



County of Los Angeles  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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January 31, 2016

To: Supervisor Hilda L. Solis, Chair  
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From: Philip L. Browning   
Director, Department of Children and Family Services

  
Robin Kay, Ph.D.  
Acting Director, Department of Mental Health

**APRIL 28, 2009 AMENDMENT TO ITEM NO. 24: KATIE A. STRATEGIC PLAN,  
ANNUAL REPORT ON THE MENTAL HEALTH SCREENING PROCESS AND QSR  
PROGRESS UPDATE**

On April 28, 2009, the Board ordered the Chief Executive Officer (CEO), the Department of Children and Family Services (DCFS), and the Department of Mental Health (DMH) to prepare a monthly report on the mental health screening process. On January 19, 2010, the Board ordered the CEO, DCFS and DMH to report on how to reduce the time between mental health screenings and the start of mental health services. In response, DCFS and DMH provided the Board with a plan that resulted in a redesign of the Coordinated Services Action Team (CSAT) and Referral Tracking System (RTS). On April 17, 2012, the Board Deputies approved the current format of the report and agreed that the report, dated April 30, 2012, would be the last monthly report. Tri-annual reports were submitted from August 31, 2012 to April 30, 2015. On April 30, 2015 the Board approved annual reports. In order to provide the full calendar year data, DCFS and DMH respectfully issued this first annual report on January 31, 2016.

This first annual report covers data from January 1, 2015 to December 31, 2015.

*"To Enrich Lives Through Effective and Caring Service"*

## **CSAT Process**

The CSAT process requires expedited screening and response times based upon the acuity of a child's need for mental health services. Additionally, the CSAT process provides for the annual screening of children in existing cases with previous negative screens. Three tracks establish the process by which all DCFS children in new and currently open cases are screened and referred for mental health services.

<b>Track</b>	<b>Screening Process</b>
Track 1	Children in newly opened cases who are detained and placed in out-of-home care receive a mental health screening at case opening.
Track 2	Children in newly opened cases under Voluntary Family Maintenance, Voluntary Family Reunification or Court-supervised Family Maintenance case plans are screened at case opening.
Track 3	Children in existing cases, opened before CSAT implementation, are screened at the next case plan update.

## **Referral Tracking System (RTS)**

The RTS Summary Data Report (Attachment 1) includes 22 data elements providing the rate, number, timeliness, and acuity of mental health screenings, referral, and service response times to DCFS children in new and existing cases on a point-in-time basis.

The RTS Summary Data Report provides the progress of all SPAs for the 2015 Calendar Year (CY), January 1, 2015 through December 31, 2015. This report reflects CSAT performance and data entries as of January 13, 2016, and continues to be a snapshot of work in progress. The following two charts depict the results to date for all three tracks associated with screening and referral process activity.

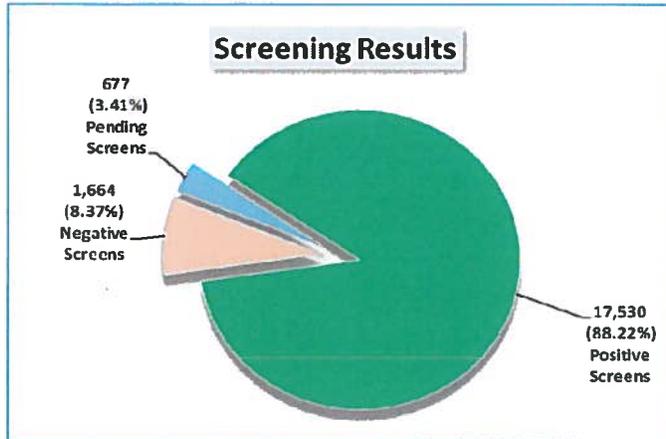
**Chart I (below) shows that of 20,348 children, 19,871 children required screens. (20,348 minus those currently receiving mental health services [13<sup>1</sup>], in closed cases [395], or who ran away or were abducted [70]):**

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<sup>1</sup> The total number of children in all tracks currently receiving mental health services is 138. However, only children in existing cases (track 3 [13]) are subtracted from the total number of children requiring screens because all children in new cases (track 1 [12] and track 2 [113]) must be screened whether or not they are already receiving mental health services.

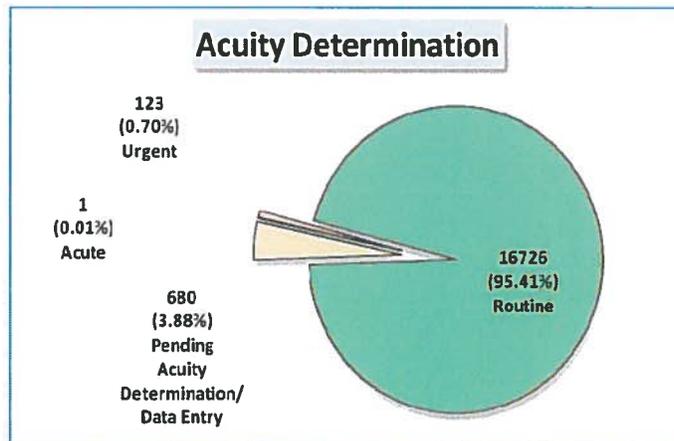
**Of the 19,871 children who required screens:**

- 17,530 (88.22%) children screened positive;
- 1,664 (8.37%) children screened negative;
- 677 (3.41%) children have screens pending.



**Chart II (below) shows that of the 17,530 children who screened positive:**

- 1 (0.01%) child was determined to have acute needs;
- 123 (0.7%) children were determined to have urgent needs;
- 16,726 (95.41%) children were determined to have routine needs;
- 680 (3.88%) children's acuity level was pending determination and/or data entry.



### **Acuity Referral Standards**

Acute	Children presenting with acute needs are referred for mental health services on the same day as screening.
Urgent	Children presenting with urgent needs are referred for mental health services within one day of screening.
Routine	Children presenting with routine needs are referred for mental health services within 10 days of screening.

The average number of days between screening and referral to DMH for mental health services; according to acuity, for CY 2015, as of January 13, 2016:

- Children with acute needs were referred to DMH on the same day on average.
- Children with urgent needs were referred to DMH on the same day on average.
- Children with routine needs were referred to DMH in four days on average.

### **Mental Health Service Activity Standards**

Acute	Children presenting with acute needs begin receiving mental health service activities on the same day as the referral.
Urgent	Children presenting with urgent needs begin receiving mental health service activities within no more than three days of the referral.
Routine	Children presenting with routine needs begin receiving mental health service activities within no more than thirty days of the referral.

The average number of days between referral to and receipt of a mental health activity, according to acuity; for CY 2015, as of January 13, 2016:

- Children with acute needs received a mental health service activity within the same day of the referral, on average. (Attachment 2, line 19a);
- Children with urgent needs received a mental health service activity within one day of the referral, on average (Attachment 2, line 19b); and
- Children with routine needs received a mental health service activity within two days of the referral, on average (Attachment 2, line 19c).

The rate of children who received a mental health activity within required timeframes according to acuity; for CY 2015, as of January 13, 2016:

- 100 percent of children with acute needs received DMH services on the same day as the referral (Attachment 2, line 20a);
- 86.99 percent of children with urgent needs received DMH services within three days of the referral (Attachment 2, line 20b); and
- 98.38 percent of children with routine needs received DMH services within 30 days of the referral (Attachment 2, line 20c).

### **CSAT MH Screening Achievements**

As of January 13, 2016, for children served in CY 2015, the average timeline from case opening/case plan update to the start of mental health service activities is 16 days.

- DCFS and DMH continue to collaborate in order to sustain improvements made in mental health screening, assessment and service delivery:
  - 96.59 percent of children who were eligible for screening were screened for mental health needs;
  - 97.59 percent of children who screened positive were referred to mental health services; and
  - 96.78 percent of children referred for services received mental health service activities within the required timelines.

### **Historical CSAT Trend Data**

Since Fiscal Year 2012/2013 until this current report for CY 2015, the CSAT data has been very stable. This stability has been evidenced in the following ways:

#### **Acuity Determination**

- Between 10 and 16 percent of cases have screened “negative” or determined not to need mental health services
- Between 84 and 90 percent of cases have screened “positive” or determined to have a need for mental health services.
- Of the positive screened cases, 0.1 percent or less were found to have “acute” service needs.
- Of the positive screened cases, 1.0 percent or less were found to have “urgent” service needs
- Of the positive screened cases, between 90 and 95 percent were found to have routine service needs.

### Responsiveness to Need

- Number of days from acute screening to referral ranged from same day to one day.
- Number of days from urgent screening to referral ranged from same day to two days.
- Number of days from routine needs to referral ranged from four days to six days.

### Screening, Referral and Services

- The rate of mental health screening has ranged between 95 and 98 percent.
- The rate of referral for mental health services has ranged between 95 and 98 percent.
- The rate of receipt of a mental health activity within the required timeframe has ranged between 94 and 96 percent.

Due to this evidenced stability in the CSAT process, it was determined that ongoing reporting could be modified from three times a year to annual, beginning with calendar year 2015, to be reported on January 31, 2016. The next calendar year report for 2016 will align to the new State-mandated data requirements in CWS/CMS. The next report will also provide information on the number of Developmental Screenings given to young children and the Recommended Intervention Choices determined appropriate by mental health service providers as required by the State and reported by the Department of Mental Health.

### **Qualitative Service Reviews (QSR)**

Consistent with its Strategic Plan, the County continues to conduct Qualitative Service Reviews (QSR), interview-based evaluations of the quality of frontline practice involving a sample of cases in each office. The Qualitative Service Review permits an examination of the quality of services (not just whether the service was delivered) as well as an assessment of the child's current status. Each DCFS office is reviewed on an 18-month cycle. QSR performance is an element of the Katie A. Settlement Agreement's exit criteria for the County.

The QSR Baseline was completed in August 2012, and the corresponding QSR Baseline Report was completed and issued in early 2013. The second QSR Review cycle was completed at the end of October 2014, with the scores finalized in December 2014. The third cycle began in February 2015; the offices that have had reviews thus far are: Belvedere, Pomona, Compton, San Fernando Valley and Vermont Corridor. The data analysis for the third round of Vermont Corridor's QSR is pending. The upcoming reviews are: El Monte (January 2016), Metro North (March 2016), and Glendora (April 2016).

The QSR provides a basis for measuring, promoting, and strengthening the Shared Core Practice Model, and the protocol includes two domains. These are Child and Family Status Indicators, which measure how the focus child and the child's

parents/caregivers are doing within the last 30 days, and Practice Indicators; which measure the core practice functions being provided with and for the focus child and the child's parents/caregivers for the most recent 90-day period. The team consists of trained DCFS and DMH reviewers who conduct a case review, and conduct interviews within a two-day period with key players in the life of the child and family's case.

The team assesses status and performance indicators to determine facts such as:

***Child and Family Status***

- Is the focus child safe?
- Is the focus child stable?
- Is the focus child making progress toward permanency?
- Is the focus child making progress emotionally and behaviorally?
- Is the focus child succeeding in school?
- Is the focus child healthy?
- Are the focus child's parents making progress toward acquiring necessary parenting skills and capacity?

***Practice Performance***

- Are the focus child and family meaningfully engaged and involved in case decision making, referred to as Family Voice and Choice?
- Is there a functional team made up of appropriate participants?
- Does the team understand the focus child and family's strengths and underlying needs?
- Is there a functional and individualized plan?
- Are necessary services available to implement the plan?
- Does the plan change when family circumstances change?
- Is there a stated and shared vision of the path ahead leading to safe case closure and beyond?

Overall, scores are reflective of the aggregate scores of each of the indicators for each case reviewed in the sample. Opportunities for organizational learning and practice development include providing the CSW and their supervisor face-to-face feedback on findings in the cases reviewed. In addition, oral case presentations are made in group debriefings called "Grand Rounds" and a written case story for each case reviewed is produced to provide context for the scores and to enhance learning.

The QSR scores are subject to an exit standard approved by the court. The QSR Exit Standard is stated as follows:

***Description:***

Each Service Planning Area is expected to individually meet passing standards for both the Child and Family Status Indicators and the System Practice Indicators (85 percent of cases with overall score of "acceptable" respectively and 70 percent "acceptable" score on Engagement, Teamwork and Assessment). Once the targets have been reached, at the next review cycle the regional office must not score lower than 75

percent respectively on the overall Child and Family Status and System Practice Indicators, and no lower than 65 percent on a subset of System Practice indicators respectively (Engagement, Teamwork, and Assessment). The County will continue the QSR process for at least one year following exit and will post scores on a dedicated Katie A website.

**Overall Score: Passing Score (Status): 85% Passing Score (Practice): 85%**

The first set of three tables reflects the Status Indicators for the Third, Second and Baseline QSR Cycles. The second set of three tables reflects the Practice Indicators for the same three QSR Cycles. The first table reflects the percentage of cases scoring within the acceptable range for Status Indicators in the Belvedere, Pomona, Compton and San Fernando Valley offices during the third cycle, followed by the overall scores combined.

**QSR Third Cycle Status Indicators (2015) – Percent Acceptable**

Child and Family Status Indicators	SAFETY OVERALL	Safety: Exposure to harm				Safety: Risk to self/others		STABILITY OVERALL	Stability			Living Arrangements OVERALL	Living Arrangements		Health/Physical Well-being	Emotional Well-being	Learning & Development	Family Functioning & Resourcefulness	Caregiver Functioning	Family Connections	Overall Child & Family Status
		Home-Parent	Caregiver Home	School/child care	Other settings	Risk to self	Risk to others		Stability home	Stability School	Permanency		Parent home	Caregiver							
Belvedere	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	100%	100%	100%	100%	60%	100%
Pomona	78%	100%	100%	100%	100%	100%	71%	67%	67%	71%	56%	100%	100%	100%	100%	67%	67%	50%	75%	57%	67%
Compton	89%	67%	100%	100%	100%	100%	100%	67%	67%	100%	33%	100%	100%	100%	89%	56%	44%	17%	83%	63%	56%
San Fernando Valley	100%	100%	100%	100%	100%	100%	100%	89%	89%	86%	44%	89%	100%	100%	78%	89%	78%	25%	86%	44%	89%
DCFS Overall	92%	92%	100%	100%	100%	100%	93%	81%	81%	89%	61%	97%	100%	100%	92%	75%	72%	42%	88%	55%	78%

Note: Overall percentages have been rounded to the nearest full percent

**QSR Second Cycle Status Indicators (2012-2013) – Percent Acceptable**

Office	Safety Overall	Stability	Permanency	Living Arrangements	Health	Emotional Well Being	Learning & Development	Family Functioning	Caregiver Functioning	Family Connections	Overall Child & Family Status
Belvedere	100%	83%	92%	100%	100%	92%	75%	57%	100%	67%	100%
Santa Fe Springs	92%	83%	58%	100%	100%	83%	75%	50%	100%	67%	83%
Compton	92%	67%	67%	92%	100%	83%	67%	63%	100%	38%	75%
Vermont Corridor	100%	91%	82%	100%	91%	100%	64%	60%	100%	88%	100%
Wateridge	92%	75%	75%	83%	100%	75%	67%	38%	90%	78%	83%
Pomona	100%	91%	80%	100%	100%	73%	82%	86%	100%	71%	100%
Glendora	90%	80%	60%	90%	80%	70%	90%	50%	88%	75%	90%
El Monte	100%	80%	80%	100%	100%	90%	70%	100%	100%	88%	90%

San Fernando Valley	100%	89%	56%	100%	100%	78%	78%	40%	100%	67%	<b>78%</b>
Lancaster	100%	63%	50%	100%	100%	63%	88%	43%	100%	67%	<b>88%</b>
Metro North	89%	78%	78%	89%	89%	78%	78%	40%	100%	67%	<b>89%</b>
Pasadena	67%	89%	56%	100%	89%	67%	56%	50%	100%	67%	<b>78%</b>
Santa Clarita	78%	56%	67%	89%	78%	67%	67%	50%	86%	71%	<b>78%</b>
Torrance	90%	70%	40%	100%	100%	90%	70%	29%	100%	67%	<b>80%</b>
West LA	90%	100%	80%	100%	100%	90%	60%	57%	100%	71%	<b>80%</b>
South County	90%	90%	60%	100%	80%	90%	70%	71%	100%	75%	<b>90%</b>
Palmdale	90%	90%	40%	80%	80%	60%	60%	43%	100%	43%	<b>60%</b>
<b>Overall</b>	<b>92%</b>	<b>81%</b>	<b>66%</b>	<b>95%</b>	<b>94%</b>	<b>80%</b>	<b>71%</b>	<b>55%</b>	<b>98%</b>	<b>69%</b>	<b>85%</b>

Note: Overall percentages have been rounded to the nearest full percent.

### QSR Baseline Status Indicators (2011-2012) - Percent Acceptable

Office	Safety Overall	Stability	Permanency	Living Arrangements	Health	Emotional Well Being	Learning & Development	Family Functioning	Caregiver Functioning	Family Connections	Overall Child & Family Status
Overall	99%	80%	57%	95%	97%	70%	80%	61%	96%	71%	<b>88%</b>

### QSR Third Cycle Practice Indicators (2015) - Percent Acceptable

Practice Indicators	Engagement	Voice & Choice	Teamwork	Assessment Overall	Assessment Child	Assessment Family	Assessment Caregiver	Long-term View	Planning	Supports and Services	Intervention Adequacy	Tracking and Adjustment	Overall Practice
Belvedere	89%	67%	0%	78%	100%	50%	86%	78%	56%	78%	89%	78%	78%
Pomona	100%	78%	44%	56%	67%	57%	60%	44%	67%	89%	78%	78%	78%
Compton	89%	56%	0%	33%	44%	22%	67%	22%	22%	56%	33%	56%	44%
San Fernando Valley	44%	56%	11%	44%	89%	0%	71%	22%	22%	56%	44%	44%	44%
<b>DCFS Overall</b>	<b>81%</b>	<b>64%</b>	<b>14%</b>	<b>53%</b>	<b>75%</b>	<b>31%</b>	<b>72%</b>	<b>42%</b>	<b>42%</b>	<b>69%</b>	<b>61%</b>	<b>64%</b>	<b>61%</b>

### QSR Second Cycle Practice Indicators (2012-2013) - Percent Acceptable

Office	Engagement	Voice & Choice	Teamwork	Assessment OVERALL	Long-term View	Planning	Supports and Services	Intervention Adequacy	Tracking and Adjustment	Overall Practice
Belvedere	92%	64%	33%	58%	67%	50%	67%	55%	58%	67%
Santa Fe Springs	75%	67%	8%	50%	50%	42%	67%	58%	50%	58%
Compton	75%	67%	17%	42%	50%	50%	58%	58%	50%	58%
Vermont Corridor	55%	45%	9%	36%	55%	27%	36%	36%	27%	45%

Wateridge	58%	75%	58%	67%	67%	75%	58%	58%	50%	58%
Pomona	91%	73%	55%	45%	64%	64%	73%	55%	55%	73%
Glendora	80%	70%	40%	70%	60%	60%	70%	70%	40%	60%
El Monte	90%	70%	20%	70%	60%	50%	70%	70%	50%	60%
San Fernando Valley	89%	56%	22%	33%	44%	56%	78%	67%	78%	56%
Lancaster	88%	75%	25%	50%	50%	38%	63%	50%	50%	50%
Metro North	100%	78%	11%	44%	56%	44%	44%	22%	22%	33%
Pasadena	78%	67%	22%	33%	44%	56%	44%	44%	33%	33%
Santa Clarita	44%	67%	11%	33%	56%	44%	89%	56%	44%	44%
Torrance	50%	50%	30%	40%	20%	30%	60%	50%	30%	30%
West LA	70%	70%	20%	30%	50%	30%	60%	60%	40%	50%
South County	50%	50%	20%	40%	20%	30%	70%	60%	40%	50%
Palmdale	70%	50%	20%	30%	40%	30%	50%	30%	20%	30%
<b>Overall</b>	<b>74%</b>	<b>64%</b>	<b>25%</b>	<b>46%</b>	<b>51%</b>	<b>46%</b>	<b>62%</b>	<b>53%</b>	<b>44%</b>	<b>51%</b>

### QSR Baseline Practice Indicators (2011-2012) – Percent Acceptable

	Engagement	Voice & Choice	Teamwork	Assessment OVERALL	Long-term View	Planning	Supports and Services	Intervention Adequacy	Tracking and Adjustment	Overall Practice
Overall	60%	52%	18%	50%	39%	41%	66%	52%	45%	<b>47%</b>

### Analysis of QSR Findings

In analyzing the 2015 QSR Practice Scores for the first four offices and comparing the baseline and the third cycle, system performance improved in the following indicators: Engagement, Voice and Choice, Overall Assessment, and Planning. In Overall Practice, scores improved from 47% in the baseline to 61% in the third cycle. The most significant gains were observed in the practices of Engagement, Voice & Choice, and Tracking & Adjustment, which improved during the third cycle by 21%, 12%, 19% respectively. Long Term View is slightly up by 3%. Teamwork practice continues to be the lagging indicator. However, there is still an opportunity to see an increase in this indicator as the reviews continue in all regional offices. Overall Practice increased by 14% from baseline during the third round of reviews. In analyzing QSR Practice Scores overall and comparing the baseline and the second cycle, system performance improved in the following indicators: Engagement, Voice & Choice, Teamwork, and Long-Term View. In Overall Practice, scores improved modestly from 47% in the baseline to 51% in the second cycle. The most significant gains were observed in the

practices of Engagement, Voice & Choice, and Long-Term View, which improved during the second cycle by 14%, 12%, and 12% respectively. Although Teamwork practice improved from 18% to 25% acceptable, it continues to be the lagging indicator. Current performance indicates that:

- 61% of children are making acceptable progress toward permanency
- 75% of children are considered to have acceptable emotional well-being
- 42% of families are making acceptable progress toward adequate functioning
- 14% of children have a functioning family team
- 53% of cases have an overall adequate assessment
- 42% of cases have a long-term view of child and family goals and strategies
- 42% of cases have plans adequate for achievement of case goals
- 64% of cases are adequately tracked toward achievement of goals

### **Summary**

This is the first Annual Report provided to your Board tracking mental health acuity and response rates since the CSAT redesign. On March 24, 2015, the State's All County Letter (ACL) 15-11 mandated modifications to the data entry requirements for Mental Health and Developmental Health Screenings entered into CWS/CMS. In order to align with the State's mandates, CSAT processes, RTS business rules and programming, and the associated Summary Data Report are in the process of being modified for compliance. Similarly, our practice and service delivery system continues to be refined through the QSR process.

If you have any questions, please call me or your staff may contact Aldo Marin, DCFS Office of Board Relations, at (213) 351-5530.

PLB:MJS  
HB:DS:as

### **Attachment**

c: Chief Executive Officer  
County Counsel  
Acting Executive Officer, Board of Supervisors