★ Star View Community Services ★

Multidisciplinary Assessment Team (MAT)

BRIEF REPORT from the Department of Research and Program Practices
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Star View Community Services (aka Star View) began participating in Los Angeles County's Multidisciplinary Assessment Team (MAT) as part of the initial 2006 pilot program. Star View's MAT staffs have since served as vital contributors to this important process which is designed to provide mental health and related assessment information to the child welfare court, for use by social workers and judges in facilitating child and family interventions, supports and placement decisions, and assuring that all children/youth's needs are assessed prior to entering foster care. Star View is one among two dozen providers of MAT services in LAC and is funded through both EPSDT Medi-Cal for specialized foster care services and the Los Angeles County Department of Children and Family Services. The funding blend reflects the commitment in the overall system of care and human services policy context to see that abused and neglected children receive needed mental health screening, assessment, diagnoses and treatment. This **BRIEF REPORT** highlights program activities and results from October 2008 (post pilot start of SV MAT) through May 2016.

Programmatic Support to Child Welfare Decision-Making:

Star View's MAT assessors are licensed clinicians or clinical interns working toward licensure. They receive 7 hours of MAT-specific training along with multiple, day long Birth to Five (I-CARE)[i] workshops on many relevant topics (e.g., Brain Development and Attachment, Assessment of Infants & Toddlers, Trauma Responses, Sensory Integration, Best Intervention Practices).

MAT assessments are comprehensive. They address family topics (engagement, context, visitations, strengths, needs, challenges and recommendations), child topics (interpersonal functioning, placement history/changes, mental health, physical health, dental health, speech, language and development, educational and vocational functioning, strengths, needs, challenges and recommendations) and placement topics (current caregiver, factors that relate to child's success in placement, other resources and alternatives as needed). MAT teams provide recommendations about critical resource and support needs, with referrals and linkages for both the family and for the children and youth who are the focus of the child welfare referral.

Star View's MAT contributions typically occur over a period of 48 days (median = 44) with MAT specific service dates ranging from 1 to 13 per child (average = 5). A child's MAT process, the portion provided by Star View, involves 225 minutes of service time on average, with the majority of service events (74%) carried out in an office, the rest is mostly field-based (20%), at other locations or on the phone.

To date, 2,610 children and youth have been served, out of three Star View service centers:[ii]

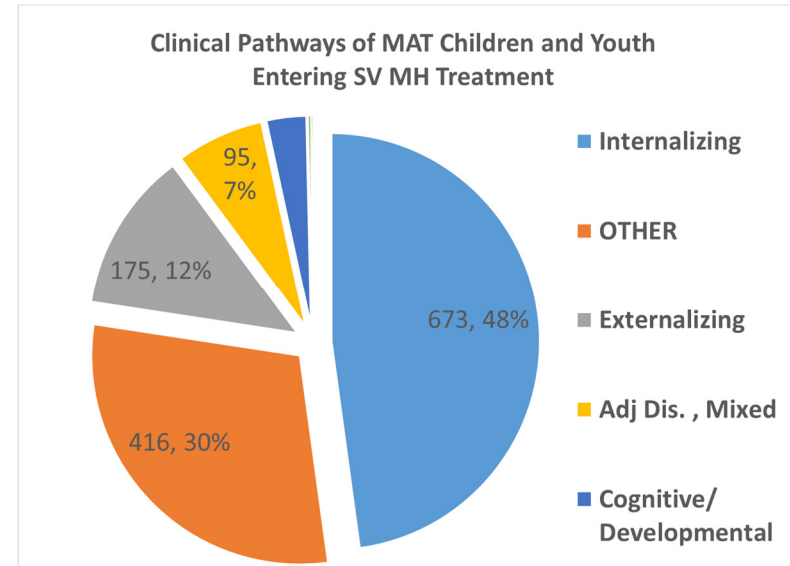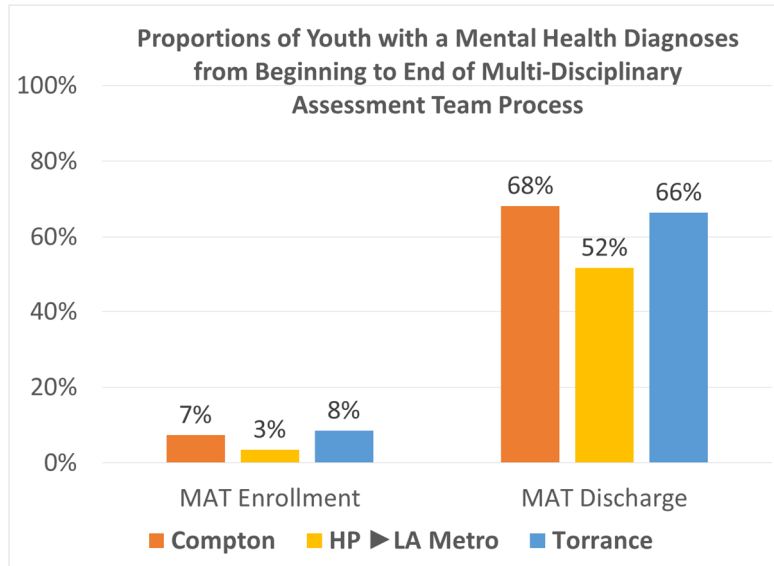Compton (N = 942)　　LA Metro (N = 840)　　Torrance (N = 828)

FIDELITY AND QUALITY

★ LAC DCFS & DMH quality control includes standard reporting templates and domains that are accompanied by written guidelines and training.

★ SV's MAT assessors and supervisor participate in periodic comprehensive LAC DMH Quality Service Reviews (QSR) that include case-based discussions of front line practice involving child welfare children/youth. Particular attention is given to collaboration and teamwork, abiding the Child Welfare Shared Practice Model, and overcoming systemic barriers to effective service provision that enhances the child's status.

★ ZERO consumer complaints over all years of Star View MAT!

Connecting Children into Needed Mental Health Treatment:

The MAT process yields MH case finding with recommendations for referrals into mental health (MH) treatment, whether at Star View or elsewhere in the community. In SV data, this is reflected by a (proxy) indicator of diagnostic conversion by discharge from MAT. A diagnostic conversion occurs when children with "No Diagnoses" or "Deferred Diagnoses" of a primary MH problem at the time of referral are subsequently diagnosed with one or more conditions.[iii] Star View's MAT children/youth have a 56% conversion rate overall, with some variation by center. In pediatric screenings, nationally, 10% to 30% of all children/youth are found to have significant MH problems.[iv] Thus, in Star View's child welfare MAT population, the rate is substantively higher, as would be expected. The MAT process is doing its job identifying these children's mental health needs.

Proportions of Youth with a Mental Health Diagnoses from Beginning to End of Multi-Disciplinary Assessment Team Process

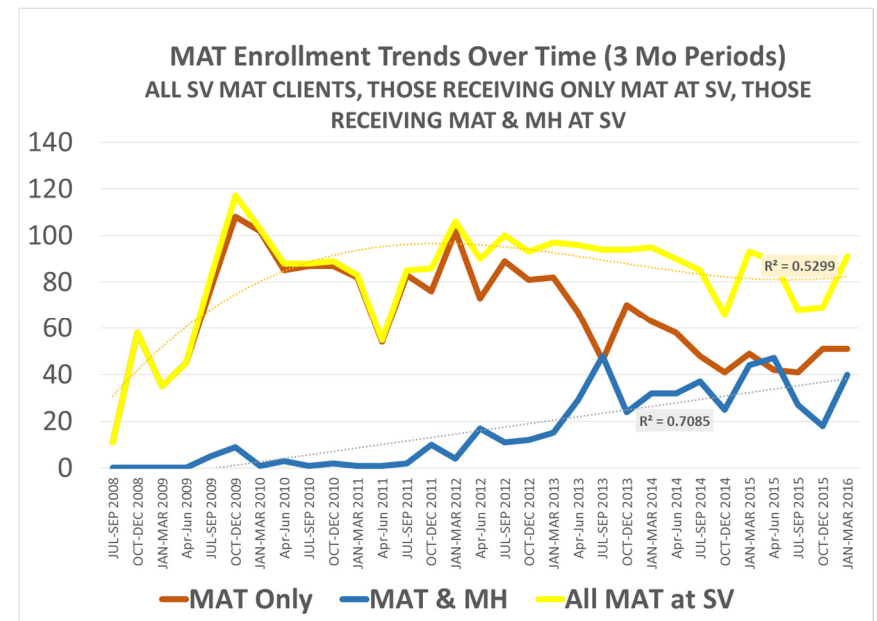Clinical Pathways of MAT Children and Youth Entering SV MH Treatment

A subset of Star View's MAT total population enters outpatient mental health at Star View – 20% enroll within a month of MAT, and an additional 9% enroll later. The proportions linking directly into Star View increased over the years, shown right. Other children/youth assessed by MAT and found to have a diagnosable condition are referred and linked elsewhere to services through the court review process.

On average, over all time, there were 82 SV MAT enrollments per quarter, of which 16 enter MH care at SV (20%) within a month of exiting MAT. Since start of CY 2012, the average enrollment count per quarter is 88, with 26 entering SV MH (30%).

There is a strong polynomial trend (up sharply at start of program, tapering down, then slightly up again) for total enrollments that accounts for over half the variability in the overall enrollment pattern.

There is an upward linear trend for MAT & MH enrollments that accounts for over two thirds of the variability in the MH enrollment pattern.

MAT Enrollment Trends Over Time (3 Mo Periods)
ALL SV MAT CLIENTS, THOSE RECEIVING ONLY MAT AT SV, THOSE RECEIVING MAT & MH AT SV

[i] I-CARE overview is available at http://file.lacounty.gov/dmh/cms1_159843.pdf.

[ii] The 2,610 children and youth come from an estimated 2,043 families. The children range in age from 0 to 18, with an average age of 6 yrs. Over half are ages 0 to 5 yrs. at the time of assessment. They are roughly evenly females and males. Their family racial/ethnic backgrounds are close to 50% Hispanic/Latino, 38% African American, and 10% Other/Mixed, with 3% Caucasian. Most of the families (80%) have one child that is the focus of the child welfare referral (following an abuse and/or neglect finding). On average, there are 1.3 children per family in focus per referral, and a range of 1 to 6 children per family.

[iii] These would be primary mental health conditions as per DSM IV-R Axis I diagnostic criteria.

[iv] Jellinek, MS & Murphy, JM (1988) Screening for psychosocial disorders in pediatric practice. American Journal of Diseases of Children 142, 1153-1157.