



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

October 29, 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 *Patricia Ploehn*
Director, Department of Children & Family Services

Marvin J. Southard, DSW *Marvin Southard*
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 (SPAs) 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 August 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, 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 October 11, 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 August 31, 2010.

- A total of **1,206** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of **23,714** children in tracks 1, 2 and 3, **17,704** children required screens and **16,913** children were screened at a **96%** screening rate.*
- Out of the **8,318** children who screened positive, **7,745** 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 7,745 children referred for mental health services, 7,227 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 23 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 33 days.

CSAT Redesign

On May 1, 2009, CSAT was implemented in Service Planning Area (SPA) 7 (Belvedere and Santa Fe Springs). On August 1, 2009, CSAT was implemented in SPA 6 (Compton, Wateridge and Vermont Corridor). SPA 1 (Lancaster and Palmdale) implemented CSAT in September 2009, and SPA 3 (El Monte and Pomona) implemented CSAT on April 1, 2010.

In response to the January 19, 2010 motion from Supervisors Molina and Knabe, DCFS and DMH staff reviewed a sample of 51 children's cases from the DCFS Santa Fe Springs Regional Office for mental health screening, referral, and start of mental health services. As a result of the case review, a formal redesign of CSAT occurred. Revisions to the MHST, RTS, CSAT Screening and Assessing Policies were completed to ensure the timely screening for, referral to and provision of mental health services according to acute, urgent and routine mental health needs.

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 and implementing CSAT (SPAs 1, 6, 7, El Monte, and Pomona) to be followed by the remaining offices.

SPA 7 completed CSAT Redesign training in August 2010, and rolled out on October 1, 2010. SPA 6 began the Redesign trial on October 1, 2010. CSWs in those regional offices are now completing the revised Los Angeles County Child Welfare

Mental Health Screening Tool (CW-MHST) immediately upon case opening to identify, track and ensure appropriate services to children with acute, urgent and routine mental health needs. The initial data delineating provision of mental health services by acute, urgent, and routine needs from SPA 7 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 concurrent planning 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.

DMH and DCFS Leadership within the offices in SPA 7, namely Belvedere and Santa Fe Springs, have partnered to address QSR next steps based upon "lessons learned" in the first two reviews. The QSR was the featured topic of a presentation at their Local Interagency Operations Network meeting, which includes DCFS, DMH providers and directly operated clinics, as well as community providers. The discussion focused on encouraging the cooperation of the providers in addressing areas needing improvement, such as the need for complete, early assessments to address the underlying needs of the child and family; the development of a shared vision with a common goal and understanding of safe case closure; and the need to develop a new understanding of "teaming" and how to implement a team approach to treatment.

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. As CSAT is integrated into regional operations, becoming an essential resource, the role has expanded and resulted in competing priorities. It is essential to establish a hierarchy of tasks, as well as concise work processes to ensure efficiency. In addition, back-up staffing plans are needed for regional CSAT staff to make certain that demands will be met effectively and in a timely manner.
2. The Departments and the DCFS Training Division must work together to ensure newly hired CSWs, as well as those transferring into CSAT implemented offices, understand and are prepared to utilize this resource. It is important for the history of the Katie A. Settlement Agreement and the CSAT process to be integrated into DCFS mandatory and core training. This will reinforce support and utilization of CSAT in existing and newly implemented regional offices.

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, referral and access remained stable at 96, 95 and 93 percent respectively). 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 review of 23,714 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 November 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 September 30, 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 October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	615	1,151	1,925	3,691
	(2) Number of children currently receiving mental health services	9	49	669	727
	(3) Number of children requiring screens	614	1,132	1,048	2,794
	(4) Number of children screened	568	1,063	1,015	2,646
	(5) Number of CSWs completing screens	86	114	116	212
	(6) Number of days between case opening/case plan due date and screen	23	60	54	44
	(7) <i>Rate of screening</i>	93%	94%	97%	95%
	(8) Number of children with positive screens	541	570	293	1,404
	(9) <i>Rate of children with positive screens</i>	95%	54%	29%	53%
	(10) Number of children for whom consent for mental health services is declined	0	3	1	4
	(11) Number of children with positive screens determined to be EPSDT-eligible	536	524	265	1,325
	(12) Number of children with positive screens determined to be privately insured	0	5	6	11
	(13) Number of children referred for mental health services	536	551	274	1,361
	(14) Number of days between screening and referral to mental health provider	1	1	2	1
	(15) <i>Rate of referral</i>	99%	97%	94%	97%
	(16) Number of children accessing services	511	532	257	1,300
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-2	1	5	0
	(18) <i>Rate of mental health services</i>	95%	97%	94%	96%

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	393	1,014	1,611	3,018
	(2) Number of children currently receiving mental health services	3	42	593	638
	(3) Number of children requiring screens	385	982	930	2,297
	(4) Number of children screened	376	978	923	2,277
	(5) Number of CSWs completing screens	58	96	128	194
	(6) Number of days between case opening/case plan due date and screen	10	13	0	9
	(7) <i>Rate of screening</i>	<i>98%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>
	(8) Number of children with positive screens	368	681	363	1,412
	(9) <i>Rate of children with positive screens</i>	<i>98%</i>	<i>70%</i>	<i>39%</i>	<i>62%</i>
	(10) Number of children for whom consent for mental health services is declined	1	13	5	19
	(11) Number of children with positive screens determined to be EPSDT-eligible	361	590	325	1,276
	(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	364	653	347	1,364
	(14) Number of days between screening and referral to mental health provider	2	9	12	8
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>98%</i>	<i>97%</i>	<i>98%</i>
	(16) Number of children accessing services	357	653	344	1,354
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	5	4
	(18) <i>Rate of mental health services</i>	<i>98%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
EI Monte	(1) Number of children	78	138	341	557
	(2) Number of children currently receiving mental health services	2	3	128	133
	(3) Number of children requiring screens	78	132	161	371
	(4) Number of children screened	71	98	134	303
	(5) Number of CSWs completing screens	21	22	26	54
	(6) Number of days between case opening/case plan due date and screen	10	11	16	12
	(7) <i>Rate of screening</i>	<i>91%</i>	<i>74%</i>	<i>83%</i>	<i>82%</i>
	(8) Number of children with positive screens	71	58	28	157
	(9) <i>Rate of children with positive screens</i>	<i>100%</i>	<i>59%</i>	<i>21%</i>	<i>52%</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	70	45	27	142
	(12) Number of children with positive screens determined to be privately insured	0	4	0	4
	(13) Number of children referred for mental health services	71	48	24	143
	(14) Number of days between screening and referral to mental health provider	5	10	2	6
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>84%</i>	<i>86%</i>	<i>92%</i>
	(16) Number of children accessing services	71	47	22	140
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	5	0	4
	(18) <i>Rate of mental health services</i>	<i>100%</i>	<i>98%</i>	<i>92%</i>	<i>98%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	366	914	1,090	2,370
	(2) Number of children currently receiving mental health services	11	23	490	524
	(3) Number of children requiring screens	363	878	506	1,747
	(4) Number of children screened	358	789	503	1,650
	(5) Number of CSWs completing screens	65	56	63	117
	(6) Number of days between case opening/case plan due date and screen	12	27	10	18
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>90%</i>	<i>99%</i>	<i>94%</i>
	(8) Number of children with positive screens	299	337	170	806
	(9) <i>Rate of children with positive screens</i>	<i>84%</i>	<i>43%</i>	<i>34%</i>	<i>49%</i>
	(10) Number of children for whom consent for mental health services is declined	8	27	15	50
	(11) Number of children with positive screens determined to be EPSDT-eligible	283	233	162	678
	(12) Number of children with positive screens determined to be privately insured	2	44	1	47
	(13) Number of children referred for mental health services	281	285	150	716
	(14) Number of days between screening and referral to mental health provider	8	16	10	12
	(15) <i>Rate of referral</i>	<i>97%</i>	<i>92%</i>	<i>97%</i>	<i>95%</i>
	(16) Number of children accessing services	273	223	147	643
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	7	6	5
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>78%</i>	<i>98%</i>	<i>90%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	258	655	1,210	2,123
	(2) Number of children currently receiving mental health services	11	24	539	574
	(3) Number of children requiring screens	258	645	601	1,504
	(4) Number of children screened	258	635	594	1,487
	(5) Number of CSWs completing screens	44	58	82	123
	(6) Number of days between case opening/case plan due date and screen	17	22	22	20
	(7) <i>Rate of screening</i>	<i>100%</i>	<i>98%</i>	<i>99%</i>	<i>99%</i>
	(8) Number of children with positive screens	211	298	213	722
	(9) <i>Rate of children with positive screens</i>	<i>82%</i>	<i>47%</i>	<i>36%</i>	<i>49%</i>
	(10) Number of children for whom consent for mental health services is declined	8	42	21	71
	(11) Number of children with positive screens determined to be EPSDT-eligible	208	217	193	618
	(12) Number of children with positive screens determined to be privately insured	5	36	6	47
	(13) Number of children referred for mental health services	193	244	182	619
	(14) Number of days between screening and referral to mental health provider	6	11	7	8
	(15) <i>Rate of referral</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>
	(16) Number of children accessing services	188	215	151	554
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	7	4
	(18) <i>Rate of mental health services</i>	<i>97%</i>	<i>88%</i>	<i>83%</i>	<i>89%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Pomona	(1) Number of children	94	380	646	1,120
	(2) Number of children currently receiving mental health services	0	8	249	257
	(3) Number of children requiring screens	94	361	344	799
	(4) Number of children screened	93	342	312	747
	(5) Number of CSWs completing screens	30	42	51	102
	(6) Number of days between case opening/case plan due date and screen	11	15	7	12
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>95%</i>	<i>91%</i>	<i>93%</i>
	(8) Number of children with positive screens	82	160	62	304
	(9) <i>Rate of children with positive screens</i>	<i>88%</i>	<i>47%</i>	<i>20%</i>	<i>41%</i>
	(10) Number of children for whom consent for mental health services is declined	0	4	3	7
	(11) Number of children with positive screens determined to be EPSDT-eligible	80	132	55	267
	(12) Number of children with positive screens determined to be privately insured	0	3	0	3
	(13) Number of children referred for mental health services	80	138	50	268
	(14) Number of days between screening and referral to mental health provider	5	5	5	5
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>88%</i>	<i>85%</i>	<i>90%</i>
	(16) Number of children accessing services	78	138	50	266
	(17) Number of days between referral for mental health services and the provision of a mental health activity	0	-1	0	0
	(18) <i>Rate of mental health services</i>	<i>98%</i>	<i>100%</i>	<i>100%</i>	<i>99%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	498	881	1,772	3,151
	(2) Number of children currently receiving mental health services	7	9	634	650
	(3) Number of children requiring screens	482	819	996	2,297
	(4) Number of children screened	477	798	968	2,243
	(5) Number of CSWs completing screens	95	116	87	201
	(6) Number of days between case opening/case plan due date and screen	26	22	6	20
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>97%</i>	<i>97%</i>	<i>98%</i>
	(8) Number of children with positive screens	427	489	257	1,173
	(9) <i>Rate of children with positive screens</i>	<i>90%</i>	<i>61%</i>	<i>27%</i>	<i>52%</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	386	361	228	975
	(12) Number of children with positive screens determined to be privately insured	9	17	2	28
	(13) Number of children referred for mental health services	415	472	242	1,129
	(14) Number of days between screening and referral to mental health provider	11	5	14	9
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>98%</i>	<i>98%</i>	<i>98%</i>
	(16) Number of children accessing services	405	467	241	1,113
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	5	6	4
	(18) <i>Rate of mental health services</i>	<i>98%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	607	1,019	1,773	3,399
	(2) Number of children currently receiving mental health services	5	6	745	756
	(3) Number of children requiring screens	606	981	922	2,509
	(4) Number of children screened	518	960	899	2,377
	(5) Number of CSWs completing screens	74	115	97	180
	(6) Number of days between case opening/case plan due date and screen	30	22	13	24
	(7) <i>Rate of screening</i>	<i>85%</i>	<i>98%</i>	<i>98%</i>	<i>95%</i>
	(8) Number of children with positive screens	470	334	176	980
	(9) <i>Rate of children with positive screens</i>	<i>91%</i>	<i>35%</i>	<i>20%</i>	<i>41%</i>
	(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	434	239	155	828
	(12) Number of children with positive screens determined to be privately insured	0	9	4	13
	(13) Number of children referred for mental health services	446	298	157	901
	(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>94%</i>	<i>93%</i>
	(16) Number of children accessing services	360	270	138	768
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	10	11	6
	(18) <i>Rate of mental health services</i>	<i>81%</i>	<i>91%</i>	<i>88%</i>	<i>85%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	657	1,429	2,199	4,285
	(2) Number of children currently receiving mental health services	6	26	716	748
	(3) Number of children requiring screens	652	1,394	1,340	3,386
	(4) Number of children screened	603	1,318	1,262	3,183
	(5) Number of CSWs completing screens	118	113	131	265
	(6) Number of days between case opening/case plan due date and screen	26	23	14	23
	(7) <i>Rate of screening</i>	<i>92%</i>	<i>95%</i>	<i>94%</i>	<i>94%</i>
	(8) Number of children with positive screens	562	536	262	1,360
	(9) <i>Rate of children with positive screens</i>	<i>93%</i>	<i>41%</i>	<i>21%</i>	<i>43%</i>
	(10) Number of children for whom consent for mental health services is declined	0	2	1	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	533	456	219	1,208
	(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	549	470	225	1,244
	(14) Number of days between screening and referral to mental health provider	4	11	21	10
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>88%</i>	<i>86%</i>	<i>92%</i>
	(16) Number of children accessing services	504	385	200	1,089
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	3	1	2
	(18) <i>Rate of mental health services</i>	<i>92%</i>	<i>82%</i>	<i>89%</i>	<i>88%</i>

**County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report**

**Data as of October 11, 2010
From May 2009 to August 2010**

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	3,566	7,581	12,567	23,714
	(2) Number of children currently receiving mental health services	54	190	4,763	5,007
	(3) Number of children requiring screens	3,532	7,324	6,848	17,704
	(4) Number of children screened	3,322	6,981	6,610	16,913
	(5) Number of CSWs completing screens	446	653	768	1,206
	(6) Number of days between case opening/case plan due date and screen	21	27	16	23
	(7) <i>Rate of screening</i>	<i>94%</i>	<i>95%</i>	<i>97%</i>	<i>96%</i>
	(8) Number of children with positive screens	3,031	3,463	1,824	8,318
	(9) <i>Rate of children with positive screens</i>	<i>91%</i>	<i>50%</i>	<i>28%</i>	<i>49%</i>
	(10) Number of children for whom consent for mental health services is declined	26	100	64	190
	(11) Number of children with positive screens determined to be EPSDT-eligible	2,891	2,797	1,629	7,317
	(12) Number of children with positive screens determined to be privately insured	16	124	22	162
	(13) Number of children referred for mental health services	2,935	3,159	1,651	7,745
	(14) Number of days between screening and referral to mental health provider	5	8	10	7
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>94%</i>	<i>94%</i>	<i>95%</i>
	(16) Number of children accessing services	2,747	2,930	1,550	7,227
	(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>	<i>94%</i>	<i>93%</i>	<i>94%</i>	<i>93%</i>

Track #1: Newly Detained

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

Track #2: Newly Open Non-Detained

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

Track #3: Existing Open Cases

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

Footnotes

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

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

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

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

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

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