



**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

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October 30, 2009

To: Supervisor Don Knabe, Chairman
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From: William T Fujioka
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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, assessment and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through September 30, 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.

"To Enrich Lives Through Effective and Caring Service"

The CSAT and RTS became operational in SPA 7 on May 1, 2009. 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 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 October 16, 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 September 30, 2009, by SPA 6 from August 1, 2009 through September 30, 2009, and by SPA 1 from implementation on September 1 through September 30, 2009.

- A total of **693** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of a total of **6,341** children potentially requiring a mental health screen, **4,237** children were determined to be in need of a screen, and of those, **3,945** children were screened at a **93%** screening rate.
- Out of **3,945** children screened, **1,490** children screened positive, **24** consents for children to receive mental health services were declined, leaving **1,466** children to be referred for mental health services, and of those, **1,362** children were referred for mental health services at a **93%** referral rate.
- Out of **1,362** children referred for mental health services, **1,230** children received a mental health service activity at a **90%** 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 referral and referral for mental health service was 5 calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was 5 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 13 calendar days.

Overall, the year-to-date RTS Summary Data Report results appear to be very good. Although the screening, referral, and mental health service access rates dropped slightly from last month's progress report (94% to 93% for screening, 95% to 93% for referral, and 96% to 90% for access rate), a rate of 90% or higher in any category is considered to be very good primarily because the cumulative rates include cases less than 90 days out from case opening. Additionally, the progress is considered to be very good given the relatively high number of clients and staff who need to be coordinated and managed in this process. A review of over 6,000 children, involving the coordination and work of management and staff across seven regional offices, was required to achieve the year-to-date results.

Lessons Learned

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

1. The rate of positive screens in "Track 2" (newly opened, non-detained children) that was reflected in the RTS Summary Data Report's cumulative data for each office in SPA 7 varied greatly. Out of all the children screened in SPA 7, the percentage of Track 2 children who screened positive in the Belvedere office was 20% and the percentage was 51% in the Santa Fe Springs office. To understand the reasons for the difference, staff analyzed the data and conducted a review of cases, which revealed the population served by the Belvedere office was comprised of a much larger proportion of children below 59 months than the Santa Fe Springs office. The Departments are aware of the difficulty assessing very young children and data seems to reinforce this concern. While DMH is working with providers to build competence in this area, both Departments will work together to determine the most effective means of increasing the capabilities of all staff screening very young children. In addition, the Departments intend to research whether the design of the screen adequately identifies "red flags" for infants.

2. Obtaining consent for mental health services is identified as a core project of the Katie A. Strategic and Implementation Plans. Prior to being referred for an assessment, a parent, guardian or capable child 12 years of age or older must provide informed consent. When consent is not obtained from the parent/legal guardian or child, the Children's Social Worker (CSW) must request consent from the court to expedite the child's linkage to a mental health or developmental assessment. In some instances, the Court does not accept the CSW's recommendation orders; they may neglect to make orders altogether or may overlook signing orders made. This delays the service linkage process for days or weeks as the CSW must make additional requests of the Court. The Department has received agreement from county counsel, children's and parents' attorneys, and is close to agreement with judicial officers on standardizing the language in the orders the Court makes for mental health services and release of protected health information. The standardized order will ensure uniformity of language and eliminate the need to write individual orders every time consent is requested. Upon agreement on the language by all parties, the Department and court will agree on a process to ensure orders are completed and signed as requested.
3. Children in cases transferred into Los Angeles County from another county in California often come with out-of-county Medi-Cal. For children to be served by a Los Angeles County mental health provider, their Medi-Cal must be converted to Los Angeles County, which can be a time consuming process that delays service linkage.
4. Those offices that were involved in the initial implementation of CSAT were also instrumental in the development of the RTS User Guide. However, a review of the RTS data with CSAT staff from recently implemented offices revealed areas where the directions are confusing. The team identified these sections, determined where clarifications were required and also suggested adding case examples to further clarify instructions. This discussion also provided insight into the importance of using standardized terminology across Departments, regional offices and with community providers. For example, staff at DCFS use "referral for assessment" and "referral for services" interchangeably. However, at DMH these terms define two different tasks and the provision of two types of assistance. The utilization of uniform terminology will help to ensure that the information shared between the Departments accurately reflects CSAT activity.
5. A number of factors influenced the variation in participation rates reflected in the data in the RTS Summary Data Report from the Phase I (SPAs 1, 6, and 7) offices. For Track 1 the disparity is often due to continuity of MAT staff and/or a fluctuation in the number of detentions from one month to another. Differences in office practice may account for inconsistencies in Tracks 2 and 3. Offices that reflect larger rates of mental health services conduct frequent meetings to track

case flow and staffing to ensure timely data entry. In contrast, offices that report lower participation rates are those that tend to process referrals in batches. Instances where there are large influxes of referrals late in the month result in the appearance of lower rates of mental health services. Finally, all DCFS offices experienced three weeks of varying degrees of computer down time during the reporting period, significantly affecting the CSAT staff's ability to enter data in a timely manner. As stated previously, the accurate and final reflection of CSAT activities and participation rates requires 90 days from case opening.

As to quality of mental health services, DMH randomly selected a sample of case names and their primary care providers for a telephone service satisfaction survey. It included those children and families who were referred and received a mental health service as a result of SPA 7 CSAT activities, initially implemented in May 2009. Methodology continues to be under development in order to further clarify the preliminary findings from these initial survey activities. During the next month, the Departments will refine the data collection methodology, with initial results expected to be available in the report to your Board on November 30, 2009.

SUMMARY

The RTS Summary Data Report quantifies progress towards fulfillment of the objectives identified through the Katie A. Settlement Agreement and the integration of these objectives into an infrastructure designed to support success and address challenges. The next report, due to your Board on November 30, 2009, will reflect CSAT activities and RTS data tracking in SPAs 1, 6 and 7 from initial implementation of CSAT through October 30, 2009.

Phase I of the Katie A. Strategic Plan was completed on September 1, 2009 when SPA 1 implemented CSAT, joining SPAs 6 and 7. In the following months, from October 2009 through December 2009, efforts will 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:emm

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 October 16, 2009
 From May 2009 to September 2009**

	Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere (1) Number of children	228	313	1,385	1,926
(2) Number of children currently receiving mental health services	6	30	445	481
(3) Number of children requiring screens	228	309	780	1,317
(4) Number of children screened	210	302	772	1,284
(5) Number of CSWs completing screens	36	50	109	162
(6) Number of days between case opening/case plan due date and screen	21	37	13	20
(7) <i>Rate of screening</i>	92%	98%	99%	97%
(8) Number of children with positive screens	188	60	138	386
(9) Number of children for whom consent for mental health services is declined	0	0	1	1
(10) Number of children with positive screens determined to be EPSDT-eligible	184	60	119	363
(11) Number of children with positive screens determined to be privately insured	0	0	5	5
(12) Number of children referred for mental health services	186	59	135	380
(13) Number of days between screening and referral to mental health provider	2	2	4	3
(14) <i>Rate of referral</i>	99%	98%	99%	99%
(15) Number of children accessing services	180	57	133	370
(16) Number of days between referral for mental health services and the provision of a mental health activity	2	6	7	4
(17) <i>Rate of mental health services</i>	97%	97%	99%	97%
(18) Waiting times at directly operated clinics or contract providers	10	15	18	13
(19) Quality of mental health services	pending	pending	pending	pending

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	Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton (1) Number of children	83	100	414	597
(2) Number of children currently receiving mental health services	1	3	139	143
(3) Number of children requiring screens	83	96	250	429
(4) Number of children screened	64	81	249	394
(5) Number of CSWs completing screens	15	22	82	103
(6) Number of days between case opening/case plan due date and screen	14	19	7	13
(7) Rate of screening	77%	84%	100%	92%
(8) Number of children with positive screens	62	58	73	193
(9) Number of children for whom consent for mental health services is declined	0	3	1	4
(10) Number of children with positive screens determined to be EPSDT-eligible	49	49	67	165
(11) Number of children with positive screens determined to be privately insured	0	0	0	0
(12) Number of children referred for mental health services	60	52	67	179
(13) Number of days between screening and referral to mental health provider	1	2	7	4
(14) Rate of referral	97%	95%	93%	95%
(15) Number of children accessing services	53	43	67	163
(16) Number of days between referral for mental health services and the provision of a mental health activity	2	6	6	4
(17) Rate of mental health services	88%	83%	100%	91%
(18) Waiting times at directly operated clinics or contract providers	pending	pending	pending	pending
(19) Quality of mental health services	pending	pending	pending	pending

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	44	40	218	302
	(2) Number of children currently receiving mental health services	4	2	103	109
	(3) Number of children requiring screens	44	39	94	177
	(4) Number of children screened	44	33	93	170
	(5) Number of CSWs completing screens	15	10	31	50
	(6) Number of days between case opening/case plan due date and screen	13	18	5	10
	(7) <i>Rate of screening</i>	100%	85%	99%	96%
	(8) Number of children with positive screens	39	20	48	107
	(9) Number of children for whom consent for mental health services is declined	0	1	2	3
	(10) Number of children with positive screens determined to be EPSDT-eligible	36	16	40	92
	(11) Number of children with positive screens determined to be privately insured	0	0	0	0
	(12) Number of children referred for mental health services	36	14	38	88
	(13) Number of days between screening and referral to mental health provider	3	2	7	5
	(14) <i>Rate of referral</i>	92%	74%	83%	85%
	(15) Number of children accessing services	36	11	34	81
	(16) Number of days between referral for mental health services and the provision of a mental health activity	2	9	6	5
	(17) <i>Rate of mental health services</i>	100%	79%	89%	92%
	(18) Waiting times at directly operated clinics or contract providers	4	5	6	5
	(19) Quality of mental health services	pending	pending	pending	pending

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	Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale (1) Number of children	25	28	211	264
(2) Number of children currently receiving mental health services	0	0	85	85
(3) Number of children requiring screens	25	27	109	161
(4) Number of children screened	25	25	109	159
(5) Number of CSWs completing screens	10	9	38	52
(6) Number of days between case opening/case plan due date and screen	13	18	4	9
(7) <i>Rate of screening</i>	<i>100%</i>	<i>93%</i>	<i>100%</i>	<i>99%</i>
(8) Number of children with positive screens	21	9	43	73
(9) Number of children for whom consent for mental health services is declined	0	0	4	4
(10) Number of children with positive screens determined to be EPSDT-eligible	20	5	34	59
(11) Number of children with positive screens determined to be privately insured	0	2	5	7
(12) Number of children referred for mental health services	19	9	36	64
(13) Number of days between screening and referral to mental health provider	3	3	7	5
(14) <i>Rate of referral</i>	<i>90%</i>	<i>100%</i>	<i>92%</i>	<i>93%</i>
(15) Number of children accessing services	12	6	23	41
(16) Number of days between referral for mental health services and the provision of a mental health activity	0	6	3	3
(17) <i>Rate of mental health services</i>	<i>63%</i>	<i>67%</i>	<i>64%</i>	<i>64%</i>
(18) Waiting times at directly operated clinics or contract providers	pending	pending	7	1
(19) Quality of mental health services	pending	pending	pending	pending

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	180	231	1,153	1,564
	(2) Number of children currently receiving mental health services	6	2	417	425
	(3) Number of children requiring screens	174	207	630	1,011
	(4) Number of children screened	139	197	623	959
	(5) Number of CSWs completing screens	39	49	84	147
	(6) Number of days between case opening/case plan due date and screen	24	21	11	18
	(7) <i>Rate of screening</i>	<i>80%</i>	<i>95%</i>	<i>99%</i>	<i>95%</i>
	(8) Number of children with positive screens	114	101	148	363
	(9) Number of children for whom consent for mental health services is declined	0	3	6	9
	(10) Number of children with positive screens determined to be EPSDT-eligible	88	65	120	273
	(11) Number of children with positive screens determined to be privately insured	2	0	0	2
	(12) Number of children referred for mental health services	97	97	135	329
	(13) Number of days between screening and referral to mental health provider	6	6	12	9
	(14) <i>Rate of referral</i>	<i>85%</i>	<i>99%</i>	<i>95%</i>	<i>93%</i>
	(15) Number of children accessing services	94	97	134	325
	(16) Number of days between referral for mental health services and the provision of a mental health activity	3	6	7	5
	(17) <i>Rate of mental health services</i>	<i>97%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>
	(18) Waiting times at directly operated clinics or contract providers	10	22	26	17
	(19) Quality of mental health services	pending	pending	pending	pending

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	Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor (1) Number of children	132	65	579	776
(2) Number of children currently receiving mental health services	0	4	253	257
(3) Number of children requiring screens	130	60	286	476
(4) Number of children screened	80	48	285	413
(5) Number of CSWs completing screens	12	25	70	93
(6) Number of days between case opening/case plan due date and screen	26	15	12	19
(7) <i>Rate of screening</i>	<i>62%</i>	<i>80%</i>	<i>100%</i>	<i>87%</i>
(8) Number of children with positive screens	72	15	69	156
(9) Number of children for whom consent for mental health services is declined	0	0	0	0
(10) Number of children with positive screens determined to be EPSDT-eligible	72	8	55	135
(11) Number of children with positive screens determined to be privately insured	0	0	3	3
(12) Number of children referred for mental health services	72	12	56	140
(13) Number of days between screening and referral to mental health provider	2	8	5	4
(14) <i>Rate of referral</i>	<i>100%</i>	<i>80%</i>	<i>81%</i>	<i>90%</i>
(15) Number of children accessing services	65	9	52	126
(16) Number of days between referral for mental health services and the provision of a mental health activity	2	9	9	5
(17) <i>Rate of mental health services</i>	<i>90%</i>	<i>75%</i>	<i>93%</i>	<i>90%</i>
(18) Waiting times at directly operated clinics or contract providers	pending	pending	21	7
(19) Quality of mental health services	pending	pending	pending	pending

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	137	245	530	912
	(2) Number of children currently receiving mental health services	1	6	190	197
	(3) Number of children requiring screens	136	238	292	666
	(4) Number of children screened	89	196	281	566
	(5) Number of CSWs completing screens	13	41	78	121
	(6) Number of days between case opening/case plan due date and screen	25	31	5	23
	(7) <i>Rate of screening</i>	<i>65%</i>	<i>82%</i>	<i>96%</i>	<i>85%</i>
	(8) Number of children with positive screens	84	81	47	212
	(9) Number of children for whom consent for mental health services is declined	0	2	1	3
	(10) Number of children with positive screens determined to be EPSDT-eligible	76	67	18	161
	(11) Number of children with positive screens determined to be privately insured	0	0	1	1
	(12) Number of children referred for mental health services	83	62	37	182
	(13) Number of days between screening and referral to mental health provider	1	13	11	7
	(14) <i>Rate of referral</i>	<i>99%</i>	<i>78%</i>	<i>80%</i>	<i>87%</i>
	(15) Number of children accessing services	63	29	32	124
	(16) Number of days between referral for mental health services and the provision of a mental health activity	3	2	3	3
	(17) <i>Rate of mental health services</i>	<i>76%</i>	<i>47%</i>	<i>86%</i>	<i>68%</i>
	(18) Waiting times at directly operated clinics or contract providers	pending	pending	8	8
	(19) Quality of mental health services	pending	pending	pending	pending

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	829	1,022	4,490	6,341
	(2) Number of children currently receiving mental health services	18	47	1,632	1,697
	(3) Number of children requiring screens	820	976	2,441	4,237
	(4) Number of children screened	651	882	2,412	3,945
	(5) Number of CSWs completing screens	122	201	491	693
	(6) Number of days between case opening/case plan due date and screen	21	25	10	18
	(7) <i>Rate of screening</i>	79%	90%	99%	93%
	(8) Number of children with positive screens	580	344	566	1,490
	(9) Number of children for whom consent for mental health services is declined	0	9	15	24
	(10) Number of children with positive screens determined to be EPSDT-eligible	525	270	453	1,248
	(11) Number of children with positive screens determined to be privately insured	2	2	14	18
	(12) Number of children referred for mental health services	553	305	504	1,362
	(13) Number of days between screening and referral to mental health provider	3	6	8	5
	(14) <i>Rate of referral</i>	95%	91%	91%	93%
	(15) Number of children accessing services	503	252	475	1,230
	(16) Number of days between referral for mental health services and the provision of a mental health activity	2	6	7	5
	(17) <i>Rate of mental health services</i>	91%	83%	94%	90%
	(18) Waiting times at directly operated clinics or contract providers	8	16	20	13
	(19) Quality of mental health services	pending	pending	pending	pending

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) 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.

(10) 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.

(11) 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.).

(12) 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.

(13) 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.

(14) 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.

(15) 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.

(16) 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.

(17) 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.

(18) 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.

(19) Quality of mental health services is a measure of client satisfaction with the mental health services received. DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process. This data will be reported in future monthly reports as it becomes available.