

## **KATIE A. STRATEGIC PLAN, SEPTEMBER 2012 MONTHLY REPORT ON THE MENTAL HEALTH SCREENING PROCESS**

This is the nineteenth monthly report on the redesign of the Coordinated Services Action Teams (CSAT) implemented on October 1, 2010. This report reflects screening process for Fiscal Year (FY) 2012-2013 as of October 10, 2012.

### **CSAT Process**

The CSAT process requires expedited screening and response times based upon the acuity of a child's need for mental health services. Additionally, the CSAT process provides for the annual screening of children in existing cases with previous negative screens. Four tracks establish the process by which all DCFS children in new and currently open cases are screened and referred for mental health services.

<b>Track</b>	<b>Screening Process</b>
Track 1	Children in newly opened cases who are detained and placed in out-of-home care receive a mental health screening at case opening.
Track 2	Children in newly opened cases under Voluntary Family Maintenance, Voluntary Family Reunification or Court-supervised Family Maintenance case plans are screened at case opening.
Track 3	Children in existing cases opened before CSAT implementation are screened at the next case plan update.
Annual	Children in existing cases are screened 12 months after previously screening negative.

### **Referral Tracking System (RTS)**

The RTS Fiscal Year (FY) Summary Data Report (Attachment 1) for FY 2012-2013 includes 22 data elements providing the rate, number, timeliness, and acuity of mental health screenings, referral, and service response times to DCFS children in new and existing cases on a point-in-time basis.

This report reflects CSAT performance on October 10, 2012 and is a snapshot of work in progress. As such, data reported from graph to graph has some variation.

The RTS FY Summary Data Report for FY 2012-2013 provides the progress of all SPAs as of October 10, 201. The following two charts depict the results for all three tracks associated with the screening and referral process:

Chart I shows that of 3,802 children, 3,687 children required screens. (3,802 minus those currently receiving mental health services [106<sup>1</sup>], in closed cases [60], who ran away or were abducted [17]):

- 3,037 (82.37%) children screened positive of all children requiring screens (3,687).
- 518 (14.05%) children screened negative of all children requiring screens (3,687).
- 132 (3.58%) children have screens pending of all children requiring screens (3687).

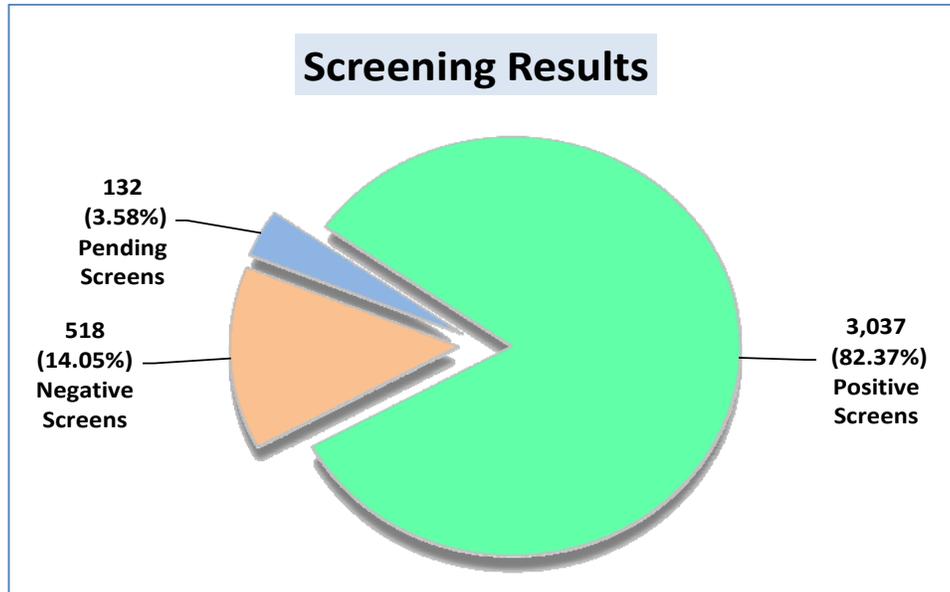
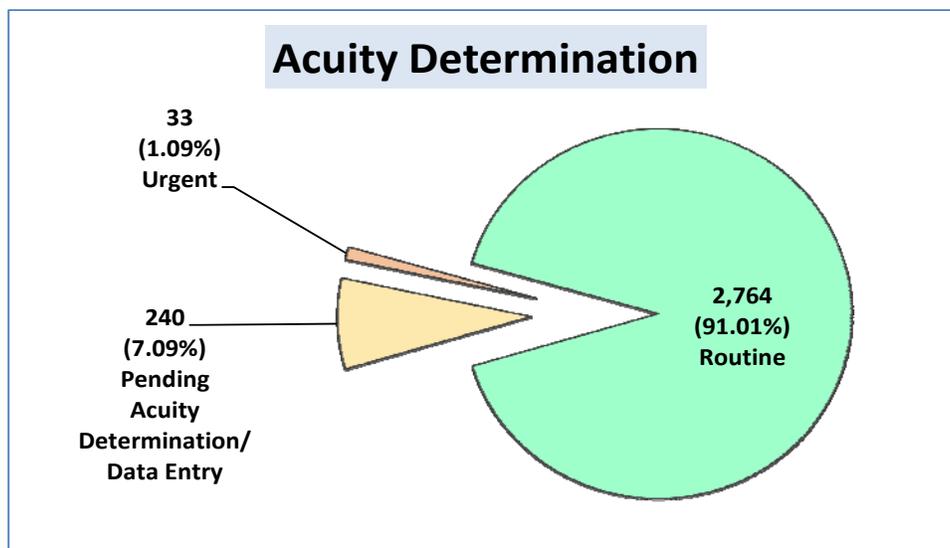


Chart II shows that of the 3,037 children who screened positive:

- 0 (0.00%) children were determined to have acute needs;
- 33 (1.09%) children were determined to have urgent needs;
- 2,764 (91.01%) children were determined to have routine needs;
- 240 (7.90%) children's acuity level was pending determination and/or data entry.



<sup>1</sup> The total number of children in all tracks currently receiving mental health services is 106. Children in existing cases [38] are subtracted from the total number of children requiring screens because all children in new cases (track 1 [4] and track 2 [64]) must be screened.

### **Acuity Referral Standards**

Acute	Children presenting with acute needs are referred for mental health services on the same day as screening.
Urgent	Children presenting with urgent needs are referred for mental health services within one day of screening.
Routine	Children presenting with routine needs are referred for mental health services within 10 days of screening.

The average number of days between screening and referral to DMH for mental health services according to acuity for FY 2012-2013:

- There were no children with acute needs during this reporting period.
- Children with urgent needs were referred to DMH within 2 days on average.
- Children with routine needs were referred to DMH within 4 days on average.

### **Mental Health Service Activity Standards**

Acute	Children presenting with acute needs begin receiving mental health service activities on the same day as the referral.
Urgent	Children presenting with urgent needs begin receiving mental health service activities within no more than three days of the referral.
Routine	Children presenting with routine needs begin receiving mental health service activities within no more than thirty days of the referral.

The average number of days between referral to and receipt of a mental health activity according to acuity in FY 2012-2013:

- There were no children with acute needs during this reporting period. (Attachment 1, line 19a);
- The average number of days for receipt of a mental health service activity was 1 day for children with urgent needs (Attachment 1, line19b); and
- The average number of days for receipt of a mental health service activity was 1 day for children with routine needs (Attachment 1, line19c).

The rate of children that received a mental health activity with required timeframes according to acuity in FY 2012-2013:

- There were no children with acute needs during this reporting period.
- 96.97 percent of children with urgent needs received DMH services within 3 days of the referral (Attachment 1, line 20b); and

- 96.92 percent of children with routine needs received DMH services within 30 days of the referral (Attachment 1, line 20c).

### **Achievements**

As of October 10, 2012, for children served in FY 2012-2013, DCFS and DMH continued to see improvements in mental health screening, referral and service delivery:

- 96.42 percent of children screened for mental health needs;
- 96.55 percent of children referred to mental health services; and
- 94.96 percent of children initiated mental health service activities.
- The average timeline from case opening or case plan update to the start of mental health service activities is 2 days;
- The average timeline from screening to referral is 4 days;
- The average timeline from referral to start of mental health activity is 1 day;
- The average timeline from case opening or case plan update to start of mental health activity is 7 days.