County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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June 30, 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 April 30, 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 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 an 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.

Summary Highlights

As of June 16, 2010, data entered 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, by SPA 1 from implementation on September 1, 2009, and SPA 3 from implementation on April 1, 2010 through April 30, 2010.

- A total of **1,139** individual Children's Social Workers (CSWs) completed mental health screens to date.

- Out of **18,633** children reviewed, **13,371** children required screens and **12,886** children were screened at a **96%** screening rate.*[1]

- Out of the **5,914** children who screened positive, **5,528** children were referred for mental health services at a **96%** referral rate.

- Out of **5,528** children referred for mental health services, **5,200** children received a mental health service activity at a **94%** access rate.

- The average number of days between the case opening or case plan due date and completion of a mental health screen was **21** calendar days.

[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 California Institute of Mental Health/Mental Health Screening Tool 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.

- The average number of days between a positive mental health screen or Multidisciplinary Assessment Team (MAT) referral and referral for mental health service was **7** 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 **31** days.

Quality of Mental Health Services

For the past three months, DMH has been conducting chart reviews of clients who have been receiving services from various mental health providers to assess their progress towards achieving their goals. DMH is temporarily discontinuing this methodology in preparation for the Quality Service Review (QSR), an in-depth case review. One of the indicators, "Emotional Well-Being of the Child," includes the following core concepts: attachment and positive social relationships; coping and adapting skills; appropriate self-management of emotions and behaviors showing resilience and optimizing positive self image; and a sense of satisfaction that his/her fundamental needs are being met. The results of the review will be included in future reports to your board.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6, 7, Pomona and El Monte regional offices continue. Important lessons learned, include:

1. Timely and accurate establishment of benefits continues to present challenges. Frequent changes in a child's benefit status during the period between the completion of the initial screen and the provision of mental health services is a common problem. For example, children's addresses may change, they may return home from foster care, or become eligible for the Adoption Assistance Program (AAP). Additionally, the Medical Eligibility Determination System (MEDSLITE) does not reflect the type of Medi-Cal insurance that children may have. DMH co-located staff and providers are concerned Medi-Cal claims for mental health services will not be paid when it is discovered that Medi-Cal covers the child for emergency medical care only. The Department will strive to work collaboratively with the State to explore the feasibility of enhancing MEDSLITE and also to provide access to DMH Revenue Enhancement. Finally, the Departments continue to work to identify strategies to prevent children from being dropped and/or develop a mechanism to alert CSWs when children's status changes to prevent disruption of services.

2. Delays in service linkage sometimes occur when providers insist on having court ordered consent to initiate services for children rather than accepting forms that are signed by parents. Training that will include DMH contracted providers, as well as DCFS and DMH staff is being planned to provide a forum to promote better understanding laws and acceptable practice regarding consent and release of information to ensure children receive immediate mental health services.

SUMMARY

Overall, the year-to-date RTS Summary Data Report results remain very good. The screening, referral and mental health service access rates have remained stable since last month's progress report. A rate of 90% or higher in any category is considered very good primarily because the cumulative rates include cases that have received mental health services in less than 90 days from case opening. Additionally, this progress is considered very good given the high number of clients and staff who need to be coordinated and managed in the process. A review of 18,633 children involving the coordination and work of management and staff across nine regional offices, including the initial month of implementation in the Pomona and El Monte regional offices was required to achieve the year-to-date results.

The next report, due to your Board on July 30, 2010, will reflect CSAT activities and RTS data tracking in SPAs 1, 6, 7, Pomona and El Monte DCFS offices from initial CSAT implementation through May 28, 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 June 16, 2010
From May 2009 to April 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	452	861	1,868	3,181
	(2) Number of children currently receiving mental health services	9	45	634	688
	(3) Number of children requiring screens	451	850	1,033	2,334
	(4) Number of children screened	435	832	1,003	2,270
	(5) Number of CSWs completing screens	78	111	115	208
	(6) Number of days between case opening/case plan due date and screen	23	54	43	39
	(7) Rate of screening	*96%*	*98%*	*97%*	*97%*
	(8) Number of children with positive screens	414	393	264	1,071
	(9) Rate of children with positive screens	*95%*	*47%*	*26%*	*47%*
	(10) Number of children for whom consent for mental health services is declined	0	3	1	4
	(11) Number of children with positive screens determined to be EPSDT-eligible	409	367	239	1,015
	(12) Number of children with positive screens determined to be privately insured	0	2	5	7
	(13) Number of children referred for mental health services	409	375	255	1,039
	(14) Number of days between screening and referral to mental health provider	1	2	3	2
	(15) Rate of referral	*99%*	*96%*	*97%*	*97%*
	(16) Number of children accessing services	396	354	235	985
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-3	0	-1	-2
	(18) Rate of mental health services	*97%*	*94%*	*92%*	*95%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	257	748	1,394	2,399
	(2) Number of children currently receiving mental health services	1	38	497	536
	(3) Number of children requiring screens	253	727	808	1,788
	(4) Number of children screened	247	723	798	1,768
	(5) Number of CSWs completing screens	47	80	124	176
	(6) Number of days between case opening/case plan due date and screen	10	12	3	9
	(7) Rate of screening	*98%*	*99%*	*99%*	*99%*
	(8) Number of children with positive screens	243	495	306	1,044
	(9) Rate of children with positive screens	*98%*	*68%*	*38%*	*59%*
	(10) Number of children for whom consent for mental health services is declined	0	7	5	12
	(11) Number of children with positive screens determined to be EPSDT-eligible	230	436	269	935
	(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	241	474	291	1,006
	(14) Number of days between screening and referral to mental health provider	2	8	11	7
	(15) Rate of referral	*99%*	*97%*	*97%*	*97%*
	(16) Number of children accessing services	237	474	290	1,001
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	6	4
	(18) Rate of mental health services	*98%*	*100%*	*100%*	*100%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
El Monte	(1) Number of children	28	35	129	192
	(2) Number of children currently receiving mental health services	0	3	56	59
	(3) Number of children requiring screens	28	31	56	115
	(4) Number of children screened	28	31	55	114
	(5) Number of CSWs completing screens	15	12	20	41
	(6) Number of days between case opening/case plan due date and screen	6	10	5	7
	(7) Rate of screening	*100%*	*100%*	*98%*	*99%*
	(8) Number of children with positive screens	28	16	18	62
	(9) Rate of children with positive screens	*100%*	*52%*	*33%*	*54%*
	(10) Number of children for whom consent for mental health services is declined	0	1	0	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	26	16	18	60
	(12) Number of children with positive screens determined to be privately insured	2	0	0	2
	(13) Number of children referred for mental health services	28	15	18	61
	(14) Number of days between screening and referral to mental health provider	3	5	1	3
	(15) Rate of referral	*100%*	*100%*	*100%*	*100%*
	(16) Number of children accessing services	28	15	18	61
	(17) Number of days between referral for mental health services and the provision of a mental health activity	5	0	0	2
	(18) Rate of mental health services	*100%*	*100%*	*100%*	*100%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	234	504	1,007	1,745
	(2) Number of children currently receiving mental health services	11	18	454	483
	(3) Number of children requiring screens	234	487	468	1,189
	(4) Number of children screened	231	471	464	1,166
	(5) Number of CSWs completing screens	51	48	59	105
	(6) Number of days between case opening/case plan due date and screen	12	19	14	15
	(7) Rate of screening	*99%*	*97%*	*99%*	*98%*
	(8) Number of children with positive screens	203	201	146	550
	(9) Rate of children with positive screens	*88%*	*43%*	*31%*	*47%*
	(10) Number of children for whom consent for mental health services is declined	8	20	14	42
	(11) Number of children with positive screens determined to be EPSDT-eligible	192	134	138	464
	(12) Number of children with positive screens determined to be privately insured	1	27	1	29
	(13) Number of children referred for mental health services	185	167	127	479
	(14) Number of days between screening and referral to mental health provider	4	15	12	10
	(15) Rate of referral	*95%*	*92%*	*96%*	*94%*
	(16) Number of children accessing services	180	128	118	426
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	7	4	5
	(18) Rate of mental health services	*97%*	*77%*	*93%*	*89%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	183	407	1,147	1,737
	(2) Number of children currently receiving mental health services	9	18	518	545
	(3) Number of children requiring screens	183	402	560	1,145
	(4) Number of children screened	180	393	555	1,128
	(5) Number of CSWs completing screens	36	40	79	115
	(6) Number of days between case opening/case plan due date and screen	18	20	19	19
	(7) Rate of screening	*98%*	*98%*	*99%*	*99%*
	(8) Number of children with positive screens	143	167	187	497
	(9) Rate of children with positive screens	*79%*	*42%*	*34%*	*44%*
	(10) Number of children for whom consent for mental health services is declined	5	18	14	37
	(11) Number of children with positive screens determined to be EPSDT-eligible	142	109	172	423
	(12) Number of children with positive screens determined to be privately insured	5	19	6	30
	(13) Number of children referred for mental health services	130	140	164	434
	(14) Number of days between screening and referral to mental health provider	6	9	6	7
	(15) Rate of referral	*94%*	*94%*	*95%*	*94%*
	(16) Number of children accessing services	126	125	138	389
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	7	5
	(18) Rate of mental health services	*97%*	*89%*	*84%*	*90%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Pomona	(1) Number of children	45	126	258	429
	(2) Number of children currently receiving mental health services	0	0	70	70
	(3) Number of children requiring screens	45	114	163	322
	(4) Number of children screened	44	106	153	303
	(5) Number of CSWs completing screens	17	26	44	74
	(6) Number of days between case opening/case plan due date and screen	11	11	10	11
	(7) Rate of screening	*98%*	*93%*	*94%*	*94%*
	(8) Number of children with positive screens	40	51	23	114
	(9) Rate of children with positive screens	*91%*	*48%*	*15%*	*38%*
	(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	39	41	20	100
	(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	40	46	17	103
	(14) Number of days between screening and referral to mental health provider	5	3	4	4
	(15) Rate of referral	*100%*	*90%*	*77%*	*91%*
	(16) Number of children accessing services	40	46	17	103
	(17) Number of days between referral for mental health services and the provision of a mental health activity	0	0	0	0
	(18) Rate of mental health services	*100%*	*100%*	*100%*	*100%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	376	561	1,712	2,649
	(2) Number of children currently receiving mental health services	6	3	620	629
	(3) Number of children requiring screens	361	510	956	1,827
	(4) Number of children screened	357	503	931	1,791
	(5) Number of CSWs completing screens	83	99	86	191
	(6) Number of days between case opening/case plan due date and screen	27	24	14	22
	(7) Rate of screening	*99%*	*99%*	*97%*	*98%*
	(8) Number of children with positive screens	310	287	247	844
	(9) Rate of children with positive screens	*87%*	*57%*	*27%*	*47%*
	(10) Number of children for whom consent for mental health services is declined	4	5	9	18
	(11) Number of children with positive screens determined to be EPSDT-eligible	278	223	219	720
	(12) Number of children with positive screens determined to be privately insured	2	7	1	10
	(13) Number of children referred for mental health services	304	277	235	816
	(14) Number of days between screening and referral to mental health provider	15	6	14	12
	(15) Rate of referral	*99%*	*98%*	*99%*	*99%*
	(16) Number of children accessing services	296	272	229	797
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	6	4
	(18) Rate of mental health services	*97%*	*98%*	*97%*	*98%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	454	675	1,681	2,810
	(2) Number of children currently receiving mental health services	2	6	705	713
	(3) Number of children requiring screens	454	644	868	1,966
	(4) Number of children screened	380	630	848	1,858
	(5) Number of CSWs completing screens	65	84	94	165
	(6) Number of days between case opening/case plan due date and screen	30	14	19	22
	(7) Rate of screening	*84%*	*98%*	*98%*	*95%*
	(8) Number of children with positive screens	340	233	160	733
	(9) Rate of children with positive screens	*89%*	*37%*	*19%*	*39%*
	(10) Number of children for whom consent for mental health services is declined	3	3	9	15
	(11) Number of children with positive screens determined to be EPSDT-eligible	321	159	142	622
	(12) Number of children with positive screens determined to be privately insured	0	7	4	11
	(13) Number of children referred for mental health services	328	208	141	677
	(14) Number of days between screening and referral to mental health provider	5	4	9	6
	(15) Rate of referral	*97%*	*90%*	*93%*	*94%*
	(16) Number of children accessing services	250	199	125	574
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	8	10	6
	(18) Rate of mental health services	*76%*	*96%*	*89%*	*85%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	480	981	2,030	3,491
	(2) Number of children currently receiving mental health services	4	20	654	678
	(3) Number of children requiring screens	478	965	1,242	2,685
	(4) Number of children screened	440	887	1,161	2,488
	(5) Number of CSWs completing screens	91	93	125	237
	(6) Number of days between case opening/case plan due date and screen	24	21	6	19
	(7) Rate of screening	*92%*	*92%*	*93%*	*93%*
	(8) Number of children with positive screens	414	361	224	999
	(9) Rate of children with positive screens	*94%*	*41%*	*19%*	*40%*
	(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	388	312	188	888
	(12) Number of children with positive screens determined to be privately insured	0	4	3	7
	(13) Number of children referred for mental health services	403	319	191	913
	(14) Number of days between screening and referral to mental health provider	3	13	20	10
	(15) Rate of referral	*97%*	*89%*	*86%*	*92%*
	(16) Number of children accessing services	369	309	186	864
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	3	2	3
	(18) Rate of mental health services	*92%*	*97%*	*97%*	*95%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	2,509	4,898	11,226	18,633
	(2) Number of children currently receiving mental health services	42	151	4,208	4,401
	(3) Number of children requiring screens	2,487	4,730	6,154	13,371
	(4) Number of children screened	2,342	4,576	5,968	12,886
	(5) Number of CSWs completing screens	381	548	733	1,139
	(6) Number of days between case opening/case plan due date and screen	22	24	17	21
	(7) Rate of screening	*94%*	*97%*	*97%*	*96%*
	(8) Number of children with positive screens	2,135	2,204	1,575	5,914
	(9) Rate of children with positive screens	*91%*	*48%*	*26%*	*46%*
	(10) Number of children for whom consent for mental health services is declined	20	59	54	133
	(11) Number of children with positive screens determined to be EPSDT-eligible	2,025	1,797	1,405	5,227
	(12) Number of children with positive screens determined to be privately insured	10	66	20	96
	(13) Number of children referred for mental health services	2,068	2,021	1,439	5,528
	(14) Number of days between screening and referral to mental health provider	5	7	10	7
	(15) Rate of referral	*98%*	*94%*	*95%*	*96%*
	(16) Number of children accessing services	1,922	1,922	1,356	5,200
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	4	4	3
	(18) Rate of mental health services	*93%*	*95%*	*94%*	*94%*

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 provosion 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.