County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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April 30, 2010

To: Supervisor Gloria Molina, Chair
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From: William T Fujioka
Chief Executive Officer

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

Marvin J. Southard, DSW
Director, Department of Mental Health

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

On April 28, 2009 the Board ordered the Chief Executive Officer (CEO), the Department of Children and Family Services (DCFS), and the Department of Mental Health (DMH) to prepare a monthly report on the mental health screening process beginning May 30, 2009. 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, referral and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through February 26, 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 eighteen (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 average rate achieved for all data elements from all CSAT and RTS operational offices. As noted in previous reports to your Board, the data for the RTS Summary Data Report is continuously entered, with the final compliance rates evident only after 90 days from the date of a newly opened case or the case plan due date for currently open cases. Policy requires a child to be screened within the first 30 calendar days of case opening or case plan due date. Children who screen positive should be referred for mental health services no later than the next 30 days and should begin to receive mental health services no later than 30 days from the date of the referral.

Summary Highlights

Data entered as of April 9, 2010 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 and by SPA 1 from implementation on September 1, 2009 through February 26, 2010.

- A total of **998** individual Children's Social Workers (CSWs) completed mental health screens to date.

- Out of **15,587** children potentially requiring a screen, **10,452** children were screened at a **96%** screening rate.

- Out of the **4,437** children who screened positive, **4,115** children were referred for mental health services at a **95%** referral rate.

- Out of **4,115** children referred for mental health services, **3,856** children received a mental health service activity at a **94%** access rate.

- The average number of days between the case opening or case plan due date and completion of a mental health screen was **19** 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 **8** 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 **30** days.

Quality of Mental Health Services

A Quality Assurance (QA) chart review of DCFS children referred for mental health services in SPA 6 was conducted by staff from the DMH Program Review and Child Welfare Division. It focused on monitoring the quality of mental health services provided to children referred through the CSAT process in August and September and admitted to services in September, October, or November 2009. The review period was December 2009 through February 2010.

A QA review questionnaire was developed for this purpose that focused on, but was not limited to, the following practice principles: engagement; team formation; assessment; provision of individualized services; tracking and adapting of plans based on strengths and needs to achieve safety; permanency; and child and family well-being. Twenty-eight client charts were reviewed from eight contracted providers and four county-operated programs. The review, conducted on April 1 - 13, 2010, found the following:

- All 28 charts reviewed identified culture/ethnicity of the child and family, and provided services in the child/family's preferred language.

- All 28 charts reviewed demonstrated evidence that an assessment had been performed in a timely manner.

- There was active participation of the child and caregiver(s) in the identification of needs, goals and service planning in all the charts reviewed.

- Of the 28 charts reviewed, 27 indicated that the clients' conditions improved as a result of the mental health services received. The charts reviewed documented improvements in children's coping skills, relationships with peers and family

members, and school performance. Improvements in the caregivers' ability to problem-solve and cope with emergent conditions were also documented.

- Of the 28 charts reviewed, three identified plans in the progress notes to reunify the children with their birth mothers. Necessary supports were provided for the mothers to ensure a smooth transition.

- Of the 28 charts reviewed, 26 providers were delivering services in the home or school settings. There was further evidence that children and families received the type of specialized services supported through Katie A. Two clients received Functional Family Therapy, two received Trauma Focused Cognitive-Behavioral Therapy, and two clients were enrolled in the Wraparound Program. The services and evidence-based interventions to the children and their families in these programs were well documented.

- Of the 28 client charts reviewed, all services were provided by licensed clinicians or staff who have current registrations with the Board of Behavioral Sciences.

- Of the 28 client charts reviewed, 11 indicated continued collaboration with their DCFS social workers.

- Of the 28 client charts reviewed, 20 demonstrated that caregivers and clients' siblings were included in joint therapy sessions.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6, and 7 continues. Important lessons learned, include:

1. While the review of mental health charts indicates impressive outcomes and the employment of the field based, evidence-based, and best practice models associated with Katie A. programs, there is a need to reinforce the importance of teaming through the involvement of formal and informal supports in the planning process. Increased participation of other agency staff such as school, other DMH, and/or DCFS personnel in the planning process is needed. Additionally, training is necessary to support the value of a "needs and strengths" based assessment as the foundation for determining service needs.

   DMH has completed a contracting process with the California Institute for Mental Health (CIMH) to prepare a Core Practice Model curriculum and initial set of provider trainings to address these training needs. The Core Practice Model will

include child and family engagement and teaming with formal and informal supports, the development of a needs and strengths based assessment, the provision of intensive home based services, the use of a trauma-informed treatment approach, and transitioning families from reliance on formal to informal natural support systems. This model will become the baseline standard for children's mental health care.

2. The continued collaboration between DMH and DCFS information systems and program staff during the development of the referral tracking systems has provided the opportunity to uncover, analyze reasons for, and develop corrective actions to address discrepancies in data collected. The systems will accurately track every DCFS child served by DMH, and the type and frequency of services provided. The information will be used to understand the impact these interventions have on producing positive outcomes for children. Finally, in addition to each system complimenting the other, the systems have been designed to provide information to serve the unique needs of each Department.

3. CEO, DCFS, and DMH management and staff at all levels and across all programs continue to prioritize Wraparound utilization. A number of lessons have been learned about Wraparound's eligibility requirements, referral process, and program capacity in recent months and strategies developed to improve access and utilization are under development or already implemented. Some of these actions include ruling in Wraparound at all Team Decision Making Meetings, Resource Management Process Meetings, Multidisciplinary Assessment Team Meetings, and other service linkage points in cases. Also, Wraparound is promoted and staff educated about the benefits of Wraparound at Regional Administrator Meetings, DCFS All Managers' Meetings, General Staff Meetings and Unit Meetings. Recent utilization rates, especially for Wraparound Tier II, have been slowly trending up over the last four months.

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 (screening rate remained the same at 96%, referral rate remained the same at 95%, and the access rate increased slightly from 93% to 94%). 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 15,587 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 May 28, 2010, will reflect CSAT activities and RTS data tracking in SPAs 1, 6, and 7 from initial implementation of CSAT through March 31, 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: 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 April 09, 2010
From May 2009 to February 2010

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	350	693	1,816	2,859
	(2) Number of children currently receiving mental health services	6	40	612	658
	(3) Number of children requiring screens	350	683	999	2,032
	(4) Number of children screened	340	675	973	1,988
	(5) Number of CSWs completing screens	58	97	113	196
	(6) Number of days between case opening/case plan due date and screen	23	59	30	37
	(7) Rate of screening	*97%*	*99%*	*97%*	*98%*
	(8) Number of children with positive screens	319	262	240	821
	(9) Rate of children with positive screens	*94%*	*39%*	*25%*	*41%*
	(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	314	242	215	771
	(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	315	253	231	799
	(14) Number of days between screening and referral to mental health provider	1	1	3	2
	(15) Rate of referral	*99%*	*97%*	*97%*	*97%*
	(16) Number of children accessing services	304	243	226	773
	(17) Number of days between referral for mental health services and the provision of a mental health activity	-2	-2	4	0
	(18) Rate of mental health services	*97%*	*96%*	*98%*	*97%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	207	568	1,229	2,004
	(2) Number of children currently receiving mental health services	0	26	429	455
	(3) Number of children requiring screens	204	552	729	1,485
	(4) Number of children screened	196	544	723	1,463
	(5) Number of CSWs completing screens	42	66	120	165
	(6) Number of days between case opening/case plan due date and screen	11	12	-2	7
	(7) Rate of screening	*96%*	*99%*	*99%*	*99%*
	(8) Number of children with positive screens	191	369	273	833
	(9) Rate of children with positive screens	*97%*	*68%*	*38%*	*57%*
	(10) Number of children for whom consent for mental health services is declined	0	6	5	11
	(11) Number of children with positive screens determined to be EPSDT-eligible	177	324	235	736
	(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	190	354	257	801
	(14) Number of days between screening and referral to mental health provider	2	8	10	7
	(15) Rate of referral	*99%*	*98%*	*96%*	*97%*
	(16) Number of children accessing services	185	345	255	785
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	6	5
	(18) Rate of mental health services	*97%*	*97%*	*99%*	*98%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	171	301	959	1,431
	(2) Number of children currently receiving mental health services	11	13	428	452
	(3) Number of children requiring screens	171	287	450	908
	(4) Number of children screened	171	279	443	893
	(5) Number of CSWs completing screens	44	31	59	98
	(6) Number of days between case opening/case plan due date and screen	12	15	9	12
	(7) Rate of screening	*100%*	*97%*	*98%*	*98%*
	(8) Number of children with positive screens	149	129	138	416
	(9) Rate of children with positive screens	*87%*	*46%*	*31%*	*47%*
	(10) Number of children for whom consent for mental health services is declined	5	20	15	40
	(11) Number of children with positive screens determined to be EPSDT-eligible	147	80	130	357
	(12) Number of children with positive screens determined to be privately insured	0	21	1	22
	(13) Number of children referred for mental health services	138	91	118	347
	(14) Number of days between screening and referral to mental health provider	4	13	10	8
	(15) Rate of referral	*96%*	*83%*	*96%*	*92%*
	(16) Number of children accessing services	134	79	107	320
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	8	5	5
	(18) Rate of mental health services	*97%*	*87%*	*91%*	*92%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	142	247	1,087	1,476
	(2) Number of children currently receiving mental health services	6	12	479	497
	(3) Number of children requiring screens	141	242	544	927
	(4) Number of children screened	141	235	540	916
	(5) Number of CSWs completing screens	31	32	77	108
	(6) Number of days between case opening/case plan due date and screen	14	19	11	14
	(7) Rate of screening	*100%*	*97%*	*99%*	*99%*
	(8) Number of children with positive screens	105	98	168	371
	(9) Rate of children with positive screens	*74%*	*42%*	*31%*	*41%*
	(10) Number of children for whom consent for mental health services is declined	2	10	13	25
	(11) Number of children with positive screens determined to be EPSDT-eligible	105	59	153	317
	(12) Number of children with positive screens determined to be privately insured	4	13	6	23
	(13) Number of children referred for mental health services	98	82	145	325
	(14) Number of days between screening and referral to mental health provider	10	7	7	7
	(15) Rate of referral	*95%*	*93%*	*94%*	*94%*
	(16) Number of children accessing services	89	75	127	291
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	3	7	4
	(18) Rate of mental health services	*91%*	*91%*	*88%*	*90%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	313	431	1,649	2,393
	(2) Number of children currently receiving mental health services	6	3	598	607
	(3) Number of children requiring screens	305	392	915	1,612
	(4) Number of children screened	304	386	892	1,582
	(5) Number of CSWs completing screens	70	85	87	179
	(6) Number of days between case opening/case plan due date and screen	31	14	13	20
	(7) Rate of screening	*100%*	*98%*	*97%*	*98%*
	(8) Number of children with positive screens	253	193	220	666
	(9) Rate of children with positive screens	*83%*	*50%*	*25%*	*42%*
	(10) Number of children for whom consent for mental health services is declined	2	5	9	16
	(11) Number of children with positive screens determined to be EPSDT-eligible	232	137	192	561
	(12) Number of children with positive screens determined to be privately insured	2	5	1	8
	(13) Number of children referred for mental health services	249	183	207	639
	(14) Number of days between screening and referral to mental health provider	17	7	15	13
	(15) Rate of referral	*99%*	*97%*	*98%*	*98%*
	(16) Number of children accessing services	241	182	207	630
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	6	4
	(18) Rate of mental health services	*97%*	*99%*	*100%*	*99%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	368	450	1,587	2,405
	(2) Number of children currently receiving mental health services	2	5	661	668
	(3) Number of children requiring screens	367	424	822	1,613
	(4) Number of children screened	293	416	810	1,519
	(5) Number of CSWs completing screens	49	73	92	152
	(6) Number of days between case opening/case plan due date and screen	30	14	10	21
	(7) Rate of screening	*80%*	*98%*	*99%*	*94%*
	(8) Number of children with positive screens	257	132	149	538
	(9) Rate of children with positive screens	*88%*	*32%*	*18%*	*35%*
	(10) Number of children for whom consent for mental health services is declined	3	3	7	13
	(11) Number of children with positive screens determined to be EPSDT-eligible	242	82	131	455
	(12) Number of children with positive screens determined to be privately insured	0	4	4	8
	(13) Number of children referred for mental health services	241	118	131	490
	(14) Number of days between screening and referral to mental health provider	5	5	9	6
	(15) Rate of referral	*95%*	*91%*	*92%*	*93%*
	(16) Number of children accessing services	156	107	123	386
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	7	10	6
	(18) Rate of mental health services	*65%*	*91%*	*94%*	*79%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	370	782	1,867	3,019
	(2) Number of children currently receiving mental health services	4	19	599	622
	(3) Number of children requiring screens	368	769	1,136	2,273
	(4) Number of children screened	334	697	1,060	2,091
	(5) Number of CSWs completing screens	73	78	123	220
	(6) Number of days between case opening/case plan due date and screen	24	20	3	17
	(7) Rate of screening	*91%*	*91%*	*93%*	*92%*
	(8) Number of children with positive screens	309	285	198	792
	(9) Rate of children with positive screens	*93%*	*41%*	*19%*	*38%*
	(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	288	247	164	699
	(12) Number of children with positive screens determined to be privately insured	0	4	1	5
	(13) Number of children referred for mental health services	299	249	166	714
	(14) Number of days between screening and referral to mental health provider	3	16	22	12
	(15) Rate of referral	*97%*	*88%*	*84%*	*90%*
	(16) Number of children accessing services	263	244	164	671
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	3	3
	(18) Rate of mental health services	*88%*	*98%*	*99%*	*94%*

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	1,921	3,472	10,194	15,587
	(2) Number of children currently receiving mental health services	35	118	3,806	3,959
	(3) Number of children requiring screens	1,906	3,349	5,595	10,850
	(4) Number of children screened	1,779	3,232	5,441	10,452
	(5) Number of CSWs completing screens	300	433	665	998
	(6) Number of days between case opening/case plan due date and screen	22	23	11	19
	(7) Rate of screening	*93%*	*97%*	*97%*	*96%*
	(8) Number of children with positive screens	1,583	1,468	1,386	4,437
	(9) Rate of children with positive screens	*89%*	*45%*	*25%*	*42%*
	(10) Number of children for whom consent for mental health services is declined	12	46	50	108
	(11) Number of children with positive screens determined to be EPSDT-eligible	1,505	1,171	1,220	3,896
	(12) Number of children with positive screens determined to be privately insured	6	47	18	71
	(13) Number of children referred for mental health services	1,530	1,330	1,255	4,115
	(14) Number of days between screening and referral to mental health provider	6	8	11	8
	(15) Rate of referral	*97%*	*94%*	*94%*	*95%*
	(16) Number of children accessing services	1,372	1,275	1,209	3,856
	(17) Number of days between referral for mental health services and the provision of a mental health activity	1	4	6	3
	(18) Rate of mental health services	*90%*	*96%*	*96%*	*94%*

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.