



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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Director

November 30, 2010

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From: William T Fujioka  
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Marvin J. Southard, DSW  
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**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). The first revised report tracking mental health acuity and response will be submitted to the Board in December 2010.

This report tracks the ongoing implementation of screening for mental health services for newly opened and existing cases in Service Planning Area (SPA) 7 from implementation through August 31, 2010, and in SPAs 1, 6, Pomona and El Monte regional offices. Information technology limitations and data migration from the existing system to the redesigned system prevents inclusion of SPA 7 data for September 2010 in this report.

To reiterate, the initial data from the CSAT redesign implemented in SPA 7 will be reported to the Board in the December 31, 2010 memo. It will include, in addition to the 18 data elements in the attached report, factors reflecting identification of and the response to acuity of mental health needs and annual screening.

### **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 (newly detained, newly opened non-detained, and existing open cases) 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 November 11, 2010, data entered into the Child Welfare Services/Case Management System (CWS/CMS) indicates the year to date progress 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, through September 30, 2010 and data for SPA 7 from implementation through August 31, 2010.

- A total of **1,234** individual Children's Social Workers (CSWs) completed mental health screens to date.

- Out of 24,688 children in new and open cases, 18,546 children required screens and 17,767 children were screened at a 96% screening rate.\*
- Out of the 8,757 children who screened positive, 8,144 children were referred for mental health services at a 95% referral rate. \*\*
- Out of 8,144 children referred for mental health services, 7,573 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 22 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 32 days.

### CSAT Redesign

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). CSAT implementation in the remaining offices

\* 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.

will occur over the next year. SPA 7 completed CSAT redesign training and rolled out on October 1, 2010. SPA 6 began the redesign trial on October 1, 2010 and SPAs 1 and 2, and the El Monte and Pomona regional offices began the redesign trial in November 2010. All CSWs in CSAT implemented offices are now completing the revised Los Angeles County Child Welfare Mental Health Screening Tool (CW-MHST) upon case opening to identify, track, and ensure appropriate services for children with acute, urgent and routine mental health needs. The initial CSAT redesign RTS Summary Data Report delineating the 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.

During the week of October 18-22, 2010, the third successful QSR was conducted in the Compton Project. Thirteen (13) cases were reviewed and 144 interviews were held with key child and family team members including: focus children, parents, caregivers, service providers, family and other supports, attorneys and other professionals. (This is an average of 8.8 interviews per case.) The findings were consistent with those found in SPA 7. On the overall Status Indicators (Safety, Permanence, Well-Being) 77 percent of the cases reviewed scored in the favorable range, while the Practice Performance Indicators of Teamwork, Long-Term View and Strengths-Needs Assessment were identified for improvement. Based upon the QSR results, DCFS and DMH leadership within the Compton Project have already devised and are implementing action plans to enhance practice. Team Decision Making (TDM) Facilitators within the Compton Project are being trained to develop the child and

family's informal and formal support systems to work together in a unified and coordinated manner, strengthening teamwork to make it an on-going family-centered planning and problem-solving process beyond the initial TDM meeting. Moreover, TDM Facilitators will be making conscious use of a guiding long-term view to focus discussion on what would need to occur to attain safe case closure and permanency. DMH and DCFS are partnering to develop a trauma focused screening tool to better support assessment of children's mental health needs. Local DCFS and DMH leaders in Compton are also partnering to provide opportunities for clinical case consultation when CSW's get stuck in complex case situations. The QSR will be the featured topic of presentation at Compton Project's Local Interagency Operations Network (LION) meeting, which includes DCFS, DMH providers and directly operated clinics, as well as community providers, to discuss and utilize the findings revealed through the QSR.

### **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. Regional offices adapt CSAT processes and procedures to meet the needs of the population served. CSAT is collaborating with the DCFS Training Division and DMH to address the unique requirements of Emergency Response Command Post (ERCP) CSWs. The goal is to request consent for mental health services, release of information from the court, and complete the CW-MHST for newly detained children after regular hours. Engaging ERCP CSWs as CSAT partners will ensure children's timely linkage to MAT and referral for mental health assessments.
2. Prior to CSAT implementation, the informal process by which mental health needs were identified and services provided depended a great deal upon the ability and willingness of each Department's staff to build relationships. It was clear that a process for identification of children's needs and linkage to services needed to be operationalized. Yet, as the Departments strive to track and produce quantifiable reports, our focus must remain and be balanced with the importance of our practice, such as engaging and teaming.

### **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

Each Supervisor  
November 30, 2010  
Page 6

the high number of clients and staff who need to be coordinated and managed in this process. A review of 24,688 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 December 31, 2010, will reflect CSAT redesign activities and RTS data tracking in SPA 7 and will include information on the rollout of CSAT training efforts in newly implemented offices.

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 November 11, 2010  
From May 2009 to August 2010**

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Belvedere</b>	(1) Number of children	613	1,157	1,925	3,695
	(2) Number of children currently receiving mental health services	9	49	668	726
	(3) Number of children requiring screens	612	1,138	1,049	2,799
	(4) Number of children screened	579	1,087	1,016	2,682
	(5) Number of CSWs completing screens	90	114	116	215
	(6) Number of days between case opening/case plan due date and screen	22	60	51	43
	(7) <i>Rate of screening</i>	<i>95%</i>	<i>96%</i>	<i>97%</i>	<i>96%</i>
	(8) Number of children with positive screens	553	578	292	1,423
	(9) <i>Rate of children with positive screens</i>	<i>96%</i>	<i>53%</i>	<i>29%</i>	<i>53%</i>
	(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	550	533	267	1,350
	(12) Number of children with positive screens determined to be privately insured	0	4	6	10
	(13) Number of children referred for mental health services	548	559	275	1,382
	(14) Number of days between screening and referral to mental health provider	2	1	2	2
	(15) <i>Rate of referral</i>	<i>99%</i>	<i>97%</i>	<i>95%</i>	<i>97%</i>
	(16) Number of children accessing services	539	551	267	1,357
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-1	0	3	0
	(18) <i>Rate of mental health services</i>	<i>98%</i>	<i>99%</i>	<i>97%</i>	<i>98%</i>

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

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Compton</b>	(1) Number of children	441	1,111	1,630	3,182
	(2) Number of children currently receiving mental health services	3	44	607	654
	(3) Number of children requiring screens	434	1,077	936	2,447
	(4) Number of children screened	410	1,056	928	2,394
	(5) Number of CSWs completing screens	60	103	129	203
	(6) Number of days between case opening/case plan due date and screen	10	13	-2	8
	(7) <i>Rate of screening</i>	<i>94%</i>	<i>98%</i>	<i>99%</i>	<i>98%</i>
	(8) Number of children with positive screens	402	732	358	1,492
	(9) <i>Rate of children with positive screens</i>	<i>98%</i>	<i>69%</i>	<i>39%</i>	<i>62%</i>
	(10) Number of children for whom consent for mental health services is declined	1	15	5	21
	(11) Number of children with positive screens determined to be EPSDT-eligible	392	634	317	1,343
	(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	398	700	338	1,436
	(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>96%</i>	<i>98%</i>
	(16) Number of children accessing services	388	700	338	1,426
	(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>97%</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 November 11, 2010**  
**From May 2009 to September 2010**

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>EI Monte</b>	(1) Number of children	84	152	388	624
	(2) Number of children currently receiving mental health services	2	6	151	159
	(3) Number of children requiring screens	84	146	170	400
	(4) Number of children screened	78	134	149	361
	(5) Number of CSWs completing screens	22	26	27	58
	(6) Number of days between case opening/case plan due date and screen	12	15	-3	11
	(7) <i>Rate of screening</i>	<i>93%</i>	<i>92%</i>	<i>88%</i>	<i>90%</i>
	(8) Number of children with positive screens	78	70	31	179
	(9) <i>Rate of children with positive screens</i>	<i>100%</i>	<i>52%</i>	<i>21%</i>	<i>50%</i>
	(10) Number of children for whom consent for mental health services is declined	0	2	0	2
	(11) Number of children with positive screens determined to be EPSDT-eligible	77	54	24	155
	(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	78	59	23	160
	(14) Number of days between screening and referral to mental health provider	5	11	3	7
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>87%</i>	<i>74%</i>	<i>90%</i>
	(16) Number of children accessing services	78	51	19	148
	(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>86%</i>	<i>83%</i>	<i>93%</i>

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

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Lancaster</b>	(1) Number of children	397	1,032	1,095	2,524
	(2) Number of children currently receiving mental health services	11	24	498	533
	(3) Number of children requiring screens	394	996	504	1,894
	(4) Number of children screened	391	895	499	1,785
	(5) Number of CSWs completing screens	65	59	63	118
	(6) Number of days between case opening/case plan due date and screen	13	27	12	19
	(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	325	375	168	868
	(9) <i>Rate of children with positive screens</i>	<i>83%</i>	<i>42%</i>	<i>34%</i>	<i>49%</i>
	(10) Number of children for whom consent for mental health services is declined	8	33	15	56
	(11) Number of children with positive screens determined to be EPSDT-eligible	308	260	160	728
	(12) Number of children with positive screens determined to be privately insured	3	44	1	48
	(13) Number of children referred for mental health services	308	315	148	771
	(14) Number of days between screening and referral to mental health provider	8	16	11	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	300	247	143	690
	(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>97%</i>	<i>89%</i>

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

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
<b>Palmdale</b>	(1) Number of children	278	735	1,216	2,229
	(2) Number of children currently receiving mental health services	11	26	539	576
	(3) Number of children requiring screens	278	724	606	1,608
	(4) Number of children screened	278	711	599	1,588
	(5) Number of CSWs completing screens	47	60	82	126
	(6) Number of days between case opening/case plan due date and screen	17	21	19	19
	(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	229	341	216	786
	(9) <i>Rate of children with positive screens</i>	<i>82%</i>	<i>48%</i>	<i>36%</i>	<i>49%</i>
	(10) Number of children for whom consent for mental health services is declined	9	51	21	81
	(11) Number of children with positive screens determined to be EPSDT-eligible	226	252	196	674
	(12) Number of children with positive screens determined to be privately insured	5	40	6	51
	(13) Number of children referred for mental health services	213	275	185	673
	(14) Number of days between screening and referral to mental health provider	6	12	7	9
	(15) <i>Rate of referral</i>	<i>97%</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>
	(16) Number of children accessing services	205	240	154	599
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	3	7	4
	(18) <i>Rate of mental health services</i>	<i>96%</i>	<i>87%</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 November 11, 2010  
From May 2009 to September 2010**

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Pomona</b>	(1) Number of children	118	429	725	1,272
	(2) Number of children currently receiving mental health services	0	8	277	285
	(3) Number of children requiring screens	118	409	390	917
	(4) Number of children screened	117	392	360	869
	(5) Number of CSWs completing screens	36	46	54	106
	(6) Number of days between case opening/case plan due date and screen	15	19	13	17
	(7) <i>Rate of screening</i>	<i>99%</i>	<i>96%</i>	<i>92%</i>	<i>95%</i>
	(8) Number of children with positive screens	97	183	67	347
	(9) <i>Rate of children with positive screens</i>	<i>83%</i>	<i>47%</i>	<i>19%</i>	<i>40%</i>
	(10) Number of children for whom consent for mental health services is declined	0	3	3	6
	(11) Number of children with positive screens determined to be EPSDT-eligible	95	154	61	310
	(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	95	162	55	312
	(14) Number of days between screening and referral to mental health provider	4	5	5	5
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>90%</i>	<i>86%</i>	<i>91%</i>
	(16) Number of children accessing services	95	159	55	309
	(17) Number of days between referral for mental health services and the provision of a mental health activity	0	-2	0	-1
	(18) <i>Rate of mental health services</i>	<i>100%</i>	<i>98%</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 November 11, 2010**  
**From May 2009 to August 2010**

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>S F Springs</b>	(1) Number of children	498	883	1,772	3,153
	(2) Number of children currently receiving mental health services	8	13	634	655
	(3) Number of children requiring screens	482	819	996	2,297
	(4) Number of children screened	480	814	968	2,262
	(5) Number of CSWs completing screens	96	116	87	201
	(6) Number of days between case opening/case plan due date and screen	27	23	6	20
	(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	431	499	257	1,187
	(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	7	9	22
	(11) Number of children with positive screens determined to be EPSDT-eligible	393	367	228	988
	(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	423	482	243	1,148
	(14) Number of days between screening and referral to mental health provider	12	5	14	9
	(15) <i>Rate of referral</i>	<i>100%</i>	<i>98%</i>	<i>98%</i>	<i>99%</i>
	(16) Number of children accessing services	412	476	242	1,130
	(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>97%</i>	<i>99%</i>	<i>100%</i>	<i>98%</i>

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

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
<b>Vermont Corridor</b>	(1) Number of children	644	1,088	1,797	3,529
	(2) Number of children currently receiving mental health services	5	8	755	768
	(3) Number of children requiring screens	642	1,050	937	2,629
	(4) Number of children screened	551	1,028	909	2,488
	(5) Number of CSWs completing screens	82	127	98	195
	(6) Number of days between case opening/case plan due date and screen	30	22	12	24
	(7) <i>Rate of screening</i>	<i>86%</i>	<i>98%</i>	<i>97%</i>	<i>95%</i>
	(8) Number of children with positive screens	498	358	174	1,030
	(9) <i>Rate of children with positive screens</i>	<i>90%</i>	<i>35%</i>	<i>19%</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	461	256	153	870
	(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	471	321	154	946
	(14) Number of days between screening and referral to mental health provider	4	4	6	4
	(15) <i>Rate of referral</i>	<i>95%</i>	<i>90%</i>	<i>93%</i>	<i>93%</i>
	(16) Number of children accessing services	383	278	134	795
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	9	11	5
	(18) <i>Rate of mental health services</i>	<i>81%</i>	<i>87%</i>	<i>87%</i>	<i>84%</i>

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

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Wateridge</b>	(1) Number of children	711	1,526	2,243	4,480
	(2) Number of children currently receiving mental health services	7	27	737	771
	(3) Number of children requiring screens	704	1,491	1,360	3,555
	(4) Number of children screened	650	1,406	1,282	3,338
	(5) Number of CSWs completing screens	124	117	132	271
	(6) Number of days between case opening/case plan due date and screen	26	22	12	22
	(7) <i>Rate of screening</i>	<i>92%</i>	<i>94%</i>	<i>94%</i>	<i>94%</i>
	(8) Number of children with positive screens	604	579	262	1,445
	(9) <i>Rate of children with positive screens</i>	<i>93%</i>	<i>41%</i>	<i>20%</i>	<i>43%</i>
	(10) Number of children for whom consent for mental health services is declined	1	2	1	4
	(11) Number of children with positive screens determined to be EPSDT-eligible	574	495	219	1,288
	(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	589	504	223	1,316
	(14) Number of days between screening and referral to mental health provider	5	11	21	10
	(15) <i>Rate of referral</i>	<i>98%</i>	<i>87%</i>	<i>85%</i>	<i>91%</i>
	(16) Number of children accessing services	535	388	196	1,119
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	3	1	2
	(18) <i>Rate of mental health services</i>	<i>91%</i>	<i>77%</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 November 11, 2010**  
**From May 2009 to September 2010**

		<b>Newly Detained</b>	<b>Newly Opened Non Detained</b>	<b>Existing Open Cases</b>	<b>Total</b>
<b>Cumulative</b>	(1) Number of children	3,784	8,113	12,791	24,688
	(2) Number of children currently receiving mental health services	56	205	4,866	5,127
	(3) Number of children requiring screens	3,748	7,850	6,948	18,546
	(4) Number of children screened	3,534	7,523	6,710	17,767
	(5) Number of CSWs completing screens	465	680	775	1,234
	(6) Number of days between case opening/case plan due date and screen	21	26	15	22
	(7) <i>Rate of screening</i>	<i>94%</i>	<i>96%</i>	<i>97%</i>	<i>96%</i>
	(8) Number of children with positive screens	3,217	3,715	1,825	8,757
	(9) <i>Rate of children with positive screens</i>	<i>91%</i>	<i>49%</i>	<i>27%</i>	<i>49%</i>
	(10) Number of children for whom consent for mental health services is declined	28	119	64	211
	(11) Number of children with positive screens determined to be EPSDT-eligible	3,076	3,005	1,625	7,706
	(12) Number of children with positive screens determined to be privately insured	17	127	22	166
	(13) Number of children referred for mental health services	3,123	3,377	1,644	8,144
	(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>93%</i>	<i>95%</i>
	(16) Number of children accessing services	2,935	3,090	1,548	7,573
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	5	3
	(18) <i>Rate of mental health services</i>	<i>94%</i>	<i>92%</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.