



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 30, 2009

To: Supervisor Don Knabe, Chairman
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From: William T Fujioka
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Director, Department of Children & Family Services

Marvin J. Southard, DSW *Robin Kay for*
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 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 will begin 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

The previous and first month's Referral Tracking System Summary Data Report (RTS Summary Report) provided an account of the mental health screening, referral and service linkage activities for a total of **9** DCFS children during the first five business days (May 1 - May 7, 2009) of implementation of the Coordinated Services Action Team (CSAT). The current and attached RTS Summary Report reflects the mental health screening, referral and service linkage activities for a total of **639** DCFS children during the first month of CSAT implementation (May 1 - 31, 2009).

Data extracted on June 23, 2009 from information entered into the Child Welfare Services/Case Management System (CWS/CMS) indicates the following progress made by SPA 7 staff during the May 1-31, 2009 reporting period:

- A total of **166** Children's Social Workers (CSWs) completed mental health screens.
- Out of a total of **639** children potentially requiring a mental health screen, **465** children were determined to be in need of a screen, and of that amount, **439** children were screened at a **94%** screening rate.
- Out of **439** children screened, **166** children screened positive, and **164** children were referred for mental health services at a **99%** referral rate.
- Out of **164** children referred for mental health services, **144** children received a mental health service activity at an **88%** access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was **12** calendar days.
- The average number of days between a positive mental health screen or MAT referral and referral for mental health service was **3** calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was **8** 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 **15** calendar days.

It is important to note that data for the RTS Summary Report is continuously entered and that the final compliance rates will be evident only after a certain period of time. For example, policy requires a child to be screened within the first 30 calendar days of case opening or case plan due date, so the final compliance rate for screenings completed May 1 – 31, 2009 will not be complete until the beginning of July 2009. The RTS Summary Report, to be submitted to your Board at the end of each month, will be compiled from data extracted on or about the 20th of each month representing the work completed up to that date for the previous month's required cases. A rolling tally of the data elements contained in the report will be provided for each DCFS regional office that has implemented CSAT and for each of the three screening tracks described below.

The Coordinated Services Action Team Referral Tracking System Summary Data Report

Since the first report provided to your Board on May 29, 2009, the current RTS Summary Report has been expanded to reflect a number of additional data elements to provide a more comprehensive picture. In addition to raw data on the basic activities associated with the screening, assessment and service linkage process, the updated report provides the participation rates and additional data elements important to track in measuring compliance and progress. Furthermore, the report was reorganized so the data can be viewed within each screening and assessment track by regional office, defined as follows:

Track #1: Newly Detained

All children in newly detained cases will receive a comprehensive assessment (including mental health) and linkage to service through the Multidisciplinary Assessment Team (MAT) Program.

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 California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST) and, based on a positive mental health screen, referred for mental health services through the co-located DMH staff and/or Service Linkage Specialist (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 attached RTS Report includes the following data elements per DCFS office and screening track to thoroughly explain the mental health screening and referral process. The report concludes with a summary total, labeled "Department," providing a cumulative total for all data elements produced from CSAT and RTS operational offices to date:

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 during the screening, referral and service linkage process.
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 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 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.
10. **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.
11. **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.
12. **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.
13. **Number of children accessing services** is defined as the number of children referred by DCFS, based upon a positive CIMH/MHST or MAT referral, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc.
14. **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.

15. **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.
16. **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.
17. **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.

Lessons Learned

A number of significant lessons have been learned from implementation of the CSAT and RTS from SPA 7 to date, namely:

1. The CSAT process and RTS structures the screening, referral and service linkage process, changing or giving way to new procedures. For example, CSWs are not accustomed to completing a mental health screening or routinely seeking a parent's consent for their child's mental health treatment prior to making a mental health referral. A trial run for one month prior to official implementation of the CSAT and RTS in future offices is necessary to provide hands-on training and to help clarify roles, responsibilities, policy and procedures. Additionally, having the SLS, MAT Coordinators, and Specialized Foster Care DMH staff in place, trained on the CSAT process and RTS in advance of roll-out, and involved in the Overview and Policy training for office-wide staff will ease implementation challenges.
2. The RTS, in its current functionality, does not account for a number of case circumstances that prevent staff from screening, referring, and/or providing mental health services to children, and reaching a 100% compliance rate, such as:
 - a. The case is closed by DCFS before an activity could be completed or recorded.
 - b. The child does not meet "medical necessity" requirements under EPSDT guidelines.
 - c. The child has runaway, been abducted or is in the process of being replaced or moved to another county or state and is not available.

- d. The child, parent(s) or Court refused to provide consent for mental health services.
 - e. The child has private insurance, such as Kaiser or Blue Cross, making it difficult to control the type of service and/or timeframe by which the services are offered.
 - f. Healthy Families or Medi-Cal Insurance is pending.
3. The RTS currently requires the manual transmission and entry of data that in some instances creates delays and incorrectly appears as the absence of a completed activity. Improvement in automation, such as the automatic data exchange from DMH to DCFS identifying the children currently receiving mental health services and/or linked to mental health services, is expected, but not yet in place. At this time, DMH and DCFS staff must complete a manual tracking process to determine and enter such information. Gaining permission for DMH staff to access, review and enter data regarding their activities directly into the State's Child Welfare Services/Case Management System (CWS/CMS) would significantly increase efficiency, productivity and collaboration. A letter to the State to gain this permission is currently being drafted.
 4. Workload related to data entry is high. The RTS requires at least 7 data entry points for each child or 13 for MAT cases. Additionally, in the first 6 months of CSAT implementation for each office, data entry workload is especially high due to the requirements to review, screen, refer and/or link all of the children in existing cases. Finally, implementation of the RTS in the first month quickly informed the need for enhancements and changes to the system, creating an additional workload for the SPA 7 CSAT members that will not exist for future implementing offices.

SUMMARY

The attached RTS Summary Report reflects the mental health screening, referral and service linkage activities for a total of **639** DCFS children during the first month of CSAT implementation (May 1 - 31, 2009), demonstrating noteworthy progress in the completion and data tracking of activities in accordance with the Katie A. Strategic Plan.

Since May 1, 2009, staff from DMH, DCFS and other agency programs, both public and privately funded, completed the following activities:

- **Reviewed a total of 639 DCFS children in open cases for mental health service needs and found 153 of those children already receiving mental health services;**

- **Completed mental health screenings for 439 children out of 465 required (at a 94% compliance rate);**
- **Referred 164 children for mental health services out of 166 required (at a 99% compliance rate); and**
- **Initiated mental health services for 144 children out of 164 (at an 88% compliance rate).**

The RTS Summary Report quantifies progress towards fulfillment of the objectives identified through the Katie A. Settlement Agreement and the integration of these objectives into an infrastructure designed to support success and address challenges. In analyzing the data, it is important to note the point in time the data is extracted and that the final compliance rate for screenings required for the report period of May 1 – 31, 2009 is not expected until the first week in July. The final referral rate for May cases will occur through the first week in August and the service access rate for May cases can last through the first week in September. Additionally, as discussed in the section above under “Lessons Learned,” there are a number of other factors that will affect compliance rates.

The next report, due to your Board on July 31, 2009, will reflect the CSAT activities and RTS data tracking in SPA 7 for May and June 2009. RTS data from SPA 6, where CSAT and the RTS is scheduled to be implemented on August 1, 2009 will be submitted to your Board on August 30, 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 June 23, 2009
May 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	40	49	263	352
	(2) Number of children currently receiving mental health services	11	16	59	86
	(3) Number of children requiring screens	40	49	179	268
	(4) Number of children screened	39	45	171	255
	(5) Number of CSWs completing screens	16	15	67	94
	(6) Number of days between case opening/case plan due date and screen	16	22	8	13
	(7) <i>Rate of screening</i>	98%	92%	96%	95%
	(8) Number of children with positive screens	35	8	39	82
	(9) Number of children with positive screens determined to be EPSDT-eligible	35	8	26	69
	(10) Number of children referred for mental health services	35	8	39	82
	(11) Number of days between screening and referral to mental health provider	-1	-4	3	1
	(12) <i>Rate of referral</i>	100%	100%	100%	100%
	(13) Number of children accessing services	28	5	36	69
	(14) Number of days between referral to a mental health provider and assessment/treatment	8	8	14	13
	(15) <i>Rate of mental health services</i>	80%	63%	92%	84%
	(16) Waiting times at directly operated clinics or contract providers	0	12	11	11
	(17) Quality of mental health services				
S F Springs	(1) Number of children	35	45	207	287
	(2) Number of children currently receiving mental health services	2	3	62	67
	(3) Number of children requiring screens	35	35	127	197
	(4) Number of children screened	26	32	126	184
	(5) Number of CSWs completing screens	12	13	49	72
	(6) Number of days between case opening/case plan due date and screen	19	12	10	13
	(7) <i>Rate of screening</i>	74%	91%	99%	93%
	(8) Number of children with positive screens	19	17	48	84
	(9) Number of children with positive screens determined to be EPSDT-eligible	17	9	41	67
	(10) Number of children referred for mental health services	17	17	48	82
	(11) Number of days between screening and referral to mental health provider	5	6	5	5
	(12) <i>Rate of referral</i>	89%	100%	100%	98%
	(13) Number of children accessing services	12	17	46	75
	(14) Number of days between referral to a mental health provider and assessment/treatment	4	4	5	5
	(15) <i>Rate of mental health services</i>	71%	100%	96%	91%
	(16) Waiting times at directly operated clinics or contract providers	0	22	15	17
	(17) Quality of mental health services				
Department	(1) Number of children	75	94	470	639
	(2) Number of children currently receiving mental health services	13	19	121	153
	(3) Number of children requiring screens	75	84	306	465
	(4) Number of children screened	65	77	297	439
	(5) Number of CSWs completing screens	28	28	116	166
	(6) Number of days between case opening/case plan due date and screen	17	15	9	13
	(7) <i>Rate of screening</i>	87%	92%	97%	94%
	(8) Number of children with positive screens	54	25	87	166
	(9) Number of children with positive screens determined to be EPSDT-eligible	52	17	67	136
	(10) Number of children referred for mental health services	52	25	87	164
	(11) Number of days between screening and referral to mental health provider	1	3	4	4

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Katie A. Referral Tracking System Summary Data Report
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May 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Department continued	<i>(12) Rate of referral</i>	96%	100%	100%	99%
	<i>(13) Number of children accessing services</i>	40	22	82	144
	<i>(14) Number of days between referral to a mental health provider and assessment/treatment</i>	6	5	9	8
	<i>(15) Rate of mental health services</i>	77%	88%	94%	88%
	<i>(16) Waiting times at directly operated clinics or contract providers</i>	0	19	13	15
	<i>(17) Quality of mental health services</i>				

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 during the screening, referral and service linkage process.
- (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 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 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.
- (10) 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.
- (11) 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.
- (12) 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.
- (13) Number of children accessing services is defined as the number of children referred by DCFS, based upon a positive CIMH/MHST or MAT referral, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc.
- (14) 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.
- (15) 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.
- (16) 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.
- (17) 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.