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

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December 30, 2010

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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. On January 19, 2010, the Board ordered the CEO, DCFS and DMH to report on how to reduce the time between mental health screening and the start of mental health service. In response, DCFS and DMH reviewed a sample of children's cases and on March 16, 2010 provided the Board with a plan that resulted in a redesign of the Coordinated Services Action Team (CSAT) and Referral Tracking System (RTS).

This is the first report provided to your board tracking mental health acuity and response. It provides the data from the first month of implementation of screening for mental health services for children with acute, urgent and routine mental health needs in newly opened and existing cases in Service Planning Area (SPA) 7 regional offices from implementation on September 1, 2010 through September 30, 2010. The attached report includes 18 data elements reflecting identification of and the response to acuity of

mental health needs and annual screening. Data from the CSAT redesign implementation from SPA 6 on November 1, 2010 will be included in the January 30, 2011 report to your Board. As of February 28, 2011, all CSAT monthly reports will provide data delineating the provision of mental health services by acute, urgent and routine mental health needs.

CSAT Redesign

As discussed in the Katie A. Strategic Plan, the CSAT and RTS provide the organizational structure and system by which DCFS and DMH ensure and track the mental health screening, referral, and service linkage process for children in new and currently open DCFS cases.

The CSAT redesign delayed the initial rollout of CSAT to DCFS offices not yet trained. Re-training and implementation of the new procedures began in offices already trained (SPAs 1, 6, 7, El Monte, and Pomona regional offices). CSAT implementation in the remaining offices will occur over the next year.

The redesigned training rollout per office is depicted in Table 1.

Table 1: CSAT Redesign Training and Rollout Schedule				
DCFS Office	Training Month	Trial Month	CSAT 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	Oct. 2010	Nov. 2010	Dec. 2010	Feb. 2011
Covina Annex (Asian Pacific/American Indian Units only), Metro North	Nov. 2010	Dec. 2010	Jan. 2011	Mar. 2011
Emergency Response Command Post	Dec. 2010	Jan. 2011	Feb. 2011	Apr. 2011
West Los Angeles, Deaf Services, Pasadena	Jan. 2011	Feb. 2011	Mar. 2011	May 2011
Lakewood, Torrance	Feb. 2011	Mar. 2011	Apr. 2011	June 2011

Table 1: CSAT Redesign Training and Rollout Schedule

DCFS Office	Training Month	Trial Month	CSAT Roll Out	RTS Report to Board
Glendora	Mar. 2011	Apr. 2011	May 2011	July 2011
Medical Case Management Services	Apr. 2011	May 2011	June 2011	Aug. 2011
San Fernando Valley, Santa Clarita, W. San Fernando Valley	May 2011	June 2011	July 2011	Sep. 2011

Upon implementation of CSAT redesign in a DCFS regional office, the revised CSAT policy (issued on September 1, 2010) requires Children’s Social Workers (CSWs) to complete the Los Angeles County Child Welfare Mental Health Screening Tool (MHST) in conjunction with the following:

- The promotion of an emergency response referral to a case and start of ongoing child welfare services to the family (both court and voluntary);
- The first case plan update due for an existing case after CSAT implementation in a DCFS regional office;
- A “behavioral indicator,” as defined in policy, unless the child is already receiving mental health services;
- Annually from the date of the last negative screen, unless the child is already receiving mental health services.

Children with positive MHSTs should be referred for mental health services as follows:

- Children presenting with acute needs should be referred to PMRT as soon as possible on the same day as the completed screen;
- Children presenting with urgent needs should be referred for mental health services as soon as possible within one day of the completed screen;
- Children presenting with routine needs should be referred for mental health services within thirty days of completed screen.

Once referred for mental health services and the acuity of a child’s mental health need is determined by mental health staff, children should begin receiving mental health services according to the following guidelines:

- Children determined by mental health staff to have acute mental health needs should begin to receive mental services as soon as possible on the same day after receipt of referral;

- Children determined by mental health staff to have urgent mental health needs should begin receiving mental health services within three days after receipt of referral;
- Children determined by mental health staff to have routine mental health needs should begin receiving mental health services within thirty days after receipt of referral.

RTS Summary Data Report

The attached RTS Summary Data Report provides definitions of the three tracks (newly detained, newly opened non-detained, and existing open cases), annual screening, and 18 data elements that provide participation rates, timeliness, and the context for greater understanding of factors affecting the service linkage process.

The 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. Data for the RTS Summary Data Report are continuously entered, with final compliance rates evident after 90 days from the date of newly opened cases, the case plan due date for currently open cases, and the date of a previous negative screen for annual rescreening.

RTS Summary Data Report Highlights

As of December 16, 2010, data entered into the Child Welfare Services/Case Management System (CWS/CMS) indicates the progress made by SPA 7 regional offices during the trial month of CSAT redesign implementation from September 1, 2010 through September 30, 2010.

Tracks 1, 2 and 3:

- A total of **68** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of **206** children in new and open cases, **201** children required screens and **179** children were screened at an **89%** screening rate.¹

1 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 Child Welfare Mental Health Screening Tool (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.

- Out of the 126 children who screened positive, 70% received positive screens; 1% identified as having acute mental health needs, 4% as urgent, and 65% as routine.²
- Out of the 126 children who screened positive, 125 children were referred for mental health services at a 99% referral rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was 20 calendar days.
- The average number of days between an acute mental health screen and referral for mental health service was 0³ calendar days; the average number of days between an urgent screen and referral for services was 0 day; and the average number of days between a routine screen and referral was 0 days.
- The average number of days between a referral for mental health service and the first mental health service activity was 3 calendar days.

Annual Screens:

- Out of 92 children, 82 children required annual screens, and 3 children were screened for routine mental health needs at a 4% screening rate.
- Out of 3 children referred for mental health services, 3 children received a mental health service activity at a 100% access rate.
- The average number of days between a positive mental health screen and referral for mental health service was 0³ calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was 9 calendar days.

² 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. The number of children referred for mental health services can be affected by the number of children with a closed case, deceased, AWOL at the time of referral or still pending referral.

³ 0 (zero) calendar days reflects the same day or a day exceeding the target.

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 concurrent planning 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.

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 redesign and RTS in SPA 7 has provided important lessons:

1. The decline in the screening rate for SPA 7 Track 1 children from 96 percent (prior to CSAT redesign) to 77 percent is important to understand and address. Before the redesign, a Multidisciplinary Assessment Team (MAT) referral counted as a positive mental health screen for Track 1 children. Policy now requires the Emergency Response CSW to complete the MHST upon case opening, in addition, to making a referral to MAT. This has resulted in an additional workload for CSWs and the MAT Coordinators. The MAT Coordinator must track and data enter the completion of the MHST and MAT referral into the Child Welfare Services/Case Management System (CWS/CMS). With additional time, training, focus and support from management, MAT coordinators and CSWs will become accustomed to these new procedures and processes.
2. The rate of screening for children who require annual screens provides many opportunities for improvement. Programming the RTS to provide an accurate list of children requiring an annual screen and the process for ensuring completion and data entry of the annual MHST was complicated and completed only recently. Similar to lesson #1, we hope to see significant improvement in the annual

screening rates as the Service Linkage Specialists (SLS) and CSWs become more accustomed to new aspects of the system.

3. The new MHST developed by staff from CEO, DCFS, and DMH for the CSAT redesign required a screening tool to help CSWs identify children who may have acute or urgent mental health needs. Children identified as having such needs, according to the tool, are reviewed by DMH to determine if the child is in fact in acute or urgent need of service. During the initial roll-out in SPA 7 it was determined that the MHST yielded an over abundance of children with urgent needs. The Departments came together to further refine the screen to improve its reliability.

Summary

Revisions of the MHST, CSAT policy, RTS, and CSAT training have been completed over the last six months. The trial month of CSAT redesign implementation occurred in September 2010 and the initial data is provided in the attached RTS Summary Data Report. The data is very strong in many areas, namely the timelines for referral and start of service activity. The screening rates are not as high as they were prior to the CSAT redesign. The initial data reflects several challenges for CSAT and CSW staff in adapting to the changes. With additional time, training, focus and support, CSAT staff will become more accustomed to the new policy and procedures and data entry processes.

The next report due to your Board on January 31, 2011, will reflect CSAT redesign activities and RTS data tracking in SPA 7 and 6.

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 December 16, 2010
 September 2010

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
Belvedere	(1) Number of children	33	59	9	101	63
	(2) Number of children currently receiving mental health services	0	0	1	1	10
	(3) Number of children requiring screens	33	59	8	100	53
	(4) Total number of children screened	22	53	8	83	3
	(5) Number of CSWs completing screens	10	15	4	26	31
	(6) Number of days between all case opening/case plan due dates and screens	22	41	0	28	0
	(7) <i>Rate of screening</i>	67%	90%	100%	83%	6%
	(8) Number of children with positive screens	19	30	7	56	3
	(9) <i>Rate of children with positive screens</i>	86%	57%	88%	67%	100%
	(a) <i>Rate of children screened acute</i>	0%	0%	0%	0%	0%
	(b) <i>Rate of children screened urgent</i>	5%	2%	0%	2%	0%
	(c) <i>Rate of children screened routine</i>	81%	55%	88%	65%	100%
	(10) Number of children for whom consent for mental health services is declined	0	0	0	0	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	19	27	7	53	3
	(12) Number of children with positive screens determined to be privately insured	0	3	0	3	0
	(13) Number of children referred for mental health services	19	29	7	55	3
	(14) Number of days between screening and referral to mental health provider	0	0	0	0	0
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	0	0	0	0	0
	(c) Number of days between routine screening and referral to a mental health provider.	0	0	0	0	0
	(15) <i>Rate of referral</i>	100%	97%	100%	98%	100%
	(a) <i>Rate of referral of acute screens</i>	0%	0%	0%	0%	0%
	(b) <i>Rate of referral of urgent screens</i>	5%	3%	0%	4%	0%
	(c) <i>Rate of referral of routine screens</i>	95%	94%	100%	94%	100%
	(16) Number of children accessing services	18	29	6	53	3
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	2	3	2	9
	(18) <i>Rate of mental health services</i>	95%	100%	86%	96%	100%
(a) <i>Rate of mental health services of acute screens</i>	0%	0%	0%	0%	0%	
(b) <i>Rate of mental health services of urgent screens</i>	5%	3%	0%	4%	0%	
(c) <i>Rate of mental health services of routine screens</i>	90%	97%	86%	92%	100%	
S F Springs	(1) Number of children	38	54	13	105	29
	(2) Number of children currently receiving mental health services	0	1	4	5	0
	(3) Number of children requiring screens	38	54	9	101	29
	(4) Total number of children screened	33	54	9	96	0
	(5) Number of CSWs completing screens	16	28	4	42	19
	(6) Number of days between all case opening/case plan due dates and screens	25	9	0	12	0
	(7) <i>Rate of screening</i>	87%	100%	100%	95%	0%
	(8) Number of children with positive screens	27	36	7	70	0
	(9) <i>Rate of children with positive screens</i>	82%	67%	78%	73%	0%
	(a) <i>Rate of children screened acute</i>	0%	2%	0%	1%	0%
	(b) <i>Rate of children screened urgent</i>	12%	2%	0%	5%	0%
	(c) <i>Rate of children screened routine</i>	70%	63%	78%	67%	0%
	(10) Number of children for whom consent for mental health services is declined	0	0	0	0	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	27	28	7	62	0
	(12) Number of children with positive screens determined to be privately insured	0	1	0	1	0
	(13) Number of children referred for mental health services	27	36	7	70	0
	(14) Number of days between screening and referral to mental health provider	0	1	0	0	0
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	0	0	0	0	0
	(c) Number of days between routine screening and referral to a mental health provider.	0	1	0	0	0
	(15) <i>Rate of referral</i>	100%	100%	100%	100%	0%
	(a) <i>Rate of referral of acute screens</i>	0%	3%	0%	1%	0%
	(b) <i>Rate of referral of urgent screens</i>	15%	3%	0%	7%	0%
	(c) <i>Rate of referral of routine screens</i>	85%	94%	100%	92%	0%
	(16) Number of children accessing services	27	36	7	70	0
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	3	3	0
	(18) <i>Rate of mental health services</i>	100%	100%	100%	100%	0%
(a) <i>Rate of mental health services of acute screens</i>	0%	3%	0%	1%	0%	
(b) <i>Rate of mental health services of urgent screens</i>	15%	3%	0%	7%	0%	
(c) <i>Rate of mental health services of routine screens</i>	85%	94%	100%	92%	0%	

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
September 2010**

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
Cumulative	(1) Number of children	71	113	22	206	92
	(2) Number of children currently receiving mental health services	0	1	5	6	10
	(3) Number of children requiring screens	71	113	17	201	82
	(4) Total number of children screened	55	107	17	179	3
	(5) Number of CSWs completing screens	26	43	8	68	50
	(6) Number of days between all case opening/case plan due dates and screens	24	25	0	20	0
	(7) Rate of screening	77%	95%	100%	89%	4%
	(8) Number of children with positive screens	46	66	14	126	3
	(9) Rate of children with positive screens	84%	62%	82%	70%	100%
	(a) Rate of children screened acute	0%	1%	0%	1%	0%
	(b) Rate of children screened urgent	9%	2%	0%	4%	0%
	(c) Rate of children screened routine	75%	59%	82%	65%	100%
	(10) Number of children for whom consent for mental health services is declined	0	0	0	0	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	46	55	14	115	3
	(12) Number of children with positive screens determined to be privately insured	0	4	0	4	0
	(13) Number of children referred for mental health services	46	65	14	125	3
	(14) Number of days between screening and referral to mental health provider	0	0	0	0	0
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
(b) Number of days between urgent screening and referral to a mental health provider.	0	0	0	0	0	
(c) Number of days between routine screening and referral to a mental health provider.	0	1	0	0	0	
(15) Rate of referral	100%	98%	100%	99%	100%	
(a) Rate of referral of acute screens	0%	2%	0%	1%	0%	
(b) Rate of referral of urgent screens	7%	2%	7%	7%	0%	
(c) Rate of referral of routine screens	93%	94%	93%	91%	100%	
(16) Number of children accessing services	45	65	13	123	3	
(17) Number of days between referral for mental health services and the provision of a mental health activity	2	3	3	3	9	
(18) Rate of mental health services	98%	100%	93%	98%	100%	
(a) Rate of mental health services of acute screens	0%	2%	0%	1%	0%	
(b) Rate of mental health services of urgent screens	11%	3%	0%	6%	0%	
(c) Rate of mental health services of routine screens	87%	95%	93%	92%	100%	

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 Child Welfare Mental Health Screening Tool (CW-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 CW-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 CW-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.

Total Initial Screens, Referrals & Activities

All children in tracks # 1, 2 and 3 will receive an initial CW-MHST upon case opening and, based on a positive mental health screening, will be referred for mental health services through the co-located DMH staff and/or SLS.

Total Annual Screens, Referrals & Activities

All children that previously received negative mental health screenings, will receive an annual CW-MHST 12 months from the date of the previous negative screen or when behavioral indicators are present (unless the child is already receiving mental health services) and, based on a positive mental health screening, will be 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 CW-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 CW-MHST completed.
- (5) Number of CSWs completing screens is defined as the number of CSWs who completed a CW-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 CW-MHST.
- (7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CW-MHST.
- (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 CW-MHST.
- (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.
 - (a) Rate of acute screens is defined as the percent of children screened and determined to have acute mental health needs out of the total number of children screened.
 - (b) Rate of urgent screens is defined as the percent of children screened and determined to have urgent mental health needs out of the total number of children screened.
 - (c) Rate of routine screens is defined as the percent of children screened and determined to have routine mental health needs 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 who are 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 CW-MHST and the referral to a mental health provider.
- (a) Number of days between children screening acute and referral to mental health provider is defined as the average number of calendar days between the day children are determined to have acute mental health needs and the referral to a mental health provider.
- (b) Number of days between children screening urgent and referral to mental health provider is defined as the average number of calendar days between the day children are determined to have urgent mental health needs and the referral to a mental health provider.
- (c) Number of days between children screening routine and referral to mental health provider is defined as the average number of calendar days between the day children are determined to have routine mental health needs 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 CW-MHST.
- (a) Rate of children screened acute is defined as the percent of children screened and determined to have acute mental health needs out of the total number of children with positive screens.
- (b) Rate of children screened urgent is defined as the percent of children screened and determined to have urgent mental health needs out of the total number of children with positive screens.
- (c) Rate of children screened routine is defined as the percent of children screened and determined to have routine mental health needs out of the total number of children with positive screens.
- (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.
- (a) Rate of mental health services of acute screens is defined as the percent of children with acute mental health needs who receive a mental health service activity out of the total referred from DCFS.
- (b) Rate of mental health services of urgent screens is defined as the percent of children with urgent mental health needs who receive a mental health service activity out of the total referred from DCFS.
- (c) Rate of mental health services of routine screens is defined as the percent of children with routine mental health needs who receive a mental health service activity out of the total referred from DCFS.