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

November 30, 2009

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

From: William T Fujioka
Chief Executive Officer

Patricia S. Ploehn, LCSW
Director, Department of Children & Family Services

Marvin J. Southard, DSW Robin Kay for Marvin J. 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 Area (SPA) 1, 6 and 7 offices of the Coordinated Services Action Team (CSAT) and the Referral Tracking System (RTS) regarding the mental health screening, assessment and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through October 31, 2009.

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, assessment, 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 nineteen (19) 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 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.

The RTS Summary Data Report, to be submitted to your Board at the end of each month, is compiled from data entered up to the 17th of each month and represents the work completed up to that date for the previous months' required cases.

Summary Highlights

Data entered as of November 17, 2009 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 through October 31, 2009, by SPA 6 from implementation on August 1, 2009 through October 31, 2009, and by SPA 1 from implementation on September 1 through October 31, 2009.

- A total of **813** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of a total of **8,655** children potentially requiring a mental health screen, **5,860** children were determined to be in need of a screen, and of those, **5,498** children were screened at a **94%** screening rate.
- Out of **5,498** children screened, **2,115** children screened positive, **47** consents for children to receive mental health services were declined, leaving **2,068** children to be referred for mental health services, and of those, **1,883** children were referred for mental health services at a **91%** referral rate.
- Out of **1,883** children referred for mental health services, **1,760** 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 **18** 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 **6** calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was **4** calendar days.
- The average number of days between a referral for mental health service and the date of admission into a mental health program was **12** calendar days.

Mental Health Quality

As to the quality of mental health services provided, DMH agreed to conduct telephone surveys of client satisfaction with mental health services as a proxy measure of service quality. These telephone surveys were conducted in November by parent advocates employed by DMH and were targeted to children referred for mental health services in the month of July through the CSAT process in the Santa Fe Springs and Belvedere (Commerce) offices. Of a sample survey of 37 possible caretakers, the DMH parent partners were able to interview 15 caretakers and 2 children.

- 88% indicated that they were satisfied or very satisfied with the mental health services they were receiving.
- The majority of those responding stated that they had been able to start services within three to four weeks of referral or sooner.
- 67% indicated that services were provided in a convenient location.
- 100% said that services were provided in their preferred language.
- The majority of respondents described positive benefits from the services received, including improved relationships with family members and peers, better coping skills, and enhanced school performance.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6 and 7 present important lessons, namely:

1. Individual case circumstances affect the rates of referral and rates of service access (lines 14 and 18 of the Summary Data Report). Namely, decreased rates of referral often result from cases closed soon after case opening, children who run away or from children who refuse to participate in mental health services. Likewise, the rate of mental health service access is also affected by type or lack of insurance. Accessing mental health services is

challenging for those children without Medi-Cal or for those with private insurance.

2. At times, there have been "bottlenecks" in the flow of referrals to DMH co-located staff and to DMH MAT providers. When the work flows at a steady pace, DMH staff and DMH MAT providers are able to ensure timely processing, even in high volume offices. However, the referral process can be stalled due to the unexpected absence of any key CSAT staff member. Central program administration is notified, alternative staff is assigned and the backlog of referrals is processed quickly, creating an abundance of referrals difficult to manage at the same time. Management is working to develop back-up staffing plans for Service Linkage Specialists, MAT Coordinators, and Screening Clerks to ensure steady workflow.

3. The successful implementation of CSAT in each regional office is directly correlated to the strength of the team. Strong relationships create strong, well run CSAT teams. All levels of staff meet regularly; case conferencing occurs formally and informally; data entry occurs regularly; and systems are in place to manage exigent circumstances with little disruption. Similarly, the screening and referral process appears to be more efficient and complete in offices completing upfront Team Decision-Making meetings on all new cases. Phase I regional offices with thriving CSAT teams and processes will be used as models for Phase II offices.

4. DCFS, DMH and CEO are concerned that Tier II Wraparound (Tier II) is being under-utilized, while Full Service Partnership (FSP) slots are full, even though the services provided by each program is comparable. Part of the reason for this appears to be the newness of the Tier II program and a lack of understanding on the part of staff about the requirements for referring children to Tier II. A number of strategies to increase Wraparound utilization are currently being developed and implemented, including the on-going provision of Wraparound training.

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 from last month's progress report (93% to 94% for screening, 93% to 91% for referral, and 90% to 93% for access rate). A rate of 90% 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 8,655 children, an increase of more than 2,500 children from last month's report, involving the coordination and work of management and staff across seven regional offices, was required to achieve the year-to-date results.

Furthermore, the initial survey conducted regarding quality of mental health services provided is promising in that the majority of the respondents reported feeling satisfied to very satisfied with the services received and experienced improved relationships, coping skills and school performance from the services received.

The next report, due to your Board on December 31, 2009, will reflect CSAT activities and RTS data tracking in SPAs 1, 6 and 7 from initial implementation of CSAT through November 30, 2009.

Phase I of the Katie A. Strategic Plan was completed on September 1, 2009 when CSAT was implemented in SPA 1 completing the rollout of the CSAT in the Phase I offices (SPAs 6 and 7 and 1). In the following months efforts will continue to focus on strengthening the strategies integrated into daily practice in SPAs 1, 6 and 7 in full preparation for CSAT implementation in the Phase II offices expected to begin January 2010.

If you have any questions, please call us or your staff may contact Armand Montiel, Assistant Division Chief, DCFS Office of Board Relations, at (213) 351-5530.

PSP:MJS:WTF:
CJS:AO:EMM:dm

Attachment

c: Acting County Counsel
Executive Officer, Board of Supervisors

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of November 17, 2009

From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	266	386	1,572	2,224
	(2) Number of children currently receiving mental health services	6	26	477	509
	(3) Number of children requiring screens	266	383	907	1,556
	(4) Number of children screened	251	379	888	1,518
	(5) Number of CSWs completing screens	42	58	110	170
	(6) Number of days between case opening/case plan due date and screen	22	39	12	22
	(7) Rate of screening	*94%*	*99%*	*98%*	*98%*
	(8) Number of children with positive screens	228	87	173	488
	(9) Rate of children with positive screens	*91%*	*23%*	*19%*	*32%*
	(10) Number of children for whom consent for mental health services is declined	0	0	1	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	223	80	149	452
	(12) Number of children with positive screens determined to be privately insured	0	0	5	5
	(13) Number of children referred for mental health services	226	85	167	478
	(14) Number of days between screening and referral to mental health provider	2	3	4	3
	(15) Rate of referral	*99%*	*98%*	*97%*	*98%*
	(16) Number of children accessing services	225	81	163	469
	(17) Number of days between referral for mental health services and the provision of a mental health activity	pending	4	8	3
	(18) Rate of mental health services	*100%*	*95%*	*98%*	*98%*
	(19) Waiting times at directly operated clinics or contract providers	10	pending	13	9

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of November 17, 2009

From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	112	182	645	939
	(2) Number of children currently receiving mental health services	1	5	227	233
	(3) Number of children requiring screens	111	178	381	670
	(4) Number of children screened	97	174	380	651
	(5) Number of CSWs completing screens	20	37	93	123
	(6) Number of days between case opening/case plan due date and screen	14	28	6	16
	(7) Rate of screening	*87%*	*98%*	*100%*	*97%*
	(8) Number of children with positive screens	92	112	119	323
	(9) Rate of children with positive screens	*95%*	*64%*	*31%*	*50%*
	(10) Number of children for whom consent for mental health services is declined	0	3	2	5
	(11) Number of children with positive screens determined to be EPSDT-eligible	79	97	107	283
	(12) Number of children with positive screens determined to be privately insured	0	0	0	0
	(13) Number of children referred for mental health services	92	98	112	302
	(14) Number of days between screening and referral to mental health provider	1	3	9	5
	(15) Rate of referral	*100%*	*90%*	*96%*	*95%*
	(16) Number of children accessing services	85	92	109	286
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	5	4
	(18) Rate of mental health services	*92%*	*94%*	*97%*	*95%*
	(19) Waiting times at directly operated clinics or contract providers	pending	pending	pending	pending

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of November 17, 2009

From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	51	82	388	521
	(2) Number of children currently receiving mental health services	3	5	171	179
	(3) Number of children requiring screens	51	80	187	318
	(4) Number of children screened	51	71	186	308
	(5) Number of CSWs completing screens	19	22	46	73
	(6) Number of days between case opening/case plan due date and screen	12	21	12	14
	(7) Rate of screening	*100%*	*89%*	*99%*	*97%*
	(8) Number of children with positive screens	45	33	78	156
	(9) Rate of children with positive screens	*88%*	*46%*	*42%*	*51%*
	(10) Number of children for whom consent for mental health services is declined	1	5	12	18
	(11) Number of children with positive screens determined to be EPSDT-eligible	43	20	72	135
	(12) Number of children with positive screens determined to be privately insured	0	6	0	6
	(13) Number of children referred for mental health services	43	21	60	124
	(14) Number of days between screening and referral to mental health provider	4	7	8	6
	(15) Rate of referral	*98%*	*75%*	*91%*	*90%*
	(16) Number of children accessing services	42	18	57	117
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	9	6	5
	(18) Rate of mental health services	*98%*	*86%*	*95%*	*94%*
	(19) Waiting times at directly operated clinics or contract providers	6	5	14	7

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of November 17, 2009

From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	47	65	548	660
	(2) Number of children currently receiving mental health services	0	1	238	239
	(3) Number of children requiring screens	47	64	282	393
	(4) Number of children screened	47	58	280	385
	(5) Number of CSWs completing screens	16	15	59	76
	(6) Number of days between case opening/case plan due date and screen	11	25	-3	5
	(7) Rate of screening	*100%*	*91%*	*99%*	*98%*
	(8) Number of children with positive screens	35	23	86	144
	(9) Rate of children with positive screens	*74%*	*40%*	*31%*	*37%*
	(10) Number of children for whom consent for mental health services is declined	0	1	4	5
	(11) Number of children with positive screens determined to be EPSDT-eligible	35	17	80	132
	(12) Number of children with positive screens determined to be privately insured	0	2	6	8
	(13) Number of children referred for mental health services	35	15	70	120
	(14) Number of days between screening and referral to mental health provider	5	7	11	9
	(15) Rate of referral	*100%*	*68%*	*85%*	*86%*
	(16) Number of children accessing services	33	11	55	99
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	7	5
	(18) Rate of mental health services	*94%*	*73%*	*79%*	*83%*
	(19) Waiting times at directly operated clinics or contract providers	4	17	13	7

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of November 17, 2009
From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	214	270	1,381	1,865
	(2) Number of children currently receiving mental health services	6	3	514	523
	(3) Number of children requiring screens	208	243	748	1,199
	(4) Number of children screened	175	234	737	1,146
	(5) Number of CSWs completing screens	46	59	85	158
	(6) Number of days between case opening/case plan due date and screen	26	20	8	17
	(7) Rate of screening	*84%*	*96%*	*99%*	*96%*
	(8) Number of children with positive screens	137	113	173	423
	(9) Rate of children with positive screens	*78%*	*48%*	*23%*	*37%*
	(10) Number of children for whom consent for mental health services is declined	0	5	9	14
	(11) Number of children with positive screens determined to be EPSDT-eligible	106	70	143	319
	(12) Number of children with positive screens determined to be privately insured	2	4	1	7
	(13) Number of children referred for mental health services	113	105	161	379
	(14) Number of days between screening and referral to mental health provider	6	6	17	11
	(15) Rate of referral	*82%*	*97%*	*98%*	*93%*
	(16) Number of children accessing services	99	105	161	365
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	6	7	6
	(18) Rate of mental health services	*88%*	*100%*	*100%*	*96%*
	(19) Waiting times at directly operated clinics or contract providers	10	27	26	17

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of November 17, 2009

From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	186	135	792	1,113
	(2) Number of children currently receiving mental health services	1	6	342	349
	(3) Number of children requiring screens	184	128	401	713
	(4) Number of children screened	132	95	396	623
	(5) Number of CSWs completing screens	23	37	80	114
	(6) Number of days between case opening/case plan due date and screen	29	21	14	22
	(7) Rate of screening	*72%*	*74%*	*99%*	*87%*
	(8) Number of children with positive screens	117	32	98	247
	(9) Rate of children with positive screens	*89%*	*34%*	*25%*	*40%*
	(10) Number of children for whom consent for mental health services is declined	0	0	1	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	104	19	78	201
	(12) Number of children with positive screens determined to be privately insured	0	0	3	3
	(13) Number of children referred for mental health services	104	22	79	205
	(14) Number of days between screening and referral to mental health provider	1	7	5	3
	(15) Rate of referral	*89%*	*69%*	*81%*	*83%*
	(16) Number of children accessing services	97	16	78	191
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	7	10	6
	(18) Rate of mental health services	*93%*	*73%*	*99%*	*93%*
	(19) Waiting times at directly operated clinics or contract providers	pending	11	18	10

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

Data as of November 17, 2009
From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	182	350	801	1,333
	(2) Number of children currently receiving mental health services	1	8	250	259
	(3) Number of children requiring screens	181	342	488	1,011
	(4) Number of children screened	152	257	458	867
	(5) Number of CSWs completing screens	27	47	101	154
	(6) Number of days between case opening/case plan due date and screen	26	33	7	23
	(7) Rate of screening	*84%*	*75%*	*94%*	*86%*
	(8) Number of children with positive screens	133	110	91	334
	(9) Rate of children with positive screens	*88%*	*43%*	*20%*	*39%*
	(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	121	95	55	271
	(12) Number of children with positive screens determined to be privately insured	0	0	1	1
	(13) Number of children referred for mental health services	130	88	57	275
	(14) Number of days between screening and referral to mental health provider	2	11	11	7
	(15) Rate of referral	*98%*	*81%*	*63%*	*83%*
	(16) Number of children accessing services	111	81	41	233
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	4	3	3
	(18) Rate of mental health services	*85%*	*92%*	*72%*	*85%*
	(19) Waiting times at directly operated clinics or contract providers	pending	pending	8	8

County of Los Angeles
Department of Children and Family Services

BOS RTS Summary Data Report

Data as of November 17, 2009

From May 2009 to October 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	1,058	1,470	6,127	8,655
	(2) Number of children currently receiving mental health services	18	54	2,219	2,291
	(3) Number of children requiring screens	1,048	1,418	3,394	5,860
	(4) Number of children screened	905	1,268	3,325	5,498
	(5) Number of CSWs completing screens	162	266	573	813
	(6) Number of days between case opening/case plan due date and screen	22	28	8	18
	(7) Rate of screening	*86%*	*89%*	*98%*	*94%*
	(8) Number of children with positive screens	787	510	818	2,115
	(9) Rate of children with positive screens	*87%*	*40%*	*25%*	*38%*
	(10) Number of children for whom consent for mental health services is declined	1	16	30	47
	(11) Number of children with positive screens determined to be EPSDT-eligible	711	398	684	1,793
	(12) Number of children with positive screens determined to be privately insured	2	12	16	30
	(13) Number of children referred for mental health services	743	434	706	1,883
	(14) Number of days between screening and referral to mental health provider	3	6	10	6
	(15) Rate of referral	*95%*	*88%*	*90%*	*91%*
	(16) Number of children accessing services	692	404	664	1,760
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	7	4
	(18) Rate of mental health services	*93%*	*93%*	*94%*	*93%*
	(19) Waiting times at directly operated clinics or contract providers	8	10	17	12

Track #1: Newly Detained
All newly detained children eligible for the Multidisciplinary Assessment Team (MAT) program will receive a comprehensive assessment (including mental health) and mental health service linkage. All newly detained children not eligible for MAT, or in a SPA with insufficient capacity, will receive a mental health screening by the CSW using the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Based on a positive mental health screening, children will be referred for mental health services through the co-located DMH staff and/or Service Linkage Specialist (SLS).
Track #2: Newly Open Non-Detained
All newly opened non-detained children (family maintenance or voluntary family reunification) will receive a mental health screening by the CSW using the CIMH/MHST and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.
Track #3: Existing Open Cases
All existing open cases will receive a mental health screening by the CSW using the CIMH/MHST when the next case plan update is due or a behavioral indicator is present (unless the child is already receiving mental health services) and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

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

calendar days between a positive CIMH/MHST or MAT referral and the referral to a mental health provider.
(15) Rate of referral is defined as the percent of children referred to a mental health provider out of the total number with a positive CIMH/MHST or MAT referral.
(16) Number of children accessing services is defined as the number of children referred by DCFS, based upon a positive mental health screening, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc. Additionally, the number of children required to receive mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was revoked in the 90 day period.
(17) Number of days between referral for mental health services and the provision of a mental health activity is defined as the average number of calendar days between referral for mental health services and the provosion of a mental health service activity.
(18) Rate of mental health services is defined as the percent of children who receive a mental health service activity out of the total referred from DCFS.
(19) Waiting times at directly operated clinics or contract providers is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.