



Children's Mental Health Services *System and Clinical Outcomes*

Fiscal Year 2008-2009

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County of San Diego Board of Supervisors

Greg Cox – District 1

Dianne Jacob, Chairwoman – District 2

Pam Slater-Price, Vice-Chairwoman – District 3

Ron Roberts – District 4

Bill Horn – District 5



Health and Human Services Agency

Nick Macchione – HHSA Director

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Child and Adolescent Services Research Center (CASRC)

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

Introduction

Evaluation of System and Clinical Outcomes

This report summarizes cumulative system and clinical outcomes for children and adolescents served by San Diego County Children's Mental Health Services (CMHS) in Fiscal Year 08-09 (July 2008-June 2009). 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 racial/ethnic groups, cultures and spoken languages.

Topics covered in this report include:

- Client demographics
- Type and distribution of CMHS services utilized
- Multi-sector involvement
- Service availability
- System and client outcomes
- Client satisfaction

System of Care

CMHS operates as a System of Care (SOC) program. The SOC 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 SOC takes a broad approach, having evolved over time through the collaboration of its stakeholders: families and youth receiving services, public sector agencies, and private providers. The multi-sector Children's System of Care Council meets on a monthly basis to provide community oversight for the System of Care.

The Importance of Assessment

Assessing the outcomes of mental health services in valid and reliable ways is critical to the development and maintenance of effective services. A core value and principle of the System of Care is to be accountable through clear outcomes, valid evaluation methods and proficient data management systems. Assessments should be strength-based and services should be outcomes-driven.

To improve the quality of services provided to children and families throughout San Diego, CMHS requires that standardized outcome measures be administered to all children and adolescents receiving publicly-funded services. This requirement is detailed in the Organizational Provider Handbook, which is incorporated by reference into contracts.

Introduction

System of Care Evaluation (SOCE)

The San Diego County System of Care Evaluation (SOCE) was developed through the San Diego County System of Care Council with direct advisory support from the Super Outcomes Committee and the System of Care collaborative partners.

The specific goals/objectives of SOCE are:

- 1) Ensure accountability for the delivery of results to our consumers
- 2) Build and sustain the momentum of positive Children's System of Care accomplishments
- 3) Effectively and efficiently move decision-making to action and results

The SOCE measures include:

- The Child & Adolescent Measurement System (CAMS)
- The Children's Functional Assessment Rating Scale (CFARS)
- The Youth Services Survey (YSS)



Implementation of Anasazi

For several years, San Diego County Mental Health Services staff have been working on the implementation of a new information technology system, Anasazi, to better coordinate **client care**, perform required State **reporting**, **bill** Medi-Cal, Medicare, and other payers, and perform a range of **managed care functions**. In addition, Anasazi will include the foundation for an Electronic Health Record to help **ensure a continuum of care** for mental health treatment of vulnerable children, youth, adults, and seniors.

Anasazi is being implemented in two major phases. Phase I occurred in October 2008 and involved the tracking of client services, billing and managed care functions. Phase II involves scheduling, assessments, progress notes, treatment plans, and a home page for doctors and clinicians and will begin in 2010.

Due to the transition to Anasazi and differences in the way the data are collected, data in this fiscal year's report may not be directly comparable to data from previous years. Such data will be identified in the text or through a footnote.

The following are the key findings from the report on the Children's Mental Health Services System in Fiscal Year 2008—2009:

1. The number of clients receiving services through the Children's Mental Health System has increased over the past 2 years, with **nearly 17,800 youth receiving services in FY08-09.**
2. **Nearly 50% of Children's Mental Health Services clients are Hispanic.**
3. **Over 60% of Children's Mental Health Services clients are male**, as compared to 51% of Medi-Cal recipients.
4. The **four most common diagnoses** in the Children's Mental Health System are oppositional defiant disorders, depressive disorders, adjustment disorders, and ADHD.
 - There are **considerable 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. **Nearly one-third 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 approximately 14% had lived in a group home.
6. The average number of days a child received Day Treatment service has increased, from 66 days in FY03-04 to 88 days in FY08-09.
7. 717 clients (4.0%) used Emergency Screening unit (ESU) services in FY08-09
 - **For 190 clients (27% of the ESU users), ESU services were the only Children's Mental Health services received during the fiscal year.**

Key Findings

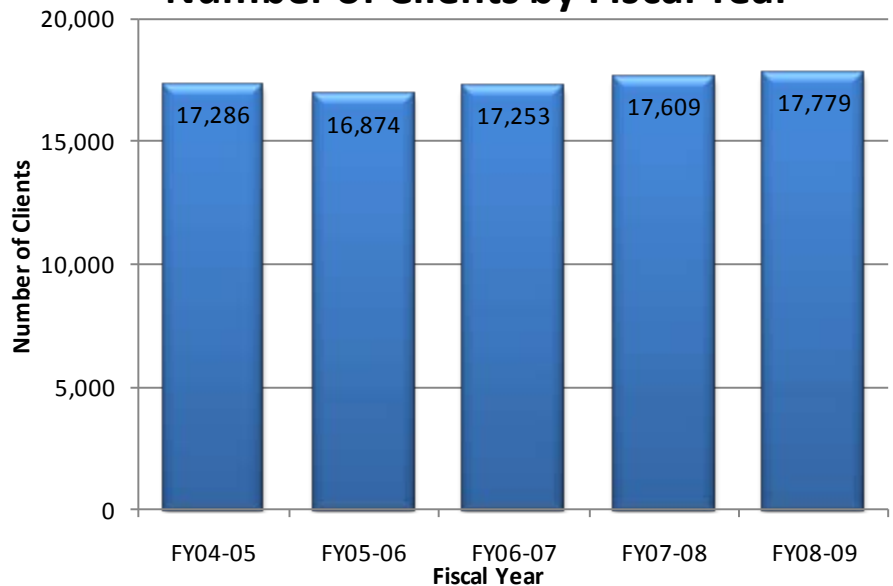
8. **Over 36% of Children's Mental Health Services clients also received Special Education services** in FY08-09, as compared to 35% in FY07-08.
9. Over the last four years, the proportion of clients with **Medi-Cal coverage has decreased** (89% in 05-06 to 76% in FY08-09), while Unknown/Uninsured proportion has increased (10% in 05-06 to 15% in FY08-09).
10. **Use of Inpatient services has steadily dropped over the past 5 years**, from over 4% of Children's Mental Health Services clients utilizing Inpatient services in FY04-05, to less than 3% of clients using Inpatient services in FY08-09.
11. **24% of Inpatient clients had more than one Inpatient episode in FY08-09**, as compared to 22% in FY07-08.
 - The number of Inpatient clients re-admitted to Inpatient services within 30 days of discharge dropped from 15% in FY07-08 to 9% in FY08-09.
 - The number of Inpatient clients with 2+ episodes re-admitted to Inpatient services within 30 days of discharge dropped from 56% in FY07-08 to 39% in FY08-09.
12. Based on input from youth and caregivers, **youth experienced improvements in behavior, emotional well-being, and social competence as a result of having received mental health services**, as measured by the CAMS (Child and Adolescent Measurement System) assessment tool.
13. **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 four years.

Who Are We Serving?

**In Fiscal Year 2008-2009,
San Diego County
delivered mental health
services to almost
17,800 youth.**

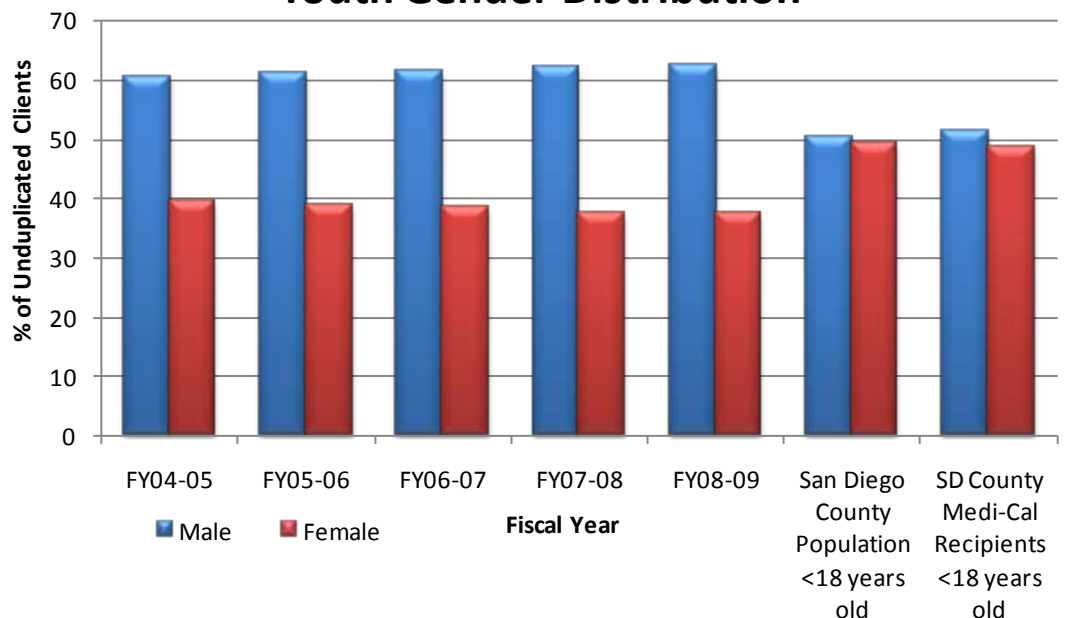
- The number of clients receiving services has increased over the past three years.

Number of Clients by Fiscal Year



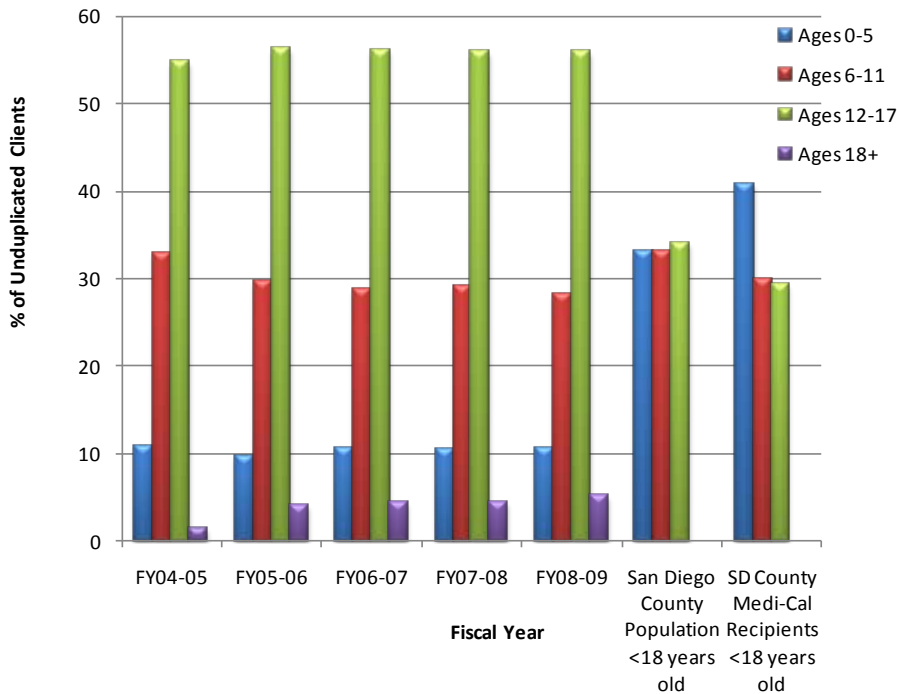
- The majority of CMHS clients are male; this trend has remained consistent for the past 5 years and is not reflective of San Diego County population.

Youth Gender Distribution



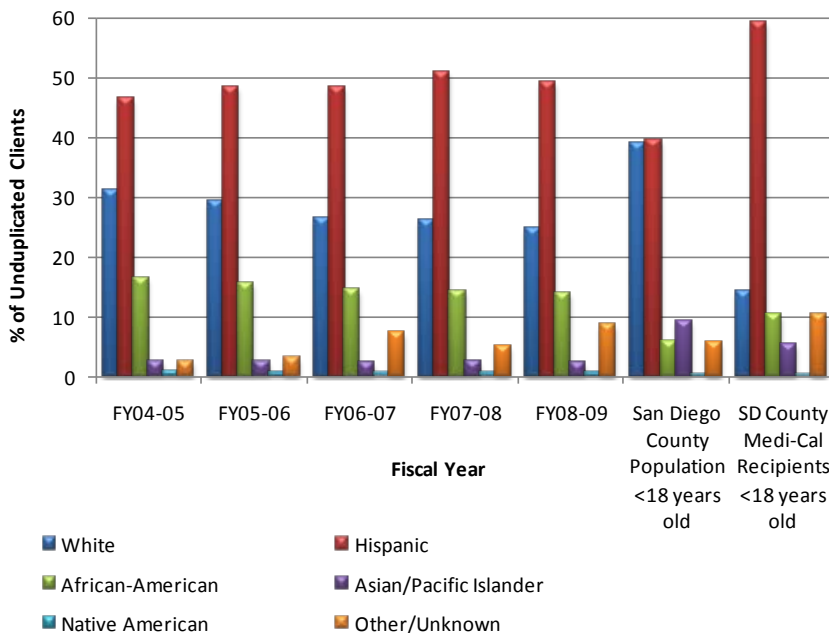
Who Are We Serving?

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 6 years.
- Youth aged 0-5 comprise almost 11% of the CMHS population.

Youth Race/Ethnicity Distribution



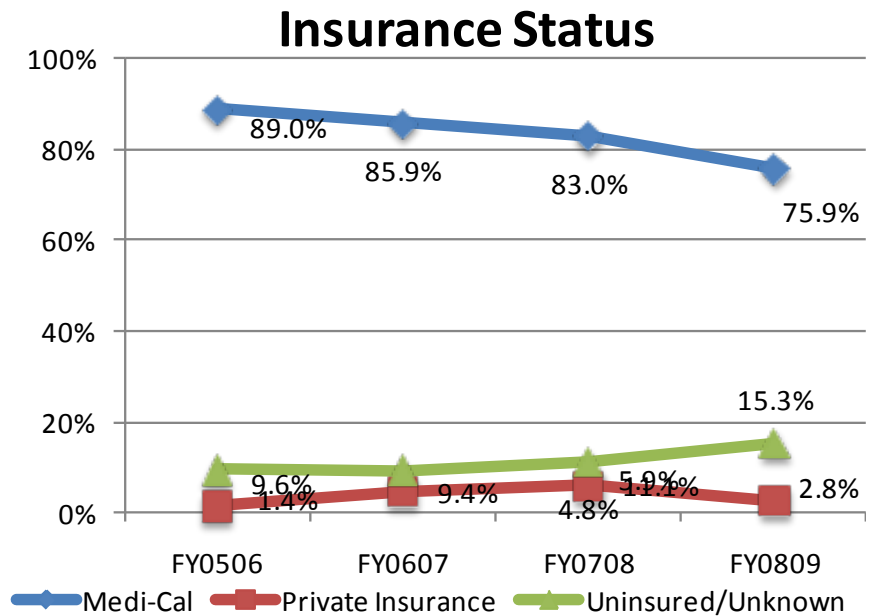
- Almost half of the clients receiving services identified themselves as Hispanic.*
- CMHS serves a larger percentage of African-American clients, as compared to their prevalence in the San Diego County youth Medi-Cal population.
- CMHS serves a smaller percentage of Asian/Pacific Islander clients, as compared to their prevalence in the San Diego County youth Medi-Cal population.

*The slight decrease in proportion of Hispanic Ethnicity may be due to differences in how Race/Ethnicity data are collected in the current Anasazi MIS, which is not directly comparable to data collected in the INSYST MIS from previous years.

Who Are We Serving?

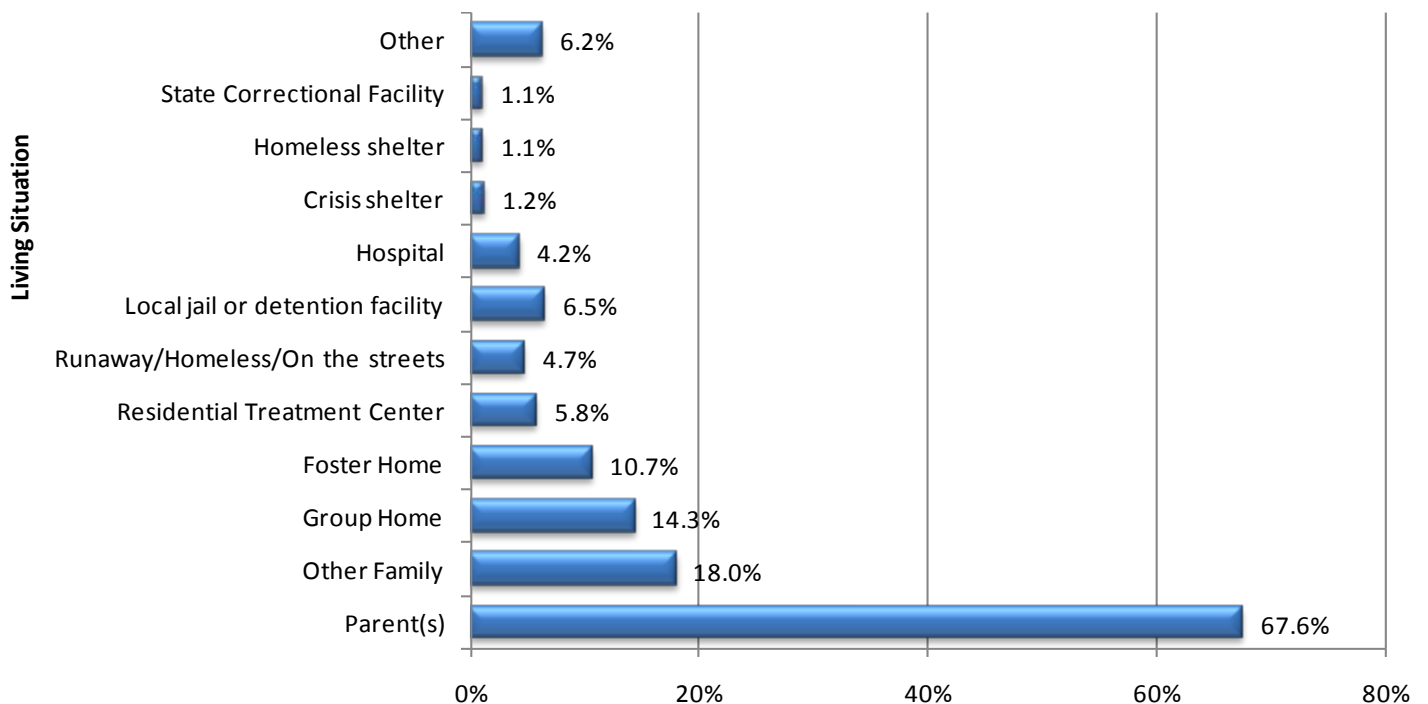
Insurance status was determined by examining billing records for each service visit. 76% of clients used Medi-Cal at least once during FY08-09.

The percentage of clients with Medi-Cal has decreased steadily since FY05-06, while the percentage of uninsured clients has increased.



On the November 2008 and May 2009 Youth Services Survey, 3,090 youth, ages 13 and older, responded to a question about their living situations during the previous 6 months.

32% of youth reported they did not live with their parents at some point in the previous six months, compared to nearly 38% in FY07-08.



Who Are We Serving?

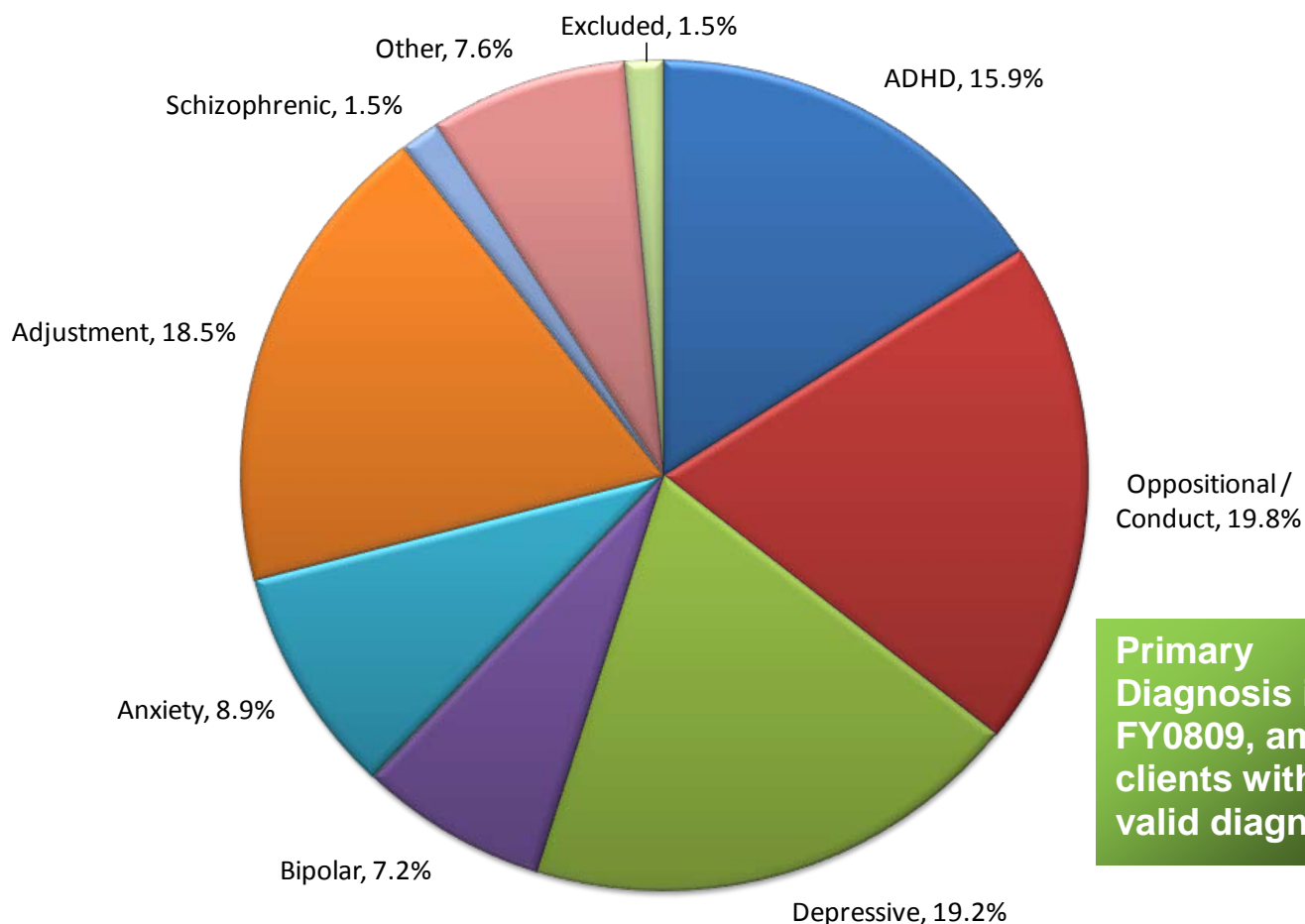
The most **common diagnoses** among youth served by the CMHS are:

- 1) Oppositional Defiant disorders
(including Conduct and Disruptive behaviors)
- 2) Depressive disorders
- 3) Adjustment disorders
- 4) Attention Deficit Hyperactivity Disorder (ADHD)

Diagnosis was determined by identifying the **primary DSM-IV diagnosis** from the last episode of service prior to June 30, 2009; or, the most recent valid diagnosis.

Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria. 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** by Title 9 include autism and learning disabilities

Note: 4,563 youth receiving mental health services in FY0809 did not have a valid diagnosis entered in INSYST or Anasazi. Most of these youth were seen by FFS or JFS/Spectrum providers.



**Primary
Diagnosis in
FY0809, among
clients with a
valid diagnosis**

Substance Abuse

1,413 unduplicated youth (8% of the total CMHS population) receiving CMHS services in FY08-09 had substance abuse problems.

- **788** of 1,413 had a secondary substance abuse diagnosis or another indication of substance abuse problem (**dual diagnosis**). The majority of these youth received substance abuse counseling as part of their EPSDT mental health services.
- **743** of 1,413 received services from Alcohol and Drug Services (ADS) but were not assigned a dual diagnosis.

Note: 118 of the 1,143 children and youth received both CMHS services and ADS services in FY08-09 and had been given a dual diagnosis from their mental health provider.



FY08-09 is the first year that data from Juvenile Forensic Services and Spectrum were able to be included in the count of clients served through the new Anasazi Management Information System. Because of this inclusion, data from FY07-08 is not directly comparable.

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

What Kind of Services Are Being Used?

In Fiscal Year 2008-2009, the CMHS program served youth with mental health needs through three provider systems distributed throughout the County: 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 clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g. school, home). Services are being delivered in 321 schools in 34 districts in the County.
- **Fee-for-Service Providers** are primarily licensed clinicians in private practice who provide services to clients on a fee-for-service basis. These providers 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 children and adolescents 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.

CMHS delivered services through nearly 100 different programs in FY2008-2009, including:

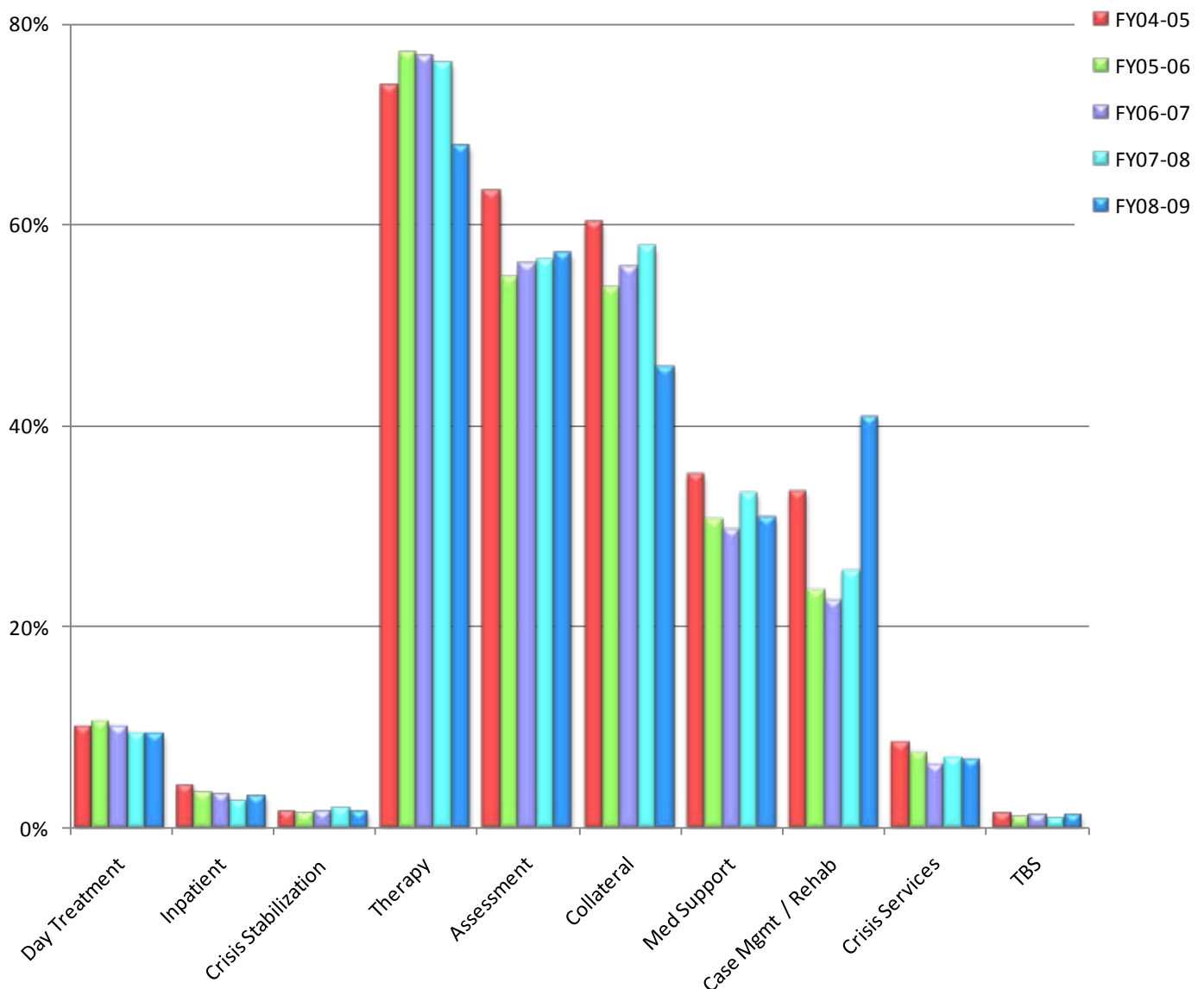
- 52 Outpatient programs,
- 27 Day Treatment programs,
- 7 Case Management programs,
- 3 Inpatient facilities, and
- 2 Emergency Services providers



What Kind of Services Are Being Used?

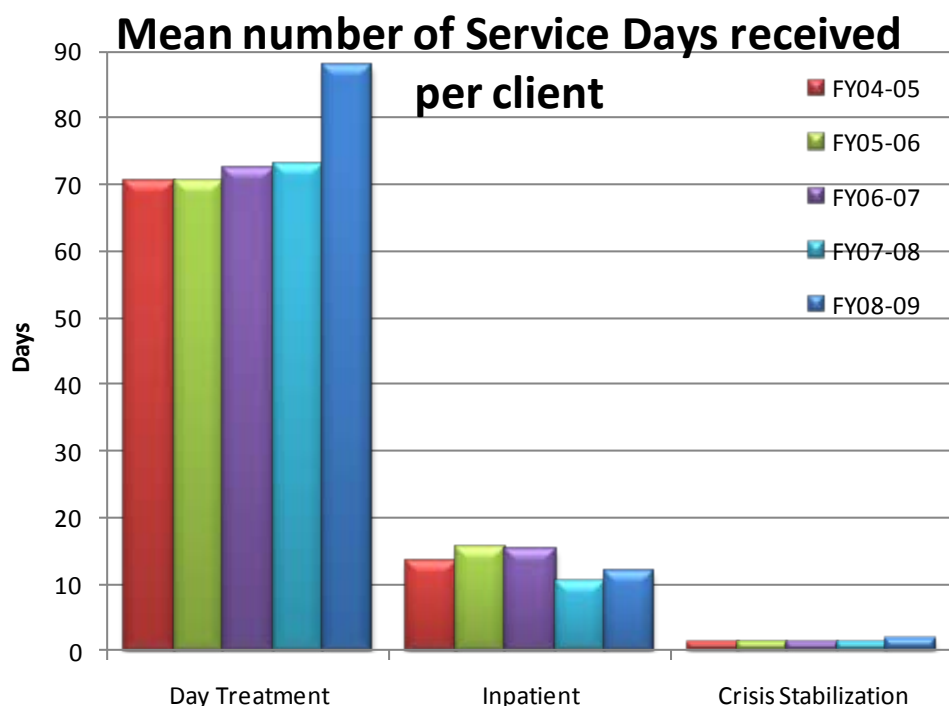
Children and youth may receive multiple services in the course of a year, and the frequency and type of each service received can vary widely by client. Services were determined by examining the procedure code for each billed service.* Refer to the Glossary in Appendix A for a description of service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

Percentage of Clients receiving each type of service

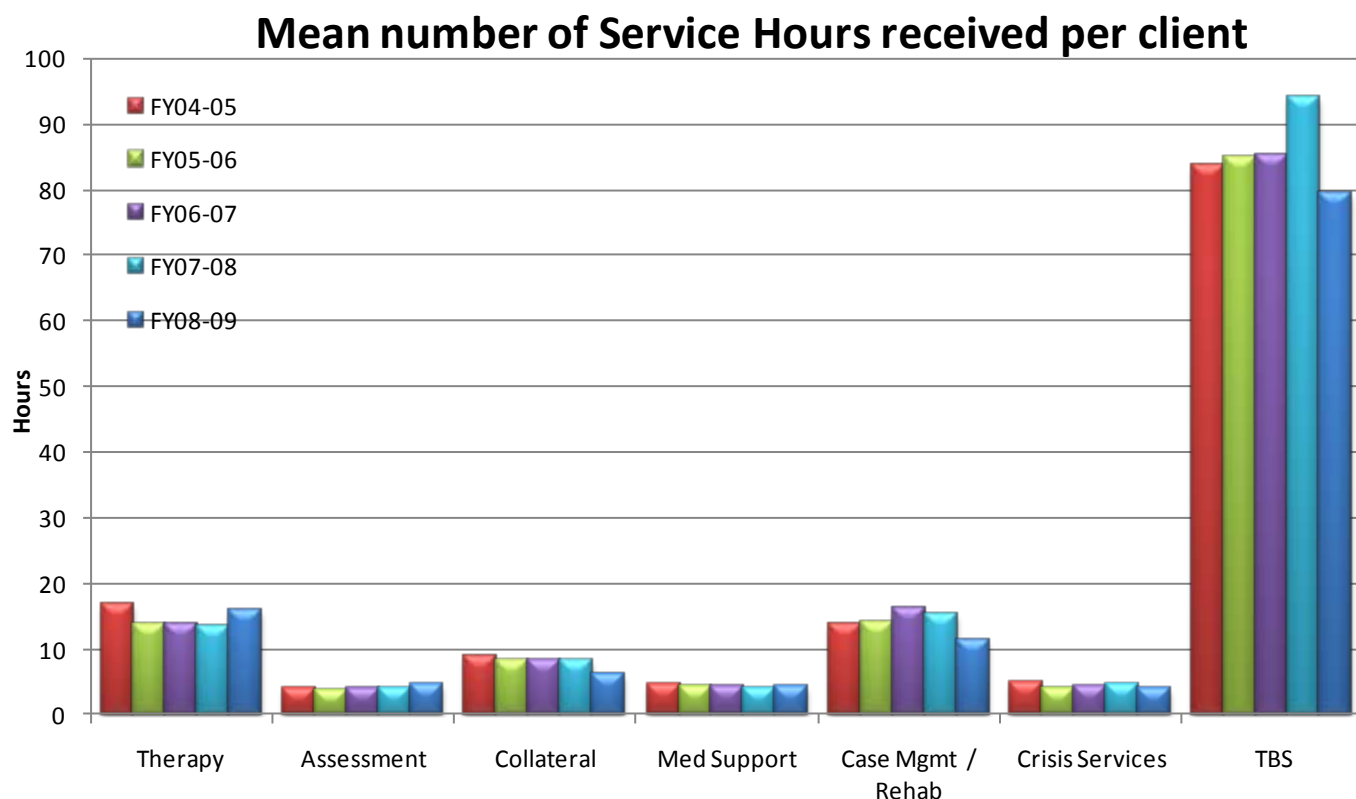


*The proportional shift may be an artifact of the transition to the Anasazi MIS.

What Kind of Services Are Being Used?



- The mean number of days of **Day Treatment service** has increased, from 66 in FY03-04 to almost 88 days in FY08-09.
- On average, clients received nearly **16 hours** of therapy services in FY08-09.



What Kind of Services Are Being Used?

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

Service Use by Primary Diagnosis:

- Youth with a **bipolar** or **schizophrenic diagnosis** used more services on average than youth with other diagnoses.
 - They tended 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% and 23% respectively as compared to 3% among total youth client population) in FY08-09.
 - These findings have been consistent over the past 5 years.
- Youth with **ADHD**
 - 52% of youth with ADHD received **Medication Support services**, as compared to 31% of the total sample in FY08-09.
 - ADHD youth were slightly less likely to use Intensive Day Treatment services; however, the **duration of Intensive Day Treatment was higher than any other diagnosis** (93 mean service days, compared to 66 for the total youth client population).

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



Service Use by Race/Ethnicity:

- Overall, youth in the **White race/ethnicity group** used **more Outpatient services** than the youth average for all services except Crisis services.
- **Native Americans** were most likely to **use** Inpatient services; **Asian/Pacific Islanders** had the **highest mean number** of Inpatient service days.
- **African Americans** were most likely to **use** Intensive Day Treatment services; **Native Americans** had the **highest mean number** of Intensive Day Treatment days.

What Kind of Services Are Being Used?

Inpatient (IP) Services:

- 488 unduplicated clients (3%) used Inpatient services in FY08-09
 - 82% of these clients were ages 12-17
 - **For 15 clients (3%), Inpatient services were the only Children's Mental Health services used during FY08-09**
 - As compared to 7% in FY07-08
- Top 3 primary diagnoses
 - 45% Depressive disorders
 - 18% Oppositional / Conduct disorders
 - 18% Bipolar disorders
- 116 clients (24%) had **more than one IP stay** in the fiscal year
 - Slight increase from 22% in FY07-08

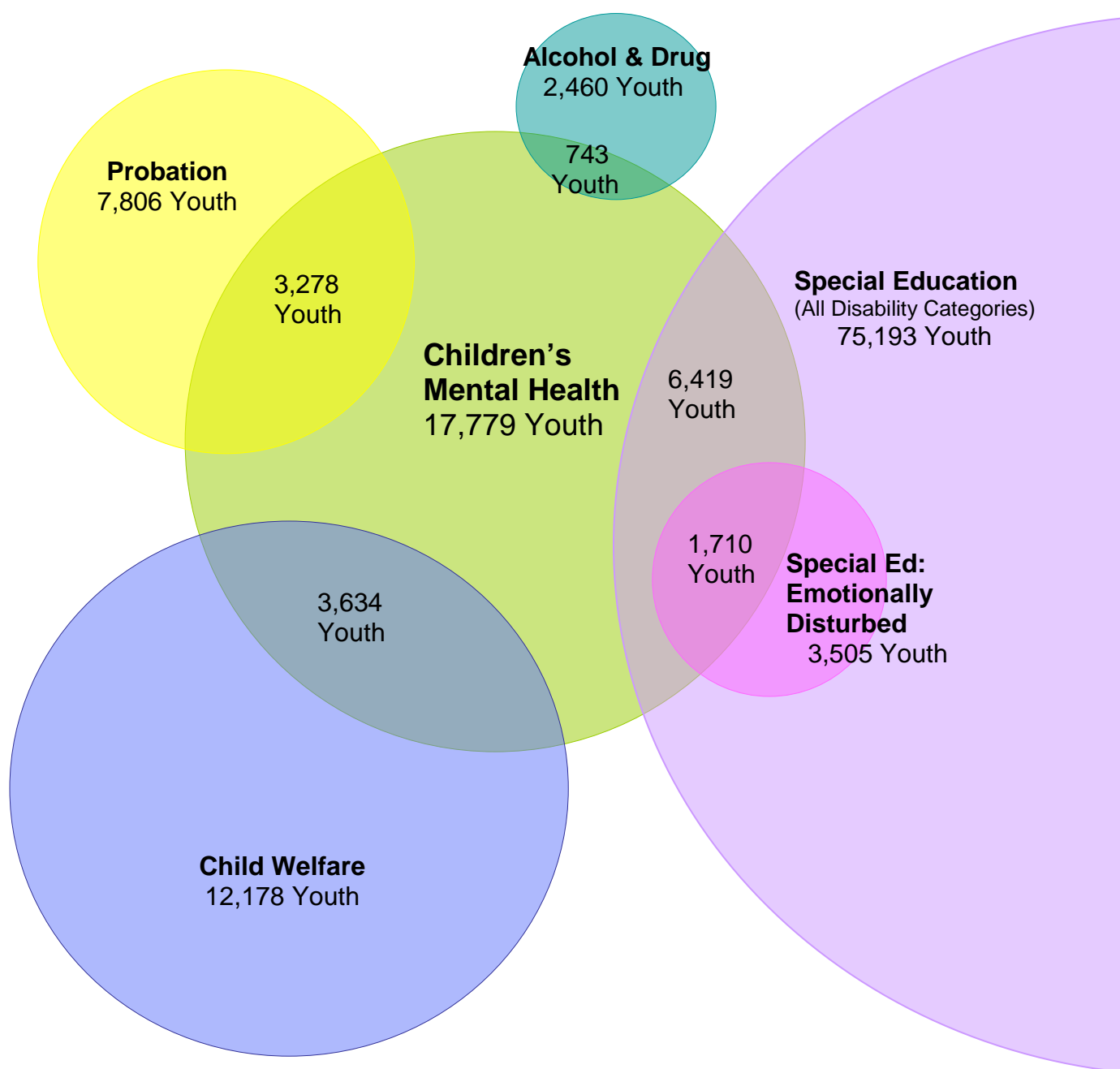


Emergency Screening Unit (ESU) Services:

- 717 clients (4%) used ESU services in FY08-09
 - 76% of these clients were ages 12-17
 - **For 190 clients (27%), ESU services were the only Children's Mental Health services used during FY08-09**
 - As compared to 26% in FY07-08
- Top 3 primary diagnoses:
 - 35% Depressive disorders
 - 27% Oppositional / Conduct disorders
 - 9% Bipolar disorders
- 136 clients (19% of the ESU sample) had **more than one ESU visit** in the fiscal year
 - **Substantial reduction from 39% in FY07-08**

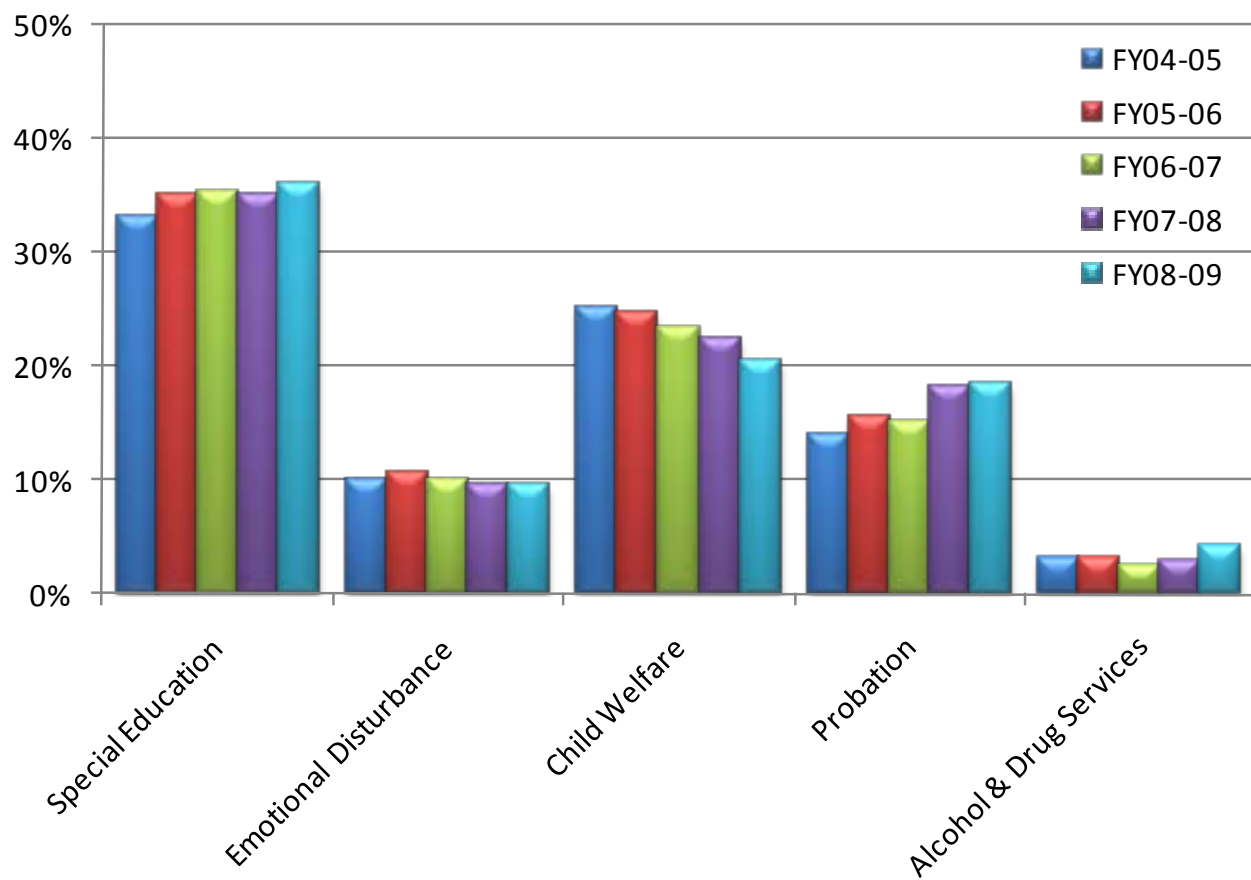
What Kind of Services Are Being Used?

Youth Receiving Services from Children's Mental Health and Other Sectors – Fiscal Year 2008-2009



What Kind of Services Are Being Used?

- Of the 17,779 youth receiving Mental Health services in FY08-09:
 - 36% also received **Special Education services**,
 - 20% received **Child Welfare services**,
 - 18% received **Probation services**, and
 - 10% received Special Education services through the **Emotional Disturbance** category (refer to Appendix C for Emotional Disturbance criteria)
 - 4% received **Alcohol & Drug services** during the fiscal year.
- The percentages of **youth receiving services from most 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.



What Kind of Services Are Being Used?

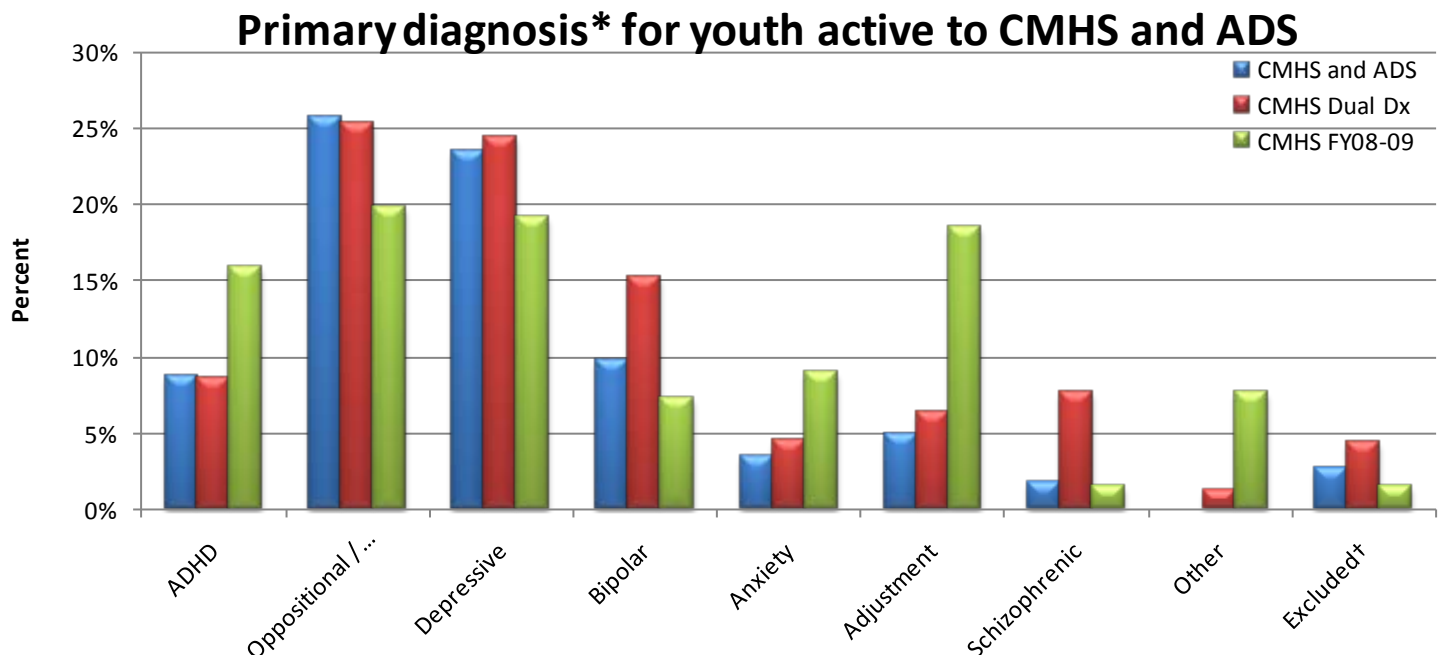
Alcohol and Drug Services (ADS)

743 youth receiving CMHS services (4% of total CMHS population) were also active to Alcohol and Drug Services in FY08-09.

Of the 743 youth active to both the CMHS and ADS sectors, 16% also had a dual diagnosis in the mental health system.

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

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.



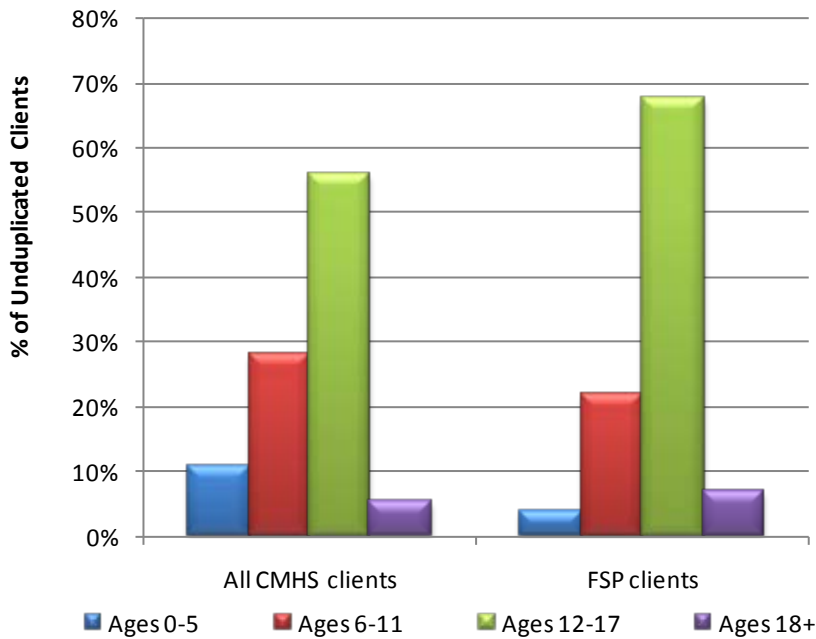
*Primary diagnoses were grouped into meaningful diagnostic categories according to the California Code of Regulations Title 9 Medical Necessity Criteria. The **Other** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Asperger's Syndrome, Paraphilia, Reactive Attachment Disorder, elimination disorders, and eating disorders.

†**Excluded diagnoses** by Title 9 include autism and learning disabilities.

What Kind of Services Are Being Used?

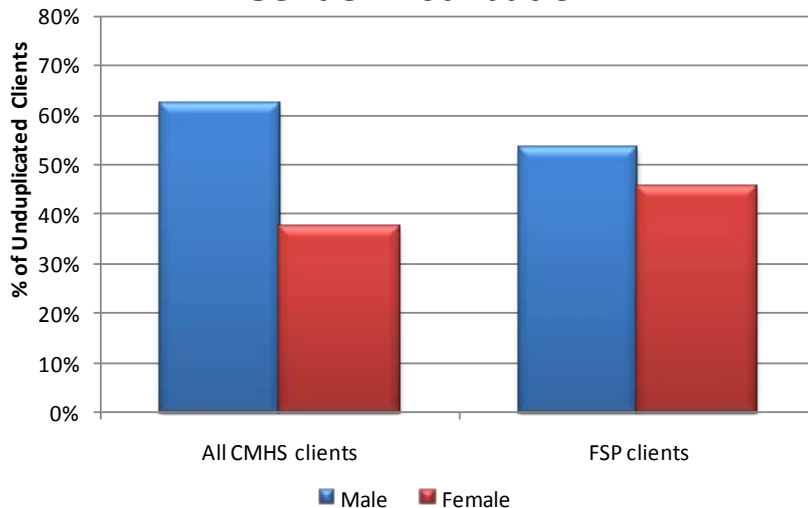
Full Service Partnership (FSP) programs are comprehensive programs which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community. **In FY08-09, 349 unduplicated clients received services through the FSP programs.**

Age Distribution



- Over two-thirds of the FSP clients in FY08-09 were adolescents aged 12-17.

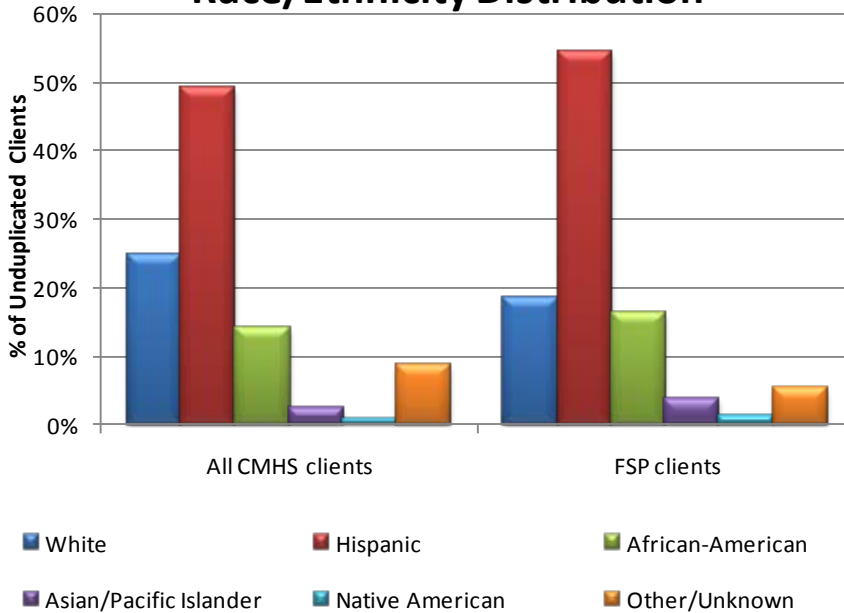
Gender Distribution



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

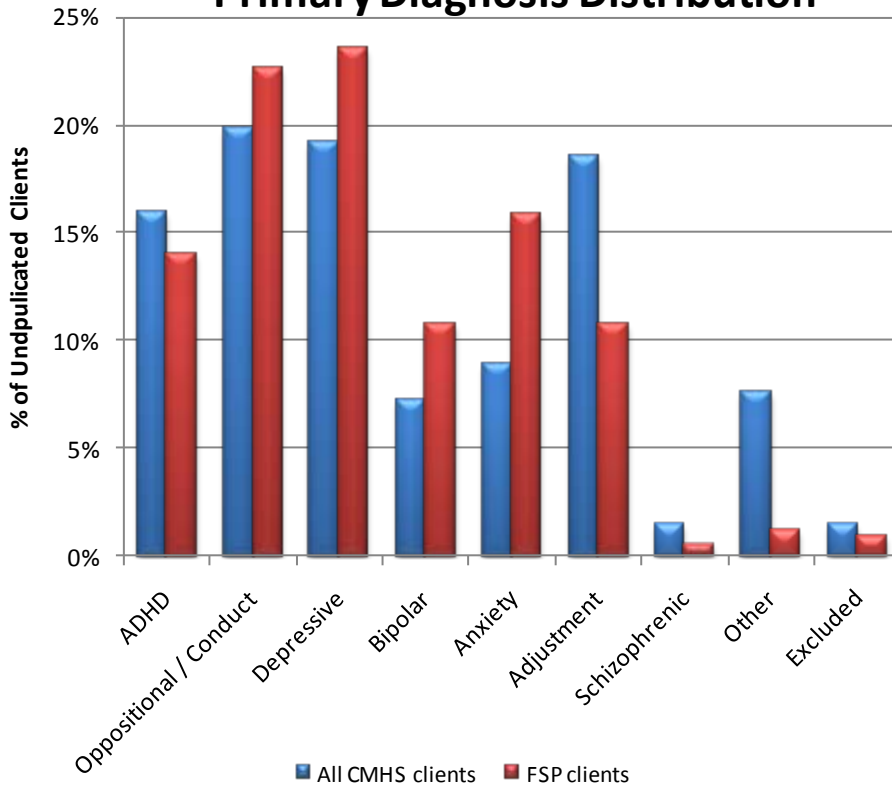
What Kind of Services Are Being Used?

Race/Ethnicity Distribution



- A larger percentage of **minority youth** receive services through FSPs than in the overall children's mental health system.

Primary Diagnosis Distribution



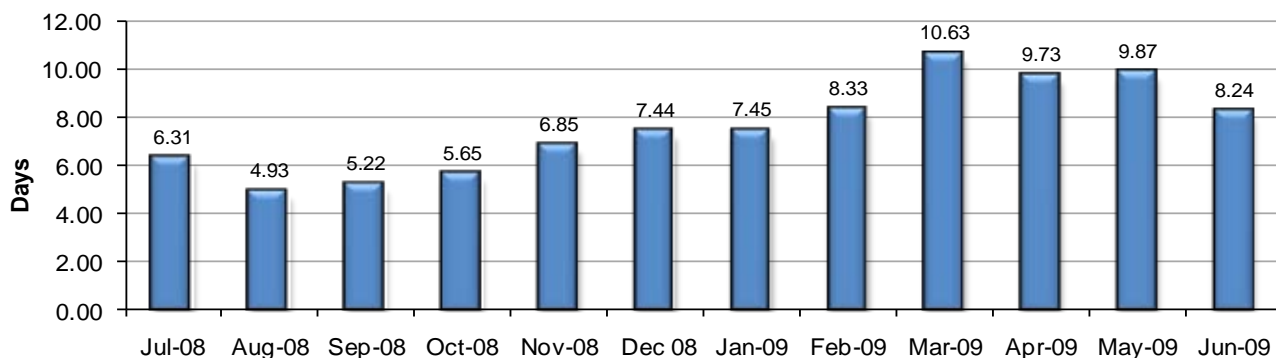
- FSP clients are more likely to have a more severe primary diagnosis (**oppositional/conduct disorder, depression, bipolar and anxiety**) than youth in the overall CMHS population.

How Quickly Can Clients Access Services?

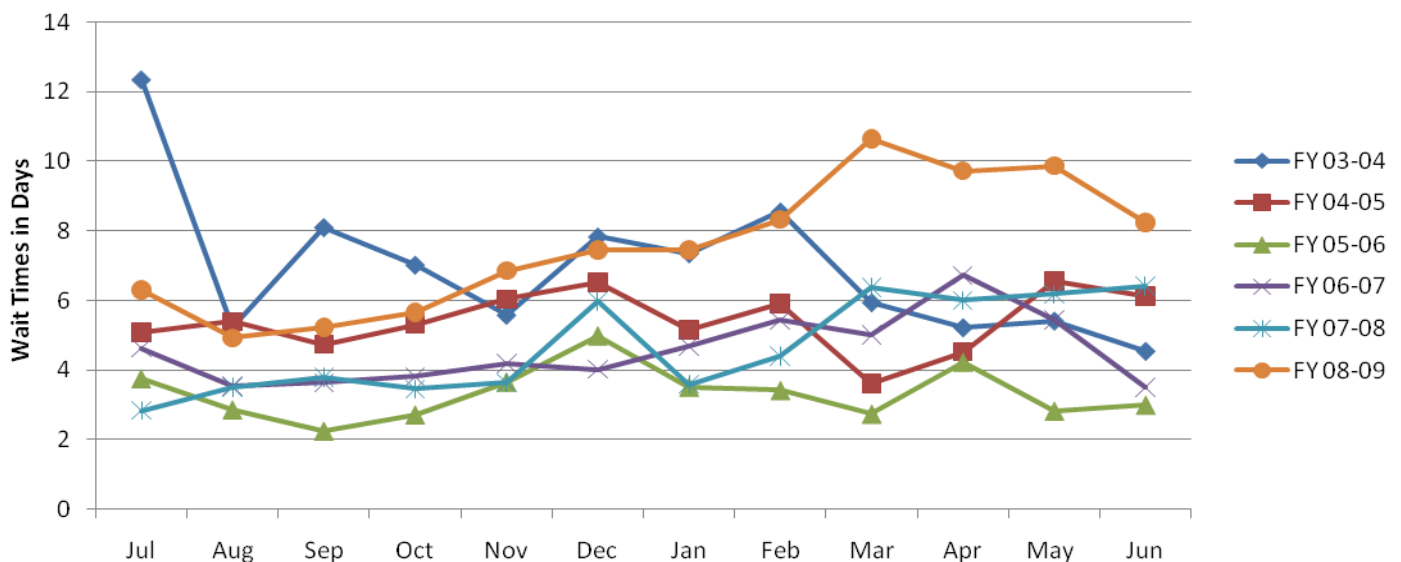
In FY08-09, children waited an average of **7.6 days** to receive services; the goal of a wait time of less than 5 days was not met. In FY07-08, the average wait time was less than 5 days.

- Wait times vary greatly 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 Avg Wait Times (days) Per Month, FY 08-09



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



Are Clients Getting Better?

San Diego County tracks outcomes for youth served by CMHS through the **System of Care Evaluation (SOCE)**. In FY08-09, the outcomes measures included:

- The Child and Adolescent Measurement System (CAMS), a **measure of youth symptoms and behavior by youth/caregiver report**, for total population and FSP only
- The Children's Functional Assessment Rating Scale (CFARS), a **measure of youth symptoms and behavior by clinician report**
- Inpatient Readmission Rates
- The Youth Services Survey (YSS), a measure of **youth and caregiver satisfaction** with mental health services

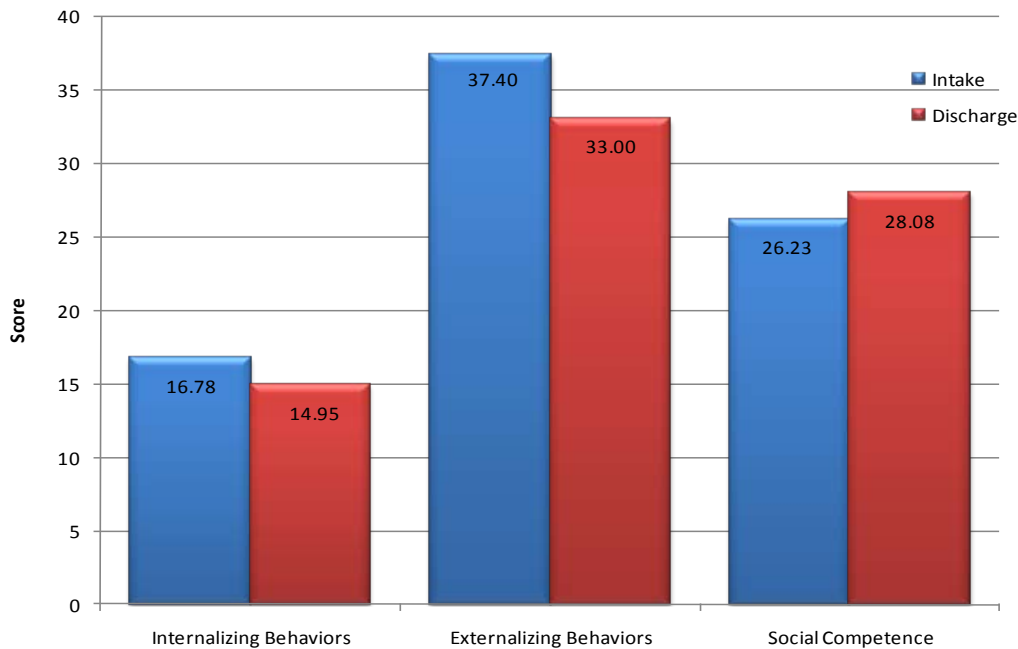


Both Caregivers and Youth reported considerable improvements between Intake and Discharge on all CAMS scales.

Are Clients Getting Better?

The **CAMS** measures a child's competency, behavior and emotional problems. It is completed by all parents/caregivers, and youth ages 11 and older at **Intake**, at every **6-month timepoint**, and at **Discharge**. CAMS scores for youth discharging from services in FY08-09 who had both Intake and Discharge scores (N=1,886 Parent CAMS and N=950 Youth CAMS) were examined to determine if youth symptoms and behavior improved as a result of having received mental health services.

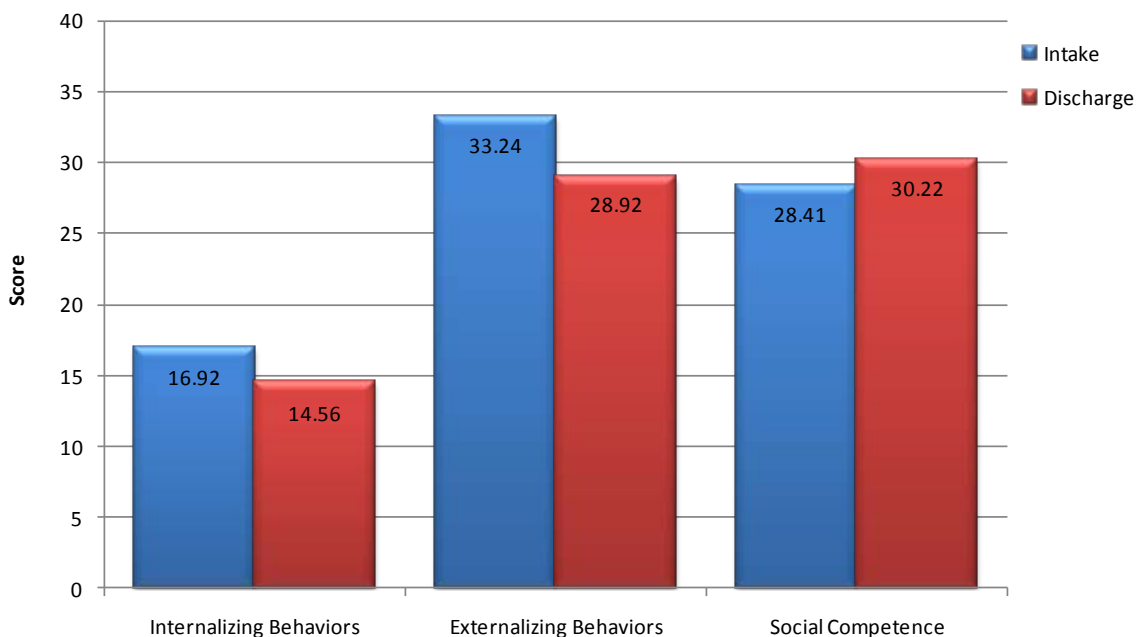
Caregiver CAMS - Average Scores at Intake & Discharge



A decrease on the **Internalizing** and/or **Externalizing** CAMS score is considered an improvement.

- *Internalizing behaviors* include depressive or anxiety disorders
- *Externalizing behaviors* include ADHD or oppositional disorders

Youth CAMS - Average Scores at Intake and Discharge



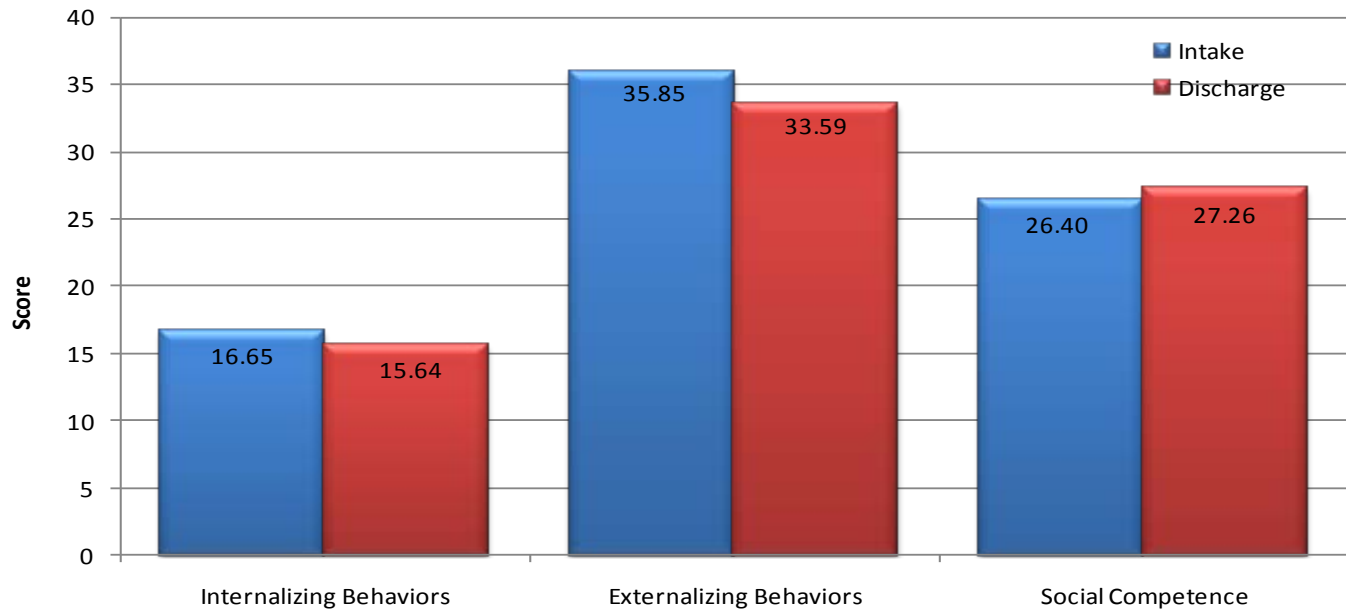
An increase in the **Social Competence** score is considered an improvement

- *Social Competence* includes areas of emotional/behavioral strength, such as personal responsibility and participation in activities

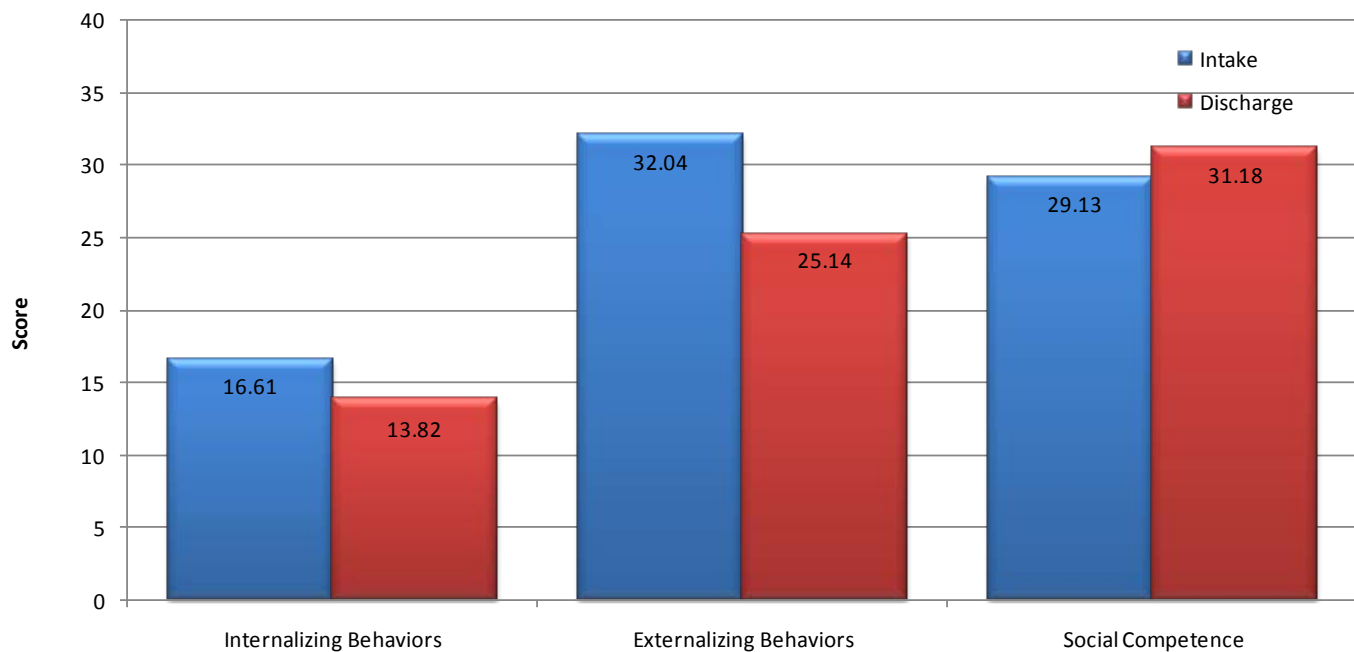
Are Clients Getting Better?

CAMS scores were also examined for Full Services Partnership (FSP) clients. **Slight improvements were seen between Intake and Discharge**, with Youth seeing greater improvement than caregivers.

FSP Caregiver CAMS - Average Scores at Intake & Discharge



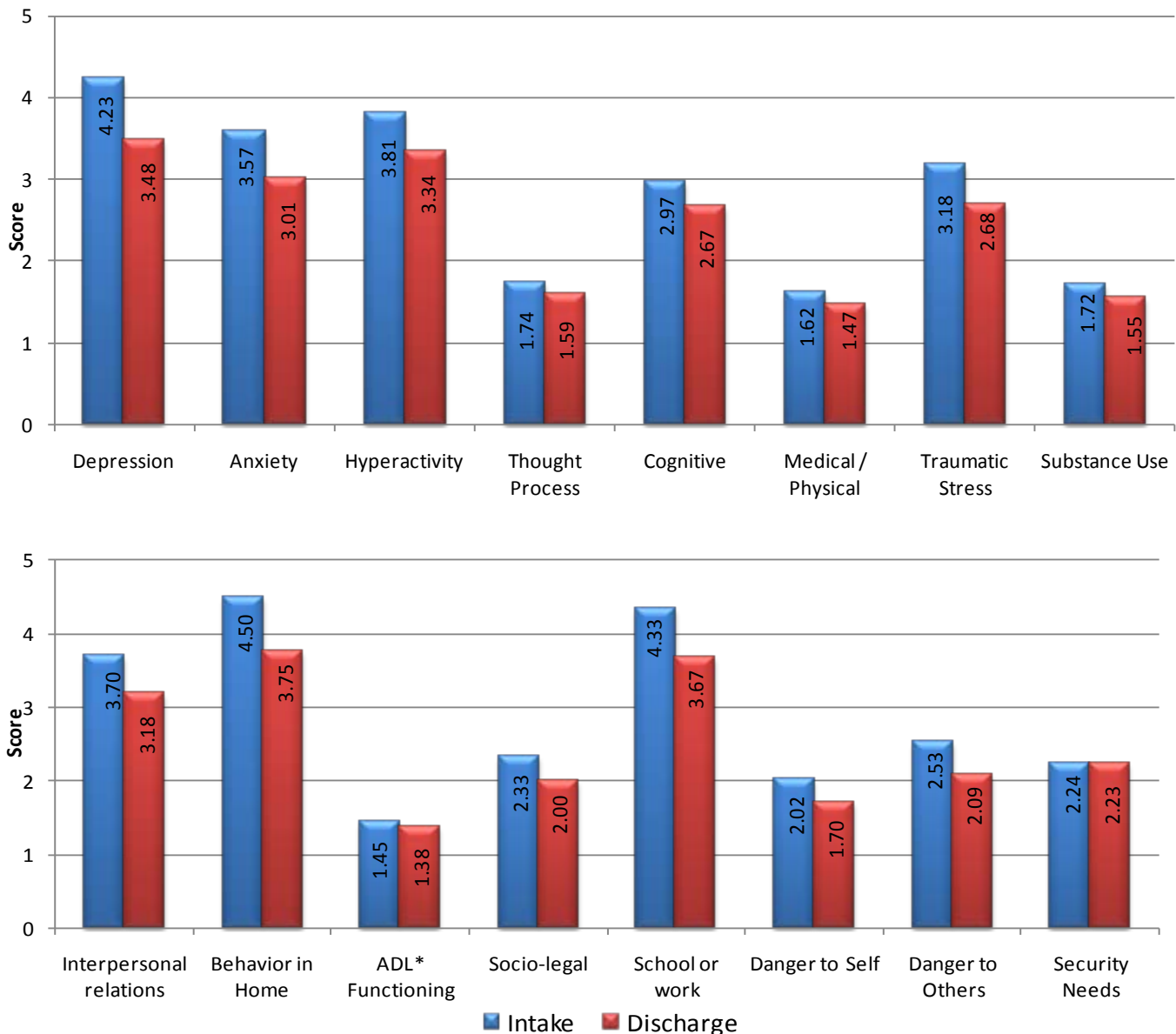
FSP Youth CAMS - Average Scores at Intake & Discharge



Are Clients Getting Better?

Outcomes data from clinicians is also collected through the CFARS, or Children's Functional Assessment Rating Scale. Data were available on 4,592 clients who discharged in FY08-09 and had both Intake and Discharge CFARS scores. **A decrease on any CFARS variable is considered an improvement.**

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



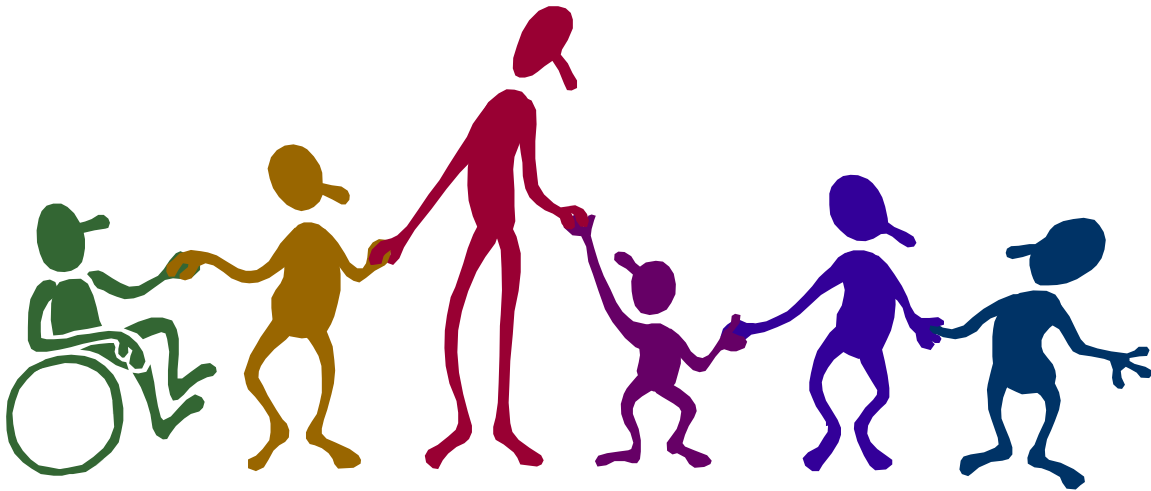
*Activities of Daily Living

Are Clients Getting Better?

One way to examine the effectiveness of mental health services is to look at re-admissions to high level services, such as inpatient hospitalizations and emergency screening. The goal of these services is to stabilize clients and move them on to the lowest appropriate level of care. Repeat use of these services within a short period of time may indicate that a client did not receive appropriate aftercare services.

While most children had only one Inpatient stay, **24% of clients who received Inpatient services had two or more episodes of care in the Inpatient setting** in FY08-09 (the number of episodes ranged from 1 to 9 during FY07-08).

39% of children with two or more Inpatient episodes were **readmitted to the hospital within 30 days** of the previous discharge.



Inpatient Clients:

- 116 clients (24% of the 488 youth clients who received Inpatient care) had more than one IP episode in the fiscal year
 - 45 clients (9%) were re-admitted to IP services within 30 days of the previous IP discharge.

Emergency Screening Unit (ESU) clients:

- 136 clients (19% of the 717 youth who received ESU care) had more than one ESU episode in the fiscal year
 - 60% of the 136 youth who had more than one ESU episode were re-admitted to ESU services within 30 days of the previous ESU discharge.

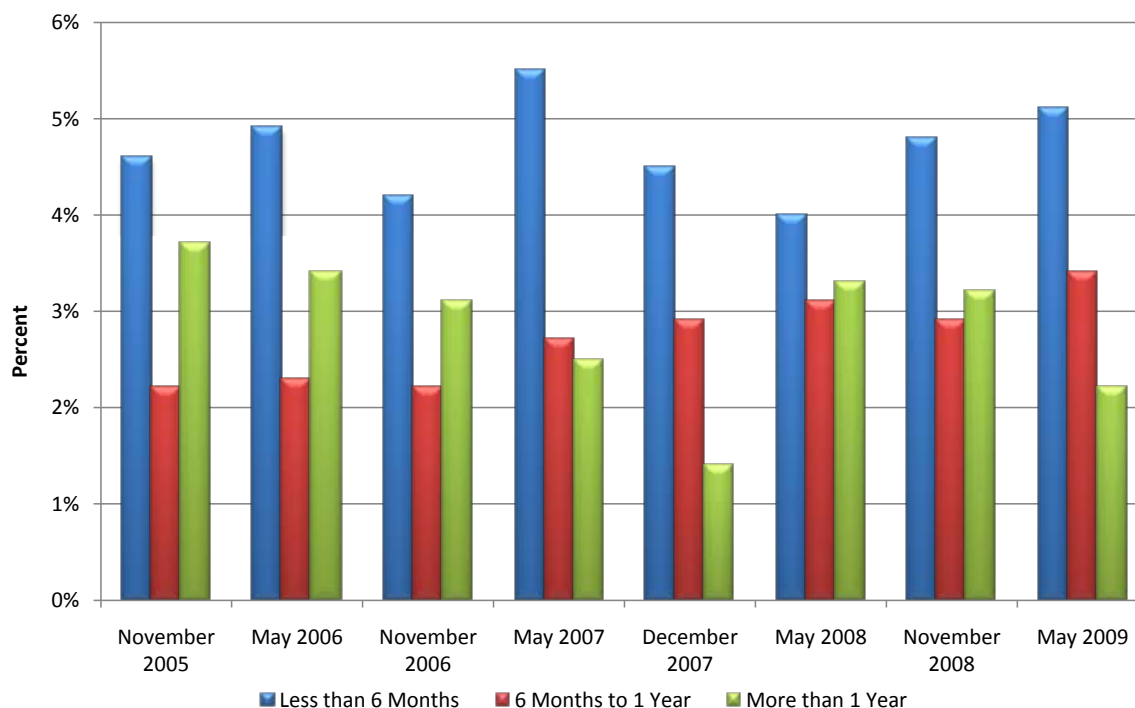
Are Clients Getting Better?

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 whether these data change with duration of services received. The YSS was administered to clients during two 2-week periods in November 2008 and May 2009, 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. 8,015 respondents answered the arrest question in FY08-09.

- **Approximately 96% of youth receiving any duration of services from CMHS were not arrested in the month prior to the Youth Services Survey.**

Past Month Arrests by Length of Time receiving Services – Parent and Youth Report

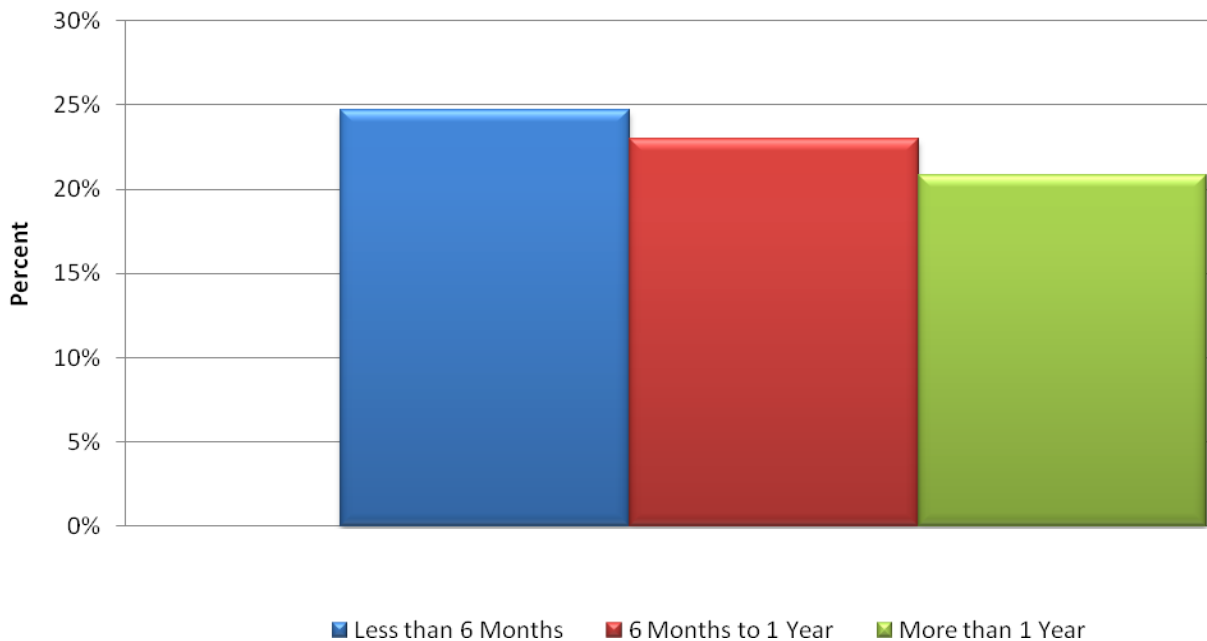


Are Clients Getting Better?

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. 3,000 youth answered the substance use question in FY08-09.

- Overall, **24% of youth** stated that they had used one of these substances at least once in the past month.
- **19%** 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 alcohol (13% in past month), cigarettes (13%), and marijuana (12%).
- When reports of substance use on the YSS were examined by the length of time receiving CMHS services, there is a statistically significant decrease ($p < 0.001$) 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



Are Clients Satisfied with Services?

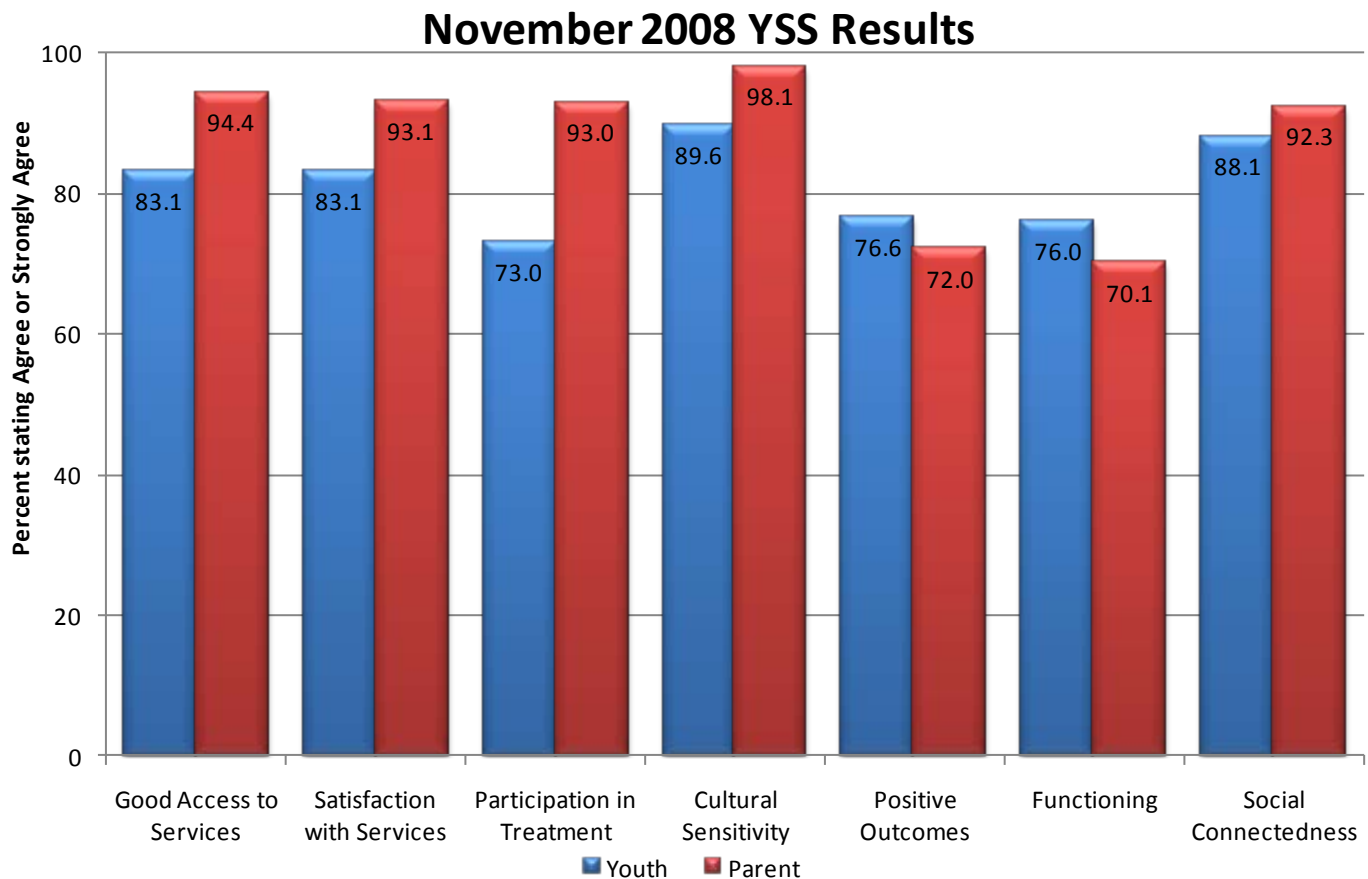
In FY08-09, the state-mandated Youth Services Survey (YSS) was administered twice over 2-week windows: November 3-17, 2008 and May 4-15, 2009.

During each YSS period, youth and their parents reported degree of satisfaction with mental health services received by youth.

A total of 8,451 surveys were completed by youth (ages 13+) and parents/caregivers during the November 2008 and May 2009 collection periods.

YSS questions were grouped into seven domains:

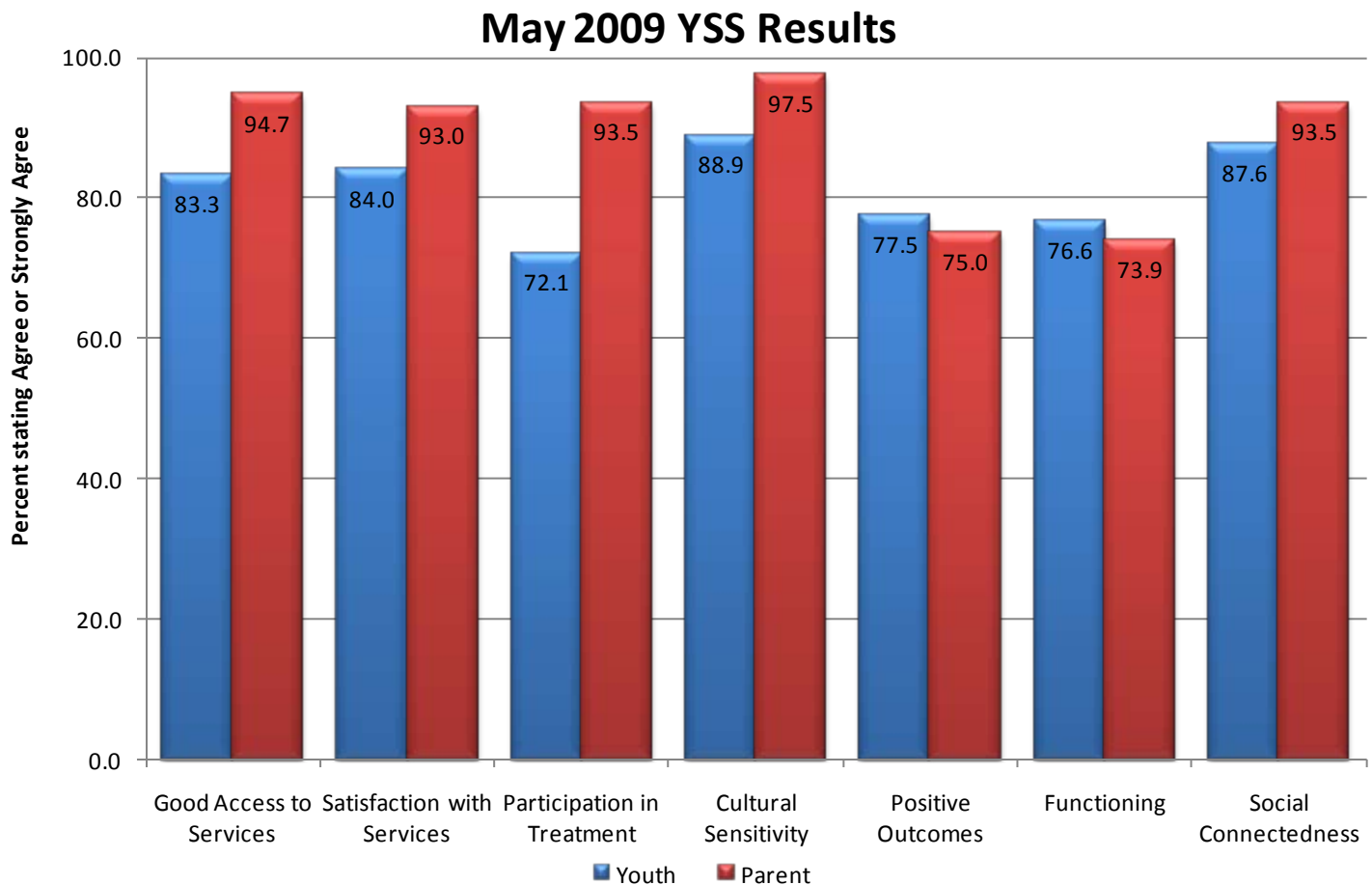
- Good Access to Services
- Satisfaction with Services
- Participation in Treatment
- Cultural Sensitivity
- Positive Outcomes
- Functioning
- Social Connectedness



Are Clients Satisfied with Services?

Key YSS Findings:

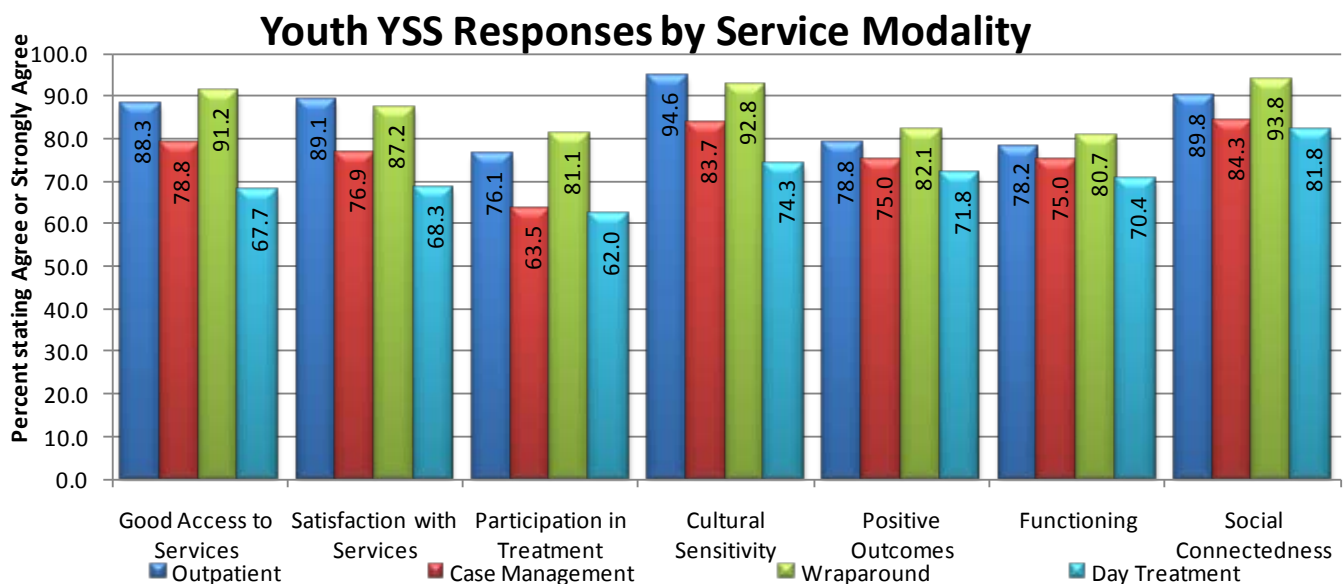
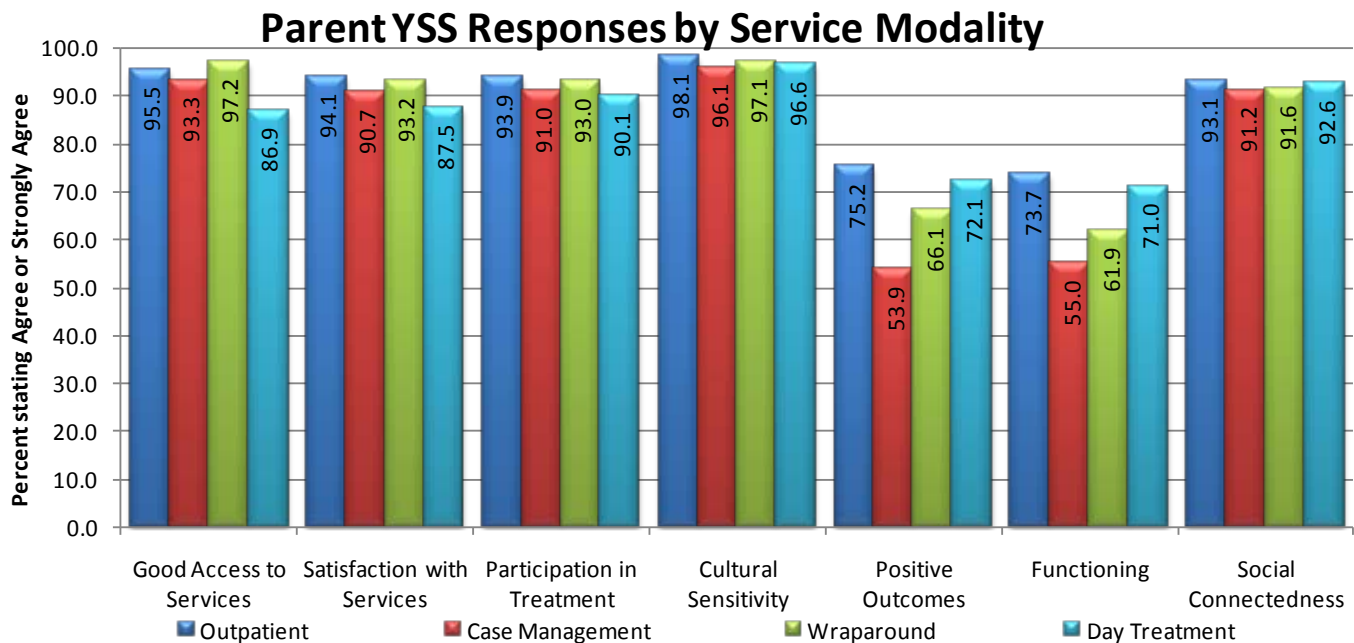
- Parents/caregivers are more satisfied than youth on 5 of the 7 domains. This pattern has been found in other studies of parent and youth satisfaction and may reflect the youths' perception of limited choice in their own treatment decisions (e.g. parent decides that youth needs care as opposed to youth deciding).
- 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 four years.



Are Clients Satisfied with Services?

Results from the FY08-09 YSS also show 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, Functioning, and Social Connectedness.



Appendices

Appendix A Glossary of Terms

Note: Appendices B through G 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@sdcounty.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 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.
- **Dual diagnosis** occurs when an individual has both a mental disorder and a substance abuse problem.
- **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.
- **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.
- **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 (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, 2009. 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 diagnoses** 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.

