

County of San Diego Health & Human Services Agency



Children's Mental Health Services Tenth Annual Report Fiscal Year 2007-2008



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 gave their time to complete the evaluations and surveys necessary to produce this report.

Key Findings

The following are the key findings from the Children's Mental Health Services System in Fiscal Year 2007 – 2008.

1. The number of clients receiving services through the Children's Mental Health System has increased over the past 2 years, with **over 17,600 youth¹ receiving services in FY07-08.**
2. **Over 50% of Children's Mental Health Services clients are Hispanic.** San Diego County has served an increasing proportion of Hispanic clients over the past 5 years, moving from 45% of clients in FY03-04 to 51% of clients in FY07-08.
3. **Over 60% of Children's Mental Health Services clients are male.** This has been consistent over the past 5 years.
4. The **four most common diagnoses** in the Children's Mental Health System are Oppositional defiant disorders, adjustment disorders, depressive disorders, and ADHD.
 - There are **significant differences in the distribution of diagnoses by racial/ethnic groups**, with a large difference seen in the Bipolar disorders: almost 50% of youth diagnosed with Bipolar disorder are White, although White clients compose less than 30% of the total CMHS population.
5. **Over 35% of Children's Mental Health Services clients also received Special Education services** during the fiscal year.
6. **Over 37% of youth clients, ages 13 and older, reported that they did not live with their parents at some point during the last 6 months.** Over 10% reporting having been in foster care, while almost 15% had lived in a group home.

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 FY07-08.

Key Findings

7. **Use of Inpatient services has steadily dropped over the past 4 years**, from 4.3% of Children's Mental Health Services clients utilizing inpatient services in FY04-05 to 2.8% of clients using inpatient services in FY07-08.
8. **15% of Inpatient clients were re-admitted to inpatient services within 30 days of discharge**
 - 27% of Inpatient clients did not receive any Children's Mental Health services in the 30 day period after discharge from the inpatient setting.
9. 848 clients (4.8%) used Emergency Screening unit (ESU) services in FY07-08
 - **For 216 clients (25.5% of the ESU sample), ESU services were the only Children's Mental Health services received during the fiscal year.**
10. Based on input from youth and caregivers, **youth experienced significant improvements between Intake and Discharge**, as measured by the Child and Adolescent Measurement System (decrease on the internalizing, externalizing, and total problems scales and increased on the social competence scales).
11. **Youth and Parents in San Diego County report higher levels of satisfaction** with their child's mental health services on the Youth Services Survey (YSS) than youth and families in the Southern California region or California as a whole, a pattern that has been present for the past three years.
12. Results from the YSS show significantly different levels of satisfaction by the **service type** received by the youth.
 - **Youth receiving day treatment services reported lower levels of satisfaction** in all seven YSS domains, as compared to the other service groups.

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 second largest county in California, with a youth population estimated at approximately 780,977 in 2008 and a vast diversity of race/ethnic groups, cultures and spoken languages. In FY07-08, CMHS provided mental health services to over 17, 600 youth.

In Fiscal Year 2007-2008, the CMHS program served 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). Services are being delivered in 321 schools in the county. The county's Quality Improvement (QI) unit monitors these multiple providers and the 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 to youth involved in Child Welfare and/or Probation services. Juvenile Forensic Services provides assessment, crisis intervention, consultation, individual therapy, and treatment services to children and adolescents who are involved with the Juvenile Court as either dependents or delinquents. Services are provided throughout the County at sites including Juvenile Hall, Girl's Rehabilitation Facility, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett. Some of the services are provided by contract agencies, 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 103 different programs in FY2007-2008, including:

- 58 Outpatient programs,
- 32 Day Treatment programs,
- 7 Case Management programs, and
- 6 Inpatient and 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. Through this collaborative effort, school based mental health services have been established in 34 schools districts, bringing service availability to children in 321 schools throughout the County. 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.

Children's Mental Health Services and the Mental Health Services Act (MHSA)

Recently, Children's Mental Health Services received a welcome boost from the Mental Health Services Act (MHSA) which provides much needed funding to fill services gaps and to provide community based services targeted toward populations who are un-served or underserved. Through a process of community collaboration, a Community Services and Support Plan was developed to provide services that are client/family driven, wellness focused, culturally competent, and more completely integrated with companion services. Thirty new programs began in FY06-07 and FY07-08 to serve children and youth, transition age youth, adults, and older adults. New services fall into three general areas:

- **Outreach and Engagement Services:** Services to reach out to people who may need services but had not been receiving them. Examples include Chaldean outpatient services, early childhood mental health services, and services for the deaf and hard of hearing.
- **System Development Services:** Services which improve the scope and availability of mental health services and supports for consumers currently receiving mental health services. Examples include Family Education services, mental health and primary care coordination through community clinics, and enhanced outpatient mental health services for transition ages youth.
- **Full Service Partnerships:** Comprehensive programs which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community. Examples include the Cultural Access and Resource Enhancement program, wraparound services for youth involved in Child Welfare, and the Counseling Cove services for homeless youth.

Purpose of This Report

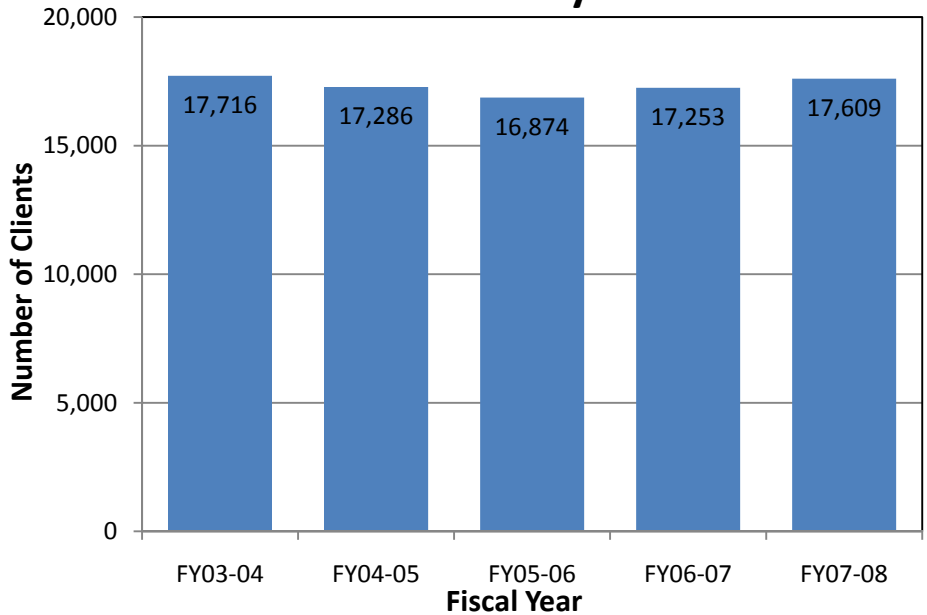
This report provides a snapshot of the Children's Mental Health System in Fiscal Year 2007-2008. It describes the population being served and shows trends in how the population has changed over time. It also describes the types of services received through the Children's Mental Health System, and provides information on client outcomes and satisfaction. The body of the report focuses on a graphical presentation of the information, while the appendices provide information in more detail.

Youth Receiving Mental Health Services

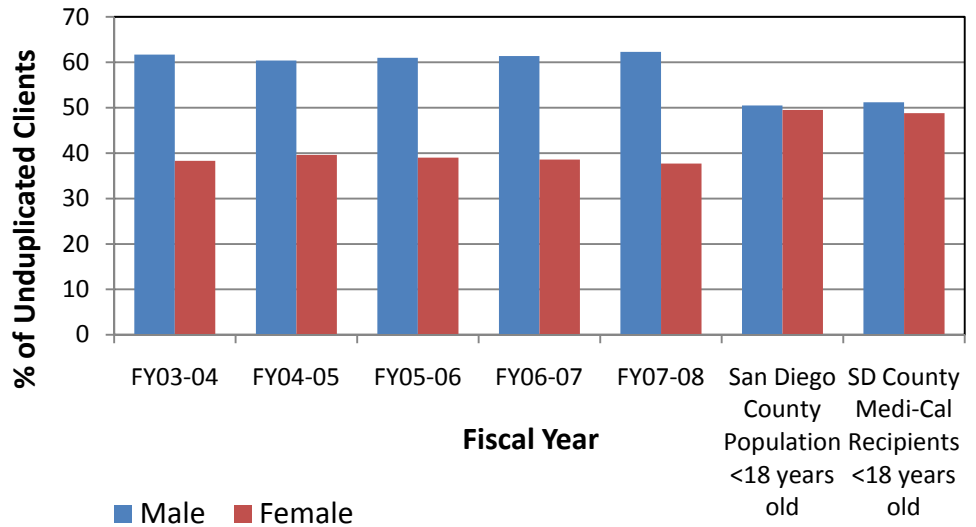
In Fiscal Year 2007-2008, San Diego County delivered mental health services to over 17,600 youth.

- The number of clients receiving services has increased over the past two years.

Number of Clients by Fiscal Year



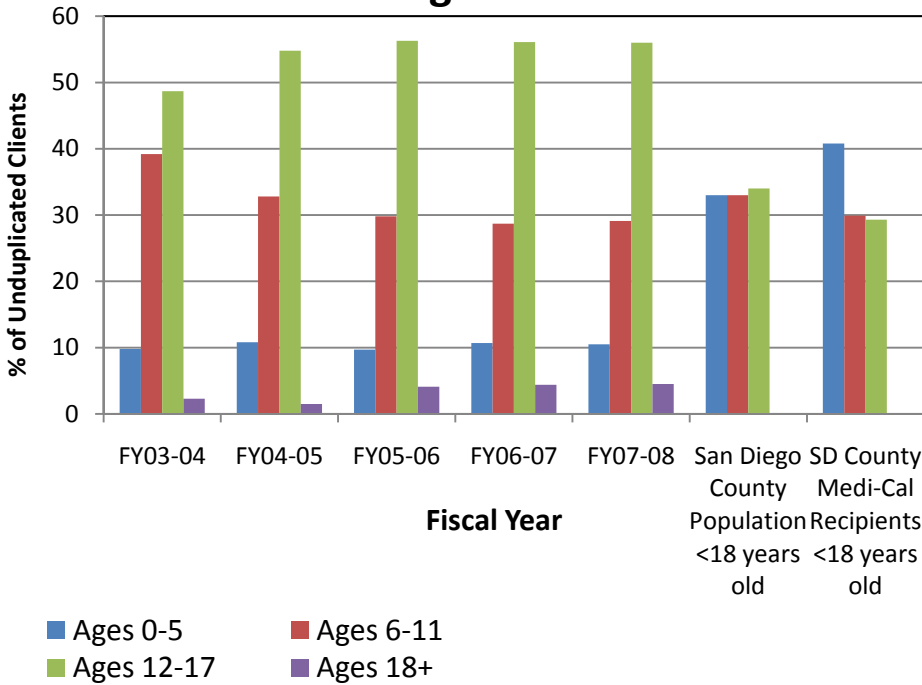
Youth Gender Distribution



- Over 60% of CMHS clients are male.
- The percentage of clients who are male has increased over the past 4 years.

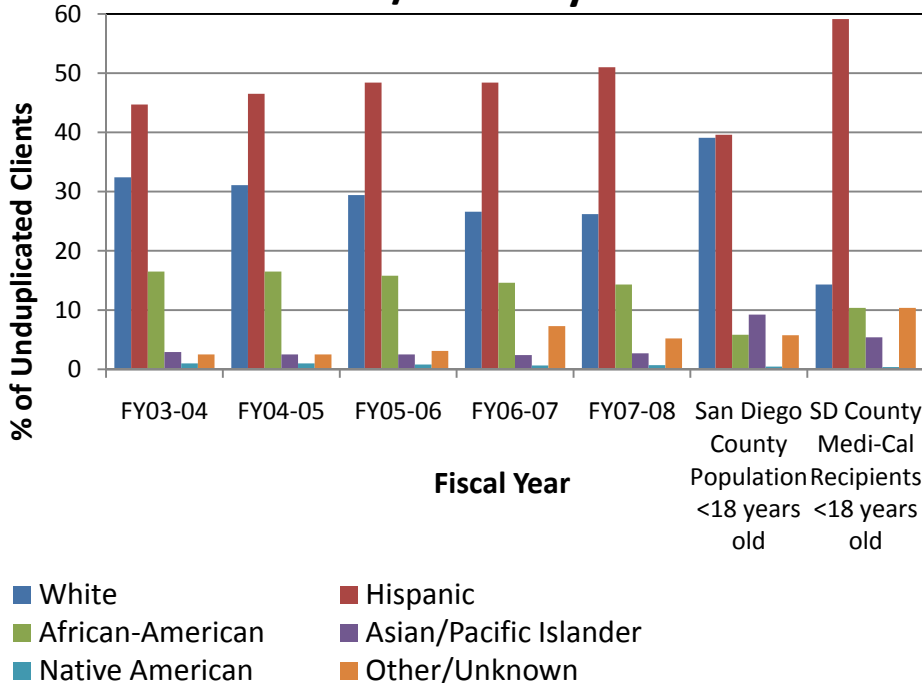
Youth Receiving Mental Health Services

Youth Age Distribution



- Adolescents (ages 12-17) make up more than 55% of CMHS clients.
- The percentage of school-aged clients (ages 6-11) has decreased over the past 5 years.
- Youth aged 0-5 comprise about 10% of the CMHS population.

Youth Race/Ethnicity Distribution



- Hispanic clients have increased over the past 5 years, with over 50% of clients identifying themselves as Hispanic.
- CMHS serves a larger percentage of African-American clients, as compared to their prevalence 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

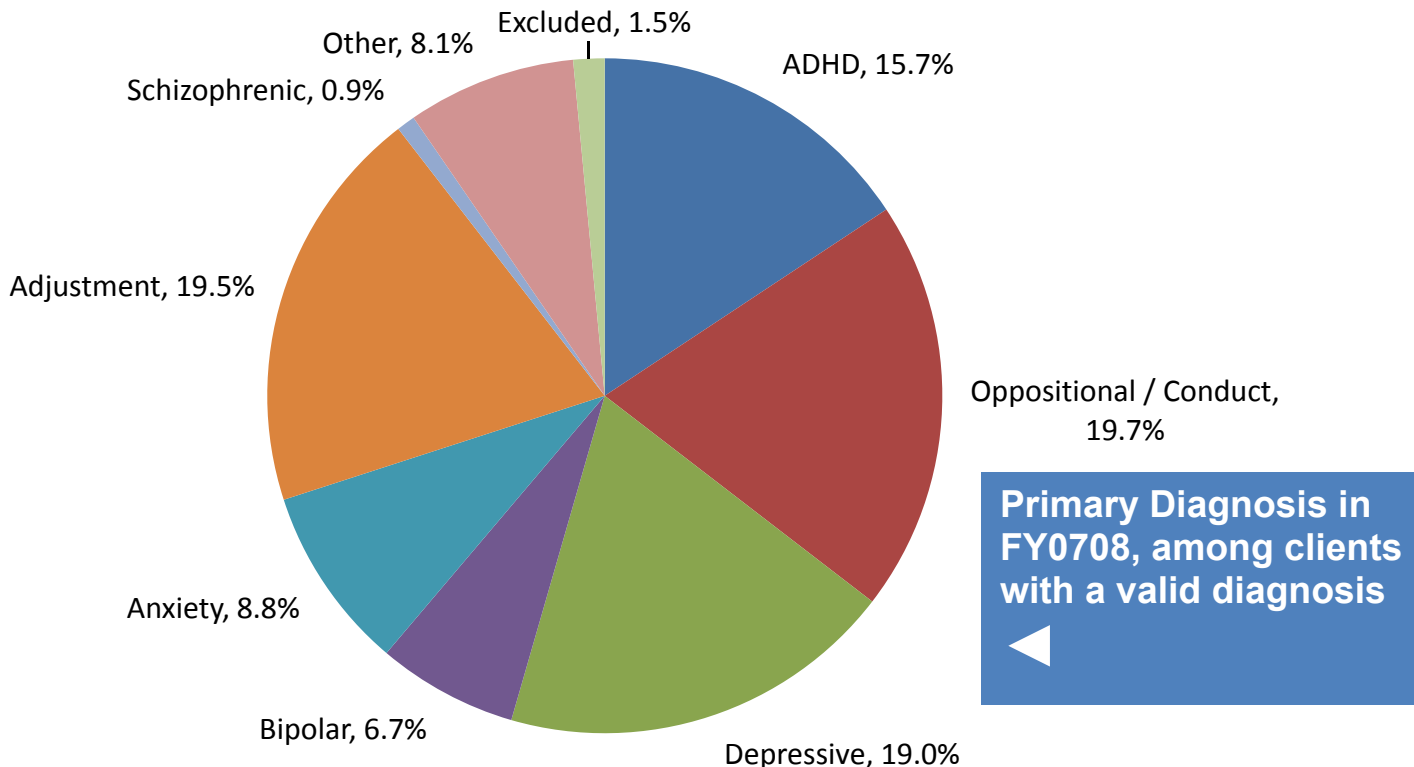
The most **common diagnoses** among youth served by the CMHS are:

- 1) Oppositional Defiant disorders (including Conduct and Disruptive behaviors) (19.7%),
- 2) Adjustment disorders (19.5%),
- 3) Depressive disorders (19.0%), and
- 4) Attention Deficit Hyperactivity Disorder (ADHD) (15.7%)

Diagnosis was determined by identifying the **primary DSM-IV diagnosis** at intake from the last episode of service prior to June 30, 2008. Earlier valid diagnoses were chosen when later episodes reported **invalid diagnoses**, ones in which there was no valid Title 9 or excluded code provided or in which the diagnosis was “diagnosis deferred” (799.9). 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).

Note: 3,984 youth receiving mental health services in FY0708 did not have a valid diagnosis entered in INSYST. Most of these youth were seen by FFS or JFS/Spectrum providers, who do not enter diagnoses into INSYST. These youth are excluded from the figure below, resulting in differences between this report and the FY0708 Databook.



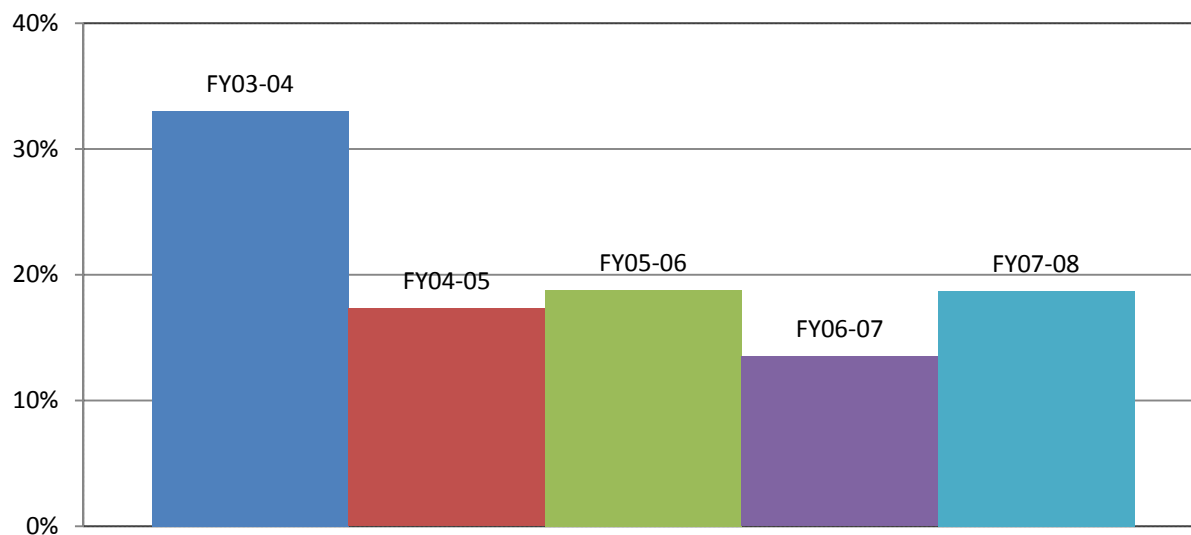
Dual Diagnosis Youth

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.

273 youth who received CMHS services in FY07-08 (**1.6%** of total CMHS population) had a secondary substance abuse diagnosis or Other Factors field entered in INSYST. This percentage has been unchanged since 2005.

18.7% of youth with a dual diagnosis also received services from Alcohol and Drug Services (ADS) during FY07-08, an increase from 13.5% in FY06-07.

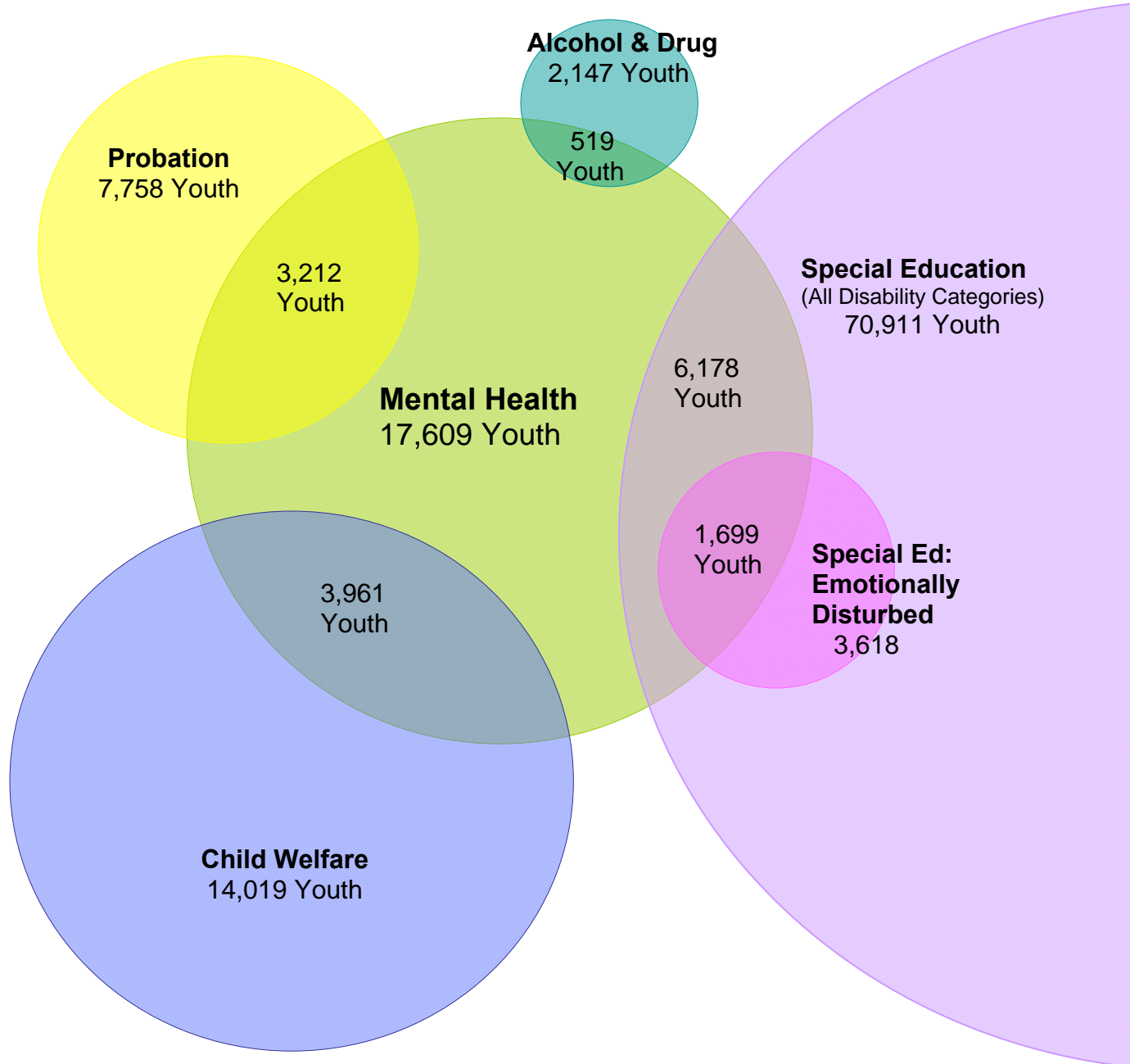
Detailed information on demographics and service use of these youth is available in Appendix G.



Dual Diagnosis Clients also receiving services from ADS

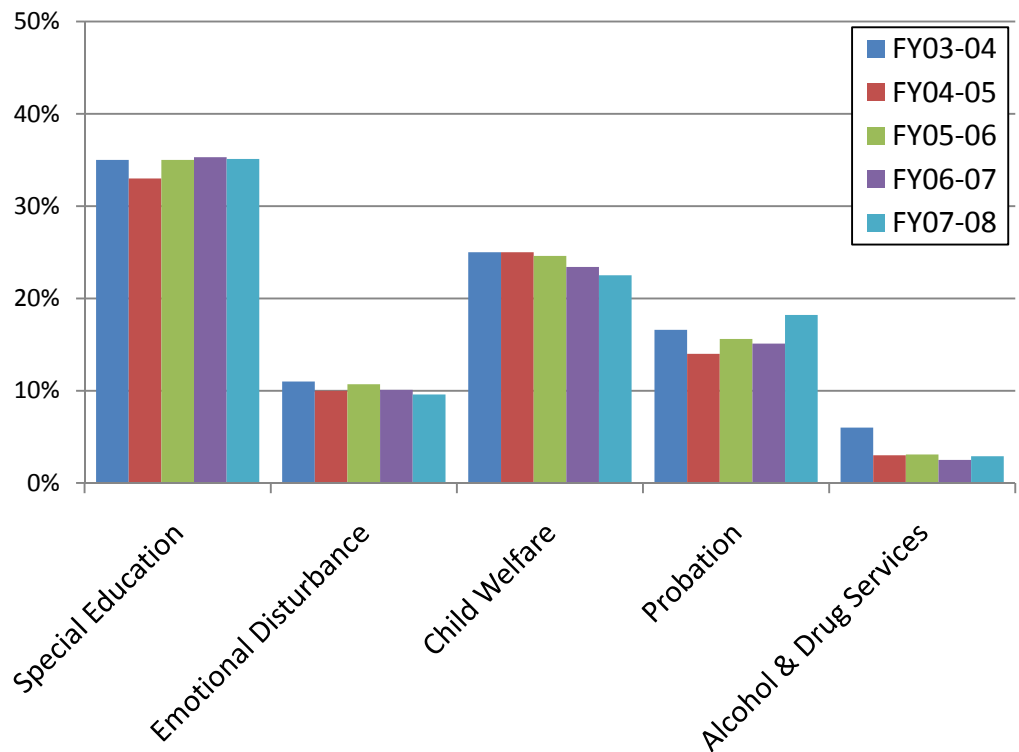
Multi-sector Involvement

Youth Receiving Services from Mental Health and Other Sectors – Fiscal Year 2007-2008



Multi-sector Involvement

- Of the 17,609 youth receiving Mental Health services in FY07-08:
 - 35.1% (N=6,178) also received **Special Education services**,
 - 9.6% (N=1,699) received Special Education services through the **Emotional Disturbance** category (refer to Appendix C for Emotional Disturbance criteria)
 - 22.5% (N=3,961) received **Child Welfare services**,
 - 18.2% (N=3,212) received **Probation services**, and
 - 2.9% (N=519) 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 four years.
 - The percentage of CMHS clients also receiving Child Welfare Services has declined consistently since FY04-05.



Percentage of MH Clients receiving services from other sectors

Youth active to both CMHS and ADS sectors

Overall, 519 youth receiving CMHS services (2.9%) were also active to Alcohol and Drug Services (ADS) during the fiscal year.

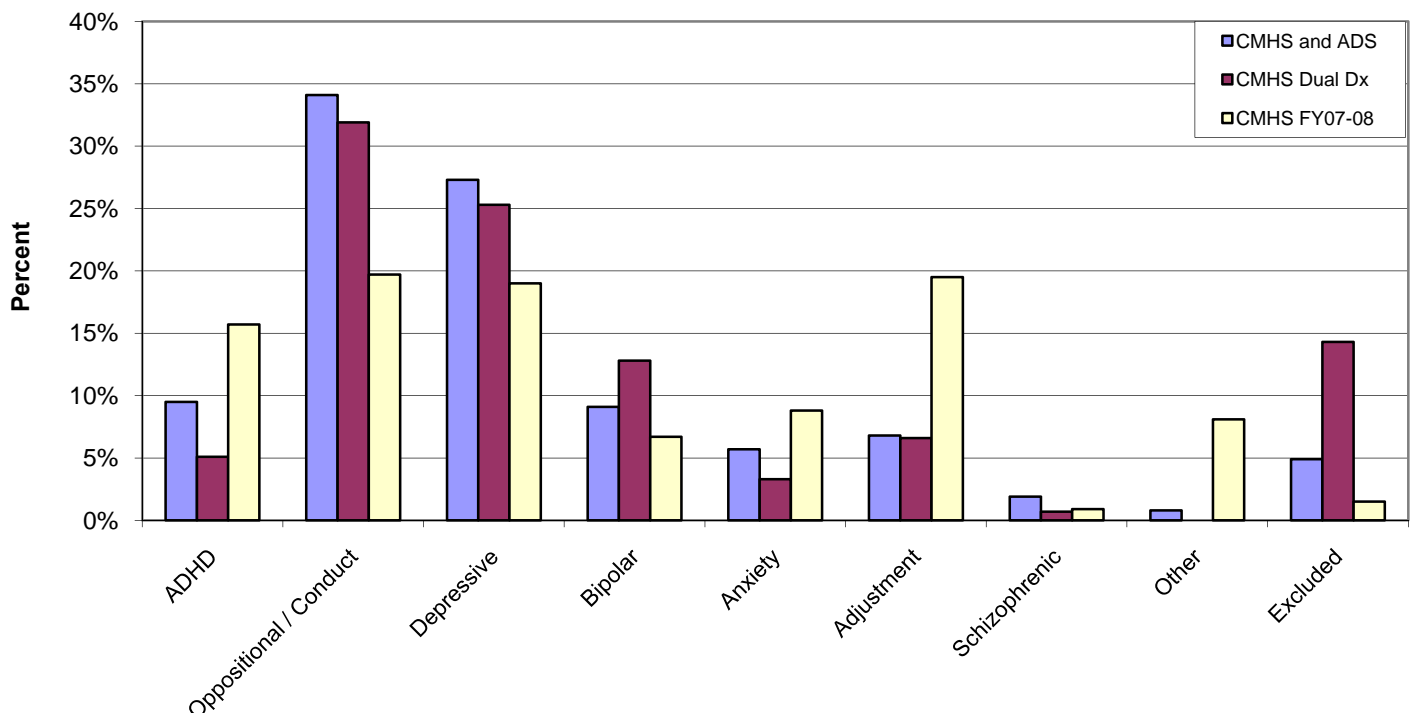
Being active to both sectors is an indication that they have both mental health and substance use needs serious enough to warrant treatment. Detailed information on demographics and service use of these youth is available in Appendix G.

18.7% of the 519 youth active to both the CMHS and ADS sectors also had a dual diagnosis in the mental health system. The percentage of youth active to both CMHS and ADS who have a dual diagnosis in CMHS has remained below 25% over the past 5 years.

This indicates that the mental health provider is either unaware of the youth's co-occurring substance use issue or did not enter the dual diagnosis into the mental health system.

Youth active to both CMHS and ADS were more likely to have primary diagnosis of an oppositional/conduct or depressive disorder than youth in CMHS overall. This pattern has been consistent over the past 5 years.

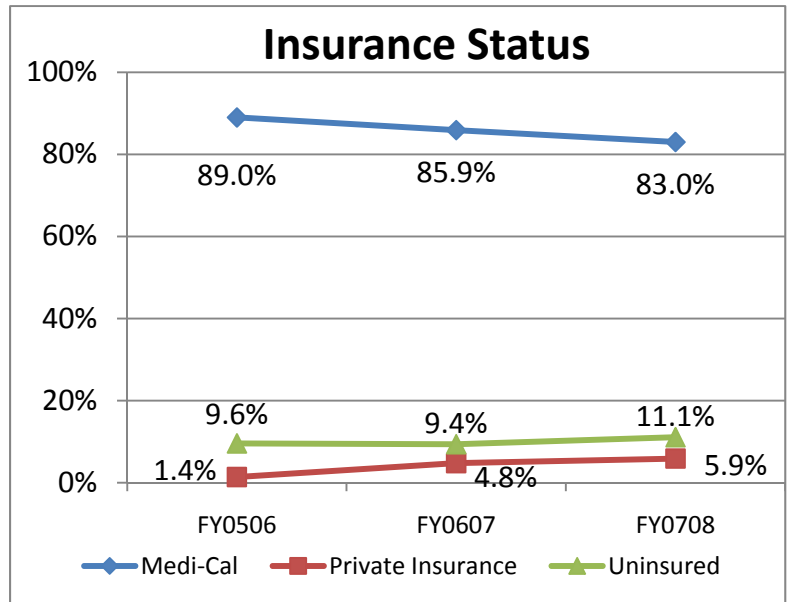
Primary diagnosis for youth active to CMHS and ADS



Insurance & Housing Status

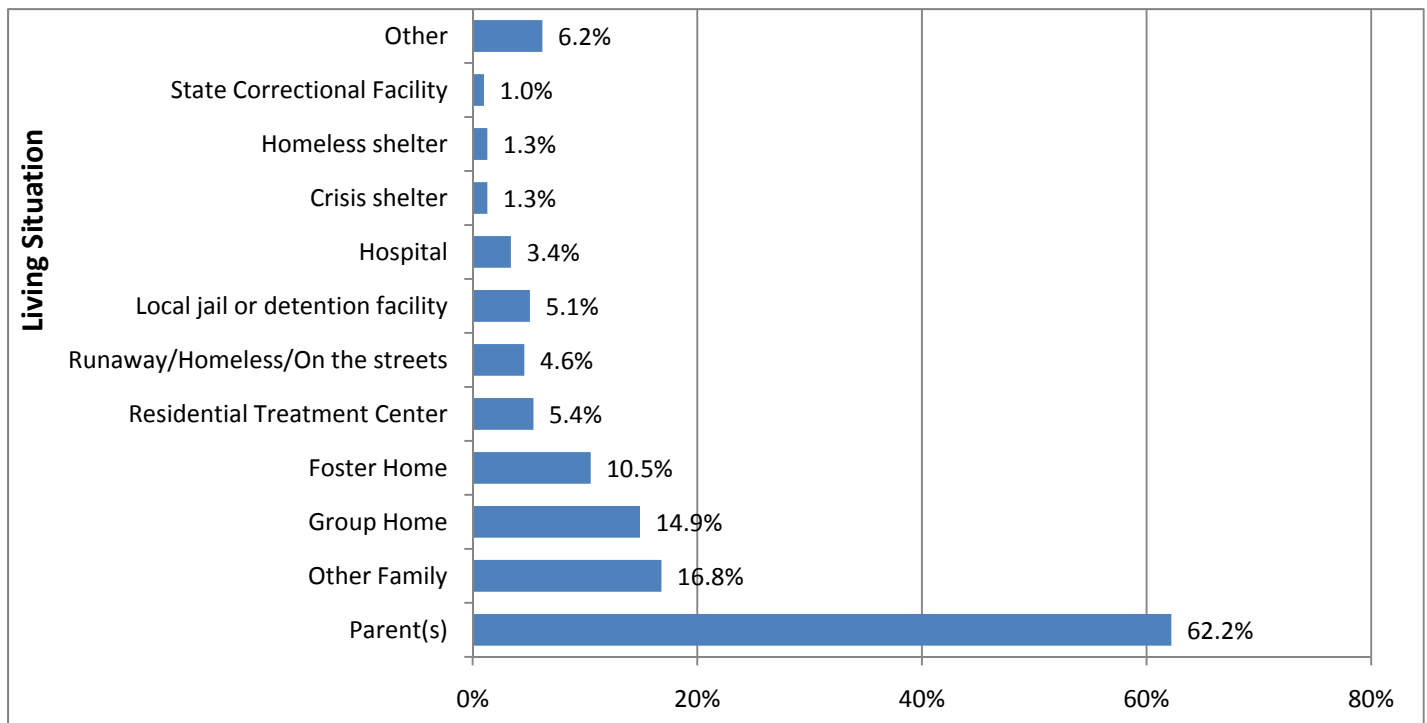
Insurance status was determined by examining billing records for each service visit. **83% of clients used Medi-Cal at least once during FY07-08.** The percentage of clients with Medi-Cal has decreased steadily since FY0506.

Respondents are also asked about Medi-Cal status on the December 2007 and May 2008 Youth Services Survey. 80.3% of parents (N=5722) reported that their child had Medi-Cal coverage at the time of the survey.



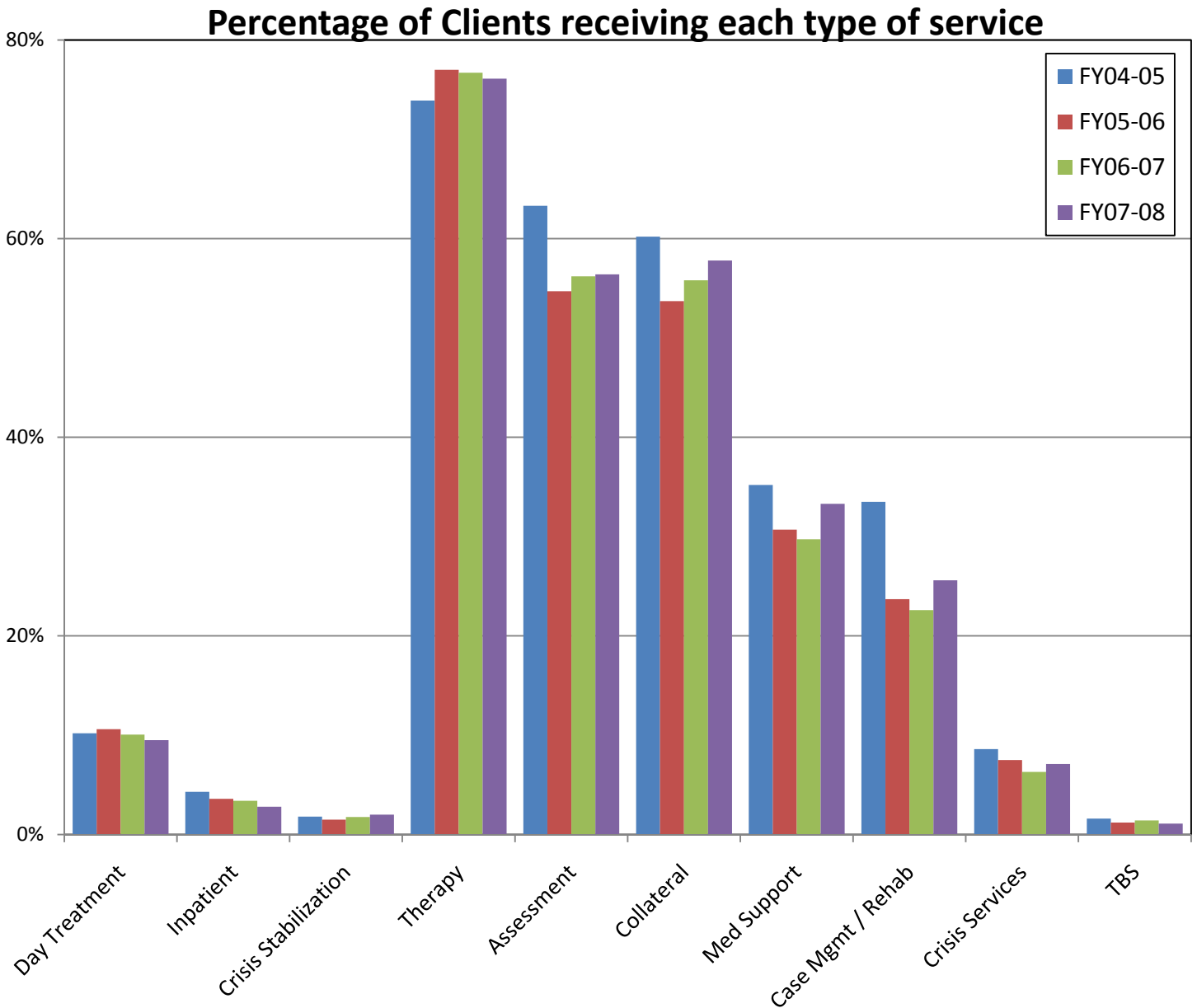
On the December 2007 and May 2008 Youth Services Survey, 3,077 youth, ages 13 and older, responded to a question about their living situations during the past 6 months.

Over one third of youth reported they did not live with their parents at some point in the past six months .



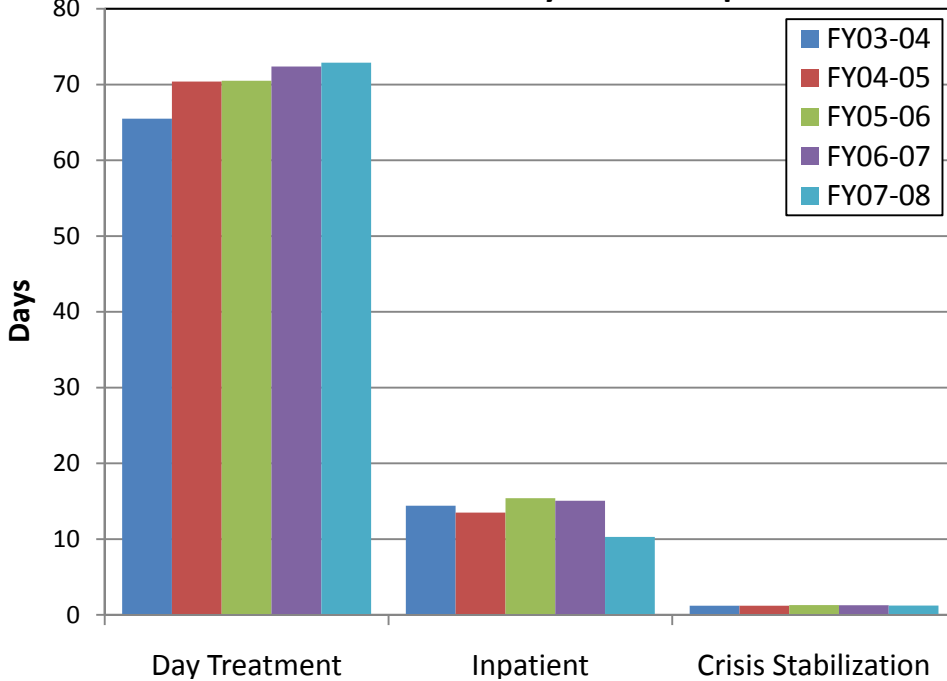
Service Utilization by Client Characteristics

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.



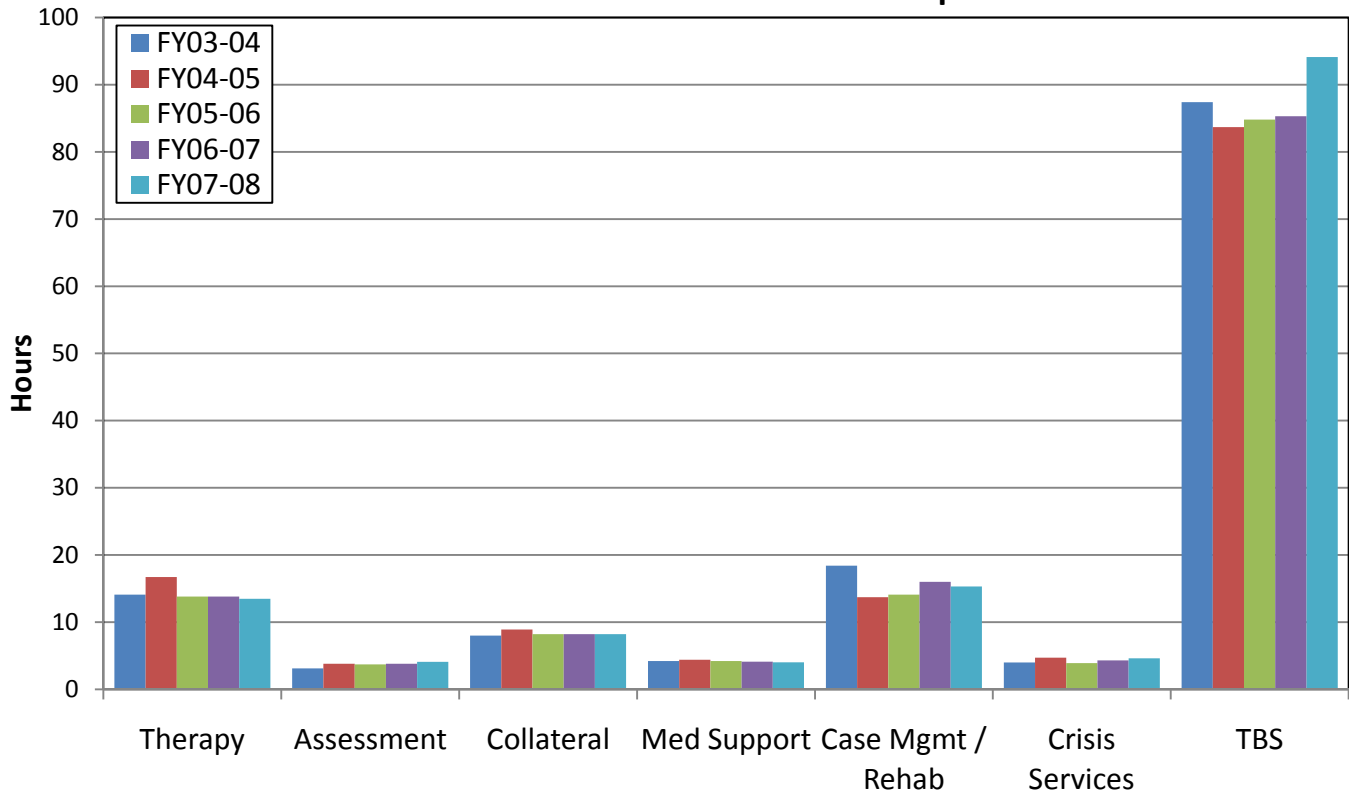
Service Utilization by Client Characteristics

Mean amount of Service Days received per client



- The number of days of **Day Treatment service has increased steadily**, from 66 in FY03-04 to almost 73 days per client receiving day treatment services in FY07-08.
- On average, clients received **13.5 hours of therapy services** in FY07-08.

Mean amount of Service Hours received 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 and medication support categories.
 - They were more likely to use inpatient hospital days (9.2% and 28.1% respectively as compared to 3.6% for the sample overall) in FY07-08.
 - They were more likely to use intensive day treatment services.
 - These findings have been consistent over the past 4 years.

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

Race/Ethnicity:

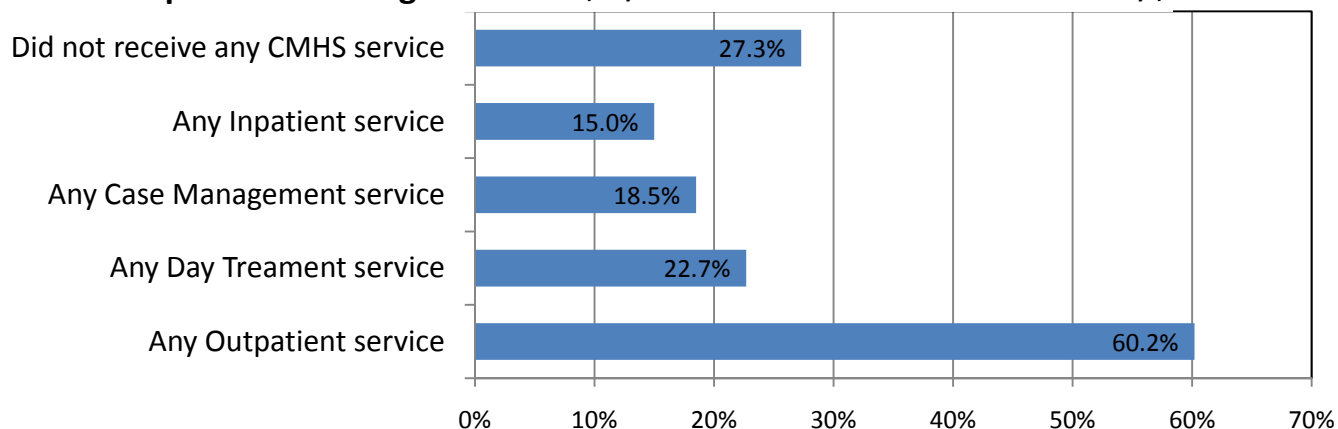
- There are **few differences** in service utilization by youth race/ethnicity.
- Children in the **Other/Mixed racial/ethnic category were less likely to use services**, as compared to children in the Hispanic, Black, White, Asian/Pacific Islander, or Native American racial/ethnic groups.

Inpatient & ESU Service Use

Inpatient Clients: Detailed information on clients using Inpatient (IP) Services can be found in Appendix G.

- 492 clients (2.8%) used inpatient services in FY07-08
 - 79.5% of these clients were ages 12-17
 - For 36 clients (7.3%), Inpatient services were the only service used during FY07-08
- Top 3 primary diagnoses: 44.9% Depressive disorders, 17.1% Bipolar disorders, 17.1% Oppositional / Conduct disorders
- 107 clients (21.7% of the IP sample) had more than one IP episode in the fiscal year
 - 74 clients (15.0% of the IP sample) were re-admitted to IP services within 30 days of the previous IP discharge.
- 129 IP clients (27.3%) received no other CMHS services within 30 days after IP discharge.

Percentage of clients receiving CMHS services within 30 days of Inpatient Discharge - FY0708 (may have received more than one service within 30 days)



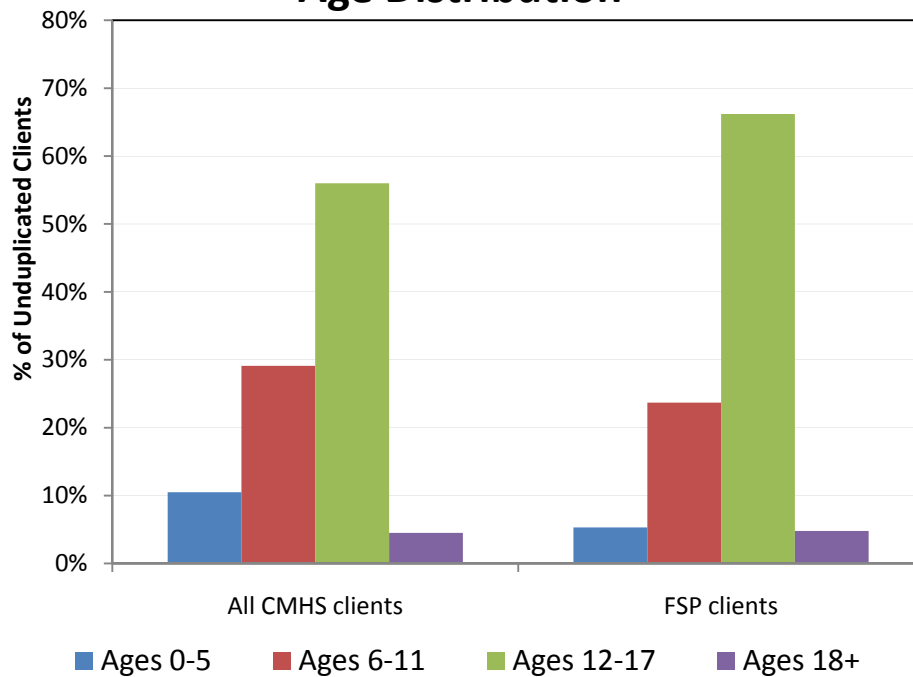
Emergency Screening Unit (ESU) clients:

- 848 clients (4.8%) used ESU services in FY07-08
 - 77.4% of these clients were ages 12-17
 - For 216 clients (25.5%), ESU services were the only services used during FY07-08
- Top 3 primary diagnoses: 39.7% Depressive disorders, 22.1% Oppositional / Conduct disorders, and 9.9% Bipolar disorders
- 328 clients (38.7% of the ESU sample) had more than one ESU episode in the fiscal year
 - 283 clients (33.4% of the ESU sample) were re-admitted to ESU services within 30 days of the previous ESU discharge.
- 188 ESU clients (23.9%) received no other CMHS services within 30 days after ESU discharge.

Full Service Partnership (FSP) Programs

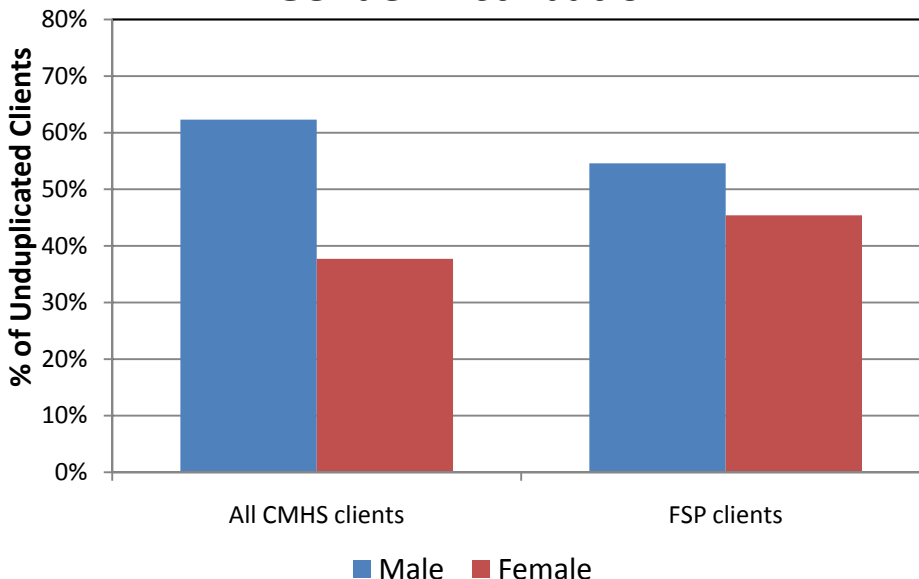
Full Service Partnership (FSP) programs are comprehensive programs which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community. Examples include the Cultural Access and Resource Enhancement program, Fred Finch wraparound services for youth involved in Child Welfare, and the Counseling Cove services for homeless and runaway youth. **In FY0708, 228 unduplicated clients received services through the FSP programs.**

Age Distribution



- Almost two-thirds of the FSP clients in FY0708 were adolescents.

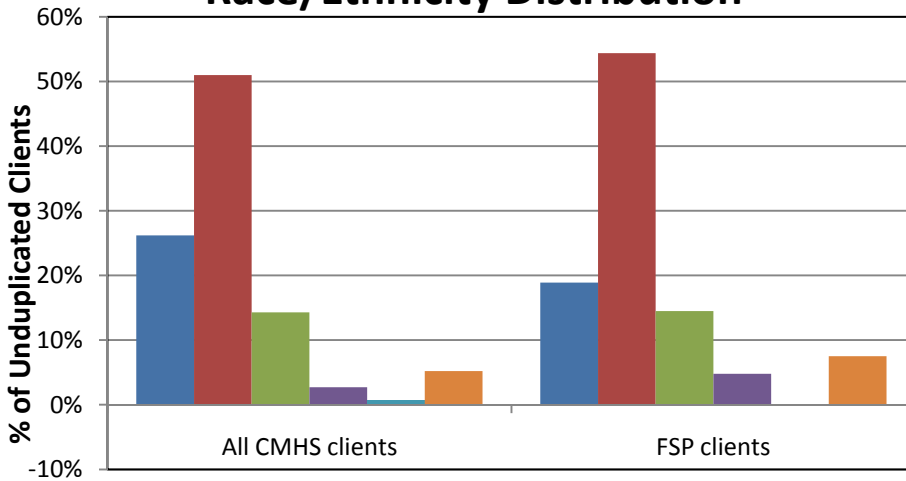
Gender Distribution



- The gender distribution is more balanced in the FSP population than in the overall CMHS population.

Full Service Partnership (FSP) Programs

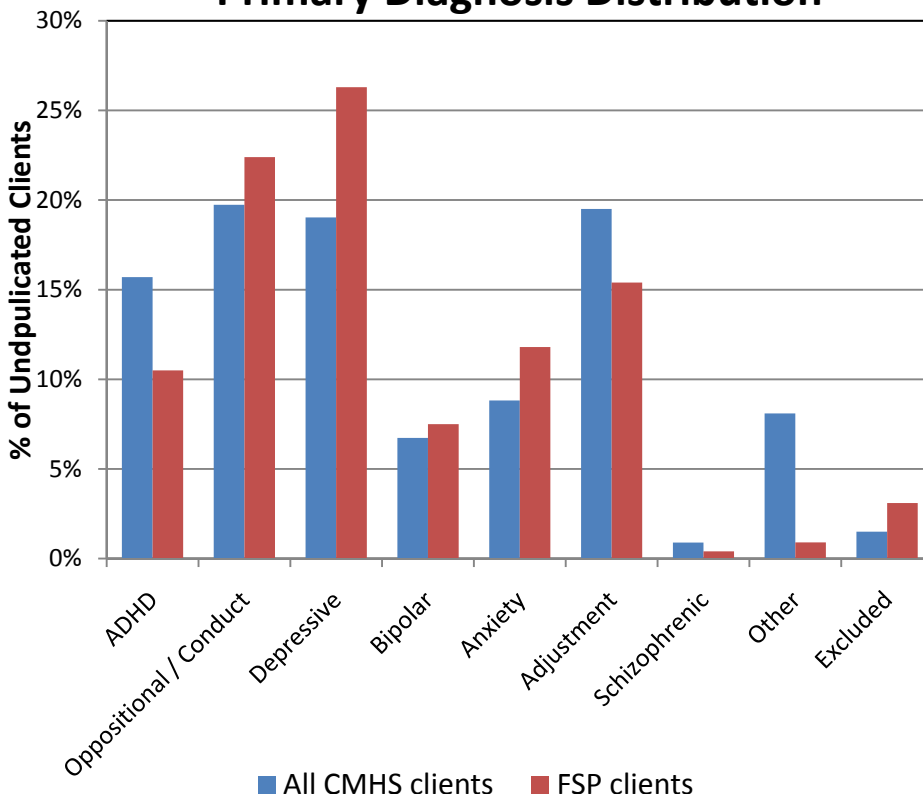
Race/Ethnicity Distribution



- A larger percentage of **Hispanic and Asian/Pacific Islander youth** receive services through FSPs than in the overall children's mental health system.



Primary Diagnosis Distribution



- FSP clients are more likely to have a primary diagnosis of a **depressive disorder or an oppositional/conduct disorder** than youth in the overall CMHS population.

Note: 4 FSP clients did not have a valid diagnosis entered in INSYST.

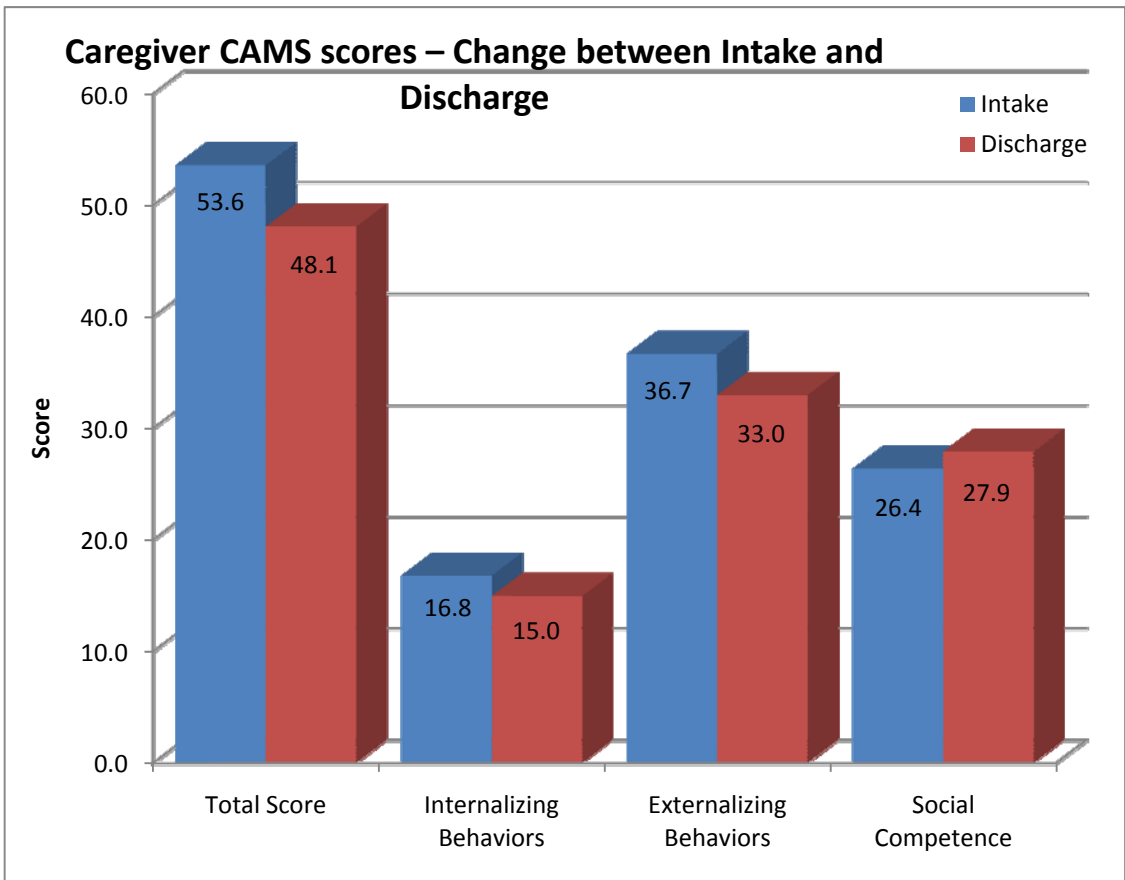
Client Outcomes

San Diego County tracks outcomes for youth served by CMHS through the **System of Care Evaluation (SOCE)**. In Fiscal Year 2007-2008, the outcomes measures included:

- the Child and Adolescent Measurement System (CAMS)
- the Children’s Functional Assessment Rating Scale (CFARS)
- the Youth Services Survey (YSS)

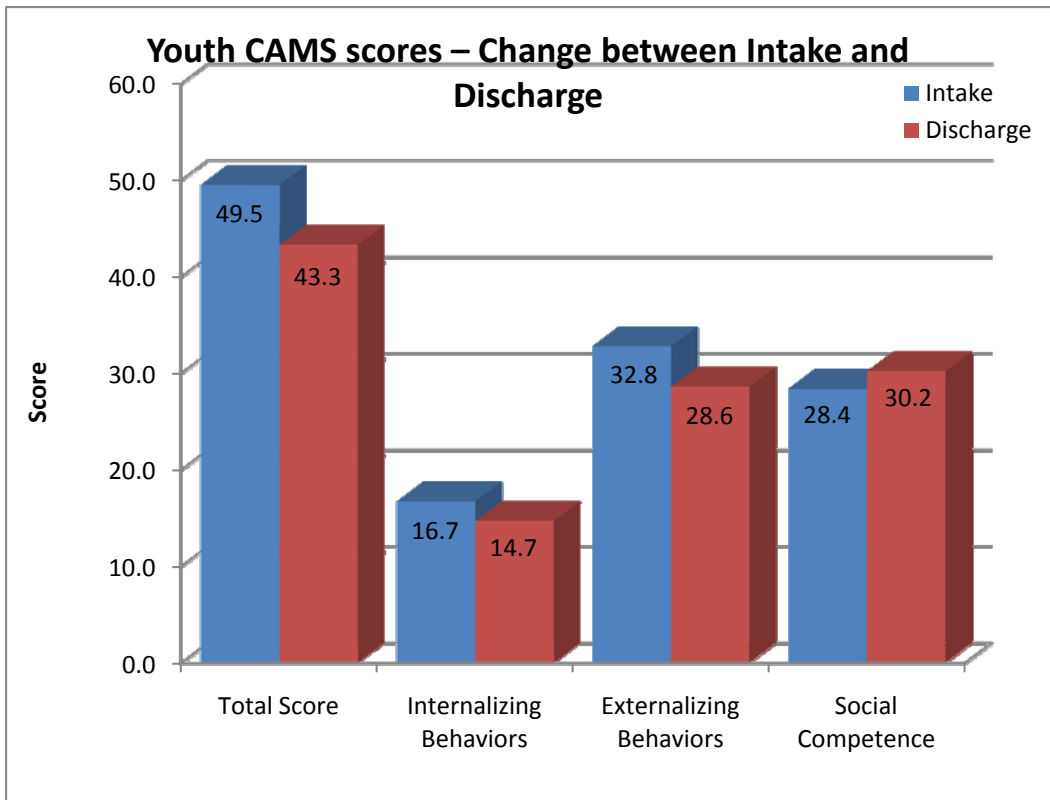
Based on input from youth and caregivers, youth experienced significant improvements between Intake and Discharge, as measured by the CAMS.

The CAMS, a measure of youth symptoms and behavior, is completed by all parents/caregivers, and youth ages 11 and older, at Intake, each utilization review time point, and Discharge. CAMS scores were examined for youth discharging from services in FY0708 who had both Intake and Discharge scores (N=1205 Parent CAMS and N=651 Youth CAMS).



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

Child & Adolescent Measurement System (CAMS)



Both Caregivers and Youth reported Significant Improvements between Intake And Discharge on all CAMS scales.

Analyses were done to see if there were differences in improvement on the Parent and Youth CAMS (total, internalizing and externalizing subscales) based on youth age, gender, and race/ethnicity (Black, Hispanic, White, Other).

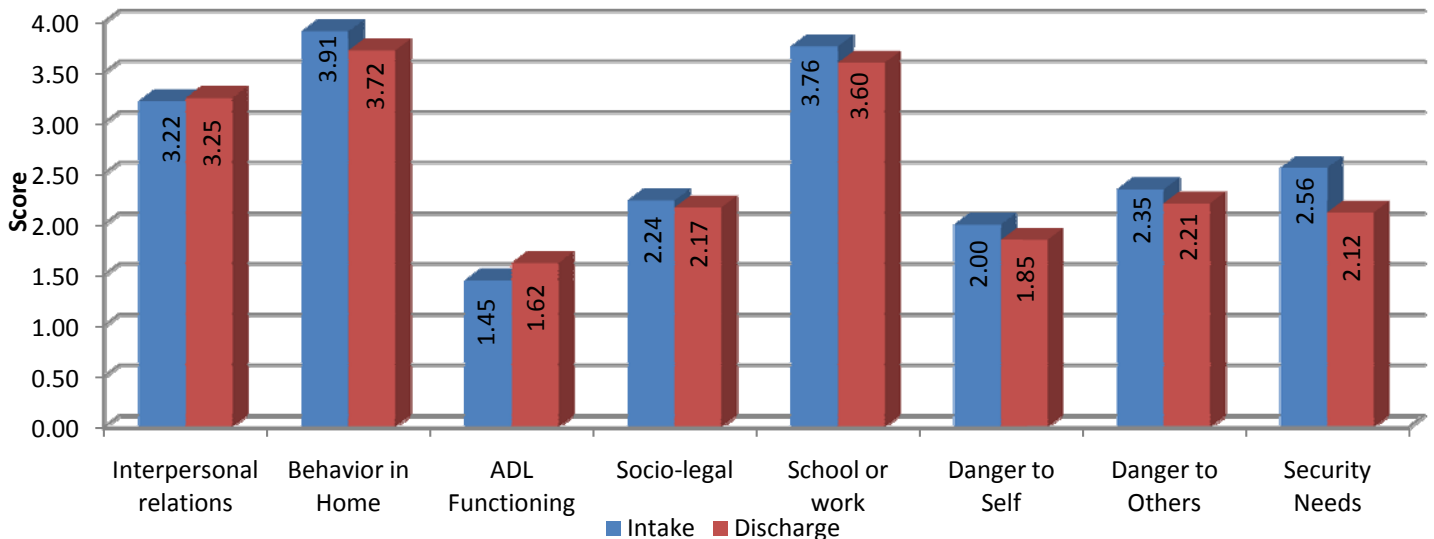
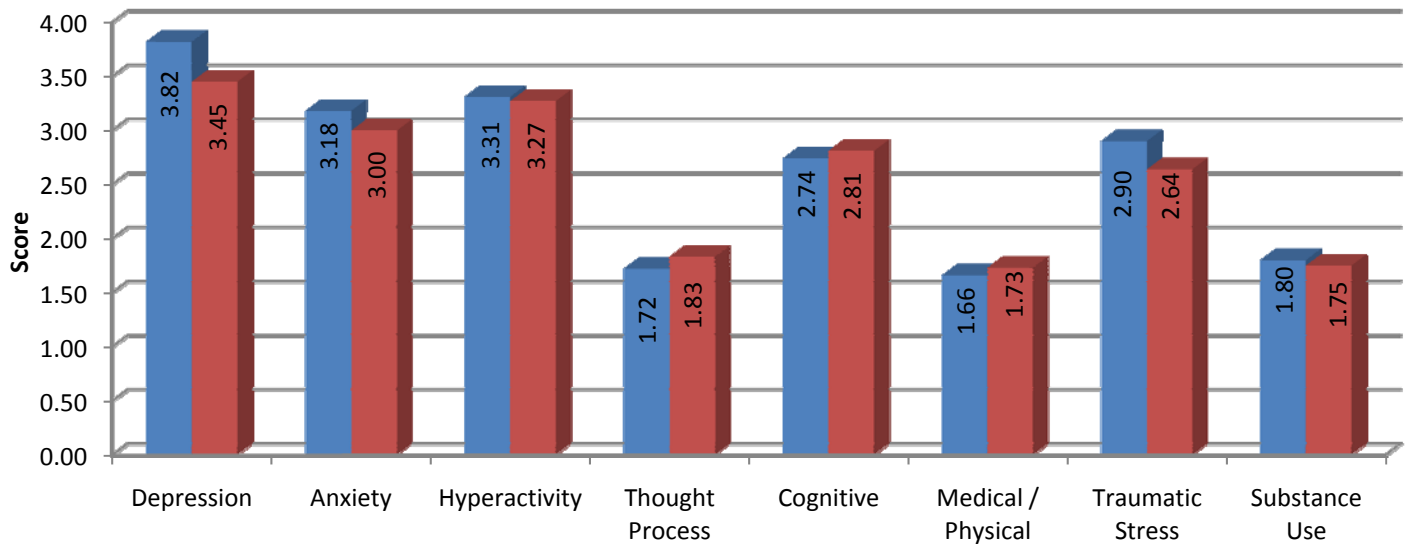
- Parents of Hispanic youth were **significantly more likely to report improvement** on the 3 CAMS scales than were parents of youth in the three other racial/ethnic groups.
 - This difference was not seen on the Youth CAMS.
- No other significant differences were present by age, gender, or race/ethnicity.

Children's Functional Assessment Rating Scale (CFARS)

Outcomes data is also collected through the CFARS, or Children's Functional Assessment Rating Scale. This measure, which was introduced in August 2007, allows for the clinician to give direct input on outcomes and provides information in cases where the CAMS is not available. Data was available on 2,435 clients who discharged in FY0708 and had both Intake and Discharge CFARS scores available.

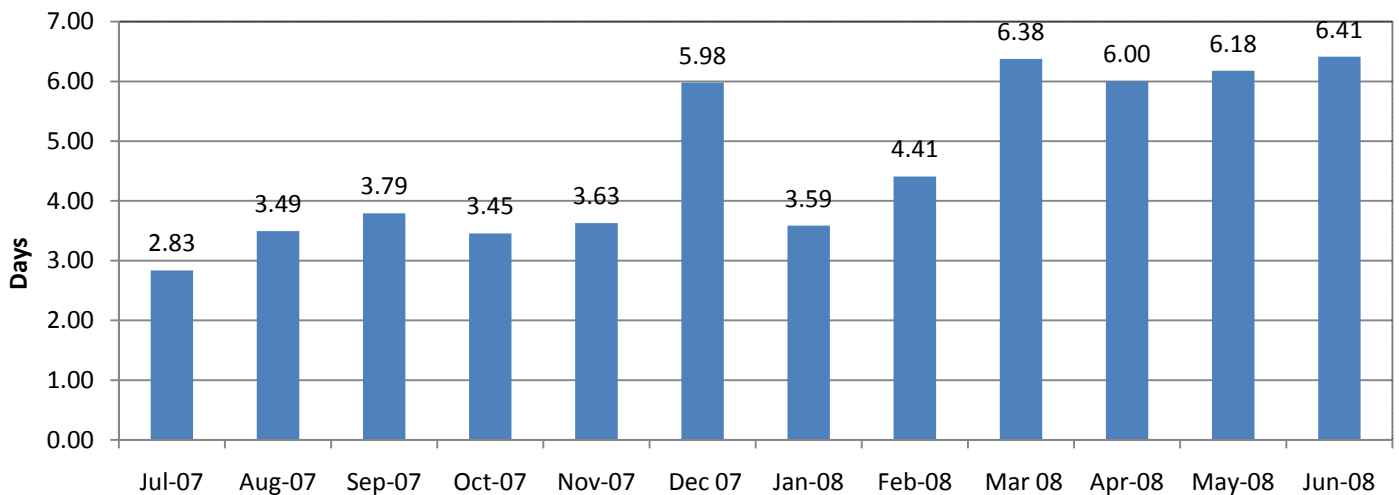
CFARS scores are difficult to examine at the system level, as it is not expected at all clients will be impaired in multiple areas. Examination of data from this pilot year of CFARS use shows great variation between the domains. During the coming year, we will continue to examine the CFARS scores over time at the client level to determine whether the patterns being seen are appropriate.

CFARS Scores (Clinician report) – Scores at Intake and Discharge

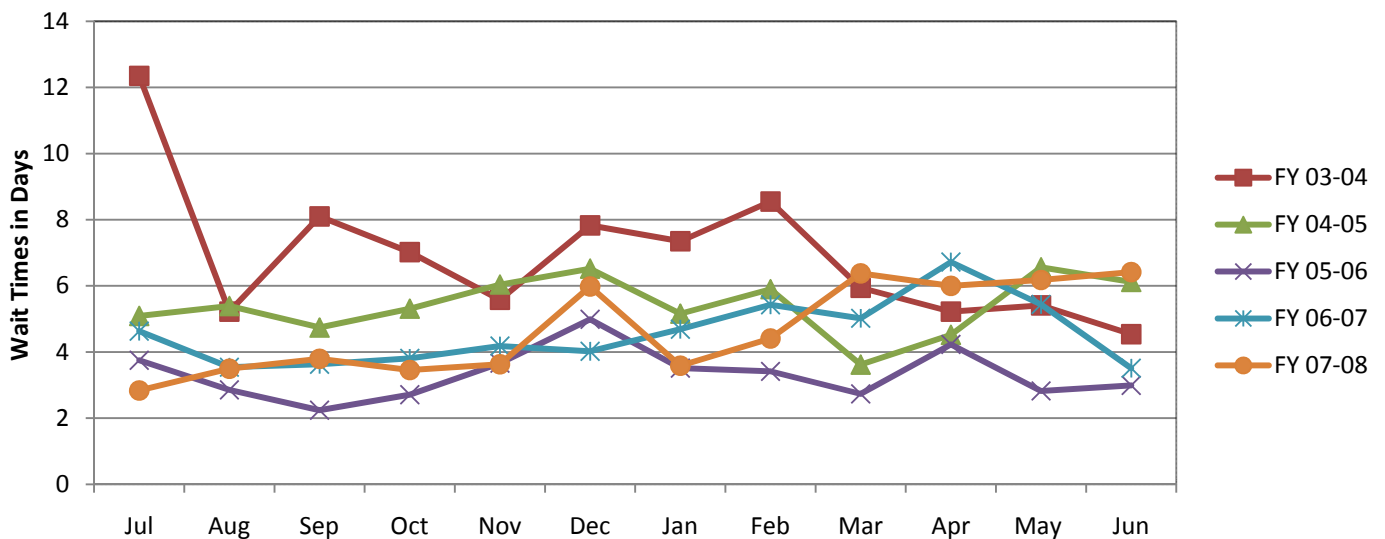


- In FY07-08, children waited an average of **4.68 days** to receive services; the goal of a wait time of less than 5 days has been met.
- Wait times vary significantly by program, with some sites having a long wait to receive services and others being able to offer immediate access.

Children's Mental Health Services Average Wait Times FY 07-08



Children's Mental Health Services Average Wait Times (days) - Comparison by Fiscal Year



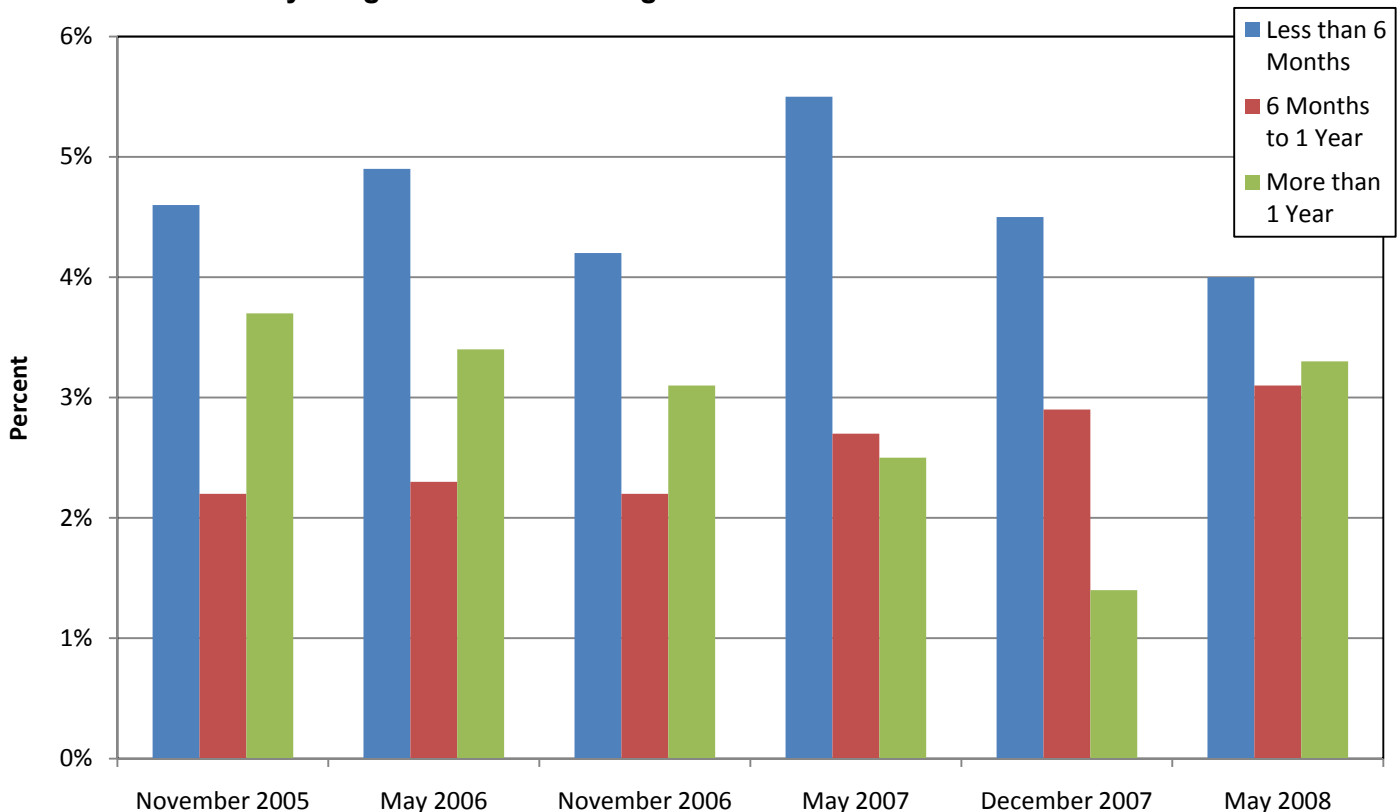
Arrests

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 December 2007 and May 2008, 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. 7,505 respondents answered the arrest question in FY07-08.

- **6.7% of youth receiving services from CMHS reported being 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.

Past Month Arrests by Length of Time receiving Services

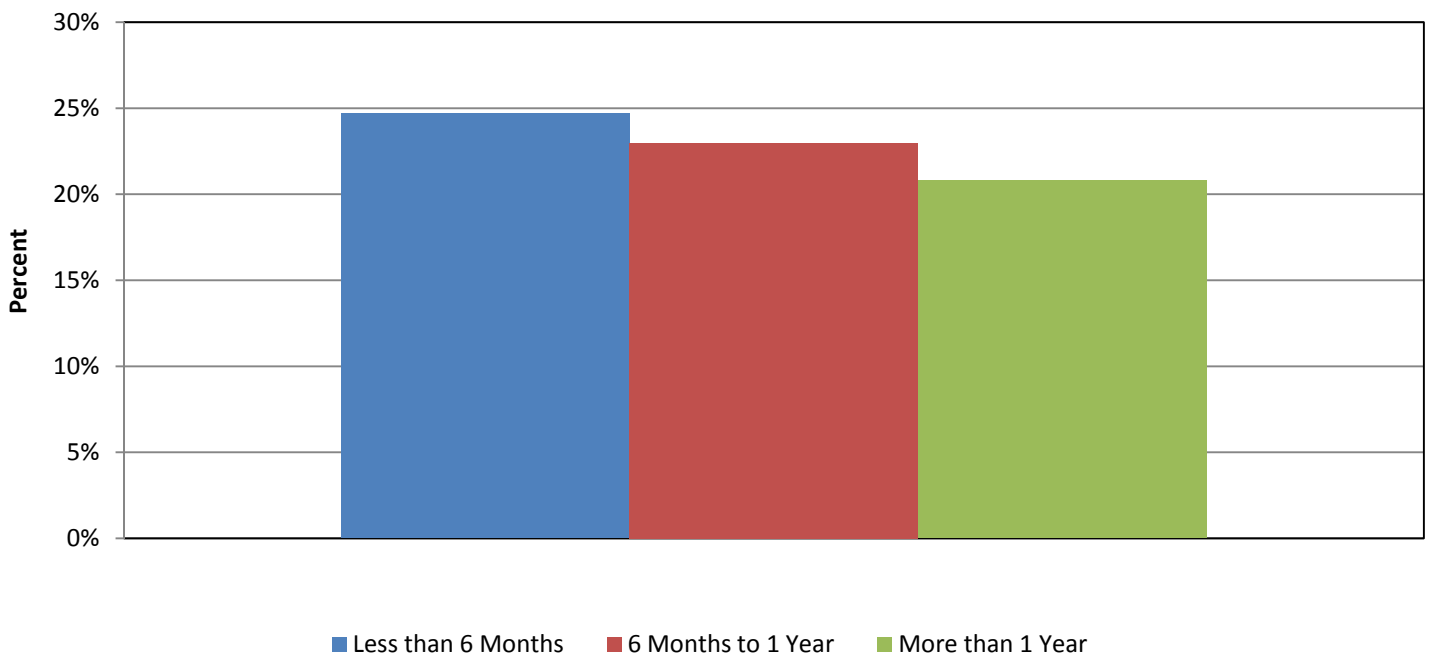


Substance Use

In the YSS, youth age 13+ 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. 2,900 youth answered the substance use question in FY07-08.

- Overall, **23.3% of youth** stated that they had used one of these substances at least once in the past month.
- **18.3%** of youth stated they had used a substance **other than cigarettes** at least once in the past month.
- According to youth, the **three most commonly used substances**, in descending order, were cigarettes (13.3% in past month), alcohol (13.1%), and marijuana (11.0%).
- When reports of substance use on the YSS were examined by the length of time receiving CMHS services, there is a non-significant trend ($p=0.13$) towards a decrease in past month use of substances as the youth's time in mental health services increases.

Youth Report of Past Month Use of Substances by Length of Time receiving Services



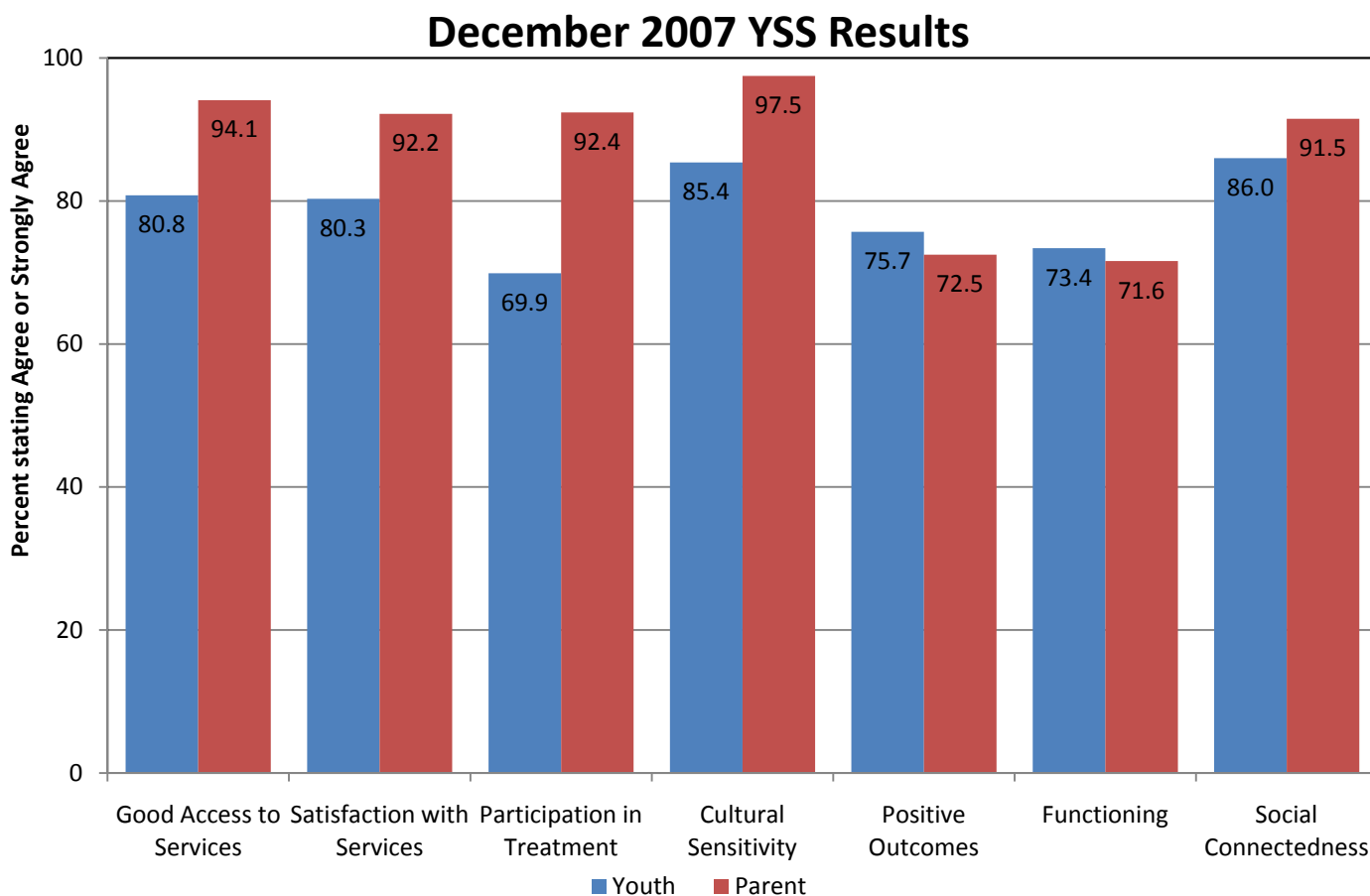
Satisfaction

During FY0708, data on consumer satisfaction was collected through the state-mandated Youth Services Survey (YSS), which was completed between December 1-15, 2007 and May 12-23, 2008.

A total of 7,778 surveys were completed by youth, ages 13+, and parents/caregivers during the December 2007 and May 2008 collection periods.

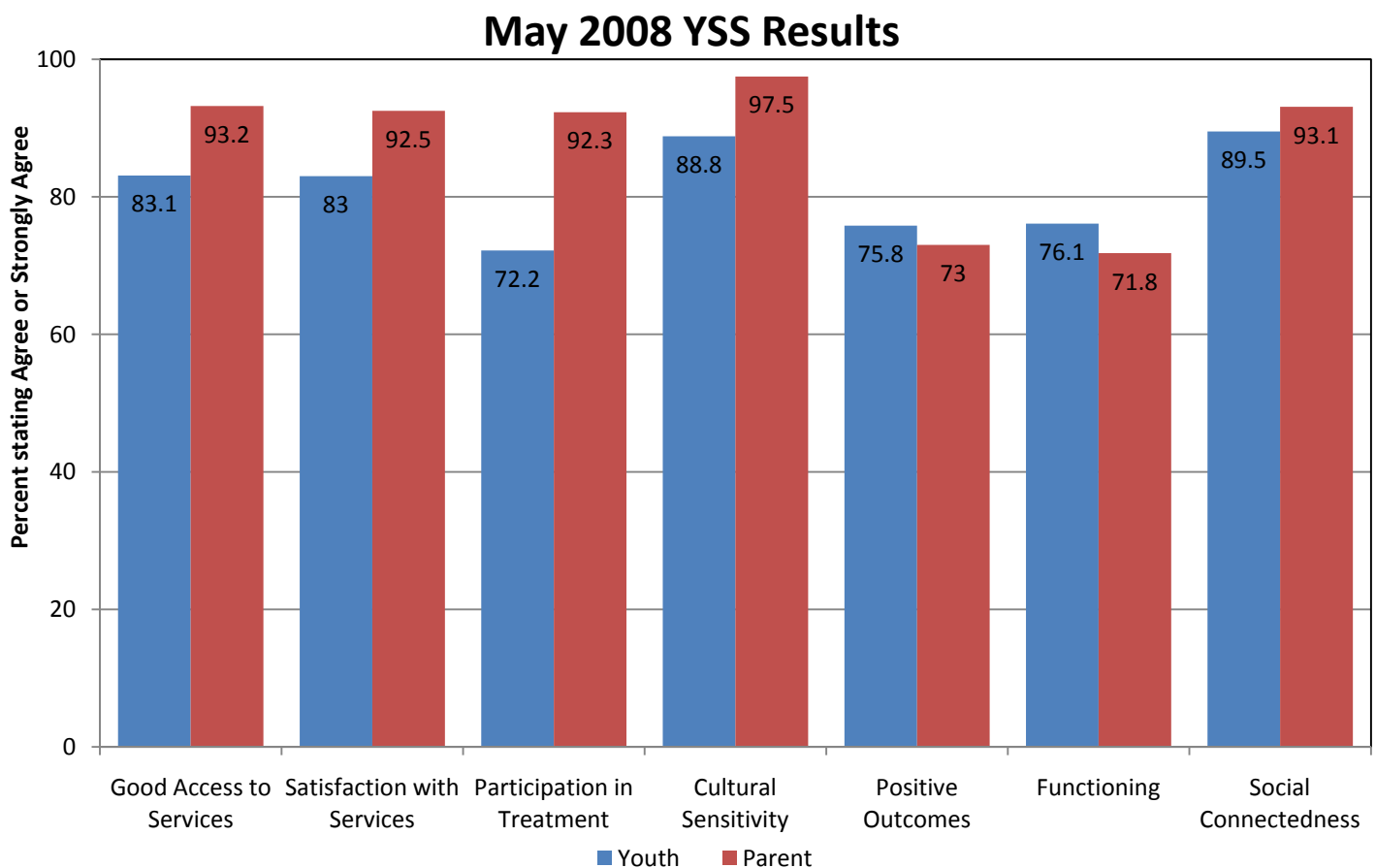
YSS questions were grouped into seven domains:

- Good Access to Services
- Satisfaction with Services
- Participation in Treatment
- Cultural Sensitivity
- Positive Outcomes
- Functioning
- Social Connectedness.



Key YSS Findings:

- Parents/caregivers are more satisfied than youth on 5 of the 7 domains. This pattern has been found in other studies of parent and youth satisfaction and may reflect the youths' perception of limited choice in their own treatment decisions (e.g. parent decides that youth needs care as opposed to youth deciding, etc.).
- Differences were most pronounced on the Participation in Treatment domain.
- Youth reported slightly higher satisfaction than parents on the Positive Outcomes and Functioning domains.
- These patterns have been consistent for the past three years.

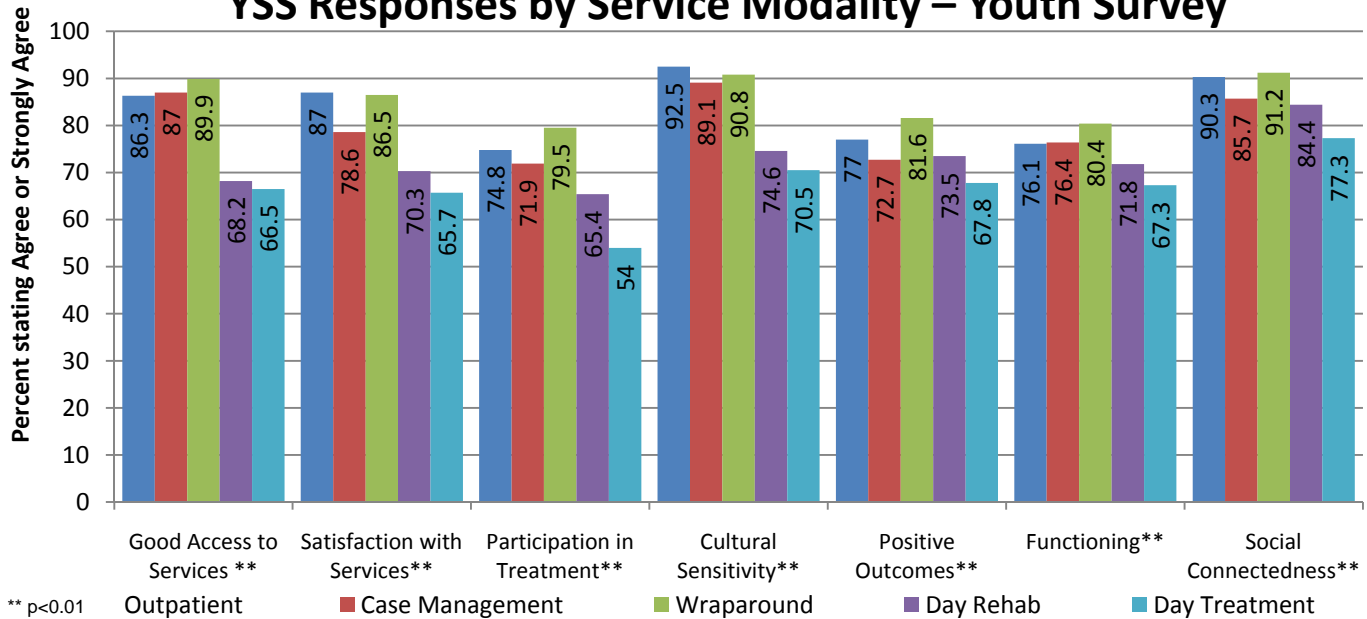


Satisfaction

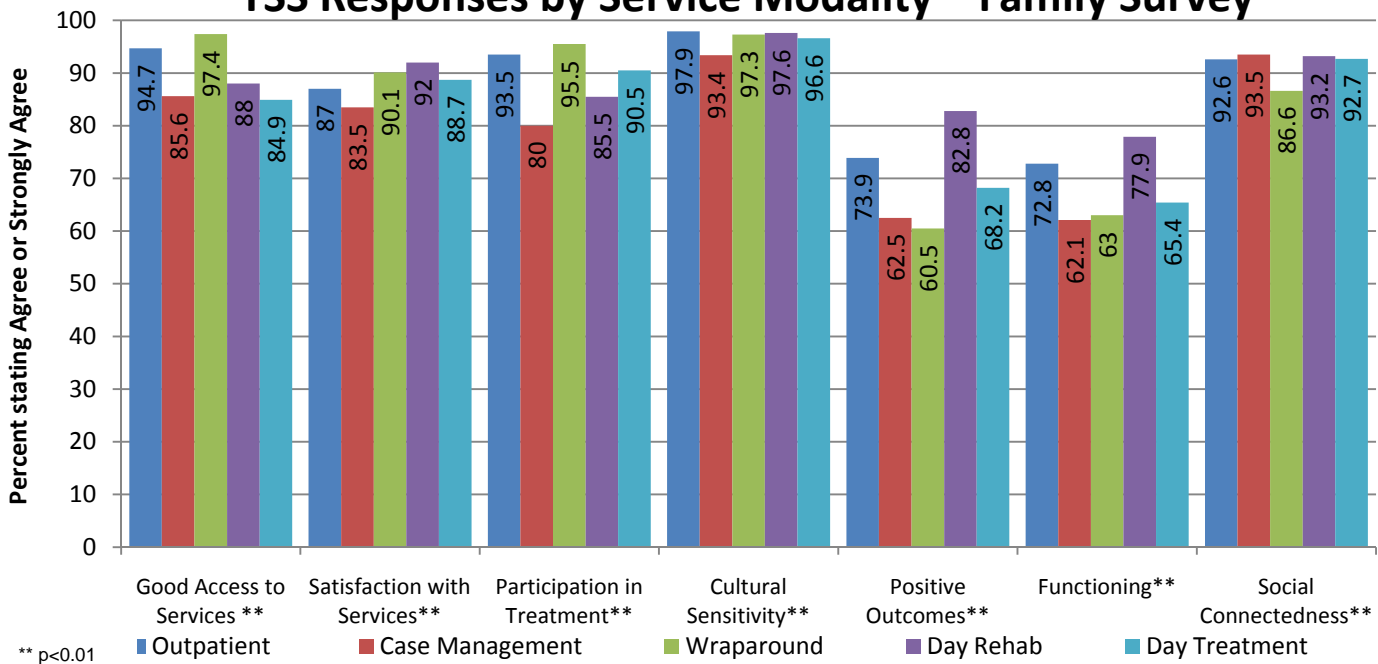
Results from the FY07-08 YSS also show significantly different levels of satisfaction by the **service type** received by the youth.

- Youth receiving day treatment services reported **lower levels of satisfaction** in all seven domains, as compared to the other service groups.
- **Cultural Sensitivity** has the highest scores across the modalities for both youth and parent respondents.
- **Parent scores are higher on average** than the youth scores, except in the areas of Positive Outcomes and Functioning.

YSS Responses by Service Modality – Youth Survey

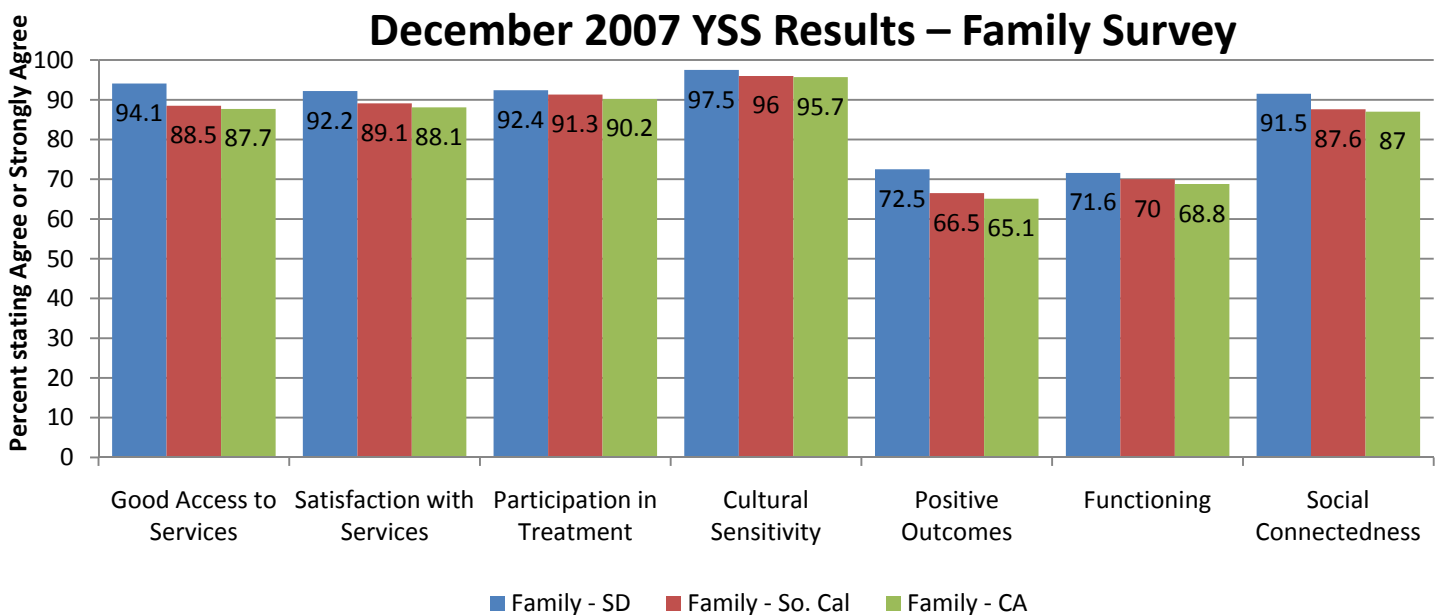
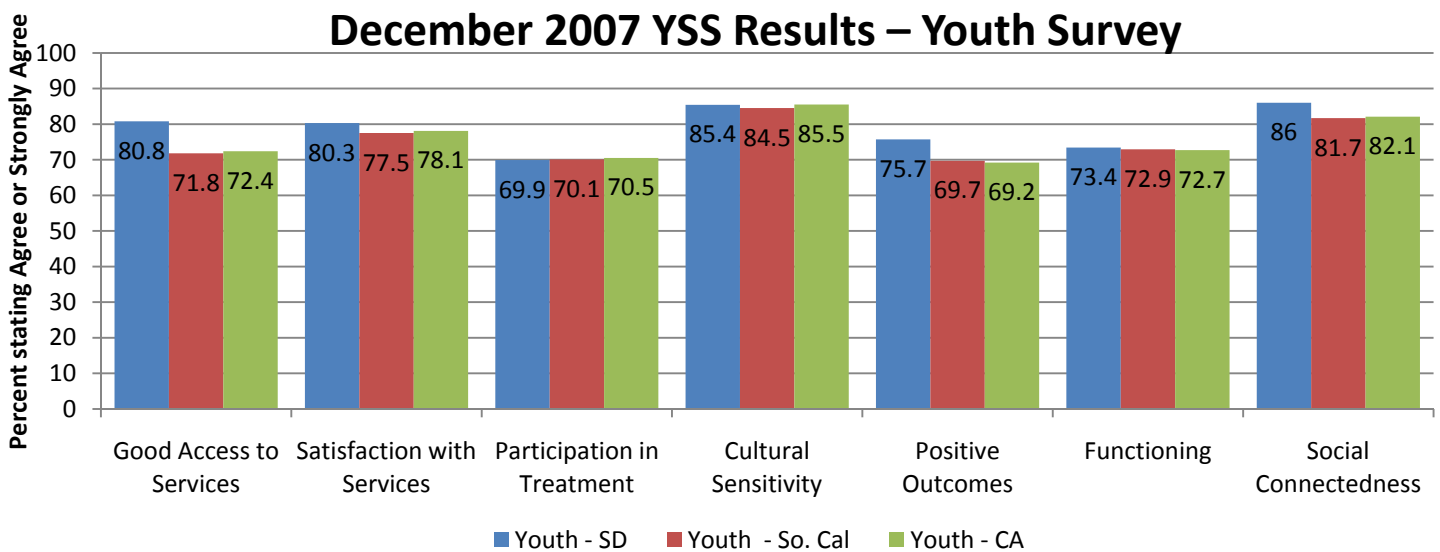


YSS Responses by Service Modality – Family Survey



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.

The Youth results showed **greater satisfaction on 6 of the 7 domains** among youth in San Diego County, as compared to youth in the Southern California region and California as a whole, on the December 2007 YSS. A similar pattern was also seen in the three years of YSS data. Note: Comparison data is not yet available for the May 2008 YSS.



Appendices

Appendix A Glossary of Terms

Note: Appendices B through H are available electronically or in hard copy from Rose Elwood, CMHS Quality Improvement Office Assistant.

Contact information:

Telephone: (619) 584-3005

Email is rosinete.elwood@sdcountry.ca.gov

Appendix B Service Utilization by Children with Open Child Welfare Cases

Appendix C Service Use by Youth Receiving Special Education Services

Appendix D Service Utilization by Children active to the Probation sector

Appendix E Examination of Primary Diagnosis by Client Characteristics

Appendix F Detailed Service Utilization Data Tables

Appendix G Description of Clients by Service Type

Appendix H CASRC Research News

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, individual therapy, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court (both dependents and delinquents). 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 (HHS) or have contracts with HHS 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, 2008. 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.