

DATA/TRACKING OF INDICATORS



A. Identification of Settlement Agreement being Fulfilled

The Judge Matz 2006 order corroborated the Panel's concerns regarding the ability of the County to obtain ongoing reliable data for all class members in order to determine whether children are being systematically screened and assessed for mental health services, and when appropriately identified, actually receive those services. The County agrees with the Panel that a reliable system for collecting this information and being able to provide regular data reports to the Panel, in which to evaluate the County's progress in complying with the terms of the Settlement Agreement, will be a top priority for the County. The County is working diligently to address this concern, and the development of the Cognos Cube is a step in the right direction and will enable the County to track the progress of class members, as well as the ability to provide reasonably meaningful outcome indicators attributed to the service provision.

B. Description of the Goal and related strategies to achieve: Development of the Cognos Cube

The Cognos Cube was developed in March 2008 as the mechanism for storing/reporting data on matched clients, in response to the June 2007 order from Judge Matz, which enabled the sharing of information between the two Departments as a means to document compliance with the provisions of the Settlement Agreement. Since this order, several cubes have been developed to provide a variety of information on client demographics, service provision, placement type, legal status, and service financing. The cubes provide the technology infrastructure for creating routine reports on topics such as the ones mentioned above, as well as on selected outcome measurements reflecting the effectiveness of the service provision and the overall well-being of children under the care and supervision of DCFS.

A recent data match performed in June 2008 with 222,138 unique DCFS client records and 1,545,727 unique DMH client records, dating from 1998 to March 2008, resulted in 89,386 matched client records representing 40 percent of the DCFS records, which is an increase of 4,000 records over this timeframe. This most recent match will be further refined, once the indicators from the data development agenda are added to the cube and regular reports can be

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generated on a compilation of indicators that the Panel and County, after being in close discussions for several months, have mutually agreed upon.

Data Development Agenda

The proposed data development agenda for tracking the County's implementation of the Strategic Plan in relation to the systematic screening, assessment and, when necessary, the provision of basic and/or intensive mental health services to class members will be tracked and evaluated to determine the County's overall compliance with the Settlement Agreement. Data elements measuring the timeliness of mental health screenings, assessment, referral to service, provision of treatment, duration of service, as well as the outcomes associated with the delivery of service are included in the overarching questions, referred to as the "Big Seven". Under each of the Big Seven questions are a set of sub-questions that have been compiled from the performance indicators previously agreed to by the County in the April 2004 letter of County Counsel Catherine Pratt as well as selected outcome measures associated with the MHSA Outcomes Measures Application (OMA) used by the current intensive in-home mental health services programs (MST, MTFC, CCSP), and the providers of basic mental health services. These OMA outcomes will also be collected by programs providing Tier Three of the proposed Child and Family Team/intensive home based services programs. The County will need to continue to explore various options for improving the collection of outcomes related to child well-being. Additionally, the County will conduct regular studies of service access and utilization to identify service utilization patterns and assist in future planning. Following are the proposed items/questions for the Katie A. data agenda:

I. Who are the children served by the Los Angeles County Department of Children and Family Services, across the County and by Service Planning Area, and what are the various dimensions associated with their care?

A. Number and rate of children with referrals: total number of children referred to DCFS (monthly/annually); percent of children referred to DCFS compared to children ages 0-18 in Los Angeles County;

B. Number and rate of children by disposition types: number of referrals that result in the opening of a DCFS case: voluntary family maintenance, voluntary family reunification, family maintenance, or detentions. Percent of children in each category compared to the total number of referrals;

C. Number and rate of referrals by response priority: number of referrals in the following categories: immediate response, 5-day referrals, or evaluated out; and percent in each category compared to total number of referrals;

D. Rate of child abuse and/or neglect in foster care: number of referrals for abuse or neglect in foster care facilities in the following types: relative licensed foster home, small family home, Foster Family Agency (FFA) home; and percent of abuse or neglect referrals compared to the number of children in foster care;

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E. Number of children who enter out-of-home care after in-home services: number of children detained in out-of-home care after the family had received in-home services (including family maintenance services, voluntary family maintenance services, Wraparound, Family Preservation);

F. Kinship placements: number of children placed with a relative;

G. Number of out-of-home placements: number of children who are in out-of-home care with 2, 3, 4 or more placements within 12 months from initial removal;

H. Number of re-entries: number of children entering foster care who have been in care in the past;

I. Number of re-entries within 12 months: number of children who reenter foster care within 12 months of having been reunified with family (this would capture children who reunified with family and were redetained before the case was closed);

J. Median care days: median number of days in out-of-home care for children in the following categories: those in for less than 24 months and those in care for more than 24 months;

K. Adoptions: number of children adopted within 24 months of removal; number of children adopted greater than 24 months after removal; and average time to adoption finalization, per child;

L. Reunification: number of children reunified with family within 12 months of removal; number of children reunified after 12 months from removal; average time to reunification, per child;

M. Exits from care: number of children who exit foster care in the following categories: adoption; guardianships; reunification; AWOL; deaths; emancipation;

N. Siblings: number of children in foster care who are placed with all siblings;

O. Siblings: number of children in foster care who are placed with some siblings;

P. Setting distribution: number of children in out-of-home care in each of following categories: relative home; foster home; FFA home; group home; other;

Q. Place Proximity: number of children placed within 10 miles of the home from which they were detained (excluding children placed with relatives); number of children placed more than 10 miles from home from which they were detained (excluding children placed with relatives); and

R. Runaway incidence: number of children who leave placements at least one time in the month; will include children who have been gone from placement 48 hours, or more; and will only count each child once, even if he/she leaves, returns and leaves again.

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II. Who are the potential Katie A. class members within this population (e.g. those children within this group that are Medi-Cal eligible)?

- 1) Countywide;
- 2) By SPA; and
- 3) By each of the dimensions (A-R) in Section I above.

III. Have these potential class members been screened in a timely manner for mental health problems? Population consists of:

- 1) Newly detained children/court-ordered FR;
- 2) Newly open and non-detained under a VFM, VFR, or Court-ordered FM case plan; and
- 3) Children in existing open cases under all court-ordered or voluntary FM, FR, and PP case plans.

Mental health contacts consist of the following:

- i. Date of initial contact with DCFS;
- ii. Mental Health Screening (Yes/No);
- iii. Identification of person conducting Mental Health Screening;
- iv. Number and percentage of potential class members receiving Mental Health Screening;
- v. Results of Mental Health Screening (positive or negative);
- vi. Number and percentage of children receiving positive Mental Health Screening;
- vii. Date of Mental Health Screening; and
- viii. Number of days between initial contact with DCFS and Mental Health Screening.

IV. Are children who screen positive for mental health problems receiving a timely and thorough mental health assessment? (For each of the categories mentioned above: 1) newly detained; 2) newly open; and 3) existing cases:

- i. Number of days between positive mental health screening and referral for mental health assessment/services;
- ii. Consent for Mental Health Services provided (Yes/No);
- iii. Number and percentage of children for whom Consent for Services is provided;
- iv. Mental Health Assessment (Yes/No);

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- v. Number and percentage of children receiving a Mental Health Assessment;
- vi. Date of Mental Health Assessment; and
- vii. Number of days between positive Mental Health Screening and Mental Health Assessment.

V. Who are the children who are eligible for mental health services as a result of this screening and assessment process (e.g. medical necessity is established)?

(Across categories: newly detained; newly open; and existing cases)

VI. Do those determined eligible for mental health services receive the appropriate mental health service in a timely manner? (across categories 1, 2, and 3)

- i. Number and percentage of children with an urgent need for mental health services;
- ii. Date of first treatment contact;
- iii. Number of days from date of referral to first treatment contact;
- iv. Number and percentage of children with a need for intensive mental health services;
- v. Number and percentage of children receiving intensive home based mental health services consistent with the principles and practices reflected in the intensive home-based services model;
- vi. Number children who are receiving services from DMH in contrast to number of children in County receiving services from DMH; number of children who are receiving DMH services in the following categories: outpatient, day treatment, inpatient services;
- vii. Average annual cost of mental health services for children, per child, per category of service; Average annual cost for children receiving mental health services, by category of service;
- viii. Psychiatric Hospitalizations: Number of children psychiatrically hospitalized, length of stay and diagnostic category;
- ix. Psychotropic Medication: Number of foster children receiving psychotropic medication support services; number of children (throughout County) receiving psychotropic medication support services; diagnostic criteria for children receiving psychotropic medication support services, as a percentage.

VII. What are the outcomes associated with mental health services received by this group? (across categories 1, 2, and 3)

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- i. Number and percentage of children with improved school performance;
- ii. Number and percentage of children entering the juvenile justice system;
- iii. Number and average of client living situation changes prior to their mental health services as compared to the average number during their mental health services, by:
 - SPA
 - Provider
 - Program
 - Age group
- iv. Client school attendance frequency prior to their mental health services as compared to school attendance frequency during their mental health services, by:
 - SPA
 - Provider
 - Program
 - Age group
- v. Number/percentage of clients that were seen by Psychiatric Mobile Response Team or 24/7 Response within the last 12 months prior to mental health services as compared to number/percentage who were seen during their mental health services, by:
 - SPA
 - Provider
 - Program
 - Age group