

# SPECIALIZED FOSTER CARE GUIDELINES MANUAL

---

## SECTION 5: MAT ASSESSMENT PROGRAM

### I. PURPOSE

This manual section provides procedural guidelines for use by co-located DMH staff to advise them of the Multidisciplinary Assessment Team (MAT) program and the roles and responsibilities of the key DMH participants in the MAT assessment process.

### II. BACKGROUND

In 2002, a class action lawsuit (Katie A.) was filed against the State of California and Los Angeles County, alleging that children in contact with the Los Angeles County's foster care system were not receiving the mental health services to which they were entitled. In July 2003, the County entered into a settlement agreement resolving the County-portion of the lawsuit. Under the terms of the agreement, the County was obligated to make a number of systemic improvements to better serve children with mental health needs.

As outlined in the Katie A. Strategic Plan for FY 2008-13, dated September 23, 2008, to fulfill the obligations of the settlement agreement, Los Angeles County must, among other things, screen and/or assess and, as needed, provide appropriate mental health services to all children entering court-ordered foster care, those already receiving court-ordered child welfare services, and those at imminent risk of foster care placement.

To fulfill this obligation, beginning in 2004, the Departments of Mental Health (DMH) and Family and Children's Services (DCFS) collaborated to form Multidisciplinary Assessment Teams (MAT) in Service Planning Areas (SPAs) 3 and 6, to ensure that all newly detained children within those SPAs were thoroughly assessed and appropriately linked to services in a timely manner.

The MAT program was recently expanded to SPAs 1 and 7, and will ultimately be expanded to SPAs 2, 4, 5 and 8.

**III. GOALS OF THE MAT ASSESSMENT PROGRAM**

The goals of the MAT program are to facilitate:

- A. Timely, comprehensive and strength-based assessments of children and families,
- B. Early identification of medical and mental health conditions, especially critical conditions,
- C. Increased coordination between DMH, DCFS, service providers, families, and caregivers,
- D. Appropriate team placement decisions for children,
- E. Increased consideration given to sibling, relative and community placements, rather than facility placements,
- F. Early access to medical and mental health services for children and families, and
- G. Increased safety for children during out-of-home care.

**IV. VALUE OF MAT ASSESSMENTS**

MAT assessments are valuable because they provide a comprehensive understanding of the complicated issues that families face when they first enter the foster care system. The findings from the assessments enable DCFS Children's Social Workers (CSW) to more effectively plan with the family and service practitioners to address specific needs, treatment options, and services.

Cases that are assessed early on, with concrete interventions, will move more quickly through the system, thereby reducing the time needed to achieve permanency. Furthermore, early assessments of appropriate placement options decrease the number of placement disruptions and increase the level of safety while the child is in out of home care. Finally, thorough assessment of family needs, with appropriate linkage to needed services, treatment, and follow up, decreases the likelihood that the family will return to the child welfare system.

**V. SUMMARY OF THE MAT ASSESSMENT PROCESS**

The purpose of the MAT assessment program is to ensure that all newly-detained children are thoroughly assessed and appropriately linked to services in a timely manner. Within 45 days, each newly detained child undergoes a comprehensive assessment by a DMH contracted community services MAT Provider Agency.

**V. SUMMARY OF THE MAT ASSESSMENT PROCESS (CONT.)**

The MAT assessment focuses on the following key areas with regard to the child's overall health and functioning: mental health, physical health, vision, hearing, dental, developmental progress, speech/language development, educational and vocational needs, as well as the child's relationships with his/her family of origin, current caregivers, and any other caregivers. The medical health portion of the assessment is typically obtained from the medical evaluation completed on the child either by the involved medical Hub or community medical provider. The MAT assessment process occurs independently of the DCFS detention process.

After the assessment is completed, the MAT Provider Agency Assessor compiles a multi-faceted comprehensive draft report, entitled the MAT Summary of Findings (SOF) Report. The draft MAT SOF is presented within 30 to 45 calendar days to the MAT team, which meets for the purpose of arriving at a consensus on the needs of the child and family and the services suggested to meet those needs. The report is also reviewed for internal consistency and thoroughness. Key persons are identified to provide follow up regarding the child's and family's needs and to help ensure that appropriate service linkages are made. Finally, the document is signed, and the report is finalized and presented to the Court as an attachment to the Jurisdictional Report. The report's findings are utilized by the Court as recommendations for appropriate case planning decisions.

**VI. ROLE OF THE DMH MAT PROVIDER AGENCY ASSESSOR**

- A. Discusses the potential MAT referral with the DCFS MAT Coordinator.
- B. Queries the DMH Integrated System (IS) to determine if the client already has an open case assigned to a DMH service provider and, if so, whether or not the provider: 1) also provides MAT services, and 2) is also the DMH Single Fixed-Point of Responsibility (SFPR).
- C. If a case is already open to a DMH service provider who is also the SFPR, the case is referred to that provider. If the case is already open to a DMH service provider who not the SFPR, the case is referred to that service provider and the provider with SFPR is asked to add MAT assessment services to his/her Coordinated Client Care Plan (CCCP) and to provide the assigned service provider with a copy of the amended plan.
- D. If the case is not already open to a DMH MAT Provider Agency, accepts the referral from the DCFS MAT Coordinator, reviews the referral packet and makes a decision whether or not to accept the case by the end of the following business day. The DMH MAT Assessor should not accept the case until the referral packet is complete and the DCFS MAT Coordinator, or other designee, has sufficiently answered any preliminary questions the DMH MAT Assessor may have.

**VI. ROLE OF THE DMH MAT PROVIDER AGENCY ASSESSOR (CONT.)**

- E. Determines whether or not the referral packet contains all the required case documents. These consist of the following: 1) a DCFS 179-MH, Parental Consent for Child's Mental Health/Developmental Assessment and Participation in Mental Health/Developmental Services, and a DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information (PHI), both signed by the child's parent or legal guardian, 2) a Minute Order ordering consent for services and release of information, if the parent declines or is unavailable to sign the DCFC 179-MH and the DCFS 179-PHI, 3) a two-page MAT referral form, 4) a copy of the Medi-Cal letter from the placement package or MEDS printout, and 5) a copy of the Detention Report.
- F. If the DMH MAT Assessor accepts the referral, indicates acceptance by signing and dating the bottom portion of the second page of the referral and returns the two-page form to the DCFS MAT Coordinator. The MAT acceptance date should be the same date the MAT Assessor received the complete referral packet or, at the very latest, the following business day.
- G. When it is determined that more than one child within a family requires a MAT assessment, the DMH MAT Assessor and the DCFS MAT Coordinator will confer and either agree that the MAT Assessor will assess the additional child(ren) or determine that another case assignment choice is more appropriate for all family members. When feasible, the same DMH MAT Assessor should assess each child in the family.

A major feasibility factor is the number of children within the family who need to be assessed. If the number is relatively small, i.e., three or fewer, the use of one MAT Assessor will often be the best course of action. When four or more children are involved, however, the use of one or more additional assessors may be preferable, since it often helps support the quality of care that is sought after. MAT Provider Agency staff and the families involved may wish to discuss the alternatives and make decisions that best meet the children's and families' needs.

- H. If the assigned DMH MAT Assessor becomes the Single Fixed-Point of Responsibility (SFPR), the MAT Assessor contacts any previous service providers and asks them to close their cases if they are no longer providing services.
- I. If the assigned DMH MAT Assessor does not become the SFPR, the MAT Assessor asks the service provider with SFPR to add MAT assessment services to his/her Coordinated Client Care Plan (CCCP) and provide the MAT Assessor with a copy of the amended plan.

**VI. ROLE OF THE DMH MAT PROVIDER AGENCY ASSESSOR (CONT.)**

- J. Conducts the standard DMH Child and Adolescent Initial Assessment, including the Substance Abuse Addendum, and completes a draft of the DCFS Summary of Findings (SOF) Report. It is recommended that the draft SOF report be completed within 30 calendar days, to allow time for the MAT meeting and to complete the final report.

The MAT assessment information should be gathered through face-to-face interviews at the child's home, but can also be collected at a relative's home, a State licensed foster care home, work or other community setting, as well as at the DMH MAT Assessor's place of business. Conducts the assessment and completes the SOF Report by performing the following activities:

1. Interviews the referred child, to assess the child's functioning, history, strengths and needs,
2. Interviews the child's parents, to assess parenting skills, family dynamics, family strengths, and family needs, the quality of the relationship and attachment between the child and the family, and the parents' mental status.
3. Interviews the child's current caretaker, to assess permanency, parenting skills, family dynamics, family strengths, the quality of the attachment to the child, and the home environment,
4. Interviews other potential caregivers, as identified by DCFS,
5. Gathers medical and dental information to complete the medical and dental portion of the assessment form. When available, the DCFS Regional PHN or other designated staff will collect and provide this information, including information from the medical Hub,
6. Consults with past or current service providers,
7. Collects the following types of data, to the extent available: health records, the Hub Medical Exam 561(a), educational and vocational records, psychosocial/mental health treatment records, prior psychological assessments, developmental and family histories, DCFS placement history, and Regional Center and juvenile justice records, if applicable, and
8. Performs diagnostic testing, as needed.

**VI. ROLE OF THE DMH MAT PROVIDER AGENCY ASSESSOR (CONT.)**

- K. After completing a draft of the DCFS SOF Report, forwards a copy to the MAT Provider Supervisor and to the DCFS MAT Coordinator, at least 24 business hours prior to the date of the MAT Summary of Findings (SOF) meeting, described below, beginning with step N.
- L. Formally records the following MAT assessment information into the mental health record of the child:
  - 1. The DMH Child and Adolescent Initial Assessment, including Substance Abuse Addendum. Use of the 0-5 assessment is recommended for staff appropriately trained and for those listing themselves as 0-5 Providers on the MAT specialty list,
  - 2. MAT SOF Report,
  - 3. MAT activity documented in the progress notes,
  - 4. Referral packet, including the DCFS 179-MH and DCFS 179-PHI, signed by the parents, or the Minute Order, and the Medi-Cal eligibility letter or MEDS printout, and a copy of the Detention Report, and
  - 5. Any additional specialized evaluations that may have been conducted, such as a speech or vocational evaluation.
- M. Attends and, as needed, co-facilitates the MAT SOF meeting with the DCFS MAT Coordinator, for the following purposes:
  - 1. To reach agreement on the draft SOF report,
  - 2. To develop a treatment plan, including mental health treatment options for the child, parent, and/or caregiver,
  - 3. To identify and link the client/family to appropriate community resources,
  - 4. To consider reunification, permanency and/or visitation goals, and
  - 5. To evaluate the appropriateness of placement with the current or potential caregivers.

**VI. ROLE OF THE DMH MAT PROVIDER AGENCY ASSESSOR (CONT.)**

- N. The MAT SOF meeting, which usually last from 1-2 hours, is scheduled by the DCFS MAT Coordinator and DMH MAT Assessor within 30 calendar days following acceptance of the referral by the DMH MAT Assessor. It is recommended that this meeting be scheduled early after the MAT acceptance date to avoid any scheduling delays.

Those attending the meeting may include any of the following core team members: 1) the family, 2) the child, if appropriate, 3) the case-carrying CSW or ISW, 4) the Supervising Children's Social Worker (SCSW), if the CSW/ISW is not available, 5) the Dependency Investigator (DI), 6) the Public Health Nurse (PHN) when there are identified medical issues or the child is 0-5, and 7) the foster parent, if appropriate, or relative caregiver. Family involvement should be discussed with the CSW prior to inviting specific members, to prevent any family conflicts during the meeting.

- O. All core team members attending the MAT SOF meeting are expected to sign the Confidentiality Declaration and the MAT Summary of Findings Signature Page.
- P. Based on agreements reached at the MAT SOF meeting, revises the draft SOF Report to produce a final SOF Report. Forwards a copy of the final report to the MAT Provider Agency Supervisor for review, and to the DCFS MAT Coordinator and the DMH MAT Coordinator. This final SOF report is due within 30-45 days after accepting the complete referral packed from the DCFS MAT Coordinator.
- Q. Maintains communication with DCFS staff to answer questions and problem solve.
- R. Takes the lead in ensuring that the child and family members are linked, in a timely manner, to any Mental Health services identified at the MAT SOF meeting and in the final MAT SOF report. Linking includes: 1) discussing the situation with the DCFS CSW and child/family members, as needed, 2) contacting the MH service provider to verify capacity to provide the identified MH services, 3) setting up the referral to the service provider, and 4) following up to ensure that the child/family members did, in fact, receive services from the service provider.
- S. If the DCFS jurisdictional/dispositional hearing, formerly known as the Pretrial Resolution Conference (PRC), is held prior to the completion of the final SOF report, provides the DCFS Dependency Investigator (DI) information, as needed, so that the DI can provide the Court an interim report containing the following information:

**VI. ROLE OF THE DMH MAT PROVIDER AGENCY ASSESSOR (CONT.)**

1. The name of the DMH MAT Provider,
  2. The date the case was referred to the MAT Provider,
  3. The projected date by which the final MAT SOF Report will be completed,
  4. The name of the contact person with regard to the MAT assessment,
  5. The current status of the child and family with regard to the completion of the MAT assessment, and
  6. Information to assist the DI to formulate a tentative court order and case plan for the child and family.
- T. Documents and charges all billable activities to the pertinent funding sources through use of the appropriate billing codes, in accordance with DMH documentation and claiming requirements.

**VII. ROLE OF THE DMH MAT PROVIDER AGENCY SUPERVISOR**

- A. Provides overall supervision, training and consultation to the MAT Assessors assigned to his/her unit.
- B. Monitors the cases of the MAT Assessors assigned to the unit to ensure that all key deadlines are met, in particular, the deadline to complete all MAT assessments within 30-45 days following acceptance of the MAT referral and to submit draft MAT SOF Reports to the DCFS MAT Coordinator at least 24 business hours prior to the date of MAT SOF meetings .
- C. Serves as liaison to DCFS MAT Coordinators, DMH MAT Coordinators and MAT Psychologists, as needed.
- D. Attends training sessions, when requested by DMH MAT Coordinators and MAT Psychologists.
- E. Provides consultation and training, as needed, to the MAT Assessors within the unit regarding the drafting of MAT SOF Reports and, to the extent feasible, reviews all MAT SOF Reports that cross his/her desk prior to their submission to the DCFS MAT Coordinators and DMH MAT Coordinators.

**VII. ROLE OF THE DMH MAT PROVIDER AGENCY SUPERVISOR (CONT.)**

- F. If feasible, formally evaluates at least one final MAT SOF Report each quarter that was completed by each MAT Assessor within his/her unit, using the DMH MAT QA Check List to document the review, and provides consultation as needed. Completes only one copy of the QA Check List per evaluation, whether or not the family has one child or several children.

Retains a photocopy of the completed SOF Reports and QA Check Lists in an alphabetical drop file for future use. Instructs MAT Assessors to also retain the originals in similar drop files rather than retaining them within the formal case records or charts.

- G. Ensures that unit MAT Assessors take the lead in ensuring that the child and family members are linked to any Mental Health services identified at the MAT SOF meeting and in the final MAT SOF report, in a timely manner.

- H. Maintains a monthly DMH MAT Tracking Log to track the number of completed MAT assessments and SOF Reports. Updates the log as referrals are received and acted upon, by entering the following information on the log:

1. Name of Child (first and last),
2. Mother's Name (case name),
3. Name of DCFS Office,
4. Name of DCFS MAT Coordinator,
5. Source of Detention (ER or ERCP),
6. Date complete referral packet was accepted,
7. Date complete draft SOF report was sent to DCFS MAT Coordinator,
8. Date of MAT meeting,
9. Date final SOF report was sent to DCFS MAT Coordinator and the DMH MAT Coordinator,
10. Did the child meet medical necessity? (yes or no),
11. Cancel date and codes/comments.

**VII. ROLE OF THE DMH MAT PROVIDER AGENCY SUPERVISOR (CONT.)**

- I. Submits the monthly DMH MAT Tracking Log to the DMH MAT Coordinator within 5-10 days following the close of the month.
- J. Submits the Weekly Capacity Report and Weekly Referral Report to the DMH MAT Coordinator by the Monday following the previous week.
- K. Ensures that the MAT billing is appropriate to the available funding sources, according to the work performed on the case.
- L. When requested by DMH MAT Coordinators and Psychologists, submits copies of completed final SOF Reports and the accompanying QA Check Lists that were completed on those reports, as part of an ongoing monitoring review of sample write ups conducted by DMH MAT Coordinators and Psychologists.

**VIII. DMH MAT COORDINATION/QUALITY ASSURANCE (QA) FUNCTION**

In addition to the activities carried out by the DMH MAT Provider Agencies, the MAT program also entails certain activities that must be performed by DMH Co-Located staff to ensure that the program is well coordinated and that it consistently meets the qualitative standards that are expected. The program must be well coordinated to ensure that there is smooth communication and interaction between DMH staff, DCFS staff, and the MAT Provider Agencies. The program must meet consistent qualitative standards to ensure that the MAT assessments and services accomplish the program goals and objectives they are intended to meet.

Depending upon the staffing configuration, in some Service Areas this function is carried out by a DMH MAT Coordinator, whereas in other Service Areas it is performed by a combination of a MAT Coordinator and a MAT Psychologist. In those situations, the MAT Coordinator typically completes the coordination function, while the MAT Psychologist performs the program monitoring function. In either case, the coordination and monitoring activities that need to be performed are as follows:

**VIII. DMH MAT COORDINATION/QUALITY ASSURANCE (QA) FUNCTION (CONT.)**

**A. DMH MAT Coordination Responsibilities and Activities**

1. Assists the DMH District Chief/Service Area Manager and the DCFS MAT Coordinator in maintaining a Provider referral assignment system to provide for the assignment of referrals to suitable Providers on a rotating basis unless special family needs/circumstances dictate a particular provider.
2. Coordinates with the DMH District Chief/Service Area Manager and the DCFS MAT Coordinator to ensure that the DCFS MAT Coordinator has a complete and up-to-date DMH Provider Agency list. The list will include any specialties or areas of expertise possessed by the MAT Assessors, and the names and titles of lead contact persons for each Provider Agency. Specialties may include language, specific cultural groups, such as Native American or Asian/Pacific Islander populations, age group scope of training or other developmental, medical or mental health practice requirements.
3. Through the provision of training, consultation and technical assistance, ensures that staff at each MAT Provider Agency, including the supervisor of those who conduct the MAT assessments, are made fully aware of their MAT responsibilities, including, but not limited to the following: a) accepting MAT referrals, b) conducting Child and Adolescent Initial Assessments, c) completing MAT Summary of Finding Reports, d) attending DCFS TDM and MAT meetings, e) evaluating the appropriateness of the child's current placement and other potential placements, f) assisting in developing a follow-up treatment plan for the child, g) assisting DMH and DCFS staff, as needed, to identify and link the child to appropriate resources, h) maintaining and updating the DMH monthly MAT Tracking Log, i) submitting the required weekly and monthly MAT reports to the DMH MAT Coordinator, and j) billing the units of service provided according to DMH billing instructions.
4. Consults with the DCFS MAT Coordinator, as needed, on selecting providers for children and youths referred for a MAT assessment.
5. When notified by the DCFS MAT Coordinator that a referral was made to a MAT Provider Agency, contacts the Provider Agency Supervisor and asks him/her to provide the name and date of birth of the referred child, along with the name of the MAT Assessor and the acceptance date.

**VIII. DMH MAT COORDINATION/QUALITY ASSURANCE (QA) FUNCTION (CONT.)**

6. Participates in program evaluation and planning.
7. Participates with the DCFS MAT Coordinator in coordinating monthly DCFS MAT Coordinator/DMH Provider meetings.
8. Intervenes to ensure, as needed, that court authorization documents consenting to the MAT assessment, and Medi-Cal eligibility verification documents, have been obtained by the DCFS MAT Coordinator and forwarded to the assigned DMH Provider.
9. Mediates any problematic issues between DCFS staff and DMH MAT Provider Agency staff.
10. Assists DMH Assessors and case carrying DCFS staff with identifying resources for children and families referred for MAT assessments.
11. Provides consultation, as needed, to DCFS staff regarding applicable intervention strategies and the level of care needed by the referred child.
12. Participates in DCFS TDM meetings, as feasible and appropriate.
13. Ensures that the MAT Provider Agency is made aware of the need to submit a draft MAT SOF Report to the DCFS MAT Coordinator no later than 24 business hours prior to the MAT SOF meeting.
14. When notified by the DCFS MAT Coordinator of the date of the meeting, participates in the MAT Summary of Finding (SOF) meeting, as feasible and appropriate, to ensure that all pertinent issues are addressed, that the decision making is done as a team process, and that there takes place a comprehensive review of findings and service/treatment options. Provides consultation on clarifying the findings, as feasible.
15. Following the MAT SOF meeting, receives and files the final SOF report sent by the MAT Provider.
16. Asks each MAT Provider Agency to submit two reports each week, the Weekly Capacity Report, which indicates the referral capacity for the upcoming week, sorted by ages 0-5 and 6+, and the Weekly Referral Report, which indicates the number of MAT referrals accepted during the week that just passed, and forwards this information to the DCFS MAT Coordinator immediately upon receipt.

VIII. DMH MAT COORDINATION/QUALITY ASSURANCE (QA) FUNCTION (CONT.)

17. Maintains a MAT Tracking Log to track the number of completed MAT assessments, and disseminates information to DMH and DCFS administration, as needed. Receives the monthly DMH MAT Tracking Log submitted by the DMH MAT Provider Agency Supervisor within 5-10 days following the close of each month.
18. Completes all required MAT management reports, and submits them to the designated DMH managers in a timely manner.
19. Works closely with the DMH Standards and Quality Section to ensure that all billable MAT activities are properly documented and charged to the appropriate funding sources, in accordance with Departmental documentation and claiming requirements

B. DMH MAT Quality Assurance (QA) Responsibilities and Activities

Of the many activities carried out by DMH MAT Provider Agencies, the primary areas that need to be focused upon by DMH MAT staff to ensure that MAT Provider Agency performance levels consistently meet the qualitative standards expected of the MAT program are: 1) the conducting of the MAT assessments themselves, and 2) the completion and evaluation of the MAT SOF Reports.

MAT Provider Agency Supervisors have the responsibility, among other things, to train their MAT Assessors on the MAT program and to monitor their performance. It is also recommended that they review the SOF Reports written by the MAT Assessors within their units, as well as formally evaluate a sample of those Reports, utilizing the DMH MAT QA Check List.

DMH MAT staff, for their part, have the responsibility to provide sufficient training and assistance to Provider agency staff to ensure that they have the knowledge and expertise needed to successfully conduct MAT assessments, and to complete and evaluate MAT SOF Reports. Such training and assistance can be provided through Provider agency training sessions and telephone consultations, as well as at MAT SOF meetings and debriefing sessions following MAT meetings.

DMH MAT staff are also responsible for regularly reviewing samples of MAT final SOF Reports that were completed by the MAT Assessors located within their Service Areas, to ensure that the SOF Reports adequately address the major areas contained in the Report, and that they are being reviewed and evaluated by the Provider agency Supervisors in a manner consistent with the standards called for in the training provided to them.

**VIII. DMH MAT COORDINATION/QUALITY ASSURANCE (QA) FUNCTION (CONT.)**

To accomplish this, DMH MAT QA staff are responsible for selecting and evaluating 5-10 final MAT SOF Reports each year that were completed by each MAT Provider Agency located within the Service Area, utilizing the MAT QA Check List to document the results of the evaluation. These include both SOF Reports that were formally evaluated by Provider Agency Supervisors, using the MAT QA Check List, and those that were reviewed but not formally evaluated.

Immediately upon completion of the MAT QA Check List, the DMH MAT QA staff person is also responsible for entering the results of the evaluation on the Monthly MAT QA Check List Review Log. This form serves as a tool for monitoring and documenting the performance of MAT agency staff in maintaining quality standards in the completion and evaluation of MAT SOF Reports. The MAT QA Check List Review Log is also used as the source document for selecting cases for the monthly telephone surveys conducted by Parent Advocates.

DMH staff are responsible for providing the necessary telephone numbers to Parent Advocate staff located within DMH headquarters so that they can contact appropriate parents, caregivers and others, for purposes of conducting the DMH Consumer Satisfaction Telephone surveys referenced above. Such surveys are conducted each month on a sampling of cases to evaluate and document the level of satisfaction those individuals experienced while receiving mental health services from DMH co-located staff.

**IX. COMPLETION OF THE DMH MAT QA CHECK LIST**

A. Purpose

The DMH MAT QA Check List is used to evaluate the content and quality of MAT SOF Reports completed by MAT Assessors. The form is also used to complete the Monthly MAT QA Check List Review Log.

B. Preparation

The DMH MAT QA Check List is completed by the DMH MAT Provider Agency Supervisor when formally evaluating selected final MAT SOF Reports completed by the MAT Assessors within his/her unit before they are submitted to the DCFS MAT Coordinator and the DMH MAT Coordinator. It is recommended that each Supervisor formally evaluate each quarter at least one final MAT SOF Report per MAT Assessor within his/her unit, using the DMH MAT QA Check List to document those evaluations.

**IX. COMPLETION OF THE DMH MAT QA CHECK LIST (CONT.)**

Following each evaluation, the MAT Provider Agency Supervisor makes a photocopy of the SOF Report and the completed MAT QA Check List, returns the originals to the MAT Assessor, and retains the photocopies in a drop file for future use and reference, including making available to DMH MAT QA staff upon request for purposes of QA evaluation.

1. Selected final MAT SOF Reports, and the DMH MAT QA Check Lists used to evaluate those reports, are reviewed by DMH MAT QA staff as part of their ongoing review of sample MAT SOF Report write ups. DMH MAT QA staff are expected to review and evaluate each year at least 5-10 final SOF reports that were formally evaluated by each MAT Provider Agency located within the Service Area.

Reports to be evaluated are selected by DMH QA staff during site visits to MAT Provider Agencies. During such visits, the DMH QA staff person, per arrangement with the MAT Provider Agency Supervisor, will select and formally evaluate, by using the MAT QA Check List, a sample of final SOF Reports completed by MAT Assessors within that agency. DMH QA staff will also evaluate, as available, a sample of final SOF Reports formally evaluated by the Provider Agency Supervisor, along with the QA Check Lists that were completed as part of those evaluations.

Upon completion of the evaluations, the DMH QA staff person will make entries in the Monthly MAT QA Check List Review Log to document the results of the evaluations.

**C. Evaluation Criteria**

In several instances, the MAT QA Check List asks whether or not the various sections of the SOF Report adequately addressed or described the dimensions listed in those sections, such as overall areas of need, as outlined in the MAT Scope of Work, the specific strengths and needs of the children, family members and caregivers, and descriptions of goals and recommendations. The following are suggested criteria that can be utilized to evaluate the adequacy or inadequacy of those write-ups:

1. An evaluation of "Inadequate" means that the write up fell below acceptable standards, either in terms of the quantity of information provided or the quality of analysis or insight given, or both.

**IX. COMPLETION OF THE DMH MAT QA CHECK LIST (CONT.)**

Lack of quantity means that the comments given were too brief or cursory to provide the level of detailed information needed by the reader to sufficiently grasp the situation being described. Examples: 1) The assessment lacked an overall sense of thoroughness and specificity of detail needed to provide the reader a solid grasp of the situation being described, 2) The assessment provided very few, if any, descriptive examples supporting the statements made, 3) The lack of detail led the reader to wonder when or how often certain events described in the report occurred, or 4) The assessment alluded to issues without reference to any follow up, such as significant health concerns or fears expressed by the child.

Lack of quality, on the other hand, means that the assessor's analysis of the situation did not adequately portray the assessor's thoughts or perceptions from a mental health or therapeutic point of view. Examples: 1) The assessment did not adequately address the underlying needs behind the various behaviors that are occurring, 2) the assessment did not adequately explain how therapeutic intervention will help to change those behaviors or address the needs exhibited by those behaviors, 3) The assessment provided a more or less superficial understanding of the dynamics of the situation, and lacked sufficient depth of insight, or 4) The treatment recommendations focused too much on changing outward behaviors and were not sufficiently directed to meeting the child's basic underlying needs, such as the need to feel loved, to be accepted and validated as a person, and/or to experience empowerment and feelings of success.

2. An evaluation of "Adequate" means that the assessment provided a solid, detailed description of the elements of the case situation, together with a thoughtful analysis of the mental health dynamics involved. The analysis had clinical depth and recommended treatment goals that directly and clearly focused upon both the family's functional strengths and the child's underlying cognitive and emotional needs, including educational needs, as opposed to his/her service needs. The amount and detail of information provided presented a complete picture of the situation, and the analysis showed depth of insight into the factors that inform the behaviors portrayed. All pertinent issues were anticipated and answered by the writer. It is obvious that the writer spent a great deal of time completing the assessment and writing the report, and took the time to individualize the case and focus on the elements that make it unique. Each of the important elements of the case was clearly addressed and presented in a logical, integrated and coherent manner.

IX. **COMPLETION OF THE DMH MAT QA CHECK LIST (CONT.)**

D. Procedures

After entering at the top of the page the case identifier information indicated, including the MAT Referral and MAT Acceptance dates, the person evaluating the SOF Report completes the remainder of the Check List as follows:

1. In Section 1, checks whether or not all of the necessary stakeholders and informants were sufficiently engaged to support the information gathering and assessment process. If not, checks the appropriate check box(es) to indicate those that were not, and enters any appropriate comments.
2. In Section 2, checks whether or not the SOF Report adequately addressed all of the MAT assessment areas of need. If not, checks the appropriate box(es) to indicate the areas that were not adequately addressed, and enters any appropriate comments.
3. In Section 3, checks whether or not the SOF Final Report was completed within 45 days, enters how many days transpired between the acceptance of the case and the completion of the Final Report, and enters any appropriate comments.
4. In Section 4, checks whether or not the strengths of the children, family and other caregivers were adequately described. If not, indicates those whose strengths were not adequately described.
5. In Section 5, checks whether or not the needs of the children, family and other caregivers were adequately described. If not, indicates those whose needs were not adequately described.
6. In Section 6, checks whether or not the SOF Report contained adequate descriptions and information, as indicated on the SOF form. If not, indicates which descriptions and information were inadequately described.
7. In Section 7, checks whether or not the recommendations made in the Report were consistent with the information contained in the assessment. If not, indicates how/where they were inconsistent.
8. In Section 8, checks whether or not the recommendations in the Report were specific enough to be efficiently implemented. If not, indicates how they lacked specificity.

**X. COMPLETION OF THE DMH MAT QA CHECK LIST REVIEW LOG**

A. Purpose

The DMH Monthly MAT QA Check List Review Log is used to document the results of sample evaluations of selected final MAT SOF Reports that were completed by MAT Service Provider Agencies within each Service Planning Area. The Log is also used by CWD Parent Advocates, in consultation with the DMH Quality Assurance Division designee, to select MAT cases for conducting telephone consumer satisfaction surveys, as described in Section 8 of this Manual.

B. Preparation

The DMH Monthly MAT QA Check List Review Log is completed by the DMH MAT QA staff person within each Service Planning Area, either the MAT Coordinator or MAT Psychologist, who is responsible for training and monitoring the performance of MAT agency staff on the completion of MAT assessments and MAT SOF Reports.

The Review Log is completed by DMH MAT QA staff during site visits to MAT Service Provider Agencies conducted for the purpose of evaluating a sample of selected MAT SOF Reports completed by MAT Assessors within those agencies. The evaluations of those SOF Reports are documented by DMH MAT QA staff by use of the MAT QA Check Lists, and the results of those evaluations are, in turn, documented on the MAT QA Check List Review Log.

Within five working days following the end of the report month, the DMH MAT QA staff person photocopies each report form completed for that month, retain the originals in a chrono file for future training purposes, and forward the photocopies to the DMH Quality Assurance Division designee, for follow up.

C. Procedures

At the beginning of each month, the DMH MAT Coordinator or Psychologist completes the top portion of a new QA Check List Review Log by entering the identifying information indicated, along with the month and year. As he/she reviews each selected final SOF Report made available during agency site visits by Provider Agency Supervisors during the month, he/she completes the remainder of the form as follows:

**X. COMPLETION OF THE DMH MAT QA CHECK LIST REVIEW LOG**

1. On each line, enters the case name (first name and last initial), in the first column, the DMH IS Number in the second column, the MAT Referral Date in the third column, the MAT Acceptance Date in the fourth column, the date the SOF Report was completed in the fifth column, the date he/she he/she evaluated the SOF Report in the sixth column, and the name of the MAT Service Provider Agency in the seventh column.
2. In the columns headed "Sec. 1" through "Sec. 8," indicates whether or not he/she considered each section of the SOF Report to be adequate, as documented earlier on the MAT QA Check List. Enters "Y" for Yes and "N" for No.
3. Enters any comments at the end of the row.
4. As future MAT SOF Reports are evaluated and documented during the month, proceeds to fill out the remainder of the Review Log in similar fashion, and begins a new form as each form is filled up.