



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 31, 2009

To: Supervisor Don Knabe, Chairman
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Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

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

On October 14, 2008, the Board approved the Katie A. Strategic Plan, a single comprehensive and overarching vision of the current and planned service delivery of mental health services to children under the supervision and care of the Department of Children and Family Services (DCFS). On March 27, 2009, DCFS and the Department of Mental Health (DMH) provided your Board with the Katie A. Implementation Plan that describes the systematic process by which all children in new and currently open DCFS cases will be screened for mental health needs, and if screened positive, assessed for mental health services.

On April 28, 2009, in response to a motion by Supervisor Molina, the Board ordered the Chief Executive Officer (CEO), DCFS and DMH to prepare a monthly report on the mental health screening process, beginning May 30, 2009. The motion indicates that the social workers in the Service Planning Area (SPA) 7 Belvedere and Santa Fe Springs offices began the mental health screening process on May 1, 2009. The Departments are charged with tracking the effectiveness of mental health screening, referral to DMH and mental health treatment access in a monthly report that provides the following data elements:

1. Number of social workers completing screenings;
2. Number of children screened;
3. Number of children referred for mental health services;
4. Amount of time between screening, assessment and treatment access;
5. Number of children accessing services;
6. Waiting times, if any, at directly operated clinics or contract providers; and
7. Quality of mental health services.

Summary Highlights

Data entered as of August 19, 2009 into the Child Welfare Services/Case Management System (CWS/CMS) indicates the following year-to-date progress made by SPA 7 staff for children entering cases or with a case plan update from May 1, 2009 through July 31, 2009:

- An average of 251 Children's Social Workers (CSWs) completed mental health screens each month.
- Out of a total of 2052 children potentially requiring a mental health screen, 1327 children were determined to be in need of a screen, and of that amount, 1271 children were screened at a 96% screening rate.
- Out of 1271 children screened, 471 children screened positive, and 432 children were referred for mental health services at a 92% referral rate.
- Out of 432 children referred for mental health services, 425 children received a mental health service activity at a 98% access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was 19 calendar days.
- The average number of days between a positive mental health screen or Multidisciplinary Assessment Team referral and referral for mental health service was 4 calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was 6 calendar days.
- The average number of days between a referral for mental health service and the date of admission into a mental health program was 16 calendar days.

**The Coordinated Services Action Team (CSAT)
Referral Tracking System (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, assessment and service linkage process for all children in new and currently open DCFS cases.

The CSAT and RTS first became operational in SPA 7 on May 1, 2009. Since the first report provided to your Board on May 29, 2009, the screening tracks and data elements of the Summary data Report provide a complete and accurate description of the process and is defined as follows:

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 linkage to services by MAT program staff. 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 screen, the 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 screen, 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 screen, referred for mental health services through the co-located DMH staff and/or SLS.

The data elements within each screening track included in the RTS Summary Report provide necessary information to track timeliness and participation rates of required activities associated with the mental health screening, assessment and service

linkage process. In addition, other data elements are included to provide context and a greater understanding of certain factors that may affect the service linkage process. The data elements in the RTS Summary Report are currently defined as follows:

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 defined as 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 is counted as a positive screen.
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. **Number of children with positive screens determined to be Early Periodic Screening, Diagnosis, and Treatment (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 EPSDT program.
10. **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.).
11. **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 was denied in the 60 day period.
12. **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.
13. **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.
14. **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.

15. **Number of days between referral to a mental health provider and assessment/treatment** is defined as the average number of calendar days between referral to a mental health provider and the start of a mental health service activity.
16. **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.
17. **Waiting times at directly operated clinics or contract providers** is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.
18. **Quality of mental health services** is a measure of client satisfaction with the mental health services received. DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process. This data will be reported in future monthly reports as it becomes available.

Lesson Learned

Implementation of CSAT and RTS in SPA 7 continues to provide important lessons, namely:

1. The workload related to data collection and input for Track #3: Existing Cases is one of our greatest challenges at this point. Experience has taught us that the workload is heaviest in the first months of implementation. DCFS is addressing this with a plan to hire the 20 additional Katie A. items approved by your Board prior to 2010 Phase II implementation of CSAT in the remaining SPAs. Newly hired Phase II CSAT staff will become experts by supporting implementation in Phase I SPAs. In turn, we anticipate that Phase I CSAT staff will be able to support implementation in Phase II SPAs, making for a much smoother transition.
2. Technology has presented the following challenges to the implementation of CSAT in SPA 7:
 - Development of a system for sharing information between Departments;
 - Variation in the levels of technological competence among staff; and

- Obsolete hardware.
3. Despite challenges related to workload, aging hardware and limited staffing, SPA 7 staff have demonstrated extraordinary commitment and performance that is reflected in the number of children who have been screened and linked to mental health services.

SUMMARY

The attached RTS Summary Data Report provides the cumulative or year-to-date progress made by SPA 7 staff for children entering cases or with a case plan update from May 1, 2009 through July 31, 2009. Despite many challenges associated with implementation, SPA 7 staff compliance rates remain very high.

The next report, due to your Board on September 30, 2009, will reflect CSAT activities and RTS data tracking in SPA 7 for May through August 31, 2009 and will provide data results from the first month of implementation of CSAT in SPA 6 that began on August 1, 2009.

As to quality of mental health services, DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process, expected to become available in the last quarter of 2009.

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:emm

Attachment

c: Acting County Counsel
Executive Officer, Board of Supervisors

County of Los Angeles
Department of Children and Family Services
Katie A. Referral Tracking System Summary Data Report
Data as of August 19, 2009
May - July 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	135	184	832	1,151
	(2) Number of children currently receiving mental health services	7	18	306	331
	(3) Number of children requiring screens	135	182	428	745
	(4) Number of children screened	123	165	420	708
	(5) Number of CSWs completing screens	26	42	94	162
	(6) Number of days between case opening/case plan due date and screen	16	35	15	66
	(7) <i>Rate of screening</i>	91%	91%	98%	95%
	(8) Number of children with positive screens	113	36	84	233
	(9) Number of children with positive screens determined to be EPSDT-eligible	111	34	68	213
	(10) Number of children with positive screens determined to be privately insured	0	0	5	5
	(11) Number of children referred for mental health services	112	34	82	228
	(12) Number of days between screening and referral to mental health provider	1	1	2	1
	(13) <i>Rate of referral</i>	99%	94%	98%	98%
	(14) Number of children accessing services	112	33	81	226
	(15) Number of days between referral to a mental health provider and assessment/treatment	2	4	7	4
	(16) <i>Rate of mental health services</i>	100%	97%	99%	99%
	(17) Waiting times at directly operated clinics or contract providers	10	15	16	14
	(18) Quality of mental health services				
S F Springs	(1) Number of children	94	141	666	901
	(2) Number of children currently receiving mental health services	6	6	231	243
	(3) Number of children requiring screens	91	120	371	582
	(4) Number of children screened	84	111	368	563
	(5) Number of CSWs completing screens	27	35	79	141
	(6) Number of days between case opening/case plan due date and screen	19	16	10	15
	(7) <i>Rate of screening</i>	92%	93%	99%	97%
	(8) Number of children with positive screens	65	65	108	238
	(9) Number of children with positive screens determined to be EPSDT-eligible	49	41	86	176
	(10) Number of children with positive screens determined to be privately insured	1	0	0	1
	(11) Number of children referred for mental health services	48	60	96	204
	(12) Number of days between screening and referral to mental health provider	2	6	10	6
	(13) <i>Rate of referral</i>	94%	92%	89%	86%
	(14) Number of children accessing services	44	60	95	199
	(15) Number of days between referral to a mental health provider and assessment/treatment	4	8	8	7
	(16) <i>Rate of mental health services</i>	92%	100%	99%	98%
	(17) Waiting times at directly operated clinics or contract providers	9	22	20	17
	(18) Quality of mental health services				
Cumulative	(1) Number of children	229	325	1,498	2,052
	(2) Number of children currently receiving mental health services	13	24	537	574
	(3) Number of children requiring screens	226	302	799	1,327
	(4) Number of children screened	207	276	788	1,271
	(5) Number of CSWs completing screens	53	77	173	251
	(6) Number of days between case opening/case plan due date and screen	18	26	13	19
	(7) <i>Rate of screening</i>	92%	91%	99%	96%
	(8) Number of children with positive screens	178	101	192	471
	(9) Number of children with positive screens determined to be EPSDT-eligible	160	75	154	389
	(10) Number of children with positive screens determined to be privately insured	1	0	5	6
	(11) Number of children referred for mental health services	160	94	178	432
	(12) Number of days between screening and referral to mental health provider	2	4	6	4
	(13) <i>Rate of referral</i>	90%	93%	93%	92%
	(14) Number of children accessing services	156	93	176	425
	(15) Number of days between referral to a mental health provider and assessment/treatment	3	6	8	6
	(16) <i>Rate of mental health services</i>	98%	99%	99%	98%
	(17) Waiting times at directly operated clinics or contract providers	10	19	18	16
	(18) Quality of mental health services				

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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.

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(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.

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(17) Waiting times at directly operated clinics or contract providers is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.

(18) Quality of mental health services is a measure of client satisfaction with the mental health services received. DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process. This data will be reported in future monthly reports as it becomes available.