

POLICY

SUBJECT: Multi-disciplinary Assessment Staffing Team (MAST)

NUMBER: BH-205-15

APPLICABLE TO: All DJS Employees

APPROVED: _____/signature on original/

Sam Abed, Secretary

EFFECTIVE DATE: _____ 2/4/13

I. POLICY

The Department of Juvenile Services (DJS) shall ensure that youth at risk for an out-of-home placement receive diagnostic evaluations conducted by a Multi-disciplinary Assessment Staffing Team (MAST or Team). When making recommendations to the court, the Team shall consider the youth's treatment needs, protection of the child and community, the DJS continuum of care, and the least restrictive environment.

II. AUTHORITY

A. Md. Code Ann., Human Services, §9-203 and §9-204.

III. DIRECTIVES/POLICIES RESCINDED

A. None

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Standard Operating Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard Operating Procedures have been developed and are attached to this policy.

VI. **REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	2/4/13
<p>Procedures revised with the following changes:</p> <ul style="list-style-type: none"> ○ The Director of Behavior Health shall be responsible for developing criteria and procedures determining MAST staffings. ○ Community Case Management Specialist Supervisor shall ensure the DJS Resource Staffing Packet Checklist is submitted to the Resource Specialist with the required information needed for presentation at MAST meetings. ○ The Community Case Management Specialist shall: <ul style="list-style-type: none"> ● complete and present the MCASP needs assessment; and ● send an invitation letter to the youth’s Local School System Liaison. ○ The Addictions Counselor shall: <ul style="list-style-type: none"> ● Complete the appropriate substance abuse assessment and follow up when required; and ● Present results, interpretation and recommendations to the MAST staffing team. ○ The Local Resource Specialist shall <ul style="list-style-type: none"> ● provide the MAST referral packet to the MAST Chair; and ● participate in the MAST along with the youth’s CMSS and CMS, when a youth is detained in a facility not in the youth’s home jurisdiction. ○ MAST Team members <ul style="list-style-type: none"> ● may participate in meetings via video conference or phone depending upon available equipment; and ● if unable to achieve consensus, shall refer to the Placement of DJS Youth in Residential and Non-residential Programs Policy and Procedures. ○ The Resource Office may access the MAST psychologist and social worker as needed for psychological evaluations and psycho-social assessments. ○ Each facility shall have specific written protocols for MAST. 	2/6/15

DESCRIPTION OF REVISION	DATE OF REVISION
Revised procedures issued. Old procedures have been replaced with the new MAST manual.	3/13/19

PROCEDURES

SUBJECT: Multi-disciplinary Assessment Staffing Team

NUMBER: BH-205-15

APPLICABLE TO: All DJS Employees

APPROVED: _____ /s/ signature on original

Wallis Norman, Deputy Secretary

REVISION DATE: _____ 3/13/19

I. PURPOSE

To establish a process for the referral of youth at risk for out-of-home placement to the Multi-disciplinary Assessment Staffing Team (MAST).

II. PROCEDURES

The MAST Manual provides guidelines for all employees for the implementation of the MAST and defines the roles and responsibilities of each Team member.

II. ADMINISTRATIVE REVIEW

All Team decisions are subject to review and approval by the Deputy Secretary of Operations.

III. RESPONSIBILITY

The Director of Behavioral Health is responsible for implementation and compliance with this procedure.

IV. INTERPRETATION

The Deputy Secretary of Operations shall be responsible for interpreting and granting any exceptions or changes to this procedure.

III. LOCAL OPERATING PROCEDURES REQUIRED

Each facility shall have specific written protocols for MAST, which are consistent with DJS Policy and Standard Operating Procedures and are tailored to the unique characteristics of the facility and the population or Region served.



Successful Youth • Strong Leaders • Safer Communities

DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Multi-disciplinary Assessment Staffing Team
NUMBER: BH-205-15
APPLICABLE TO: All DJS Employees
REVISED: March 13, 2019

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.



Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

Multidisciplinary Assessment Staffing Team (MAST) Manual

**MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL
MARYLAND DEPARTMENT OF JUVENILE SERVICES**

**MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST)
MANUAL**

This Multidisciplinary Assessment Staffing (MAST) Manual was approved in March 2019. The Manual is subject to annual revision as part of the policy review cycle.

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MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

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I. OVERVIEW OF THE MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

DJS MAST Policy, BH-205-15, requires the Department to ensure that youth at-risk for an out-of-home placement receive diagnostic evaluations conducted by MAST, a specialized diagnostic team responsible for assessing youth who are detained and being considered for an out-of-home placement. MAST is responsible for considering the youth's treatment needs, the safety of the child and community, and the DJS continuum of care when making recommendations to the court, regarding the youth's level of care and treatment services. The MAST Policy is authorized by Md. Code Ann., Human Services, §9-203 and §9-204. The MAST process has been in place statewide since December 2013.

The MAST Manual contains all essential information necessary for MAST to make recommendations for the level of care and treatment services for youth detained and being considered for an out-of-home placement. DJS staff are encouraged to use this manual as a reference for applying MAST Policy and Procedures. The Director of Behavioral Health (BH) shall be responsible for the implementation and compliance with these procedures, including oversight of the criteria and procedures for determining MAST staffing. The Deputy Secretary of Operations and the Director of BH shall be responsible for interpreting and granting any exceptions or changes to these procedures. Failure to comply with a Department's Policy and Procedure shall be grounds for disciplinary action up to and including termination of employment.

II. DEFINITIONS

- A. Central Review Committee (CRC): An interdisciplinary team that reviews and authorizes youth movement between residential placements and insures that proper notifications and authorizations (if required) are followed.
- B. Certificate of Need (CON): The Mental Health Administration administrative service organization review and decision process of determining medical necessity that includes a Community Case Management Specialist's (CMS) submission of current (within thirty-days) psycho-social, psychiatric evaluation, and physical exam documentation.
- C. Maryland Comprehensive Assessment and Service Planning (MCASP): An integrated case management tool for assessing youths' risks and needs throughout the course of their involvement with DJS and implementing interventions that accomplish the dual goals of public safety and youth rehabilitation. Reassessments are used to inform the individualized service planning for youth and their families, track youth progress, and ensure that each youth receives the level of supervision consistent with his or her risk to public safety.

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- D. Multi-disciplinary Assessment and Staffing Team (MAST) – (see “Staffing” definition below): Team at a DJS detention facility that make recommendations for treatment services and residential placements as its focus. Its meetings are not a legal nor adversarial process. Each team member is responsible for completing assigned evaluations and making recommendations. The results and recommendations of MAST are included in the Department’s recommendation to the court.
- E. Permanency Plan: The agreement between the Department, the youth, and the youth’s parents/guardians/custodians to identify, provide, or refer the youth and parents/guardians/custodians to the appropriate services and resources to ensure that all youth leaving an out-of-home placement exit to an appropriate, safe, and stable living arrangement.
 - 1. Joint Permanency recommendations are a permanency planning option that allows multiple agencies and the parents/guardians/custodians to develop collaborative goals for a permanent living arrangement for the youth.
 - 2. Concurrent Permanency recommendations are a permanency planning option that allows the agency and the parents/guardians/custodians to create multiple permanency recommendations that can be implemented simultaneously to establish a permanent living arrangement for the youth.
- F. Residential Treatment Center (RTC): A mental health facility for children and adolescents with long-term serious emotional, behavioral, and psychological problems. RTCs provide intensive services and should only be considered when therapeutic services available in the community are insufficient to address a youth’s needs. In addition to Maryland RTCs, DJS uses a variety of out-of-state providers, including RTCs funded through Medical Assistance, with rates set by the Maryland Interagency Rates Committee, and facilities that are not RTCs and serve moderate-to-high-risk multi-problem youth. These are youth who may be exhibiting moderate psychiatric symptomatology and aggressive behavior, or who have histories of unsuccessful/repeated placements and/or hospitalizations. Treatment models vary depending on the client focus of the program but all provide individualized treatment plans, are comprehensive in services, highly structured, treatment oriented, and behaviorally focused.
- G. Staffing: A comprehensive review of a youth’s individualized MCASP risk and needs assessments, current treatment/service plans, and progress or lack thereof for identifying appropriate services that meet a youth’s needs and address the risk to public safety. Participants in a staffing shall include the family, a Community CMS, a Community Case Management Specialist Supervisor (CMSS), and a DJS Resource Specialist (RS). Local Department of Social Services and staff from other agencies who are involved with the youth may be invited to attend the staffing.

III. PROCEDURES

A. General Responsibilities: Listed below are the responsibilities of MAST.

1. Create a team at each DJS detention facility to make recommendations for the treatment services and the level of care for youth being considered for an out-of-home placement.
2. Recommend treatment services and the level of care to the court based on the youth's treatment needs, safety of the child and community, and the DJS continuum of care.
3. Report the teams' results and recommendations to the court for each youth referred to MAST.

B. MAST Membership: MAST is comprised of the members listed below. *

1. Facility CMSS – Chair
2. Community CMS/CMSS
3. DJS BH Psychologists
4. DJS BH Psychology Associates
5. DJS BH Social Workers
6. DJS BH Professional Counselors
7. DJS BH Addiction Counselors
8. Contracted BH Staff
9. Facility CMS
10. Local RS/Resource Specialist Supervisor (RSS)
11. MSDE Representative
12. Somatic Health Representative (when available)

** Alternates may serve in the absence of a regular member, as approved by the Director of BH or designee.*

C. Individual Member Responsibilities:

1. The Facility CMSS or designee shall:
 - a. Serve as MAST's Chair;
 - b. Provide oversight to MAST; and
 - c. Coordinate services by:
 - 1) Ensuring the MAST staffing are scheduled and meeting space is provided;
 - 2) Notifying MAST of the youth's MAST staffing date and time;
 - 3) Maintaining MAST staffing documents, including the log of staffing participants;
 - 4) Managing the schedule of MAST staffing;
 - 5) Maintaining and distributing the calendar of the MAST staffing to MAST members;
 - 6) Developing and disseminating agendas to MAST members;

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- 7) Obtaining and disseminating all staffing reports and evaluations on youth to MAST members within twenty-four (24) hours or one (1) business day of receiving the referral;
 - 8) Notifying the receiving DJS detention facility immediately when a transferred youth is in need of MAST services (e.g., medical screening, new or updated BH evaluation, and/or staffing); and
 - 9) Completing the **MAST Summary Form**. See **MAST Summary Form Instructions – Submitting Your Report (Appendix A)** to obtain instructions on how to complete the form.
2. The Community CMS shall:
- a. Complete the MCASP Needs Assessment;
 - b. Obtain written consent from parent/guardian for release of information as appropriate;
 - c. Complete the **DJS Resource Staffing Packet Checklist (Appendix B)**;
 - d. Upon notice of youth’s MAST staffing date, complete the **Parent Invitation to Staffing Form (Appendix C)** and invite the parent/guardian and other appropriate agency or service provider representative(s) to participate in the staffing;
 - e. Complete the **Youth and Family Report (Appendix D)**;
 - f. Ensure the youth transferred is scheduled for the appropriate MAST services (e.g., medical screening, new or an updated BH evaluation, and/or staffing) upon admission to the receiving DJS detention facility;
 - g. Present an overview of the youth’s case, current status, past contacts with DJS, family status, and the permanency plan to MAST;
 - h. Present MAST’s recommendations for the youth’s treatment services and the level of care to the court;
 - i. Send the outcome of the youth’s court hearing to the RS; and
 - j. Refer to the *Placement of DJS Youth in Residential and Non-residential Programs Policy and Procedures, CS-126-16* to identify other responsibilities relevant to MAST.
3. The Community CMSS shall:
- a. Ensure the **DJS Resource Staffing Packet Checklist (Appendix B)** is completed and submitted to the RS with the required information needed for presentation at the MAST staffing;
 - b. Present the case at the staffing if the youth’s Community CMS is absent;
 - c. Ensure any follow-up identified by MAST is completed, including the submission of required documents to the local RS to complete the youth’s referral packet – per DJS policy and procedures;

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- d. Ensure MAST's recommendations for the youth's treatment services and the level of care are presented to the court; and
 - e. Refer to the *Placement of DJS Youth in Residential and Non-residential Programs Policy and Procedures, CS-126-16* to identify other responsibilities relevant to MAST.
4. The DJS employed or contracted psychologist or psychology associate shall:
 - a. Administer the DJS-approved trauma assessment, aggression risk assessment, and intelligence testing;
 - b. Complete a written report of the psychological evaluation, using the **Psychological Evaluation Report (Appendix E)**. Exclude the recommended level of care from the report;
 - c. Ensure requests for a psychiatric evaluation for a medication assessment are completed according to the designated timeframe stipulated in the BH contract;
 - d. Send the BH evaluation reports to the Chair, at least, one (1) business day prior to the MAST staffing;
 - e. Complete the **MAST Summary Form**. See **MAST Summary Form Instructions – Submitting Your Report (Appendix F)** to obtain instructions on how to complete the form; and
 - f. Present BH evaluation reports at the youth's MAST staffing.
 5. The DJS employed and DJS contracted social worker or professional counselor shall:
 - a. Administer the Child and Adolescent Service Intensity Instrument (CASII);
 - b. Complete a written report of the psychosocial evaluation, using the **Psychosocial Evaluation Report (Appendix E)**. Exclude the recommended level of care from the report;
 - c. Send BH evaluation reports to the Chair, at least, one (1) business day prior to the MAST staffing;
 - d. Complete the **MAST Summary Form**. See **MAST Summary Form Instructions – Submitting Your Report (Appendix A)** to obtain instructions on how to complete the form; and
 - e. Present BH evaluation reports at the youth's MAST staffing.
 6. The DJS-employed and DJS-contracted addiction counselor shall:
 - a. Administer the Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2) and the Problem Oriented Screening Instrument for Teenagers (POSIT);
 - b. Complete the evaluation and report, using the **Psychological Evaluation Report (Appendix E)**. Exclude the level of care from the report;

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- c. Send BH evaluation reports to the Chair, at least, one (1) business day prior to the MAST staffing;
 - d. Complete the **MAST Summary Form**. See **MAST Summary Form Instructions – Submitting Your Report (Appendix A)** to obtain instructions on how to complete the form; and
 - e. Present BH evaluation reports at the youth’s MAST staffing.
7. The Facility CMS or designee appointed by the Facility Superintendent shall:
 - a. Complete the **Youth and Family Report (Appendix D)**;
 - b. Complete the **MAST Summary Form**. See **MAST Summary Form Instructions – Submitting Your Report (Appendix A)** to obtain instructions on how to complete the form;
 - c. Present youth’s behavior and facility adjustment report at the MAST staffing; and
 - d. Present youth’s medical summary and other relevant information at the staffing when the somatic health representative is unavailable for participation.
8. The local RS/RSS shall:
 - a. Provide the MAST referral packet to the MAST Chair;
 - b. When a youth is transferred to a different facility, ensure the youth is scheduled for a MAST;
 - c. Generate each youth’s **MAST Summary Form** and send the form to the team for data entry. See **Resource Specialist MAST Form Instructions (Appendix H)** for instructions on how to generate the form;
 - d. Participate in the MAST staffing with the youth’s Community CMS/CMSS when a youth is detained in a DJS detention facility located outside of his or her county of residence;
 - e. Provide information and guidance, regarding available residential placements, treatment resources, community services, and DJS policies;
 - f. Complete the **MAST Summary Form** to document the information and decision making of the staffing and to ensure the form is entered into the Automated Statewide System of Information Support Tools (ASSIST) database within two (2) business days of youth’s staffing date; and
 - g. Refer to the *Placement of DJS Youth in Residential and Non-residential Programs Policy and Procedures, CS-126-16* to identify other responsibilities relevant to MAST.

9. The MSDE Representative shall:
 - a. Complete the appropriate educational testing to determine the level of youth's academic functioning, identify educational needs, and identify vocational, speech, and language service referrals;
 - b. Provide the educational testing results and records to MAST;
 - c. Complete the **MAST Summary Form**. See **MAST Summary Form Instructions – Submitting Your Report (Appendix A)** to obtain instructions on how to complete the form; and
 - d. Coordinate with local education agencies.

10. The Somatic Health Representative shall:
 - a. Submit the youth's medical summary and other relevant somatic health needs and
 - b. Complete the **MAST Summary Form**. See **MAST Summary Form Instructions – Submitting Your Report (Appendix A)** to obtain instructions on how to complete the form.

D. MAST Referrals:

1. Referral Criteria: In consultation with the Community CMS, the RS shall initiate a request for the MAST staffing after the adjudication of all youth who are being detained. See examples of MAST referrals in **Appendix F: Examples of MAST Referrals**.

2. Referral Process:
 - a. The assigned Community CMS shall complete and send the youth's referral packet to the RS within one (1) business day of the youth's adjudication, using the **DJS Resource Staffing Packet Checklist (Appendix B)**, unless the youth has not been previously under DJS supervision and more time is required for the Community CMS to complete the social history.
 - b. If the youth is in need of testing and/or an evaluation to help identify youth's needs, the requests shall be made at the time of referral.
 - c. If adjudication and disposition occur on the same day, a referral shall be made in accordance with the current *Community Case Management Policy Manual, CS-103-13*.
 - d. The RS shall e-mail youth's staffing packet and existing documents required on the **DJS Resource Staffing Packet Checklist (Appendix B)** to the Chair.
 - e. The MAST Chair shall distribute the referral to the team within one (1) business day of the date the referral was received.

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3. Re-evaluation: Each facility shall submit to the Director of Behavioral Health for approval the Facility Operating Procedures for Re-evaluation.

E. Deadline for Completing Youth Evaluation & Submitting Reports for MAST Staffing:

All required evaluations and reports shall be completed one (1) business day prior to the youth's MAST staffing date.

F. MAST Staffing:

1. Staffing Date & Location: Each youth's staffing must be held prior to his or her disposition hearing/court review date, unless the court concurs with DJS to allow postponement. The staffing shall be held at the DJS detention facility where the youth is detained.
2. Staffing Participants: In addition to MAST, listed below are the persons allowed to participate in the staffing, when appropriate. All staffing participants shall sign-in with the Chair or designee.
 - a. Youth
 - b. Youth's parent(s)/guardian(s)
 - c. Local Department of Social Services staff
 - d. Detention facility staff representing the medical, mental health, substance abuse, and education units
 - e. Other agency staff or treatment professionals involved with the youth
3. MAST Staffing Script: The MAST Chair shall use the **MAST Staffing Script (Appendix G)** as guidance to facilitate the staffing.
4. Decision Making: To determine the type of services, intensity of services, and the level of care necessary to address the youth's needs, MAST shall:
 - a. Consider the family assessment, life domains, criminogenic factors, protective factors, and all the needs and risk factors to public safety identified in the youth's MCASP risk screen and needs assessments;
 - b. Consider the permanency plan for the youth;
 - c. Consider the long-term and short-term goals of the youth;
 - d. Consider the **Youth and Family Report (Appendix D)**. Consider input from the youth and the youth's parent/guardian/custodian about the youth's strengths, treatment needs, and interests;
 - e. Consider the youth's treatment needs, safety of the youth and community, and the DJS continuum of care when making recommendations to the court;
 - f. MAST shall make recommendations for treatment services and the level of care for the youth;

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- g. If MAST is unable to agree on recommendations for treatment services and the level of care for the youth:
 - 1) The CMSS shall submit a placement review request to the Regional Director (RD) within two (2) business days.
 - 2) The RD shall review staffing records, including MAST's recommendations for youth and completed evaluations, and render a decision within two (2) business days of receiving of the placement review request; and
 - h. If MAST determines the youth needs RTC level of care, MAST shall ensure the CON is completed on the youth. The CON includes a psychosocial evaluation, psychiatric evaluation, and medical evaluation, all of which shall be completed within thirty (30) calendar days of youth's admission date to the RTC.
5. Documentation of MAST Staffing:
- a. MAST's recommendations for the youth's treatment services and the level of care shall be documented in the Social History Investigation or Court Memorandum (whichever is appropriate).
 - b. Youth's BH reports shall be attached to the aforementioned documents as well.
 - c. The RS or RSS shall use the **MAST Summary Form** on the ASSIST Review Screen to document the information and decision-making of the staffing. The RSS or RS shall enter the results of the staffing into ASSIST within two (2) business days of the staffing.
6. Level of Care Recommendation:
- a. The youth's Community CMS or the court liaison is responsible for presenting to the court the MAST's recommendations for treatment services and the level of care using the **MAST Summary Form** to guide the presentation.
 - b. If the Community CMS is unable to present the recommendations, the Community CMSS shall present them to the court.
7. Record Keeping:
- a. All files shall be kept according to DJS policy and state regulatory requirements.
 - b. Clinical testing, evaluations, and reports shall be maintained in the records system designated by the Director of BH.
 - c. Copies of the BH reports shall be maintained in youth's base files for future reference. Their base files are managed by youth's Community CMS.
 - d. Copies of BH reports shall be maintained in each youth's medical chart. BH staff will be responsible for developing protocol specific to

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- each facility/institution with Somatic Health staff to ensure these reports are placed in the appropriate section of the youth's file.
- e. Documents and copies related to the actual staffing of youth (e.g., Resource checklist, attendance sheet, etc.) shall be kept in a file maintained by each Chair.

G. MAST Evaluation:

1. The Director of BH shall have regular meetings with stakeholders to identify the impact that MAST decisions have on the juvenile justice system.
2. MAST shall enter information into the MAST Summary forms accurately for data collection and analysis.
3. Research and Evaluation shall prepare and disseminate quarterly data reports to MAST, containing trends in MAST staffing for each team.

IV. POLICIES REFERENCED

1. Community Case Management Policy Manual, CS-103-13
2. Multidisciplinary Assessment Staffing Team Policy, BH-205-15
3. Placement of DJS Youth in Residential and Non-residential Programs Policy and Procedures, CS-126-16

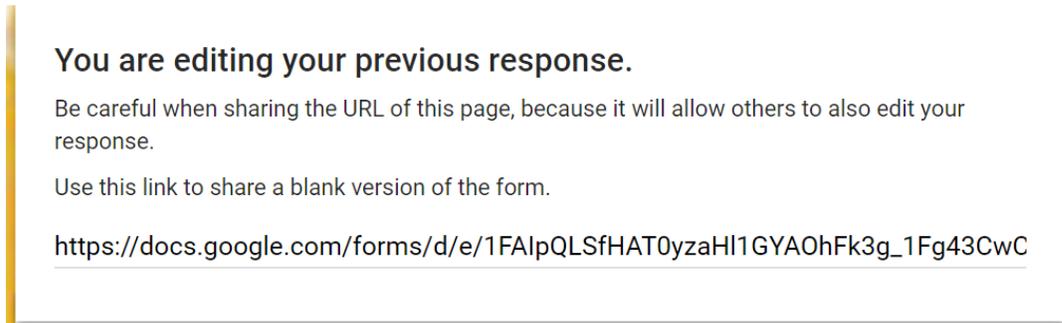
V. APPENDICES

1. Appendix A: MAST Summary Form Instructions – Submitting Your Report
2. Appendix B: DJS Resource Staffing Packet Checklist
3. Appendix C: Parent Invitation to Staffing Form
4. Appendix D: Youth and Family Report
5. Appendix E: Psychological Evaluation Reports
6. Appendix F: Examples of MAST Referrals
7. Appendix G: MAST Staffing Script
8. Appendix H: Resource Specialist MAST Form Instructions

Appendix A

MAST Summary Form Instructions- Submitting Your Report

***When logging into the MAST Summary Form you will see a message at the top of your screen like the one below. Please ignore this message. It is simply letting you know that it is a shared document that all specialists will be working in.



1. You will receive an email like the one below.

John Doe MAST Report Form Trash x



2. Click on the link. This will take you to the form that will have all of the youth's preliminary information. **Please ensure you enter the report that corresponds with the youth noted on this screen.**

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MAST Summary Form

Your email address (kara.aanenson@maryland.gov) will be recorded when you submit this form.
Not you? [Switch account](#)

YOUTH NAME
John Doe

ASSIST ID
12345678

MAST Chairperson
Jane Doe

DJS Detention Facility
BCJJC

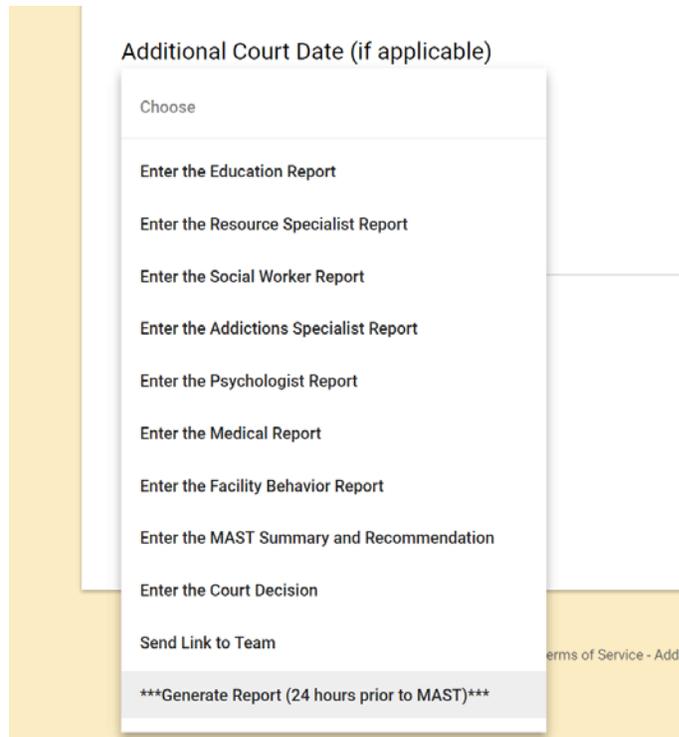
3. Scroll down to the “Which report would you like to enter?” question.

Which report would you like to enter?

Choose ▼

4. Click the drop down and select your report. *You will notice that the menu shows a report as already being selected. Ignore this and click the report you want to enter. Do not attempt to view other reports at this time.*

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Additional Court Date (if applicable)

Choose

- Enter the Education Report
- Enter the Resource Specialist Report
- Enter the Social Worker Report
- Enter the Addictions Specialist Report
- Enter the Psychologist Report
- Enter the Medical Report
- Enter the Facility Behavior Report
- Enter the MAST Summary and Recommendation
- Enter the Court Decision
- Send Link to Team
- ***Generate Report (24 hours prior to MAST)***

Terms of Service - Addi

5. Click NEXT.

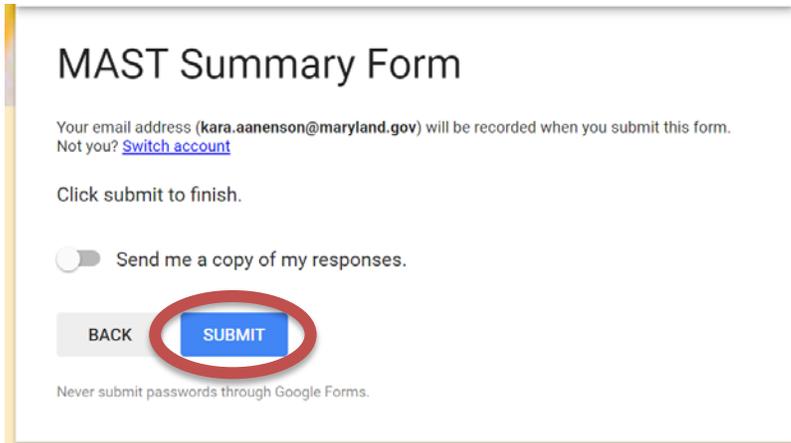


6. Answer each question. *If a question is not applicable to the case you may leave it blank.*

7. When complete, click Yes to the “Submit Form?” question.

8. On the next screen click “Submit”.

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MAST Summary Form

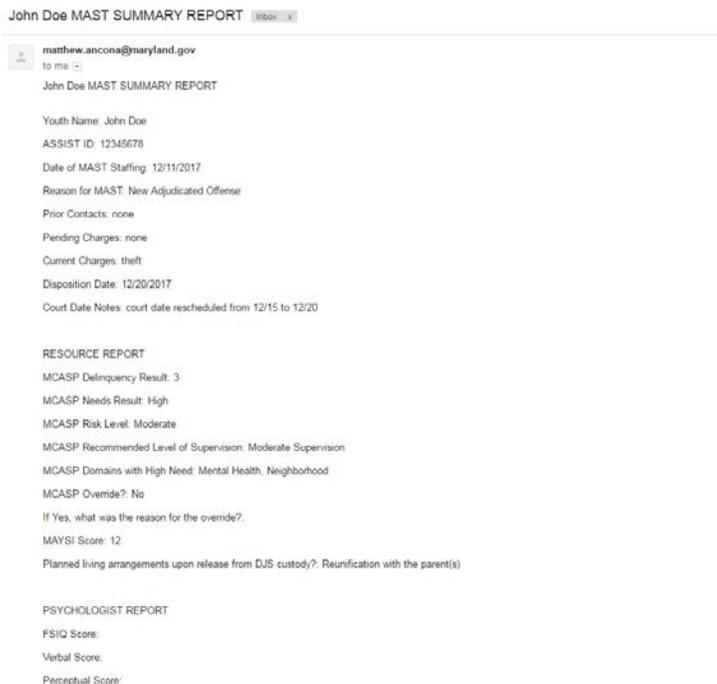
Your email address (kara.aanenson@maryland.gov) will be recorded when you submit this form. Not you? [Switch account](#)

Click submit to finish.

Send me a copy of my responses.

Never submit passwords through Google Forms.

9. 24 hours prior to MAST, you will be sent an email that shows every specialist report.



John Doe MAST SUMMARY REPORT inbox x

matthew.ancona@maryland.gov
to me -1

John Doe MAST SUMMARY REPORT

Youth Name: John Doe
ASSIST ID: 12345678
Date of MAST Staffing: 12/11/2017
Reason for MAST: New Adjudicated Offense
Prior Contacts: none
Pending Charges: none
Current Charges: theft
Disposition Date: 12/20/2017
Court Date Notes: court date rescheduled from 12/15 to 12/20

RESOURCE REPORT
MCASP Delinquency Result: 3
MCASP Needs Result: High
MCASP Risk Level: Moderate
MCASP Recommended Level of Supervision: Moderate Supervision
MCASP Domains with High Need: Mental Health, Neighborhood
MCASP Override?: No
If Yes, what was the reason for the override?:
MAYSI Score: 12
Planned living arrangements upon release from DJS custody?: Reunification with the parent(s)

PSYCHOLOGIST REPORT
FSIQ Score:
Verbal Score:
Percentual Score:

If you need to make a correction to your report:

OPTION ONE: Let the chair know and they can update this manually in ASSIST by typing your update into the summary screen.

OPTION TWO: Resubmit your report.

1. Pull up the original email inviting you to submit your report for that specific case.

2. Follow the same instructions as above and simply resubmit your updated report.

If you accidentally select the wrong report from the “Which report would you like to enter?” menu:

1. Scroll to the bottom of the report.
2. Select “Yes” for the “Return to Main Screen” question.

Return to Main Screen

- Yes
- No

3. Click NEXT.



4. This will return you to the main screen and you can now select the correct report.

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

Appendix B

DJS Resource Staffing Packet Checklist

Youth: _____ DOB: _____ PID: _____

Community CMS: _____

CMS Supervisor Signature: _____

Date Submitted to Resource: _____

Attached Materials: (Please put the contents of the packet in the order below)

_ Service Referral Form (ASSIST Docgen) (Please indicate needed assessments, court-ordered assessments and CRC recommendations if applicable)

_ Release of Information Signed by Parent

_ MCASP Assessment and TSP

_ Updated Social History (with current legal status, Offense Summary and Placement Summary)

_ Discharge Summaries if applicable

_ Mental Health Summary from Behavioral Health Staff *

_ Psycho-social Assessment*

_ Psychological Evaluation (done within the year) if applicable

_ Psychiatric Evaluation (done within the year) if applicable

_ Neurological (done within the year) if applicable

_ Drug/Alcohol assessments including treatment recommendations (Examples: screening reports, substance abuse assessments, drug testing results and any recommendations indicating ASAM level of care)*

_ School Records Including IEP If Applicable (dated within the year)*

_ Medical Records (Required if Youth is Detained: Facility Medical Summary and Physical)*

_ Housing Unit (Behavioral) Report*

*(Required if Youth is Detained; CURRENT REPORTS TO BE PROVIDED BY MAST CHAIR)

IMPORTANT - Needed Prior to Admission to Placement:

- Medical Insurance Card (or verification of MA application submitted by CMS)
- Birth Certificate (If copy is not provided by parent/guardian, CMS shall obtain original from vital records)
- Social Security Card (If copy is not provided by parent/guardian, CMS shall obtain original from Social Security).

Revised 5/12/16

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PARENT INVITATION TO STAFFING FORM

Date of Staffing: _____

1. Were the parent(s) / guardian (s) invited to the staffing? Yes _____ No _____

2. How were parent(s) / guardian(s) contacted? Letter _____ Phone _____
Personally _____

3. Date of Contact: _____

4. Did parent(s)/ guardian(s) accept the invitation? Yes _____ No* _____

*If not, what is the reason?

5. Did parent(s) guardian(s) attend the staffing? Yes _____ No _____

6. Was this case pre-staffed with your supervisor? Yes _____ No _____

7. Did you sign up for this staffing in advance? Yes _____ No _____

8. Is this staffing being held on a scheduled staffing date and time? Yes _____ No _____

Youth and Family Report

Family Report:

1. What does the family believe are the treatment needs of the youth?
2. What is the family's preferred outcome of this MAST?

Youth Report:

1. What does the youth believe his/her treatment needs are?
2. What is the youth's preferred outcome of this MAST?

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL
Psychosocial Evaluation Report
Revised 12/2015

Confidential Report of Psychosocial Evaluation

Name:
Date of Birth:
Home Address:
Parent/Guardian:
Address:
Case Manager:
ASSIST Number
Health Insurance:
Petition ID Number (Optional, if relevant to a specific case)
Evaluator:
Evaluation Date:
Date of Report:

Reason for Referral

Note: Brief statement on the source and reason for the evaluation, chief complaint, any specific questions that were to be answered, location of evaluations.

MAST example: John Brown is a 15 year 6-month old African American male who was referred to the Multidisciplinary Assessments Staffing Team (MAST) for evaluation and treatment recommendations for an appropriate level of placement. The Psychosocial Evaluation is one part of this comprehensive evaluation.

Notice of Disclosure/Confidentiality

Note: Youth and parent/guardian were advised that the information gathered during this evaluation would be contained in a report used by the Department of Juvenile Services and the Juvenile Court. Both the youth and parent/guardian acknowledged an understanding of the limits of confidentiality and agreed to fully participate in the evaluation interview.

Verbal notification: Additional verbal notifications should be provided with respect to being a mandated reporter including issues of abuse/neglect and threats towards others (duty to warn).

Identifying Information:

Note: Youth's Physical appearance, dress, hygiene, level of cooperation, who attended the evaluation (parent/guardian name), their level of cooperation, if missed numerous prior appointments indicate reasons/issues. Environmental factors that may affect interview; youth's behavior in interview.

Note: if family/guardian or other key informants did not respond to outreach and were not interviewed include that fact and that their lack of availability may affect the report.

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Sources of Information and Documents:

Note: This section should list each of the background documents and records reviewed by the mental health professional conducting the evaluation. List each person interviewed by name; stipulate whether the interview was face-to-face or by phone, the date(s) and the person's title or relations to the youth being evaluated. Documents reviewed should be included with the title, or author, and date; Documents from the same source can be grouped; Most recent information from ASSIST (what is included in the packet may not always be the most up to date re: legal status, demographics (addresses), etc.) *Parent interview is a priority!*

Sources of Information or Documents Requested but not Received/Available

Note: Include relevant records or sources of information that were not available at the time of the evaluation. List any significant contacts that were not available to be interviewed. (Purpose is to identify sources of information or individuals whose information may have significantly affected the report).

(Optional: start with a sentence such as "the following were contacts, records, or information that were not available to the evaluator. It is unknown if this information would have altered the recommendations in this report." A brief narrative may be used to detail outreach where parent/guardian or others were not available including when, how and any response.

Legal History

Note: *Since the legal history is covered elsewhere this section can be shortened.*

This section should *provide a brief summary of current and past legal convictions, detentions, probations, etc.* If this report is pre-adjudication note a pending charge but do not provide details of that (i.e. innocent until proven guilty). Separate findings from other legal outcomes; do not include arrests that are dropped. What lead to youth being detained; why cases were handled formally or informally (*only* if pertinent). Add any detailed information about the current offense only if significant for mitigation

DJS Placement & Intervention History:

If in Social History only need to summarize; however, if youth has failed in placement due to behavioral health issues this should be noted to support treatment needs.

Note: Indicate out of home placements as found in ASSIST (community based services should be listed separately from out-of-home placements). Include any current and/or history of placements by DJS, including shelter or respite care, group or foster homes, inpatient substance abuse or other treatment, RTC's, etc. Include referrals by DJS for specific services to meet identified needs (for example: include evening reporting center, outpatient mental, health, FFT, MST, Mentoring program). Placements by other agencies or acute psychiatric hospitalizations may be included if part of the service plan but detail those services in relevant section (for ex. Mental Health, substance abuse, etc.).

Current Residence & Family History

FOCUS of psychosocial

Note: This section should include a family-of-origin structure, important caregivers, siblings and makeup and those in current household(s), stability of the home (prior caregiving arrangements), type of home (apartment, single family), rent vs own, how long have they lived at this residence; frequency and emotional quality of youth's relationships with parent(s) and siblings; current family problems and stressors (especially from the youth's perspective); family legal history; family history of violence; significant medical and health issues;

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substance abuse, or mental illness in parents or siblings. Include significant losses or traumas in the family system. Note sleeping arrangements and privacy; finances, levels of education, custody issues, types of discipline. Include DSS placements and details.

(For CON, include whether the youth's current family/residential environment possesses the qualities or elements to provide a safe and stable place for the youth to live and receive adequate parental support, guidance, and supervision.)

Developmental & Medical History

Place of birth, complications during labor or delivery, substance use while pregnant, birth weight, condition at birth, developmental milestones/delays/issues, allergies, asthma. Note: Screen for any significant medical or developmental issues (Sources: information from parent/guardian, medical records, physical in placement). Include history of any birth or genetic issues, hospitalizations, lead poisoning, etc. Name of PCP & Dentist, last date of physicals/exams, sleep disturbances, head injuries, surgeries, family medical problems, pregnancies/children, STD's, birth control, HIV Testing/Education, Nutrition, Exercise, Vision or Hearing Problems. Medical Insurance information. *Note if any challenges family has in obtaining medical services for youth*

Education/Vocational Status and History

MSDE should provide a report but usually is limited.

Note: This section should include the youth's current school, grade and program (regular or special education) placement, attendance, recent and past academic performance, areas of academic difficulty and strengths, attitude towards academics, perception of themselves as a learner, future educational or career goals (for example, diploma, GED, college Trade school), quality of their social relationships with peers and adults in school, and history of school adjustment difficulties (including suspension, expulsions or disciplinary information). Include if youth has an IEP or 504 plan and reasons, (including any speech, occupational, or physical therapy). Past schools attended, particularly if youth has changed schools multiple times.

Social & Religious History

Note: In this section summarize what is known or suspected about the youth with regards to the following: his/her ability to make and keep friends, perceptions of themselves as likeable or unlikeable, history of painful social rejection, ridicule, teasing, or being bullied, and the presence (or absence) of people they can turn to for support and guidance in times of a crisis or when facing pressing personal problems. Include involvement in structured activities in past or present (particularly if there has been a change). Gang involvement, hobbies, extracurricular activities, relationship status, jobs/volunteering (unless addressed in vocational section). Include religious history, orientation, beliefs, and affiliation(s) with an emphasis on their value or impact on the youth's coping, behavior, mental status, self-concept, and receptiveness (or lack thereof) to secular treatment. How does youth perceive the connection between their religion and legal involvement? If youth has significant supports or mentors in the community include these.

Substance Abuse History

A separate substance abuse assessment should be provided in MAST so only include the details of youth's substance abuse usage if there is no report.

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Note: May summarize a comprehensive substance abuse assessment or complete an independent assessment. List each illicit street drug the youth has experimented with or currently uses including use of prescription drugs for recreational purposes either prescribed for someone else or taking more than prescribed (to include approximate date of last use) along with the frequency and amount used; provide the same information for alcohol use. List any substance use disorders the youth possesses; include whether the youth feels s/he has a substance use problem and if they are receptive to receiving substance abuse counseling/treatment. If the youth has received (or was referred to or was recommended for) previous substance abuse treatment, itemize each treatment episode and include (a) the name of the treatment provider (b) dates and length of treatment (c) whether the treatment program was successfully completed and (d) the length of sobriety the youth experienced while in treatment or post-treatment. Include family and peer's perception of youth's possible substance usage. Family's response to youth's substance usage.

Mental Health History (may integrate with Trauma History or integrate with Substance Abuse History into Behavioral Health section);

Coordinate with psychologist so information does not need to be repeated.

Note: Current and previous diagnosed disorders should be described in this section. include history of previous mental health counseling and treatment(s) received. If youth has received mental health treatment include the type, provider, and response. For previous psychiatric hospitalizations, if any, include the following: (a) chief complaint, problem necessitating the hospitalization, (b) name of the hospital, (c) length of stay, (d) discharge diagnosis, (e) treatments received, (f) outcome, i.e. impact on the youth's mental health and behavioral functioning. This same information must be provided for each prior episode of non-hospital based or "community" mental health. If the youth has received mental health counseling or treatment, did the student find the counseling or treatment to be helpful? The youth's history of suicidal ideation, plans, and attempts (describing the method used and the approximate date of each attempt) should also be included in this section. Current or History of Suicidal or Homicidal Ideation and/or plan; History of Self-injurious behaviors (for example cutting, imbedding), include MAYSI if scored at caution or above and whether youth has been on suicide watch. Identify youth's primary coping mechanisms.

Psychological Test Finding

In MAST this section is not needed unless there is no psychological evaluation completed.

Note: Include section only if the assessment is not part of MAST since the psychologist will include in their report. Include a summary of recent psychological test findings with emphasis on their implications for the placement, education management, or treatment needs of the youth evaluated.

Trauma History (usually integrated into Mental Health History)

Describe and provide approximate dates of "traumatic" events the youth has been exposed to. Ascertain and document the emotional, cognitive, and behavioral ramifications of these traumatic experiences. Screen and document the presence of DSM 5 trauma symptoms. History as a victim of physical, sexual, emotional abuse, or abandonment, grief/loss issues, witnessing violence, victim of natural disaster, fire setting, animal cruelty, aggression; History of removal from home by DSS in past or now (Check w/ Dashboard).

Risk of Danger to Self or Others:

MCASP is completed by CMS and Psychologists should be testing in this area so may only need to cover briefly.

Note: include youth's "risk status" for harm to self or others as it related to the level of care recommended, this must be explicitly stated, along with other determining variables, as part of the justification for the level of care recommended in the Summary & Recommendations. Youth's stated empathy towards victim, any

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escalation of criminal behaviors. Include other risk factors such as: Substance abuse Issues/ Cutting/Suicidal/Homicidal, AWOL history, promiscuity, running away, sex trafficking, prostitution, how does insight/judgment impact risk; animal abuse; Pertinent family history that may affect risk.

Mental Status

This is also completed by the Psychologist.

All symptoms for any diagnoses should be addressed here (i.e. evidence to support a diagnosis) Summarize youth's behavior during interview(s). Document youth's orientation to person, place, year, month, and day-of-month., understanding of interview process and legal situation. Describe youth's mood, range (and appropriateness) of affect, thought pattern (for example - logical, loose association, tangential, flight of ideas) and content of thought with presence or absence of active delusions, hallucinations, and suicidal ideation/impulses/plans. Also describe youth's interpersonal comfort/lack-of-comfort with the interpersonal component of the assessment process and clinical impression of youth's memory, receptive and expressive verbal skills, judgment and insight. A hierarchical and concrete description of the youth's major stressors (from the youth's perspective) should be included under this section.

DSM 5 Profile (if diagnosed by someone else indicate who provided the diagnosis and when)

Note: Provide diagnostic and clinical findings using the DSM 5 to include "Rule Outs" for disorder(s) that need further evaluation and "By History" qualifiers for active diagnoses made/treated by other health care providers. When full diagnostic criteria for a particular disorder have not been met, but the youth is "positive" for several **clinically relevant** (those having treatment or management implications) features of the disorder, list this disorder on the appropriate axis with the qualifier "Features".

Child and Adolescent Service Intensity Instrument (CASII):

Note: Complete the CASII for all youth with specific focus on youth being considered for RTC level of care. Include this statement:

"The Child and Adolescent Service Intensity Instrument (CASII) designed by the American Academy of Child and Adolescent Psychiatry, was completed for _____ (youth's name). The CASII assists in identifying the level of care a youth may require based upon ratings across multiple dimensions. The dimensions assessed are: Risk of Harm, Functional Status, Co-morbidity, Treatment Environment, Resiliency and Treatment History and finally Acceptance and Engagement. The derived level of care recommended for _____ is Level ____ in terms of his needs. A level ____ indicates that _____ is in need of _____ Services."

Summary of Major Findings:

The summary and recommendations sections are linked so the summary sets the professional opinion for specific recommendations. This section is where you pull together the information so as to provide a clear insight into the youth and his/her situation.

Note: Provide a narrative summary of the salient evaluation findings and your interpretation. This section of the report can be conceptualized as a "**care-and-management- plan-of-action**" (that will often include recommendations for family support, education, and intervention). Itemize the "treatment" or counseling interventions needed and at what phase of rehabilitation those would be appropriate.

For recommendations for medications indicate the Physician who prescribed or recommended that treatment, or that youth needs to be evaluated for possible medications. If substance abuse treatment has been recommended, upon completion of a bio-psycho-social assessment, indicate the assessor and the ASAM level

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(if youth is recommended for substance abuse treatment included if they have received any prior substance abuse treatment with the outcome).

The specific name of a residential or community based program should NOT be stated in the placement recommendation. Rather focus on the types of services the youth needs, and response to the different types and levels of services. The question of placement should minimally take into account the following factors: (a) history of previous treatments (including mental health, substance abuse, etc.) and interventions provided and the youth's response to these treatments; (b) how the youth has responded to previous levels of supervision/structure/environmental as well as current needs, (c) self and community safety concerns (d) accessibility to treatment services needed. If, in the opinion of the examiner (or MAST team), additional testing or referral to another professional, e.g., psychosexual or psychiatric evaluation is warranted, this type of recommendation should be explained in this section as well as listed in recommendations.

MAST vs. Community assessments: **MAST assessments should not include a recommended level or type of out of home placement.** This is developed in the MAST staffing. Community assessments where there are no other clinical assessments may provide a recommendation on level of services.

If RTC level of care is recommended, the evaluator must support the dimensions in the CASII and explain, with supporting facts or findings, why less restrictive, community based levels of care options would not be adequate, safe or appropriate to meet the youth's documented needs or problems.

Recommendations:

Provide a **list** of recommendations for each problem area documented or discovered. If recommendations need to be prioritized or staggered indicate such (for example, services in an out of home placement, and when youth returns to the community). Be sure that the combination of recommendations is practical and achievable. For MAST, before finalizing a recommendation discuss with other evaluators to see if there is information that may change your recommendations. The goal is to whenever possible to keep recommendations at the same level. To minimize risk of violations similar services should be linked; for example, for outpatient mental health services you would want individual, family and group counseling to occur at the same location. For co-occurring disorders, the treatment needs to be integrated. **MAST assessments should not include a recommended level or type of out of home placement unless the team has agreed on RTC.**

Signature, Licensure, and Date

Note: At end of report the examiner must provide his/her signature (with licensure, for example, LCSW-C, LCPC, LGSW etc.) and the date the completed report was signed. In addition to a written signature and date, the examiner's name (first & last) and license type must be typewritten to ensure *legibility*. Assessments completed by individuals with LGSW or LGPC must have the report reviewed and co-signed by clinician with advanced licensure including their information as above. The secondary section should state "Reviewed by: _____".

PSYCHOLOGICAL EVALUATION REPORT

Revised August 2017

CONFIDENTIAL REPORT OF PSYCHOLOGICAL EVALUATION

Date of Report:		Youth's Name:	
Date of Birth:		Parent/Guardian:	
Age		Home Address:	
Case Manager:		Evaluator:	
Evaluation Location:			

1. Identifying Information & Reason for Referral:

Include location where testing was conducted; if detained include the date that youth was first detained in facility.

2. Notice of Disclosure/Confidentiality All reports should include the following statement as provided by AAG:

Youth and parent/guardian were advised that the information gathered during this evaluation would be contained in a report used by the Department of Juvenile Services and the Juvenile Court. Both the youth and parent/guardian acknowledged an understanding of the limits of confidentiality and agreed to fully participate in the evaluation interview.

Verbal notification: Additional verbal notifications should be provided with respect to being a mandated reporter including issues of abuse/neglect and threats towards others (duty to warn).

3. Sources of Information and Records Reviewed:

List each of the background documents and records reviewed. Sources of information typically include:

- Clinical Interview with youth, parents/guardians, and other sources. Include the names of individuals interviewed, their position or relationship to the youth being evaluated, and whether the interview was face-to-face or by phone.
- Social History Investigation and Recommendation Report
- Youth History Report
- Placement Summary
- Previous Psychological/Psychiatric/Psychosocial/Substance Use Reports

The dates that each document was completed should be listed, and the name, position, and credentials of the evaluator should be included for clinical evaluations (e.g. psychological, psychiatric, psychosocial, substance use evaluations). If a report is quoted the source must also be noted in the body of the evaluation.

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4. Sources of Information or Documents Requested but not Received/Available (optional):

Note: Include relevant records or sources of information that were not available at the time of the evaluation. List any significant contacts that were not available to be interviewed. (Purpose is to identify sources of information or individuals whose information may have significantly affected the report).

(Optional: start with a sentence such as “the following were contacts, records, or information that were not available to the evaluator. It is unknown if this information would have altered the recommendations in this report.” A brief narrative may be used to detail outreach where parent/guardian or others were not available including when, how and any response.

5. Legal History:

This section should summarize current and past legal problems, charges, findings, detentions, placements, probations, etc.

6. Relevant Developmental/Medical History:

If the youth is under the care of a physician for a medical illness or disorder, a description of the disorder(s) and the medication or other treatment that the youth is receiving, Include past history of significant medical issues.

7. Current Residence & Family History:

This section should include a family-of –origin structure, important caregivers, makeup of current household, stability of the home, frequency and emotional quality of the youth’s relationships with parent(s), other family members and important caregivers, current family problems and stressors (especially from the youth’s perspective), and history of family violence, home instability, substance use, or mental illness.

8. Relevant Social History:

In this section summarize what is known or suspected about the youth with regards to the following: his/her ability to make and keep friends, perceptions of themselves as likeable or unlikeable, history of painful social rejection, ridicule, teasing, or being bullied, and the presence (or absence) of people they can turn to for support and guidance in times of a crisis or when facing pressing personal problems.

9. Relevant Mental Health History Behavioral:

Current and previous diagnosed disorders should be described in this section. A history of previous mental health counseling, treatment or hospitalizations should be included. If the student has received mental health counseling or treatment, did the student find the counseling or treatment helpful? Include the youth’s history of suicidal ideation, plans and attempts (describing the method used and the approximate date of each attempt) or self-injurious behaviors.

10. Relevant Substance Abuse History:

List each illicit street drug the youth has experimented with or currently uses including use of prescription drugs for recreational purposes either prescribed for someone else or taking more than prescribed (to include approximate date of last use) along with the frequency and amount used; provide the same information for alcohol use. List any substance use disorder the youth possesses and substance abuse counseling or treatment that has been recommended or received. Also document whether the student feels s/he has a substance use problem and if they are receptive to receiving substance abuse counselling or treatment. Note if positive screening, drug tests or charges related to drug use. Include if family members have concern about youth’s drug use/abuse.

11. Relevant Educational/Vocational History:

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This section should include the youth's current school, grade and program (regular or special education) placement, existence of IEP, recent and past academic performance, areas of academic difficulty and strength, attitude towards academics, perception of themselves as a learner, future educational or career goals, quality of their social relationships with peers and adults in school, and history of school adjustment difficulties. Include any part time or full time work experience with description of success or difficulty in work environment.

12. Mental Status:

Comment on the youth's: orientation to person, place, time and situation, height, weight/build, clothing/dress, grooming/hygiene, posture, motor activity, attention, concentration, alertness, eye contact, speech, thought content, thought organization, mood, range of affect, behavior, fine and gross motor functioning, attitude toward testing/evaluator, expressive and receptive language abilities, judgment, psychological symptoms, suicidal and homicidal ideation, plan or intent, presence of auditory or visual hallucinations;

13. Behavioral Observations:

Describe any behaviors observed during administration of the test that are of importance in understanding the youth's attitudes towards test taking, confidence in/her academic or intellectual problem solving ability, reaction to failure, approach to problem solving, frustration tolerance, degree of motor restlessness, and ability to attend and stay focused on the tests and tasks administered. The examiner **must** also state whether s/he feels that the test results obtained can be regarded as a valid or accurate indication of the youth's current abilities or functioning. Factors, e.g. indifference, severe depression, inability to stay focused, fatigue or heavy drowsiness, etc. undermining the validity of the test results should also be listed under this heading.

14. Interests and Strengths:

Assess the youth's current interests (or significant changes in such), means for coping and managing stress and other strengths.

15. Tests Administered:

List all tests administered. Comment on the validity of the testing results based on such factors as the youth's effort, cooperation, engagement, and attempts to present self in a favorable manner. *In the following sections tools that are suggested are included. Evaluators should use the specific tests that they deem are appropriate for the particular youth to insure a comprehensive evaluation and cover each area listed.*

16. Test Results:

Present the results under the headings listed below. Under these headings describe specific tests or specific areas of functioning that were assessed. Describe the purpose of the test, task(s) required, test results, and interpretation of the test results. Include tables with scores in the relevant sections.

17. Cognitive and Intellectual Functioning Assessment:

Recommended tools: WASI II or WISC V

18. Visual Motor Function Assessment:

Recommended tools: Beery VMI or Bender Gestalt

19. Personality Assessment:

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Recommended tools: MACI or PAI

20. Trauma Assessment & History:

Recommended tools: UCLA, TSCC or CTQ

Describe and provide approximate dates of “traumatic” events the youth has been exposed to. Ascertain and document the emotional, cognitive and behavioral ramifications of these traumatic experiences.

21. Risk Assessment:

Recommended Tools: CARE-2 or SAVRY.

Based on the results from particular risk assessment measures, and such factors as the youth’s mental status, psychological symptoms, behaviors, and adjudicated and pending offenses, indicate whether this suggests that the youth is a “low”, “medium”, or “high” risk for future delinquent acts and/or harm to self or others. If the youth’s “risk status” is relevant to the level of care recommended, state this explicitly, along with factors justifying the level of care that is recommended. This information should be included in the “Recommendations” section below.

22. Behavior Assessment:

Recommended tool: BASC-3

23. Diagnoses/Diagnostic Impression:

Provide diagnostic and clinical findings using DSM-5 and/or ICD-10 codes. When full diagnostic criteria for a particular disorder have not been met, but the youth is “positive” for several clinically relevant (those having treatment or management implications) features of the disorder, list this disorder with the qualifier “Features”. Diagnoses should be listed in priority or primary to secondary and tertiary. If the clinician feels that there may be multiple primary diagnoses, indicate in this section.

24. Summary:

Summarize the identifying information and reason for the referral. Indicate whether results of testing are valid. Provide a summary of the salient evaluation findings. Summarize past treatment and results to support the recommendations.

25. Recommendations:

- a) List treatment recommendations for **each** problem area documented. This section of the report can be conceptualized as a “**care-and-management plan-of-action**” that may include recommendations for individual therapy, behavioral modification, family therapy, group therapy, psychiatric evaluation for medication, educational intervention, educational/vocational support, and social support.
- b) Is it OK for recommendations for services to state if those services may be provided on an outpatient/community basis, or requiring a residential type placement. This should not include recommendation for any specific placement (see exception below). Factors to consider would include:
 - i. Types of behavioral health treatments (individual, group, family), settings (outpatient, residential and/or both), to effectively address the psychiatric and behavioral problems/deficits documented.
 - ii. An assessment of the youth’s ability to cooperate or comply with the rules or requirements of the level of care recommended.

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- iii. If RTC level of care is being considered or recommended, the evaluator must explain, with supporting facts or findings, why less restrictive/community based levels of care options would not be adequate, safe, or appropriate to meet the youth's documented needs or problems. The evaluator should contact and consult with the Case Manager or Resource Supervisor whenever considering RTC recommendation prior to completing the evaluation. Evaluator should utilize the CASII and utilize the terminology in that tool to support RTC level on each relevant domain.
 - iv. The specific name of a residential or community based program should not be stated in the placement recommendation.
- c) If additional testing or referral to another professional (e.g., neurologist, educational specialist, speech / language therapist) is warranted, this type of recommendation should be included in this section. Recommendation for a neurologist may be completed only after relevant neuropsychological testing has been completed and after consultation with DJS Medical Director.

26. Signature, Licensure, and Date:

At end of report the evaluator must provide his/her signature (with professional degree, e.g., Ph.D., PsyD, etc.) and the date the completed report was signed. In addition to a written signature and date, the examiner's name (first & last), degree, and license type must be typewritten to ensure legibility.

Printed Name: _____ Degree: _____

Signature: _____ Date: _____

BIOPSYCHOSOCIAL ASSESSMENT REPORT

YOUTH'S NAME: _____ ASSIST#: _____ DATE: _____

D.O.B.: _____ YOUTH'S SOCIAL SECURITY #: _____

Presenting Problem:

Family History

Family History	<u>No History of Substance Use</u>	<u>Active Use</u>	<u>Early Full Remission (Less than 12 months)</u>	<u>Early Partial Remission (Less than 12 months)</u>	<u>Sustained Full Remission (12 months or more)</u>	<u>Sustained Partial Remission (12 months or more)</u>
Father						
Mother						
Step Mother						
Step Father						
Brothers						
Sisters						
Grand Parents						

Family Relationships

Who Resides with Youth:

Name	Age	Sex	Relationship	<u>Additional Information</u>

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Primary Language of Household:

Present during childhood:

	Occupation	Present entire childhood	Present part of childhood	Not present at all
Mother				
Father				
Stepmother				
Stepfather				
Brothers				
Sisters				
Other:(Specify_____)				

Education History:

Are you enrolled in school? Yes___ No___. Name of School_____

Current Grade: 8 9 10 11 12.

Are you enrolled in GED preparatory work? Yes___ No___

Did you already earn your GED/High School equivalent? Yes___ No___

Have you ever failed a grade or were you held back for any reason. If yes, please explain.

Have you ever been told you have a learning disability? Yes_____ No_____. If yes, please explain.

Social Support system:

___ How many close Friends?

___ Gang Involvement?

Supportive Network, who?

_____.

Any Hobbies?_____.

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Medical History:

Describe current physical health: Excellent Good Fair Poor

Comments:

Is there a history of the following in the family:

Tuberculosis

Heart Disease

Birth Defects

High Blood Pressure

Emotional Problems

Behavior Problems

Thyroid Problems

Diabetes

Cancer

Alzheimer's Disease/dementia

Mental Retardation

Stroke

Other chronic or serious health problems? Please list

Psychiatric History:

Any History of Prior Treatment? Yes No

Where? _____

When? _____

Diagnosis? _____

Prescribed Medication:

Name	Dosage/Frequency	What For	Did it Help?

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

Any History of Abuse/ Neglect:

Types of Abuse	By Whom	Client's Age	Currently Occurring? Y/N	
Verbal Putdowns				
Being threatened				
Made to feel Afraid				
Slapped				
Kicked				
Sexually Abused				
Witness Abuse				
Was it Reported Yes__ No__	To Whom?			
Outcome				

Family History:

	Mother	Father	Siblings	Aunt	Uncle	Grandparents
Alcohol/Substance Abuse						
History of Suicide						
History of Mental Illness						
Depression						
Bi-Polar						
Anxiety						
ADHD						
Schizophrenia						
Other						

Comments: _____

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Substance Use History:

Substance	Age of First Use	Method of Consumption	Frequency/ Amount	Date of Last Use	Means of support/supply/purchase
Alcohol					
Amphetamines					
Barbiturates/Downers					
Caffeine					
Cocaine					
Crack Cocaine					
Heroin					
Hallucinogens (LSD)					
Inhalants					
Marijuana/Hashish					
Nicotine/Cigarettes					
PCP					
Benzodiaphine					
Prescription Opiates					
Triple C's					
Other					

Substance Abuse Treatment History:

Treatment Level	Name of Treatment Provider	Dates:	Outcome
Early Intervention			
Outpatient			
Intensive Outpatient			
Partial Hospitalization			
Inpatient			
Inpatient (Long Term)			
Other			

Frequency and amount of drugs used during the last thirty days? _____

What is the greatest amount ever used? _____

Tolerance evident of any drugs used? _____

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Consequences of substance use:

- Hangovers withdrawal symptoms sleep disturbance binges
 Seizures medical complications assaults job loss
 Blackouts tolerance changes suicidal impulse arrests
 Overdose loss of control amount used relationship conflicts
 Other –

Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period

1. Tolerance, as defined by either of the following:

a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
YES _____ NO _____ Substances: _____

b) Markedly diminished effect with continued use of the same amount of substance
YES _____ NO _____ Substances: _____

2. Withdrawal, as manifested by either of the following:

a) The characteristic withdrawal syndrome for the substance
YES _____ NO _____ Substances: _____

b) The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
YES _____ NO _____ Substances: _____

3. The substance is often taken in larger amounts or over a longer period than was intended

YES _____ NO _____ Substances: _____

4. There is a persistence desire or unsuccessful efforts to cut down or control substance use

YES _____ NO _____ Substances: _____

5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.

YES _____ NO _____ Substances: _____

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

YES _____ NO _____ Substances: _____

7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking

YES _____ NO _____ Substances: _____

COMMENTS: _____

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Criteria for Substance Abuse

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance related absences, suspensions, or expulsions from school, neglect of children or household).
 YES _____ NO _____ Substances: _____

2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an Automobile or operating a machine when impaired by substance use).
 YES _____ NO _____ Substances: _____

3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
 YES _____ NO _____ Substances: _____

4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication; physical fights).
 YES _____ NO _____ Substances: _____

COMMENTS: _____

DSM-IV-TR Diagnostic Codes for Substance-Use Disorders

Please circle all appropriate diagnoses or indicate the absence of any substance dependence or substance abuse disorder below. In addition, please record the DSM-IV-TR codes and labels of any non substance-related diagnoses in the chart below.

	Dependence	Abuse		Dependence	Abuse
Alcohol	303.90	305.00	Nicotine	305.10	None
Amphetamines	304.40	305.70	Opioids	304.00	305.50
Cannabis	304.30	305.20	Phencyclidine	304.90	305.90
Cocaine	304.20	305.60	Sedatives, etc.	304.10	305.40
Hallucinogens	304.50	305.30	Polysubstance	304.80	none
Inhalants	304.60	305.90	Other/Unknown	304.90	305.90
Substance dependence in remission (specify substance)					
Substance abuse in remission (specify substance)					
No substance dependence or substance abuse disorder					
Non substance-related Diagnosis: DSM-IV-TR code & label:					
Non substance-related Diagnosis: DSM-IV-TR code & label:					

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Summary:

Diagnostic Impression		
Axis I		
Axis II	799.90 Diagnosis Deferred	
Axis III	Diagnosis Deferred	
Axis IV	Psychosocial & Environmental Problems (check all that apply)	
	Emotional, Cognitive and Behavioral Conditions and Complications:	
	Interference with Recovery Efforts	
	Social functioning	
	Ability for self-care	
	Recovery Environment	
Axis V	Global Assessment of Functioning (GAF)	
ASAM Level of Care Recommendation (check all that apply)	0.5	Early Intervention
	I	Outpatient
	II	Intensive Outpatient
	II.5	Partial Hospitalization
	III.1	Clinically Managed Low Intensity Residential Treatment
	III.3	Clinically Managed Medium Intensity Residential Treatment (Long Term)
	III.5	Clinically Managed High Intensity Residential Treatment
	III.7	Medically Monitored Intensive Inpatient Services
Stage/Readiness for Treatment/Change	check all that apply	
		Pre-contemplation
		Contemplation
		Preparation
		Action
	Maintenance	

Recommendation: _____

Revised 8-27-2012: alb &tp

PSYCHOSEXUAL EVALUATION REPORT

Revised April 2018

CONFIDENTIAL REPORT OF PSYCHOSEXUAL EVALUATION

Date of Report:		Youth's Name:	
Date of Birth:		Parent/Guardian:	
Age		Home Address:	
Case Manager:		Evaluator:	
Evaluation Location:			

1. Identifying Information & Reason for Referral:

Must specify the context, source, and reason for the referral. Must also provide a physical description of the youth and state the youth's gender, race/ethnic identity, and current residence.

2. Notice of Disclosure/Confidentiality All reports should include the following statement as provided by AAG:

Youth and parent/guardian were advised that the information gathered during this evaluation would be contained in a report used by the Department of Juvenile Services and the Juvenile Court. Both the youth and parent/guardian acknowledged an understanding of the limits of confidentiality and agreed to fully participate in the evaluation interview.

Verbal notification: Additional verbal notifications should be provided with respect to being a mandated reporter including issues of abuse/neglect and threats towards others (duty to warn).

3. Sources of Information and Records Reviewed:

List each of the background documents and records reviewed. Sources of information typically include:

- Clinical Interview with youth, parents/guardians, and other sources. Include the names of individuals interviewed, their position or relationship to the youth being evaluated, and whether the interview was face-to-face or by phone.
- Social History Investigation and Recommendation Report
- Youth History Report
- Placement Summary
- Previous Psychological/Psychiatric/Psychosocial/Substance Use Reports

The dates of which each document was completed should be listed, and the name, position, and credentials of the evaluator should be included for clinical evaluations (e.g. psychological,

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psychiatric, psychosocial, substance use evaluations). If a report is quoted the source must also be noted in the body of the evaluation.

4. Persons Interviewed:

List each person interviewed by name; stipulate whether the interview was face-to-face or by phone, and the person's title or relations to the youth being evaluated, e.g., mother, father, sister, uncle, surrogate parent, community probation officer, etc.

5. Sources of Information or Documents Requested but not Received/Available (optional):

Note: Include relevant records or sources of information that were not available at the time of the evaluation. List any significant contacts that were not available to be interviewed. (Purpose is to identify sources of information or individuals whose information may have significantly affected the report). *(Optional: start with a sentence such as "the following were contacts, records, or information that were not available to the evaluator. It is unknown if this information would have altered the recommendations in this report." A brief narrative may be used to detail outreach where parent/guardian or others were not available including when, how and any response.*

6. Legal History:

This section should summarize current and past legal problems, charges, findings, detentions, placements, probations, etc.

7. Relevant Developmental/Medical History:

If the youth is under the care of a physician for a medical illness or disorder, a description of the disorder(s) and the medication or other treatment that the youth is receiving, Include past history of significant medical issues.

8. Current Residence & Family History:

This section should include a family-of –origin structure, important caregivers, makeup of current household, stability of the home, frequency and emotional quality of the youth's relationships with parent(s), other family members and important caregivers, current family problems and stressors (especially from the youth's perspective), and history of family violence, home instability, substance use, or mental illness.

9. Relevant Social History:

In this section summarize what is known or suspected about the youth with regards to the following: his/her ability to make and keep friends, perceptions of themselves as likeable or unlikeable, history of painful social rejection, ridicule, teasing, or being bullied, and the presence (or absence) of people they can turn to for support and guidance in times of a crisis or when facing pressing personal problems.

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10. Relevant Mental Health History Behavioral:

Current and previous diagnosed disorders should be described in this section. A history of previous mental health counseling, treatment or hospitalizations should be included. If the student has received mental health counseling or treatment, did the student find the counseling or treatment helpful? Include the youth's history of suicidal ideation, plans and attempts (describing the method used and the approximate date of each attempt) or self-injurious behaviors.

11. Relevant Substance Abuse History:

List each illicit street drug the youth has experimented with or currently uses including use of prescription drugs for recreational purposes either prescribed for someone else or taking more than prescribed (to include approximate date of last use) along with the frequency and amount used; provide the same information for alcohol use. List any substance use disorder the youth possesses and substance abuse counseling or treatment that has been recommended or received. Also document whether the student feels s/he has a substance use problem and if they are receptive to receiving substance abuse counseling or treatment. Note if positive screening, drug tests or charges related to drug use. Include if family members have concern about youth's drug use/abuse.

12. Relevant Educational/Vocational History:

This section should include the youth's current school, grade and program (regular or special education) placement, existence of IEP, recent and past academic performance, areas of academic difficulty and strength, attitude towards academics, perception of themselves as a learner, future educational or career goals, quality of their social relationships with peers and adults in school, and history of school adjustment difficulties. Include any part time or full time work experience with description of success or difficulty in work environment.

13. Trauma History:

Describe and provide approximate dates of emotionally and/or physically "traumatic" events the youth has been exposed to. Ascertain and document the emotional, cognitive, and behavioral ramifications of these traumatic experiences. Screen and document the presence of DSM-5 or ICD-10 PTSD symptoms.

14. Psychosexual History:

Detail, developmentally, the youth's sexual history to include (**but not limited to**) types of sexual acts s/he has witnessed (in person or through vicarious means such as TV, literature, etc), and performed (actual and/or alleged); what (type of person, objects, conversations, fantasies, etc.) the youth finds sexually arousing or stimulating; any history of being sexually assaulted, abused, or inappropriately approached or solicited; what the youth remembers learning about sexual acts, attitudes, and behaviors from his parent(s), other family members, and friends; sexual attitudes, beliefs, and practices of youth's close friends; history of sexual compulsions or instances when the youth felt s/he was unable to resist acting out a sexual fantasy, urge, or impulse; history of recurring and unwanted sexual thoughts, images, urges, etc.; history of sexual "thought insertion" or sexual command hallucinations; frequency of sexual arousal and youth's typical "arousal response"

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behavior; gang or “group” motivated sexual activity history; sex-for-money history; sexual fears; role substance use/abuse has historically played in sexual thoughts, urges, and/or acts; recurring dreams of a sexual nature; and attitudes about coercive or nonconsensual sexual behavior.

15. Mental Status:

Comment on the youth’s: orientation to person, place, time and situation, height, weight/build, clothing/dress, grooming/hygiene, posture, motor activity, attention, concentration, alertness, eye contact, speech, thought content, thought organization, mood, range of affect, behavior, fine and gross motor functioning, attitude toward testing/evaluator, expressive and receptive language abilities, judgment, psychological symptoms, suicidal and homicidal ideation, plan or intent, presence of auditory or visual hallucinations;

16. Behavioral Observations:

Describe any behaviors observed during administration of the test that are of importance in understanding the youth’s attitudes towards test taking, confidence in/her academic or intellectual problem solving ability, reaction to failure, approach to problem solving, frustration tolerance, degree of motor restlessness, and ability to attend and stay focused on the tests and tasks administered. The examiner **must** also state whether s/he feels that the test results obtained can be regarded as a valid or accurate indication of the youth’s current abilities or functioning. Factors, e.g. indifference, severe depression, inability to stay focused, fatigue or heavy drowsiness, etc. undermining the validity of the test results should also be listed under this heading.

17. Tests Administered:

List all tests administered. Comment on the validity of the testing results based on such factors as the youth’s effort, cooperation, engagement, and attempts to present self in a favorable manner. *In the following sections tools that are suggested are included. Evaluators should use the specific tests that they deem are appropriate for the particular youth to insure a comprehensive evaluation and cover each area listed.*

18. Psychological Test Findings:

All standardized full scale, subtest, and index scores, along with their percentile equivalents and “qualitative classification” relative to the standardization sample, must be presented for each test administered. Relative strengths and weaknesses (based on the statistical significance of score differences) in skills or abilities and “personality test” findings should be described with emphasis on their implication for the placement, education, management, or treatment needs of the youth evaluated. Include in this section youth’s measured or estimated intellectual ability. Describe the purpose of the test, tasks required, test results and interpretation of the results.

19. Psychosexual Evaluation Results and Interpretation:

This section will include the list of psychosexual evaluation tools administered, results, and interpretation of those results. This may include the youth’s ability to grasp or understand moral standards and the laws that govern sexual behavior in society, a summary youth’s attitudes regarding

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sexuality gleaned from interview and/or use of self-report measures (e.g. Adolescent Cognition Scale Revised), and a summary of the findings from the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) and Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) (or comparable pre-approved instrument).

20. Diagnoses/Diagnostic Impression:

Provide diagnostic and clinical findings using DSM-5 and/or ICD-10 codes. When full diagnostic criteria for a particular disorder have not been met, but the youth is “positive” for several clinically relevant (those having treatment or management implications) features of the disorder, list this disorder with the qualifier “Features”. Diagnoses should be listed in priority or primary to secondary and tertiary. If the clinician feels that there may be multiple primary diagnoses, indicate in this section.

21. Risk of Danger to Self or Others:

Based on all information reviewed and obtained, should this youth be considered a “low”, “medium”, or “high” risk for doing harm to self or others? If judged to be either a “medium” or “high risk”, describe what harmful behavior the youth is at risk for committing along with **what has been learned about the youth via the evaluation process** that supports the “medium” or “high” risk classification.

22. Summary:

Summarize the identifying information and reason for the referral. Indicate whether results of testing are valid. Provide a summary of the salient evaluation findings. Summarize past treatment and results to support the recommendations.

23. Recommendations:

- a) List treatment recommendations for **each** problem area documented. This section of the report can be conceptualized as a “**care-and-management plan-of-action**” that may include recommendations for group therapy, individual therapy, behavioral modification, family therapy, psychiatric evaluation for medication, educational intervention, educational/vocational support, and social support.
- b) Is it OK for recommendations for services to state if those services may be provided on an outpatient/community basis, or requiring a residential type placement. This should not include recommendation for any specific placement (see exception below). Factors to consider would include:
 - i. Types of behavioral health treatments (group, individual, family), settings (outpatient, residential and/or both), to effectively address the psychiatric and behavioral problems/deficits documented.
 - ii. An assessment of the youth’s ability to cooperate or comply with the rules or requirements of the level of care recommended.
 - iii. Recommendations may also include “in-home” or “out of home” residential placement based on which risk factors supported by the evaluation findings. The question of venue of treatment (whether out-patient or in-patient/residential) should

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- minimally take into account the following factors: a) level of supervision/structure/environmental controls the youth needs, b) self and community safety concerns c) accessibility to treatment services needed and d) which type of placement, overall, provides the best opportunity for outcome success.
- iv. If community placement is recommended, a “community safety plan”, i.e., measures needed to protect potential victims from the youth’s potential for re-offending, must be detailed in this section of the report. The specific name of a residential or community based program should not be stated in the placement recommendation.
 - v. The specific name of a residential or community based program should not be stated in the placement recommendation.
- c) If additional testing or referral to another professional (e.g., neurologist, educational specialist, speech/ language therapist) is warranted, this type of recommendation should be included in this section. Recommendation for a neurologist may be completed only after relevant neuropsychological testing has been completed and after consultation with DJS Medical Director.

24. Treatment Receptivity & Prognosis:

Describe the youth’s motivation for or receptivity to treatment; also provide an opinion as to the youth’s likelihood to profit from treatment recommended and any recommendations the examiner feels will increase the likelihood of a successful treatment outcome.

25. Signature, Licensure, and Date:

At end of report the evaluator must provide his/her signature (with professional degree, e.g., Ph.D., PsyD, etc.) and the date the completed report was signed. In addition to a written signature and date, the examiner’s name (first & last), degree, and license type must be typewritten to ensure legibility.

Printed Name: _____ Degree: _____

Signature: _____ Date: _____

PSYCHIATRIC EVALUATION REPORT

This template should also be used for Certificate of Need (CON) evaluations.

CONFIDENTIAL REPORT OF PSYCHIATRIC EVALUATION

Date of Report:		Youth's Name:	
Date of Birth:		Parent/Guardian:	
Age		Home Address:	
Case Manager:			

1. Identifying Information & Reason for Referral

- Must provide a physical description of the youth and state the youth's gender, race/ethnic identity, and current residence.
- Must specify the context, source, and reason for the referral.
- Must include a statement that the limits of confidentiality have been explained to the youth and a statement that the youth understood what was explained.

2. Documents & Records Reviewed

- Must list each of the background documents and records reviewed by the psychologist conducting the evaluation. If information was requested and not received, please note what was requested.

3. Persons Interviewed

- Must list each person interviewed by name; stipulate whether the interview was face-to-face or by phone, and the person's title or relations to the youth being evaluated, e.g., mother, father, sister, uncle, surrogate parent, community case manager, etc.

4. Legal History

- Must summarize current and past legal problems, charges, convictions, detentions, probations, etc., especially sex offenses or pending charges.

5. Current Residence & Family History

- Must include a family-of-origin structure, makeup of current household, stability of the home, frequency and emotional quality of youth's relationships with parent(s) and other family members, current family problems and stressors (especially from the youth's perspective), and history of family violence, substance abuse, or mental illness, as well as a summary of the family's strengths.

6. Education Status and History

- Must include the youth's current school, grade and program (regular or special education) placement, recent and past academic performance, areas of academic difficulty and strength, attitude towards academics, perception of themselves as a learner, future educational or career goals, quality of their social relationships with peers and adults in school, and history of school adjustment difficulties and truancy/attendance problem.

7. Substance Abuse History

- Must list each illicit street drug the youth has experimented with or currently uses (to include approximate date of last use) along with the frequency and amount used; provide the same information for alcohol use.
- Must list any substance use disorder diagnoses the youth possesses and substance abuse counseling or treatment that has been received, If the youth has received substance abuse counseling, briefly describe the source, helpfulness, duration and type, e.g., outpatient or inpatient/residential, of substance abuse services received. Also document whether the youth feels s/he has a substance use problem and if they are receptive to receiving substance abuse counseling/treatment.

8. Mental Health History

- Must describe the current and previous DSM-5 or ICD-10 disorders.
- Must detail the youth's and family-of-origin's mental health history, to include diagnoses, hospitalizations, medications, psychotherapy, and treatment compliance. If the youth has received mental health counseling or treatment, treatment compliance and whether or not the youth found the counseling or treatment to be helpful?
- Must detail if the youth has a history of suicidal ideation, plans, and attempts, describing the method used and the approximate date of each attempt.

9. DSM-5 Profile

- Must specify diagnostic and clinical findings to include "Rule Outs" for disorder(s) that need further evaluation and "By History" qualifiers for active diagnoses made/treated by other health care providers. When full diagnostic criteria for a particular disorder have not been met, but the youth is "positive" for several **clinically relevant** (those having treatment or management implications) features of the disorder, list this disorder with the qualifier "Features".

10. Trauma History

- Must describe and provide approximate dates of emotionally and/or physically "traumatic" events the youth has been exposed to. Ascertain and document the emotional, cognitive, and behavioral ramifications of these traumatic experiences. Screen and document the presence of DSM-5 or ICD-10 PTSD symptoms.

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11. Medical Health History

- Must specify if the youth is under the care of a physician for a medical illness or disorder, a description of the disorder(s) and the medications the youth is taking should be documented in this section.

12. Social History

- Must summarize what is known or suspected about the youth with regards to the following: his/her personal strengths, ability to make and keep friends, perceptions of themselves as likeable or unlikeable, history of painful social rejection, ridicule, teasing, or being bullied, and the presence (or absence) of people they can turn to for support and guidance in times of a crisis or when facing pressing personal problems.

13. Mental Status

- Must document the youth's orientation to person, place, year, month, and day-of-month. Describe youth's mood, range (and appropriateness) of affect, thought pattern (for example - logical, loose association, tangential), presence or absence of active delusions, hallucinations, suicidal ideation/impulses/plans, judgment, insight, and ability to take/accept responsibility for his/her own actions. Also describe youth's interpersonal comfort/lack-of-comfort with the interpersonal component of the assessment process and clinical impression of youth's memory, receptive and expressive verbal skills.

14. Psychological Test Findings

- Must specify all standardized full scale, subtest, and index scores, along with their percentile equivalents and "qualitative classification" relative to the standardization sample, must be presented for each test administered. Relative strengths and weaknesses (based on the statistical significance of score differences) in skills or abilities and "personality test" findings should be described **with emphasis on their implication for the placement, education, management, or treatment needs of the youth evaluated**. Include in this section youth's measured or estimated intellectual ability

15. Risk of Danger to Self or Others

- Must specify all information reviewed and obtained, should this youth be considered a "low", "medium", or "high" risk for doing harm to self or others? If judged to be either a "medium" or "high risk", describe what harmful behavior the youth is at risk for committing along with **what has been learned about the youth via the evaluation process** that supports the "medium" or "high" risk classification.

16. Summary of Major Findings & Recommendations

- Must provide a narrative summary of the salient evaluation findings with a **list** of recommendations for **each** problem area documented or discovered. This section of the report can be conceptualized as a "**care-and-management- plan-of-action**" (that will often include recommendations for family support, education, and intervention). In

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addition to itemizing “treatment” or counseling interventions needed. Recommendations may also include “in-home” or “out of home” residential placement based on which risk factors supported by the evaluation findings. The question of venue of treatment (whether out-patient or in-patient/residential) should minimally take into account the following factors: a) level of supervision/structure/environmental controls the youth needs, b) self and community safety concerns c) accessibility to treatment services needed and d) which type of placement, **overall**, provides the best opportunity for outcome success. If community placement is recommended, a “community safety plan”, i.e., measures needed to protect potential victims from the youth’s potential for re-offending, must be detailed in this section of the report. The specific name of a residential or community based program should not be stated in the placement recommendation.

- If, in the opinion of the examiner, additional testing or referral to another professional - psychiatrist, neuropsychological testing, etc. - is warranted, these types of recommendations should be included in this section.

17. Psychotropic Medication History

- Describe current and previous use of psychotropic medication including reasons for use and associated diagnosis, dosage, effectiveness and any known or documented allergies or untoward side effects.

18. Signature, Licensure, and Date

- At end of report the examiner must provide his/her signature (with professional degree, e.g., Ph.D, MD, MSW, etc.) and the date the completed report was signed. In addition to a written signature and date, the examiner’s name (first & last), degree, and license type must be typewritten to ensure readability.

Printed Name: _____ Degree: _____

Signature: _____ Date: _____

Examples of MAST Referrals

MAST Referral Requirements: Youth referred was adjudicated delinquent and is being detained.

Examples of MAST Referrals:

- ✓ A MCASP risk screening has determined the detained youth is at-risk of removal from his/her home.
- ✓ Youth has been adjudicated delinquent on an offense/VOP and is being considered for an out-of-home placement.
- ✓ Court ordered youth to be placed out of the home.
- ✓ Youth has been committed for placement against the recommendation of DJS.
- ✓ Youth is detained, pending placement, and awaiting a psychological evaluation.
- ✓ Committed youth was ejected to detention from an out-of-home placement for a concern about the youth's mental health need, substance abuse treatment need, safety, and/or behavior (e.g., noncompliance with program expectations or assaultive/aggressive behavior).
- ✓ The CRC referred the committed youth for MAST.

MAST Staffing Script

Pre Meeting (Facility Team):

- Review last meeting's cases and share court outcomes.
- Review upcoming cases and discuss schedule.

Meeting:

1. Welcome

MAST Chair:

- Welcome to the Multi-Disciplinary Assessment Staffing Team meeting, which is also known as MAST meeting.*
- My name is (NAME AND TITLE), and I am facilitating today's meeting.*
- We will start the meeting by having everyone introduce themselves.*

2. Goal and Outline of Meeting

MAST Chair:

- The goal of today's meeting is to determine the Maryland Department of Juvenile Services level of care and treatment recommendation for presentation at the YOUTH NAME upcoming court hearing.*
- We can recommend that a youth stay in the home or be placed out of home to receive services.*
- If there is a need to place a youth outside of his/her home, we will determine which level of care is necessary to meet the youth's needs. The levels of care are the following:*
 - 1) Community Residential: Youth lives in a group home, foster home, or an independent living home and attends school in the community.*
 - 2) Staff Secure: Youth is provided all treatment on the grounds of the facility. Education is provided on-site. Youth's movement and freedom are restricted primarily by staff monitoring and supervision.*
 - 3) Hardware Secure: Youth is provided all treatment on the grounds of the facility. This level is the most restrictive of youth movement and provides the highest level of security.*
- The meeting will have two parts:*
 - 1) First:*
 - a) Each person is going to have an opportunity to provide information about YOUTH'S NAME.*

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- b) *If family is there:*
PARENT'S OR GUARDIAN'S NAME, we encourage you to ask any questions that you have. You will have an opportunity to share what you think your child's treatment needs are.
- 2) *Second:*
 - a) *Then we are going to ask YOUTH NAME AND PARENT/GARDUIAN NAME to step outside of this meeting room.*
 - b) *During this time, we will have a brief discussion to finalize our level of care recommendation.*
 - c) *You both will be invited back into the room to hear our recommendation. **
- e. *Does anyone have any questions?*

3. Review of Reports

MAST Chair:

- *Each person around the table has important information that can be used to inform YOUTH'S NAME treatment and level of care recommendation.*
 - *Let's start our discussion with the community case manager.*
- a. *Community Case Manager presents:*
 - 1) *Overview of the youth's case*
 - 2) *Current status of case*
 - 3) *Prior contacts with DJS*
 - 4) *Family status and permanency plan*
 - b. *The Behavioral Health Psychologist Presents:*
 - 1) *Treatment Needs*
 - 2) *Treatment recommendations*
 - c. *The Behavioral Health Social Worker Presents:*
 - 1) *Treatment Needs*
 - 2) *Treatment recommendations*
 - d. *Addictions Counselor Presents:*
 - 1) *Treatment Needs*
 - 2) *Treatment recommendations*
 - e. *Facility Case Manager presents:*
 - 1) *Overview of the youth's behavior at the facility*
 - 2) *Facility adjustment report*

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

f. Parent Presents:

MAST Chair:

PARENT'S NAME, you have the opportunity to share what you think your child's treatment needs are.

- 1) Please tell us what you think your child's treatment needs are.*
- 2) What would you like the recommendation of the MAST team to be?*

g. Youth Presents:

MAST Chair:

YOUTH'S NAME, you have the opportunity to share what treatment you think could help you.

- 1) Please share with us what treatment you think could help you.*
- 2) What would you like the MAST team to recommend?*

h. Maryland Department of Education Presents:

- 1) Any educational testing
- 2) Current Grades
- 3) IPE History
- 4) Youths academic needs

i. Somatic Health Representative Presents:

- 1) Somatic health report
- 2) Any additional Health need or considerations

MAST Chair: Now that we have heard from everyone, we are going to ask PARENT'S NAME and CHILD'S NAME to step out of the room while we discuss the treatment and level of care needs further.

4. Discussion and Recommendation

- a. Team discussion to determine level of care
- b. Once a decision has been made, the youth and family member are brought back in. *

MAST Chair:

- a. Thank you so much for attending and participating in today's meeting.*
- b. During our discussion, we identified the following strengths and treatment needs for YOUTHS NAME:*

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

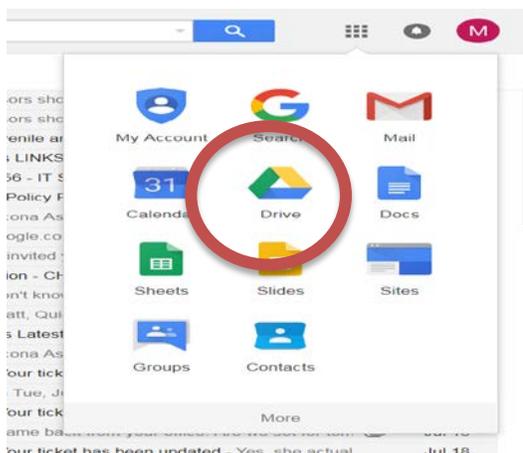
- c. *Based on the information provided, we are recommending _____ level of care. (Handout with a description of level of care)*
- d. *This is the Department's recommendation to the court.*
- e. *The judge still has the ability to make a different decision.*
- f. *If you disagree with the recommendation, contact your lawyer and ask them to advocate for a different recommendation.*
- g. *Do you have any questions?*
- h. *Thanks again for your participation today and your case manager will be following up with you.*

*If that is not possible, then the community case manager will follow up with the parent. The facility case manager will follow up with the youth.

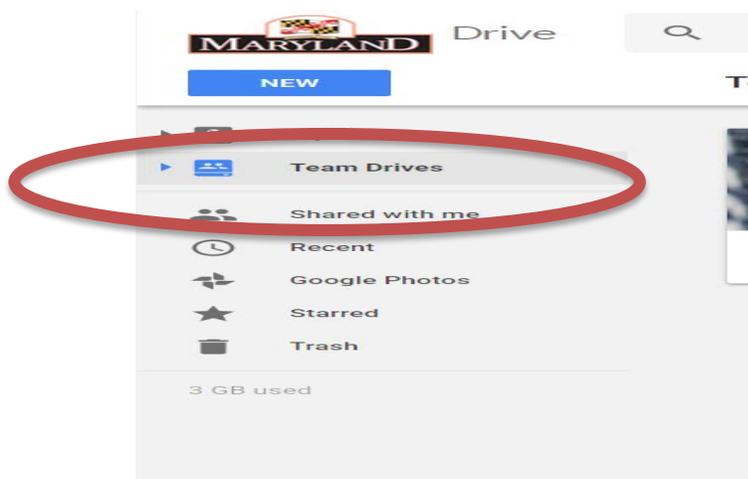
Resource Specialist MAST Form Instructions

Creating the Form

1. Log into your email account.
2. Go to your Google Drive

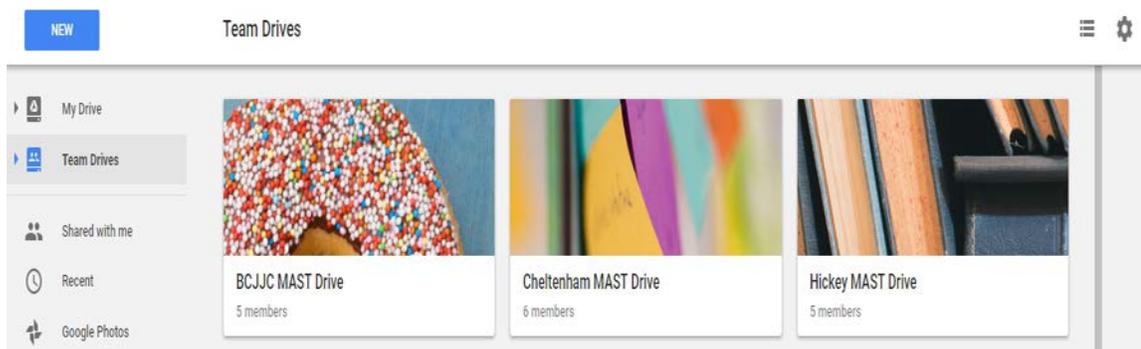


3. Then select "Team Drive" from the left side menu.

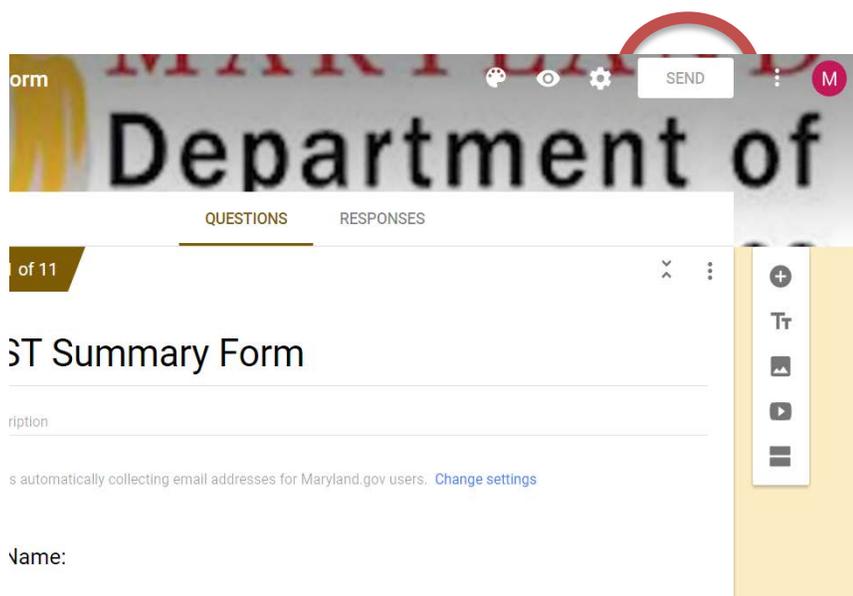


4. Open the drive where the youth is being housed.

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

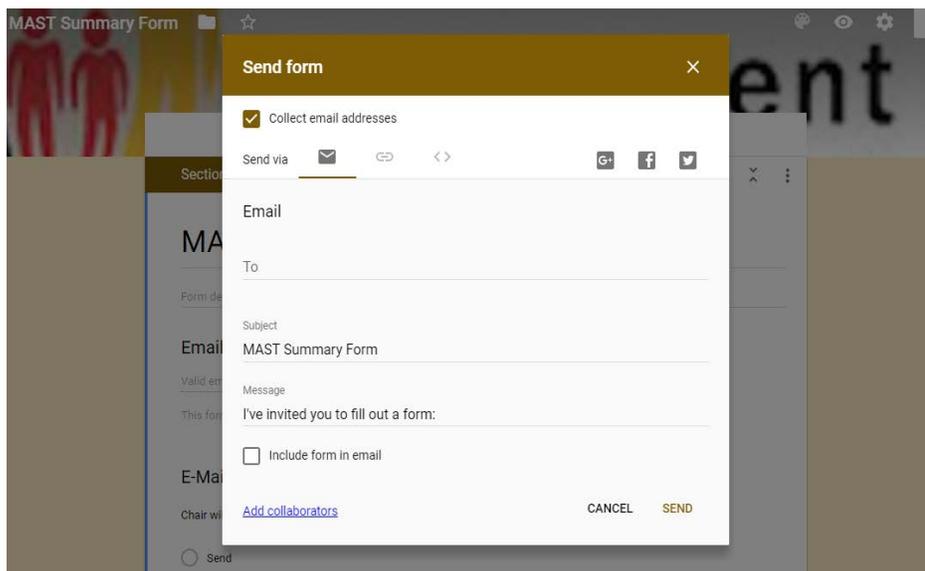


5. Double Click to open the MAST Summary Form.
6. Click send on the upper right corner of the screen.



7. Send the MAST Summary Form to yourself by entering your email in the email to line.

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL



8. Close Google drive and go to your email.

9. Click on the “Fill Out Form” button inviting you to fill out the MAST Summary form



10. Complete the first section of the form.

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

11. Once complete open the drop down titled “Which report would you like to enter?”
Then click on Send Link to Team

Which report would you like to enter?

Choose

Additional Court Date (if applicable)

Choose

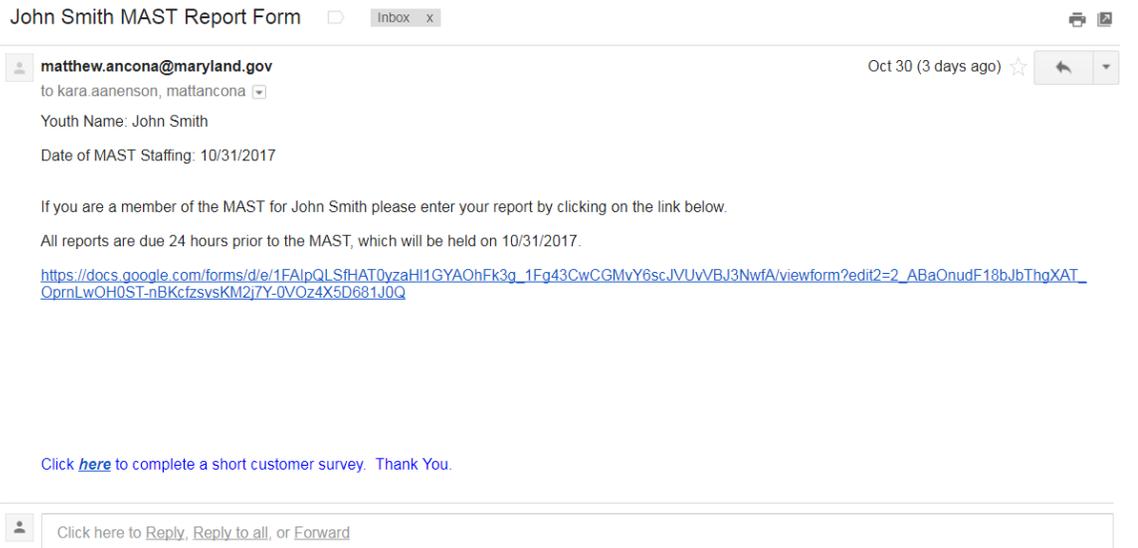
- Enter the Education Report
- Enter the Resource Specialist Report
- Enter the Social Worker Report
- Enter the Addictions Specialist Report
- Enter the Psychologist Report
- Enter the Medical Report
- Enter the Facility Behavior Report
- Enter the MAST Summary and Recommendation
- Enter the Court Decision
- Send Link to Team**

Generate Report (24 hours prior to MAST)

Terms of Service - Addit

12. You and all members of the MAST group will receive an email titled “Youth Name”
MAST Report Form.

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

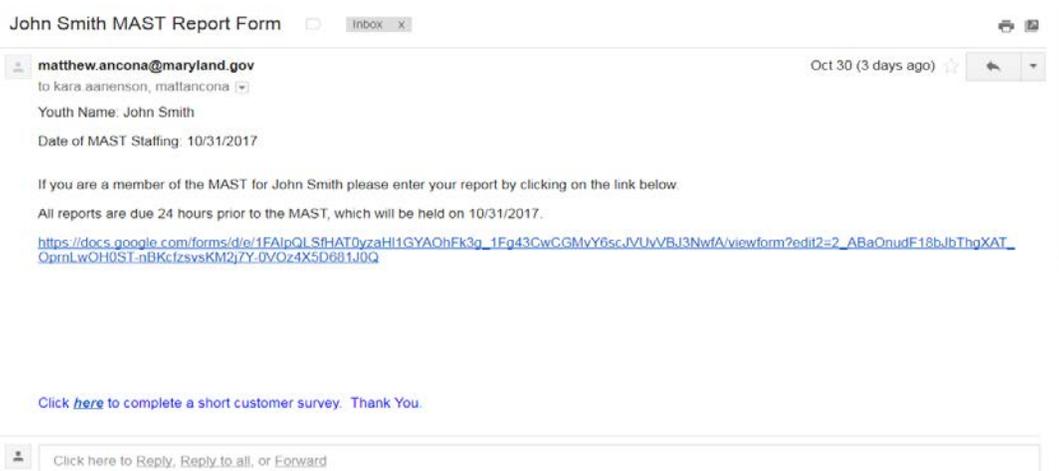


13. Use this link to fill out the resource specialist report.

14. You have nothing more to do until 24 hours prior to the MAST.

24 Hours Prior To MAST

1. Open the link from your original email. The subject line will have the youth's name in it. **Please make sure you are in the correct form.**

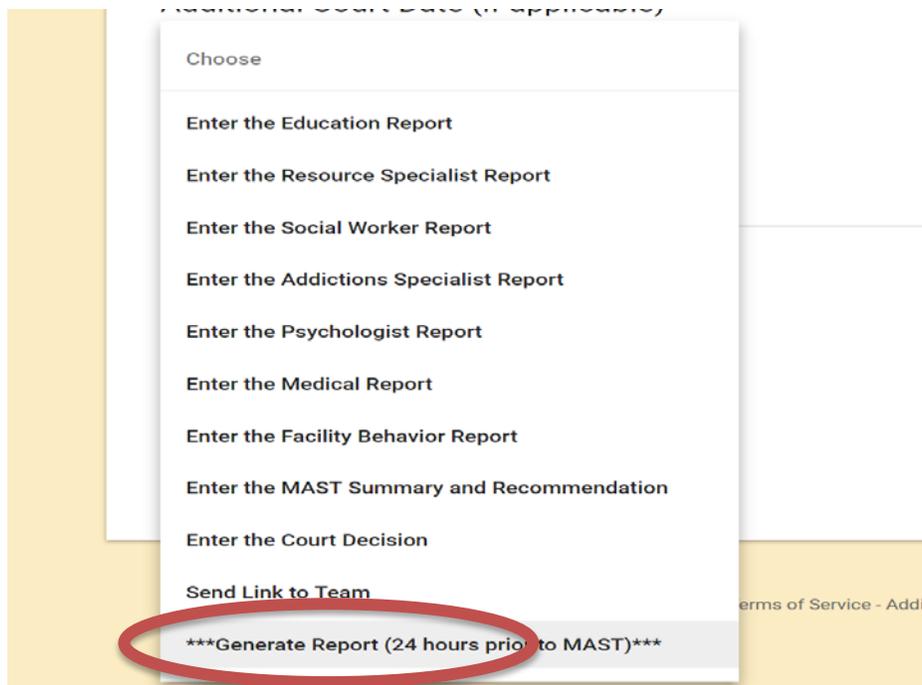


2. Open the drop down titled "Which report would you like to enter?" Then click on *****Generate Report (24 hours prior to MAST)*****.

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

Which report would you like to enter?

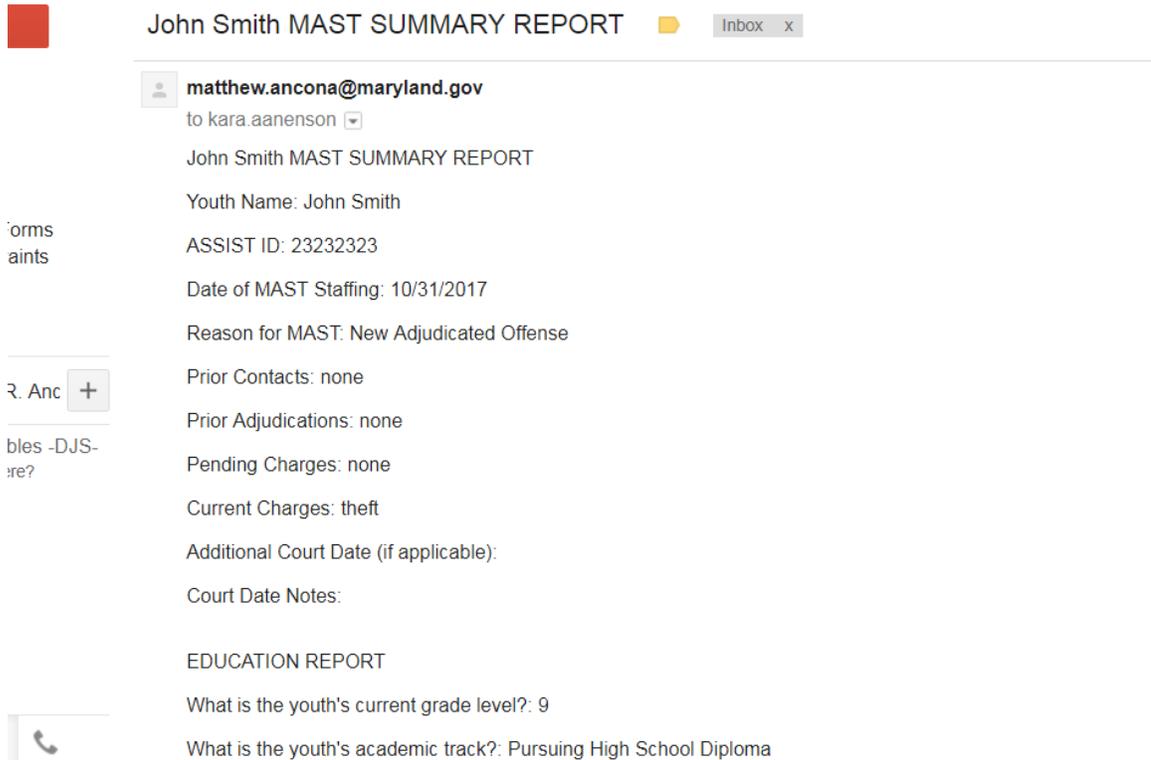
Choose



A screenshot of a web application interface. At the top, the text "Which report would you like to enter?" is displayed. Below it is a dropdown menu with the placeholder text "Choose" and a downward-pointing arrow. The dropdown menu is open, showing a list of options. The options are: "Choose", "Enter the Education Report", "Enter the Resource Specialist Report", "Enter the Social Worker Report", "Enter the Addictions Specialist Report", "Enter the Psychologist Report", "Enter the Medical Report", "Enter the Facility Behavior Report", "Enter the MAST Summary and Recommendation", "Enter the Court Decision", "Send Link to Team", and "***Generate Report (24 hours prior to MAST)***". The last option is circled in red. To the right of the dropdown menu, the text "Terms of Service - Addit" is partially visible.

3. This will e-mail the entire MAST Summary Report to all members of the MAST group. The e-mail will be titled "Youth Name" MAST SUMMARY REPORT.

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL



The screenshot shows an email interface. At the top, the subject line is "John Smith MAST SUMMARY REPORT" with a yellow envelope icon and an "Inbox x" label. The sender is "matthew.ancona@maryland.gov" with a profile icon. The recipient is "to kara.aanenson" with a dropdown arrow. The email body contains the following text:

John Smith MAST SUMMARY REPORT

Youth Name: John Smith

ASSIST ID: 23232323

Date of MAST Staffing: 10/31/2017

Reason for MAST: New Adjudicated Offense

Prior Contacts: none

Prior Adjudications: none

Pending Charges: none

Current Charges: theft

Additional Court Date (if applicable):

Court Date Notes:

EDUCATION REPORT

What is the youth's current grade level?: 9

What is the youth's academic track?: Pursuing High School Diploma

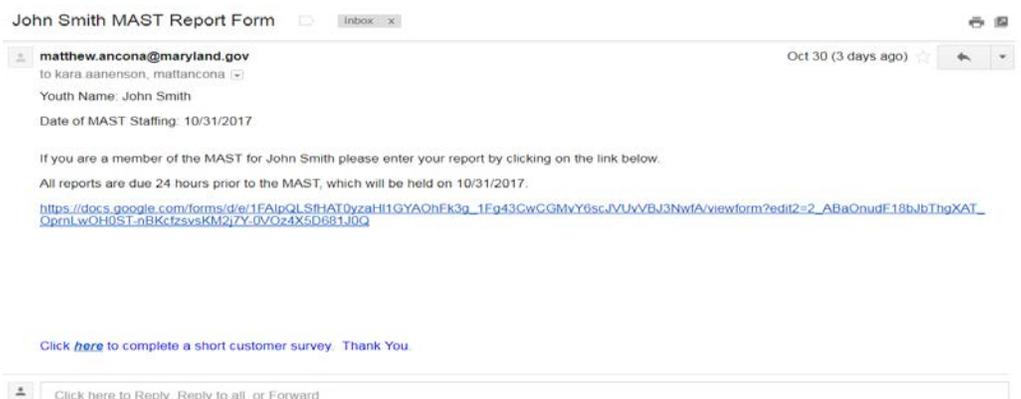
On the left side of the interface, there are several buttons and labels: "Forms", "Prints", "R. Anc +", and "bles -DJS- re?". At the bottom left, there is a telephone icon.

4. Copy this e-mail and paste it into ASSIST where you would normally type in your MAST Summary.
5. You have nothing more to do until after the MAST is held.

After MAST is Complete

1. Open the link from your original e-mail. The subject line will have the youth's name in it. **Please make sure you are in the correct form.**

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL



2. Open the drop down titled “Which report would you like to enter?” Then click on Enter MAST summary and Recommendation.

Which report would you like to enter?

Choose 

MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

Additional Court Date (if applicable)

Choose

- Enter the Education Report
- Enter the Resource Specialist Report
- Enter the Social Worker Report
- Enter the Addictions Specialist Report
- Enter the Psychologist Report
- Enter the Medical Report
- Enter the Facility Behavior Report
- Enter the MAST Summary and Recommendation
- Enter the Court Decision
- Send Link to Team
- ***Generate Report (24 hours prior to MAST)*****

Terms of Service - Addi

Choose

- Contractual Behavioral Health Report
- Education Report
- Resource Specialist Report
- Social Worker Report
- Addictions Specialist Report
- Psychologist Report
- Medical Report
- Facility Behavior Report
- MAST Summary and Recommendation**
- Court Decision
- Send to Team

or edit?

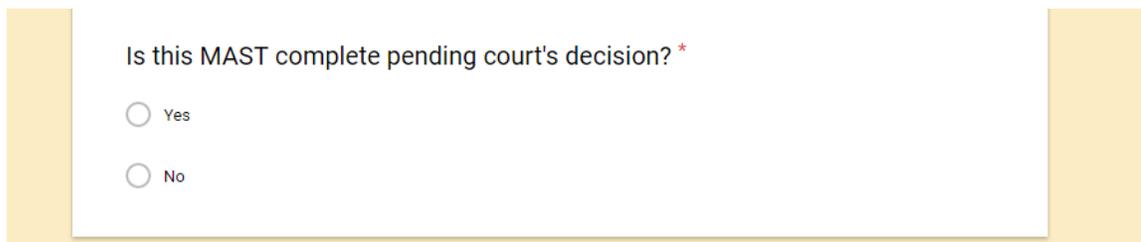
Abuse - Terms of Service - Additional Terms

Forms



MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

3. Complete this section by entering the team's recommendations.
4. Answer the "Is this MAST complete pending court's decision?" by selecting "Yes".

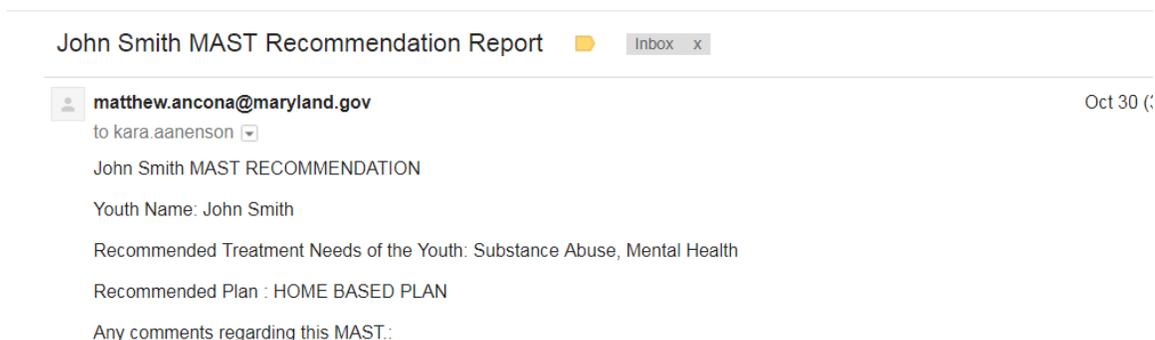


Is this MAST complete pending court's decision? *

Yes

No

5. This will send an e-mail back to you showing the recommendation that was entered. This email will be titled "Youth Name" MAST Recommendation Report.

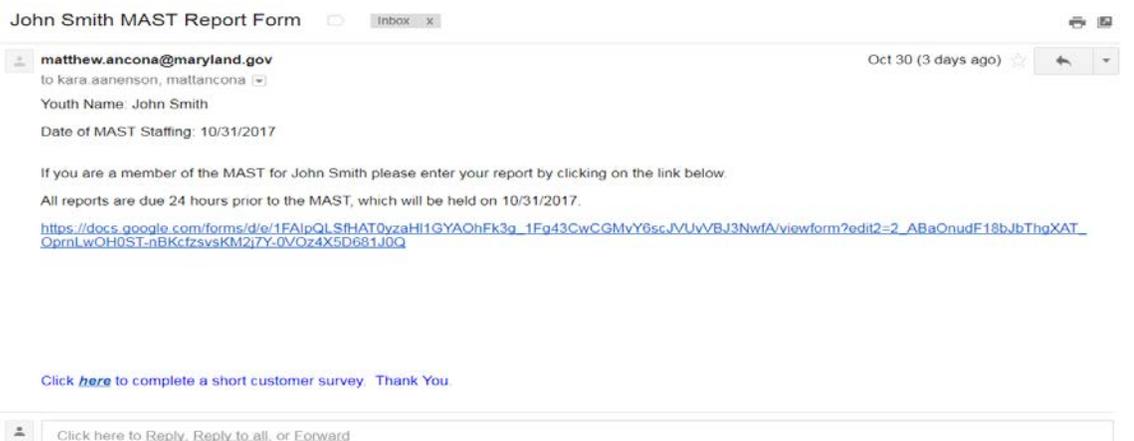


6. Copy this e-mail and paste into ASSIST at the bottom of the MAST Summary Report.
7. You have nothing more to do until after the court decision is received.

Entering Court Outcome

1. The community case manager will contact you and after the youth's court case to let you know the outcome.
2. Once you have been notified of the court's outcome, open the link from your original e-mail. The subject line will have the youth's name in it. **Please make sure you are in the correct form.**

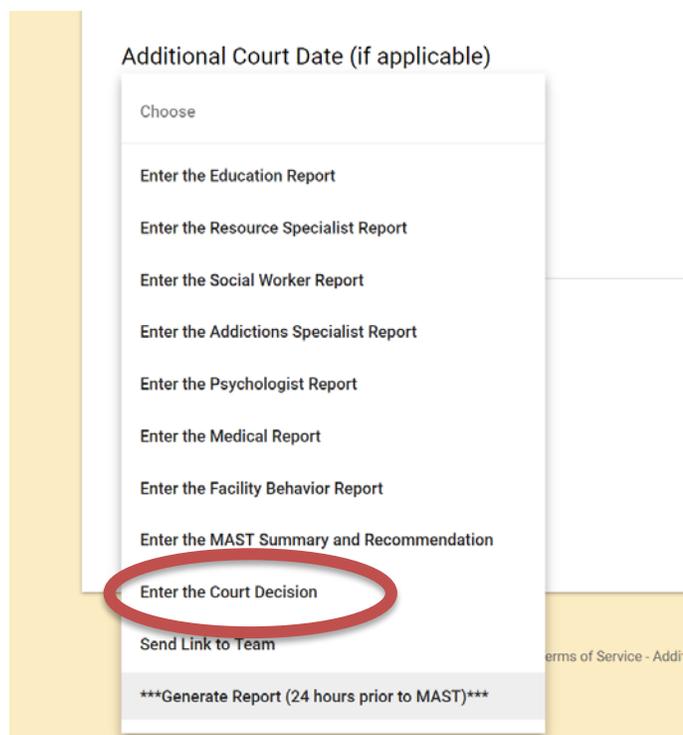
MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL



3. Open the drop down titled “Which report would you like to edit?” and select “Court Decision”.

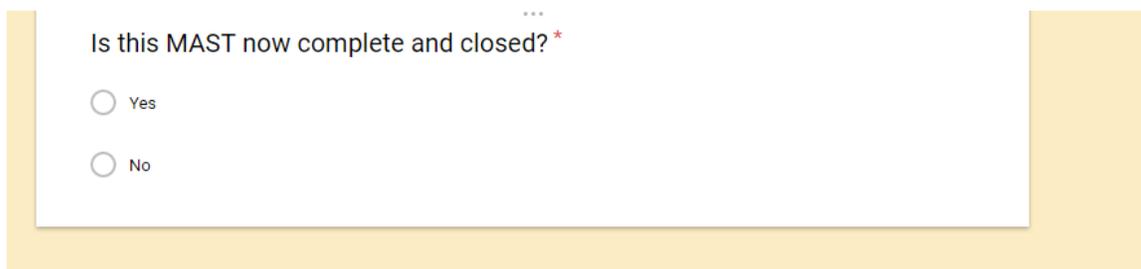
Which report would you like to enter?

Choose



MULTIDISCIPLINARY ASSESSMENT STAFFING TEAM (MAST) MANUAL

4. Complete this section by entering the court decision.
5. Answer the “Is this MAST now complete and closed?” by selecting “Yes”.



Is this MAST now complete and closed? ^{***}*

Yes

No

This will send an e-mail to all members of the MAST group showing both the group’s recommendation and the court’s decision. The e-mail will be titled “Youth Name” Court Outcome Report.