



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 26, 2010

To: Supervisor Gloria Molina, Chair  
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From: William T Fujioka  
Chief Executive Officer

Patricia S. Ploehn, LCSW  
Director, Department of Children & Family Services

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 December 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, 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.

**Three changes have been applied to the attached RTS Summary Data Report since the submission of last month's report, as follows:**

1. The DCFS case opening date was corrected. Previous reports utilized the first date of contact with the child during the referral or investigation stage rather than the removal date or client disposition date. This was an important change since the County screens children once an investigated referral is promoted to a case.
2. The RTS Summary Data Report now provides the cumulative data on cases opened from May 1, 2009 through the previous month's reporting period. Delaying the report period by one month permits time to reflect both Departments provision of necessary actions.
3. Line 19 in previous reports (*Waiting times at directly operated clinics or contract providers*), has been eliminated from this Summary Data Report. Recent discussions regarding the report revealed that this data was creating confusion for readers with the data reported on line 17 (*Number of days between referral for mental health services and the provision of a mental health service activity*). Therefore, in this and future reports, we will continue to provide the lag time from referral by DCFS to the initiation of mental health service activity by the DMH co-located staff, currently reported on line 17 as the single indicator of waiting times for the receipt of mental health services.

**Summary Highlights**

Data entered as of February 15, 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 December 31, 2009.

- A total of **927** individual Children's Social Workers (CSWs) completed mental health screens to date.

- Out of 12,731 children potentially requiring a screen, 8,320 children were screened at a 96% screening rate.
- Out of the 3,375 children who screened positive, 3,107 children were referred for mental health services at a 94% referral rate.
- Out of 3,107 children referred for mental health services, 2,831 children received a mental health service activity at a 91% access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was 14 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 25 days.

### **Quality of Mental Health Services**

For the past several months, the Department of Mental Health (DMH) has been conducting telephone surveys of clients and caretakers to assess their satisfaction with the services that have been received as a proxy measure of service quality. DMH will be discontinuing this methodology and switching to an approach which should yield better information for future reports.

The new methodology will involve reviews of client charts by DMH staff using a standardized quality improvement tool. This tool will monitor a variety of service quality elements, including child and family engagement, teaming with children and their families and other formal and informal support systems in the provision of services, the development of service plans based upon an assessment of client needs and strengths, and the tracking of client outcomes and adjustment of treatment plans when reasonable outcomes are not achieved.

DMH staff will begin conducting these chart reviews in the last week of February and will report the first set of survey results in the March report.

### **Lessons Learned**

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

1. As discussed above, significant refinements to the RTS Summary Data Report were completed for February's report, including 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).
2. On February 2, 2010, 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 cases were randomly selected from newly detained children (25 cases) and newly opened non-detained children (26 cases). The findings are being evaluated in conjunction with the first year's evaluation report and will be discussed in the March Report.

### **SUMMARY**

Overall, the year-to-date RTS Summary Data Report results remain very good. The screening, referral, and mental health service access rates have varied slightly from last month's progress report (screening rate increased from 94% to 96%, referral rate increased slightly from 93% to 94%, and the access rate remained at 91%). 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 12,731 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 March 31, 2010, will reflect CSAT activities and RTS data tracking in SPAs 1, 6 and 7 from initial implementation of CSAT through January 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

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BOS RTS Summary Data Report  
Data as of February 15, 2010  
From May 2009 to December 2009**

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Belvedere</b>	(1) Number of children	321	503	1,733	2,557
	(2) Number of children currently receiving mental health services	6	31	555	592
	(3) Number of children requiring screens	321	498	974	1,793
	(4) Number of children screened	301	491	947	1,739
	(5) Number of CSWs completing screens	50	67	113	170
	(6) Number of days between case opening/case plan due date and screen	17	34	8	19
	(7) <i>Rate of screening</i>	<i>94%</i>	<i>99%</i>	<i>97%</i>	<i>97%</i>
	(8) Number of children with positive screens	280	157	195	632
	(9) <i>Rate of children with positive screens</i>	<i>93%</i>	<i>32%</i>	<i>21%</i>	<i>36%</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	270	141	170	581
	(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	274	151	185	610
	(14) Number of days between screening and referral to mental health provider	1	3	4	2
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>96%</i>	<i>95%</i>	<i>97%</i>
	(16) Number of children accessing services	266	147	176	589
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-1	-1	4	1
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>97%</i>	<i>95%</i>	<i>97%</i>

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
<b>Compton</b>	(1) Number of children	188	399	991	1,578
	(2) Number of children currently receiving mental health services	0	22	343	365
	(3) Number of children requiring screens	188	388	587	1,163
	(4) Number of children screened	164	379	582	1,125
	(5) Number of CSWs completing screens	35	57	112	157
	(6) Number of days between case opening/case plan due date and screen	12	12	-6	6
	(7) <i>Rate of screening</i>	<i>87%</i>	<i>98%</i>	<i>99%</i>	<i>97%</i>
	(8) Number of children with positive screens	159	262	214	635
	(9) <i>Rate of children with positive screens</i>	<i>97%</i>	<i>69%</i>	<i>37%</i>	<i>56%</i>
	(10) Number of children for whom consent for mental health services is declined	0	5	4	9
	(11) Number of children with positive screens determined to be 'EPSDT-eligible	146	230	181	557
	(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	159	254	202	615
	(14) Number of days between screening and referral to mental health provider	2	7	11	7
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>99%</i>	<i>96%</i>	<i>98%</i>
	(16) Number of children accessing services	154	239	194	587
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	5	6	4
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>94%</i>	<i>96%</i>	<i>95%</i>

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<b>Lancaster</b>	(1) Number of children	95	184	691	970
	(2) Number of children currently receiving mental health services	5	8	297	310
	(3) Number of children requiring screens	95	173	328	596
	(4) Number of children screened	95	166	322	583
	(5) Number of CSWs completing screens	35	26	57	90
	(6) Number of days between case opening/case plan due date and screen	10	13	9	10
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>96%</i>	<i>98%</i>	<i>98%</i>
	(8) Number of children with positive screens	79	79	116	274
	(9) <i>Rate of children with positive screens</i>	<i>83%</i>	<i>48%</i>	<i>36%</i>	<i>47%</i>
	(10) Number of children for whom consent for mental health services is declined	5	13	19	37
	(11) Number of children with positive screens determined to be EPSDT-eligible	78	50	110	238
	(12) Number of children with positive screens determined to be privately insured	0	12	0	12
	(13) Number of children referred for mental health services	72	57	91	220
	(14) Number of days between screening and referral to mental health provider	4	11	8	8
	(15) <i>Rate of referral</i>	<i>97%</i>	<i>86%</i>	<i>94%</i>	<i>93%</i>
	(16) Number of children accessing services	72	47	89	208
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	7	5	4
	(18) <i>Rate of mental health services</i>	<i>100%</i>	<i>82%</i>	<i>98%</i>	<i>95%</i>

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<b>Palmdale</b>	(1) Number of children	99	184	895	1,178
	(2) Number of children currently receiving mental health services	1	7	363	371
	(3) Number of children requiring screens	99	180	473	752
	(4) Number of children screened	99	167	470	736
	(5) Number of CSWs completing screens	27	29	73	101
	(6) Number of days between case opening/case plan due date and screen	16	14	6	10
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>93%</i>	<i>99%</i>	<i>98%</i>
	(8) Number of children with positive screens	73	58	142	273
	(9) <i>Rate of children with positive screens</i>	<i>74%</i>	<i>35%</i>	<i>30%</i>	<i>37%</i>
	(10) Number of children for whom consent for mental health services is declined	0	1	13	14
	(11) Number of children with positive screens determined to be EPSDT-eligible	73	42	128	243
	(12) Number of children with positive screens determined to be privately insured	0	3	6	9
	(13) Number of children referred for mental health services	68	51	120	239
	(14) Number of days between screening and referral to mental health provider	8	4	7	6
	(15) <i>Rate of referral</i>	<i>93%</i>	<i>89%</i>	<i>93%</i>	<i>92%</i>
	(16) Number of children accessing services	62	37	101	200
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	3	6	4
	(18) <i>Rate of mental health services</i>	<i>91%</i>	<i>73%</i>	<i>84%</i>	<i>84%</i>

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<b>S F Springs</b>	(1) Number of children	269	336	1,533	2,138
	(2) Number of children currently receiving mental health services	6	3	571	580
	(3) Number of children requiring screens	262	306	834	1,402
	(4) Number of children screened	261	305	817	1,383
	(5) Number of CSWs completing screens	63	67	86	167
	(6) Number of days between case opening/case plan due date and screen	32	11	9	18
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>100%</i>	<i>98%</i>	<i>99%</i>
	(8) Number of children with positive screens	215	150	197	562
	(9) <i>Rate of children with positive screens</i>	<i>82%</i>	<i>49%</i>	<i>24%</i>	<i>41%</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	195	98	171	464
	(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	211	139	188	538
	(14) Number of days between screening and referral to mental health provider	19	6	16	14
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>96%</i>	<i>99%</i>	<i>98%</i>
	(16) Number of children accessing services	167	138	187	492
	(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>79%</i>	<i>99%</i>	<i>99%</i>	<i>91%</i>

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<b>Vermont Corridor</b>	(1) Number of children	276	297	1,395	1,968
	(2) Number of children currently receiving mental health services	2	9	580	591
	(3) Number of children requiring screens	275	278	718	1,271
	(4) Number of children screened	209	239	704	1,152
	(5) Number of CSWs completing screens	41	56	90	143
	(6) Number of days between case opening/case plan due date and screen	30	17	3	18
	(7) <i>Rate of screening</i>	<i>76%</i>	<i>86%</i>	<i>98%</i>	<i>91%</i>
	(8) Number of children with positive screens	184	85	130	399
	(9) <i>Rate of children with positive screens</i>	<i>88%</i>	<i>36%</i>	<i>18%</i>	<i>35%</i>
	(10) Number of children for whom consent for mental health services is declined	0	1	6	7
	(11) Number of children with positive screens determined to be EPSDT-eligible	166	50	112	328
	(12) Number of children with positive screens determined to be privately insured	0	0	3	3
	(13) Number of children referred for mental health services	168	73	113	354
	(14) Number of days between screening and referral to mental health provider	5	6	11	7
	(15) <i>Rate of referral</i>	<i>91%</i>	<i>87%</i>	<i>91%</i>	<i>90%</i>
	(16) Number of children accessing services	111	69	110	290
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	7	10	6
	(18) <i>Rate of mental health services</i>	<i>66%</i>	<i>95%</i>	<i>97%</i>	<i>82%</i>

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
<b>Wateridge</b>	(1) Number of children	269	559	1,514	2,342
	(2) Number of children currently receiving mental health services	3	15	477	495
	(3) Number of children requiring screens	267	547	920	1,734
	(4) Number of children screened	232	499	871	1,602
	(5) Number of CSWs completing screens	46	62	119	192
	(6) Number of days between case opening/case plan due date and screen	24	18	2	16
	(7) <i>Rate of screening</i>	<i>87%</i>	<i>91%</i>	<i>95%</i>	<i>92%</i>
	(8) Number of children with positive screens	212	223	165	600
	(9) <i>Rate of children with positive screens</i>	<i>91%</i>	<i>45%</i>	<i>19%</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	199	196	132	527
	(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	210	199	122	531
	(14) Number of days between screening and referral to mental health provider	2	16	20	12
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>90%</i>	<i>74%</i>	<i>89%</i>
	(16) Number of children accessing services	176	182	107	465
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	4	2	3
	(18) <i>Rate of mental health services</i>	<i>84%</i>	<i>91%</i>	<i>88%</i>	<i>88%</i>

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		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Cumulative</b>	(1) Number of children	1,517	2,462	8,752	12,731
	(2) Number of children currently receiving mental health services	23	95	3,186	3,304
	(3) Number of children requiring screens	1,507	2,370	4,834	8,711
	(4) Number of children screened	1,361	2,246	4,713	8,320
	(5) Number of CSWs completing screens	246	345	646	927
	(6) Number of days between case opening/case plan due date and screen	22	17	4	14
	(7) <i>Rate of screening</i>	<i>90%</i>	<i>95%</i>	<i>97%</i>	<i>96%</i>
	(8) Number of children with positive screens	1,202	1,014	1,159	3,375
	(9) <i>Rate of children with positive screens</i>	<i>88%</i>	<i>45%</i>	<i>25%</i>	<i>41%</i>
	(10) Number of children for whom consent for mental health services is declined	6	27	51	84
	(11) Number of children with positive screens determined to be EPSDT-eligible	1,127	807	1,004	2,938
	(12) Number of children with positive screens determined to be privately insured	2	19	16	37
	(13) Number of children referred for mental health services	1,162	924	1,021	3,107
	(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>92%</i>	<i>94%</i>
	(16) Number of children accessing services	1,008	859	964	2,831
	(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>87%</i>	<i>93%</i>	<i>94%</i>	<i>91%</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.*