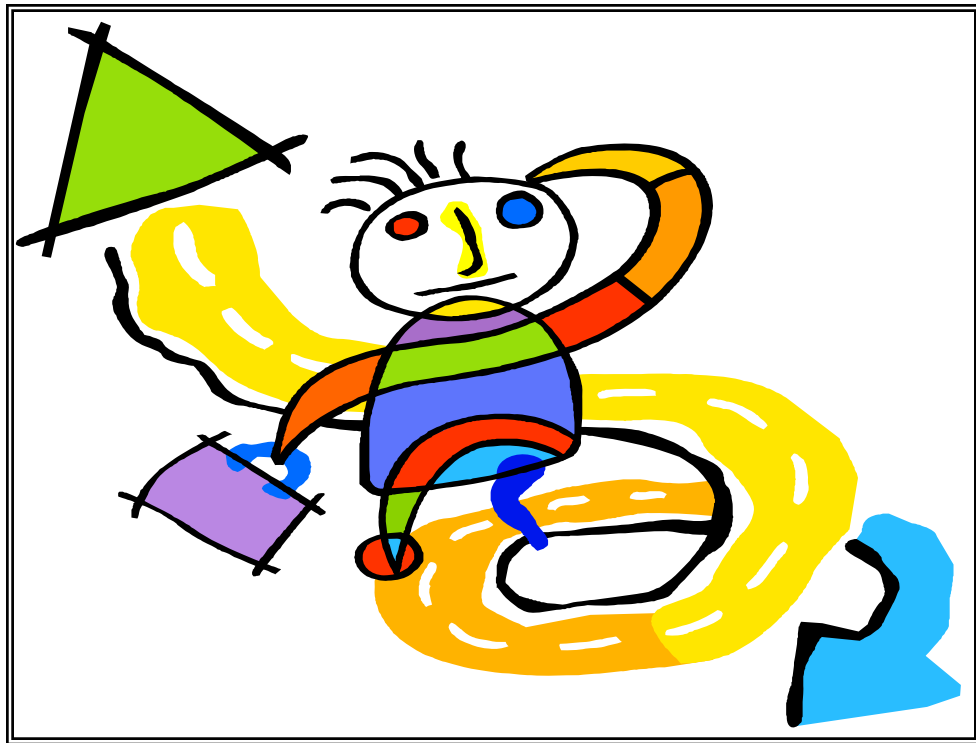


**County of San Diego
Health & Human Services Agency**



**Children's Mental Health Services
Eighth Annual System of Care Report
Fiscal Year 2005-2006**



County of San Diego Board of Supervisors

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Report prepared by the

**Child and Adolescent Services Research Center
(CASRC)**

Acknowledgements

Our sincere appreciation to the youth, families, and staff who committed their time to complete the evaluations necessary to produce this report.

A special thanks to the clerical and support staff who patiently transmitted the data for their programs.

Key Findings

The following are the key findings from the Children’s Mental Health Services System in Fiscal Year 2005 – 2006.

1. **Almost 17,000 youth¹ received services** from Children’s Mental Health Services (CMHS) providers in FY2005-2006.
2. CMHS continues to improve its **cultural competency**:
 - The percentage of clients that are Hispanic has continued to increase over the past 4 years, and is similar to the proportion of Hispanics in the County youth Medi-Cal population.
 - CMHS serves a larger percentage of African-American clients than is in the San Diego County youth Medi-Cal population.
 - However, a smaller percentage of Asian/Pacific Islander clients are served by CMHS, as compared to the San Diego County youth Medi-Cal population.
3. The most **common diagnoses** among youth served by the CMHS are:
 - Depressive disorders (19.8%),
 - Adjustment disorders (19.1%),
 - Attention Deficit Hyperactivity Disorder (ADHD) (17.7%), and
 - Oppositional Defiant disorders (including Conduct and Disruptive behaviors) (17.6%).
4. **Youth are receiving services from multiple sectors**: Among youth receiving Mental Health services in FY05-06,
 - 35.0% also received Special Education services
 - 10.7% received Special Education services through the Emotionally Disturbed category
 - 24.6% received Child Welfare services,
 - 15.8% received Probation services, and
 - 3.1% received Alcohol & Drug Services during the fiscal year.

¹“Youth” refers to all children and adolescents (ages 0-17) and young adults (ages 18-25) who received mental health services through CMHS providers in FY05-06.

Key Findings

5. Youth receiving services from both **CMHS and Probation** during FY50-06 were more likely to be male, adolescent, and have a primary diagnosis of oppositional / conduct disorder than the general CMHS population. This is similar to the pattern seen in previous years.
6. Over **25% of youth reported using substances**, such as alcohol, cigarettes, or illegal drugs, at least once in the past month.
 - The most commonly reported substances are cigarettes (8.3% in past month), marijuana (7.7%), and alcohol (7.4%).
 - 1.6% of youth who received services from CMHS in FY05-06 had a **dual diagnosis** of a substance use disorder.
7. Based on input from both youth and caregivers, **youth experienced significant improvements in behavior and symptoms between Intake and Discharge from CMHS services**, as measured by the Child and Adolescent Measurement System (CAMS).
8. Based on input from clinicians, **youth experienced significant improvements in functioning between Intake and Discharge from CMHS services**, as measured by the Functioning Quadrants.
9. **Families and youth in San Diego County are more satisfied** with services, on average, than families and youth in the Southern California region or in California as a whole, as demonstrated by the Youth Services Survey (YSS).
 - Families are more satisfied than youth on all YSS domains except Positive Outcomes, where youth report higher satisfaction.
10. **Caregivers feel services are family-focused**, as indicated by scores on the Family-Centered Behavior Scale (FCBS). The average score in FY05-06 was 93.6%.
11. Results on the CAMS, Functioning Quadrants, YSS and FCBS have been **consistent** over the past 2 years.

Introduction to CMHS

San Diego County Children's Mental Health Services (CMHS) primarily serves children and adolescents ranging in age from 0-17 years old, with some programs serving young adults, 18 to 25 years old, who are transitioning to adult services. San Diego is the third largest county in California, with a youth population estimated at approximately 768,537 in 2005 and a vast diversity of race/ethnic groups, cultures and spoken languages.

The CMHS program serves youth with mental health needs through three provider systems: Organizational Providers, Fee-for-Service Providers, and Juvenile Forensic Providers.

- **Organizational providers** are community-based agencies and county-operated sites that are either part of the Health & Human Services Agency (HHS) or have contracts with HHS to provide mental health treatment services. These organizational providers are diverse and distributed across the county. They can be general treatment clinics, or they can provide services to a specialized population or a population in a specific setting (e.g. school, home). Youth served through these organizational providers are monitored by the county's Quality Improvement (QI) unit. The QI unit monitors the multiple providers and clinical services provided to youth.

- **Fee-for-service providers** are primarily licensed **clinicians in private practice** who provide services to clients on a fee-for-service basis. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients. There are also three fee-for-service **inpatient hospitals** that provide services for child and adolescent clients in San Diego County.

- **Juvenile Forensic Services** provide services primarily in Probation institutions within the County. Juvenile Forensic Services provides assessment, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court. Services are provided throughout the County at sites including Juvenile Hall and Girl's Rehabilitation Facility, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett. Some of the services are provided by contract agencies for children who are wards and dependents of the court, such as intensive case management and outpatient services, transition services for wards leaving Juvenile Hall, and parent peer support counseling for families of children in Juvenile Hall.

CMHS delivered services through over 100 different programs in FY05-06, including:

- 74 Outpatient programs
- 28 Day Treatment programs
- 5 Inpatient or Emergency Services providers



Introduction to CMHS

San Diego County CMHS operates as a System of Care (SOC) program. **The System of Care is a comprehensive, integrated, community based, clinically sound and family centered structure for delivery of mental health and related supportive services to the children of San Diego County.** The System of Care takes a broad approach, breaking down the separations that occur between and among traditionally structured and funded services and programs. It evolved over time through the collaboration of its stakeholders: families and youth receiving services, public sector agencies (Children's Mental Health, Child Welfare, Juvenile Justice, Alcohol and Drug Services), private providers and agencies, and Education.

Beginning in 1997, San Diego implemented a system redesign at all levels, from top managers to service delivery staff, involving families and all relevant public and community-based agencies. The multi-sector Children's System of Care Council meets on a monthly basis to advise the CMHS Director and provide community oversight for the System of Care.

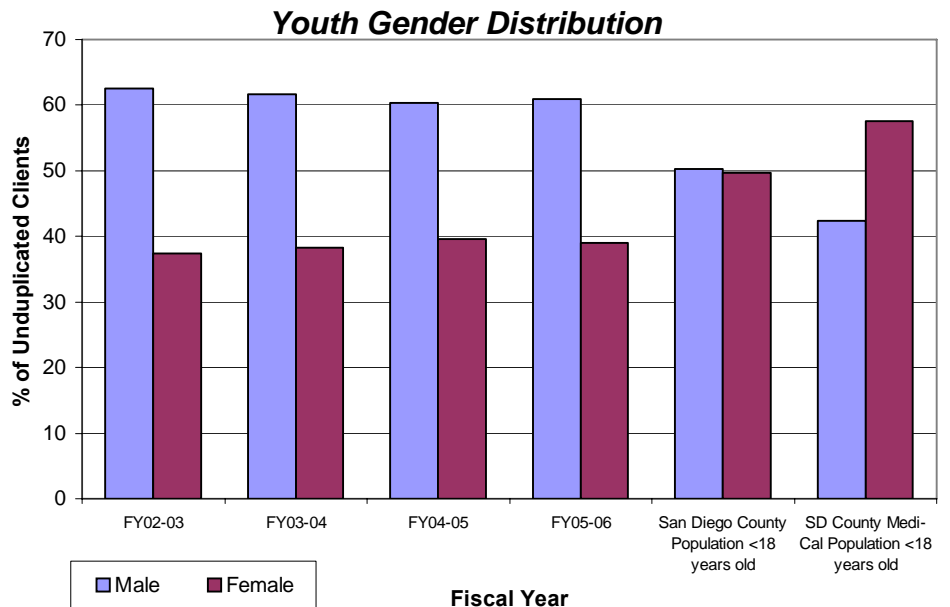
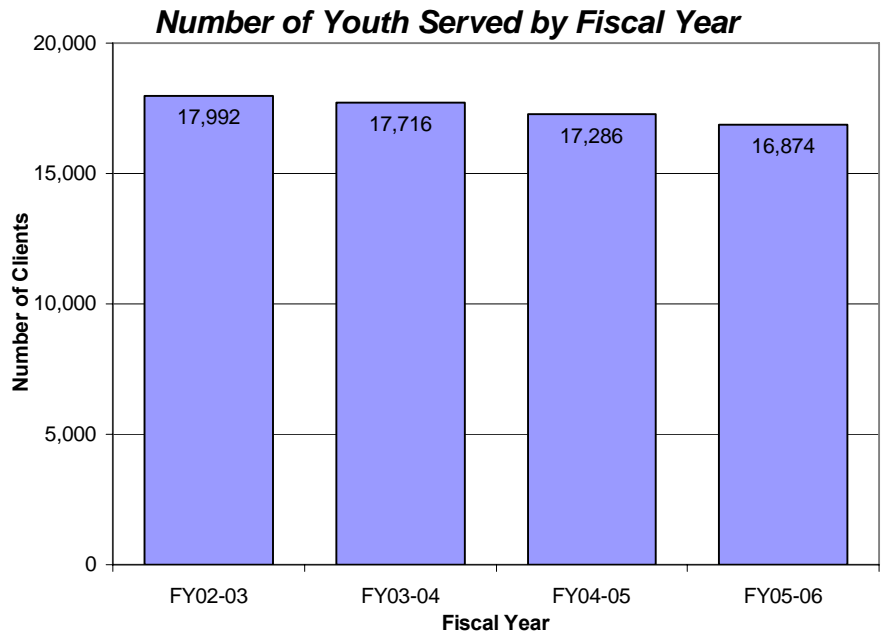
The System of Care principles have been embedded into the system and continue to drive the service delivery system. **The principles of SOC are as follows:**

- 1. Collaboration of four sectors:** The cornerstone of the Children's System of Care is a strong partnership between families/youth, public agencies, private organizations and education.
- 2. Integrated:** Services are coordinated between the four sectors, respond to the multiple needs of children/youth/families/care-givers, are coordinated with multiple systems-both formal and informal; ensure an appropriate and clear transition between levels of care and between the youth and adult mental health systems of care. Services strive to be seamless and easily accessible.
- 3. Child/youth focus, family centered:** Service delivery, service planning, program, and policy development include the full participation of families/care-givers and their children/youth.
- 4. Individualized:** Services are designed to meet the unique set of needs and build on the unique strengths for each child/youth/family/care-giver. Services are guided by an individualized service plan, which is comprehensive and responds to the evolving needs.
- 5. Strength-based:** Plans and services identify and build on strengths, which help facilitate the child/youth/family/care-givers' attainment of goals.
- 6. Community-based:** A continuum of care is identified, developed and provided in the local region where the child/youth/family/care-giver lives.
- 7. Outcome driven:** Outcomes for children/youth/families/care-givers and service delivery systems are clearly stated, measurable, and used to drive decisions to further improve outcomes for the CSOC.
- 8. Culturally Competent:** Services are culturally, linguistically and developmentally appropriate.

Youth Receiving Mental Health Services

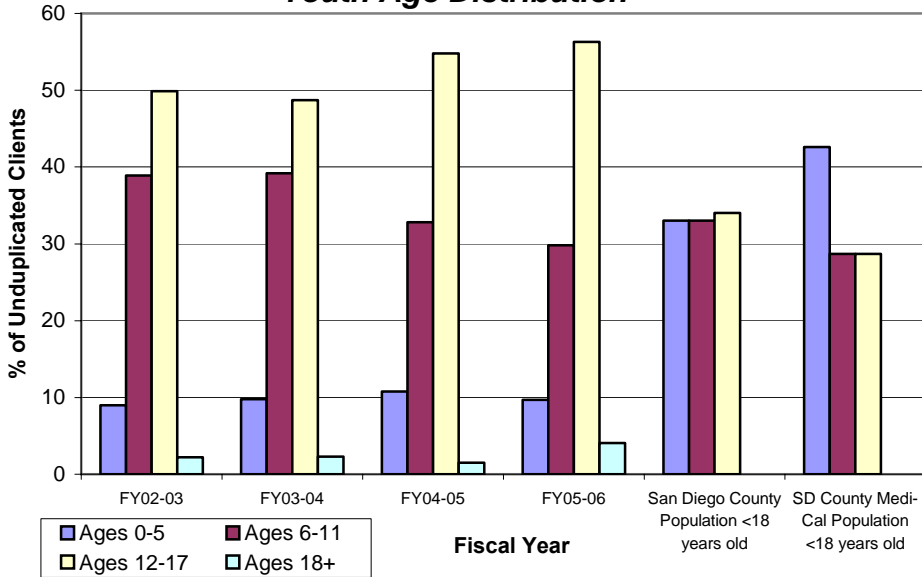
In Fiscal Year 2005-2006, San Diego County delivered mental health services to almost 17,000 youth.

- The number of youth receiving services has decreased slightly each year.
- Over 60% of CMHS clients are male.
- The gap between male and female clients has narrowed slightly over the past several years.
- The gender breakdown of CMHS clients is very different from the Medi-Cal youth population in San Diego County.



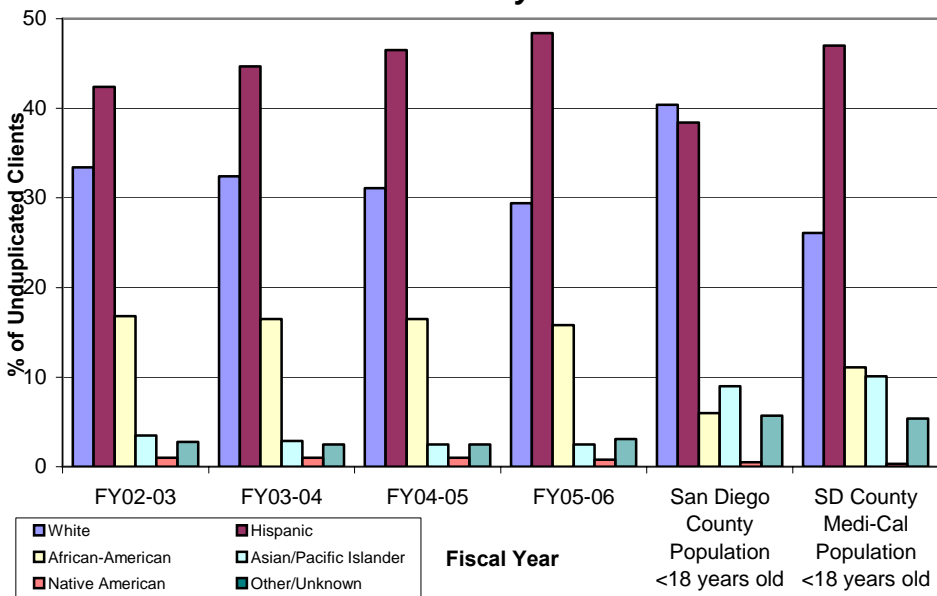
Youth Receiving Mental Health Services

Youth Age Distribution



- Adolescents (ages 12-17) make up more than 55% of CMHS clients.
- The percentage of CMHS clients aged 6-11 has decreased over the past two years, while the adolescent client percentage has increased.
- Youth aged 0-5 make up 10% of the CMHS population, but comprise over 40% of the Medi-Cal youth population in San Diego County.

Youth Race/Ethnicity Distribution



- The percentage of CMHS clients that are Hispanic has continued to increase over the past 4 years, and is similar to the proportion of Hispanics in the County youth Medi-Cal population.
- CMHS serves a larger percentage of African-American clients than are in the San Diego County youth Medi-Cal population.
- CMHS serves a smaller percentage of Asian/Pacific Islander clients, as compared to their prevalence in the San Diego County youth Medi-Cal population.

Primary Diagnosis

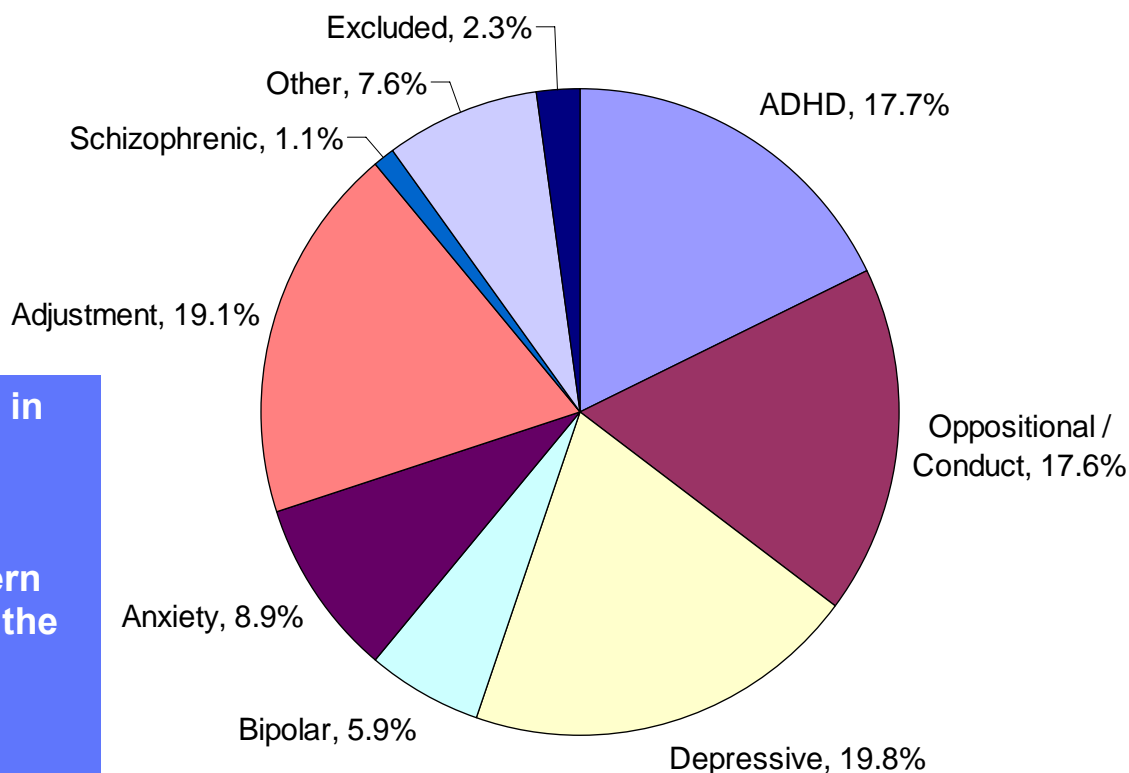
The most **common diagnoses** among youth served by the CMHS are:

- 1) Depressive disorders (19.8%)
- 2) Adjustment disorders (19.1%),
- 3) Attention Deficit Hyperactivity Disorder (ADHD) (17.7%)
- 4) Oppositional Defiant disorders (including Conduct and Disruptive behaviors) (17.6%).

Diagnosis was determined by identifying the **primary DSM-IV diagnosis** at intake from the last episode of service prior to June 30, 2006. Earlier valid diagnoses were chosen when later episodes reported “diagnosis deferred” (799.9) or **invalid diagnoses**, ones in which there was no valid Title 9 or excluded code provided for any services for that particular client. Only one primary diagnosis was indicated per client for these analyses.

Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses.

The **Other** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Asperger’s Syndrome, Paraphilia, Reactive Attachment Disorder, elimination disorders, and eating disorders. **Excluded diagnoses** are those categorized as “excluded” by Title 9 (i.e. autism, learning disabilities).



Primary Diagnosis in FY05-06

These results are similar to the pattern of diagnoses over the past 3 years, indicating that the distribution is consistent over time.

Primary Diagnosis

Several differences in primary diagnosis are seen by client race/ethnicity, age, and gender. A summary is provided below, and detailed information can be found in Appendix E.



- **Age:**
 - **Elementary age children** (age 6-11) are presenting most often with ADHD, anxiety, and adjustment disorders.
 - Schizophrenic, depressive, and bipolar disorders are predominately diagnosed in **adolescents**.
 - **Young adults, ages 18-25**, who continue to be served through CMHS are most likely to have a diagnosis of schizophrenia.

- **Gender:**
 - **Males** are more commonly diagnosed with externalizing disorders, such as ADHD or Oppositional disorders.
 - **Females** are more commonly diagnosed with internalizing disorders, such as depressive or anxiety disorders, as compared to their distribution in the total sample.

- **Race/Ethnicity:**
 - Over 50% of youth diagnosed with Bipolar disorder are **White**, although White clients compose only 30% of the total CMHS population.

Dual Diagnosis Youth

The INSYST database allows for providers to enter a **secondary substance abuse diagnosis** for each episode of care, which is also referred to as a **dual diagnosis**. Providers can also indicate a dual diagnosis in the Other Factors field in INSYST.



277 youth who received CMHS services in FY05-06 (**1.6%** of total CMHS population) had a secondary substance abuse diagnosis or Other Factors field entered in INSYST.

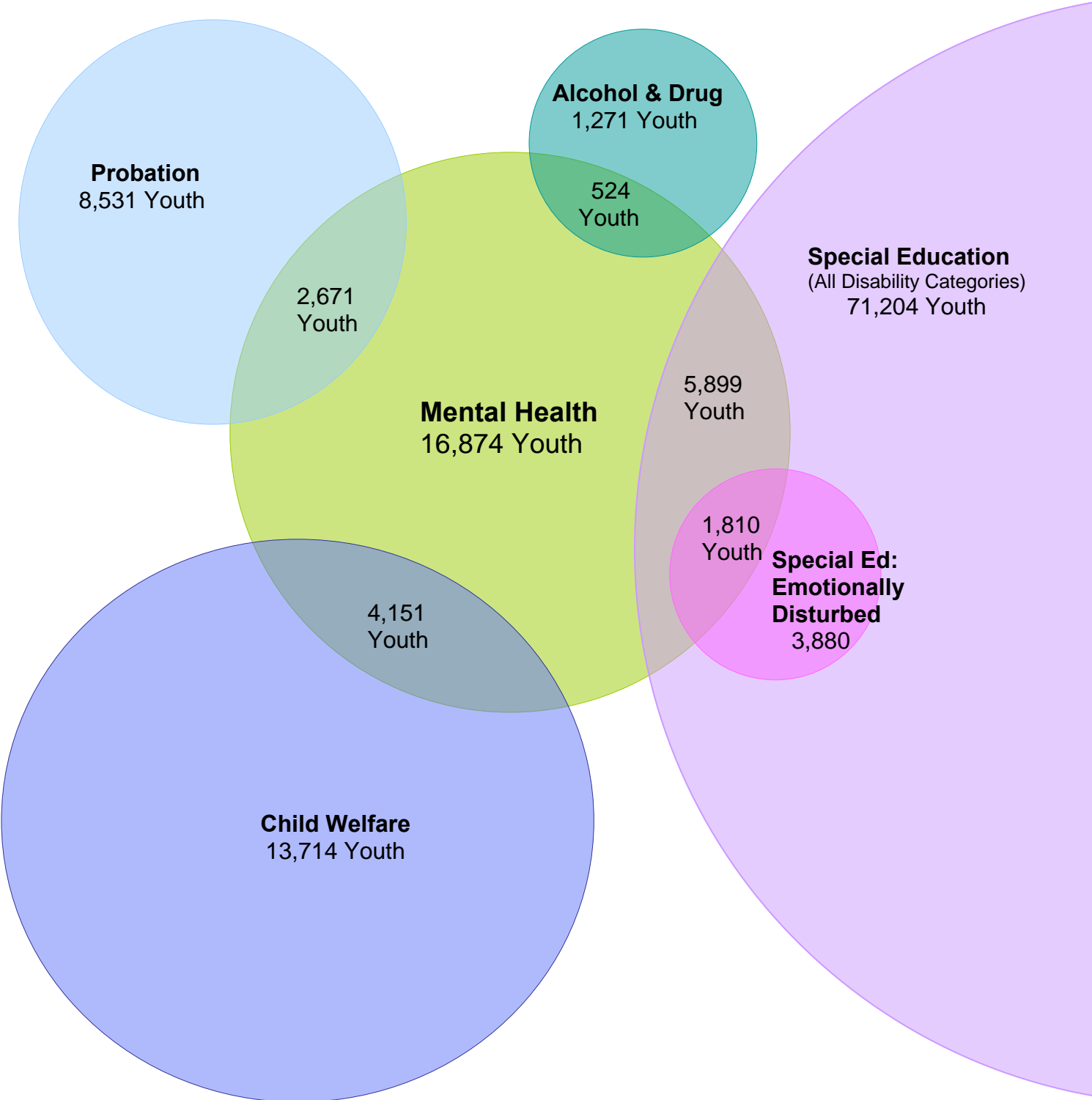


18.8% of youth with a dual diagnosis also received services from ADS during FY05-06, a slight increase from 17.3% in FY04-05, but a decrease from 33% in FY03-04.

Detailed information on demographics and service use of these youth is available in Appendix G.

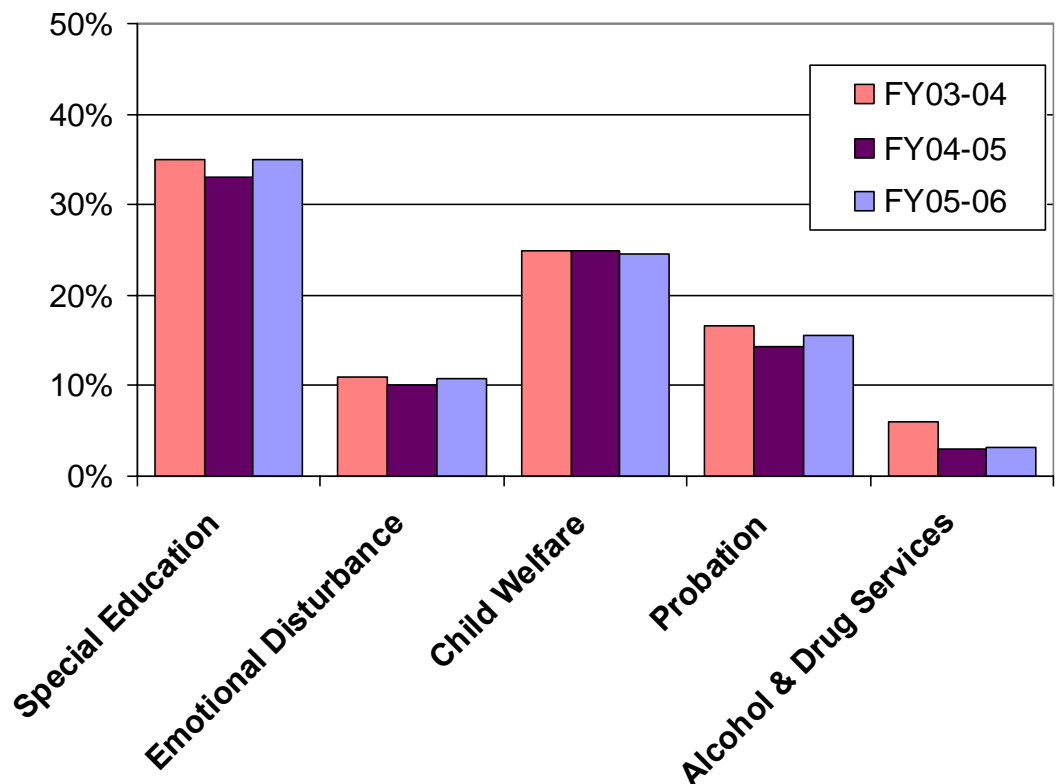
Multi-sector Involvement

Youth Receiving Services from Mental Health and Other Sectors – Fiscal Year 2005-2006



Multi-sector Involvement

- Of the 16,874 youth receiving Mental Health services in FY05-06:
 - 35.0% (N=5,899) also received **Special Education services**,
 - 10.7% (N=1,810) received Special Education services through the **Emotional Disturbance** category,
 - 24.6% (N=4,151) received **Child Welfare services**,
 - 15.8% (N=2,671) received **Probation services** and
 - 3.1% (N=529) received **Alcohol & Drug Services** during the fiscal year.
- The percentages of youth receiving services from other public sectors have been **relatively stable** over the past three years
 - However, a decline in clients receiving Alcohol & Drug Services was observed between FY03-04 and FY04-05.



Percentage of MH Clients receiving services from other sectors



Youth active to both CMHS and ADS sectors

Merging the **Alcohol and Drug Services (ADS)** database with the CMHS database allows us to identify those youth who received services from both CMHS and ADS during FY05-06.

Overall, 524 youth receiving CMHS services (3.1%) were also active to ADS during the fiscal year.

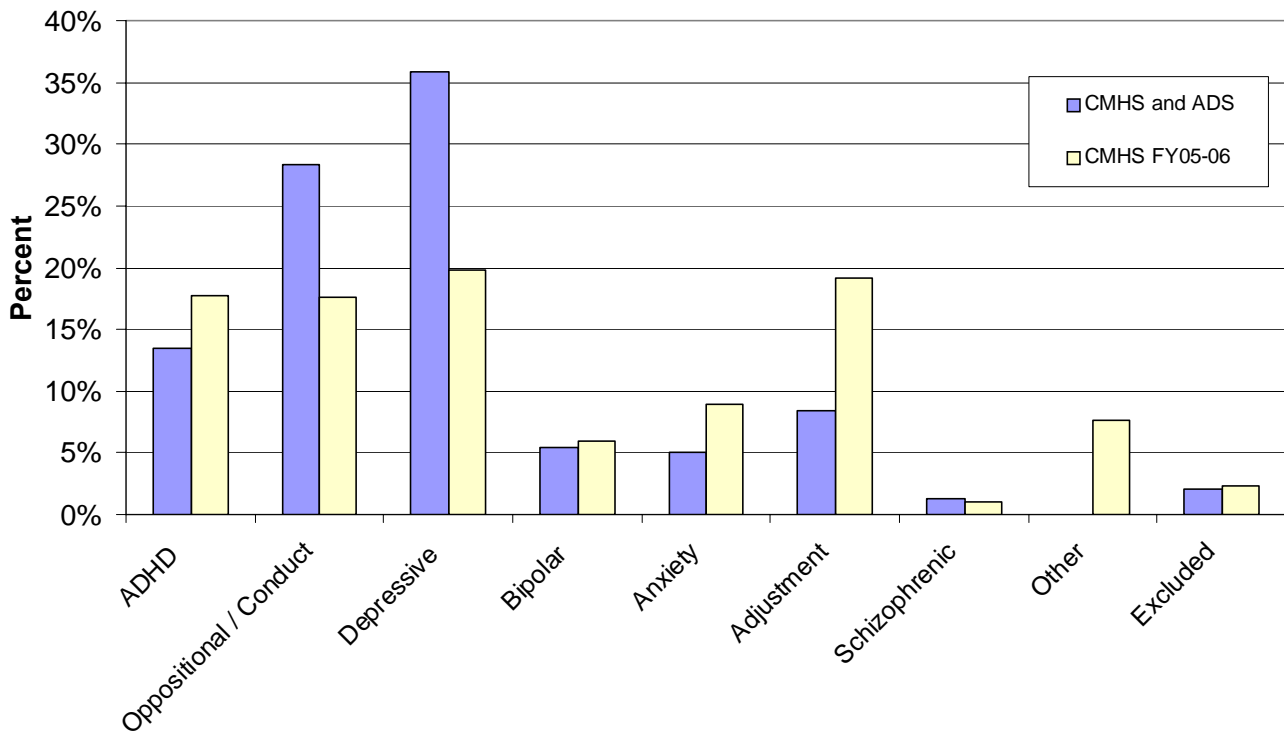
Being active to both sectors is an indication that they have both mental health and substance use needs serious enough to warrant treatment. Detailed information on demographics and service use of these youth is available in Appendix G.

21.5% of youth active to both the CMHS and ADS sectors also had a dual diagnosis according to the mental health system, which indicates that the mental health provider was either unaware of the co-occurring substance use issue or did not enter the secondary diagnosis into INSYST.

The percentage of youth active to both CMHS and ADS who also have a dual diagnosis in CMHS has **remained below 25%** over the past 3 years.

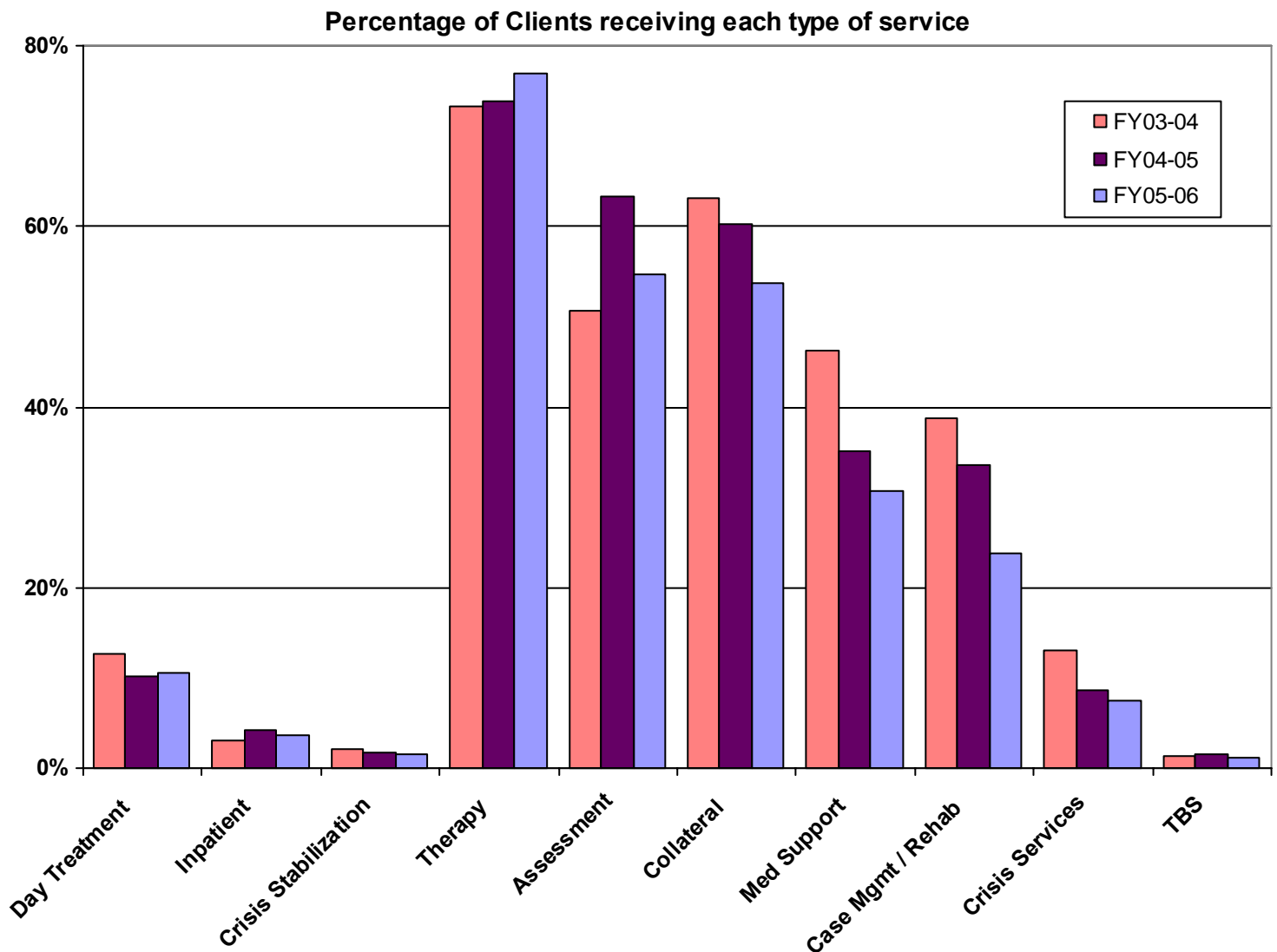
Youth active to both CMHS and ADS were more likely to have primary diagnosis of a depressive disorder than youth in CMHS overall.

Primary diagnosis for youth active to CMHS and ADS



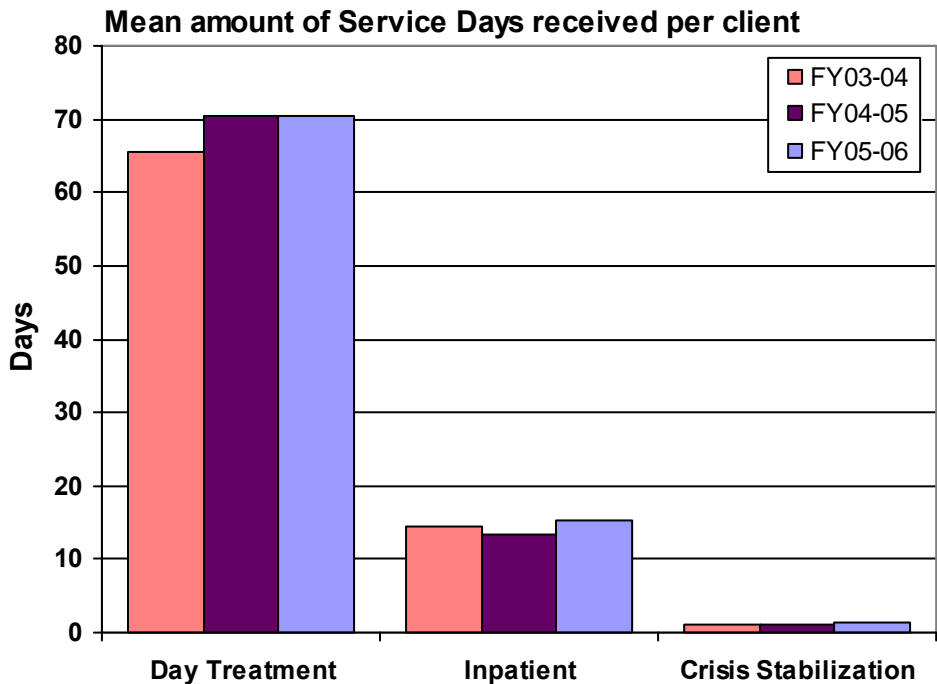
Service Utilization by Client Characteristics

Children and youth may receive multiple services in the course of a year, and the amount of each service received can vary widely by client. Services were determined by examining the procedure code for each billed service. Refer to the Glossary in Appendix A for a description of service types.

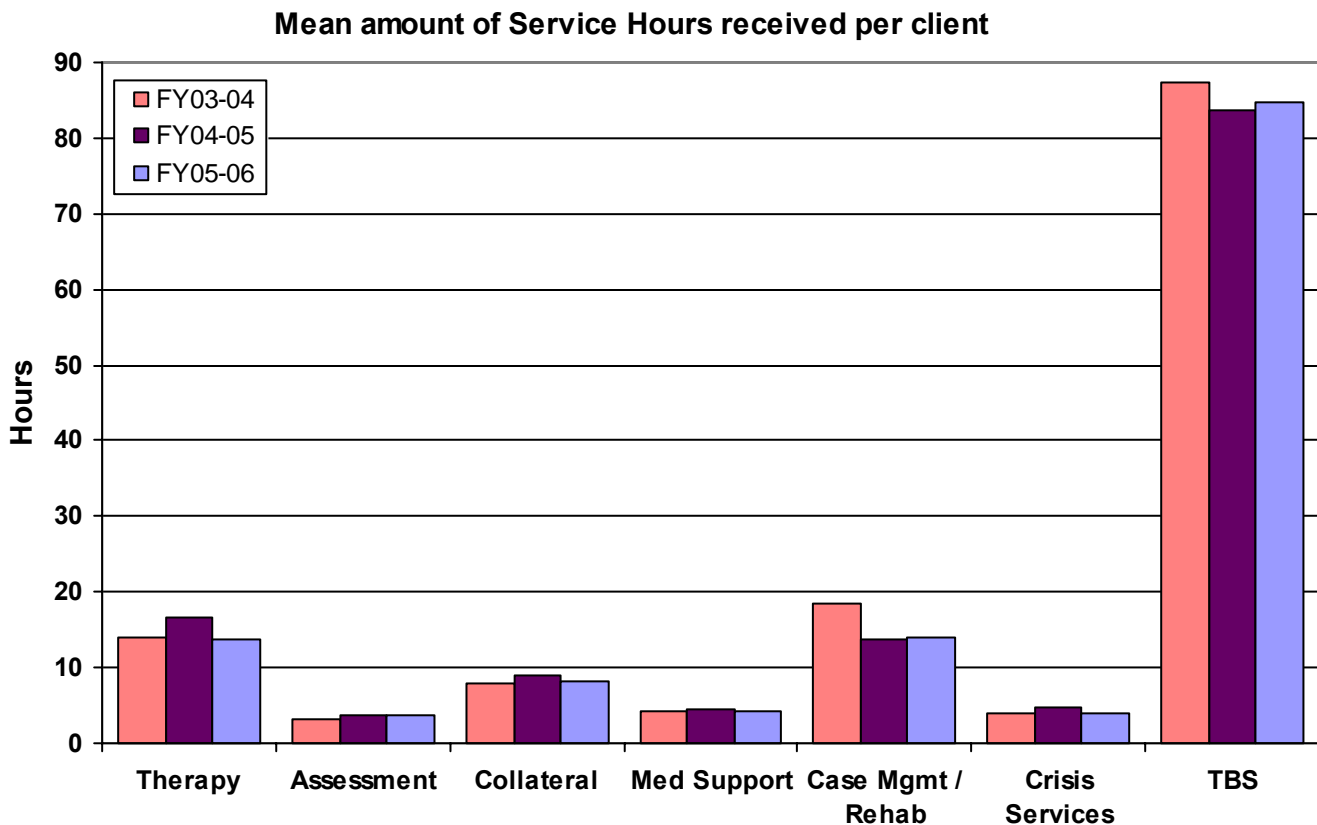


- **Over 75% of clients receive therapy services.**
- The percentage of clients receiving **medication support and/or case management services has decreased** by 15% since FY03-04.

Service Utilization by Client Characteristics



- On average, clients received **14 hours of therapy services** in FY05-06.
- As expected, a **small number of clients received an intense amount of Therapeutic Behavioral Services (TBS) services** - an average of 84 hours of TBS services per client.



Service Utilization by Client Characteristics

Detailed data tables on service utilization by client characteristics are available in Appendix F. Major findings are summarized below.

Primary diagnosis:

- As expected, youth with a **bipolar or schizophrenic diagnosis used more services** on average than youth with other diagnoses.
 - They were more likely to use services and to use more hours of service, particularly in the case management, crisis services, assessment, and medication support categories.
 - They were more likely to use inpatient hospital days (14.2% and 31.2% respectively as compared to 4.6% for the sample overall) in FY05-06.
 - They were more likely to use intensive day treatment services.

As expected, youth with a bipolar or schizophrenic diagnosis used more services on average than youth with other diagnoses.

Race/Ethnicity:

- **Asian / Pacific Islander youth were more likely to receive inpatient**, crisis stabilization, and crisis services than other youth.
- Children in the **Other/Mixed racial/ethnic category were less likely to use services**, as compared to children in other racial/ethnic groups.

Based on input from caregivers, youth, and clinicians, youth experienced significant improvements between Intake and Discharge, as measured by the Child and Adolescent Measurement System and Functioning Quadrants.



San Diego County tracks outcomes for youth served by CMHS through the **System of Care Evaluation (SOCE)**. SOCE measures in FY05-06 included:

- the Child and Adolescent Measurement System (CAMS)
- the Family-Centered Behavior Scale (FCBS)
- the Functioning Quadrants
- the Youth Services Survey (YSS)

Child and Adolescent Measurement System (CAMS)

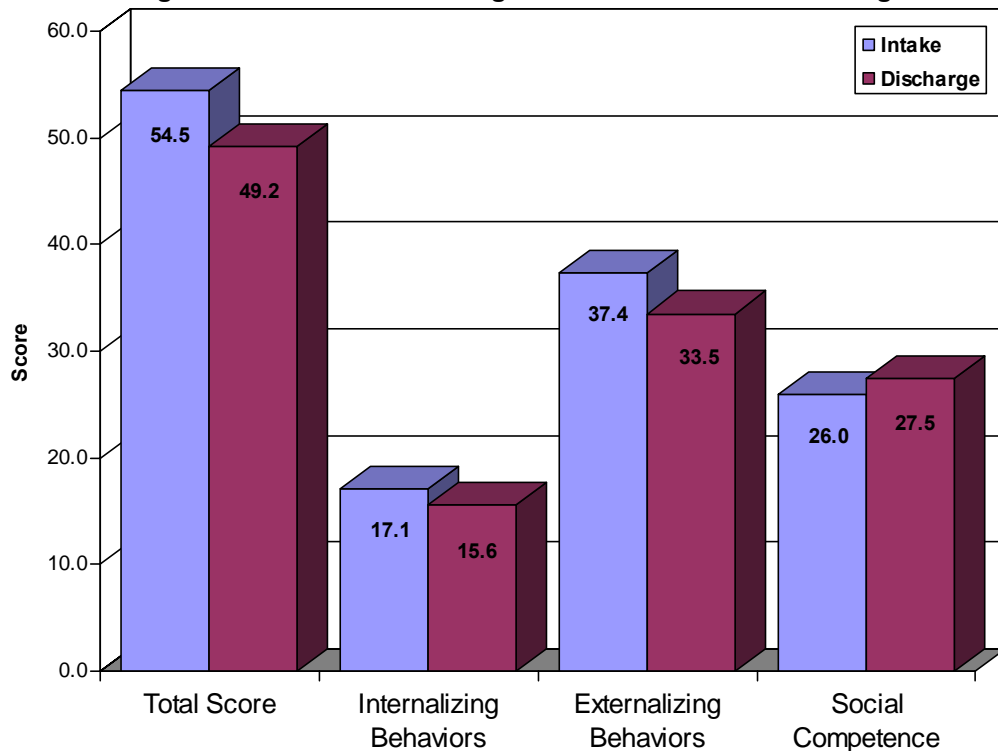
In 2004, the CAMS was selected as a required SOCE measure. The CAMS (developed by Ann Doucette, Ph.D. and Leonard Bickman, Ph.D., of Vanderbilt University) is administered to youth, ages 11 and older, and all caregivers at Intake (start of services) and then repeated periodically to assess progress. Finally, it is repeated again at discharge from services. The CAMS assesses a child's competencies, behavior, and emotional issues, according to the youth and caregiver report, and examines the following domains:

- **Symptomatology-Behavioral Functioning:** Symptom severity for attention deficit hyperactivity disorder, conduct disorder, oppositional behavior disorder, anxiety, and depression, as well as youth functioning at home, in school, with peers, and in social activities. This domain can be divided into Internalizing and Externalizing behaviors.
- **Social Competence:** Areas of strength for youth.
- **Acuity:** The need for urgent care based on harmful behavior toward self or others.
- **Functional Impairment:** The frequency with which a client's behavior causes problems for them in different settings and how long a client has had problems.
- **Hopefulness:** Sense of hope for the future (since it has been found to be an important aspect of resilience). Note: This scale is only on the Youth version of the CAMS.

The CAMS began to be administered in programs on January 1, 2005. Copies of the CAMS measures are available at www.casrc.org/projects/SOCE/des.htm.

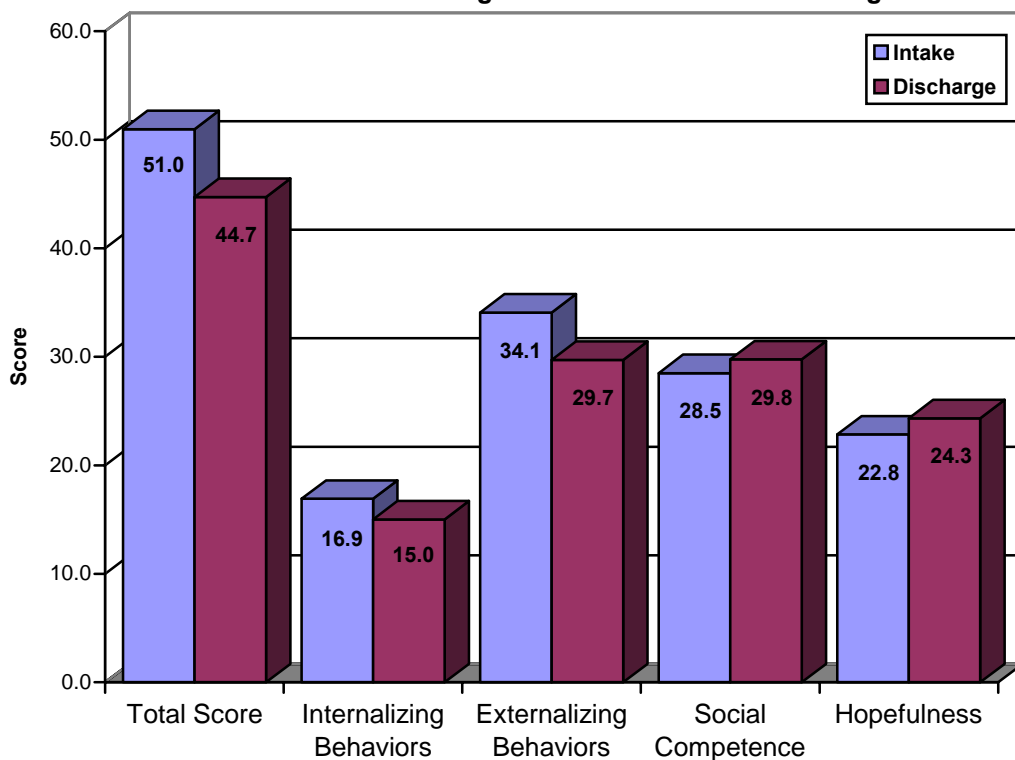
CAMS Results

Caregiver CAMS scores – Change between Intake and Discharge



Both Caregivers and Youth reported Significant Improvements between Intake And Discharge on all CAMS scales (P<0.01).

Youth CAMS scores – Change between Intake and Discharge



Note:

- A decrease on the Total, Internalizing, or Externalizing CAMS score is considered an improvement.
- An increase in the Social Competence or Hopefulness score is considered an improvement.

An in-depth analysis was done to see if there were differences in improvement on the Parent (N=944-957 depending on the scale) and Youth (N=345-357 depending on the scale) CAMS (Internalizing, Externalizing, and Total scores) based on the several factors:

- youth age at discharge
- youth gender
- youth race/ethnicity: Black, Hispanic, White, Other
- youth's primary diagnosis: ADHD, Oppositional / Conduct, Depressive, Adjustment, Other
- length of service episode (in days)
- service type (Outpatient, Day Treatment, Case Management, TBS)

These analyses also found **no significant differences in the amount of improvement on the CAMS, with two exceptions:**

1. Parents of Hispanic youth report more improvement on the Internalizing and Total CAMS scores than parents of youth in the Other race/ethnicity category.
2. Youth receiving case management services report less improvement on the Externalizing and Total CAMS scores than youth receiving outpatient services.



Functioning Quadrants Results

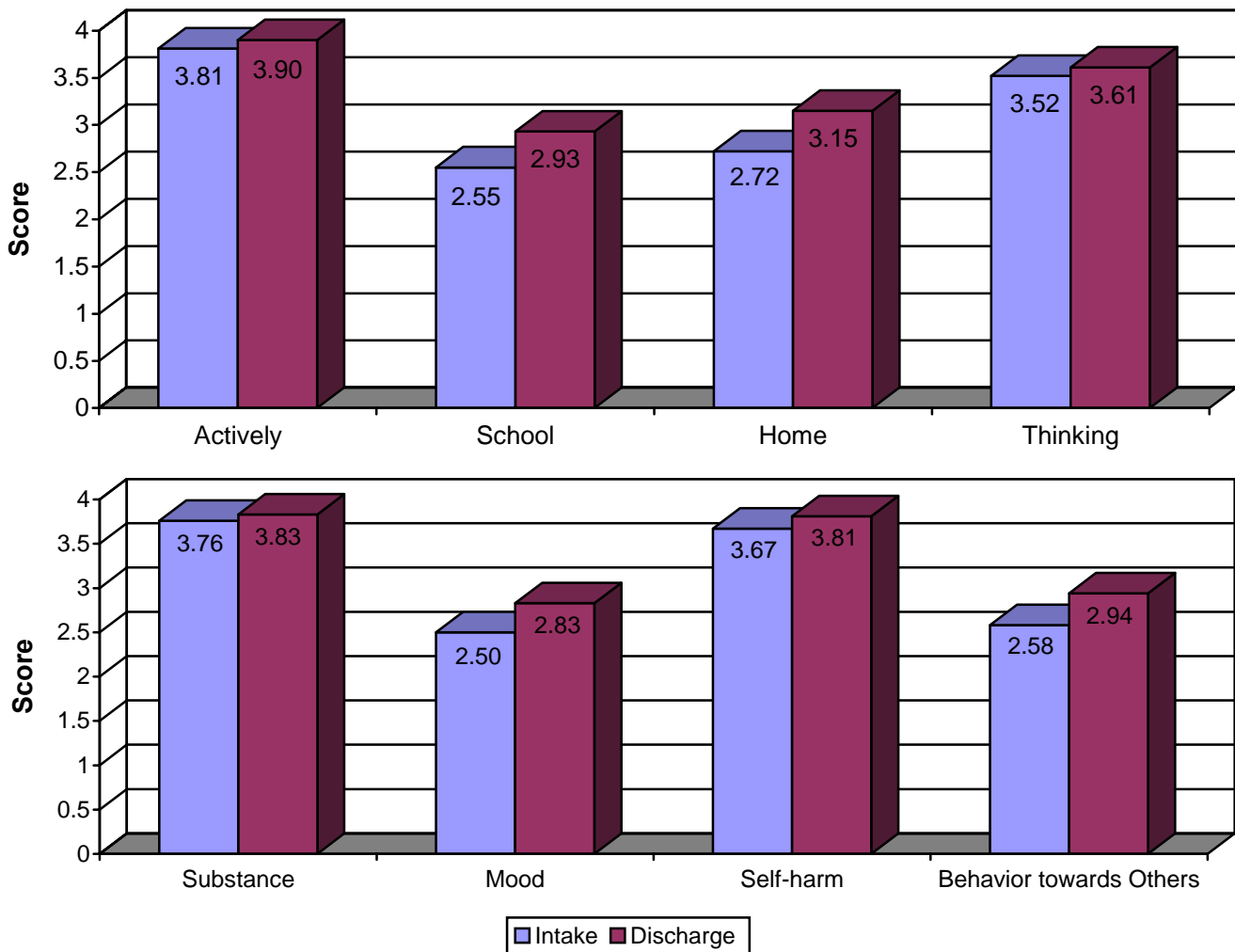
In July 2005, data began to be collected through the clinician-completed Functioning Quadrants. This locally-developed measure allowed for the clinician to give direct input on outcomes, and provided valuable information in cases where the CAMS was not available due to refusal or child age.

Intake Quadrants scores were available on over 6,400 clients served in FY0506 (N=6492 – 6916 depending on the domain), while Discharge scores were available on over 3,300 clients served in FY0506 (N=3386 – 3512 depending on the domain).

Each Quadrants domain is given a score of 1 to 4 based on specific behaviors, with 1 being the most severe or impaired behaviors and 4 being slight or no impairment.

Discharge scores are higher on average than Intake scores on all 8 Quadrants, indicating improvement on all domains.

Functioning Quadrants Scores (Clinician report) – Scores at Intake and Discharge



Functioning Quadrants Results

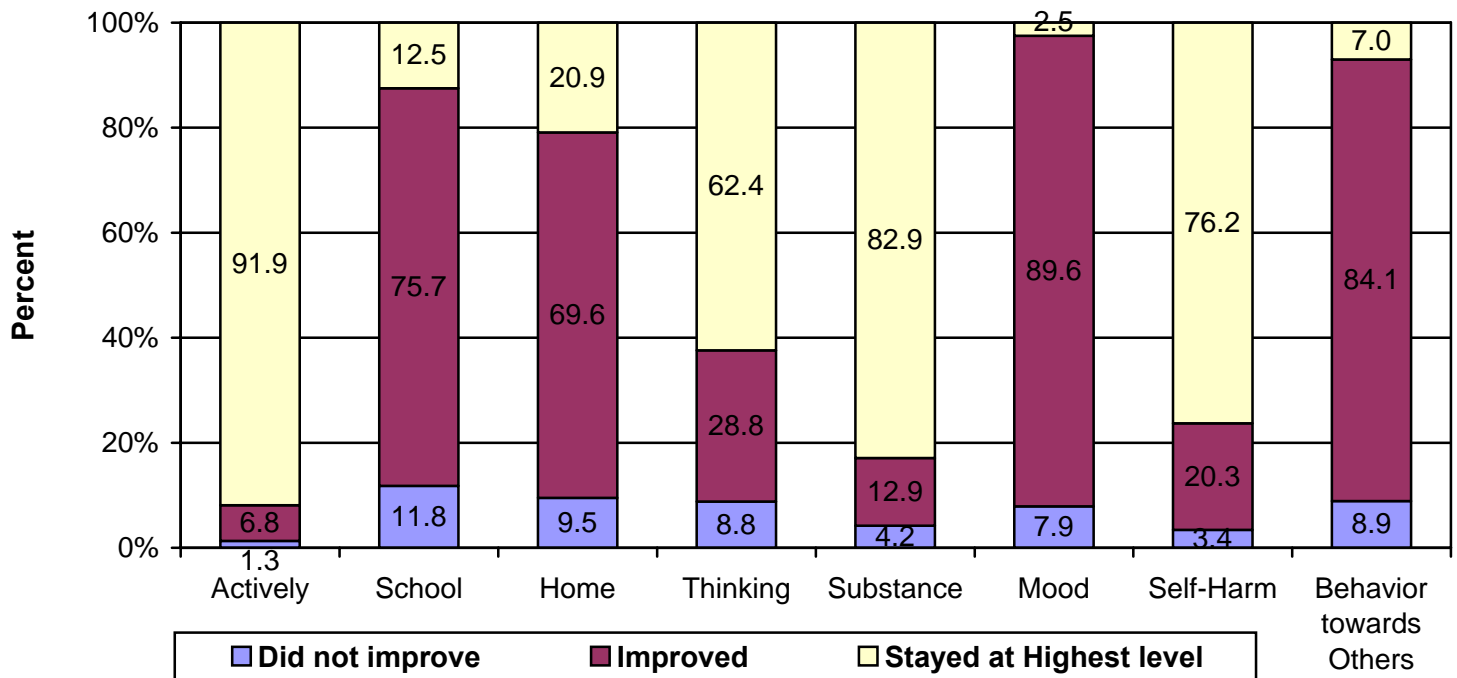
The Functioning Quadrants domains include:

- Actively – whether youth is actively suicidal, homicidal, psychotic, or fire setting.
- School – school behaviors such as grades, attendance, behavior problems, and expulsions.
- Home – behaviors in the home, such as disobedience, property damage, and running away.
- Thinking – symptoms of thought disorders, such as disorientation or distortion of thinking.
- Substance – substance use issues, including frequency of use.
- Mood – symptoms of depression and anxiety
- Self Harm – behaviors such as cutting and suicidal ideation.
- Behavior Toward Others – social skills, threats, assaults, and police involvement.

A subset of clients served in FY0506 had both Intake and Discharge Quadrants scores (N=1831 – 1958). Approximately 90% of youth improved on each domain between Intake and Discharge, or remained at the highest level.

The largest improvements were seen on the Mood, Behavior towards Others, and School quadrants, where over 75% of youth improved.

Improvement between Intake and Discharge on Functioning Quadrants Scores (Clinician report)



Arrests

The Youth Services Survey (YSS)

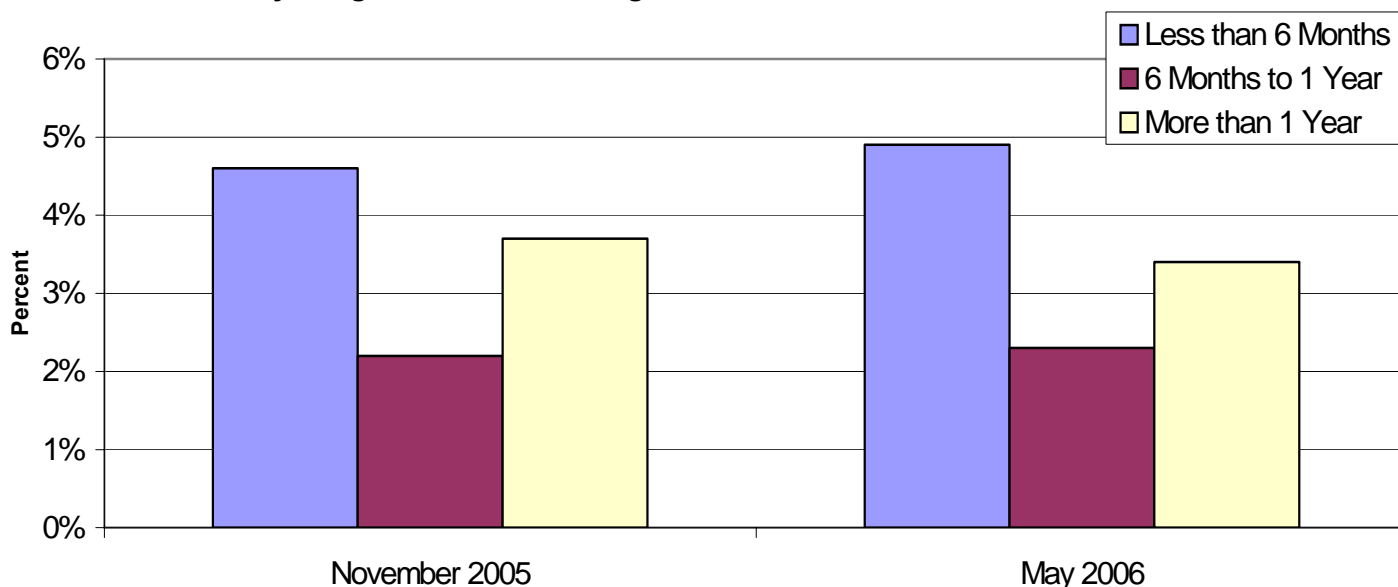
provides data regarding two outcomes areas of interest to the County: arrests and substance use.

The YSS gives a snapshot in time of how youth receiving services through CMHS look, and allows us to examine data by the length of time a client is in service. The YSS was administered to clients during 2 two-week periods in November 2005 and May 2006, and was completed by all clients, ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age.

In the Youth Services Survey, both the youth (ages 13+) and parent respondent were asked to report on whether the youth had been **arrested for any crimes in the past month**, and if so, how many times the youth had been arrested. 6,091 respondents answered the arrest question in FY05-06.

- **4% of youth receiving services from CMHS had been arrested in the month prior to the survey.** Youth were significantly more likely to self-report having been arrested, as compared to parent report of youth arrests.
- Youth receiving services for six months to one year were **significantly less likely to report having been arrested in the past month** than youth receiving services for less than six months.

Past Month Arrests by Length of Time receiving Services



Substance Use

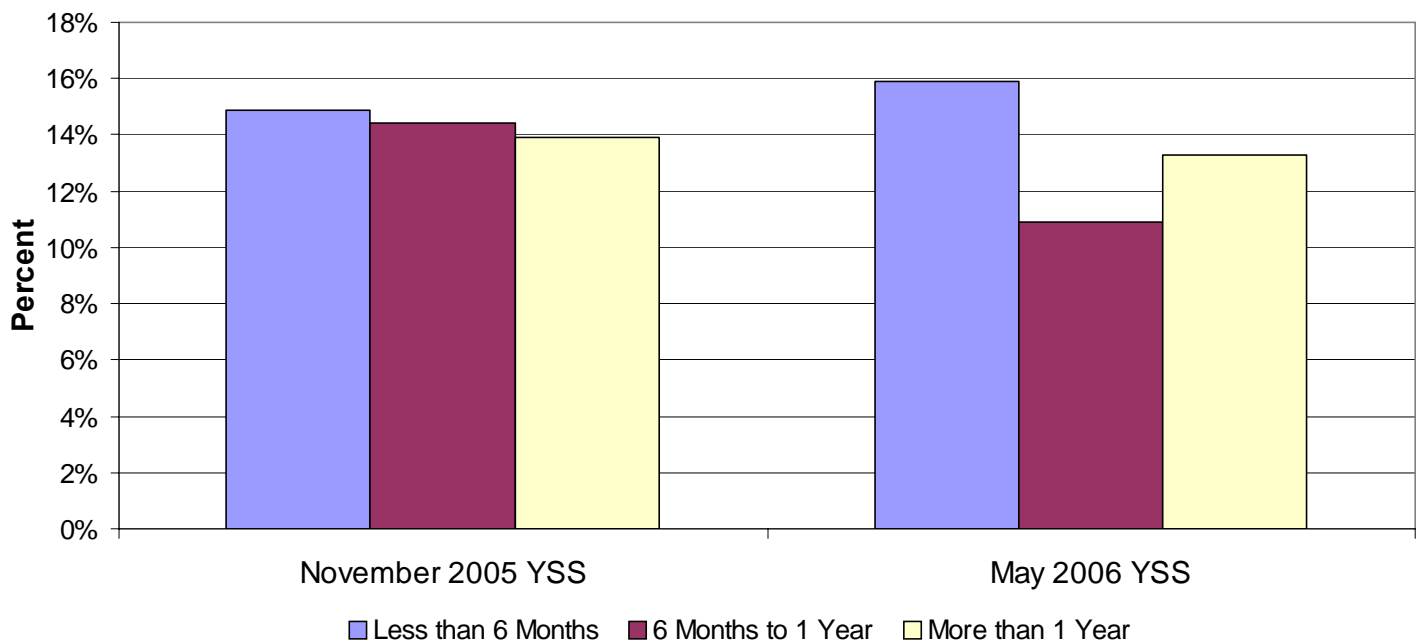
In the YSS, youth were asked whether they had used any of a list of substances (alcohol, cigarettes, ecstasy, cocaine, marijuana, crystal meth, inhalants, hallucinogens, opiates, injected drugs) in the past month. Caregivers answered a similar question about youth substance use in the part month. 5,859 respondents answered the substance use question in FY05-06.

- Overall, **14.9% of youth and parents** stated that the youth had used one of these substances at least once in the past month.
- The **three most commonly used substances**, in descending order, were cigarettes (8.3% in past month), marijuana (7.7%), and alcohol (7.4%).

When reports of substance use on the YSS were examined by the length of time receiving CMHS services, there was **no clear pattern across the survey periods**.

There are no significant differences during the November 2005 YSS, while the change in past month substance use between youth receiving less than 6 months of service and youth in service from 6 months to 1 year is significant for the May 2006 YSS.

Past Month Use of Substances by Length of Time receiving Services



Satisfaction

During FY2005-2006, data on consumer satisfaction was collected in two ways:

1) The state-mandated **Youth Services Survey (YSS)** was completed by youth, ages 13+, and all parents/caregivers, regardless of the youth/client age, who utilized services between November 1-16, 2005 and/or May 1-12, 2006.

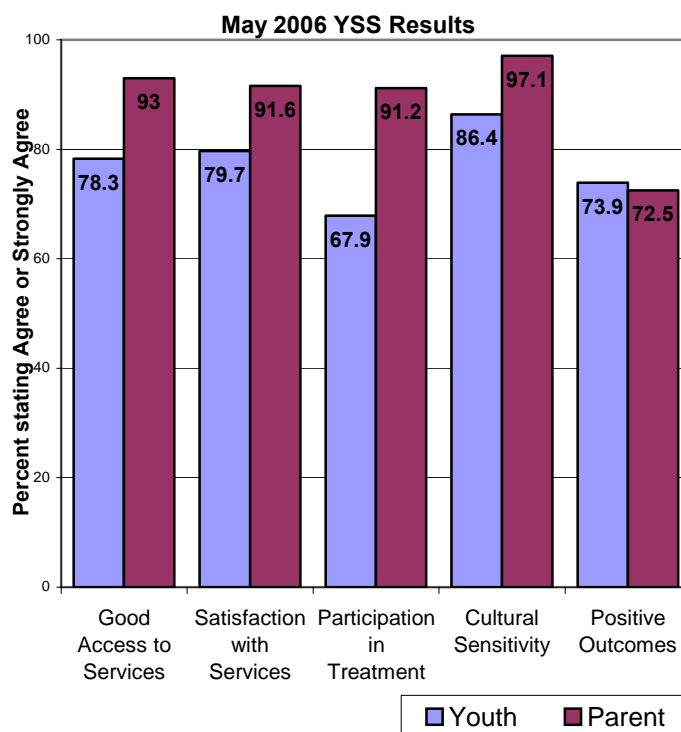
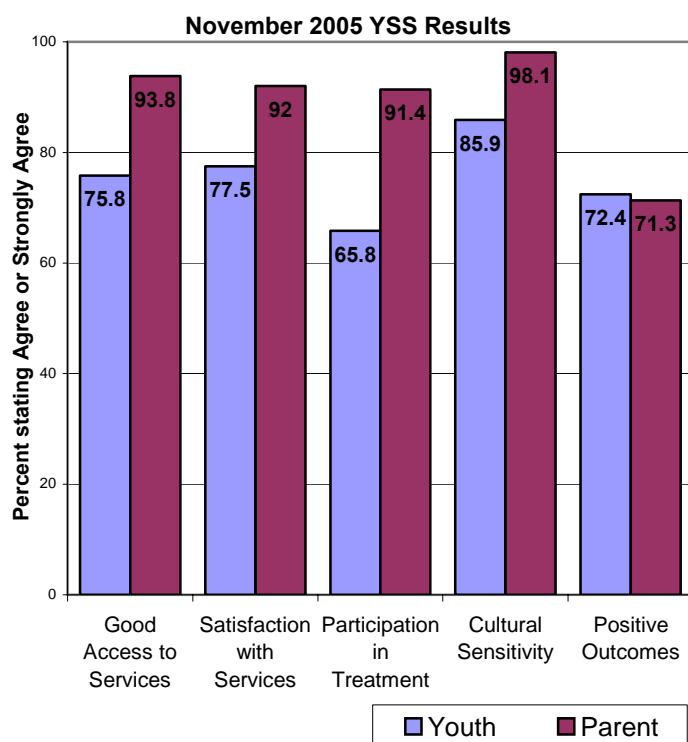
2) The **Family-Centered Behavior Scale (FCBS)** is completed by the parent/caregiver every six months from the start of services through discharge.

Youth Services Survey (YSS)

YSS questions were grouped into five domains: Good Access to Services, Satisfaction with Services, Participation in Treatment, Cultural Sensitivity, and Positive Outcomes.

A total of 6,431 surveys were completed during the November 2005 and May 2006 collection periods.

- **Parents/caregivers are more satisfied than youth on 4 of the 5 domains.**
- **Differences were most pronounced on the Participation in Treatment domain.**
- **Youth reported slightly higher satisfaction than parents on the Positive Outcomes domain.**

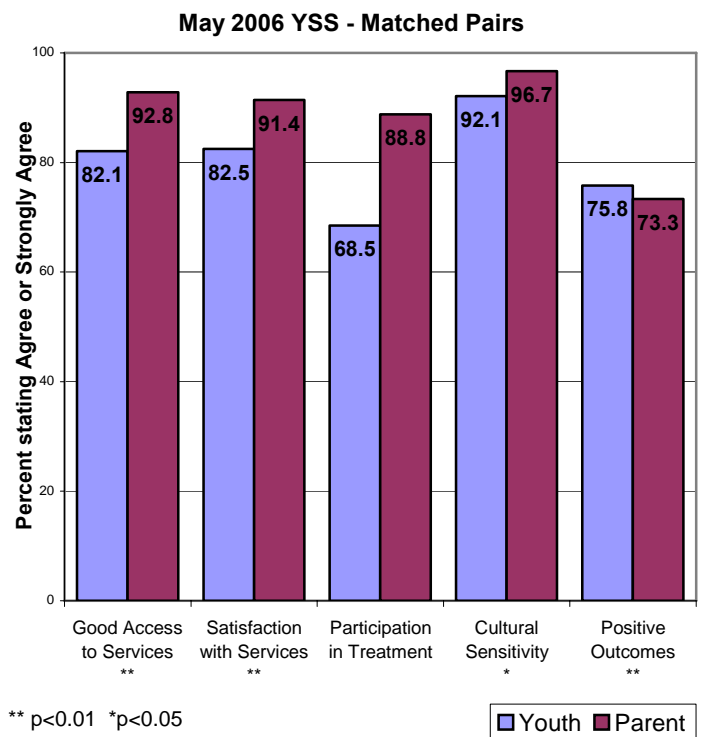
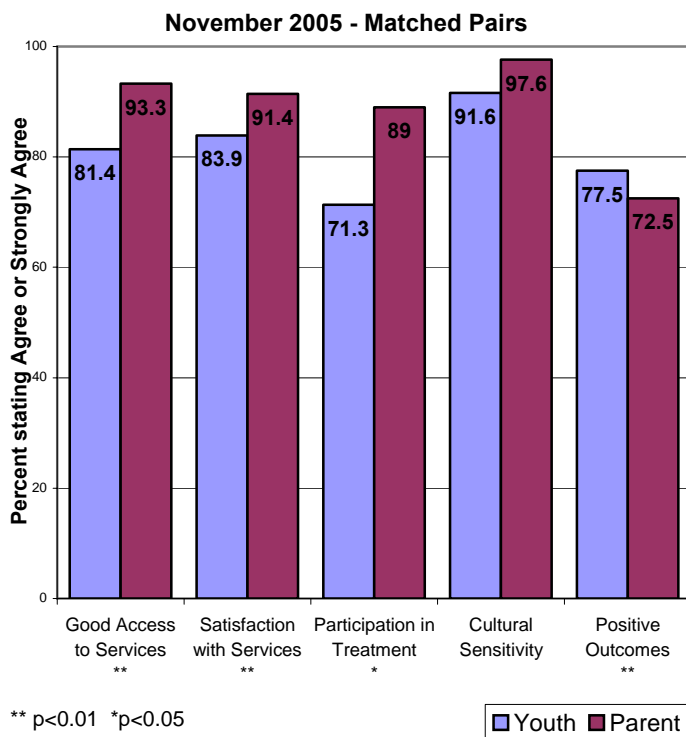


Satisfaction

To examine the **amount of agreement** between parents and youth, we examined the responses for all clients in which both the youth and parent YSS surveys were completed (Nov 2005 N=569, May 2006 N=651), giving us information on the same services from both the youth and parent point of view.

- Youth and parent responses are significantly different.
- Parents are more satisfied than youth on 4 domains: Good Access to Services, Satisfaction with Services, Participation in Treatment, and Cultural Sensitivity.
- Youth are more satisfied than parents on the Positive Outcomes domain.

Parents report higher satisfaction on the YSS on all domains except Positive Outcomes, where Youth report slightly higher satisfaction.



Satisfaction

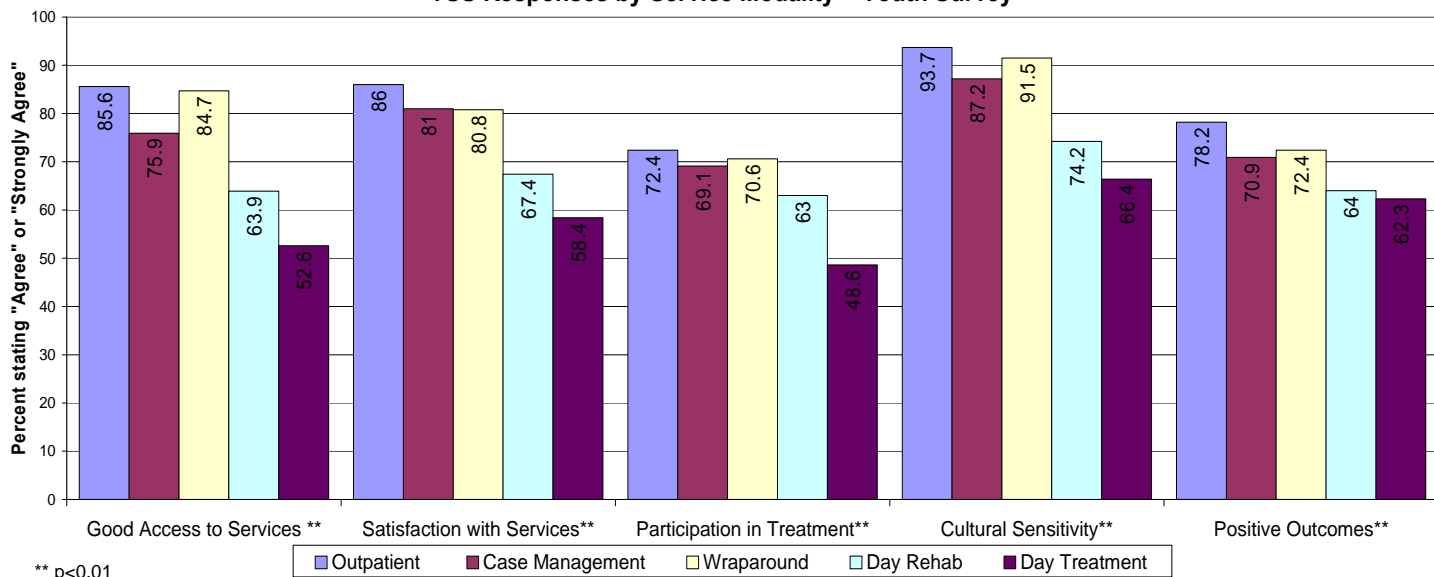
These satisfaction domains were also examined by the **child's ethnicity**. Responses from youth and parents were grouped based on whether either of the child's parents was identified by the respondent as being of Mexican, Hispanic, or Latino origin.

- Respondents for Hispanic youth (N=2804) were **significantly more satisfied** on all 5 domains examined by the YSS, as compared to respondents for non-Hispanic youth (N=2858).

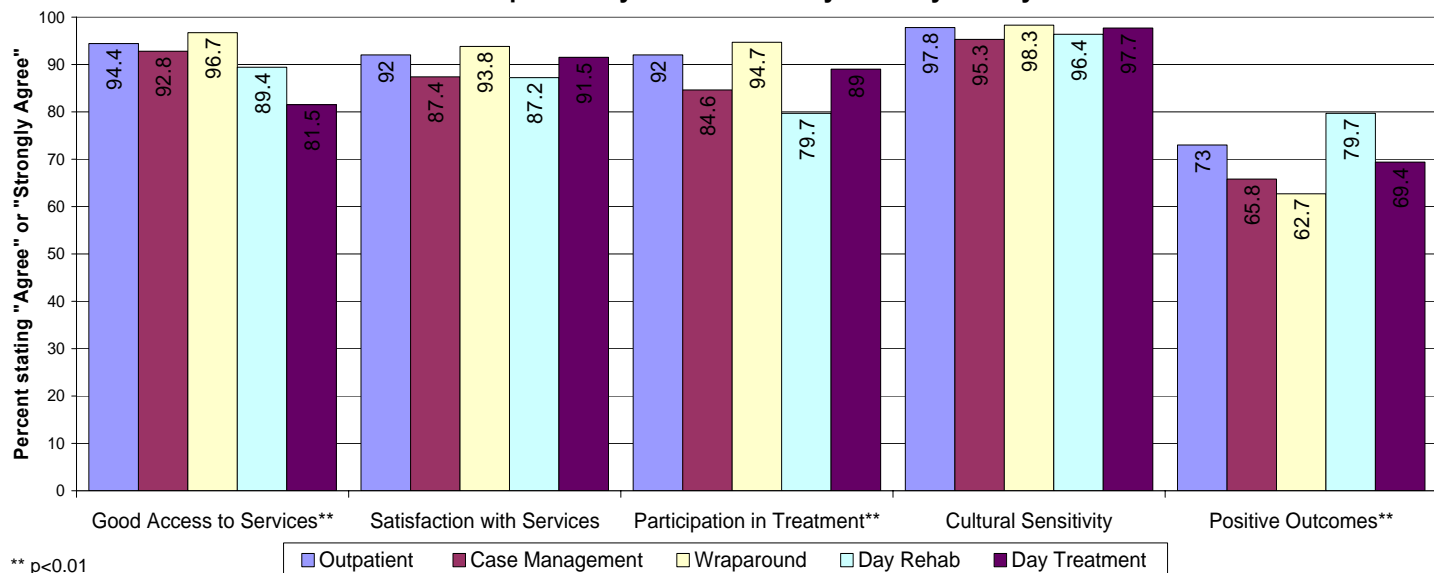
Results from the FY05-06 YSS also show significantly different levels of satisfaction by the **service type** received by the youth.

- Youth receiving intensive day treatment or day rehabilitation services reported **lower levels of satisfaction** in all five domains, as compared to the other service groups.
- Cultural Sensitivity has the highest scores across the modalities.
- Parent scores are higher on average than the youth scores.

YSS Responses by Service Modality – Youth Survey



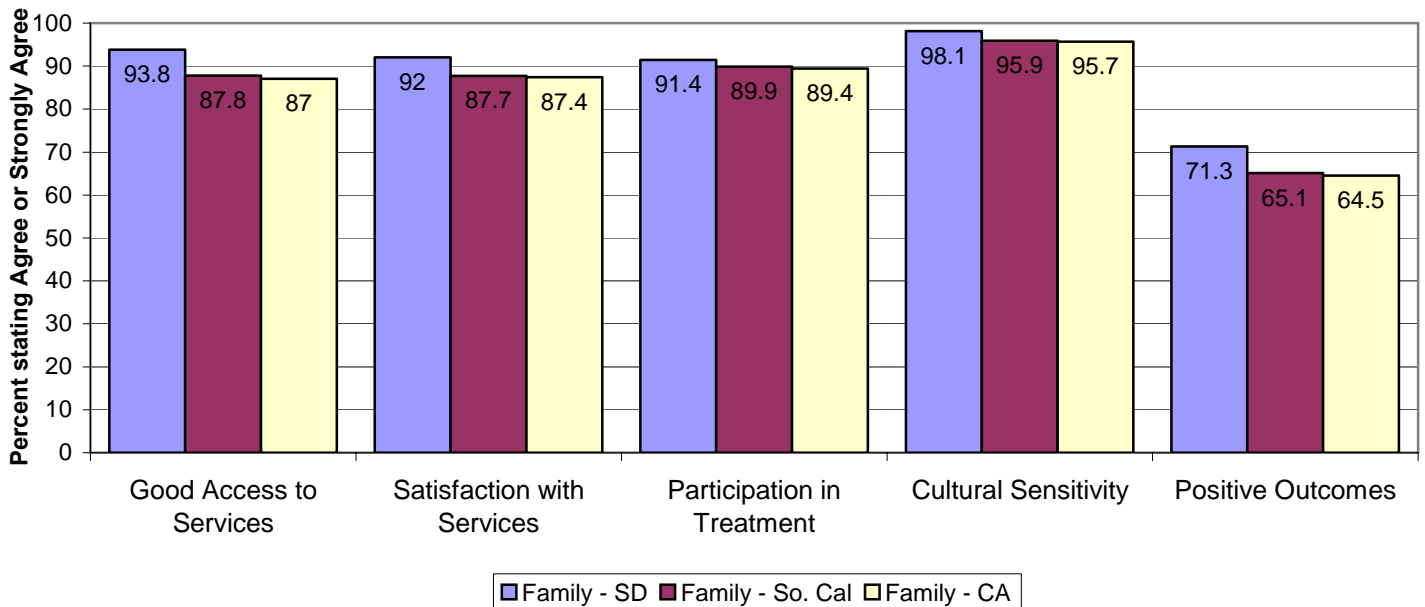
YSS Responses by Service Modality – Family Survey



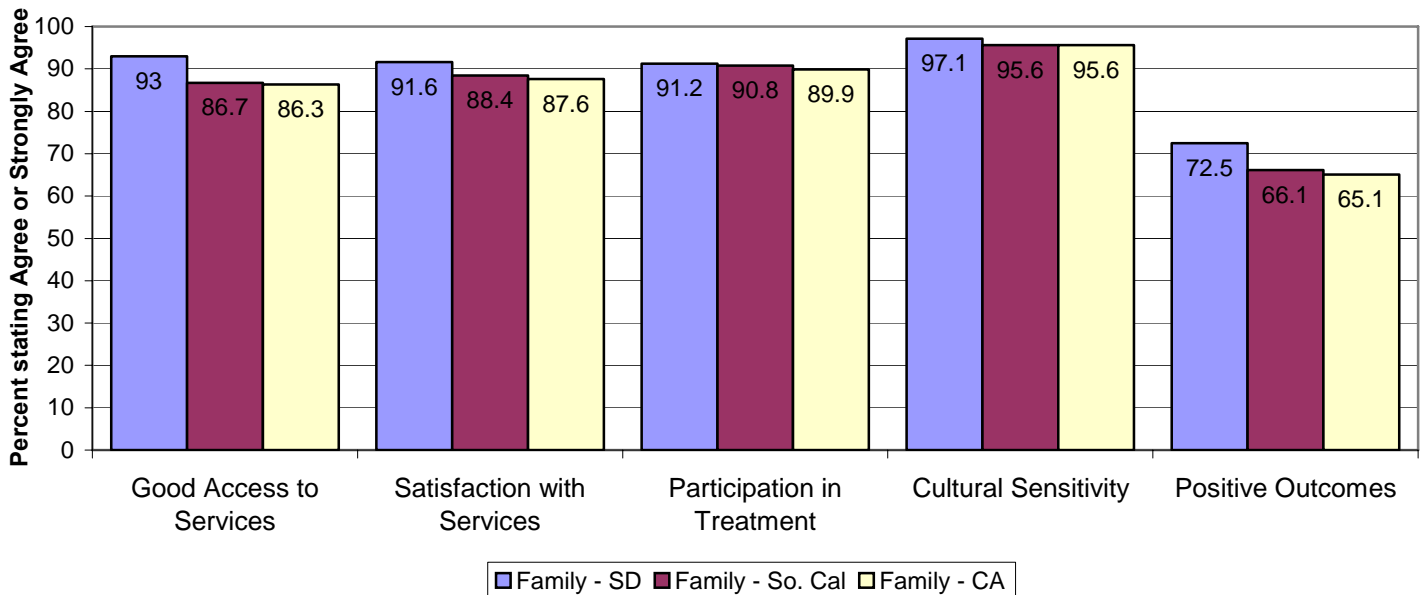
Satisfaction

Comparison of the San Diego County YSS results with the Statewide and Southern California results show that parents/caregivers in San Diego are **consistently more satisfied with services** than are families in the state as a whole, or in the Southern California region.

November 2005 YSS Results – Family Survey



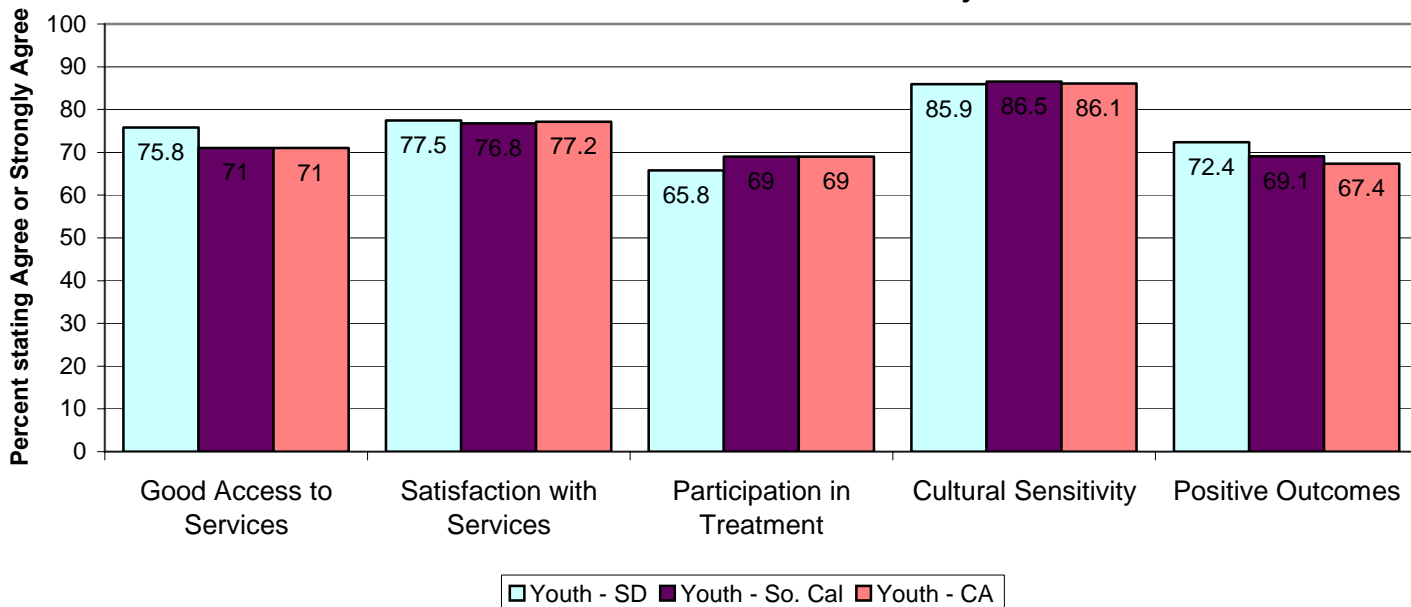
May 2006 YSS Results – Family Survey



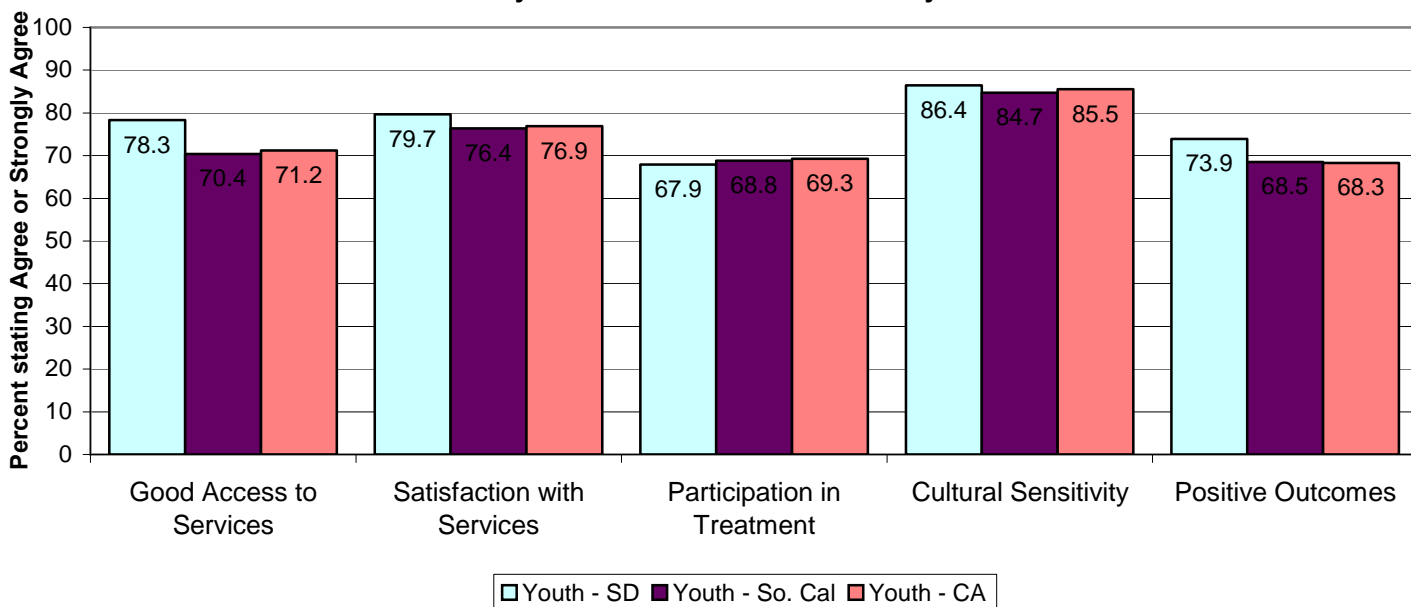
Satisfaction

The Youth results are more variable, with greater satisfaction on 3 of the 5 domains in the November 2005 YSS and on 4 of the 5 domains in the May 2006 YSS. **Youth in San Diego County consistently rated their satisfaction with Participation in Treatment lower than youth in the state or Southern California.** A similar pattern was also seen in the FY04-05 YSS data.

November 2005 YSS Results – Youth Survey



May 2006 YSS Results – Youth Survey



Family-Centered Behavior Scale (FCBS)

One principle of the San Diego County System of Care is that services be family centered, which is defined as the “service delivery, service planning, program, and policy development includ[ing] the full participation of families/care-givers and their children/youth.” To examine the integration of this principle into services, beginning January 1st, 2005, families receiving services completed the **Family-Centered Behavior Scale (FCBS)** every six months, as well as at discharge.

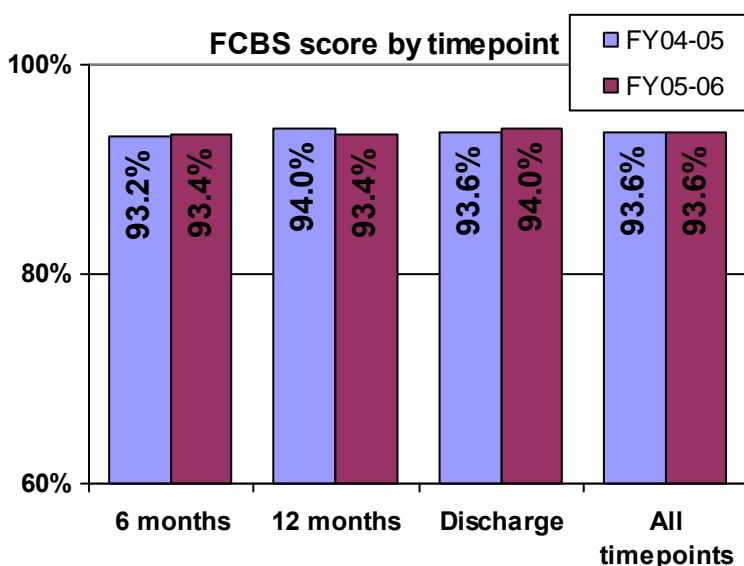
In the FCBS, parents rate staff behavior on a Likert-type scale ranging from 1 (never performs the behavior) to 5 (always performs the behavior). The measure addresses three elements of family-centered service delivery:

- 1) recognizing the key role of the family for children receiving mental health services,
- 2) maximizing the decision-making role of families and
- 3) using and building upon the strengths of families.

A copy of the FCBS is available at www.casrc.org/projects/SOCE/des.htm.

Overall, **the results on the FCBS are very positive and similar to the results for FY04-05.**

- 2,698 FCBS forms were completed in FY05-06.
- At six months of service, the average score was 4.67, or 93.4%.
- After one year in service, families were giving the staff a rating of 4.67, or 93.4%
- At discharge, the rating was 4.70, or 94.0%.
- The average rating across all the FCBS forms completed in FY05-06 was 4.68, or 93.6%, the same average score as in FY04-05.



These scores fall in between “most of the time” and “always” on the frequency of performing family-centered behaviors, indicating that families feel services are typically family-centered.

The average rating across all FCBS forms completed in FY05-06 was 4.68, or 93.6%, the same average score as in FY04-05.

Appendices

| | |
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| Appendix D | Service Utilization by Children active to the Probation sector |
| Appendix E | Examination of Primary Diagnosis by Client Characteristics |
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Appendix A: Glossary of Terms

- **Assessment** includes intake diagnostic assessments and psychological testing.
- **Case management services** can be provided in conjunction with other services or they can be a stand-alone service that “connects” children, youth and families to the services they need, monitors their care, and oversees the components of care provided to the child and family. “Intensive” case management services are a combination of several modes, with services being focused on the home and family in a “wraparound” model. These services may be short-term or long-term in nature. The goal of these services is to keep children and adolescents in a home setting with services “wrapped” around the home, rather than sending children into residential treatment settings.
- **Collateral services** include family therapy, case consultations, teacher or other professional consultations, attendance at IEP meetings or any other conversations related to the client and treatment plan.
- **Crisis services** include crisis intervention services provided by the programs or at the Emergency Screening Unit.
- **Emergency Screening Unit (ESU)** provides crisis intervention, emergency screening services and crisis stabilization services (up to 24 hours) for children and adolescents throughout the entire county. Services are available 24 hours / 7 days a week.
- **Fee-for-service providers** are primarily licensed **clinicians in private practice** who provide services to clients on a fee-for-service basis. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients.
- **Inpatient services** are delivered in hospitals.
- **Intensive day treatment services** are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on psychotherapy interventions.
- **Juvenile Forensic Services** provide services primarily in Probation institutions within the County. Juvenile Forensic Services provides assessment, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court. Services are provided throughout the County at sites including Juvenile Hall and Girl's Rehabilitation Facility, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett.
- **Mean:** Commonly called the average, the mean is the sum of all the scores divided by the number of scores.
- **Median:** The median is the middle of a distribution: half the scores are above the median and half are below the median. The median is less sensitive to extreme scores than the mean and this makes it a better measure than the mean for highly skewed distributions. For example, median income is usually more informative than mean income.
- **Medication services** include medication evaluations and follow-up services.
- **Organizational providers** are community-based agencies and county-operated sites that are either part of the Health & Human Services Agency (HHSA) or have contracts with HHSA to provide mental health treatment services to specified target populations.
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.
- **Primary Diagnosis:** Diagnosis was determined by identifying the primary DSM-IV diagnosis at intake from the last episode of service prior to June 30, 2006. Earlier valid diagnoses were chosen when later

episodes reported “diagnosis deferred” (799.9) or invalid diagnoses, ones in which there was no valid Title 9 or excluded code provided for any services for that particular client. Excluded diagnoses are those categorized as “excluded” by Title 9 (i.e. autism, learning disabilities). Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses. The Other category includes diagnoses such as Pervasive Developmental Disorder (PDD), Asperger’s Syndrome, Paraphilia, Reactive Attachment Disorder, elimination disorders, and eating disorders. Only one primary diagnosis was indicated per client for these analyses.

- **Rehabilitative day treatment services** are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on skill building and behavioral adjustments.
- **Residential services** are divided in the way they are funded, with Child Welfare providing the funding for “room and board” and Mental Health providing the funding for treatment services through either an outpatient mode or a day treatment mode “patched” on to the “room and board” funding.
- **Therapeutic Behavioral Services (TBS)** include services conducted by paraprofessionals to assist youth in obtaining functional skills in the community, and are provided by programs with a TBS contract.
- **Therapy** includes individual and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18-25) who received mental health services through CMHS providers.

Appendix B: Service Utilization by Children with Open Child Welfare Cases

One area of interest to the San Diego County System of Care is the overlap between the mental health and child welfare sectors. It is well documented that children involved in the Child Welfare System (CWS) are an especially vulnerable population with studies estimating that over 40% of these children have significant emotional and behavioral health needs. These children have often experienced long-term abuse and/or neglect, which can have traumatic effects on children and require appropriate treatment.

To examine the Child Welfare – Mental Health overlap in San Diego County, a dataset containing a list of all children who had open Child Welfare cases during FY05-06 was obtained and compared to the CMHS dataset. In FY05-06, 24.6% of youth receiving mental health services also had an open Child Welfare case during the year. Looking at it from the Child Welfare perspective, 30.3% of youth with open Child Welfare cases in FY05-06 also received CMHS services during the year. Note: In FY04-05, the percentages were 24.6% and 32.2%, respectively.

4151 clients, or **24.6%** of all CMHS clients, were also open to the Child Welfare System in FY05-06.

| <u>Age:</u> | <u>N</u> | <u>%</u> | <u>Primary Diagnosis:</u> | <u>N</u> | <u>%</u> |
|------------------------|----------|----------|---------------------------|----------|----------|
| 0-5: | 827 | 19.9% | ADHD: | 410 | 10.7% |
| 6-11: | 1336 | 32.2% | Oppositional / Conduct: | 535 | 14.0% |
| 12-17: | 1889 | 45.5% | Depressive disorders: | 614 | 16.1% |
| 18+: | 99 | 2.4% | Bipolar disorders: | 163 | 4.3% |
| | | | Anxiety disorders: | 345 | 9.0% |
| <u>Gender:</u> | <u>N</u> | <u>%</u> | Adjustment disorders: | 1064 | 27.8% |
| Female: | 2007 | 48.3% | Schizophrenic disorders: | 29 | 0.8% |
| Male: | 2144 | 51.7% | Other: | 505 | 13.2% |
| Unknown: | 0 | 0.0% | Excluded: | 156 | 4.1% |
| | | | | | |
| <u>Race/Ethnicity:</u> | <u>N</u> | <u>%</u> | | | |
| White: | 1187 | 30.3% | | | |
| Hispanic: | 1663 | 42.4% | | | |
| Black: | 858 | 21.9% | | | |
| Asian/ PI: | 99 | 2.5% | | | |
| Native Am.: | 52 | 1.3% | | | |
| Other: | 63 | 1.6% | | | |

Use of Outpatient Services – Percent of CMHS-CWS clients using service, Mean Minutes (Median Minutes)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 62.7% | 999.8 (700.0) |
| Collateral: | 47.6% | 470.2 (150.0) |
| Crisis Services: | 7.5% | 328.8 (135.0) |
| Medication Support: | 29.8% | 390.5 (197.5) |
| Case Management / Rehab: | 28.0% | 997.7 (255.0) |
| Assessment: | 72.8% | 220.5 (175.0) |
| TBS: | 2.5% | 5814.6 (4522.0) |

Use of Restrictive Services – Percent of CMHS-CWS clients using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 28.3% | 67.1 (30.0) |
| Crisis Stabilization: | 1.5% | 1.7 (1.0) |
| Inpatient: | 3.8% | 18.2 (8.0) |

Appendix C: Service Use by Youth Receiving Special Education Services

A goal of the San Diego County Children's System of Care is to remove mental health barriers that affect success in school. Children with mental health issues may have difficulties in school, especially if their mental health condition impacts on their school attendance and performance. Many such children become involved in the Special Education system in their local school district, and a large percentage of these children are eligible for special education services under the Emotional Disturbance category.

The **Education definition of Emotional Disturbance (ED)** is as follows: a condition exhibiting one or more of the following characteristics, over a long period of time and to a marked degree, that adversely affects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feeling under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

A student needs to meet only **one** of the five criteria of the definition of ED to be classified as ED and eligible for special education services.

Using a dataset obtained through the six San Diego County Special Education Local Plan Areas (SELPA) of all children receiving special education services, and identifying a subset receiving services under the ED eligibility category, an examination was made of those children served by CMHS during FY05-06.

5899 clients, or **35.0%** of all CMHS clients, were also open to Special Education services in FY05-06. **1810** clients, or **10.7%** of all CMHS clients, were open to Special Education services under the Emotional Disturbance (ED) category in FY05-06. Data on both groups are presented below.

| | CMHS & Special Education | | CMHS & Emotionally Disturbed | |
|------------------------|--------------------------|-------|------------------------------|-------|
| | N | % | N | % |
| Age: | | | | |
| 0-5: | 311 | 5.3% | 14 | 0.8% |
| 6-11: | 1871 | 31.7% | 402 | 22.2% |
| 12-17: | 3251 | 59.7% | 1314 | 72.6% |
| 18+: | 196 | 3.3% | 80 | 4.4% |
| Gender: | | | | |
| Female: | 1686 | 28.6% | 502 | 27.7% |
| Male: | 4213 | 71.4% | 1308 | 72.3% |
| Race/Ethnicity: | | | | |
| White: | 1951 | 34.1% | 790 | 44.0% |
| Hispanic: | 2428 | 42.4% | 516 | 28.7% |
| Black: | 1060 | 18.5% | 403 | 22.4% |
| Asian/ PI: | 117 | 2.0% | 30 | 1.7% |
| Native Am.: | 47 | 0.8% | 14 | 0.8% |
| Other: | 119 | 2.1% | 43 | 2.4% |

| Primary Diagnosis: | CMHS & Special Education | | CMHS & Emotionally Disturbed | |
|---------------------------|-------------------------------------|----------|---|----------|
| | N | % | N | % |
| ADHD: | 1353 | 26.6% | 398 | 23.8% |
| Oppositional/Conduct: | 1003 | 19.7% | 381 | 22.8% |
| Depressive: | 831 | 16.3% | 294 | 17.6% |
| Bipolar: | 475 | 9.3% | 322 | 19.3% |
| Anxiety: | 383 | 7.5% | 117 | 7.0% |
| Adjustment: | 542 | 10.6% | 53 | 3.2% |
| Schizophrenic: | 78 | 1.5% | 41 | 2.5% |
| Other: | 309 | 6.1% | 54 | 3.2% |
| Excluded: | 122 | 2.4% | 12 | 0.7% |

Use of Outpatient Services – Percent of clients using service, Mean Minutes (Median Minutes)

| | CMHS & Special Education | | CMHS & Emotionally Disturbed | |
|--------------------------|-------------------------------------|----------------------|---|----------------------|
| | % | Mean (Median) | % | Mean (Median) |
| Therapy: | 78.6% | 1016.8 (653.0) | 77.2% | 1185.0 (859.0) |
| Collateral: | 64.4% | 698.3 (300.0) | 73.3% | 970.3 (451.0) |
| Crisis Services: | 9.4% | 253.0 (137.5) | 15.7% | 276.1 (140.0) |
| Medication Support: | 44.4% | 308.3 (180.0) | 61.7% | 382.2 (240.0) |
| Case Management / Rehab: | 34.0% | 1135.1 (255.0) | 50.7% | 1370.7 (427.5) |
| Assessment: | 56.4% | 289.8 (200.0) | 56.2% | 386.7 (265.0) |
| TBS: | 2.2% | 5787.5 (4965.0) | 4.3% | 6205.3 (4955.0) |

Use of Restrictive Services – Percent of CMHS-CWS clients using service, Mean Days (Median Days)

| | CMHS & Special Education | | CMHS & Emotionally Disturbed | |
|-----------------------|-------------------------------------|----------------------|---|----------------------|
| | % | Mean (Median) | % | Mean (Median) |
| Day Treatment: | 14.0% | 81.4 (62.0) | 25.5% | 90.4 (76.0) |
| Crisis Stabilization: | 1.9% | 1.3 (1.0) | 3.6% | 1.3 (1.0) |
| Inpatient: | 4.8% | 18.7 (8.0) | 8.1% | 19.2 (9.0) |

Appendix D: Service Utilization by Children active to the Probation sector

To examine the overlap between the Children’s Mental Health System and the Probation System in San Diego County, a dataset containing a list of all children who had open Probation cases during FY05-06 was obtained and compared to the CMHS dataset. In FY05-06, 15.8%% of youth receiving mental health services also had an open Probation case during the year. Looking at it from the Probation perspective, 31.3% of youth with open Probation cases in FY05-06 also received CMHS services during the year. Note: In FY04-05, the percentages were 14.3% and 31.0%, respectively.

2,671 clients, or **15.8%%** of all CMHS clients, were also open to the Probation System in FY05-06.

| Age: | N | % | Primary Diagnosis*: | N | % |
|------------------------|----------|----------|----------------------------|----------|----------|
| 0-5: | 0 | 0.0% | ADHD: | 161 | 14.6% |
| 6-11: | 36 | 1.3% | Oppositional / Conduct: | 416 | 37.9% |
| 12-17: | 2525 | 94.5% | Depressive disorders: | 246 | 22.4% |
| 18+: | 110 | 4.1% | Bipolar disorders: | 92 | 8.4% |
| | | | Anxiety disorders: | 36 | 3.3% |
| Gender: | N | % | Adjustment disorders: | 95 | 8.6% |
| Female: | 645 | 24.1% | Schizophrenic disorders: | 23 | 2.1% |
| Male: | 2026 | 75.9% | Other: | 20 | 1.8% |
| Unknown: | 0 | 0.0% | Excluded: | 10 | 0.9% |
| | | | | | |
| Race/Ethnicity: | N | % | | | |
| White: | 559 | 21.3% | | | |
| Hispanic: | 1303 | 49.6% | | | |
| Black: | 504 | 19.2% | | | |
| Asian/ PI: | 76 | 2.9% | | | |
| Native Am.: | 19 | 0.7% | | | |
| Other: | 164 | 6.2% | | | |

Use of Outpatient Services – Percent of CMHS-Probation clients using service, Mean Minutes (Median Mins)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 90.9% | 548.5 (270.0) |
| Collateral: | 58.1% | 388.3 (125.0) |
| Crisis Services: | 13.3% | 229.7 (90.0) |
| Medication Support: | 33.8% | 262.4 (140) |
| Case Management / Rehab: | 15.6% | 1006.8 (175.0) |
| Assessment: | 27.2% | 280.7 (185.0) |
| TBS: | 0.8% | 4515.6 (3300.0) |

Use of Restrictive Services – Percent of CMHS-Probation clients using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 12.6% | 62.7 (52.0) |
| Crisis Stabilization: | 1.8% | 1.7 (1.0) |
| Inpatient: | 4.1% | 12.9 (7.0) |

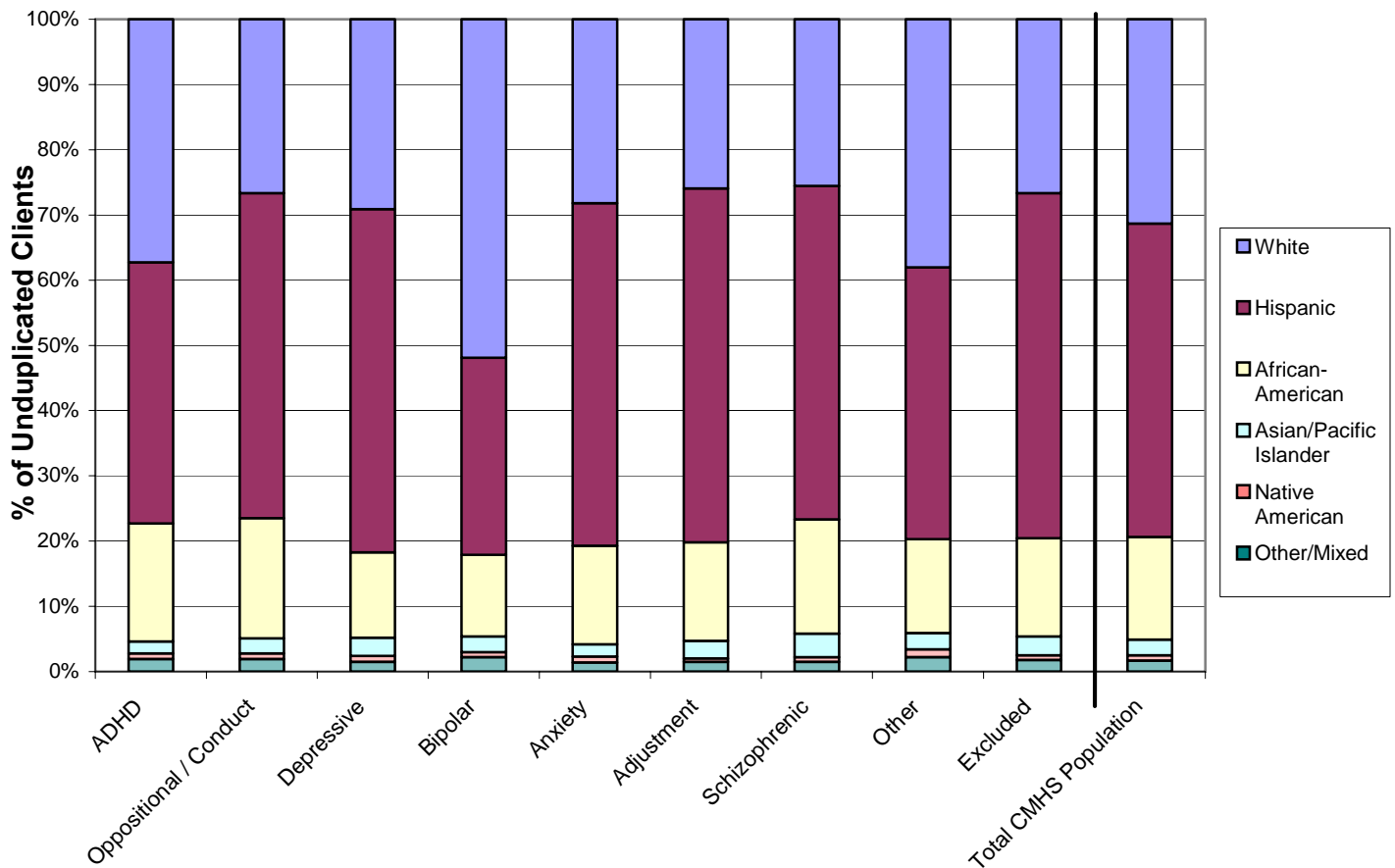
*Note: Primary diagnosis information is not available on youth served solely through JFS and Spectrum programs.

Appendix E: Examination of Primary Diagnosis by Client Characteristics

The diagnosis categories are examined by race/ethnicity in **Figure E.1**. The racial/ethnic breakdown for the total CMHS sample is displayed on the far right for comparison purposes. There are significant differences in the distribution of diagnoses by racial/ethnic groups, with a large difference seen in the Bipolar disorders: over 50% of youth diagnosed with Bipolar disorder are White, although White clients compose only 30% of the total CMHS population. These results are similar to the patterns seen in the past three years, indicating that the distribution is consistent over time.

Although there is limited research on the racial/ethnic differences in the mental health diagnoses of children, several research studies have shown differences in mental health diagnosis along racial / ethnic lines. One of the most consistent findings is that African American youth tend to be more often diagnosed with disruptive behavior disorders.¹ In addition, several studies, including a Veterans Administration study involving over 100,000 veterans, have found that African-Americans are underdiagnosed with Bipolar disorders.²

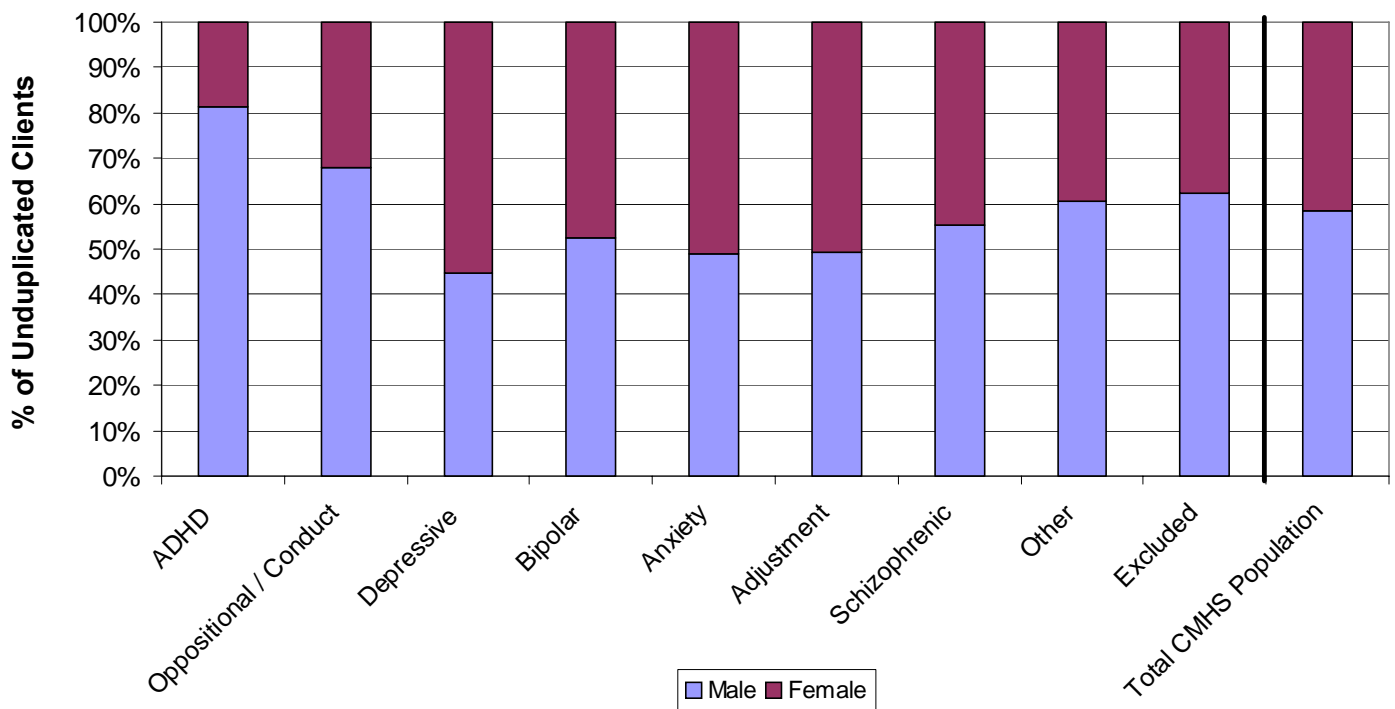
Figure E.1: Diagnosis by Race/Ethnicity



The patterns of diagnosis are significantly different by gender. Males are more likely to be diagnosed with externalizing disorders, such as ADHD or Oppositional disorders, while females are more likely to be diagnosed with internalizing disorders, such as depressive or anxiety disorders, as compared to their distribution in the total sample (**Figure E.2**). Again, these results are similar to the patterns over the past three years, indicating that the distribution is consistent over time.

Research has demonstrated some gender differences in the mental health diagnoses of children. ADHD is more likely to be recognized in boys, who tend to exhibit externalizing symptoms (i.e. disruptive behavior), than in girls, who are more likely to exhibit internalizing symptoms (i.e. inattentive behavior),³ and gender has been acknowledged as a barrier to appropriate diagnosis in ADHD.⁴ Research has shown that, across cultures, males are more likely to have externalizing problems than females.⁵ In addition, depression is more prevalent in women than in men.^{6,7}

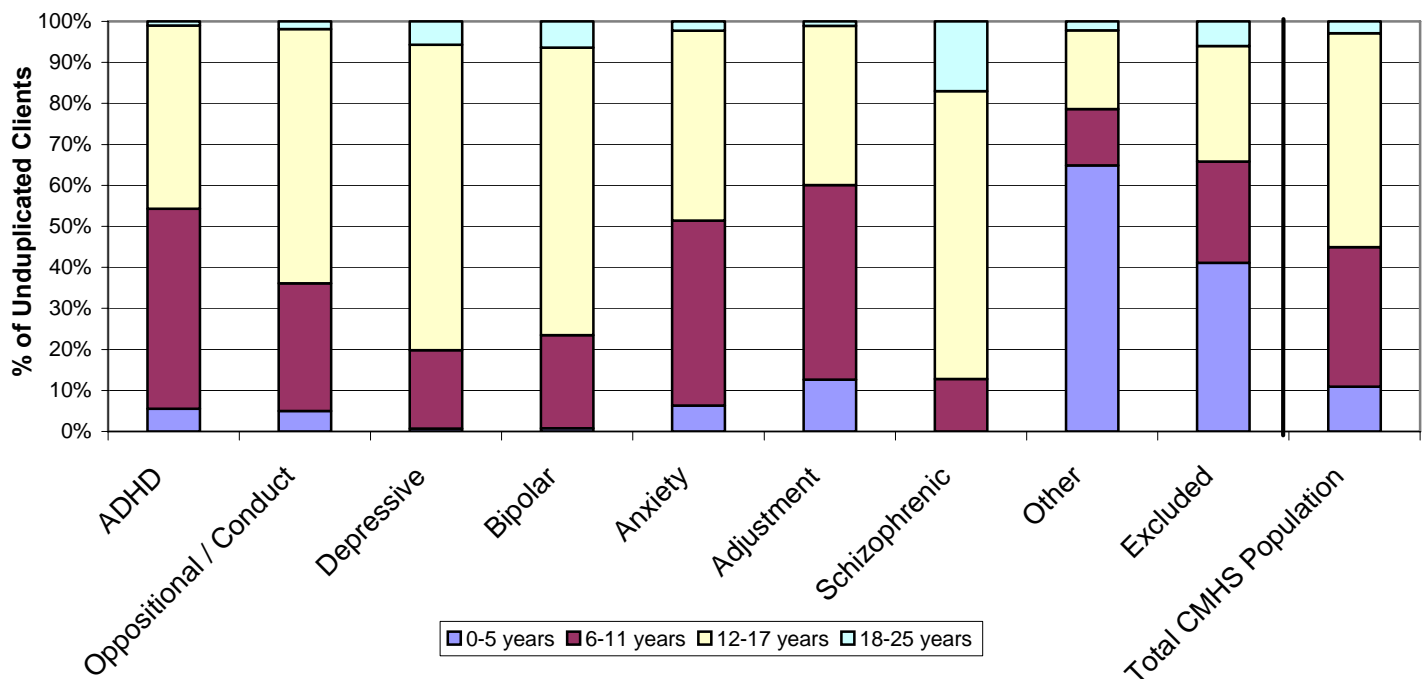
Figure E.2: Primary Diagnosis by Gender



When diagnoses are examined by age, significant differences are present (**Figure E.3**). Young children (age 0-5) are being diagnosed with Title 9 excluded diagnoses, and diagnoses that fall in the Other category, at a markedly higher rate compared to other age ranges. Elementary age children (age 6-11) are presenting most often with ADHD, anxiety, and adjustment disorders, while schizophrenic, depressive, and bipolar disorders are predominately diagnosed in adolescents. Finally, youth, ages 18-25, who continue to be served through CMHS are most likely to have a diagnosis of schizophrenia. These patterns are also consistent with those found in previous years.

These results are consistent with national data on the onset of mental health disorders. The median age for onset of ADHD is 7 years, while the median age of onset for an anxiety disorder is age 11.⁸ Schizophrenia often first appears in men in their late teens or early twenties, while women are generally affected in their twenties or early thirties.⁹ Symptoms of many mental health disorders begin in childhood and adolescence, resulting in calls for increased prevention and early intervention efforts for children.

Figure E.3: Primary Diagnosis by Age



Diagnoses were also examined by **funding source**, which was determined for each client. Medi-Cal status was coded for fee-for-service and organizational providers through service procedure codes. **Overall, 89.0% of youth received Medi-Cal-funded services during the year.** Youth may also receive services through Assembly Bill (AB) 2726, a state-mandated program intended to serve children and youth 3 to 22 years of age receiving special education services who require mental health services in order to benefit from their educational program. AB2726 status was coded if any visit record for the client contained an AB2726 procedure code. **11.7% of youth received services through AB2726 in FY0506.**

Examination of Medi-Cal and AB2726 service use by primary diagnosis shows that there are significant differences: fewer youth in the Bipolar or Schizophrenic categories receive services through Medi-Cal funds than other diagnostic groups, while youth in the Bipolar, Schizophrenic, or ADHD categories are more commonly receiving services through AB2726.

In summary, the distribution of diagnoses in the FY05-06 CMHS sample, as well as the relationship of diagnoses with race/ethnicity, gender, and age, is very similar to those found over the past 3 years. This would indicate that the patterns accurately reflect what is occurring in the system and that no major changes in diagnostic patterns occurred over the three year period.

Appendix F: Detailed Service Utilization Data Tables

Table F.1: Outpatient Service Utilization by Diagnosis

Blue = 20+% higher than Total Sample **Red = 20+% lower than Total Sample**

| Diagnosis | Collateral | | | Therapy | | | Case Management | | | Assessment | | |
|---------------------------|-------------|--------------|-------------|-------------|---------------|-------------|-----------------|---------------|-------------|-------------|--------------|-------------|
| | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins |
| Total Sample ¹ | 61.5 | 557.5 | 260 | 74.0 | 1000.4 | 700 | 30.1 | 860.1 | 165 | 62.9 | 239.3 | 180 |
| ADHD | 64.3 | 679.5 | 379 | 82.8 | 1108.3 | 800 | 33.6 | 987.9 | 175 | 55.0 | 258.7 | 180 |
| Oppositional / Conduct | 70.3 | 616.7 | 275 | 77.9 | 935.4 | 625 | 37.9 | 979.5 | 180 | 61.9 | 278.1 | 204 |
| Depressive | 64.0 | 549.9 | 255 | 77.8 | 1040.9 | 435 | 31.9 | 790.4 | 130 | 57.3 | 247.5 | 180 |
| Bipolar | 73.4 | 864.3 | 365 | 74.3 | 1108.4 | 757.5 | 50.8 | 1131.7 | 360 | 63.0 | 318.9 | 229 |
| Anxiety | 60.3 | 435.3 | 250 | 83.3 | 996.6 | 753 | 22.5 | 748.5 | 120 | 58.8 | 220.1 | 170 |
| Adjustment | 62.8 | 310.5 | 140 | 74.1 | 860.4 | 650 | 23.7 | 477.6 | 150 | 69.5 | 179.0 | 150 |
| Schizophrenic | 62.4 | 476.8 | 257.5 | 73.0 | 912.9 | 600 | 41.8 | 556.7 | 140 | 56.7 | 328.6 | 230 |
| Other | 28.1 | 702.4 | 300 | 32.3 | 1252.5 | 915 | 11.7 | 1153.0 | 151 | 83.1 | 224.3 | 180 |
| Excluded | 26.1 | 445.6 | 165 | 44.1 | 670.5 | 390 | 13.4 | 526.1 | 100 | 76.3 | 205.7 | 180 |

| Diagnosis | Medication Support | | | Crisis Services | | | TBS | | |
|---------------------------|--------------------|--------------|-------------|-----------------|--------------|-------------|------------|---------------|-------------|
| | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins |
| Total Sample ¹ | 35.4 | 269.1 | 150 | 8.1 | 266.9 | 155 | 1.5 | 5088.8 | 3997.5 |
| ADHD | 52.4 | 252.4 | 166 | 4.1 | 161.7 | 95 | 1.6 | 5141.8 | 4342 |
| Oppositional / Conduct | 39.7 | 286.5 | 140 | 3.6 | 246.2 | 150 | 3.1 | 4741.0 | 3402.5 |
| Depressive | 39.5 | 230.7 | 139.5 | 15.2 | 303.3 | 185 | 0.6 | 5056.8 | 5067.5 |
| Bipolar | 63.6 | 440.5 | 266 | 13.4 | 374.3 | 180 | 4.5 | 5179.4 | 3790 |
| Anxiety | 30.3 | 255.8 | 127.5 | 4.4 | 218.6 | 132.5 | 1.6 | 5777.8 | 5175 |
| Adjustment | 13.8 | 136.7 | 80 | 2.9 | 178.4 | 130 | 0.4 | 3018 | 1641 |
| Schizophrenic | 70.9 | 330.4 | 190 | 22.0 | 287.4 | 240.0 | 0.7 | 10915 | 10915 |
| Other | 15.3 | 317.5 | 198 | 1.9 | 235.6 | 175 | 1.0 | 7523.4 | 6950 |
| Excluded | 14.7 | 190.8 | 165 | 3.7 | 201.4 | 130 | 0 | --- | --- |

¹Youth with an invalid or missing diagnosis are excluded from these analyses.

Table F.2: Restrictive Levels of Service Utilization by Diagnosis
Blue = 20+% higher than Total Sample **Red = 20+% lower than Total Sample**

| Diagnosis | Inpatient | | | Day TX Intensive | | | Day Rehab | | | Crisis Stabilization | | |
|---------------------------|-------------|-------------|-------------|------------------|--------------|-------------|-------------|-------------|-------------|----------------------|-----------|-------------|
| | % | Mean Days | Median Days | % | Mean Days | Median Days | % | Mean Days | Median Days | % | Mean Days | Median Days |
| Total Sample ¹ | 4.6 | 15.5 | 7 | 5.8 | 90.3 | 71 | 9.7 | 46.5 | 17 | 2.0 | 1.3 | 1 |
| ADHD | 1.4 | 17.6 | 7 | 4.1 | 97.3 | 83 | 4.9 | 82.4 | 61 | 0.2 | 1.2 | 1 |
| Oppositional/Conduct | 4.3 | 23.9 | 8 | 8.4 | 85.2 | 70 | 12.6 | 50.1 | 24 | 2.8 | 1.2 | 1 |
| Depressive | 10.4 | 10.9 | 5 | 6.2 | 75.7 | 54 | 10.5 | 71.0 | 27 | 5.3 | 1.3 | 1 |
| Bipolar | 14.2 | 14.7 | 10 | 21.1 | 105.3 | 89 | 8.3 | 49.5 | 28 | 2.9 | 1.5 | 1 |
| Anxiety | 1.7 | 21.2 | 7.5 | 4.7 | 96.2 | 73.5 | 7.9 | 57.6 | 19 | 0.6 | 1.1 | 1 |
| Adjustment | 0.8 | 5.8 | 5 | 1.2 | 57.0 | 35 | 16.3 | 15.4 | 8 | 0.3 | 1.0 | 1 |
| Schizophrenic | 31.2 | 26.9 | 9.5 | 13.5 | 79.7 | 71 | 9.2 | 25.7 | 20 | 6.3 | 1.3 | 1 |
| Other | 0.9 | 17.1 | 9 | 3.8 | 120.9 | 124 | 1.5 | 41.1 | 22 | 0.3 | 1.3 | 1 |
| Excluded | 0.3 | 13.0 | 13 | 1.0 | 77.0 | 22 | 3.3 | 48.9 | 38.5 | 1.3 | 1.0 | 1 |

¹Youth with an invalid or missing diagnosis are excluded from these analyses.

Table F.3: Outpatient Service Utilization by Race/Ethnicity
Blue = 20+% higher than Total Sample **Red = 20+% lower than Total Sample**

| Race/ Ethnicity | Collateral | | | Therapy | | | Case Management | | | Assessment | | |
|---------------------------|-------------|--------------|-------------|---------|--------------|-------------|-----------------|--------------|-------------|-------------|--------------|-------------|
| | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins |
| Total Sample ¹ | 61.5 | 557.5 | 260 | 74.0 | 1000.4 | 700 | 30.1 | 860.1 | 165 | 62.9 | 239.3 | 180 |
| White | 56.7 | 576.1 | 257 | 74.2 | 936.2 | 564.5 | 28.0 | 945.2 | 204 | 57.3 | 244.7 | 175 |
| Hispanic | 59.2 | 461.0 | 200 | 79.1 | 803.2 | 495 | 23.1 | 727.0 | 126 | 55.5 | 214.5 | 180 |
| Black | 55.3 | 483.3 | 175 | 78.8 | 833.8 | 517 | 24.5 | 1021.8 | 222.5 | 52.6 | 222.8 | 160 |
| Asian/Pacific Islander | 55.2 | 433.2 | 180 | 81.5 | 753.5 | 450 | 26.8 | 771.6 | 225.5 | 55.0 | 204.0 | 150 |
| Native American | 55.8 | 692.8 | 330 | 78.3 | 1083.9 | 698 | 37.2 | 502.6 | 192.5 | 45.0 | 182.1 | 127.5 |
| Other/Mixed | 39.2 | 360.8 | 167.5 | 85.9 | 525.2 | 280 | 9.9 | 380.8 | 55 | 35.4 | 183.7 | 130 |

| Race/ Ethnicity | Medication Support | | | Crisis Services | | | TBS | | |
|---------------------------|--------------------|--------------|-------------|-----------------|--------------|-------------|------------|---------------|-------------|
| | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins | % | Mean Mins | Median Mins |
| Total Sample ¹ | 35.4 | 269.1 | 150 | 8.1 | 266.9 | 155 | 1.5 | 5088.8 | 3997.5 |
| White | 34.9 | 291.6 | 170 | 7.7 | 237.1 | 150 | 1.7 | 5121.6 | 3835 |
| Hispanic | 29.9 | 229.4 | 125 | 7.5 | 240.8 | 137.5 | 0.9 | 5120.6 | 4838 |
| Black | 32.5 | 264.4 | 150 | 8.4 | 236.0 | 105 | 1.5 | 5186.6 | 3640 |
| Asian/Pacific Islander | 25.3 | 262.7 | 153 | 11.7 | 197.2 | 157.5 | 1.2 | 4307.2 | 4200 |
| Native American | 33.3 | 246.0 | 145 | 7.8 | 124.5 | 110 | 1.6 | 2480.0 | 2480 |
| Other/Mixed | 21.6 | 143.0 | 90 | 5.3 | 225.6 | 75 | 0.2 | 2835.2 | 2835 |

¹Youth with a missing race/ethnicity code are excluded from these analysis

Table F.4: Restrictive Service Utilization by Race/Ethnicity
Blue = 20+% higher than Total Sample *Red = 20+% lower than Total Sample*

| Race/ Ethnicity | Inpatient | | | Day TX Int. | | | Day Rehab | | | Crisis Stabilization | | |
|---------------------------|------------|-------------|-------------|-------------|-----------|-------------|-------------|-------------|-------------|----------------------|------------|-------------|
| | % | Mean Days | Median Days | % | Mean Days | Median Days | % | Mean Days | Median Days | % | Mean Days | Median Days |
| Total Sample ¹ | 3.6 | 15.4 | 7 | 4.6 | 90.2 | 71 | 7.8 | 46.5 | 17 | 1.6 | 1.3 | 1 |
| White | 4.7 | 13.3 | 7 | 6.9 | 97.4 | 75 | 8.5 | 48.0 | 17 | 1.7 | 1.2 | 1 |
| Hispanic | 3.1 | 15.3 | 6 | 3.5 | 85.8 | 66 | 6.5 | 38.3 | 13 | 1.6 | 1.4 | 1 |
| Black | 3.7 | 16.4 | 8 | 5.0 | 82.1 | 71 | 11.7 | 55.3 | 23 | 1.5 | 1.3 | 1 |
| Asian/Pacific Islander | 4.4 | 42.4 | 7.5 | 1.9 | 76.4 | 61 | 8.0 | 46.2 | 13 | 2.9 | 1.0 | 1 |
| Native American | 3.1 | 23.3 | 13.5 | 4.7 | 101.0 | 99 | 8.5 | 78.3 | 21 | <i>0</i> | <i>0.0</i> | 0 |
| Other/Mixed | 2.0 | 6.3 | 5.5 | 0.8 | 75.5 | 33 | 2.6 | 88.2 | 93 | 0.6 | 1.3 | 1 |

¹Youth with a missing race/ethnicity code are excluded from these analysis

Appendix G: Description of Clients by Service Type

Clients Utilizing Outpatient Services

8355 unique clients, or **49.5%** of all clients, used services from an outpatient Clinic- or School-based organizational provider in FY05-06.

| <u>Age:</u> | <u>N</u> | <u>%</u> |
|-------------|----------|----------|
| 0-5: | 1099 | 13.2% |
| 6-11: | 2933 | 35.1% |
| 12-17: | 4110 | 49.2% |
| 18+: | 213 | 2.5% |

| <u>Gender:</u> | <u>N</u> | <u>%</u> |
|----------------|----------|----------|
| Female: | 3396 | 40.6% |
| Male: | 4932 | 59.0% |
| Unknown: | 27 | 0.3% |

| <u>Race/Ethnicity:</u> | <u>N</u> | <u>%</u> |
|------------------------|----------|----------|
| White: | 2251 | 27.2% |
| Hispanic: | 4321 | 53.2% |
| Black: | 1161 | 14.3% |
| Asian/ PI: | 190 | 2.3% |
| Native Am.: | 62 | 0.8% |
| Other: | 130 | 1.6% |

| <u>Primary Diagnosis:</u> | <u>N</u> | <u>%</u> |
|---------------------------|----------|----------|
| ADHD: | 1451 | 17.5% |
| Oppositional / Conduct: | 1543 | 18.6% |
| Depressive disorders: | 1564 | 18.8% |
| Bipolar disorders: | 481 | 5.8% |
| Anxiety disorders: | 620 | 7.5% |
| Adjustment disorders: | 1599 | 19.3% |
| Schizophrenic disorders: | 87 | 1.0% |
| Other: | 797 | 9.6% |
| Excluded: | 161 | 1.9% |

Use of Outpatient Services – Percent of Outpatient clients using service, Mean Minutes (Median Minutes)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 76.8% | 1133.3 (830.0) |
| Collateral: | 80.4% | 551.9 (270.0) |
| Crisis Services: | 7.7% | 279.1 (140.0) |
| Medication Support: | 41.8% | 272.8 (160.0) |
| Case Management / Rehab: | 34.7% | 777.5 (150.0) |
| Assessment: | 71.3% | 257.3 (185.0) |
| TBS: | 1.7% | 5315.1 (4200.0) |

Use of Restrictive Services – Percent of Outpatient clients using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 13.0% | 48.1 (20.0) |
| Crisis Stabilization: | 1.6% | 1.5 (1.0) |
| Inpatient: | 4.2% | 17.2 (7.0) |

Outcomes –

A. Intake and Discharge scores for all outpatient clients served in FY05-06:

| CAMS | Intake | | Discharge | |
|-------------|---------------|----------------------|------------------|----------------------|
| | N | Mean (Median) | N | Mean (Median) |
| Parent CAMS | 6396 | 52.35 (52.0) | 1722 | 47.63 (47.0) |
| Youth CAMS | 3522 | 50.91 (50.0) | 815 | 44.00 (42.0) |

| Quadrants | N | Mean (Median) | N | Mean (Median) |
|--------------------|----------|----------------------|----------|----------------------|
| Actively | 4243 | 3.82 (4.0) | 2490 | 3.92 (4.0) |
| School | 4594 | 2.55 (3.0) | 2590 | 2.96 (3.0) |
| Home | 4582 | 2.80 (3.0) | 2577 | 3.22 (4.0) |
| Thinking | 4519 | 3.54 (4.0) | 2596 | 3.67 (4.0) |
| Substance | 4552 | 3.81 (4.0) | 2587 | 3.85 (4.0) |
| Mood | 4589 | 2.47 (2.0) | 2602 | 2.88 (3.0) |
| Self-harm | 4562 | 3.68 (4.0) | 2590 | 3.85 (4.0) |
| Behavior to others | 4578 | 2.61 (3.0) | 2594 | 3.01 (3.0) |

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | % |
|-------------|----------|----------|
| Parent CAMS | 935 | 66.3% |
| Youth CAMS | 396 | 75.8% |

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | Mean (Median) | |
|-------------|----------|----------------------|--|
| Parent CAMS | 935 | 5.17 (5.0) | 31.9% of clients improved by 10+ points on Parent CAMS |
| Youth CAMS | 396 | 6.65 (6.0) | 36.1% of clients improved by 10+ points on Youth CAMS |

Clients Utilizing Case Management Services

1736 unique clients, or 10.3% of all clients, used services from an organizational case management provider in FY05-06.

| Age: | N | % |
|-------------|----------|----------|
| 0-5: | 31 | 1.8% |
| 6-11: | 491 | 28.3% |
| 12-17: | 1169 | 67.3% |
| 18+: | 45 | 2.6% |

| Gender: | N | % |
|----------------|----------|----------|
| Female: | 660 | 38.0% |
| Male: | 1069 | 61.6% |
| Unknown: | 7 | 0.4% |

| Race/Ethnicity: | N | % |
|------------------------|----------|----------|
| White: | 793 | 45.9% |
| Hispanic: | 593 | 34.3% |
| Black: | 271 | 15.7% |
| Asian/ PI: | 30 | 1.7% |
| Native Am.: | 23 | 1.3% |
| Other: | 18 | 1.0% |

| Primary Diagnosis: | N | % |
|---------------------------|----------|----------|
| ADHD: | 312 | 19.2% |
| Oppositional / Conduct: | 376 | 23.1% |
| Depressive disorders: | 309 | 19.0% |
| Bipolar disorders: | 245 | 15.0% |
| Anxiety disorders: | 110 | 6.8% |
| Adjustment disorders: | 166 | 10.2% |
| Schizophrenic disorders: | 31 | 1.9% |
| Other: | 60 | 3.7% |
| Excluded: | 20 | 1.2% |

Use of Outpatient Services – Percent of case management clients using service, Mean Minutes (Median Min)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 63.0% | 1125.9 (811.0) |
| Collateral: | 75.6% | 813.6 (315.0) |
| Crisis Services: | 14.2% | 353.3 (180.0) |
| Medication Support: | 50.6% | 399.2 (245.0) |
| Case Management / Rehab: | 82.7% | 1147.4 (410.0) |
| Assessment: | 86.9% | 474.5 (410.0) |
| TBS: | 4.9% | 5482.9 (4605.0) |

Use of Restrictive Services – Percent of case management clients using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 32.1% | 69.0 (53.0) |
| Crisis Stabilization: | 3.9% | 1.5 (1.0) |
| Inpatient: | 11.1% | 19.4 (9.0) |

Outcomes –

A. Intake and Discharge scores for all case management clients served in FY05-06:

| CAMS | Intake | | Discharge | |
|-------------|---------------|----------------------|------------------|----------------------|
| | N | Mean (Median) | N | Mean (Median) |
| Parent CAMS | 861 | 57.47 (58.0) | 333 | 53.86 (54.0) |
| Youth CAMS | 974 | 49.63 (49.0) | 189 | 47.75 (48.0) |

| Quadrants | N | Mean (Median) | N | Mean (Median) |
|--------------------|----------|----------------------|----------|----------------------|
| Actively | 934 | 3.84 (4.0) | 317 | 3.85 (4.0) |
| School | 927 | 2.98 (3.0) | 314 | 2.82 (3.0) |
| Home | 890 | 2.95 (3.0) | 317 | 3.02 (3.0) |
| Thinking | 941 | 3.73 (4.0) | 318 | 3.54 (4.0) |
| Substance | 940 | 3.85 (4.0) | 320 | 3.76 (4.0) |
| Mood | 942 | 2.84 (3.0) | 320 | 2.79 (3.0) |
| Self-harm | 943 | 3.72 (4.0) | 321 | 3.68 (4.0) |
| Behavior to others | 937 | 2.86 (3.0) | 319 | 2.85 (3.0) |

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | % |
|-------------|----------|----------|
| Parent CAMS | 263 | 63.5% |
| Youth CAMS | 136 | 61.8% |

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | Mean (Median) | |
|-------------|----------|----------------------|--|
| Parent CAMS | 263 | 5.00 (5.0) | 40.3% of clients improved by 10+ points on Parent CAMS |
| Youth CAMS | 136 | 4.16 (4.0) | 25.7% of clients improved by 10+ points on Youth CAMS |

Clients Utilizing Wraparound Services

401 unique clients, or 2.4% of all clients, used services from an organizational wraparound services provider in FY05-06.

| Age: | N | % |
|-------------|----------|----------|
| 0-5: | 7 | 1.7% |
| 6-11: | 118 | 29.4% |
| 12-17: | 255 | 63.6% |
| 18+: | 21 | 5.2% |

| Gender: | N | % |
|----------------|----------|----------|
| Female: | 131 | 32.7% |
| Male: | 270 | 67.3% |
| Unknown: | 0 | 0.0% |

| Race/Ethnicity: | N | % |
|------------------------|----------|----------|
| White: | 166 | 43.2% |
| Hispanic: | 148 | 37.8% |
| Black: | 70 | 17.9% |
| Asian/ PI: | 2 | 0.5% |
| Native Am.: | 3 | 0.8% |
| Other: | 3 | 0.8% |

| Primary Diagnosis: | N | % |
|---------------------------|----------|----------|
| ADHD: | 83 | 20.7% |
| Oppositional / Conduct: | 101 | 25.2% |
| Depressive disorders: | 80 | 20.0% |
| Bipolar disorders: | 69 | 17.2% |
| Anxiety disorders: | 22 | 5.5% |
| Adjustment disorders: | 19 | 4.7% |
| Schizophrenic disorders: | 7 | 1.7% |
| Other: | 18 | 4.5% |
| Excluded: | 2 | 0.5% |

Use of Outpatient Services – Percent of Wrap clients using service, Mean Minutes (Median Minutes)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 75.3% | 1210.2 (950.0) |
| Collateral: | 95.8% | 3322.0 (2450.0) |
| Crisis Services: | 20.0% | 327.6 (180.0) |
| Medication Support: | 77.8% | 399.8 (280.0) |
| Case Management / Rehab: | 97.8% | 3967.3 (2674.0) |
| Assessment: | 81.3% | 553.5 (482.5) |
| TBS: | 10.2% | 5413.6 (4550.0) |

Use of Restrictive Services – Percent of Wrap clients using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 28.2% | 93.2 (75.0) |
| Crisis Stabilization: | 5.0% | 1.3 (1.0) |
| Inpatient: | 14.0% | 18.8 (11.0) |

Outcomes –

A. Intake and Discharge scores for all wraparound clients served in FY05-06:

| CAMS | Intake | | Discharge | |
|-------------|---------------|----------------------|------------------|----------------------|
| | N | Mean (Median) | N | Mean (Median) |
| Parent CAMS | 451 | 60.93 (61.0) | 213 | 56.50 (57.0) |
| Youth CAMS | 338 | 53.32 (52.0) | 93 | 49.72 (49.0) |

| Quadrants | N | Mean (Median) | N | Mean (Median) |
|--------------------|----------|----------------------|----------|----------------------|
| Actively | 255 | 3.84 (4.0) | 182 | 3.84 (4.0) |
| School | 255 | 2.45 (3.0) | 180 | 2.59 (3.0) |
| Home | 255 | 2.40 (2.0) | 180 | 2.78 (3.0) |
| Thinking | 255 | 3.55 (4.0) | 181 | 3.40 (4.0) |
| Substance | 255 | 3.75 (4.0) | 181 | 3.71 (4.0) |
| Mood | 255 | 2.48 (2.0) | 182 | 2.63 (3.0) |
| Self-harm | 255 | 3.66 (4.0) | 182 | 3.64 (4.0) |
| Behavior to others | 255 | 2.45 (2.0) | 182 | 2.71 (3.0) |

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | % |
|-------------|----------|----------|
| Parent CAMS | 176 | 64.2% |
| Youth CAMS | 67 | 59.7% |

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | Mean (Median) | |
|-------------|----------|----------------------|--|
| Parent CAMS | 176 | 5.13 (5.0) | 43.2% of clients improved by 10+ points on Parent CAMS |
| Youth CAMS | 67 | 3.76 (4.0) | 25.4% of clients improved by 10+ points on Youth CAMS |

Clients Utilizing Day Treatment Services

1957 unique clients, or 11.6% of all clients, used services from a Day Treatment provider in FY05-06.

| Age: | N | % |
|-------------|----------|----------|
| 0-5: | 21 | 1.1% |
| 6-11: | 502 | 25.7% |
| 12-17: | 1362 | 69.6% |
| 18+: | 72 | 3.7% |

| Gender: | N | % |
|----------------|----------|----------|
| Female: | 889 | 45.4% |
| Male: | 1064 | 54.4% |
| Unknown: | 4 | 0.3% |

| Race/Ethnicity: | N | % |
|------------------------|----------|----------|
| White: | 712 | 36.7% |
| Hispanic: | 751 | 38.7% |
| Black: | 400 | 20.6% |
| Asian/ PI: | 44 | 2.3% |
| Native Am.: | 18 | 0.9% |
| Other: | 17 | 0.9% |

| Primary Diagnosis: | N | % |
|---------------------------|----------|----------|
| ADHD: | 214 | 11.0% |
| Oppositional / Conduct: | 423 | 21.7% |
| Depressive disorders: | 414 | 21.2% |
| Bipolar disorders: | 205 | 10.5% |
| Anxiety disorders: | 142 | 7.3% |
| Adjustment disorders: | 449 | 23.0% |
| Schizophrenic disorders: | 30 | 1.5% |
| Other: | 63 | 3.2% |
| Excluded: | 13 | 0.7% |

Use of Outpatient Services – Percent of Day Treatment clients using service, Mean Minutes (Median Minutes)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 54.2% | 907.9 (655.0) |
| Collateral: | 67.9% | 517.6 (80.0) |
| Crisis Services: | 14.2% | 366.5 (150.0) |
| Medication Support: | 62.1% | 496.2 (308.0) |
| Case Management / Rehab: | 37.7% | 1175.7 (379.0) |
| Assessment: | 68.7% | 301.5 (190.0) |
| TBS: | 4.1% | 4901.4 (3670.0) |

Use of Restrictive Services – Percent of Day Treatment clients using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 91.6% | 70.5 (41.0) |
| Crisis Stabilization: | 3.5% | 1.7 (1.0) |
| Inpatient: | 7.7% | 20.4 (9.0) |

Outcomes –

A. Intake and Discharge scores for all day treatment clients served in FY05-06:

| CAMS | Intake | | Discharge | |
|-------------|---------------|----------------------|------------------|----------------------|
| | N | Mean (Median) | N | Mean (Median) |
| Parent CAMS | 1249 | 57.26 (57.0) | 310 | 52.66 (53.0) |
| Youth CAMS | 1475 | 50.07 (50.0) | 207 | 47.12 (47.0) |

| Quadrants | N | Mean (Median) | N | Mean (Median) |
|--------------------|----------|----------------------|----------|----------------------|
| Actively | 1105 | 3.76 (4.0) | 378 | 3.86 (4.0) |
| School | 1153 | 2.20 (2.0) | 383 | 2.81 (3.0) |
| Home | 1152 | 2.27 (2.0) | 380 | 2.88 (3.0) |
| Thinking | 1147 | 3.32 (4.0) | 382 | 3.37 (4.0) |
| Substance | 1144 | 3.48 (4.0) | 383 | 3.68 (4.0) |
| Mood | 1164 | 2.37 (2.0) | 382 | 2.65 (3.0) |
| Self-harm | 1141 | 3.58 (4.0) | 381 | 3.69 (4.0) |
| Behavior to others | 1164 | 2.31 (2.0) | 381 | 2.76 (3.0) |

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | % |
|-------------|----------|----------|
| Parent CAMS | 202 | 62.4% |
| Youth CAMS | 131 | 74.0% |

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

| CAMS | N | Mean (Median) | |
|-------------|----------|----------------------|--|
| Parent CAMS | 202 | 3.67 (3.0) | 26.7% of clients improved by 10+ points on Parent CAMS |
| Youth CAMS | 131 | 6.95 (5.0) | 31.3% of clients improved by 10+ points on Youth CAMS |

Clients Utilizing Inpatient Services

607 unique clients, or 3.6% of all clients, used services from an Inpatient provider in FY05-06.

| <u>Age:</u> | <u>N</u> | <u>%</u> |
|-------------|----------|----------|
| 0-5: | 7 | 1.2% |
| 6-11: | 119 | 19.6% |
| 12-17: | 475 | 78.3% |
| 18+: | 6 | 1.0% |

| <u>Gender:</u> | <u>N</u> | <u>%</u> |
|----------------|----------|----------|
| Female: | 330 | 54.4% |
| Male: | 273 | 45.0% |
| Unknown: | 4 | 0.7% |

| <u>Race/Ethnicity:</u> | <u>N</u> | <u>%</u> |
|------------------------|----------|----------|
| White: | 222 | 37.8% |
| Hispanic: | 240 | 40.8% |
| Black: | 94 | 16.0% |
| Asian/ PI: | 18 | 3.1% |
| Native Am.: | 4 | 0.7% |
| Other: | 10 | 1.7% |

| <u>Primary Diagnosis:</u> | <u>N</u> | <u>%</u> |
|---------------------------|----------|----------|
| ADHD: | 31 | 5.2% |
| Oppositional / Conduct: | 99 | 16.5% |
| Depressive disorders: | 268 | 44.7% |
| Bipolar disorders: | 108 | 18.0% |
| Anxiety disorders: | 20 | 3.3% |
| Adjustment disorders: | 20 | 3.3% |
| Schizophrenic disorders: | 44 | 7.3% |
| Other: | 9 | 1.5% |
| Excluded: | 1 | 0.2% |

Use of Outpatient Services – Percent of Inpatient clients using service, Mean Minutes (Median Minutes)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 71.0% | 977.4 (640.0) |
| Collateral: | 63.6% | 1021.1 (427.5) |
| Crisis Services: | 48.9% | 456.7 (265.0) |
| Medication Support: | 62.8% | 442.4 (250.0) |
| Case Management / Rehab: | 48.8% | 1366.2 (409.0) |
| Assessment: | 66.7% | 387.5 (270.0) |
| TBS: | 10.4% | 5094.8 (4000.0) |

Use of Restrictive Services – Percent of Inpatient clients using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 23.9% | 84.4 (72.0) |
| Crisis Stabilization: | 23.7% | 1.4 (1.0) |
| Inpatient: | 100% | 15.4 (7.0) |

While most children had only one inpatient stay, **24.9% of the inpatient sample had two or more episodes of care in the inpatient setting** in FY05-06 (the number of episodes ranged from 1 to 10 during FY05-06). This is especially concerning given that 51% of children with two or more inpatient episodes were **readmitted to the hospital within 30 days** of the previous discharge. Youth with bipolar disorder diagnoses are more likely to use multiple inpatient episodes.

Note: CAMS and Quadrants data are not collected in inpatient clients.

Youth active to both CMHS and ADS sectors

The characteristics of youth who were active to both the CMHS and ADS sectors were examined using a dataset obtained from ADS that listed all clients served during FY05-06. Being active to both sectors is an indication that they have both mental health and substance use needs serious enough to warrant treatment. Overall, **524 youth receiving CMHS services (3.1%) were also active to ADS** during the fiscal year.

| Age: | N | % |
|-------------|----------|----------|
| 0-5: | 0 | 0.0% |
| 6-11: | 0 | 0.0% |
| 12-17: | 498 | 95.0% |
| 18+: | 26 | 5.0% |

| Gender: | N | % |
|----------------|----------|----------|
| Female: | 179 | 34.2% |
| Male: | 345 | 65.8% |
| Unknown: | 0 | 0.0% |

| Race/Ethnicity: | N | % |
|------------------------|----------|----------|
| White: | 162 | 31.6% |
| Hispanic: | 253 | 49.4% |
| Black: | 59 | 11.5% |
| Asian/ PI: | 10 | 2.0% |
| Native Am.: | 5 | 1.0% |
| Other: | 23 | 4.5% |

| Primary Diagnosis: | N | % (see Figure 6.1) |
|---------------------------|----------|---------------------------|
| ADHD: | 32 | 13.5% |
| Oppositional / Conduct: | 67 | 28.3% |
| Depressive: | 85 | 35.9% |
| Bipolar: | 13 | 5.5% |
| Anxiety: | 12 | 5.1% |
| Adjustment: | 20 | 8.4% |
| Schizophrenic: | 3 | 1.3% |
| Other: | 0 | 0.0% |
| Excluded: | 5 | 2.1% |

Use of Outpatient Services – Percent of clients active to both CMHS and ADS sectors using service, Mean Minutes (Median minutes)

| | | |
|--------------------------|-------|----------------|
| Therapy: | 90.6% | 614.3 (285.0) |
| Collateral: | 58.6% | 392.2 (115.0) |
| Crisis Services: | 8.8% | 215.8 (90.0) |
| Medication Support: | 38.7% | 177.3 (115.0) |
| Case Management / Rehab: | 14.3% | 1370.6 (210.0) |
| Assessment: | 28.1% | 282.1 (200.0) |
| TBS: | 0.2% | 830.0 (830.0) |

Use of Restrictive Services – Percent of clients active to both CMHS and ADS sectors using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 12.6% | 55.9 (51.0) |
| Crisis Stabilization: | 1.5% | 1.3 (1.0) |
| Inpatient: | 5.3% | 8.6 (6.0) |

Dual Diagnosis Youth

277 youth who received CMHS services in FY05-06 (1.6% of total CMHS population) had a secondary substance abuse diagnosis entered in INSYST.

| Age: | N | % |
|-------------|----------|----------|
| 0-5: | 0 | 0.0% |
| 6-11: | 1 | 0.4% |
| 12-17: | 252 | 91.0% |
| 18+: | 24 | 8.7% |

| Gender: | N | % |
|----------------|----------|----------|
| Female: | 113 | 40.8% |
| Male: | 163 | 58.8% |
| Unknown: | 1 | 0.4% |

| Race/Ethnicity: | N | % |
|------------------------|----------|----------|
| White: | 110 | 39.9% |
| Hispanic: | 126 | 45.7% |
| Black: | 29 | 10.5% |
| Asian/ PI: | 6 | 2.2% |
| Native Am.: | 6 | 0.4% |
| Other: | 4 | 1.4% |

| Primary Diagnosis: | N | % |
|---------------------------|----------|----------|
| ADHD: | 20 | 7.2% |
| Oppositional / Conduct: | 87 | 31.4% |
| Depressive: | 86 | 31.0% |
| Bipolar: | 23 | 8.3% |
| Anxiety: | 8 | 2.9% |
| Adjustment: | 23 | 8.3% |
| Schizophrenic: | 5 | 1.8% |
| Other: | 2 | 0.7% |
| Excluded: | 23 | 8.3% |

Note: Analysis showed that **18.8%** of youth with a dual diagnosis had received services from ADS during FY05-06, a slight increase from 17.3% in FY04-05, but a decrease from 33% in FY03-04.

Use of Outpatient Services – Percent of clients with a dual diagnosis using service, Mean Minutes (Median minutes)

| | | |
|--------------------------|-------|-----------------|
| Therapy: | 78.0% | 861.8 (600.0) |
| Collateral: | 70.3% | 496.8 (260.0) |
| Crisis Services: | 18.8% | 368.4 (212.5) |
| Medication Support: | 45.8% | 207.0 (151.0) |
| Case Management / Rehab: | 39.7% | 644.2 (100.5) |
| Assessment: | 53.4% | 298.5 (215.0) |
| TBS: | 1.1% | 4134.0 (4387.0) |

Use of Restrictive Services – Percent of clients with a dual diagnosis using service, Mean Days (Median Days)

| | | |
|-----------------------|-------|-------------|
| Day Treatment: | 36.1% | 54.9 (50.0) |
| Crisis Stabilization: | 7.9% | 1.1 (1.0) |
| Inpatient: | 5.1% | 15.4 (5.0) |

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