in her eyes. .

Recommended Activities:

- A. **Assessor** will educate/model for current caregiver the importance of cuddling and having eye contact with Katherine. Appropriate soothing techniques will be encouraged as well as discussing with parents and caregivers the potential impacts of prenatal drug exposure on Katherine's sensory system and the ways in which these effects can impact her abilities to be soothed, relate with others, and learn. Will also discuss ways to read Katherine's cues to better understand her needs. Will provide handouts with suggestions for age appropriate activities to further promote Katherine's development.

- B. **Caretaker** will use soothing techniques such as cuddling, soft talking/singing, rocking, swaying, gentle bouncing.
- C. **CSW** will make a referral to Regional Center for a developmental evaluation and assessment for infant stimulation services.

Referrals:

Regional Center [contact info]

Developmental Assessment at VIP Clinic [contact info]

Developmental Assessment at harbor Children's Clinic (I-SAM Clinic) [contact info]

Linkage/Status:

CSW faxed the referral to Regional Center on 10/10/10, and is waiting for response.

Example of Educational Need

Background: Fourteen-year-old Mia is behind in school credits and skills due to frequent moves.

Need: Child needs to feel successful at school. .

Recommended Activities:

- A. **Child** will attend school regularly and not miss more than 5 times per semester; participate in after school tutoring at least twice per week; participate in program to mentor younger children to increase school pride and investment.
- B. **Parents** will ensure that Mia gets to school on time on a daily basis.
- C. **Caregiver** will set aside regular time for homework and assist Mia as needed.
- D. **Caregiver and teacher** will communicate regularly (at least once per month) via parent child conference in order to monitor progress.

Referrals: AAA tutoring program and Little Tykes mentoring program [contact info]

Linkage/Status:

Mia attends after school tutoring twice per week. Mia has had regular attendance at school for the past two weeks as of 9/24/10. Caregiver set aside 5:00pm – 7:00pm for schoolwork and regularly assists Mia and checks homework completion.

Example of Trauma Based Need:

Background: Twelve-year-old Joey was sexually abused by an uncle who lived with the family.

Need: Joey needs to feel safe and reassured.

Recommended Activities:

- A. **Child** will learn skills to enable him to discuss feelings and trauma experience via Trauma Focused Cognitive Behavioral Therapy (TF-CBT), thereby increasing his ability to communicate his needs to caregiver/parents and feel reassured by them.
- B. **Foster parent** will provide an emotionally safe space for Joey in household; encourage, support and praise Joey for participation in therapy process. Via regular communication with Joey's therapist, understand how trauma has affected Joey's

behavior, provide an understanding environment, and not blame Joey for the traumatic event.

- C. **Parents** will maintain contact with Joey's therapist and participate in conjoint therapy to learn how to reassure and not blame Joey for the traumatic event. Parents will use skills learned during visits with Joey.

Referrals:

Mental Health ABC, Street, Los Angeles, CA 91111 123-123-1234

Mental Health Clinic, Street, Los Angeles, CA 90000 234-234-2345

Linkage/Status:

Joey has an intake on 1/1/10 for TF-CBT. MAT Assessor will continue to check in with Joey and foster parents until client has started services.

Example of Medical Need:

Background: Eight-year-old Jackson detained due to medical neglect. Jackson's mother has been unable to manage Jackson's Type I diabetes. (Father is incarcerated.)

Need: Jackson needs support in managing his diabetes.

Recommended Activities:

- A. **Child** will attend regular medical follow-up care for his diabetes at Harbor UCLA Diabetes Clinic every three months or as recommended by his physician; take medication/insulin as prescribed with the help of his primary caregiver; learn to ask for help in response to symptoms; maintain open communication with caregiver and physician regarding diet and exercise; learn to keep daily logs as prescribed by physician.
- B. **Caregiver** will supervise Jackson's intervention activities as described in Section A; communicate Jackson's medical needs and specified treatments to school nurse; monitor Jackson as recommended by physician.
- C. **Parents/Caregiver** will complete child-specific medical training for diabetes and ensure Jackson's attendance at all related appointments.
- D. **MAT Assessor/CSW/Caregiver** will link Jackson and ensure attendance at age-appropriate diabetes support group.

Referrals:

Dr. Claremont at Harbor UCLA Diabetes Clinic, Street, Los Angeles, 92222

345-345-3456

Linkage Status:

Jackson is seen regularly at Harbor UCLA. Caregiver has received specific medical training at LOG from Harbor UCLA nurse practitioner during last appointment for record keeping of sugar level, food intake, and insulin. Mother has been referred for specialized training and encouraged to attend medical appointments as well.

Current Placement

Current Caregiver Information

Document identifying information and contact numbers. If the caregiver is with a Foster Family Agency (FFA), identify and interview the FFA social worker.

Observation of Current Caregiver

Describe the current placement.

- Who lives in the home? (if other children live in the home, state if they are related or foster child(ren); include their ages)
- Describe living situation (is the environment appropriate for the child? Is it too stimulating? Not stimulating enough?)
- Language spoken in the home (if multilingual). Does the foster parent(s) speak the same language as the child?
- Is caregiver attuned to child's particular needs, including:
 - o emotional, cultural and/or spiritual (especially when significant health, mental health, behavioral problems and/or delays are identified)
 - o following through on identified referrals (or appears to be motivated to do so)
- Describe caregiver's support system
- Describe relationship/communication between caregiver and bio parents
- Is the caregiver interested in permanently caring for the child (adoption/legal guardianship)?

If caregiver is a relative or family friend:

- Describe the extent of contact with the child prior to detainment (describe who the caretaker is)
- Describe the history of the relationship b/w caregiver and bio family
- Does caregiver have good boundaries re: issues related to detainment (e.g. believe the child, appear concerned about the allegations, is the caretaker concerned about the child's well-being)
- Do not state legal (immigration) status

Other Factors Relevant to Child's Success in Current Placement

What are the strengths of the placement? e.g.:

- Child is placed with relatives, sibs
- Child able to attend same school as before detainment
- Child is placed with someone that has previously cared for him/her, who knows the family, who is part of child's extended support system
- Caregiver supports child's ties to family/other important support
- Caregiver is attuned to child's particular needs
- Caregiver is willing to provide a permanent placement
- Note willingness and ability to attend to identified needs and facilitate intervention activities

What challenges might hinder child's success in the placement (issues for caregiver and other residents in the home)? e.g.:

- Poverty, legal problems, criminal activity
- Psychiatric problems, child abuse, domestic violence, substance abuse
- Significant medical problems that impact ability to care for the child
- Many young children in the home
- Not able to provide placement for sibling(s)
- Not providing appropriate supervision
- Not providing enough stimulation; not holding the child enough
- Any safety concerns

- Blaming child for abuse allegations/family problems/child's mental health symptoms and/or behavioral problems
- Child's difficulties (mental health, behavior, other) are overwhelming the caregiver
- Complaints about placement by child and/or bio family (e.g. child not given enough food, not permitted to use the bathroom at night)
- Do the caregiver and child speak the same language? Document this if it is a concern, for example, when there is a verbal child who is unable to communicate with his/her caregiver.
- Note resistance or barriers to facilitating identified intervention activities
- Note issues of permanency (if a caregiver is not willing to permanently care for a child, as this can lead to a placement disruption).
- Include any funding issues which may lead to a placement disruption
- Document if placement presents any barriers to following court-ordered visitation plan

Additional Resources to Child's Successful Functioning in Current Placement

Document any resources provided to caregiver in order to support the placement. Also consider:

- Is transportation an issue? Address possible solutions
- Are there scheduling conflicts? Address possible solutions
- Is willingness an issue? Address possible solutions

Alternate Placement (Proposed Relative/Non-Relative Caregiver)

Based on the identified needs of the child, if placement with the relative caregiver is determined not to be appropriate, what type of placement would be recommended? Please note that MAT team is not responsible for the final placement decision.

List Identified Alternate Caregivers

During interviews with parents or extended family members, inquire about alternate placement options that DCFS could pursue.

- If an alternate caregiver is identified, obtain any and all contact information, how they are related to the child
- Be sure to document who identified this person for consideration as a caregiver.
- MAT assessor does not need to interview the identified person, unless the person is readily available. The interview information that is obtained, however, does not need to be documented, but should be passed on to the DCFS CSW or DI.

Final Comments or Observations

Document issues regarding participation in the SOF meeting, if applicable. For example: unexpected absence from the SOF meeting due to an emergency; parent's refusal to sign the signature page; holding two separate SOF Meetings to accommodate one parent with a restraining order against the other, etc.

- This section should not be used for last minute information or recommendations. Any new intervention activities elicited during the SOF Meeting should be added in the relevant section of the report.

Signature Page

Understanding of Confidentiality

- Obtain signatures to indicate individuals who agree to hold the meeting's contents confidential and who were present at the meeting