County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PATRICIA S. PLOEHN, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

May 28, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

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 March 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 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 May 7, 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 and by SPA 1 from implementation on September 1, 2009 through March 31, 2010.

- A total of **1,084** individual Children's Social Workers (CSWs) completed mental health screens to date.

- Out of **17,169** children potentially requiring a screen, **11,679** children were screened at a **96%** screening rate.

- Out of the **5,156** children who screened positive, **4,805** children were referred for mental health services at a **95%** referral rate.

- Out of **4,805** children referred for mental health services, **4,529** 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 **20** 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 **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 **30** days.

Quality of Mental Health Services

A Quality Assurance (QA) chart review of DCFS children referred for mental health services in Service Area 1 was conducted by staff from the DMH Program Review and Quality Assurance Program. It focused on monitoring the quality of mental health services provided to children referred through the CSAT process in August and September of 2009 and admitted to mental health services in September, October or November of 2009.

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 well-being of the child and family. Fifteen client charts were reviewed from six contract providers and three county-operated programs. The review, conducted on May 4-7, 2010, found the following:

- All 15 charts reviewed identified culture/ethnicity of the child and family and provided services in the child/family's preferred language.

- All 15 charts reviewed showed evidence that an assessment had been performed in a timely manner.

- There was active participation of the child and caregiver(s) in the identification of needs, goals and service planning that impacts their lives in all the charts reviewed.

- Of the 15 charts reviewed, 12 showed evidence that the clients' conditions improved as a result of the mental health services received. The charts reviewed documented improvements in children's coping skills, school performance and relationships with peers and family members. Improvements in the caregivers' ability to problem-solve and cope with emergent conditions were also documented.

- Of the 15 charts reviewed, two charts identified plans in the progress notes to reunify the children with their birth mothers. One child was transitioned to the adult system of care. Necessary arrangements and referrals to formal and informal community support services were provided to ensure a smooth transition.

- Of the 15 charts reviewed, eight children received services in the home setting. One caregiver requested that the clinician provide services at the clinic. One child received Functional Family Therapy, one received Trauma Focused Cognitive Behavioral Therapy and one child was being referred to a Wraparound Program. The services and evidence-based interventions delivered to the children and their families in these programs were well documented. There was further evidence that children and families received the kinds of specialized services supported through the Katie A. Strategic Plan.

- Staff who are conducting individual and family therapies were provided by licensed clinicians or staff registered with the Board of Behavioral Sciences. The following staff categories were providing the above-mentioned mental health and other services: one licensed Psychologist, three licensed Marriage and Family Therapists (LMFT), eight Marriage and Family Therapist Interns (MFTI) and three Associate Clinical Social Workers (ACSW).

- Of the 15 charts reviewed, evidence of continued collaboration with the DCFS social workers was noted in 11 of the charts.

- Family therapy which included caregivers and clients' siblings was documented in 11 of the charts reviewed.

- Although the teaming process was generally very good, it did not always include the active participation of other agency staff such as school, other DMH personnel and/or DCFS personnel in the planning process, when applicable.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6, and 7 continues. Important lessons learned, include:

1. The review of mental health charts as part of the DMH quality assurance process indicated a need for further staff training in the identification of needs and strengths throughout the assessment evaluation. An integrated Core Practice Model and Strengths/Needs-Based training will be provided later this year to DMH directly operated contract providers and DCFS staff.

2. Timely identification and establishment of benefits are key elements to the provision of timely services. While DCFS has significantly increased its ability to establish children's benefits, mental health providers require benefit related information for billing purposes not readily available to DCFS at the time of a MAT referral. To address this matter, most providers have agreed to begin MAT services with the understanding that complete documentation of benefits will be provided by the time of the Summary of Findings meeting.

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 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 17,169 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 June 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 April 30, 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 May 07, 2010
From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	395	767	1,847	3,009
	(2) Number of children currently receiving mental health services	7	43	635	685
	(3) Number of children requiring screens	395	757	1,008	2,160
	(4) Number of children screened	385	749	983	2,117
	(5) Number of CSWs completing screens	73	105	114	204
	(6) Number of days between case opening/case plan due date and screen	24	58	32	38
	(7) Rate of screening	*97%*	*99%*	*98%*	*98%*
	(8) Number of children with positive screens	365	322	245	932
	(9) Rate of children with positive screens	*95%*	*43%*	*25%*	*44%*
	(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	360	300	221	881
	(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	360	309	236	905
	(14) Number of days between screening and referral to mental health provider	1	1	3	1
	(15) Rate of referral	*99%*	*96%*	*97%*	*97%*
	(16) Number of children accessing services	347	293	231	871
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-3	-4	2	-2
	(18) Rate of mental health services	*96%*	*95%*	*98%*	*96%*

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of May 07, 2010

From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	230	658	1,324	2,212
	(2) Number of children currently receiving mental health services	0	29	464	493
	(3) Number of children requiring screens	226	640	775	1,641
	(4) Number of children screened	218	634	769	1,621
	(5) Number of CSWs completing screens	45	74	120	169
	(6) Number of days between case opening/case plan due date and screen	10	12	-1	8
	(7) Rate of screening	*96%*	*99%*	*99%*	*99%*
	(8) Number of children with positive screens	213	432	289	934
	(9) Rate of children with positive screens	*98%*	*68%*	*38%*	*58%*
	(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	199	384	252	835
	(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	211	416	275	902
	(14) Number of days between screening and referral to mental health provider	2	8	11	7
	(15) Rate of referral	*99%*	*98%*	*97%*	*98%*
	(16) Number of children accessing services	208	416	272	896
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	6	5
	(18) Rate of mental health services	*99%*	*100%*	*99%*	*99%*

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of May 07, 2010

From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
El Monte	(1) Number of children	17	19	67	103
	(2) Number of children currently receiving mental health services	0	3	32	35
	(3) Number of children requiring screens	17	19	28	64
	(4) Number of children screened	17	19	28	64
	(5) Number of CSWs completing screens	9	7	15	28
	(6) Number of days between case opening/case plan due date and screen	6	9	12	8
	(7) Rate of screening	*100%*	*100%*	*100%*	*100%*
	(8) Number of children with positive screens	17	11	9	37
	(9) Rate of children with positive screens	*100%*	*58%*	*32%*	*58%*
	(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	15	11	9	35
	(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	17	10	9	36
	(14) Number of days between screening and referral to mental health provider	4	3	1	3
	(15) Rate of referral	*100%*	*100%*	*100%*	*100%*
	(16) Number of children accessing services	17	10	9	36
	(17) Number of days between referral for mental health services and the provision of a mental health activity	6	0	1	3
	(18) Rate of mental health services	*100%*	*100%*	*100%*	*100%*

County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
Data as of May 07, 2010
From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	194	397	1,010	1,601
	(2) Number of children currently receiving mental health services	11	14	460	485
	(3) Number of children requiring screens	194	381	466	1,041
	(4) Number of children screened	194	365	460	1,019
	(5) Number of CSWs completing screens	45	41	59	101
	(6) Number of days between case opening/case plan due date and screen	11	15	10	12
	(7) Rate of screening	*100%*	*96%*	*99%*	*98%*
	(8) Number of children with positive screens	171	163	144	478
	(9) Rate of children with positive screens	*88%*	*45%*	*31%*	*47%*
	(10) Number of children for whom consent for mental health services is declined	5	20	15	40
	(11) Number of children with positive screens determined to be EPSDT-eligible	162	108	136	406
	(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	155	127	124	406
	(14) Number of days between screening and referral to mental health provider	5	14	10	9
	(15) Rate of referral	*93%*	*89%*	*96%*	*93%*
	(16) Number of children accessing services	150	109	119	378
	(17) Number of days between referral for mental health services and the provision of a mental health activity	4	7	5	5
	(18) Rate of mental health services	*97%*	*86%*	*96%*	*93%*

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of May 07, 2010

From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	160	341	1,125	1,626
	(2) Number of children currently receiving mental health services	7	12	510	529
	(3) Number of children requiring screens	160	336	551	1,047
	(4) Number of children screened	160	328	547	1,035
	(5) Number of CSWs completing screens	34	36	79	111
	(6) Number of days between case opening/case plan due date and screen	16	19	12	16
	(7) Rate of screening	*100%*	*98%*	*99%*	*99%*
	(8) Number of children with positive screens	122	132	172	426
	(9) Rate of children with positive screens	*76%*	*40%*	*31%*	*41%*
	(10) Number of children for whom consent for mental health services is declined	4	11	13	28
	(11) Number of children with positive screens determined to be EPSDT-eligible	119	79	157	355
	(12) Number of children with positive screens determined to be privately insured	4	14	6	24
	(13) Number of children referred for mental health services	110	113	150	373
	(14) Number of days between screening and referral to mental health provider	9	6	6	7
	(15) Rate of referral	*93%*	*93%*	*94%*	*94%*
	(16) Number of children accessing services	101	105	130	336
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	7	4
	(18) Rate of mental health services	*92%*	*93%*	*87%*	*90%*

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of May 07, 2010

From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Pomona	(1) Number of children	25	73	115	213
	(2) Number of children currently receiving mental health services	0	0	33	33
	(3) Number of children requiring screens	25	66	66	157
	(4) Number of children screened	25	62	62	149
	(5) Number of CSWs completing screens	10	17	23	46
	(6) Number of days between case opening/case plan due date and screen	8	11	13	11
	(7) Rate of screening	*100%*	*94%*	*94%*	*95%*
	(8) Number of children with positive screens	21	25	10	56
	(9) Rate of children with positive screens	*84%*	*40%*	*16%*	*38%*
	(10) Number of children for whom consent for mental health services is declined	0	0	0	0
	(11) Number of children with positive screens determined to be EPSDT-eligible	21	18	9	48
	(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	21	24	8	53
	(14) Number of days between screening and referral to mental health provider	5	2	6	4
	(15) Rate of referral	*100%*	*96%*	*80%*	*95%*
	(16) Number of children accessing services	21	24	8	53
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	0	0	0
	(18) Rate of mental health services	*100%*	*100%*	*100%*	*100%*

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of May 07, 2010

From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	340	486	1,679	2,505
	(2) Number of children currently receiving mental health services	6	3	605	614
	(3) Number of children requiring screens	331	443	937	1,711
	(4) Number of children screened	330	439	914	1,683
	(5) Number of CSWs completing screens	81	90	87	185
	(6) Number of days between case opening/case plan due date and screen	29	24	13	23
	(7) Rate of screening	*100%*	*99%*	*98%*	*98%*
	(8) Number of children with positive screens	280	244	230	754
	(9) Rate of children with positive screens	*85%*	*56%*	*25%*	*45%*
	(10) Number of children for whom consent for mental health services is declined	2	5	9	16
	(11) Number of children with positive screens determined to be EPSDT-eligible	256	183	202	641
	(12) Number of children with positive screens determined to be privately insured	2	6	1	9
	(13) Number of children referred for mental health services	276	234	217	727
	(14) Number of days between screening and referral to mental health provider	16	6	15	12
	(15) Rate of referral	*99%*	*98%*	*98%*	*99%*
	(16) Number of children accessing services	268	234	217	719
	(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%*	*100%*	*100%*	*99%*

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of May 07, 2010

From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	421	561	1,639	2,621
	(2) Number of children currently receiving mental health services	2	6	694	702
	(3) Number of children requiring screens	421	532	838	1,791
	(4) Number of children screened	331	522	825	1,678
	(5) Number of CSWs completing screens	61	79	93	158
	(6) Number of days between case opening/case plan due date and screen	31	13	14	22
	(7) Rate of screening	*79%*	*98%*	*98%*	*94%*
	(8) Number of children with positive screens	291	179	155	625
	(9) Rate of children with positive screens	*88%*	*34%*	*19%*	*37%*
	(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	273	116	137	526
	(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	272	161	136	569
	(14) Number of days between screening and referral to mental health provider	6	4	9	6
	(15) Rate of referral	*94%*	*91%*	*93%*	*93%*
	(16) Number of children accessing services	179	154	124	457
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	7	10	6
	(18) Rate of mental health services	*66%*	*96%*	*91%*	*80%*

County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
Data as of May 07, 2010
From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	449	872	1,958	3,279
	(2) Number of children currently receiving mental health services	4	19	623	646
	(3) Number of children requiring screens	447	859	1,195	2,501
	(4) Number of children screened	409	783	1,121	2,313
	(5) Number of CSWs completing screens	86	84	123	230
	(6) Number of days between case opening/case plan due date and screen	23	19	6	18
	(7) Rate of screening	*91%*	*91%*	*94%*	*92%*
	(8) Number of children with positive screens	380	325	209	914
	(9) Rate of children with positive screens	*93%*	*42%*	*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	356	283	172	811
	(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	369	290	175	834
	(14) Number of days between screening and referral to mental health provider	3	14	22	11
	(15) Rate of referral	*97%*	*90%*	*84%*	*92%*
	(16) Number of children accessing services	341	274	168	783
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	4	2	3
	(18) Rate of mental health services	*92%*	*94%*	*96%*	*94%*

County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
Data as of May 07, 2010
From May 2009 to March 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	2,231	4,174	10,764	17,169
	(2) Number of children currently receiving mental health services	37	129	4,056	4,222
	(3) Number of children requiring screens	2,216	4,033	5,864	12,113
	(4) Number of children screened	2,069	3,901	5,709	11,679
	(5) Number of CSWs completing screens	355	499	706	1,084
	(6) Number of days between case opening/case plan due date and screen	22	24	12	20
	(7) Rate of screening	*93%*	*97%*	*97%*	*96%*
	(8) Number of children with positive screens	1,860	1,833	1,463	5,156
	(9) Rate of children with positive screens	*90%*	*47%*	*26%*	*44%*
	(10) Number of children for whom consent for mental health services is declined	14	49	53	116
	(11) Number of children with positive screens determined to be EPSDT-eligible	1,761	1,482	1,295	4,538
	(12) Number of children with positive screens determined to be privately insured	9	58	20	87
	(13) Number of children referred for mental health services	1,791	1,684	1,330	4,805
	(14) Number of days between screening and referral to mental health provider	5	7	11	7
	(15) Rate of referral	*97%*	*94%*	*94%*	*95%*
	(16) Number of children accessing services	1,632	1,619	1,278	4,529
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	3	5	3
	(18) Rate of mental health services	*91%*	*96%*	*96%*	*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.