



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 31, 2010

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From: William T Fujioka
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Marvin J. Southard, DSW
Director, Department of Mental Health

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

On April 28, 2009 the Board ordered the Chief Executive Officer (CEO), the Department of Children and Family Services (DCFS), and the Department of Mental Health (DMH) to prepare a monthly report on the mental health screening process beginning May 30, 2009. This report tracks the implementation in Service Planning Area (SPA) 1, 6 and 7 offices of the Coordinated Services Action Team (CSAT) and the Referral Tracking System (RTS) regarding the mental health screening, referral and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through January 31, 2010.

The RTS Summary Data Report

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

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

In addition, this report continues to reflect the refinements to the RTS Summary Data Report that were made to the January report that included correction of the DCFS case opening date, modification of the reporting period, and elimination of DMH's Information System data (line 19 of previous reports).

Summary Highlights

Data entered as of March 10, 2010 into the Child Welfare Services/Case Management System (CWS/CMS) indicates the year-to-date progress made by SPA 7 from implementation on May 1, 2009, by SPA 6 from implementation on August 1, 2009 and by SPA 1 from implementation on September 1, 2009 through January 31, 2010.

- A total of **960** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of **14,309** children potentially requiring a screen, **9,440** children were screened at a **96%** screening rate.
- Out of the **3,933** children who screened positive, **3,640** children were referred for mental health services at a **95%** referral rate.
- Out of **3,640** children referred for mental health services, **3,387** children received a mental health service activity at a **93%** 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 (MAT) referral and referral for mental health service was **8** calendar days.

- The average number of days between a referral for mental health service and the first mental health service activity was 3 calendar days.
- The average number of days between case opening and start of mental health services totaled 28 days.

Quality of Mental Health Services

A Quality Assurance (QA) chart review of DCFS children referred for mental health services in SPA 7 was conducted by staff from the DMH Program Review and Child Welfare Division. It focused on monitoring the quality of mental health services provided to children referred through the CSAT process in June and July and admitted to services in August and September. The review period was November 2009 through January 2010.

A QA review questionnaire was developed for this purpose that focused on, but was not limited to, the following practice principles: engagement, team formation, assessment, provision of individualized services, tracking and adapting of plans based on strengths and needs to achieve safety, permanence, and child and family well-being. Twenty-nine (29) client charts were reviewed from 15 contract providers and three county-operated programs. The review, conducted on March 8 - 12, 2010, found the following:

- 100% of the charts reviewed identified culture/ethnicity of the child and family, and provided services in the child/family's preferred language.
- 90% of the charts reviewed showed evidence that the clients' conditions improved as a result of the mental health services received. The areas of improvement noted included the children's coping skills, relationships with peers and family members, and school performance. The clients in two charts only received referral services while another client was non-compliant with the clinician's recommendations and refused additional services.
- 89% of the charts reviewed included evidence of active participation of the child and caregiver(s) in the identification of needs, goals and service planning that impacts their lives. In four of the charts reviewed, there were additional referrals to community agencies for informal supports to meet the families' needs.
- 86% of the charts reviewed did not anticipate major transitions within six months of the review period. There were three clients who transferred to a new school but there were no new problems identified. One client had a plan to transition to the care of her sister however the planned transition was not included in the service plan.

- 80% of the services were delivered in home or school settings. Two clients received Functional Family Therapy, an evidenced-based practice.
- 100% of the charts reviewed showed evidence that an assessment had been performed in a timely manner. In seven of the charts (24%), the clinician did not complete all the components of the assessment. In two charts reviewed (6.8%), the assessments were done in a timely manner, however, client referral and treatment services were delayed for several months due in part to the clients' change of placement.
- Of the 29 client charts reviewed, services were provided by licensed clinicians in 13 cases, Marriage and Family Therapist Interns (MFTIs) in nine cases, and Associate Clinical Social Workers (ACSWs) in seven cases.
- Of the 29 clients reviewed, four were discharged during the review period. Two of the four were transferred to another provider. The other two clients were discharged after significant improvement in client functioning was achieved and all goals or long-term plans met.

Although the team process was generally very good, it did not include the active participation of other family members and agency staff such as school, other DMH, and/or DCFS personnel in the planning process, when applicable. The findings also indicated that more attention should be directed towards the planning process to ensure smooth and successful transitions. Finally, increased attention should be placed on the identification of child and family strengths and needs and the exploration of such to broaden understanding of the child and family condition.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6, and 7 continue to present important lessons, namely:

1. Utilization of Wraparound is a growing concern and ongoing efforts are made to identify and resolve barriers. Currently, primary barriers to full utilization of Wraparound appear to be related to provider capacity, the referral process, and staff confusion about eligibility requirements. A number of strategies have been implemented to increase Wraparound utilization, such as: a new CSAT/Wraparound log intended to increase staff's understanding of the program, its eligibility requirements, its service linkage process, and the barriers for such; a "Ten Child Pilot" permitting Wraparound agencies to self-refer clients; and, a CSAT/Wraparound sub-workgroup to more closely examine and fine-tune the referral process.

2. Funding decreases have further exacerbated the challenge of linking children to mental health services, especially those children without Full-Scope Medi-Cal or Early Periodic Screening Diagnosis and Treatment (EPSDT) benefits. We find CSAT offices with high-levels of collaboration and cohesiveness are better equipped to resolve such dilemmas. For example, the Department of Public Social Services Linkages staffs are resolving eligibility problems by directly assisting parents through the Medi-Cal application process. Additionally, the Service Linkage Specialists continues to demonstrate resourcefulness and dedication to identify and partner with various community and funding resources.
3. The availability of DMH Specialized Foster Care and DMH contracted providers to respond to an increase in referrals for children in the DCFS investigation stage is another system-wide challenge. Again, CSAT offices with higher levels of collaboration and cohesiveness are better equipped to work through such workload and workflow issues. The development of DCFS and DMH policy addressing this issue is also underway.
4. As reported in February, DCFS and DMH staffs reviewed a sample of 51 children's cases from the DCFS Santa Fe Springs regional office related to the process of mental health screening, referral, and start of services. The case review revealed three areas of system improvement to bring us into full compliance with best practice standards:
 - a. The mental health screening tool needs revision to improve its reliability in identifying all children with mental health needs.
 - b. The Departments currently have policy, procedures, and programs in place to appropriately serve children with acute and urgent needs, but do not systematically ensure it.
 - c. Currently, Children's Social Workers "informally" re-screen children at each home visit; however "formal" re-screenings on an annual basis are needed to systematically ensure children with mental health needs are identified on an ongoing basis.

To address these needs, a redesign of the mental health screening tool, policies and procedures, tracking system, and training curriculum is required. The proposed redesign has delayed the rollout of CSAT to DCFS offices not yet trained. The redesign and new CSAT rollout schedule is expected to be completed by June 2010. Those offices already trained and implementing CSAT (SPAs 1, 6, 7, El Monte and Pomona) will be retrained and will implement the new procedures first, followed by the remaining offices.

SUMMARY

Overall, the year-to-date RTS Summary Data Report results remain very good. The screening, referral, and mental health service access rates have not varied from last month's progress report (screening rate remained the same at 96%, referral rate remained the same at 95%, and the access rate remained the same at 93%). A rate of 90% or higher in any category is considered very good primarily because the cumulative rates include cases less than 90 days out from case opening. Additionally, the progress is considered very good given the high number of clients and staff who need to be coordinated and managed in this process. A review of 14,309 children, involving the coordination and work of management and staff across seven regional offices, was required to achieve the year-to-date results.

The next report, due to your Board on April 30, 2010, will reflect CSAT activities and RTS data tracking in SPAs 1, 6, and 7 from initial implementation of CSAT through March 31, 2010.

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 March 10, 2010
From May 2009 to January 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	331	559	1,781	2,671
	(2) Number of children currently receiving mental health services	6	37	586	629
	(3) Number of children requiring screens	331	551	991	1,873
	(4) Number of children screened	316	544	965	1,825
	(5) Number of CSWs completing screens	51	72	113	174
	(6) Number of days between case opening/case plan due date and screen	19	52	28	31
	(7) <i>Rate of screening</i>	<i>95%</i>	<i>99%</i>	<i>97%</i>	<i>97%</i>
	(8) Number of children with positive screens	296	207	228	731
	(9) <i>Rate of children with positive screens</i>	<i>94%</i>	<i>38%</i>	<i>24%</i>	<i>40%</i>
	(10) Number of children for whom consent for mental health services is declined	0	0	1	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	285	190	202	677
	(12) Number of children with positive screens determined to be privately insured	0	0	5	5
	(13) Number of children referred for mental health services	290	200	218	708
	(14) Number of days between screening and referral to mental health provider	1	2	4	2
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>97%</i>	<i>96%</i>	<i>97%</i>
	(16) Number of children accessing services	280	182	199	661
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-2	-1	2	0
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>91%</i>	<i>91%</i>	<i>93%</i>

County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	191	469	1,135	1,795
	(2) Number of children currently receiving mental health services	0	24	393	417
	(3) Number of children requiring screens	191	458	676	1,325
	(4) Number of children screened	178	453	671	1,302
	(5) Number of CSWs completing screens	39	61	117	163
	(6) Number of days between case opening/case plan due date and screen	11	11	-5	6
	(7) <i>Rate of screening</i>	<i>93%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>
	(8) Number of children with positive screens	174	307	246	727
	(9) <i>Rate of children with positive screens</i>	<i>98%</i>	<i>68%</i>	<i>37%</i>	<i>56%</i>
	(10) Number of children for whom consent for mental health services is declined	0	6	5	11
	(11) Number of children with positive screens determined to be EPSDT-eligible	160	272	208	640
	(12) Number of children with positive screens determined to be privately insured	0	0	0	0
	(13) Number of children referred for mental health services	174	297	230	701
	(14) Number of days between screening and referral to mental health provider	1	8	11	7
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>99%</i>	<i>95%</i>	<i>98%</i>
	(16) Number of children accessing services	169	295	230	694
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	6	5
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	146	239	856	1,241
	(2) Number of children currently receiving mental health services	8	8	389	405
	(3) Number of children requiring screens	146	228	395	769
	(4) Number of children screened	146	211	388	745
	(5) Number of CSWs completing screens	40	29	59	94
	(6) Number of days between case opening/case plan due date and screen	11	12	11	11
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>93%</i>	<i>98%</i>	<i>97%</i>
	(8) Number of children with positive screens	125	97	128	350
	(9) <i>Rate of children with positive screens</i>	<i>86%</i>	<i>46%</i>	<i>33%</i>	<i>47%</i>
	(10) Number of children for whom consent for mental health services is declined	5	18	21	44
	(11) Number of children with positive screens determined to be EPSDT-eligible	121	65	123	309
	(12) Number of children with positive screens determined to be privately insured	0	15	0	15
	(13) Number of children referred for mental health services	114	70	102	286
	(14) Number of days between screening and referral to mental health provider	4	10	7	7
	(15) <i>Rate of referral</i>	<i>95%</i>	<i>89%</i>	<i>95%</i>	<i>93%</i>
	(16) Number of children accessing services	111	60	96	267
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	5	5	4
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>86%</i>	<i>94%</i>	<i>93%</i>

**County of Los Angeles
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**Data as of March 10, 2010
From May 2009 to January 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	125	208	1,011	1,344
	(2) Number of children currently receiving mental health services	1	10	435	446
	(3) Number of children requiring screens	125	204	515	844
	(4) Number of children screened	125	196	512	833
	(5) Number of CSWs completing screens	30	30	77	107
	(6) Number of days between case opening/case plan due date and screen	15	21	9	14
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>96%</i>	<i>99%</i>	<i>99%</i>
	(8) Number of children with positive screens	91	76	160	327
	(9) <i>Rate of children with positive screens</i>	<i>73%</i>	<i>39%</i>	<i>31%</i>	<i>39%</i>
	(10) Number of children for whom consent for mental health services is declined	0	3	13	16
	(11) Number of children with positive screens determined to be EPSDT-eligible	91	51	145	287
	(12) Number of children with positive screens determined to be privately insured	0	9	6	15
	(13) Number of children referred for mental health services	86	65	136	287
	(14) Number of days between screening and referral to mental health provider	10	5	7	7
	(15) <i>Rate of referral</i>	<i>95%</i>	<i>89%</i>	<i>93%</i>	<i>92%</i>
	(16) Number of children accessing services	74	58	120	252
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	3	7	5
	(18) <i>Rate of mental health services</i>	<i>86%</i>	<i>89%</i>	<i>88%</i>	<i>88%</i>

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

**Data as of March 10, 2010
From May 2009 to January 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	302	378	1,587	2,267
	(2) Number of children currently receiving mental health services	6	3	589	598
	(3) Number of children requiring screens	294	343	866	1,503
	(4) Number of children screened	290	337	848	1,475
	(5) Number of CSWs completing screens	69	76	86	175
	(6) Number of days between case opening/case plan due date and screen	31	13	13	20
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>98%</i>	<i>98%</i>	<i>98%</i>
	(8) Number of children with positive screens	243	167	209	619
	(9) <i>Rate of children with positive screens</i>	<i>84%</i>	<i>50%</i>	<i>25%</i>	<i>42%</i>
	(10) Number of children for whom consent for mental health services is declined	1	5	7	13
	(11) Number of children with positive screens determined to be EPSDT-eligible	223	118	183	524
	(12) Number of children with positive screens determined to be privately insured	2	4	1	7
	(13) Number of children referred for mental health services	239	157	200	596
	(14) Number of days between screening and referral to mental health provider	17	7	15	14
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>97%</i>	<i>99%</i>	<i>98%</i>
	(16) Number of children accessing services	232	157	200	589
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	6	7	5
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>100%</i>	<i>100%</i>	<i>99%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	335	366	1,524	2,225
	(2) Number of children currently receiving mental health services	2	5	636	643
	(3) Number of children requiring screens	334	342	786	1,462
	(4) Number of children screened	266	335	776	1,377
	(5) Number of CSWs completing screens	46	64	90	147
	(6) Number of days between case opening/case plan due date and screen	29	15	5	19
	(7) <i>Rate of screening</i>	<i>80%</i>	<i>98%</i>	<i>99%</i>	<i>94%</i>
	(8) Number of children with positive screens	232	104	139	475
	(9) <i>Rate of children with positive screens</i>	<i>87%</i>	<i>31%</i>	<i>18%</i>	<i>34%</i>
	(10) Number of children for whom consent for mental health services is declined	3	1	7	11
	(11) Number of children with positive screens determined to be EPSDT-eligible	216	63	120	399
	(12) Number of children with positive screens determined to be privately insured	0	4	4	8
	(13) Number of children referred for mental health services	215	92	121	428
	(14) Number of days between screening and referral to mental health provider	5	6	10	7
	(15) <i>Rate of referral</i>	<i>94%</i>	<i>89%</i>	<i>92%</i>	<i>92%</i>
	(16) Number of children accessing services	133	86	117	336
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	6	10	6
	(18) <i>Rate of mental health services</i>	<i>62%</i>	<i>93%</i>	<i>97%</i>	<i>79%</i>

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

**Data as of March 10, 2010
From May 2009 to January 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	331	681	1,754	2,766
	(2) Number of children currently receiving mental health services	3	17	548	568
	(3) Number of children requiring screens	328	669	1,076	2,073
	(4) Number of children screened	292	594	997	1,883
	(5) Number of CSWs completing screens	61	69	123	207
	(6) Number of days between case opening/case plan due date and screen	23	19	3	16
	(7) <i>Rate of screening</i>	<i>89%</i>	<i>89%</i>	<i>93%</i>	<i>91%</i>
	(8) Number of children with positive screens	270	254	180	704
	(9) <i>Rate of children with positive screens</i>	<i>92%</i>	<i>43%</i>	<i>18%</i>	<i>37%</i>
	(10) Number of children for whom consent for mental health services is declined	0	2	1	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	250	226	147	623
	(12) Number of children with positive screens determined to be privately insured	0	0	1	1
	(13) Number of children referred for mental health services	260	230	144	634
	(14) Number of days between screening and referral to mental health provider	2	16	21	11
	(15) <i>Rate of referral</i>	<i>96%</i>	<i>91%</i>	<i>80%</i>	<i>90%</i>
	(16) Number of children accessing services	225	224	139	588
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	3	3
	(18) <i>Rate of mental health services</i>	<i>87%</i>	<i>97%</i>	<i>97%</i>	<i>93%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
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From May 2009 to January 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	1,761	2,900	9,648	14,309
	(2) Number of children currently receiving mental health services	26	104	3,576	3,706
	(3) Number of children requiring screens	1,749	2,795	5,305	9,849
	(4) Number of children screened	1,613	2,670	5,157	9,440
	(5) Number of CSWs completing screens	274	376	661	960
	(6) Number of days between case opening/case plan due date and screen	22	21	9	17
	(7) <i>Rate of screening</i>	<i>92%</i>	<i>96%</i>	<i>97%</i>	<i>96%</i>
	(8) Number of children with positive screens	1,431	1,212	1,290	3,933
	(9) <i>Rate of children with positive screens</i>	<i>89%</i>	<i>45%</i>	<i>25%</i>	<i>42%</i>
	(10) Number of children for whom consent for mental health services is declined	9	35	55	99
	(11) Number of children with positive screens determined to be EPSDT-eligible	1,346	985	1,128	3,459
	(12) Number of children with positive screens determined to be privately insured	2	32	17	51
	(13) Number of children referred for mental health services	1,378	1,111	1,151	3,640
	(14) Number of days between screening and referral to mental health provider	6	8	11	8
	(15) <i>Rate of referral</i>	<i>97%</i>	<i>94%</i>	<i>93%</i>	<i>95%</i>
	(16) Number of children accessing services	1,224	1,062	1,101	3,387
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	4	6	3
	(18) <i>Rate of mental health services</i>	<i>89%</i>	<i>96%</i>	<i>96%</i>	<i>93%</i>

Track #1: Newly Detained

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

Track #2: Newly Open Non-Detained

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

Track #3: Existing Open Cases

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

Footnotes

- (1) Number of children is defined as the total number of children receiving DCFS services within each screening track.
- (2) Number of children currently receiving mental health services is the number of children in an existing DCFS case who are currently receiving mental health services, defined as having received a billable mental health service activity within the previous 120 calendar days. The number of children currently receiving mental health services in track one and two is provided for information purposes only. The number of children currently receiving mental health services in track three is provided to show the number of children who are not required to be screened.
- (3) Number of children requiring screens is defined as a) the number of newly detained children with a case opening in the month; b) the number of newly open non-detained children with a case opening in the month; c) the number of children in an existing open case, not currently receiving mental health services, with a case plan update due or a behavioral indicator identified requiring the completion of a CIMH/MHST within the month. Additionally, the number of children requiring screens may be reduced by the number of children in cases that were closed or by the number of runaway/abducted children in the 30 day period.
- (4) Number of children screened is defined as the total number of DCFS children for whom a CIMH/MHST or a MAT referral is completed. In accordance with the Strategic Plan, all newly detained MAT-eligible children will automatically be referred for a MAT assessment regardless of the CIMH/MHST outcome. Therefore, a referral to the MAT program acts as a positive screening.
- (5) Number of CSWs completing screens is defined as the number of CSWs who completed a CIMH/MHST.
- (6) Number of days between case opening/case plan due date and screen is defined as the average number of calendar days between the DCFS case opening date or case plan due date and the completion of a CIMH/MHST or MAT referral.
- (7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CIMH/MHST or MAT referral.
- (8) Number of children with positive screens is defined as the number of children determined to be in need of a mental health assessment because of a positive CIMH/MHST or MAT referral.
- (9) Rate of children with positive screens is defined as the percent of children with positive screens out of the total number of children screened.
- (10) Number of children for whom consent for mental health services is declined is defined as the number of children for whom consent for mental health services is declined by the parent/legal guardian, the court, and/or a youth age 12 years and older.
- (11) Number of children with positive screens determined to be EPSDT-eligible is defined as the number of children identified to be in need of a mental health assessment determined to be insured through the Federal Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
- (12) Number of children with positive screens determined to be privately insured is defined as the number of children identified to be in need of a mental health assessment and who are privately insured (Kaiser, Blue Cross, etc.).
- (13) Number of children referred for mental health services is defined as the number of children referred for mental health services through all DMH and non-DMH funded programs including MAT, Wraparound, DMH directly operated clinics, other DMH contracted providers, as well as services offered through private insurance, DCFS funded programs or any other type of appropriate mental health provider/program. Additionally, the number of children requiring referral for mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was denied in the 60 day period.
- (14) Number of days between screening and referral to mental health provider is defined as the average number of

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

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

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

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

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