



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 31, 2010

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Robin Kay for
Marvin J. Southard, DSW
Director, Department of Mental Health

**APRIL 28, 2009 AMENDMENT TO ITEM NO. 24: KATIE A. STRATEGIC PLAN,
MONTHLY REPORT ON THE MENTAL HEALTH SCREENING PROCESS**

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, beginning May 30, 2009. This report tracks the implementation in Service Planning Areas (SPA) 1, 6, 7, Pomona and El Monte regional offices of the Coordinated Services Action Team (CSAT), and the Referral Tracking System (RTS) regarding the mental health screening, referral and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through June 30, 2010.

The RTS Summary Data Report

As discussed in the Katie A. Strategic Plan, the CSAT and RTS provide the organizational structure and system by which DCFS and DMH will ensure and track the mental health screening, referral, and service linkage process for children in new and currently open DCFS cases. The attached RTS Summary Data Report provides definitions of the three tracks to screening and 18 data elements that provide

participation rates, timeliness and the context for greater understanding of factors affecting the service linkage process.

Each RTS Summary Data Report concludes with a summary total, labeled "Cumulative," providing a combined total or an average rate achieved for all data elements from all CSAT and RTS operational offices. As noted in previous reports to your Board, the data for the RTS Summary Data Report is continuously entered, with the final compliance rates evident only after 90 days from the date of a newly opened case or the case plan due date for currently open cases. Policy requires a child to be screened within the first 30 calendar days of case opening or case plan due date. Children who screen positive should be referred for mental health services no later than the next 30 days and should begin to receive mental health services no later than 30 days from the date of the referral.

Summary Highlights

As of August 10, 2010, data entered into the Child Welfare Services/Case Management System (CWS/CMS) indicates the year-to-date progress made by SPA 7 from implementation on May 1, 2009, by SPA 6 from implementation on August 1, 2009, by SPA 1 from implementation on September 1, 2009, and SPA 3 from implementation on April 1, 2010 through June 30, 2010.

- A total of 1,151 individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of 20,247 children in tracks 1, 2 and 3, 14,664 children required screens and 14,098 children were screened at a 96% screening rate.*
- Out of the 6,498 children who screened positive, 6,032 children were referred for mental health services at a 95% referral rate. **

* The number of children that required screens is defined as a) the number of newly detained children (Track 1) with a case opening in the month; b) the number of newly open non-detained children (Track 2) with a case opening in the month; c) the number of children in an existing open case (Track 3), not currently receiving mental health services, with a case plan update due or a behavioral indicator identified requiring the completion of a CIMH/MHST within the month. Out of the total number of children reported, the number of children that required screens was reduced by the number of children in cases (Tracks 1, 2, and 3) that were closed during the screening, referral and service linkage process.

** The rate of referral reflects the number of children who screen positive minus the number of children who are determined to be privately insured divided by the number of children referred to mental health services.

- Out of **6,032** children referred for mental health services, **5,659** children received a mental health service activity at a **94%** access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was **23** calendar days.
- The average number of days between a positive mental health screen or Multidisciplinary Assessment Team (MAT) referral and referral for mental health service was **7** calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was **3** calendar days.
- The average number of days between case opening and start of mental health services totaled **33** days.

CSAT Redesign

As outlined in July's Katie A. Strategic Plan Quarterly Board Memo, a redesign of the Mental Health Screening Tool (MHST), DCFS and DMH policies and procedures, tracking system, and training curriculum has been completed or is in the final stages of completion. The CSAT Redesign delayed the initial roll-out of CSAT to DCFS offices not yet trained. Those offices already trained and implementing CSAT (SPAs 1, 6, 7, El Monte, and Pomona) will be retrained and will implement the new procedures first, followed by the remaining offices. The following timetable provides the CSAT Redesign roll-out plan:

OFFICE	TRAINING MONTH	TRIAL MONTH	CSAT REDESIGN ROLL-OUT	RTS REPORT TO BOARD
Belvedere/Santa Fe Springs	Aug 2010	Sept 2010	Oct 2010	Dec 2010
Compton/Wateridge/ Vermont Corridor	Aug – Sept 2010	Oct 2010	Nov 2010	Jan 2011
Palmdale/Lancaster/ Pomona/El Monte	Sept – Oct 2010	Nov 2010	Dec 2010	Feb 2011
Pasadena/Covina Annex (Asian Pacific & American Indian Units Only)/ Glendora	Oct – Nov 2010	Dec 2010	Jan 2011	Mar 2011

OFFICE	TRAINING MONTH	TRIAL MONTH	CSAT REDESIGN ROLL-OUT	RTS REPORT TO BOARD
Metro North	Nov – Dec 2010	Jan 2011	Feb 2011	April 2011
West Los Angeles (+ Deaf Services)	Dec – Jan 2011	Feb 2011	Mar 2011	May 2011
Lakewood/Torrance	Jan – Feb 2011	Mar 2011	April 2011	June 2011
San Fernando Valley/ Santa Clarita	Feb – Mar 2011	April 2011	May 2011	July 2011
Medical Case Management Services	Mar – April 2011	May 2011	June 2011	Aug 2011
ERCPC	May 2011	June 2011	July 2011	Sep 2011

The first month of CSAT Redesign Training was implemented this month in SPA 7. Data from SPA 7's first month of CSAT Redesign implementation, which will delineate the provision of mental health services by acute, urgent, and routine need, will be provided to the Board in the December monthly memo.

Quality Service Review

Quality Service Review (QSR) is an in-depth case-based quality review process focused on integrated child welfare and mental health practices involving dependency and concurrency for children in care. Review findings will be used by the Departments to stimulate and support efforts to improve practice for children, youth, and families receiving child welfare and children's mental health services in Los Angeles County. Review findings identify current strengths and accomplishments, practice challenges and limiting conditions, as well as opportunities for advancing practice and improving local conditions for better outcomes. SPAs 7, 6 and 1 will complete the QSR process this fiscal year.

In the Belvedere QSR Pilot completed in July 2010, a sample of 14 randomly selected cases was reviewed and an average of 8.5 children, youth, caregivers, family members, service providers, and other professionals were interviewed per case. Overall, the children in the cases reviewed were found to be safe, healthy, and well cared for. On the Child and Family Status Indicators, which include Safety, Well-Being, and Stability/Permanency, 85% of the cases had favorable outcomes, with over 98% of the children identified as being safe. The Practice Performance Indicators identified areas for improvement, including Engagement, Teaming, and Long-Term View. Other factors that were found to have an impact on outcomes included the positive correlation

between case outcomes and continuity of the CSW; the utilization of trauma informed evidenced based treatments; the completion of early assessments that address the underlying needs of the child and family; implementing a team approach to treatment; and developing a shared vision with clear goals to be achieved for safe case closure.

The review provides an opportunity to understand what works well and where there is opportunity for growth. The Departments have been developing a shared Core Practice Model, Enhanced Skill Based Training, and Coaching and Mentoring Program so there is a consistent method of practice in working with families. In addition to these change strategies, the Departments will implement regional based improvement plans and other initiatives to improve practice and ensure quality services.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6, 7, Pomona and El Monte regional offices continue. Important lessons learned, include:

1. The experience of the DCFS CSAT staff that fulfills both the Service Linkage Specialist (SLS) and MAT role highlights the importance of creativity and close collaboration with DMH co-located staff. When the SLS/MAT Coordinator is not available, and needs are urgent, DMH co-located staff can step in, be directly available to CSWs and update the SLS/MAT Coordinator when she/he is available. This informal protocol addresses a need that was not foreseen when CSAT procedures were initially formulated. The Departments will meet to explore solutions that would address these situations in offices with a single SLS/MAT Coordinator. In addition, CSAT management is investigating part-time clerical help for those offices where one CSAT support staff is required to provide assistance to two regional offices.
2. Children without full-scope Medi-Cal insurance are difficult to link to timely mental health services. Those who are enrolled in their parent's private insurance plan are linked through the family's insurance provider. In instances where children have no medical insurance, a close collaboration between the SLS and co-located Department of Public Social Services (DPSS) Linkages staff helps determine the child's Medi-Cal eligibility. Specific protocols and training for SLS exist to ensure all indigent children are processed in a timely manner for Medi-Cal benefits.

Summary

Overall, the year-to-date RTS Summary Data Report results remain very good. The screening, referral, and mental health service access rates have not varied significantly since last month's progress report (screening rate decreased slightly from 97% to 96%,

the referral rate remained stable at 95% and the access rate remained stable at 94%). A rate of 90% or higher in any category is considered very good primarily because the cumulative rates include cases less than 90 days out from case opening. Additionally, the progress is considered very good given the high number of clients and staff who need to be coordinated and managed in this process. A review of 20,247 children, involving the coordination and work of management and staff across seven regional offices was required to achieve the year-to-date results.

The next report due to your Board on September 30, 2010, will reflect CSAT activities and RTS data tracking in SPAs 1, 6, 7, Pomona and El Monte DCFS offices from initial CSAT implementation through July 31, 2010 and will include additional information from the QSR process.

The first month of CSAT Redesign Training was implemented this month in SPA 7. Data from SPA 7's first month of CSAT Redesign implementation, which will delineate the provision of mental health services by acute, urgent, and routine need, will be provided to the Board in December's monthly memo.

If you have any questions, please call us or your staff may contact Armand Montiel, Assistant Division Chief, DCFS Office of Board Relations, at (213) 351-5530.

PSP:MJS:WTF:
CJS:AO:EMM:dm

Attachment

c: County Counsel
Executive Office, Board of Supervisors

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of August 10, 2010
From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	525	1,013	1,665	3,203
	(2) Number of children currently receiving mental health services	9	45	605	659
	(3) Number of children requiring screens	524	997	852	2,373
	(4) Number of children screened	507	983	820	2,310
	(5) Number of CSWs completing screens	81	114	98	202
	(6) Number of days between case opening/case plan due date and screen	22	62	75	47
	(7) <i>Rate of screening</i>	<i>97%</i>	<i>99%</i>	<i>96%</i>	<i>97%</i>
	(8) Number of children with positive screens	486	492	171	1,149
	(9) <i>Rate of children with positive screens</i>	<i>96%</i>	<i>50%</i>	<i>21%</i>	<i>50%</i>
	(10) Number of children for whom consent for mental health services is declined	0	3	0	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	480	466	162	1,108
	(12) Number of children with positive screens determined to be privately insured	0	2	1	3
	(13) Number of children referred for mental health services	481	476	156	1,113
	(14) Number of days between screening and referral to mental health provider	1	1	2	1
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>97%</i>	<i>91%</i>	<i>97%</i>
	(16) Number of children accessing services	471	451	148	1,070
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-3	0	4	-1
	(18) <i>Rate of mental health services</i>	<i>98%</i>	<i>95%</i>	<i>95%</i>	<i>96%</i>

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**Data as of August 10, 2010
From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	334	886	1,284	2,504
	(2) Number of children currently receiving mental health services	2	39	536	577
	(3) Number of children requiring screens	326	859	659	1,844
	(4) Number of children screened	320	856	652	1,828
	(5) Number of CSWs completing screens	56	92	111	186
	(6) Number of days between case opening/case plan due date and screen	10	13	-16	7
	(7) <i>Rate of screening</i>	<i>98%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>
	(8) Number of children with positive screens	313	589	189	1,091
	(9) <i>Rate of children with positive screens</i>	<i>98%</i>	<i>69%</i>	<i>29%</i>	<i>60%</i>
	(10) Number of children for whom consent for mental health services is declined	1	13	2	16
	(11) Number of children with positive screens determined to be EPSDT-eligible	299	514	168	981
	(12) Number of children with positive screens determined to be privately insured	0	2	0	2
	(13) Number of children referred for mental health services	309	562	177	1,048
	(14) Number of days between screening and referral to mental health provider	2	9	12	7
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>98%</i>	<i>95%</i>	<i>97%</i>
	(16) Number of children accessing services	305	556	177	1,038
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	4	4
	(18) <i>Rate of mental health services</i>	<i>99%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>

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From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
EI Monte	(1) Number of children	50	93	252	395
	(2) Number of children currently receiving mental health services	1	3	95	99
	(3) Number of children requiring screens	49	88	118	255
	(4) Number of children screened	49	77	111	237
	(5) Number of CSWs completing screens	20	17	22	51
	(6) Number of days between case opening/case plan due date and screen	8	11	8	9
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>88%</i>	<i>94%</i>	<i>93%</i>
	(8) Number of children with positive screens	49	45	15	109
	(9) <i>Rate of children with positive screens</i>	<i>100%</i>	<i>58%</i>	<i>14%</i>	<i>46%</i>
	(10) Number of children for whom consent for mental health services is declined	0	1	0	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	46	29	11	86
	(12) Number of children with positive screens determined to be privately insured	2	2	0	4
	(13) Number of children referred for mental health services	49	36	11	96
	(14) Number of days between screening and referral to mental health provider	3	9	1	5
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>82%</i>	<i>73%</i>	<i>89%</i>
	(16) Number of children accessing services	45	28	11	84
	(17) Number of days between referral for mental health services and the provision of a mental health activity	4	6	0	4
	(18) <i>Rate of mental health services</i>	<i>92%</i>	<i>78%</i>	<i>100%</i>	<i>88%</i>

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**Data as of August 10, 2010
From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	294	736	1,003	2,033
	(2) Number of children currently receiving mental health services	11	21	476	508
	(3) Number of children requiring screens	294	707	438	1,439
	(4) Number of children screened	291	663	434	1,388
	(5) Number of CSWs completing screens	59	51	58	112
	(6) Number of days between case opening/case plan due date and screen	12	23	11	17
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>94%</i>	<i>99%</i>	<i>96%</i>
	(8) Number of children with positive screens	249	270	105	624
	(9) <i>Rate of children with positive screens</i>	<i>86%</i>	<i>41%</i>	<i>24%</i>	<i>45%</i>
	(10) Number of children for whom consent for mental health services is declined	8	25	14	47
	(11) Number of children with positive screens determined to be EPSDT-eligible	232	177	98	507
	(12) Number of children with positive screens determined to be privately insured	1	40	1	42
	(13) Number of children referred for mental health services	229	220	87	536
	(14) Number of days between screening and referral to mental health provider	6	14	13	11
	(15) <i>Rate of referral</i>	<i>95%</i>	<i>90%</i>	<i>96%</i>	<i>93%</i>
	(16) Number of children accessing services	211	182	83	476
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	7	5	5
	(18) <i>Rate of mental health services</i>	<i>92%</i>	<i>83%</i>	<i>95%</i>	<i>89%</i>

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From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	210	538	1,035	1,783
	(2) Number of children currently receiving mental health services	10	22	516	548
	(3) Number of children requiring screens	210	528	449	1,187
	(4) Number of children screened	210	519	442	1,171
	(5) Number of CSWs completing screens	40	47	69	117
	(6) Number of days between case opening/case plan due date and screen	17	22	27	22
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>98%</i>	<i>98%</i>	<i>99%</i>
	(8) Number of children with positive screens	171	214	131	516
	(9) <i>Rate of children with positive screens</i>	<i>81%</i>	<i>41%</i>	<i>30%</i>	<i>44%</i>
	(10) Number of children for whom consent for mental health services is declined	7	31	14	52
	(11) Number of children with positive screens determined to be EPSDT-eligible	168	155	124	447
	(12) Number of children with positive screens determined to be privately insured	5	23	4	32
	(13) Number of children referred for mental health services	157	175	113	445
	(14) Number of days between screening and referral to mental health provider	7	11	5	8
	(15) <i>Rate of referral</i>	<i>96%</i>	<i>96%</i>	<i>97%</i>	<i>96%</i>
	(16) Number of children accessing services	152	163	95	410
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	8	4
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>93%</i>	<i>84%</i>	<i>92%</i>

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From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Pomona	(1) Number of children	68	264	419	751
	(2) Number of children currently receiving mental health services	0	8	165	173
	(3) Number of children requiring screens	68	249	217	534
	(4) Number of children screened	67	233	193	493
	(5) Number of CSWs completing screens	24	33	46	87
	(6) Number of days between case opening/case plan due date and screen	11	13	18	13
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>94%</i>	<i>89%</i>	<i>92%</i>
	(8) Number of children with positive screens	53	96	22	171
	(9) <i>Rate of children with positive screens</i>	<i>79%</i>	<i>41%</i>	<i>11%</i>	<i>35%</i>
	(10) Number of children for whom consent for mental health services is declined	0	1	3	4
	(11) Number of children with positive screens determined to be EPSDT-eligible	52	78	19	149
	(12) Number of children with positive screens determined to be privately insured	0	1	0	1
	(13) Number of children referred for mental health services	53	87	16	156
	(14) Number of days between screening and referral to mental health provider	5	4	4	4
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>92%</i>	<i>84%</i>	<i>93%</i>
	(16) Number of children accessing services	53	87	16	156
	(17) Number of days between referral for mental health services and the provision of a mental health activity	0	0	0	0
	(18) <i>Rate of mental health services</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

**County of Los Angeles
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**Data as of August 10, 2010
From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	432	715	1,602	2,749
	(2) Number of children currently receiving mental health services	6	9	613	628
	(3) Number of children requiring screens	415	664	849	1,928
	(4) Number of children screened	414	653	826	1,893
	(5) Number of CSWs completing screens	91	106	71	192
	(6) Number of days between case opening/case plan due date and screen	29	21	14	23
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>98%</i>	<i>97%</i>	<i>98%</i>
	(8) Number of children with positive screens	370	392	159	921
	(9) <i>Rate of children with positive screens</i>	<i>89%</i>	<i>60%</i>	<i>19%</i>	<i>49%</i>
	(10) Number of children for whom consent for mental health services is declined	6	5	9	20
	(11) Number of children with positive screens determined to be EPSDT-eligible	334	291	142	767
	(12) Number of children with positive screens determined to be privately insured	5	10	1	16
	(13) Number of children referred for mental health services	359	379	148	886
	(14) Number of days between screening and referral to mental health provider	13	6	17	11
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>98%</i>
	(16) Number of children accessing services	349	377	148	874
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	5	4
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>

**County of Los Angeles
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**Data as of August 10, 2010
From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	513	823	1,658	2,994
	(2) Number of children currently receiving mental health services	3	6	728	737
	(3) Number of children requiring screens	513	792	824	2,129
	(4) Number of children screened	440	746	805	1,991
	(5) Number of CSWs completing screens	68	95	92	166
	(6) Number of days between case opening/case plan due date and screen	29	17	14	23
	(7) <i>Rate of screening</i>	<i>86%</i>	<i>94%</i>	<i>98%</i>	<i>94%</i>
	(8) Number of children with positive screens	398	280	113	791
	(9) <i>Rate of children with positive screens</i>	<i>90%</i>	<i>38%</i>	<i>14%</i>	<i>40%</i>
	(10) Number of children for whom consent for mental health services is declined	3	3	7	13
	(11) Number of children with positive screens determined to be EPSDT-eligible	372	194	100	666
	(12) Number of children with positive screens determined to be privately insured	0	8	1	9
	(13) Number of children referred for mental health services	379	250	101	730
	(14) Number of days between screening and referral to mental health provider	5	4	8	5
	(15) <i>Rate of referral</i>	<i>96%</i>	<i>90%</i>	<i>95%</i>	<i>94%</i>
	(16) Number of children accessing services	299	220	83	602
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	9	11	6
	(18) <i>Rate of mental health services</i>	<i>79%</i>	<i>88%</i>	<i>82%</i>	<i>82%</i>

**County of Los Angeles
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BOS RTS Summary Data Report**

**Data as of August 10, 2010
From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	565	1,207	2,063	3,835
	(2) Number of children currently receiving mental health services	6	24	694	724
	(3) Number of children requiring screens	563	1,182	1,230	2,975
	(4) Number of children screened	523	1,109	1,155	2,787
	(5) Number of CSWs completing screens	102	106	124	249
	(6) Number of days between case opening/case plan due date and screen	25	22	10	21
	(7) <i>Rate of screening</i>	<i>93%</i>	<i>94%</i>	<i>94%</i>	<i>94%</i>
	(8) Number of children with positive screens	488	441	197	1,126
	(9) <i>Rate of children with positive screens</i>	<i>93%</i>	<i>40%</i>	<i>17%</i>	<i>40%</i>
	(10) Number of children for whom consent for mental health services is declined	0	2	1	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	460	375	163	998
	(12) Number of children with positive screens determined to be privately insured	0	4	3	7
	(13) Number of children referred for mental health services	476	384	162	1,022
	(14) Number of days between screening and referral to mental health provider	3	13	20	9
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>87%</i>	<i>83%</i>	<i>91%</i>
	(16) Number of children accessing services	435	360	154	949
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	3	3	3
	(18) <i>Rate of mental health services</i>	<i>91%</i>	<i>94%</i>	<i>95%</i>	<i>93%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of August 10, 2010
From May 2009 to June 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	2,991	6,275	10,981	20,247
	(2) Number of children currently receiving mental health services	48	177	4,428	4,653
	(3) Number of children requiring screens	2,962	6,066	5,636	14,664
	(4) Number of children screened	2,821	5,839	5,438	14,098
	(5) Number of CSWs completing screens	410	597	683	1,151
	(6) Number of days between case opening/case plan due date and screen	21	26	19	23
	(7) <i>Rate of screening</i>	<i>95%</i>	<i>96%</i>	<i>96%</i>	<i>96%</i>
	(8) Number of children with positive screens	2,577	2,819	1,102	6,498
	(9) <i>Rate of children with positive screens</i>	<i>91%</i>	<i>48%</i>	<i>20%</i>	<i>46%</i>
	(10) Number of children for whom consent for mental health services is declined	25	84	50	159
	(11) Number of children with positive screens determined to be EPSDT-eligible	2,443	2,279	987	5,709
	(12) Number of children with positive screens determined to be privately insured	13	92	11	116
	(13) Number of children referred for mental health services	2,492	2,569	971	6,032
	(14) Number of days between screening and referral to mental health provider	5	8	11	7
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>94%</i>	<i>92%</i>	<i>95%</i>
	(16) Number of children accessing services	2,320	2,424	915	5,659
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	4	5	3
	(18) <i>Rate of mental health services</i>	<i>93%</i>	<i>94%</i>	<i>94%</i>	<i>94%</i>

Track #1: Newly Detained

All newly detained children eligible for the Multidisciplinary Assessment Team (MAT) program will receive a comprehensive assessment (including mental health) and mental health service linkage. All newly detained children not eligible for MAT, or in a SPA with insufficient capacity, will receive a mental health screening by the CSW using the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Based on a positive mental health screening, children will be referred for mental health services through the co-located DMH staff and/or Service Linkage Specialist (SLS).

Track #2: Newly Open Non-Detained

All newly opened non-detained children (family maintenance or voluntary family reunification) will receive a mental health screening by the CSW using the CIMH/MHST and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Track #3: Existing Open Cases

All existing open cases will receive a mental health screening by the CSW using the CIMH/MHST when the next case plan update is due or a behavioral indicator is present (unless the child is already receiving mental health services) and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Footnotes

(1) Number of children is defined as the total number of children receiving DCFS services within each screening track.

(2) Number of children currently receiving mental health services is the number of children in an existing DCFS case who are currently receiving mental health services, defined as having received a billable mental health service activity within the previous 120 calendar days. The number of children currently receiving mental health services in track one and two is provided for information purposes only. The number of children currently receiving mental health services in track three is provided to show the number of children who are not required to be screened.

(3) Number of children requiring screens is defined as a) the number of newly detained children with a case opening in the month; b) the number of newly open non-detained children with a case opening in the month; c) the number of children in an existing open case, not currently receiving mental health services, with a case plan update due or a behavioral indicator identified requiring the completion of a CIMH/MHST within the month. Additionally, the number of children requiring screens may be reduced by the number of children in cases that were closed or by the number of runaway/abducted children in the 30 day period.

(4) Number of children screened is defined as the total number of DCFS children for whom a CIMH/MHST or a MAT referral is completed. In accordance with the Strategic Plan, all newly detained MAT-eligible children will automatically be referred for a MAT assessment regardless of the CIMH/MHST outcome. Therefore, a referral to the MAT program acts as a positive screening.

(5) Number of CSWs completing screens is defined as the number of CSWs who completed a CIMH/MHST.

(6) Number of days between case opening/case plan due date and screen is defined as the average number of calendar days between the DCFS case opening date or case plan due date and the completion of a CIMH/MHST or MAT referral.

(7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CIMH/MHST or MAT referral.

(8) Number of children with positive screens is defined as the number of children determined to be in need of a mental health assessment because of a positive CIMH/MHST or MAT referral.

(9) Rate of children with positive screens is defined as the percent of children with positive screens out of the total number of children screened.

(10) Number of children for whom consent for mental health services is declined is defined as the number of children for whom consent for mental health services is declined by the parent/legal guardian, the court, and/or a youth age 12 years and older.

(11) Number of children with positive screens determined to be EPSDT-eligible is defined as the number of children identified to be in need of a mental health assessment determined to be insured through the Federal Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

(12) Number of children with positive screens determined to be privately insured is defined as the number of children identified to be in need of a mental health assessment and who are privately insured (Kaiser, Blue Cross, etc.).

(13) Number of children referred for mental health services is defined as the number of children referred for mental health services through all DMH and non-DMH funded programs including MAT, Wraparound, DMH directly operated clinics, other DMH contracted providers, as well as services offered through private insurance, DCFS funded programs or any other type of appropriate mental health provider/program. Additionally, the number of children requiring referral for mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was denied in the 60 day period.

(14) Number of days between screening and referral to mental health provider is defined as the average number of

calendar days between a positive CIMH/MHST or MAT referral and the referral to a mental health provider.

(15) Rate of referral is defined as the percent of children referred to a mental health provider out of the total number with a positive CIMH/MHST or MAT referral.

(16) Number of children accessing services is defined as the number of children referred by DCFS, based upon a positive mental health screening, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc. Additionally, the number of children required to receive mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was revoked in the 90 day period.

(17) Number of days between referral for mental health services and the provision of a mental health activity is defined as the average number of calendar days between referral for mental health services and the provision of a mental health service activity.

(18) Rate of mental health services is defined as the percent of children who receive a mental health service activity out of the total referred from DCFS.