



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 30, 2009

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From: William T Fujioka
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Director, Department of Children & Family Services

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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. This report tracks the implementation in Service Planning Area (SPA) 6 and 7 offices of the Coordinated Services Action Team (CSAT) and the Referral Tracking System (RTS) regarding the mental health screening, assessment and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through August 31, 2009.

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, assessment and service linkage process for children in new and currently open DCFS cases.

The CSAT and RTS became operational in SPA 7 on May 1, 2009. The attached RTS Summary Data Report provides definitions of the three tracks to screening and nineteen (19) data elements that provide participation rates, timeliness, and the context for greater understanding of factors affecting the service linkage process.

Each RTS Summary Report concludes with a summary total, labeled "Cumulative," providing a combined total or 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 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 are referred for mental health services within the next 30 days and should begin to receive mental health services no later than 30 days from the date of the referral.

The RTS Summary Report, to be submitted to your Board at the end of each month, is compiled from data entered up to the 17th of each month and represents the work completed up to that date for the previous months' required cases.

Summary Highlights

Data entered as of September 17, 2009 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 through August 31, 2009 and for SPA 6 from implementation on August 1, 2009 through August 31, 2009.

- An average of **468** Children's Social Workers (CSWs) completed mental health screens to date.
- Out of a total of **3,821** children potentially requiring a mental health screen, **2,469** children were determined to be in need of a screen, and of those, **2,330** children were screened at a **94%** screening rate.
- Out of **2,330** children screened, **818** children screened positive, **10** consents for children to receive mental health services were declined, leaving **808** children to be referred for mental health services, and of those, **765** children were referred for mental health services at a **95%** referral rate.
- Out of **765** children referred for mental health services, **738** children received a mental health service activity at a **96%** access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was **17** 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 5 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 13 calendar days.

Lesson Learned

Implementation of the CSAT and RTS in SPAs 6 and 7 presents important lessons, namely:

1. As CSAT is implemented, it becomes increasingly important to monitor and develop resources in each SPA, such as the capacity to meet the needs of referred children to the Medical Hubs. Competition for available resources creates a "bottle neck," delaying the timely provision of health and mental health services.
2. Optimal staffing is critical to the timely completion of activities necessary to achieve timely screening, referral and service participation rates. The Vermont office has been missing a key player in the tracking process for Hub and Multi-Disciplinary Assessment Team (MAT) referrals during August. In addition, having Emergency Response Children's Social Worker vacancies created delays in the Medical Hub and MAT referral process. Regional and CSAT central management are working together to create a solid staffing plan.

Additionally, the number of Suspected Child Abuse Referrals received and newly open cases completed each month by a particular office impacts staff participation rates. The Vermont office experienced a large increase in the number of children detained in recent months, which included very high-needs and complex cases and Wateridge is one of the largest offices in DCFS, receiving more than 900-1100 referred children per month. In addition, MAT is fully implemented at the Wateridge and Vermont offices and the MAT coordinator is unable to assist the Service Linkage Specialist (SLS) with work overflow. Currently, both offices are staffed at the same level as smaller offices. Wateridge is addressing these challenges by assigning two graduate interns to assist the MAT Coordinator and SLS.

3. Existing Family Preservation Procedures require that linkage to mental health services is initiated at the Multi-Disciplinary Case Planning Committee (MCPC) meetings when the initial case plan is developed with the family by the Family

Preservation Lead Agency. This process could delay referrals to mental health services for children in newly opened, non-detained cases. In order to triage and coordinate existing Family Preservation Procedures with the new CSAT process, the DMH Family Preservation Liaison (DMH Liaison) is completing an expedited contact to determine if mental health services are needed more expeditiously than the current process allows. If so, the DMH Liaison will complete the service linkage and advise the Family Preservation Lead Agency. If the case is not urgent, the DMH Liaison will assist the Family Preservation Lead Agency to link the child to services through the current MCPC process. For example, the work of the SPA 7 DMH Liaison was recently integrated into the CSAT process and children involved with Family Preservation who screen positive are now being triaged as a priority.

4. The CSAT and RTS process confirms the importance of timely identification of a child's Medi-Cal eligibility for linkage to all mental health services. Recently, DCFS was granted access to MEDSLITE, a state medical insurance eligibility system that allows the CSAT team to quickly determine a child's Medi-Cal status. However, the skills required for rapid benefits establishment remains under development. SLS staff are identified to become the Medi-Cal eligibility experts for the MEDSLITE system and are enrolling in additional, mandatory training by October 1, 2009 to accomplish this goal.
5. DCFS and DMH continue to make progress toward a unified automated system capable of sharing data on the screening, referral, linkage and delivery of mental health services. At this time, DMH is nearing completion of the first phase of their automated tracking system. The utilization of uniform automated data systems will ensure that the data shared between the Departments accurately reflects CSAT activity.

SUMMARY

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.

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

As to quality of mental health services, beginning in September 2009, DMH will collect data related to client satisfaction with services received from a sample of children and

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families identified and linked for services through the CSAT process. The report to your Board on October 31, 2009 will provide initial results on the quality of mental health services for children referred to DMH services beginning May 2009 through July 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 BOS Report**

**Data as of September 17, 2009
From May 2009 to August 2009**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	183	246	1,072	1,501
	(2) Number of children currently receiving mental health services	6	20	390	416
	(3) Number of children requiring screens	183	243	558	984
	(4) Number of children screened	169	237	550	956
	(5) Number of CSWs completing screens	32	42	101	151
	(6) Number of days between case opening/case plan due date and screen	18	35	15	20
	(7) <i>Rate of screening</i>	<i>92%</i>	<i>98%</i>	<i>99%</i>	<i>97%</i>
	(8) Number of children with positive screens	155	46	112	313
	(9) Number of children for whom consent for mental health services is declined	0	0	1	1
	(10) Number of children with positive screens determined to be EPSDT-eligible	154	46	95	295
	(11) Number of children with positive screens determined to be privately insured	0	0	5	5
	(12) Number of children referred for mental health services	154	46	109	309
	(13) Number of days between screening and referral to mental health provider	2	2	2	2
	(14) <i>Rate of referral</i>	<i>99%</i>	<i>100%</i>	<i>98%</i>	<i>99%</i>
	(15) Number of children accessing services	154	46	109	309
	(16) Number of days between referral for mental health services and the provision of a mental health activity	2	5	8	4
	(17) <i>Rate of mental health services</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>
	(18) Waiting times at directly operated clinics or contract providers	10	15	18	13
	(19) Quality of mental health services	pending	pending	pending	pending

**County of Los Angeles
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**Data as of September 17, 2009
From May 2009 to August 2009**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	35	35	199	269
	(2) Number of children currently receiving mental health services	0	1	75	76
	(3) Number of children requiring screens	35	35	110	180
	(4) Number of children screened	24	34	110	168
	(5) Number of CSWs completing screens	4	10	40	53
	(6) Number of days between case opening/case plan due date and screen	14	22	12	15
	(7) <i>Rate of screening</i>	<i>69%</i>	<i>97%</i>	<i>100%</i>	<i>93%</i>
	(8) Number of children with positive screens	23	19	30	72
	(9) Number of children for whom consent for mental health services is declined	0	0	0	0
	(10) Number of children with positive screens determined to be EPSDT-eligible	14	15	27	56
	(11) Number of children with positive screens determined to be privately insured	0	0	0	0
	(12) Number of children referred for mental health services	22	14	29	65
	(13) Number of days between screening and referral to mental health provider	1	2	6	4
	(14) <i>Rate of referral</i>	<i>96%</i>	<i>74%</i>	<i>97%</i>	<i>90%</i>
	(15) Number of children accessing services	18	10	21	49
	(16) Number of days between referral for mental health services and the provision of a mental health activity	1	6	5	4
	(17) <i>Rate of mental health services</i>	<i>82%</i>	<i>71%</i>	<i>72%</i>	<i>75%</i>
	(18) Waiting times at directly operated clinics or contract providers	pending	pending	pending	pending
	(19) Quality of mental health services	pending	pending	pending	pending

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**Data as of September 17, 2009
From May 2009 to August 2009**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	125	161	937	1,223
	(2) Number of children currently receiving mental health services	6	2	326	334
	(3) Number of children requiring screens	122	139	517	778
	(4) Number of children screened	107	132	514	753
	(5) Number of CSWs completing screens	27	36	84	132
	(6) Number of days between case opening/case plan due date and screen	21	17	12	16
	(7) <i>Rate of screening</i>	<i>88%</i>	<i>95%</i>	<i>99%</i>	<i>97%</i>
	(8) Number of children with positive screens	88	69	128	285
	(9) Number of children for whom consent for mental health services is declined	0	3	4	7
	(10) Number of children with positive screens determined to be EPSDT-eligible	70	40	103	213
	(11) Number of children with positive screens determined to be privately insured	1	0	0	1
	(12) Number of children referred for mental health services	73	66	117	256
	(13) Number of days between screening and referral to mental health provider	4	6	11	8
	(14) <i>Rate of referral</i>	<i>83%</i>	<i>100%</i>	<i>94%</i>	<i>92%</i>
	(15) Number of children accessing services	71	66	116	253
	(16) Number of days between referral for mental health services and the provision of a mental health activity	3	7	7	6
	(17) <i>Rate of mental health services</i>	<i>97%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>
	(18) Waiting times at directly operated clinics or contract providers	9	22	20	14
	(19) Quality of mental health services	pending	pending	pending	pending

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**Data as of September 17, 2009
From May 2009 to August 2009**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	70	27	345	442
	(2) Number of children currently receiving mental health services	0	1	154	155
	(3) Number of children requiring screens	70	26	169	265
	(4) Number of children screened	26	24	169	219
	(5) Number of CSWs completing screens	4	10	52	65
	(6) Number of days between case opening/case plan due date and screen	22	16	9	14
	(7) <i>Rate of screening</i>	<i>37%</i>	<i>92%</i>	<i>100%</i>	<i>83%</i>
	(8) Number of children with positive screens	21	8	44	73
	(9) Number of children for whom consent for mental health services is declined	0	0	0	0
	(10) Number of children with positive screens determined to be EPSDT-eligible	21	4	38	63
	(11) Number of children with positive screens determined to be privately insured	0	0	2	2
	(12) Number of children referred for mental health services	20	6	41	67
	(13) Number of days between screening and referral to mental health provider	0	2	5	3
	(14) <i>Rate of referral</i>	<i>95%</i>	<i>75%</i>	<i>93%</i>	<i>92%</i>
	(15) Number of children accessing services	18	4	40	62
	(16) Number of days between referral for mental health services and the provision of a mental health activity	1	10	10	8
	(17) <i>Rate of mental health services</i>	<i>90%</i>	<i>67%</i>	<i>98%</i>	<i>93%</i>
	(18) Waiting times at directly operated clinics or contract providers	pending	pending	21	21
	(19) Quality of mental health services	pending	pending	pending	pending

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**Data as of September 17, 2009
From May 2009 to August 2009**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	63	83	240	386
	(2) Number of children currently receiving mental health services	0	0	101	101
	(3) Number of children requiring screens	63	77	122	262
	(4) Number of children screened	35	77	122	234
	(5) Number of CSWs completing screens	5	27	51	80
	(6) Number of days between case opening/case plan due date and screen	20	28	6	18
	(7) <i>Rate of screening</i>	<i>56%</i>	<i>100%</i>	<i>100%</i>	<i>89%</i>
	(8) Number of children with positive screens	32	21	22	75
	(9) Number of children for whom consent for mental health services is declined	0	2	0	2
	(10) Number of children with positive screens determined to be EPSDT-eligible	25	17	9	51
	(11) Number of children with positive screens determined to be privately insured	0	0	1	1
	(12) Number of children referred for mental health services	32	14	22	68
	(13) Number of days between screening and referral to mental health provider	1	8	9	5
	(14) <i>Rate of referral</i>	<i>100%</i>	<i>74%</i>	<i>100%</i>	<i>93%</i>
	(15) Number of children accessing services	32	12	21	65
	(16) Number of days between referral for mental health services and the provision of a mental health activity	1	3	2	2
	(17) <i>Rate of mental health services</i>	<i>100%</i>	<i>86%</i>	<i>95%</i>	<i>96%</i>
	(18) Waiting times at directly operated clinics or contract providers	pending	pending	8	8
	(19) Quality of mental health services	pending	pending	pending	pending

**County of Los Angeles
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**Data as of September 17, 2009
From May 2009 to August 2009**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	476	552	2,793	3,821
	(2) Number of children currently receiving mental health services	12	24	1,046	1,082
	(3) Number of children requiring screens	473	520	1,476	2,469
	(4) Number of children screened	361	504	1,465	2,330
	(5) Number of CSWs completing screens	66	125	328	468
	(6) Number of days between case opening/case plan due date and screen	19	24	12	17
	(7) <i>Rate of screening</i>	<i>76%</i>	<i>97%</i>	<i>99%</i>	<i>94%</i>
	(8) Number of children with positive screens	319	163	336	818
	(9) Number of children for whom consent for mental health services is declined	0	5	5	10
	(10) Number of children with positive screens determined to be EPSDT-eligible	284	122	272	678
	(11) Number of children with positive screens determined to be privately insured	1	0	8	9
	(12) Number of children referred for mental health services	301	146	318	765
	(13) Number of days between screening and referral to mental health provider	2	4	7	4
	(14) <i>Rate of referral</i>	<i>94%</i>	<i>92%</i>	<i>96%</i>	<i>95%</i>
	(15) Number of children accessing services	293	138	307	738
	(16) Number of days between referral for mental health services and the provision of a mental health activity	2	6	7	5
	(17) <i>Rate of mental health services</i>	<i>97%</i>	<i>95%</i>	<i>97%</i>	<i>96%</i>
	(18) Waiting times at directly operated clinics or contract providers	10	17	18	13
	(19) Quality of mental health services	pending	pending	pending	pending

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) 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.

(10) 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.

(11) 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.).

(12) 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.

(13) 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.

(14) 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.

(15) 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.

(16) 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.

(17) 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.

(18) 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.

(19) 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.