



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

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September 30, 2010

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

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

On April 28, 2009, the Board ordered the Chief Executive Officer (CEO), the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH) to prepare a monthly report on the mental health screening process, beginning May 30, 2009. This report tracks the implementation in Service Planning Areas (SPA) 1, 6, 7, Pomona and El Monte regional 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 July 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 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 September 10, 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 July 31, 2010.

- A total of **1,167** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of **21,398** children in tracks 1, 2 and 3, **15,656** children required screens and **15,057** children were screened at a **96%** screening rate.*
- Out of the **7,148** children who screened positive, **6,643** children were referred for mental health services at a **95%** referral rate. **

* 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 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.

** 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, deceased, AWOL at the time of referral or still pending referral.

- Out of **6,643** children referred for mental health services, **6,193** children received a mental health service activity at a **93%** access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was **24** 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 **34** days.

CSAT Redesign

As outlined in July's Katie A. Strategic Plan Quarterly Board Memo, revisions to the Child Welfare Mental Health Screening Tool (MHST), DCFS and DMH policies and procedures, tracking system, and training curriculum have been completed or are in the final stages of completion. The CSAT Redesign delayed the initial roll-out of CSAT to DCFS offices not yet trained. Those offices already trained and implementing CSAT (SPAs 1, 6, 7, El Monte, and Pomona) will be retrained and will implement the new procedures first, followed by the remaining offices. The following timetable provides the CSAT Redesign roll-out plan:

OFFICE	TRAINING MONTH	TRIAL MONTH	CSAT REDESIGN 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	Sept – Oct 2010	Nov 2010	Dec 2010	Feb 2011
Pasadena/Covina Annex (Asian Pacific & American Indian Units Only)/ Glendora	Oct – Nov 2010	Dec 2010	Jan 2011	Mar 2011
Metro North	Dec 2010	Jan 2011	Feb 2011	April 2011

OFFICE	TRAINING MONTH	TRIAL MONTH	CSAT REDESIGN ROLL-OUT	RTS REPORT TO BOARD
West Los Angeles (+ Deaf Services)	Dec – Jan 2011	Feb 2011	Mar 2011	May 2011
Lakewood/Torrance	Jan – Feb 2011	Mar 2011	April 2011	June 2011
San Fernando Valley/ Santa Clarita	Feb – Mar 2011	April 2011	May 2011	July 2011
Medical Case Management Services	Mar – April 2011	May 2011	June 2011	Aug 2011
ERCP	May 2011	June 2011	July 2011	Sep 2011

The first month of CSAT Redesign Training was implemented in August 2010 in SPA 7. This data will delineate the provision of mental health services by acute, urgent, and routine and will be provided to the Board in the December 2010 monthly memo.

Quality Service Review

Quality Service Review (QSR) is an in-depth case-based quality review process focused on integrated child welfare and mental health practices involving dependency and concurrency for children in care. Review findings will be used by the Departments to stimulate and support efforts to improve practice for children, youth, and families receiving child welfare and children’s mental health services in Los Angeles County. Review findings identify current strengths and accomplishments, practice challenges and limiting conditions, as well as opportunities for advancing practice and improving local conditions for better outcomes. SPAs 7, 6 and 1 will complete the QSR process this fiscal year.

The review provides an opportunity to understand what works well and where there is opportunity for growth. The Departments have been developing a shared Core Practice Model, Enhanced Skill Based Training, and Coaching and Mentoring Program so there is a consistent method of practice in working with families. In addition to these change strategies, the Departments will implement regional based improvement plans and other initiatives to improve practice and ensure quality services.

In August 2010, 14 randomly selected cases from the Santa Fe Springs office were reviewed. An average of 8.2 interviews with key child and family team members including focus children, parents, caregivers, service providers, family and other supports, attorneys and other professionals were conducted. All of the children (100 percent) were safe and healthy. Family connections were in place for child status indicators 86 percent of the time and 79 percent of the time for learning and

development; the indicator for family engagement was favorable in 79 percent of the cases reviewed. Teamwork and the long term view were the Practice Performance Indicators identified for improvement. Both Departments are in the early stage of the County's QSR development with focus on building a core team of case reviewers from DCFS and DMH in addition to all other aspects of program development. The Departments anticipate the need for additional teaching and mentoring resources to support case reviewer capacity development and are exploring options.

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. The MHSTs were modified to identify children with acute, urgent and routine mental health needs. However, during the first two weeks of implementation the tool revealed it did not adequately differentiate between urgent and routine mental health needs as a large number of MHSTs indicating urgent mental health needs were, upon review by co-located mental health staff, downgraded to routine. DCFS and DMH staff determined that timeframes for symptoms and parent's substance abuse were too broad. In addition, children's need for psychotropic medication and consultation required clarification. Teams from both Departments came together quickly, agreed upon modifications to the MHSTs and the newly revised tools were amended. The new MHST documents are being used effective September 1, 2010 by SPA 7 as part of the RTS Re-design.
2. The enhanced collaboration between DCFS and DMH has resulted in screening and assessing many indigent children for mental health needs utilizing general County funds. However, this funding stream does not cover resources to address ongoing mental health services for these children. DCFS, DMH, and community mental health providers will work within each SPA to create resource lists, as well as contact foreign consulates for previously unidentified mental health funds available for this population.

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 significantly since last month's progress report (the screening rate remained stable at 96 percent, the referral rate remained stable at 95 percent and the access rate decreased from 94 percent to 93 percent). A rate of 90 percent or higher in any category is considered very good primarily because the cumulative rates include cases less than 90 days out from case opening. Additionally, the progress is considered very good given the high number of clients and staff who need to be coordinated and managed in this process. A

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review of 21,398 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 October 29, 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 August 31, 2010 and will include additional information on the rollout of CSAT training efforts and the QSR process.

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 September 10, 2010
From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	568	1,070	1,669	3,307
	(2) Number of children currently receiving mental health services	10	48	609	667
	(3) Number of children requiring screens	567	1,053	852	2,472
	(4) Number of children screened	536	1,036	821	2,393
	(5) Number of CSWs completing screens	84	114	99	202
	(6) Number of days between case opening/case plan due date and screen	23	60	78	47
	(7) <i>Rate of screening</i>	95%	98%	96%	97%
	(8) Number of children with positive screens	515	542	175	1,232
	(9) <i>Rate of children with positive screens</i>	96%	52%	21%	51%
	(10) Number of children for whom consent for mental health services is declined	0	3	0	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	510	502	165	1,177
	(12) Number of children with positive screens determined to be privately insured	0	2	2	4
	(13) Number of children referred for mental health services	509	523	159	1,191
	(14) Number of days between screening and referral to mental health provider	1	1	2	1
	(15) <i>Rate of referral</i>	99%	97%	91%	97%
	(16) Number of children accessing services	491	498	148	1,137
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-3	0	3	-1
	(18) <i>Rate of mental health services</i>	96%	95%	93%	95%

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From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	366	954	1,329	2,649
	(2) Number of children currently receiving mental health services	3	42	559	604
	(3) Number of children requiring screens	359	923	681	1,963
	(4) Number of children screened	350	919	674	1,943
	(5) Number of CSWs completing screens	57	94	113	189
	(6) Number of days between case opening/case plan due date and screen	10	14	-14	8
	(7) <i>Rate of screening</i>	<i>97%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>
	(8) Number of children with positive screens	342	639	195	1,176
	(9) <i>Rate of children with positive screens</i>	<i>98%</i>	<i>70%</i>	<i>29%</i>	<i>61%</i>
	(10) Number of children for whom consent for mental health services is declined	1	13	2	16
	(11) Number of children with positive screens determined to be EPSDT-eligible	335	558	174	1,067
	(12) Number of children with positive screens determined to be privately insured	0	2	0	2
	(13) Number of children referred for mental health services	338	610	183	1,131
	(14) Number of days between screening and referral to mental health provider	2	9	12	7
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>97%</i>	<i>95%</i>	<i>98%</i>
	(16) Number of children accessing services	331	609	183	1,123
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	4	4
	(18) <i>Rate of mental health services</i>	<i>98%</i>	<i>100%</i>	<i>100%</i>	<i>99%</i>

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
EI Monte	(1) Number of children	68	116	286	470
	(2) Number of children currently receiving mental health services	1	3	112	116
	(3) Number of children requiring screens	68	111	128	307
	(4) Number of children screened	64	90	118	272
	(5) Number of CSWs completing screens	21	20	22	53
	(6) Number of days between case opening/case plan due date and screen	11	11	8	11
	(7) <i>Rate of screening</i>	<i>94%</i>	<i>81%</i>	<i>92%</i>	<i>89%</i>
	(8) Number of children with positive screens	64	53	15	132
	(9) <i>Rate of children with positive screens</i>	<i>100%</i>	<i>59%</i>	<i>13%</i>	<i>49%</i>
	(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	61	35	11	107
	(12) Number of children with positive screens determined to be privately insured	2	2	0	4
	(13) Number of children referred for mental health services	64	42	11	117
	(14) Number of days between screening and referral to mental health provider	4	9	1	5
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>81%</i>	<i>73%</i>	<i>89%</i>
	(16) Number of children accessing services	64	42	11	117
	(17) Number of days between referral for mental health services and the provision of a mental health activity	4	6	0	4
	(18) <i>Rate of mental health services</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

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From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	332	810	1,025	2,167
	(2) Number of children currently receiving mental health services	11	23	483	517
	(3) Number of children requiring screens	329	777	450	1,556
	(4) Number of children screened	326	727	447	1,500
	(5) Number of CSWs completing screens	62	54	59	114
	(6) Number of days between case opening/case plan due date and screen	12	27	8	18
	(7) <i>Rate of screening</i>	99%	94%	99%	96%
	(8) Number of children with positive screens	280	312	118	710
	(9) <i>Rate of children with positive screens</i>	86%	43%	26%	47%
	(10) Number of children for whom consent for mental health services is declined	8	27	14	49
	(11) Number of children with positive screens determined to be EPSDT-eligible	265	209	111	585
	(12) Number of children with positive screens determined to be privately insured	2	43	1	46
	(13) Number of children referred for mental health services	263	258	100	621
	(14) Number of days between screening and referral to mental health provider	8	16	12	12
	(15) <i>Rate of referral</i>	97%	91%	96%	94%
	(16) Number of children accessing services	256	196	96	548
	(17) Number of days between referral for mental health services and the provision of a mental health activity	4	7	6	5
	(18) <i>Rate of mental health services</i>	97%	76%	96%	88%

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From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	238	583	1,048	1,869
	(2) Number of children currently receiving mental health services	11	23	520	554
	(3) Number of children requiring screens	238	573	458	1,269
	(4) Number of children screened	238	564	451	1,253
	(5) Number of CSWs completing screens	42	53	71	120
	(6) Number of days between case opening/case plan due date and screen	17	23	28	22
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>98%</i>	<i>98%</i>	<i>99%</i>
	(8) Number of children with positive screens	194	248	138	580
	(9) <i>Rate of children with positive screens</i>	<i>82%</i>	<i>44%</i>	<i>31%</i>	<i>46%</i>
	(10) Number of children for whom consent for mental health services is declined	8	39	14	61
	(11) Number of children with positive screens determined to be EPSDT-eligible	191	178	130	499
	(12) Number of children with positive screens determined to be privately insured	5	31	4	40
	(13) Number of children referred for mental health services	179	199	119	497
	(14) Number of days between screening and referral to mental health provider	6	13	5	8
	(15) <i>Rate of referral</i>	<i>96%</i>	<i>95%</i>	<i>96%</i>	<i>96%</i>
	(16) Number of children accessing services	174	181	101	456
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	8	4
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>91%</i>	<i>85%</i>	<i>92%</i>

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From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Pomona	(1) Number of children	76	316	509	901
	(2) Number of children currently receiving mental health services	0	8	206	214
	(3) Number of children requiring screens	76	300	260	636
	(4) Number of children screened	75	283	231	589
	(5) Number of CSWs completing screens	27	36	48	94
	(6) Number of days between case opening/case plan due date and screen	11	13	26	14
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>94%</i>	<i>89%</i>	<i>93%</i>
	(8) Number of children with positive screens	64	135	26	225
	(9) <i>Rate of children with positive screens</i>	<i>85%</i>	<i>48%</i>	<i>11%</i>	<i>38%</i>
	(10) Number of children for whom consent for mental health services is declined	0	1	3	4
	(11) Number of children with positive screens determined to be EPSDT-eligible	62	113	23	198
	(12) Number of children with positive screens determined to be privately insured	0	1	0	1
	(13) Number of children referred for mental health services	62	120	20	202
	(14) Number of days between screening and referral to mental health provider	4	5	4	5
	(15) <i>Rate of referral</i>	<i>97%</i>	<i>90%</i>	<i>87%</i>	<i>91%</i>
	(16) Number of children accessing services	62	120	20	202
	(17) Number of days between referral for mental health services and the provision of a mental health activity	0	0	0	0
	(18) <i>Rate of mental health services</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

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From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	457	804	1,619	2,880
	(2) Number of children currently receiving mental health services	7	9	614	630
	(3) Number of children requiring screens	440	747	862	2,049
	(4) Number of children screened	438	736	836	2,010
	(5) Number of CSWs completing screens	93	111	72	194
	(6) Number of days between case opening/case plan due date and screen	28	22	10	22
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>99%</i>	<i>97%</i>	<i>98%</i>
	(8) Number of children with positive screens	390	459	163	1,012
	(9) <i>Rate of children with positive screens</i>	<i>89%</i>	<i>62%</i>	<i>19%</i>	<i>50%</i>
	(10) Number of children for whom consent for mental health services is declined	6	5	9	20
	(11) Number of children with positive screens determined to be EPSDT-eligible	353	340	145	838
	(12) Number of children with positive screens determined to be privately insured	6	12	1	19
	(13) Number of children referred for mental health services	381	444	150	975
	(14) Number of days between screening and referral to mental health provider	12	5	17	10
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>98%</i>	<i>97%</i>	<i>98%</i>
	(16) Number of children accessing services	371	440	150	961
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	5	5	4
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>

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From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	551	920	1,681	3,152
	(2) Number of children currently receiving mental health services	5	6	736	747
	(3) Number of children requiring screens	551	885	837	2,273
	(4) Number of children screened	475	870	818	2,163
	(5) Number of CSWs completing screens	70	109	92	174
	(6) Number of days between case opening/case plan due date and screen	31	20	18	25
	(7) <i>Rate of screening</i>	<i>86%</i>	<i>98%</i>	<i>98%</i>	<i>95%</i>
	(8) Number of children with positive screens	431	317	116	864
	(9) <i>Rate of children with positive screens</i>	<i>91%</i>	<i>36%</i>	<i>14%</i>	<i>40%</i>
	(10) Number of children for whom consent for mental health services is declined	3	3	7	13
	(11) Number of children with positive screens determined to be EPSDT-eligible	405	222	102	729
	(12) Number of children with positive screens determined to be privately insured	0	9	1	10
	(13) Number of children referred for mental health services	411	282	104	797
	(14) Number of days between screening and referral to mental health provider	4	4	8	5
	(15) <i>Rate of referral</i>	<i>96%</i>	<i>90%</i>	<i>95%</i>	<i>94%</i>
	(16) Number of children accessing services	327	256	85	668
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	10	12	6
	(18) <i>Rate of mental health services</i>	<i>80%</i>	<i>91%</i>	<i>82%</i>	<i>84%</i>

**County of Los Angeles
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Data as of September 10, 2010
From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	607	1,322	2,074	4,003
	(2) Number of children currently receiving mental health services	6	25	698	729
	(3) Number of children requiring screens	603	1,289	1,239	3,131
	(4) Number of children screened	558	1,215	1,161	2,934
	(5) Number of CSWs completing screens	108	110	125	254
	(6) Number of days between case opening/case plan due date and screen	26	24	10	22
	(7) <i>Rate of screening</i>	93%	94%	94%	94%
	(8) Number of children with positive screens	518	501	198	1,217
	(9) <i>Rate of children with positive screens</i>	93%	41%	17%	41%
	(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	490	428	165	1,083
	(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	505	443	164	1,112
	(14) Number of days between screening and referral to mental health provider	3	12	22	9
	(15) <i>Rate of referral</i>	97%	89%	83%	92%
	(16) Number of children accessing services	462	365	154	981
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	3	3	3
	(18) <i>Rate of mental health services</i>	91%	82%	94%	88%

**County of Los Angeles
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BOS RTS Summary Data Report
Data as of September 10, 2010
From May 2009 to July 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	3,263	6,895	11,240	21,398
	(2) Number of children currently receiving mental health services	54	187	4,537	4,778
	(3) Number of children requiring screens	3,231	6,658	5,767	15,656
	(4) Number of children screened	3,060	6,440	5,557	15,057
	(5) Number of CSWs completing screens	426	629	693	1,167
	(6) Number of days between case opening/case plan due date and screen	22	27	19	24
	(7) <i>Rate of screening</i>	95%	97%	96%	96%
	(8) Number of children with positive screens	2,798	3,206	1,144	7,148
	(9) <i>Rate of children with positive screens</i>	91%	50%	21%	47%
	(10) Number of children for whom consent for mental health services is declined	26	94	50	170
	(11) Number of children with positive screens determined to be EPSDT-eligible	2,672	2,585	1,026	6,283
	(12) Number of children with positive screens determined to be privately insured	15	106	12	133
	(13) Number of children referred for mental health services	2,712	2,921	1,010	6,643
	(14) Number of days between screening and referral to mental health provider	5	8	11	7
	(15) <i>Rate of referral</i>	98%	94%	92%	95%
	(16) Number of children accessing services	2,538	2,707	948	6,193
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	4	5	3
	(18) <i>Rate of mental health services</i>	94%	93%	94%	93%

Track #1: Newly Detained

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

Track #2: Newly Open Non-Detained

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

Track #3: Existing Open Cases

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

Footnotes

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

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

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

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

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

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