County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 31, 2011

To: Supervisor Michael D. Antonovich, Mayor
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From: William T Fujioka
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Antonia Jiménez
Acting Director, Department of Children and 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. On January 19, 2010, the Board ordered the CEO, DCFS and DMH to report on how to reduce the time between mental health screening and the start of mental health service. In response, DCFS and DMH reviewed a sample of children's cases and on March 16, 2010 provided the Board with a plan that resulted in a redesign of the Coordinated Services Action Team (CSAT) and Referral Tracking System (RTS).

This is the second report provided to your Board tracking the acuity of mental health service need and response times based on the acuity identified. It provides the data from the first month of implementation of screening for mental health services for children with acute, urgent and routine mental health needs in newly opened and existing cases in Service Planning Area (SPA) 7 regional offices from implementation on October 1, 2010 and SPA 6 from implementation on November 1, 2010 through

November 30, 2010. The attached report includes 18 data elements reflecting identification of and the response to acuity of mental health needs and annual screening. Data from the CSAT redesign implementation from SPA 1 on November 1, 2010 will be included in the February 28, 2011 report to your Board. At that time, all CSAT monthly reports will provide data delineating the provision of mental health services by acute, urgent and routine mental health needs.

CSAT Redesign

As discussed in the Katie A. Strategic Plan, the CSAT and RTS provide the organizational structure and system by which DCFS and DMH ensure and track the mental health screening, referral, and service linkage process for children in new and currently open DCFS cases.

The CSAT redesign delayed the initial rollout of CSAT to DCFS offices not yet trained. Re-training and implementation of the new procedures began in offices already trained (SPAs 1, 6, 7, El Monte, and Pomona regional offices). CSAT implementation in the remaining offices will be completed this calendar year.

The redesigned training rollout per office is depicted in Table 1.

Table 1: CSAT Redesign Training and Rollout Schedule

DCFS Office	Training Month	Trial Month	CSAT Roll Out	RTS Report to Board
Belvedere, Santa Fe Springs	Aug. 2010	Sept. 2010	Oct. 2010	Dec. 2010
Compton, Wateridge, Vermont Corridor	Aug. – Sept. 2010	Oct .2010	Nov. 2010	Jan. 2011
Palmdale, Lancaster, Pomona, El Monte	Oct. 2010	Nov. 2010	Dec. 2010	Feb. 2011
Covina Annex (Asian Pacific/American Indian Units only), Metro North	Nov. 2010	Dec. 2010	Jan. 2011	Mar. 2011
Emergency Response Command Post	Dec. 2010	Jan. 2011	Feb. 2011	Apr. 2011
West Los Angeles, Deaf Services, Pasadena	Jan. 2011	Feb. 2011	Mar. 2011	May 2011

Table 1: CSAT Redesign Training and Rollout Schedule				
DCFS Office	**Training Month**	**Trial Month**	**CSAT Roll Out**	**RTS Report to Board**
Lakewood	Feb. 2011	Mar. 2011	Apr. 2011	June 2011
Glendora	Mar. 2011	Apr. 2011	May 2011	July 2011
Torrance, Medical Case Management Services	Apr. 2011	May 2011	June 2011	Aug. 2011
San Fernando Valley, Santa Clarita, W. San Fernando Valley, SFV	May 2011	June 2011	July 2011	Sep. 2011
MART	June 2011	July 2011	Aug 2011	Oct. 2011

Upon implementation of CSAT redesign in a DCFS regional office or section, the revised CSAT policy (issued on September 1, 2010) requires Children's Social Workers (CSWs) to complete the Los Angeles County Child Welfare Mental Health Screening Tool (MHST) in conjunction with the following:

- The promotion of an emergency response referral to a case and start of ongoing child welfare services to the family (both court and voluntary);
- The first case plan update due for an existing case after CSAT implementation in a DCFS regional office, unless the child is already receiving mental health services;
- A "behavioral indicator," as defined in policy, unless the child is already receiving mental health services;
- Annually from the date of the last negative screen, unless the child is already receiving mental health services.

Children with positive MHSTs should be referred for mental health services as follows:

- Children presenting with acute needs for mental health services should be referred to the DMH Psychiatric Mobile Response Team (PMRT) as soon as possible on the same day as the completed screen;
- Children presenting with urgent mental health needs should be referred for mental health services as soon as possible, but no later than one day of the completed screen;
- Children presenting with routine mental health needs should be referred for mental health services within thirty days of a completed screen.

Once referred for mental health services and the acuity of a child's mental health need is determined by mental health staff, children should begin receiving mental health services according to the following guidelines:

- Children determined by mental health staff to have acute mental health needs should begin to receive mental services as soon as possible on the same day of receipt of referral;
- Children determined by mental health staff to have urgent mental health needs should begin receiving mental health services no later than three days after receipts of the referral;
- Children determined by mental health staff to have routine mental health needs should begin receiving mental health services within thirty days after receipt of the referral.

RTS Summary Data Report

The attached RTS Summary Data Report provides definitions of the three tracks (newly detained, newly opened non-detained, and existing open cases), annual screening, and 18 data elements that provide participation rates, timeliness, and the context for greater understanding of factors affecting the service linkage process.

The 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. Data for the RTS Summary Data Report are continuously entered, with final compliance rates evident after 90 days from the date of newly opened cases, the case plan due date for currently open cases, and the date of a previous negative screen for annual rescreening.

RTS Summary Data Report Highlights

As of January 19, 2011, data entered into the Child Welfare Services/Case Management System indicates the progress made by SPA 7 regional offices during CSAT redesign implementation from October 1, 2010 through November 30, 2010 and by SPA 6 regional offices from November 1, 2010 to November 30, 2010.

Newly Detained and Newly Opened Non-Detained Cases:

- A total of **254** individual Children's Social Workers (CSWs) completed mental health screens to date.

- Out of **923** children in new and open cases, **883** children required screens and **838** children were screened at a **94.9%** screening rate.[1]

- Out of the **501** children who screened positive, **59.79%** received positive screens; **0%** identified as having acute mental health needs, **5.01%** as urgent, and **51.91%** as routine.[2]

- Out of the **501** children who screened positive, **478** children were referred for mental health services at a **95.79%** referral rate.[3]

- Out of the **478** children who were referred for mental health services, **461** children received a mental health service activity at a **96.44%** service access rate.

- The average number of days between the case opening or case plan due date and completion of a mental health screen was **15** calendar days.

- The average number of days between an acute mental health screen and referral for mental health service was **0**[4] calendar days; the average number of days between an urgent screen and referral for services was **5** days; and the average number of days between a routine screen and referral was **3** days.

- The average number of days between a referral for mental health service and the first mental health service activity was **3** 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 a 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 Child Welfare Mental Health Screening Tool (MHST) 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.

2 Acuity level (acute, urgent, or routine) is entered on a flow basis after DMH staff review the referral information and notify DCFS of their acuity determination. The breakdown of positive screens by acute, urgent, and routine needs is affected by the business and data entry process, case closure, children who run away, or reasons which make children unavailable to determine acuity.

3 The rate of referral reflects the number of children who screen positive minus the number of children who are determined to be privately insured divided by the number of children referred to mental health services. The number of children referred for mental health services can be affected by the number of children with a closed case, run away, or are unavailable for some other reason at the time of referral or still pending referral.

4 0 (zero) calendar days reflects the same day or a day exceeding the target

Annual Screens of Existing Cases:

- Out of **364** children, **281** children required annual screens, and **117** children were screened for routine mental health needs at a **41.64%** screening rate.

- Out of the **11** children who screened positive, **9.4%** received positive screens; **0%** were identified as having acute mental health needs, **0%** as urgent, and **9.4%** as routine.

- Out of the **11** children who screened positive, **11** children were referred for mental health services at a **100%** referral rate.

- Out of **11** children referred for mental health services, **10** children received a mental health service activity at a **90.91%** service access rate.

- The average number of days between the annual re-screening due date and completion of a mental health screen was **0** calendar days.

- The average number of days between a positive mental health screen and referral for mental health service was **6** 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 an acute mental health screen and referral for mental health service was **0** calendar days; the average number of days between an urgent screen and referral for services was **0** days; and the average number of days between a routine screen and referral was **6** days.

Lessons Learned

Implementation of the CSAT redesign and RTS in SPAs 7 and 6 has provided important lessons:

1. During the first month that the revised MHST was utilized, SPA 7 CSAT staff spent a considerable amount of time reviewing cases that originally screened as urgent that were subsequently downgraded to routine. The Departments worked

together and further refined the tool, as a result, staff report significant improvement in the sensitivity of the MHST to identify children with urgent needs. Additionally, initial data indicates that the revised MHST appropriately identifies DCFS children in need of mental health services. Prior to the redesign, 49% of DCFS children screened positive. In the first month of the redesign, 58% of DCFS children are screening positive.

2. Due to workload and time constraints, DCFS is challenged to meet the requirement to complete the MHST on the same day as case opening, a new requirement of the redesign. Staff and managers from offices that had already implemented CSAT prior to the redesign must change what they had been accustomed to doing. That said, there is improvement in the timeliness of completing the MHST. Prior to CSAT redesign, the average number of days from case opening to screening was 22 days. In the first month of the redesign, the average number of days from case opening to screening was reduced to 20 days. Now, after two months of CSAT redesign implementation, the timeframe from case opening to screening has decreased to 15 days.

3. On-going meetings and good communication at all levels are very important to CSAT operations. Meetings between all Service Linkage Specialists and MAT Coordinators working in offices at varying stages of implementation provide opportunities to share experiences, trouble shoot and refine systems. Regional CSATs benefit tremendously from monthly and weekly meetings, immediately preceding and during the trial month of implementation. Additionally, the DCFS and DMH central managers should meet with DCFS and DMH regional staff three to four months prior to CSAT implementation for them to understand requirements and develop CSAT processes prior to implementation.

Summary

This is the second report provided to your Board tracking mental health acuity and response times since the redesign. It provides the data from the first month of implementation of screening for mental health services, for children with acute, urgent and routine mental health needs in newly opened and existing cases in SPA 7 regional offices from implementation on October 1, 2010 and SPA 6 from implementation on November 1, 2010 through November 30, 2010.

CSAT processes, RTS business rules and programming, and the associated Summary Data Report continue to be modified on a regular basis as lessons are learned. The data is overall very good. The Departments screened 95% of required children for mental health needs, referred 96% of required children for services, and started services for 96% of required children within the timelines. Completion of the

MHST has been reduced from 22 days prior to CSAT redesign to 15 days and the revised MHST appears to better identify children with mental needs.

The next report due to your Board on February 28, 2011, will reflect CSAT redesign activities and RTS data tracking in SPA 7, 6 and 1.

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.

AJ: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 January 21, 2011

From October 2010 to November 2010

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
Belvedere	(1) Number of children	98	153	34	285	74
	(2) Number of children currently receiving mental health services	1	1	1	3	25
	(3) Number of children requiring screens	98	153	26	277	41
	(4) Total number of children screened	75	150	26	251	2
	(5) Number of CSWs completing screens	28	42	10	61	2
	(6) Number of days between all case opening/case plan due dates and screens	35	35	0	20	0
	(7) Rate of screening	*76.53%*	*98.04%*	*100.00%*	*90.61%*	*4.88%*
	(8) Number of children with positive screens	52	70	17	139	0
	(9) Rate of children with positive screens	*69.33%*	*46.67%*	*65.38%*	*55.38%*	*0.00%*
	(a) Rate of children screened acute	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of children screened urgent	5.33%	8.00%	7.69%	7.17%	0.00%
	(c) Rate of children screened routine	42.67%	38.67%	57.69%	41.83%	0.00%
	(10) Number of children for whom consent for mental health services is declined	0	0	0	0	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	35	59	17	111	0
	(12) Number of children with positive screens determined to be privately insured	0	6	0	6	0
	(13) Number of children referred for mental health services	37	70	17	124	0
	(14) Number of days between screening and referral to mental health provider	0	0	0	0	0
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	1	2	0	1	0
	(c) Number of days between routine screening and referral to a mental health provider.	0	0	0	0	0
	(15) Rate of referral	*71.15%*	*100.00%*	*100.00%*	*89.21%*	*0.00%*
	(a) Rate of referral of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of referral of urgent screens	7.69%	17.14%	11.76%	12.95%	0.00%
	(c) Rate of referral of routine screens	51.92%	82.86%	88.24%	71.94%	0.00%
	(16) Number of children accessing services	35	70	17	122	0
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	2	3	0
	(18) Rate of mental health services	*94.59%*	*100.00%*	*100.00%*	*98.39%*	*0.00%*
	(a) Rate of mental health services of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of mental health services of urgent screens	10.81%	17.14%	11.76%	14.52%	0.00%
	(c) Rate of mental health services of routine screens	70.27%	82.86%	88.24%	79.84%	0.00%

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of January 21, 2011

From October 2010 to November 2010

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
Compton	(1) Number of children	36	100	18	154	30
	(2) Number of children currently receiving mental health services	0	0	7	7	5
	(3) Number of children requiring screens	36	99	10	145	21
	(4) Total number of children screened	34	96	10	140	18
	(5) Number of CSWs completing screens	20	28	5	44	14
	(6) Number of days between all case opening/case plan due dates and screens	23	8	0	3	0
	(7) Rate of screening	*94.44%*	*96.97%*	*100.00%*	*96.55%*	*85.71%*
	(8) Number of children with positive screens	30	61	9	100	1
	(9) Rate of children with positive screens	*88.24%*	*63.54%*	*90.00%*	*71.43%*	*5.56%*
	(a) Rate of children screened acute	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of children screened urgent	11.76%	8.33%	10.00%	9.29%	0.00%
	(c) Rate of children screened routine	61.76%	55.21%	80.00%	58.57%	5.56%
	(10) Number of children for whom consent for mental health services is declined	0	0	0	0	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	29	46	9	84	1
	(12) Number of children with positive screens determined to be privately insured	0	0	0	0	0
	(13) Number of children referred for mental health services	30	61	9	100	1
	(14) Number of days between screening and referral to mental health provider	0	7	20	4	2
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	7	4	122	14	0
	(c) Number of days between routine screening and referral to a mental health provider.	0	8	8	6	2
	(15) Rate of referral	*100.00%*	*100.00%*	*100.00%*	*100.00%*	*100.00%*
	(a) Rate of referral of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of referral of urgent screens	13.33%	13.11%	11.11%	13.00%	0.00%
	(c) Rate of referral of routine screens	70.00%	86.89%	88.89%	82.00%	100.00%
	(16) Number of children accessing services	30	61	9	100	1
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	1	0	0	0
	(18) Rate of mental health services	*100.00%*	*100.00%*	*100.00%*	*100.00%*	*100.00%*
	(a) Rate of mental health services of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of mental health services of urgent screens	13.33%	13.11%	11.11%	13.00%	0.00%
	(c) Rate of mental health services of routine screens	70.00%	86.89%	88.89%	82.00%	100.00%

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of January 21, 2011

From October 2010 to November 2010

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
S F Springs	(1) Number of children	68	123	20	211	70
	(2) Number of children currently receiving mental health services	3	11	5	19	1
	(3) Number of children requiring screens	68	118	12	198	61
	(4) Total number of children screened	65	117	12	194	32
	(5) Number of CSWs completing screens	34	39	8	64	17
	(6) Number of days between all case opening/case plan due dates and screens	12	17	0	9	0
	(7) Rate of screening	*95.59%*	*99.15%*	*100.00%*	*97.98%*	*52.46%*
	(8) Number of children with positive screens	53	92	6	151	4
	(9) Rate of children with positive screens	*81.54%*	*78.63%*	*50.00%*	*77.84%*	*12.50%*
	(a) Rate of children screened acute	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of children screened urgent	7.69%	0.00%	16.67%	3.61%	0.00%
	(c) Rate of children screened routine	73.85%	77.78%	33.33%	73.71%	12.50%
	(10) Number of children for whom consent for mental health services is declined	0	0	0	0	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	50	76	6	132	4
	(12) Number of children with positive screens determined to be privately insured	0	1	0	1	0
	(13) Number of children referred for mental health services	49	91	6	146	4
	(14) Number of days between screening and referral to mental health provider	3	1	1	2	1
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	0	0	0	0	0
	(c) Number of days between routine screening and referral to a mental health provider.	3	1	2	2	1
	(15) Rate of referral	*92.45%*	*98.91%*	*100.00%*	*96.69%*	*100.00%*
	(a) Rate of referral of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of referral of urgent screens	9.43%	0.00%	33.33%	4.64%	0.00%
	(c) Rate of referral of routine screens	83.02%	97.83%	66.67%	91.39%	100.00%
	(16) Number of children accessing services	49	90	6	145	4
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	5	1	4	4
	(18) Rate of mental health services	*100.00%*	*98.90%*	*100.00%*	*99.32%*	*100.00%*
	(a) Rate of mental health services of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of mental health services of urgent screens	10.20%	0.00%	33.33%	4.79%	0.00%
	(c) Rate of mental health services of routine screens	89.80%	98.90%	66.67%	94.52%	100.00%

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of January 21, 2011

From October 2010 to November 2010

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
Vermont Corridor	(1) Number of children	27	98	5	130	87
	(2) Number of children currently receiving mental health services	1	0	0	1	15
	(3) Number of children requiring screens	27	95	5	127	63
	(4) Total number of children screened	26	95	5	126	57
	(5) Number of CSWs completing screens	17	32	5	47	33
	(6) Number of days between all case opening/case plan due dates and screens	18	20	0	14	0
	(7) Rate of screening	*96.30%*	*100.00%*	*100.00%*	*99.21%*	*90.48%*
	(8) Number of children with positive screens	12	35	2	49	3
	(9) Rate of children with positive screens	*46.15%*	*36.84%*	*40.00%*	*38.89%*	*5.26%*
	(a) Rate of children screened acute	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of children screened urgent	0.00%	0.00%	0.00%	0.00%	0.00%
	(c) Rate of children screened routine	46.15%	36.84%	40.00%	38.89%	5.26%
	(10) Number of children for whom consent for mental health services is declined	0	1	0	1	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	8	9	2	19	2
	(12) Number of children with positive screens determined to be privately insured	0	0	0	0	0
	(13) Number of children referred for mental health services	12	34	2	48	3
	(14) Number of days between screening and referral to mental health provider	10	4	1	5	2
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	0	0	0	0	0
	(c) Number of days between routine screening and referral to a mental health provider.	10	4	1	5	2
	(15) Rate of referral	*100.00%*	*100.00%*	*100.00%*	*100.00%*	*100.00%*
	(a) Rate of referral of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of referral of urgent screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(c) Rate of referral of routine screens	100.00%	100.00%	100.00%	100.00%	100.00%
	(16) Number of children accessing services	11	24	2	37	2
	(17) Number of days between referral for mental health services and the provision of a mental health activity	4	3	6	3	9
	(18) Rate of mental health services	*91.67%*	*70.59%*	*100.00%*	*77.08%*	*66.67%*
	(a) Rate of mental health services of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of mental health services of urgent screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(c) Rate of mental health services of routine screens	91.67%	70.59%	100.00%	77.08%	66.67%

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of January 21, 2011

From October 2010 to November 2010

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
Wateridge	(1) Number of children	25	102	16	143	103
	(2) Number of children currently receiving mental health services	0	0	6	6	1
	(3) Number of children requiring screens	25	101	10	136	95
	(4) Total number of children screened	24	96	7	127	8
	(5) Number of CSWs completing screens	15	34	6	51	6
	(6) Number of days between all case opening/case plan due dates and screens	30	32	0	26	0
	(7) Rate of screening	*96.00%*	*95.05%*	*70.00%*	*93.38%*	*8.42%*
	(8) Number of children with positive screens	22	38	2	62	3
	(9) Rate of children with positive screens	*91.67%*	*39.58%*	*28.57%*	*48.82%*	*37.50%*
	(a) Rate of children screened acute	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of children screened urgent	4.17%	3.13%	0.00%	3.15%	0.00%
	(c) Rate of children screened routine	87.50%	35.42%	14.29%	44.09%	37.50%
	(10) Number of children for whom consent for mental health services is declined	1	0	0	1	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	19	14	1	34	0
	(12) Number of children with positive screens determined to be privately insured	0	0	0	0	0
	(13) Number of children referred for mental health services	20	38	2	60	3
	(14) Number of days between screening and referral to mental health provider	14	13	1	13	18
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	0	7	0	5	0
	(c) Number of days between routine screening and referral to a mental health provider.	15	14	14	14	18
	(15) Rate of referral	*95.24%*	*100.00%*	*100.00%*	*98.36%*	*100.00%*
	(a) Rate of referral of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of referral of urgent screens	4.76%	7.89%	0.00%	6.56%	0.00%
	(c) Rate of referral of routine screens	90.48%	89.47%	50.00%	88.52%	100.00%
	(16) Number of children accessing services	19	36	2	57	3
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	1	0	1	1
	(18) Rate of mental health services	*95.00%*	*94.74%*	*100.00%*	*95.00%*	*100.00%*
	(a) Rate of mental health services of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of mental health services of urgent screens	0.00%	5.26%	0.00%	3.33%	0.00%
	(c) Rate of mental health services of routine screens	95.00%	89.47%	50.00%	90.00%	100.00%

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of January 21, 2011

From October 2010 to November 2010

Report Month

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total Initial Screens, Referrals & Activities	Annual Screens, Referrals & Activities
Cumulative	(1) Number of children	254	576	93	923	364
	(2) Number of children currently receiving mental health services	5	12	19	36	47
	(3) Number of children requiring screens	254	566	63	883	281
	(4) Total number of children screened	224	554	60	838	117
	(5) Number of CSWs completing screens	109	172	34	259	72
	(6) Number of days between all case opening/case plan due dates and screens	23	19	10	15	0
	(7) Rate of screening	*88.19%*	*97.88%*	*95.24%*	*94.90%*	*41.64%*
	(8) Number of children with positive screens	169	296	36	501	11
	(9) Rate of children with positive screens	*75.45%*	*53.43%*	*60.00%*	*59.79%*	*9.40%*
	(a) Rate of children screened acute	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of children screened urgent	6.25%	4.15%	8.33%	5.01%	0.00%
	(c) Rate of children screened routine	59.82%	48.92%	50.00%	51.91%	9.40%
	(10) Number of children for whom consent for mental health services is declined	1	1	0	2	0
	(11) Number of children with positive screens determined to be EPSDT - eligible	141	204	35	380	7
	(12) Number of children with positive screens determined to be privately insured	0	7	0	7	0
	(13) Number of children referred for mental health services	148	294	36	478	11
	(14) Number of days between screening and referral to mental health provider	1	4	1	3	6
	(a) Number of days between acute screening and referral to a mental health provider.	0	0	0	0	0
	(b) Number of days between urgent screening and referral to a mental health provider.	2	3	24	5	0
	(c) Number of days between routine screening and referral to a mental health provider.	3	4	0	3	6
	(15) Rate of referral	*88.10%*	*99.66%*	*100.00%*	*95.79%*	*100.00%*
	(a) Rate of referral of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of referral of urgent screens	8.33%	7.80%	13.89%	8.42%	0.00%
	(c) Rate of referral of routine screens	73.21%	91.19%	83.33%	84.57%	100.00%
	(16) Number of children accessing services	144	281	36	461	10
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	3	0	3	3
	(18) Rate of mental health services	*97.30%*	*95.58%*	*100.00%*	*96.44%*	*90.91%*
	(a) Rate of mental health services of acute screens	0.00%	0.00%	0.00%	0.00%	0.00%
	(b) Rate of mental health services of urgent screens	8.78%	7.48%	13.89%	8.37%	0.00%
	(c) Rate of mental health services of routine screens	81.76%	88.10%	83.33%	85.77%	90.91%

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 Child Welfare Mental Health Screening Tool (CW-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 CW-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 CW-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.

Total Initial Screens, Referrals & Activities

All children in tracks # 1, 2 and 3 will receive an initial CW-MHST upon case opening and, based on a positive mental health screening, will be referred for mental health services through the co-located DMH staff and/or SLS.

Total Annual Screens, Referrals & Activities

All children that previously received negative mental health screenings, will receive an annual CW-MHST 12 months from the date of the previous negative screen or when behavioral indicators are present (unless the child is already receiving mental health services) and, based on a positive mental health screening, will be 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 CW-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 CW-MHST completed.

(5) Number of CSWs completing screens is defined as the number of CSWs who completed a CW-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 CW-MHST.

(7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CW-MHST.

(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 CW-MHST.

(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.

(a) Rate of acute screens is defined as the percent of children screened and determined to have acute mental health needs out of the total number of children screened.

(b) Rate of urgent screens is defined as the percent of children screened and determined to have urgent mental health needs out of the total number of children screened.

(c) Rate of routine screens is defined as the percent of children screened and determined to have routine mental health needs 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 who are 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 CW-MHST and the referral to a mental health provider.

(a) Number of days between children screening acute and referral to mental health provider is defined as the average number of calendar days between the day children are determined to have acute mental health needs and the referral to a mental health provider.

(b) Number of days between children screening urgent and referral to mental health provider is defined as the average number of calendar days between the day children are determined to have urgent mental health needs and the referral to a mental health provider.

(c) Number of days between children screening routine and referral to mental health provider is defined as the average number of calendar days between the day children are determined to have routine mental health needs 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 CW-MHST.

(a) Rate of children screened acute is defined as the percent of children screened and determined to have acute mental health needs out of the total number of children with positive screens.

(b) Rate of children screened urgent is defined as the percent of children screened and determined to have urgent mental health needs out of the total number of children with positive screens.

(c) Rate of children screened routine is defined as the percent of children screened and determined to have routine mental health needs out of the total number of children with positive screens.

(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.

(a) Rate of mental health services of acute screens is defined as the percent of children with acute mental health needs who receive a mental health service activity out of the total referred from DCFS

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

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