County of San Diego
Health and Human Services Agency

Children's Mental Health Services

Systemwide Annual Report, FY2009-10

CASRC child and adolescent services research center

v.6/01/11

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Children's Mental Health Services

Systemwide Annual Report

Health and Human Services Agency
Nick Macchione – HHSA Director

County of San Diego Board of Supervisors

Greg Cox – District 1
Dianne Jacob – District 2
Pam Slater-Price – District 3
Ron Roberts, Vice-Chairman – District 4
Bill Horn, Chairman – District 5

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

Table of Contents

Introduction

Systemwide Annual Report

This report summarizes cumulative system and clinical outcomes for children and adolescents served by San Diego County Mental Health Services in Fiscal Year 09-10 (July 2009-June 2010). Children's Mental Health Services primarily served children and adolescents ranging in age from 0-17 years old, with a small number of programs serving young adults, 18 to 25 years old, who are transitioning to adult services.

Children's System of Care

San Diego County Mental Health Services operates a Children's System of Care (CSOC) program. The CSOC is a comprehensive, integrated, community-based, family-centered and clinically sound 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.

Introduction

Provider Systems

In Fiscal Year 2009-2010, San Diego County Mental Health Services served youth with mental health needs through three provider systems distributed throughout the County: Organizational Providers, Fee-for-Service Providers, and Juvenile Forensic Providers.

San Diego County Mental Health Services delivered child and adolescent services through a variety of program types, including:

- Outpatient programs
- Day Treatment programs
- Case Management programs
- Inpatient facilities
- Emergency Services providers
- Family Partner Programs

Key Findings

Children's Mental Health Services, Fiscal Year 2009-10

1. Approximately 17,700 youth received services through the San Diego County Mental Health System, a slight decrease from nearly 17,800 in FY08-09.
2. More than 50% of clients were Hispanic.
3. Over 60% of clients were male.
4. The four most common diagnoses were oppositional defiant disorders, depressive disorders, adjustment disorders, and ADHD.
    - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
5. 9% (1,645) of clients had substance abuse issues, as compared to 8% in FY08-09.
    - The majority of these youth received substance abuse counseling as part of their EPSDT mental health services; 46% of these clients received treatment from Alcohol and Drug Services (ADS).
6. The mean number of service hours received decreased for all Therapy services in FY09-10, as treatment emphasis shifted to short-term therapy.
7. The percentage of clients also receiving Child Welfare services has declined over the past five years, from 25% in FY05-06 to 17% in FY09-10.

Key Findings, continued

8. 3% (598) of clients used Inpatient (IP) services in FY09-10.
   - 26% of IP clients received multiple IP services within the fiscal year; this has increased slightly from 24% in FY08-09.
   - The proportion of IP clients re-admitted to IP services within 30 days of the previous IP discharge increased from 39% in FY08-09 to 51% in FY09-10.

9. 5% (930) of clients used Emergency Screening unit (ESU) services in FY09-10.
   - 14% of ESU clients had multiple ESU visits within the fiscal year; this has dropped dramatically over the past three years, from 39% in FY07-08.
   - The proportion of ESU clients with multiple ESU visits who were readmitted to ESU services within 30 days of the previous ESU discharge dropped from 60% in FY08-09 to 49% in FY09-10.

10. One-third of clients, ages 13 and older, reported that they did not live with their parents at some point during the last 6 months.

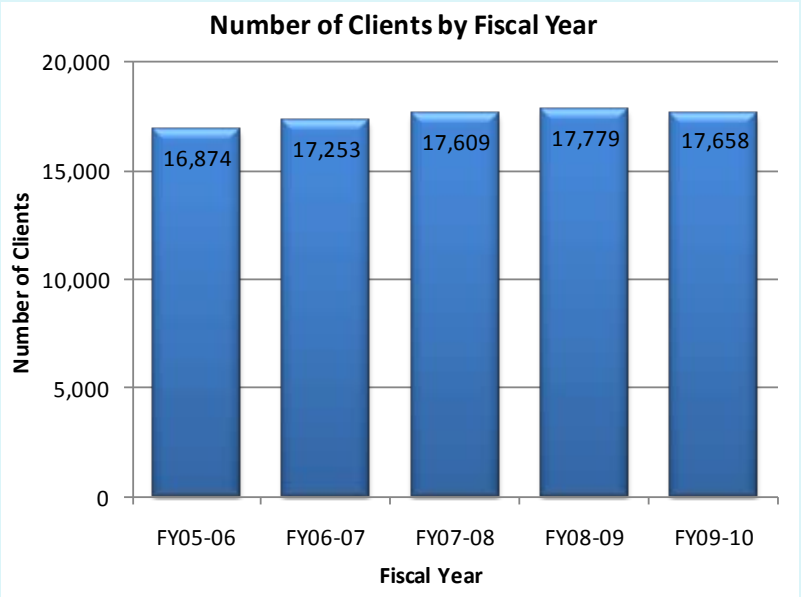
11. Youth experienced improvements in behavior, emotional well-being, and social competence as a result of having received mental health services, as measured by the Parent and Youth CAMS (Child and Adolescent Measurement System) assessment tools.

12. Youth and Parent satisfaction with mental health services received was greater than 70%, as reported on the Youth Services Survey (YSS).

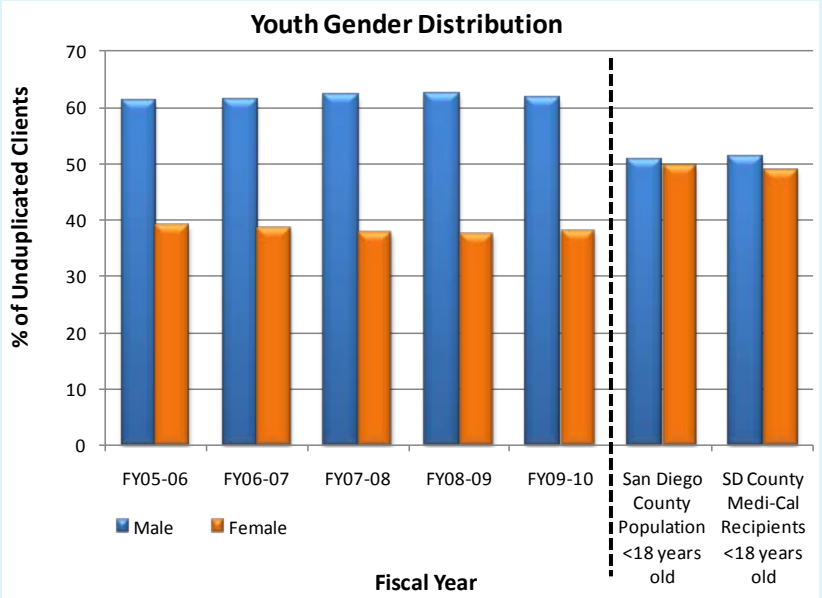
Who Are We Serving?

Over 60% of the nearly 17,700 youth served by San Diego County Mental Health Services in FY09-10 were male, whereas the County youth population was more evenly divided between males and females.

Number/Gender of Clients



❖ In Fiscal Year 2009-10, San Diego County delivered mental health services to almost 17,700 youth.



❖ The majority of Mental Health Services youth clients served in Fiscal Year 2009-10 were male.

❖ The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.

❖ This trend has remained consistent for the past 5 years.

Who Are We Serving?

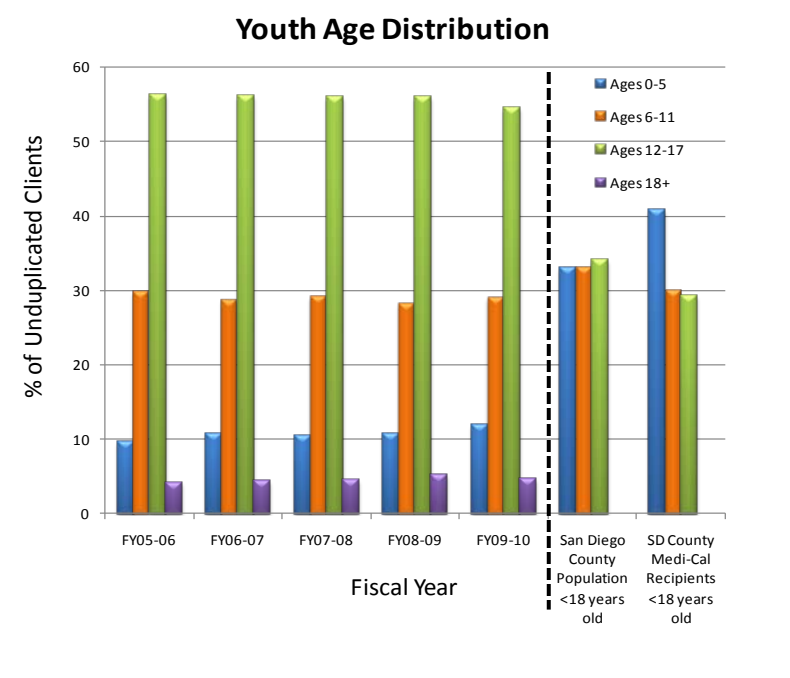
The majority of clients were 12-17 years old and of Hispanic ethnicity.

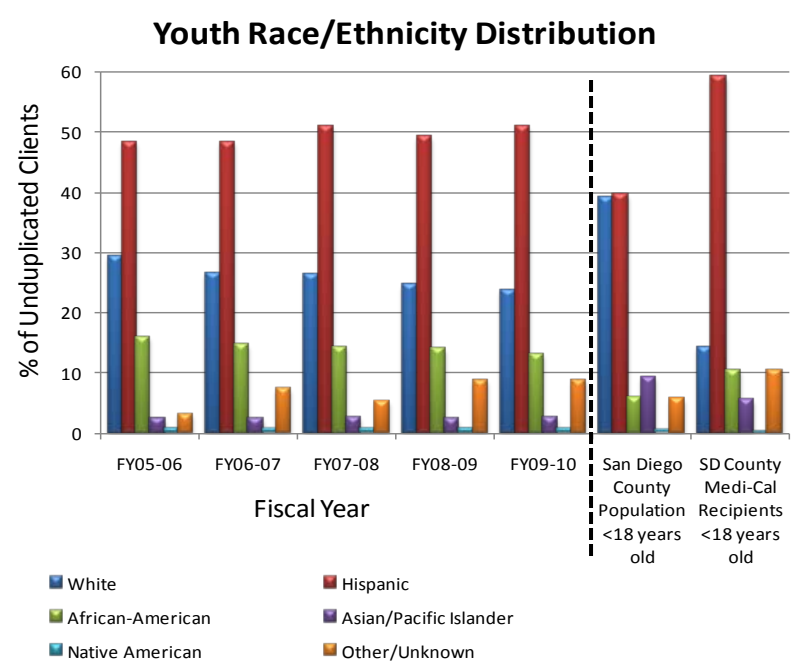
Age of Clients

- Adolescents (ages 12-17) make up nearly 55% of clients.
- The percentage of school-age clients (6-11 years) has remained less than 30% of the total population over the past 5 years.
- Children ages 0-5 comprise almost 12% of the population.

Client Race & Ethnicity

- More than half of clients receiving services identified themselves as Hispanic.
- A larger percentage of African-American clients and a smaller percentage of Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population.

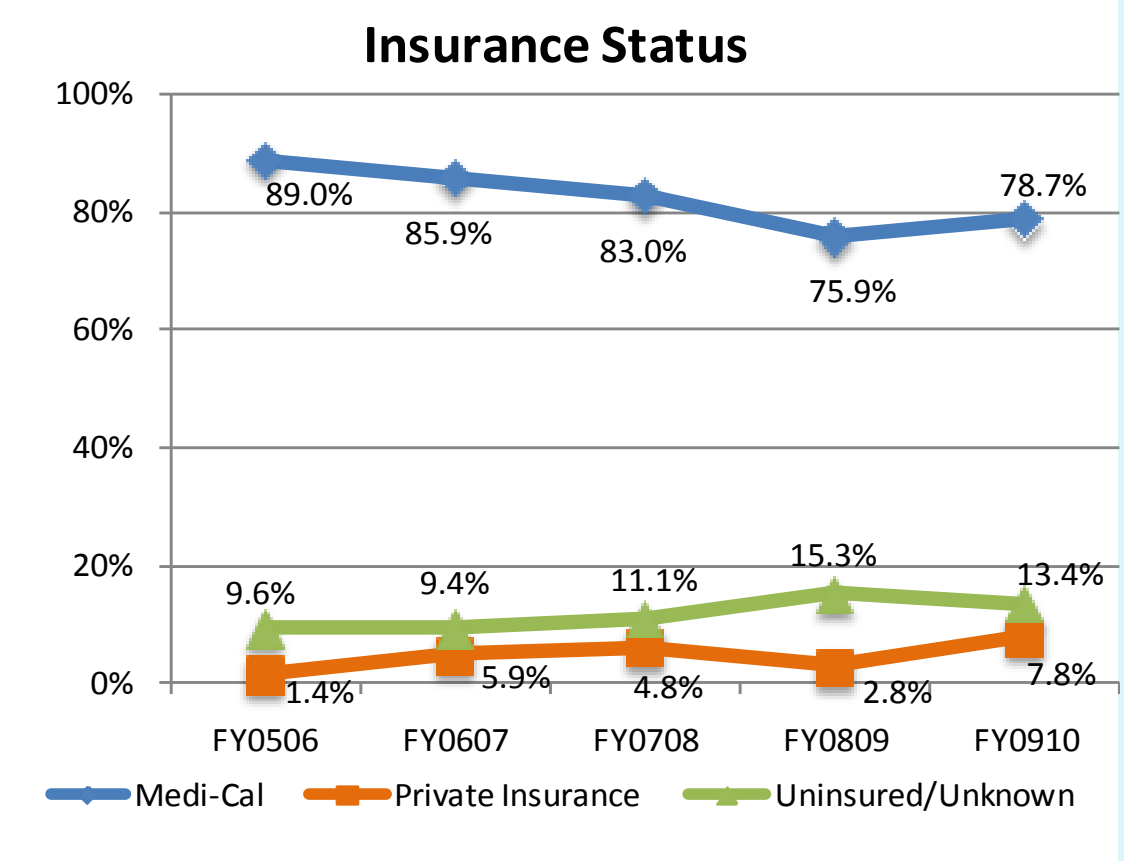




Who Are We Serving?

Over three-quarters of children and youth receiving services from San Diego County Mental Health were covered by Medi-Cal.

Health Care Coverage



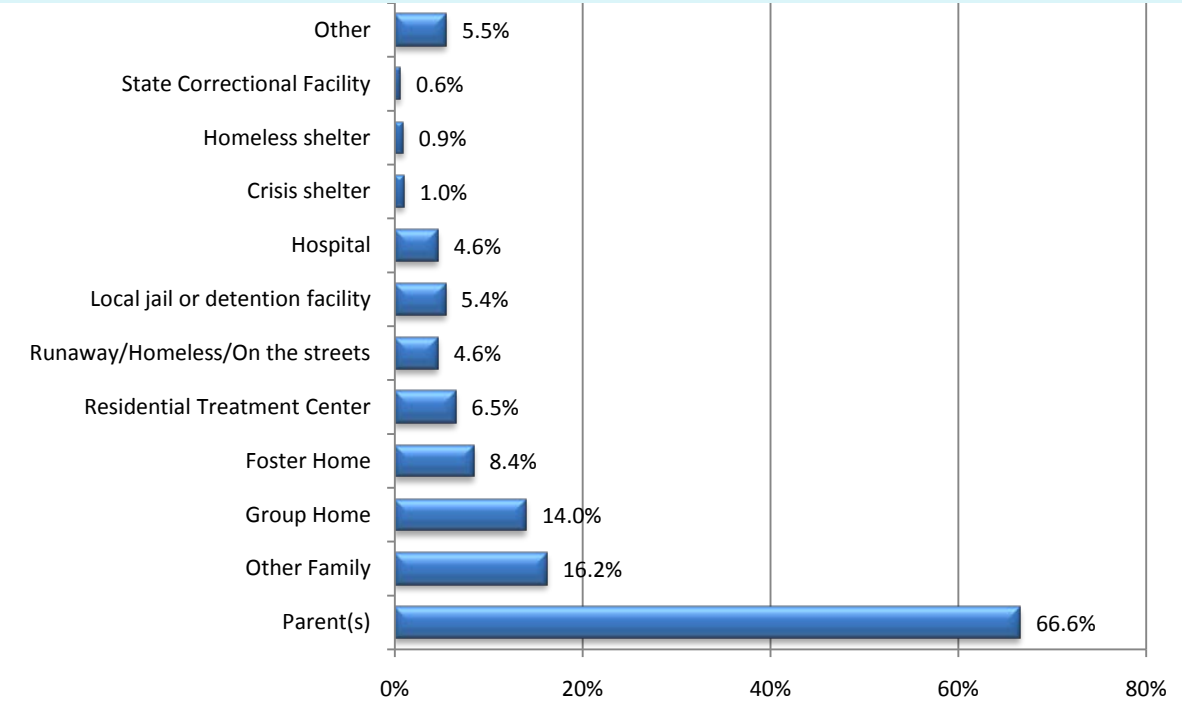
- Medi-Cal was used at least once for 79% of clients during FY09-10, as compared to 40% of clients in the Adult Mental Health Service system.
- The percentage of clients with Medi-Cal showed a slight increase in FY09-10, following a steady decrease from FY05-06 to FY08-09.

Who Are We Serving?

The majority of children receiving San Diego County Mental Health Services lived with their parents at some point during FY09-10.

*Client Living Situation**

A total of 3,346 youth (age 13+) responded to a question about their living situation during the previous six months on the 2009-10 Youth Services Survey.



- 33% of youth reported they did not live with their parents at some point in the previous six months, slightly more than 32% in FY08-09.

*Children may have had more than one living situation in the 6-month period.

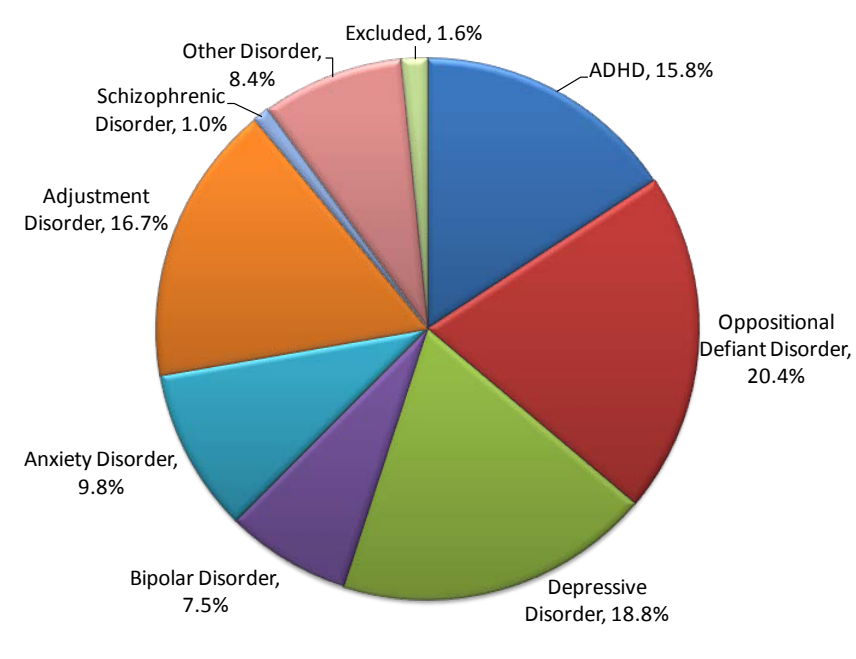
Who Are We Serving?

Clients were diagnosed with a variety of disorders, and 9% had a co-occurring substance abuse issue.

*Primary Diagnosis**

The most common diagnoses among children and youth served by County Mental Health Services are:

- ❖ Oppositional Defiant disorders (including Conduct and Disruptive behaviors)
- ❖ Depressive disorders
- ❖ Adjustment disorders
- ❖ Attention Deficit Hyperactivity Disorder (ADHD)



* Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2010; or, the most recent valid diagnosis.

Co-occurring Substance Abuse

1,645 unduplicated youth (9.3% of the total population) who received services in FY09-10 had a substance abuse problem.**

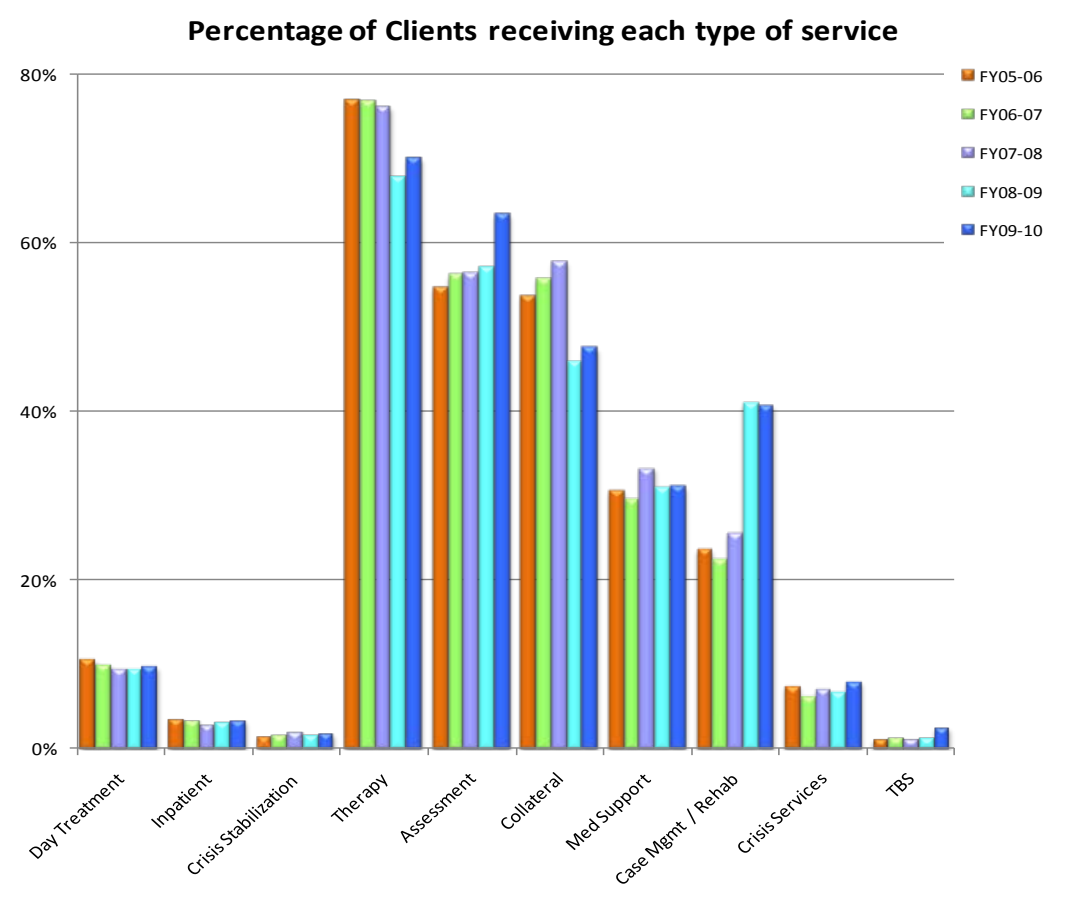
- **71%** (1,161 of 1,645) had a dual diagnosis. The majority of these youth received substance abuse counseling as part of their EPSDT mental health services.
- **46%** (753 of 1,645) received services from ADS.
- **16%** (269 of 1,645) received both County Mental Health services *and* ADS services in FY09-10 *and* had been identified as having a dual diagnosis by their mental health provider.

** Substance abuse problems were operationally defined as a dual diagnosis (a secondary substance abuse diagnosis or another indication of substance abuse problem) and/or involvement with Alcohol and Drug Services (ADS).

What Kind of Services Are Being Used?

Types of Services Used

Children and youth may receive multiple services in the course of a year, and the amount and type of each service received can vary widely by client. Refer to Appendix A for a description of provider and service types.



- The percentage of clients receiving Assessment and Case Management services increased dramatically from FY07-08 to FY09-10
- FY08-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi

What Kind of Services Are Being Used?

Service Use by Primary Diagnosis

❖ Youth with an **oppositional/conduct, bipolar** or **schizophrenic disorder** used more Outpatient services on average than youth with other diagnoses.

❖ Youth with a **bipolar** or **schizophrenic disorder** used more Day Treatment and Inpatient services on average than youth with other diagnoses.

- They were more likely to use Inpatient hospital days (9% and 20% respectively as compared to 3% among total youth client population) in FY09-10.
- These findings have been consistent over the past 5 years.

❖ Youth with ADHD

- 58% of youth with ADHD received **Medication Support services**, as compared to 31% of the total sample in FY09-10.
- Youth with ADHD were slightly less likely to use Day Treatment services; however, the **duration of Day Treatment was higher** (109 mean service days, compared to 73 for the total youth client population).

Service Use by Race/Ethnicity

❖ Compared to the total youth average, **African American** youth used more **Collateral, Case Management, Medication Support, Crisis and TBS** services. **African Americans** were also more likely than any other racial/ethnic group to use **Day Treatment** services.

❖ Compared to the total youth average, **White** youth used more **Collateral, Therapy, Assessment, Medication Support, and TBS** services. **Whites** also had the **highest mean number** of Inpatient service days of any racial/ethnic group.

❖ **Native Americans** were slightly less likely to use TBS services; however, **duration** of TBS treatment was more than double the general population. **Native Americans** also had the **highest mean number** of Day Treatment days of any racial/ethnic group.

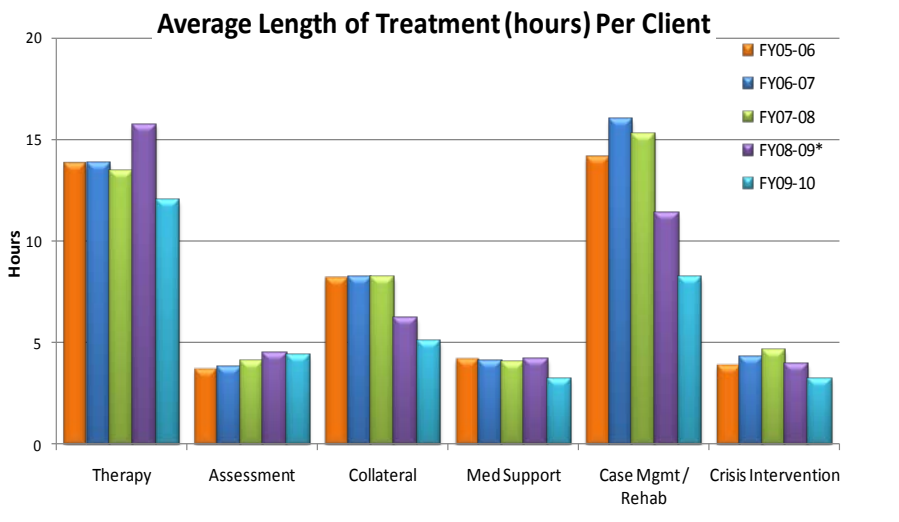
❖ **Asian/Pacific Islanders** were more likely than any other racial/ethnic group to use Inpatient services.

Detailed data tables on service utilization by client characteristics are available in Appendix F.

What Kind of Services Are Being Used?

Outpatient Service Hours

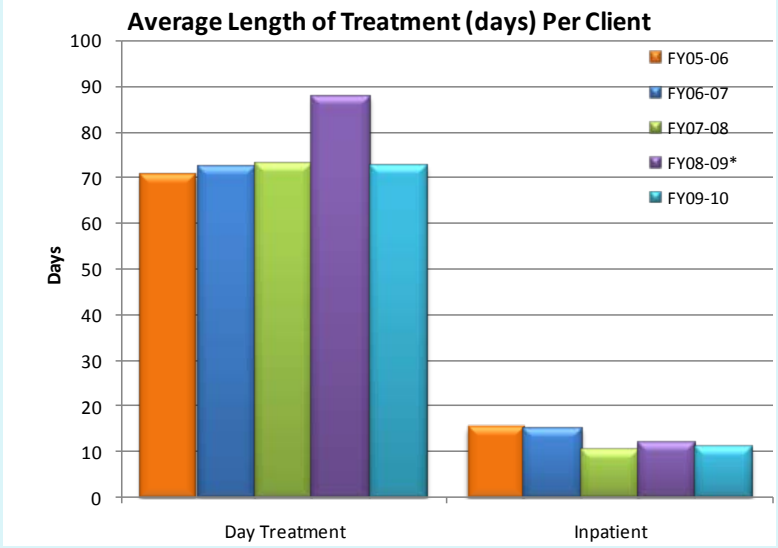
On average, clients received **6 hours of Outpatient services** in FY09-10.



*FY08-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi.

Service Days

The mean number of days for Day Treatment and Inpatient services appears to have **decreased** from FY08-09.



*FY08-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi.

Therapeutic Behavioral Services (TBS)

TBS services are special intensive coaching services designed to help stabilize placements, or avoid the need for a more restrictive level of care. In FY09-10, 444 clients received an average of 65 TBS hours.

What Kind of Services Are Being Used?

*Inpatient (IP) Services**

- 3% (598) of unduplicated clients used Inpatient services in FY09-10
  - 84% of these clients were ages 12-17
- Top 3 primary diagnoses
  - 47% Depressive disorders
  - 18% Oppositional / Conduct disorders
  - 17% Bipolar disorders
- 26% (154) of children receiving IP services had **more than one IP stay** in the fiscal year, a slight increase from 24% in FY08-09

**Detailed data tables on Inpatient service utilization are available in Appendix G.*

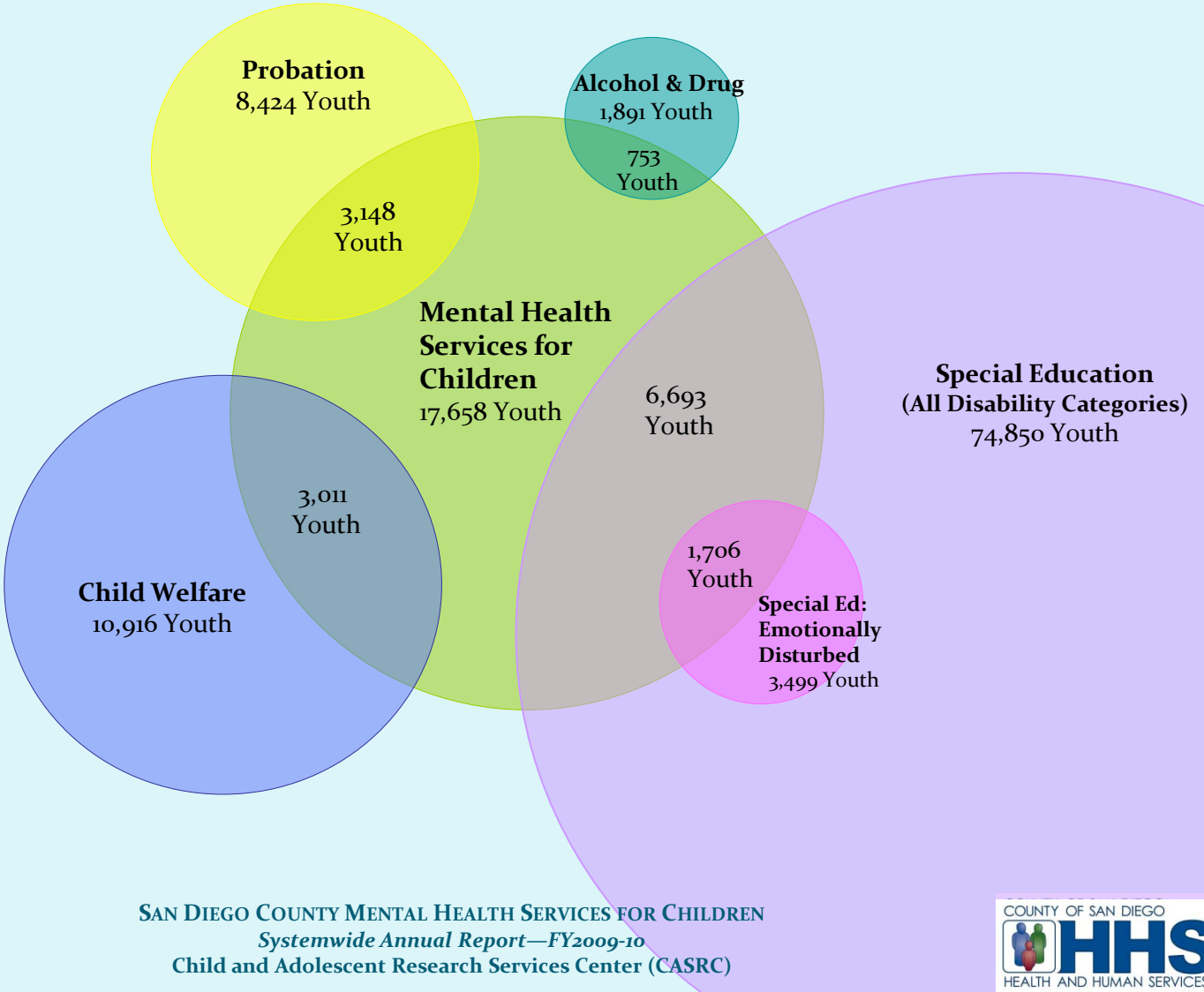
Emergency Screening Unit (ESU) Services

- 5% (930) of unduplicated clients used ESU services in FY09-10
  - 76% of these clients were ages 12-17
- Top 3 primary diagnoses
  - 35% Depressive disorders
  - 23% Oppositional / Conduct disorders
  - 11% Bipolar disorders
- 14% (133) of children receiving ESU services had **more than one ESU visit** in the fiscal year
  - Steady reduction from 39% in FY07-08

What Kind of Services Are Being Used?

Children and Youth Receiving Mental Health Services and Services From Other Sectors

- The percentage of Mental Health clients also receiving services from Special Education (all), Special Education (emotionally disturbed), Alcohol & Drug Services, and Probation has been relatively stable over the past five years
- The percentage of Mental Health clients also receiving Child Welfare services has declined steadily since FY05-06

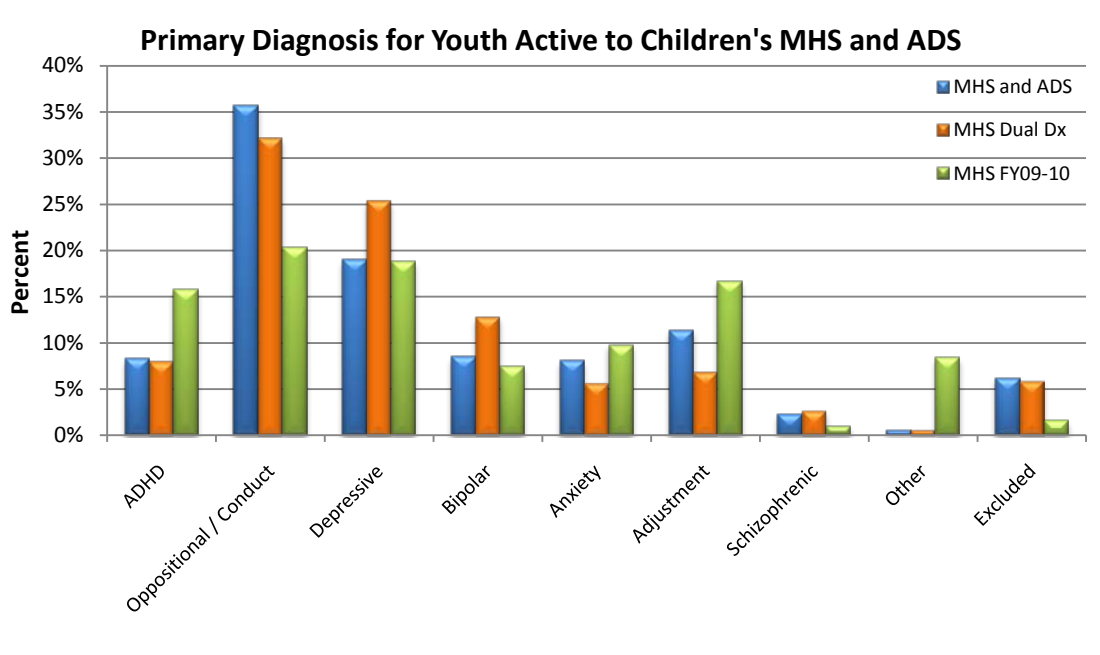


What Kind of Services Are Being Used?

Children and Youth Receiving Mental Health Services and Services From Other Sectors

4.3% (753) of youth receiving Mental Health Services were also active to Alcohol and Drug Services in FY09-10.

Youth active to both Mental Health Services and ADS, and youth with a dual diagnosis, were more likely to have an oppositional/conduct disorder than youth in Mental Health Services overall. This pattern has been consistent over the past 5 years.



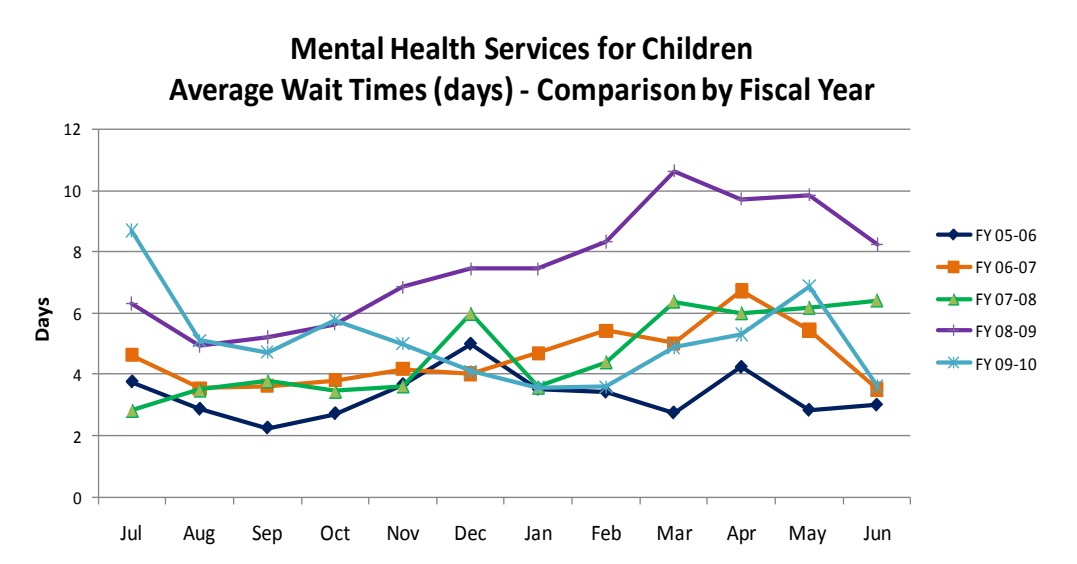
Detailed information on demographics and service of these youth is in Appendix G.

How Quickly Can Clients Access Services?

Wait Time

Wait times vary greatly by program, with some sites having a long wait to receive services and others being able to offer immediate access. Families are informed of the options available to them.

In FY09-10, children waited an average of **5.1 days** to receive services. While the goal of a wait time of less than 5 days was not met, wait time significantly improved over the 7.6-day average reported in FY08-09.



Are Clients Getting Better?

Clients are improving, as evidenced by assessment test results, outcome measures, service data, and client feedback.

Assessment Tools Used

- The Child and Adolescent Measurement System (CAMS), a measure of youth emotional and behavioral symptoms completed by youth and/or caregivers
- The Children's Functional Assessment Rating Scale (CFARS), a measure of youth symptoms and behavior completed by clinicians
- Inpatient Readmission Rates
- The Youth Services Survey (YSS)

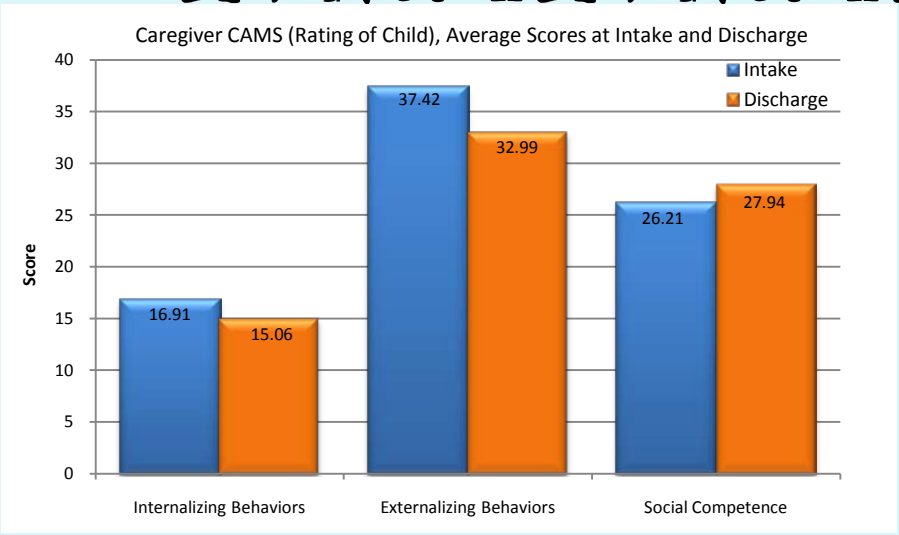
Are Clients Getting Better?

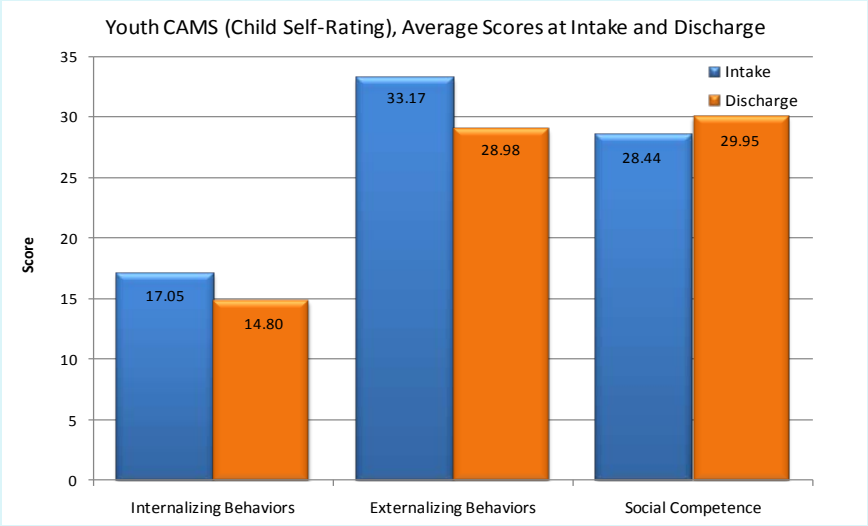
Child and Adolescent Measurement System (CAMS) Results Indicate Improvement

The CAMS measures a child's competency, behavior and emotional problems. In FY09-10, the CAMS was administered to all parents/caregivers, and to youth ages 11 and older, at Intake, at every 6-month timepoint, and at Discharge. The CAMS was not administered in any Inpatient setting.

A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered an improvement. An *increase* in the Social Competence (e.g., personal responsibility and participation in activities) score is considered an improvement.

CAMS scores for youth discharged from services in FY09-10 who had both Intake and Discharge scores for all three scales (N=2404 Parent CAMS and N=1,299 Youth CAMS) revealed improvement in youth competency, behavior and emotional problems following receipt of mental health services.





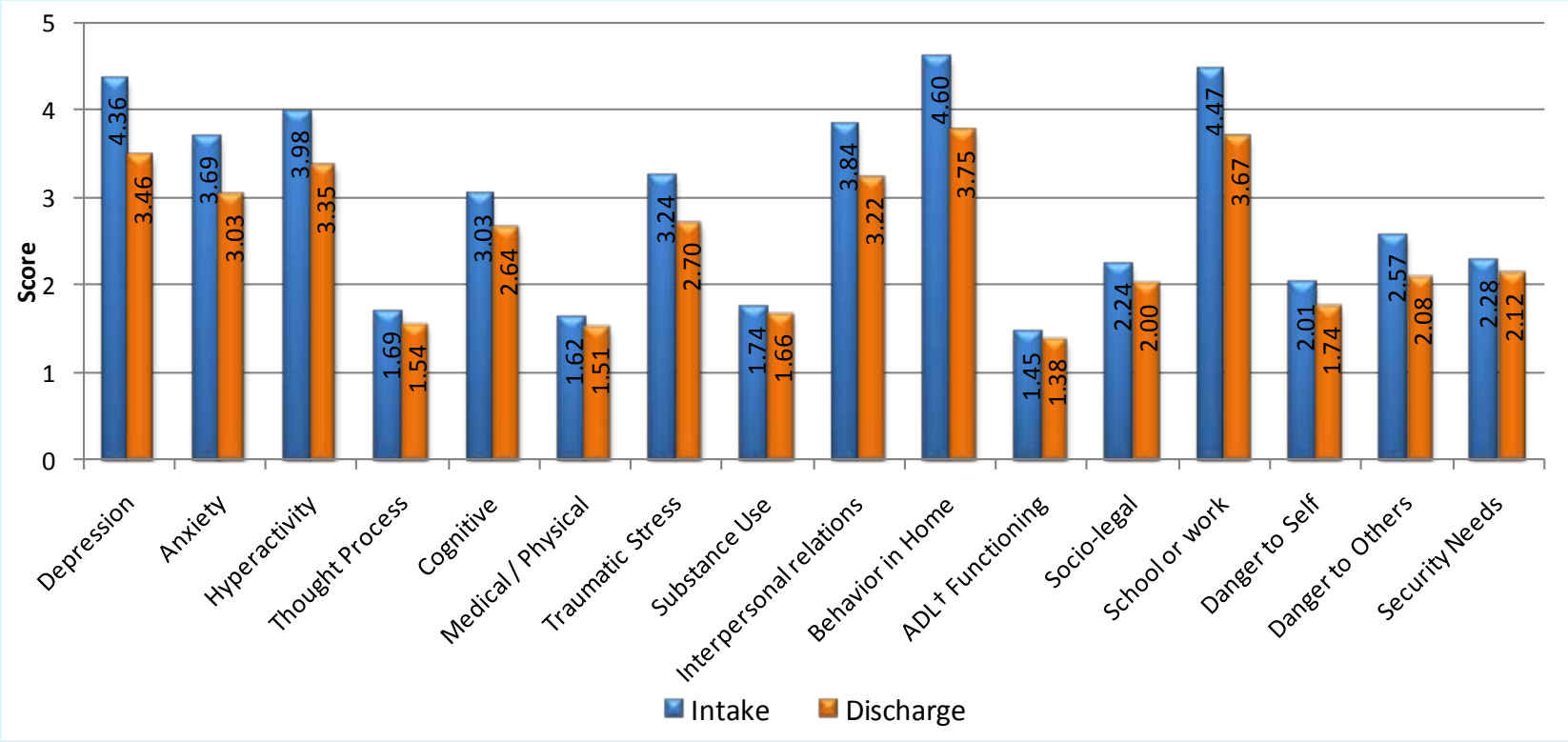
Are Clients Getting Better?

Children's Functional Assessment Rating Scale (CFARS) Results Indicate Improvement

The Children's Functional Assessment Rating Scale (CFARS) measures symptoms and behavior and is completed by the client's clinician. Data were available on 5,456 clients who discharged in FY09-10 and had both Intake and Discharge scores for every CFARS domain. The CFARS was not administered in any Inpatient setting.

A *decrease* on any CFARS variable is considered an improvement.

CFARS scores revealed improvement in youth symptoms and behavior following receipt of mental health services.



†Activities of Daily Living

Are Clients Getting Better?

Readmission to High-Level Services

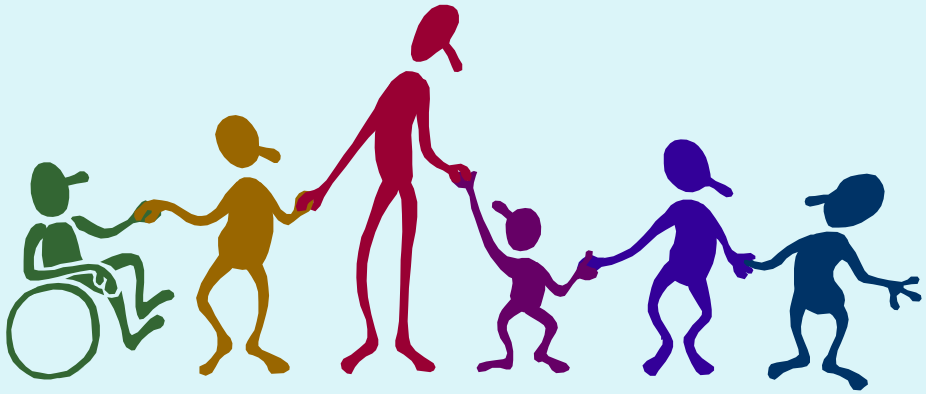
The goal of high level services, such as inpatient hospitalizations and emergency screening, is to stabilize clients and move them on to the lowest appropriate level of care. Repeat use of these services within a short period of time may indicate that a client did not receive appropriate aftercare services.

Inpatient (IP) Services

- 26% (154) of clients who received Inpatient care had more than one IP episode (ranging from 2 to 10) during FY09-10.
  - 51% (78 of 154) of clients with more than one IP episode were re-admitted to IP services within 30 days of the previous IP discharge—a notable **increase** from 39% (45 of 116) in FY08-09.

Emergency Screening Unit (ESU) Services

- 14% (133) of clients who received ESU care had more than one ESU episode in the fiscal year.
  - 49% (65 of 133) clients of clients with more than one ESU episode were re-admitted to ESU services within 30 days of the previous ESU discharge—a notable **decrease** from 60% (82 of 136) in FY08-09.



Are Clients Getting Better?

The Youth Services Survey (YSS) Results Indicate Better Outcomes for Clients in Service More than One Year

The Youth Services Survey (YSS) is a biennial state-mandated survey; in FY09-10 it was administered to clients during two 2-week periods in November 2009 and May 2010.

The Survey is completed by all clients, ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. A total of 8,545 surveys were completed in FY09-10.

The Survey gives a snapshot in time of how youth receiving Mental Health services look, and whether these data change with duration of services received.

Specifically, the Survey provides data regarding three outcomes areas of interest: arrests, substance use, and consumer satisfaction.

YSS Key Findings

- On average, clients in service for more than 1 year reported less substance abuse and fewer arrests than clients in service for less than 1 year.
- 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.
- Differences were most pronounced on the Participation in Treatment domain.
- Youth reported slightly higher satisfaction than parents on the Positive Outcomes and Functioning domains.

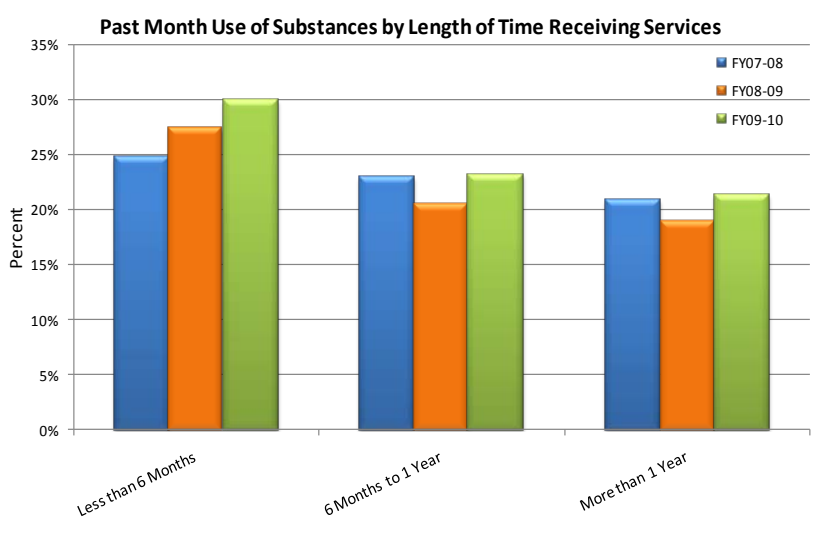
Are Clients Getting Better?

Reduced Substance Abuse

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. 3,167 youth answered the substance use question in FY09-10.

Overall, **26% of youth** stated that they had used one of these substances at least once in the past month.

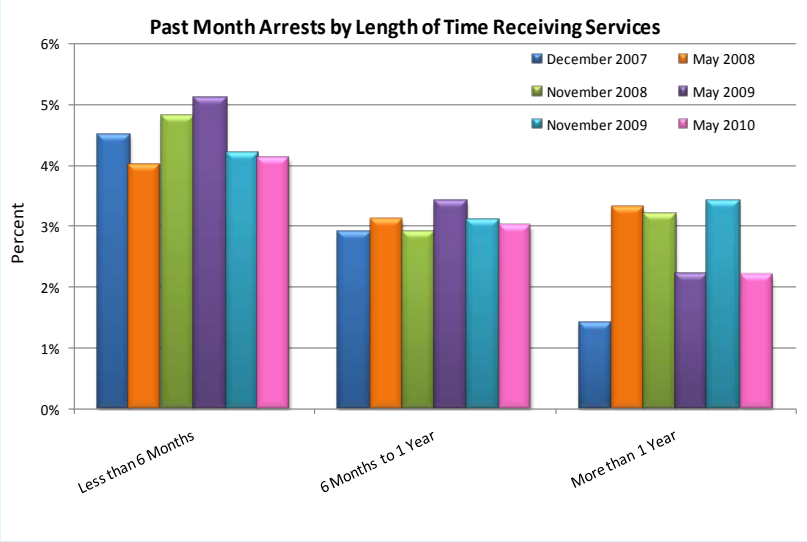
The **three most commonly used substances** in the past month were: Marijuana (15%), Cigarettes (14%), Alcohol (13%)



Fewer Arrests

In the YSS, both the youth (ages 13+) and parent respondents 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. 8,214 respondents answered the arrest question in FY09-10.

Overall, clients in service 6 months or longer had fewer arrests than clients who received less than 6 months of treatment.



Are Clients Satisfied With Services?

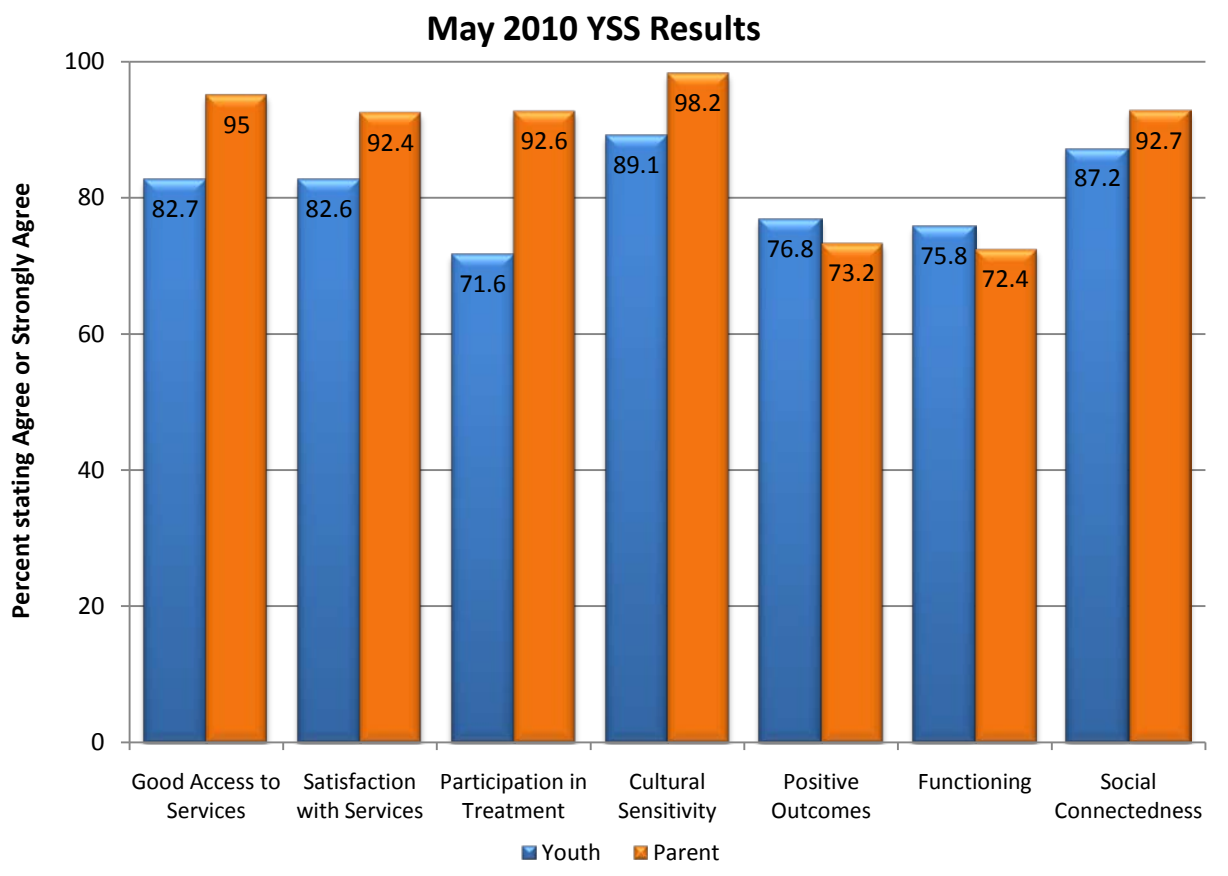
The Youth Services Survey (YSS)—Satisfaction By Domain

Youth and their parents reported their degree of satisfaction with mental health services received.

YSS Satisfaction questions were grouped into seven domains:

1. Good Access to Services
2. Satisfaction with Services
3. Participation in Treatment
4. Cultural Sensitivity
5. Positive Outcomes
6. Functioning
7. Social Connectedness

- Parents were **least satisfied** with Positive Outcomes and Functioning.
- Youth were **least satisfied** with Functioning and Participation in Treatment.

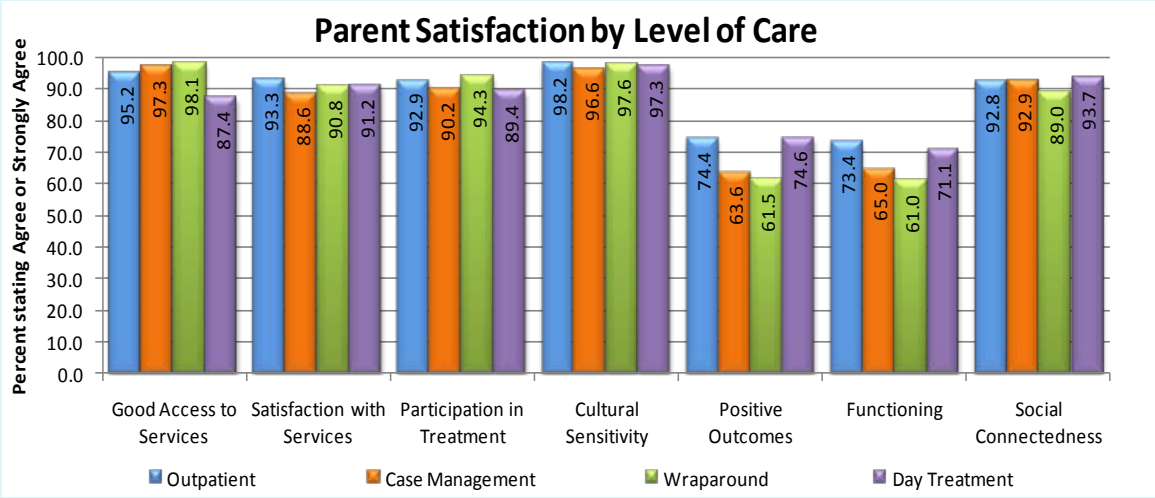


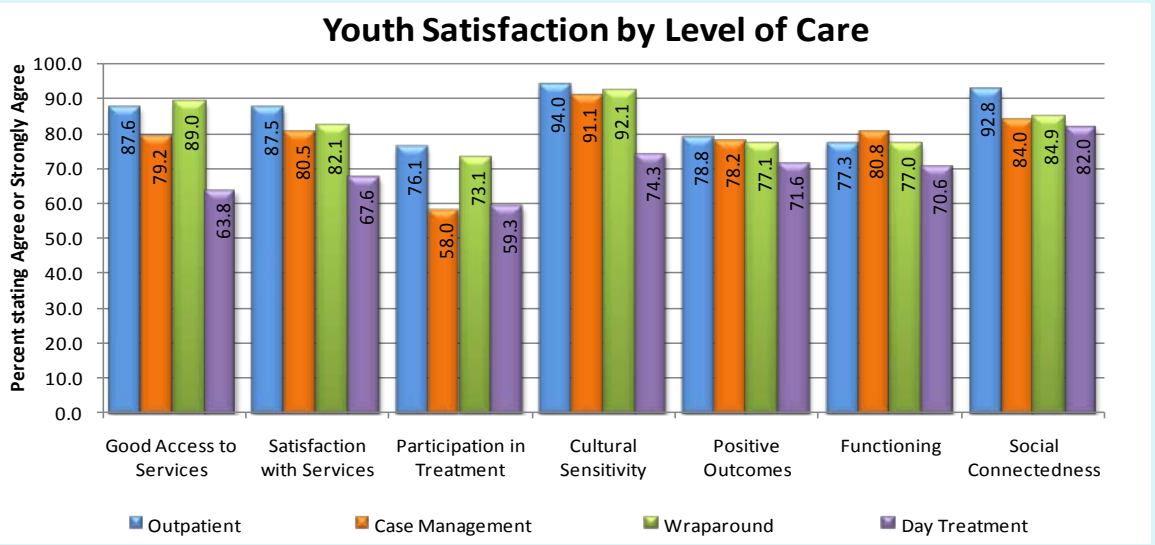
Are Clients Satisfied With Services?

The Youth Services Survey (YSS)—Satisfaction By Domain

Youth and Parent satisfaction with mental health services was grouped by level of care.

- Parent scores are higher on average than the youth scores, except for Positive Outcomes and Functioning.
- Cultural Sensitivity has the highest scores across the service groups for both parent and youth respondents, except for youth who received Day Treatment.
- Youth receiving Day Treatment services reported lower levels of satisfaction in all seven domains, as compared to the other service groups.
- Youth receiving Outpatient services and their parents scored equally on Social Connectedness.





Appendices

Appendices B-G are available electronically or in hard copy from:

Rose Elwood
Office Assistant, Quality Improvement Unit
County of San Diego Mental Health Services
Telephone: (619) 584-3005
Email is rosinete.elwood@sdcounty.ca.gov

- Appendix A Glossary of Terms
- 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 San Diego 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. There are also three fee-for-service inpatient hospitals that provide services for children and adolescents in San Diego County.
- **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.

Appendix A: Glossary of Terms

- **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 San Diego 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.

Appendix A: Glossary of Terms

- **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. 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 more than 300 schools in 33 districts in San Diego County.
- **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, 2010. 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.

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 FY08-09 was obtained and compared to the CMHS dataset. **In FY09-10, 3,011 clients, or 17.1% of youth receiving mental health services, were also open to the Child Welfare System.** Looking at it from the Child Welfare perspective, 27.6% of youth with open Child Welfare cases in FY09-10 also received CMHS services during the year.

Age:	**N**	**%**
0-5:	785	26.1%
6-11:	915	30.4%
12-17:	1231	40.9%
18+:	80	2.7%

Gender:	**N**	**%**
Female:	1516	50.3%
Male:	1495	49.7%

Race/Ethnicity:	**N**	**%**
White:	698	23.2%
Hispanic:	1229	40.8%
Black:	591	19.6%
Asian/ PI:	87	2.9%
Native Am.:	36	1.2%
Other:	47	1.6%
Unknown:	323	10.7%

Primary Diagnosis:	**N**	**%**
ADHD:	220	8.3%
Oppositional / Conduct:	402	15.1%
Depressive disorders:	357	13.4%
Bipolar disorders:	188	7.1%
Anxiety disorders:	201	7.6%
Adjustment disorders:	754	28.4%
Schizophrenic disorders:	10	0.4%
Other:	503	18.9%
Excluded:	24	0.9%
Invalid	315	
Missing Diagnosis:	37	

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

Therapy:	56.3%	905.5 (660)
Collateral:	40.7%	549.1 (210)
Crisis Services:	7.8%	268.3 (160)
Medication Support:	31.5%	273.8 (180)
Case Management / Rehab:	30.8%	860.6 (300)
Assessment:	77.5%	258.5 (165)
TBS:	5.4%	5151.5 (3612)

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

Day Treatment:	29.9%	66.3 (23)
Crisis Stabilization:	1.9%	1.5 (1)
Inpatient:	4.2%	13.1 (7)

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 their school attendance and performance. 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 (SELPAs) of all children receiving special education services, and identifying a subset receiving services under the ED eligibility category, children served by CMHS during FY09-10 were identified.

6,693 clients, or **37.9%** of all CMHS clients, were also open to Special Education services in FY09-10. **1,706** clients, or **9.7%** of all CMHS clients, were open to Special Education services under the Emotional Disturbance (ED) category in FY09-10. Data on both groups are presented below.

	CMHS & Special Education		**CMHS & Emotionally Disturbed**	
Age:	**N**	**%**	**N**	**%**
0-5:	426	6.4%	11	0.6%
6-11:	2,092	31.3%	335	19.6%
12-17:	3,865	57.7%	1,223	71.7%
18+:	310	4.6%	137	8.0%
Gender:	**N**	**%**	**N**	**%**
Female:	1,894	28.3%	493	28.9%
Male:	4,799	71.7%	1,213	71.1%
Race/Ethnicity:	**N**	**%**	**N**	**%**
White:	1,971	29.4%	704	41.3%
Hispanic:	2,996	44.8%	520	30.5%
Black:	1,063	15.9%	335	19.6%
Asian/ PI:	171	2.6%	62	3.6%
Native Am.:	50	0.7%	15	0.9%
Other:	111	1.7%	29	1.7%
Unknown:	331	4.9%	41	2.4%

	CMHS & Special Education		CMHS & Emotionally Disturbed	
Primary Diagnosis:	**N**	**%**	**N**	**%**
ADHD:	1,433	24.3%	296	18.4%
Oppositional/Conduct:	1,232	20.9%	369	22.9%
Depressive:	941	15.9%	308	19.1%
Bipolar:	631	10.7%	351	21.8%
Anxiety:	523	8.9%	136	8.4%
Adjustment:	550	9.3%	47	2.9%
Schizophrenic:	78	1.3%	51	3.2%
Other:	416	7.1%	46	2.9%
Excluded:	96	1.6%	9	0.6%
Invalid Diagnosis	572		66	
Missing Diagnosis	221		27	

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

	CMHS & Special Education		CMHS & Emotionally Disturbed	
Therapy:	70.9%	846.0 (625.0)	65.3%	1029.9 (722.5)
Collateral:	56.0%	390.5 (178.5)	65.4%	549.0 (250.0)
Crisis Services:	9.2%	231.5 (145.0)	16.0%	293.3 (180.0)
Medication Support:	44.2%	225.0 (150.0)	61.5%	306.8 (215.0)
Case Management / Rehab:	45.4%	589.3 (207.0)	60.1%	769.9 (295.0)
Assessment:	66.2%	359.1 (185.0)	70.0%	516.5 (300.0)
TBS:	4.3%	4167.7 (2727.0)	7.8%	3954.1 (23340)

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

Day Treatment:	13.6%	93.4 (79)	29.5%	104.4 (94)
Crisis Stabilization:	2.1%	1.3 (1)	4.2%	1.4 (1)
Inpatient:	4.2%	13.9 (7.5)	9.1%	17.4 (9)

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 FY08-09 was obtained and compared to the CMHS dataset. In FY09-10, **3,148** clients, or **17.8%** of all CMHS clients, were also open to the Probation System. Looking at it from the Probation perspective, 37.4% of youth with open Probation cases in FY09-10 also received CMHS services during the year.

Age:	**N**	**%**
0-5:	0	0.0%
6-11:	8	0.3%
12-17:	2,779	88.3%
18+:	361	11.5%

Gender:	**N**	**%**
Female:	691	22.0%
Male:	2,457	78.0%

Race/Ethnicity:	**N**	**%**
White:	583	18.5%
Hispanic:	1,661	52.8%
Black:	541	17.2%
Asian/ PI:	89	2.8%
Native Am.:	18	0.6%
Other:	44	1.4%
Unknown:	212	6.7%

Primary Diagnosis:	**N**	**%**
ADHD:	229	10.7%
Oppositional / Conduct:	778	36.5%
Depressive disorders:	372	17.4%
Bipolar disorders:	186	8.7%
Anxiety disorders:	121	5.7%
Adjustment disorders:	253	11.9%
Schizophrenic disorders:	37	1.7%
Other:	52	2.4%
Excluded:	106	5.0%
Invalid:	305	
Missing Diagnosis:	709	

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

Therapy:	69.5%	490.7 (245)
Collateral:	40.4%	227.8 (70)
Crisis Services:	13.0%	129.6 (67.5)
Medication Support:	35.9%	194.9 (141)
Case Management / Rehab:	76.4%	464.2 (260.5)
Assessment:	33.5%	302.5 (175)
TBS:	0.7%	2043.5 (1580)

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

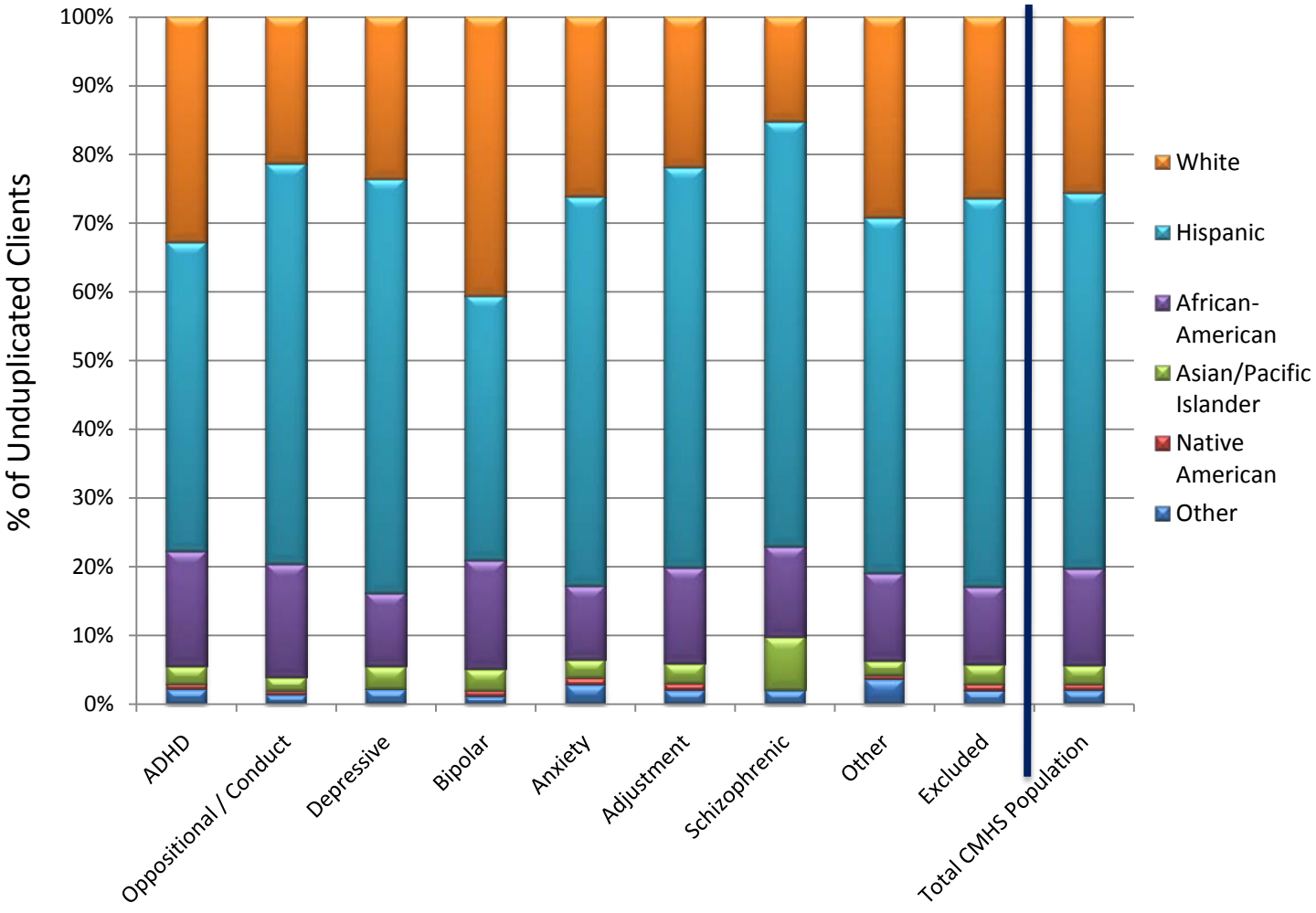
Day Treatment:	9.1%	71.9 (56)
Crisis Stabilization:	1.1%	1.0 (1)
Inpatient:	2.0%	9.9 (5.5)

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 differences in the distribution of diagnoses by racial/ethnic groups, with a large difference seen in the Bipolar disorders: almost 40% of youth diagnosed with Bipolar disorder are White, although White clients compose less than 25% of the total CMHS population. These results are similar to the patterns seen in the past five years, indicating that the distribution is consistent over time.

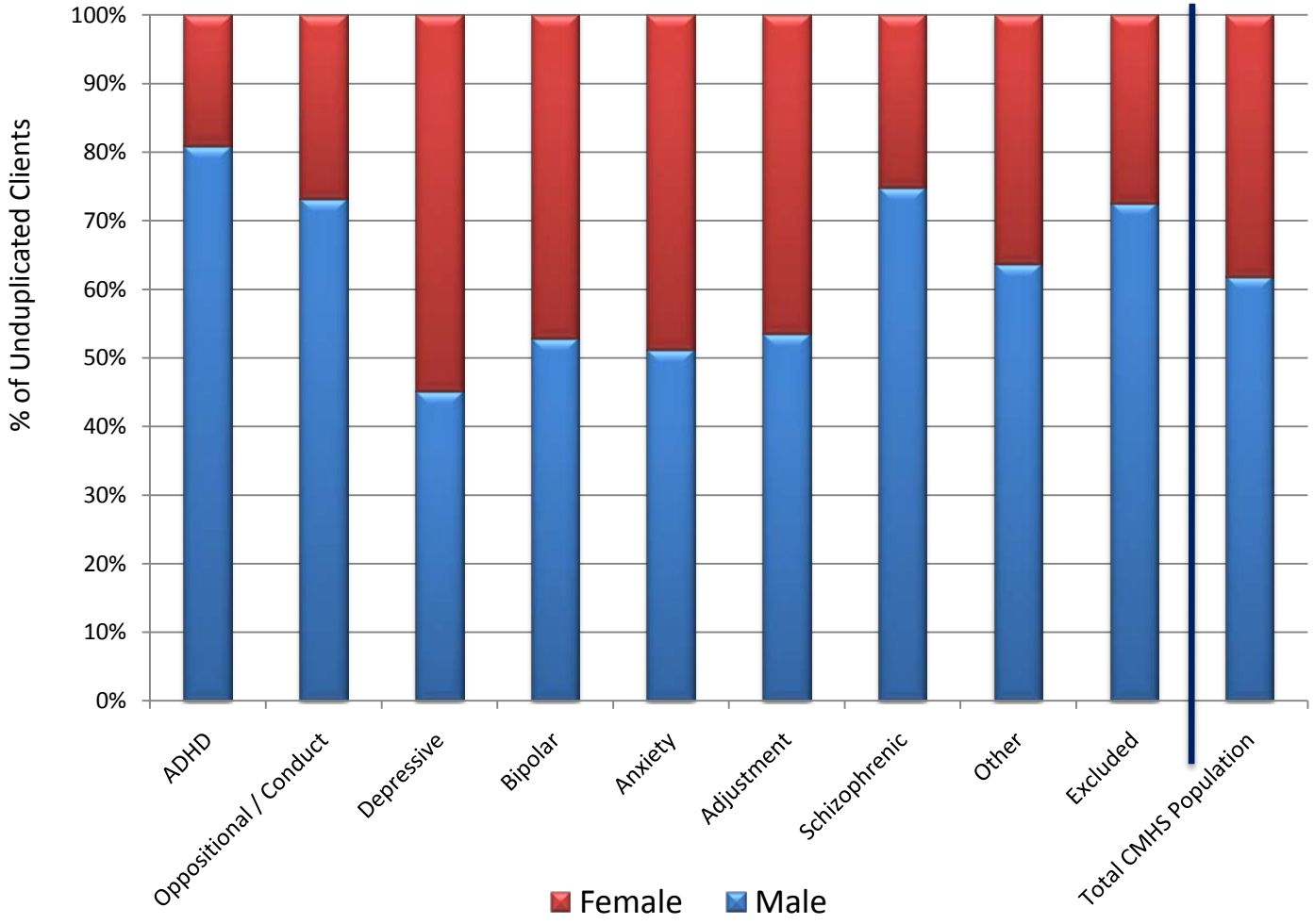
Figure E.1: Diagnosis by Race/Ethnicity

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.[1-3] In addition, several studies, including a Veterans Administration study involving over 100,000 veterans, have found that African-Americans are underdiagnosed with Bipolar disorders.[4-7]



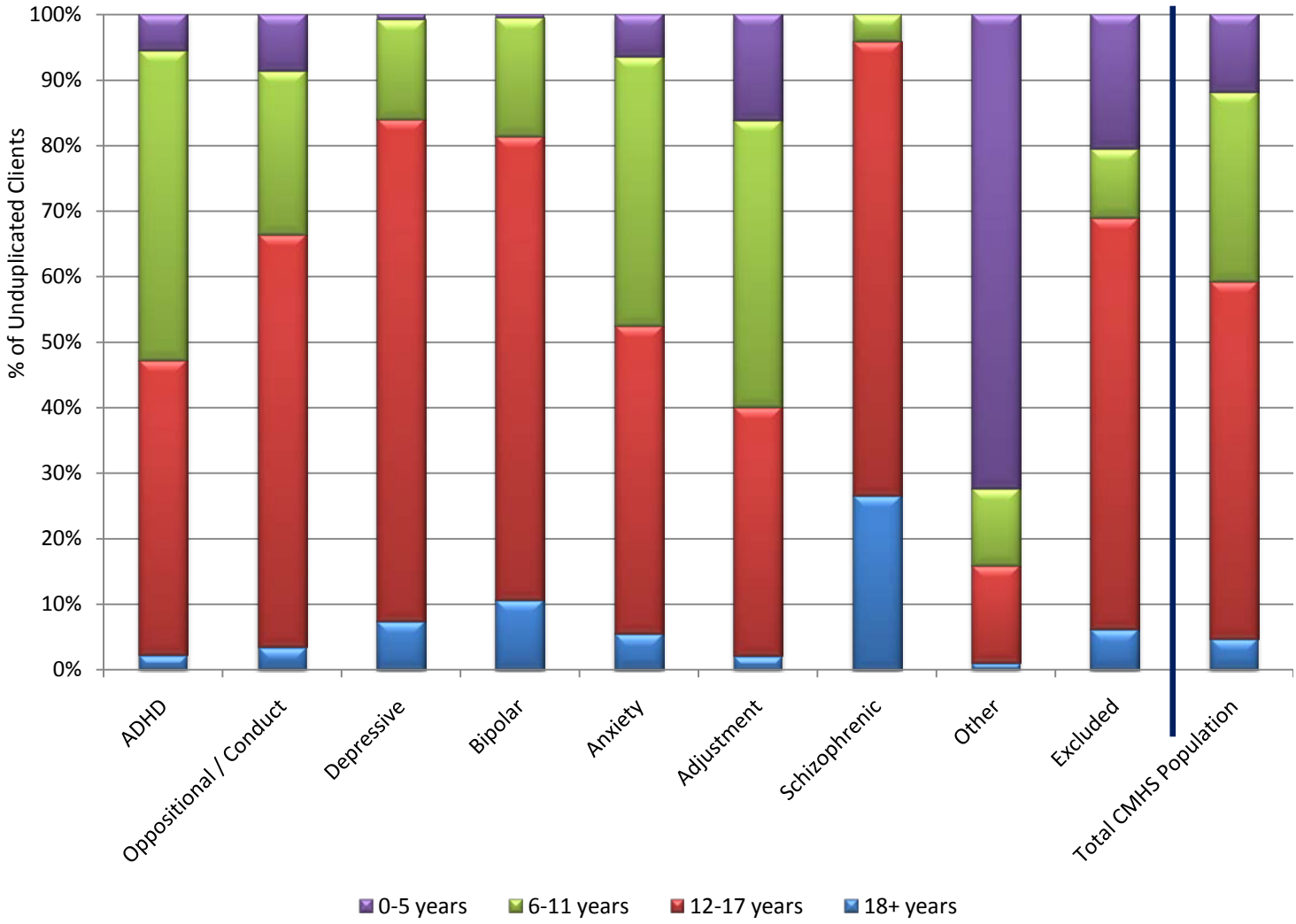
The patterns of diagnosis are significantly different by gender. Males are more likely to be diagnosed with externalizing disorders, such as ADHD or Oppositional disorders, while females are more likely to be diagnosed with internalizing disorders, such as depressive or anxiety disorders, as compared to their distribution in the total sample (**Figure E.2**). Again, these results are similar to the patterns over the past five years, indicating that the distribution is consistent over time. This is also consistent with previous research, which has found ADHD more likely 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).[8]

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 and older, who continue to be served through CMHS are most likely to have a diagnosis of schizophrenia. These patterns are consistent with those found in the previous five years.

Figure E.3: Primary Diagnosis by Age



These results are also 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.[9] The onset of mood disorders (depressive, bipolar) is later than the onset of anxiety disorder. Schizophrenia often first appears in men in their late teens or early twenties, while women are generally affected in their twenties or early thirties.[10] Symptoms of many mental health disorders begin in childhood and adolescence, resulting in calls for increased prevention and early intervention efforts for children.

In summary, the distribution of diagnoses in the FY09-10 CMHS sample, as well as the relationship of diagnoses with race/ethnicity, gender, and age, is very similar to those found over the past five 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 5- year period.

Appendix F:
Detailed Service Utilization Data Tables

Table F.1: Outpatient Service Utilization by Diagnosis[a]

Diagnosis	Collateral			Therapy			Case Management			Assessment		
	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins
Total Sample	47.5	301.9	120	70.1	718.3	500	40.7	491.2	190	63.4	261.1	150
ADHD	60.2	354.6	160	77.1	660	650	43.0	560.3	175	65.3	313.8	161
Oppositional / Conduct	63.9	332.6	131	79.7	728.3	500	50.3	584.3	248	65.8	301.3	170
Depressive	56.4	261.6	105	76.1	751.9	545	44.1	496	165	62.2	281.8	155
Bipolar	64.0	403.5	157	70.2	916.1	692.5	58.2	660.4	240	68.8	443.5	230
Anxiety	57.8	273.1	124.5	83.0	807.1	630	38.4	482.3	180	67.4	275.2	150
Adjustment	46.0	251.4	100	74.5	712.3	530	32.0	375.0	165	65.7	188.5	131
Schizophrenic	53.7	464.5	123	56.5	712.3	510	61.9	515.1	335	52.4	350.6	195
Other	34.0	252.7	60	28.1	993.6	840	11.4	406.2	162.5	89.4	198.1	160
Excluded	39.7	158.9	50	62.4	469.5	240	50.2	408.5	240	41.9	248.4	212.5

Diagnosis	Medication Support			Crisis Services			TBS		
	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins
Total Sample	31.1	194.8	120	8.0	194.4	130	2.5	3924.1	2523.5
ADHD	57.5	181.0	120	3.4	166.0	113	3.4	3529.1	2417.5
Oppositional / Conduct	35.1	211.1	130	10.7	196.6	130	4.4	3858.9	2849
Depressive	36.0	178.7	120	16.6	219.8	150	2.5	3371.0	1631.5
Bipolar	57.2	288.0	190	15.8	227.1	140	7.6	4418.0	3085.5
Anxiety	32.6	175.2	120	5.1	178.7	110	2.4	4496.7	2727
Adjustment	13.8	149.1	86	4.6	105.9	97.5	1.1	4414.0	2076.5
Schizophrenic	64.6	295.0	200	32.0	232.8	190	2.0	608.7	460
Other	13.9	219.4	145	1.5	238.8	60	1.4	4942.6	2843
Excluded	27.5	162.7	145	9.2	172.0	130	0.9	3327.5	3327.5

[a]Youth with an invalid or missing diagnosis are excluded from these analyses.

Table F.2: Restrictive Levels of Service Utilization by Diagnosis[a]

Diagnosis	Inpatient			Day Treatment			Crisis Stabilization		
	%	Mean Days	Median Days	%	Mean Days	Median Days	%	Mean Days	Median Days
Total Sample	3.4	10.9	6	9.8	72.8	39	1.8	1.2	1
ADHD	1.1	7.5	6	9.1	108.8	105	0.3	1.1	1
Oppositional/Conduct	3.4	10.8	6	11.4	82.3	66	3.0	1.2	1
Depressive	9.4	10.6	6	9.7	91.6	79	4.7	1.2	1
Bipolar	8.7	14.4	7	21.9	107.6	88	3.6	1.3	1
Anxiety	1.0	10.4	8	6.3	78.8	46	0.3	1.3	1
Adjustment	0.7	5.8	5.5	18.5	15.1	6	0.3	1.0	1
Schizophrenic	19.7	14.4	10	17.0	111.4	134	6.1	1.3	1
Other	0.6	12.1	5	5.0	97.6	87.5	0.1	2.0	2
Excluded	2.6	12.2	8	4.4	52.0	51.5	0.9	1.0	1

[a]Youth with an invalid or missing diagnosis are excluded from these analyses

Table F.3: Outpatient Service Utilization by Race/Ethnicity[b]

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	47.5	301.9	120	70.1	718.3	500	40.7	491.2	190	63.4	261.1	150
White	49.3	346.6	155	70.7	830.9	600	35.8	508.8	180	65.2	310.6	158
Hispanic	50.5	276.0	110	73.3	679.3	485	44.9	459.7	188.5	64.6	243.3	150
Black	48.8	344.7	135	69.9	731.8	470	43.5	597.9	234	60.1	281.2	169.5
Asian/Pacific Islander	50.2	364.2	135	64.4	727.1	458	47.2	592.1	190	61.0	333.5	150
Native American	45.6	257.3	117	75.2	614.8	430	33.6	393.3	180	64.0	212.3	127.5
Other	41.9	268.3	110	63.1	656.4	360	32.6	456.2	180	62.5	247.6	150
Unknown	18.3	162.8	31.5	47.9	588.3	420	22.4	415.8	215	56.2	154.6	105

Race/ Ethnicity	Medication Support			Crisis Services			TBS		
	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins
Total Sample	31.1	194.8	120	8.0	194.4	130	2.5	3924.1	2523.5
White	38.3	217.4	135	7.5	180.5	130	3.1	4033.0	2724.5
Hispanic	27.9	176.4	120	3.5	202.0	130	1.5	3528.9	2180
Black	38.9	223.5	140	10.8	201.2	126.5	3.9	4371.7	2499
Asian/Pacific Islander	32.1	189.7	115	14.0	214.6	145	1.7	2617.4	1982.5
Native American	36.0	235.3	190	4.0	182.6	120	2.4	8756.7	11940
Other	22.4	162.7	110	7.0	127.4	99	0.3	3791.0	3791
Unknown	16.6	125.0	90	2.7	119.0	102.5	0.9	5964.7	6310

[b]Youth with a missing race/ethnicity code are excluded from these analyses.

Table F.4: Restrictive Service Utilization by Race/Ethnicity[b]

Race/ Ethnicity	Inpatient			Day Treatment			Crisis Stabilization		
	%	Mean Days	Median Days	%	Mean Days	Median Days	%	Mean Days	Median Days
Total Sample	3.4	10.9	6	9.8	72.8	39	1.8	1.2	1
White	3.7	11.6	6	11.9	76.7	45.5	1.7	1.2	1
Hispanic	3.2	11.1	6	7.8	64.6	28	1.8	1.2	1
Black	4.4	11.1	7	17.8	78.9	47	2.5	1.2	1
Asian/Pacific Islander	5.0	8.6	5	12.1	80.4	56	2.2	1.0	1
Native American	3.2	7.5	6.5	15.2	110.9	93	0	0	0
Other	3.2	10.4	5	3.2	73.8	77	1.5	1.0	1
Unknown	1.4	6.0	5	1.5	86.5	78	0.3	1.0	1

[b]Youth with a missing race/ethnicity code are excluded from these analyses.

Appendix G:
Description of Clients by Service Type

Clients Utilizing Outpatient Services

16,067 unique clients, or **91%** of all clients, used services from an outpatient provider in FY09-10.

Age:	**N**	**%**
0-5:	1943	12.1%
6-11:	4824	30.0%
12-17:	8610	53.6%
18+:	690	4.3%

Gender:	**N**	**%**
Female:	6110	38.0%
Male:	9929	61.8%
Unknown:	28	0.2%

Race/Ethnicity:	**N**	**%**
White:	3655	22.7%
Hispanic:	8294	51.6%
Black:	2099	13.1%
Asian/ PI:	399	2.5%
Native Am.:	114	0.7%
Other:	311	1.9%
Unknown:	1195	7.4%

Primary Diagnosis:	**N**	**%**
ADHD:	2090	15.8%
Oppositional / Conduct:	2666	20.2%
Depressive disorders:	2389	18.1%
Bipolar disorders:	888	6.7%
Anxiety disorders:	1338	10.1%
Adjustment disorders:	2374	17.9%
Schizophrenic disorders:	99	0.7%
Other:	1175	8.9%
Excluded:	209	1.6%
Invalid:	1863	
Missing:	976	

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

Therapy:	75.8%	717.4 (500)
Collateral:	49.0%	298.8 (120)
Crisis Services:	6.8%	188.7 (120)
Medication Support:	31.3%	182.7 (120)
Case Management / Rehab:	40.3%	496.2 (195)
Assessment:	64.7%	246.5 (147)
TBS:	2.4%	3837.6 (2560)

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

Day Treatment:	8.0%	52.9 (23)
Crisis Stabilization:	1.1%	1.3 (1)
Inpatient:	3.0%	11.4 (6)

Clients Utilizing Case Management Services

2220 unique clients, or **12.6%** of all clients, used services from a case management provider in FY09-10.

Age:	**N**	**%**
0-5:	62	2.8%
6-11:	689	31.0%
12-17:	1384	62.4%
18+:	85	3.8%

Gender:	**N**	**%**
Female:	737	33.2%
Male:	1483	66.8%
Unknown:	0	0.0%

Race/Ethnicity:	**N**	**%**
White:	844	38.0%
Hispanic:	889	40.0%
Black:	336	15.1%
Asian/ PI:	85	3.8%
Native Am.:	19	0.9%
Other:	25	1.1%
Unknown:	22	1.0%

Primary Diagnosis:	**N**	**%**
ADHD:	487	23.1%
Oppositional / Conduct:	414	19.7%
Depressive disorders:	363	17.2%
Bipolar disorders:	377	17.9%
Anxiety disorders:	202	9.6%
Adjustment disorders:	127	6.0%
Schizophrenic disorders:	40	1.9%
Other:	82	3.9%
Excluded:	13	0.6%
Invalid:	112	
Missing:	3	

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

Therapy:	62.6%	940.2 (715)
Collateral:	74.1%	499.3 (230)
Crisis Services:	11.5%	292.7 (183)
Medication Support:	51.7%	290.6 (190)
Case Management / Rehab:	79.1%	736.6 (254.5)
Assessment:	92.6%	674.1 (420)
TBS:	8.5%	3741.7 (2572.5)

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

Day Treatment:	23.6%	98.7 (87)
Crisis Stabilization:	3.5%	1.3 (1)
Inpatient:	7.3%	17.6 (9)

Clients Utilizing Wraparound Services

488 unique clients, or **2.8%** of all clients, used services from a wraparound services provider in FY09-10.

Age:	**N**	**%**
0-5:	12	2.5%
6-11:	123	25.2%
12-17:	340	69.7%
18+:	13	2.7%
Gender:	**N**	**%**
Female:	189	38.7%
Male:	299	61.3%
Unknown:	0	0.0%
Race/Ethnicity:	**N**	**%**
White:	167	34.2%
Hispanic:	197	40.4%
Black:	88	18.0%
Asian/ PI:	24	34.9%
Native Am.:	3	0.6%
Other:	6	1.2%
Unknown:	3	0.6%
Primary Diagnosis:	**N**	**%**
ADHD:	71	14.5%
Oppositional / Conduct:	137	28.1%
Depressive disorders:	84	17.2%
Bipolar disorders:	102	20.9%
Anxiety disorders:	37	7.6%
Adjustment disorders:	24	4.9%
Schizophrenic disorders:	6	1.2%
Other:	15	3.1%
Excluded:	0	0.0%
Invalid:	12	
Missing:	0	

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

Therapy:	69.5%	1130.5 (940)
Collateral:	96.3%	893.5 (530.5)
Crisis Services:	17.0%	328.3 (205)
Medication Support:	68.0%	341.5 (230)
Case Management / Rehab:	96.7%	1618.9 (1166)
Assessment:	95.5%	1623.2 (1190)
TBS:	15.2%	3645.8 (2974.5)

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

Day Treatment:	29.1%	107.5 (96)
Crisis Stabilization:	6.8%	1.5 (1)
Inpatient:	12.7%	26.7 (15)

Clients Utilizing Day Treatment Services

1817 unique clients, or **10.3%** of all clients, used services from a Day Treatment provider in FY09-10.

Age:	**N**	**%**
0-5:	223	12.3%
6-11:	409	22.5%
12-17:	1117	61.5%
18+:	68	3.7%
Gender:	**N**	**%**
Female:	744	40.9%
Male:	1073	59.1%
Unknown:	0	0.0%
Race/Ethnicity:	**N**	**%**
White:	496	27.3%
Hispanic:	813	44.7%
Black:	406	22.3%
Asian/ PI:	57	3.1%
Native Am.:	18	1.0%
Other:	11	0.6%
Unknown:	16	0.9%
Primary Diagnosis:	**N**	**%**
ADHD:	208	11.7%
Oppositional / Conduct:	406	22.8%
Depressive disorders:	265	14.9%
Bipolar disorders:	236	13.2%
Anxiety disorders:	92	5.2%
Adjustment disorders:	459	25.7%
Schizophrenic disorders:	25	1.4%
Other:	82	4.6%
Excluded:	10	0.6%
Invalid:	39	
Missing:	1	

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

Therapy:	48.3%	740.3 (480)
Collateral:	47.4%	578.6 (209)
Crisis Services:	13.5%	274.8(174)
Medication Support:	59.2%	3684.3 (300)
Case Management / Rehab:	42.1%	941.9 (405)
Assessment:	73%	401.2 (205)
TBS:	8.5%	4440.8 (2565)

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

Day Treatment:	93.3%	70.7 (38)
Crisis Stabilization:	4.0%	1.5 (1)
Inpatient:	7.6%	19.1 (8)

Clients Utilizing Inpatient Services

598 unique clients, or **3.4%** of all clients, used services from an Inpatient provider in FY09-10.

Age:	**N**	**%**
0-5:	0	0.0%
6-11:	79	13.2%
12-17:	500	83.6%
18+:	19	3.2%

Gender:	**N**	**%**
Female:	349	58.4%
Male:	249	41.6%
Unknown:		

Race/Ethnicity:	**N**	**%**
White:	154	25.8%
Hispanic:	288	48.2%
Black:	101	16.9%
Asian/ PI:	23	3.8%
Native Am.:	4	0.7%
Other:	11	1.8%
Unknown:	17	2.8%

Primary Diagnosis:	**N**	**%**
ADHD:	25	4.5%
Oppositional / Conduct:	102	18.2%
Depressive disorders:	261	46.6%
Bipolar disorders:	96	17.1%
Anxiety disorders:	15	2.7%
Adjustment disorders:	18	3.2%
Schizophrenic disorders:	30	5.4%
Other:	7	1.3%
Excluded:	6	1.1%
Invalid:	27	
Missing:	11	

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

Therapy:	63.4%	953.8 (700)
Collateral:	55.9%	578.1 (242.5)
Crisis Services:	51.0%	361.6 (251)
Medication Support:	61.7%	347.3 (222)
Case Management / Rehab:	50.5%	818.4 (326.5)
Assessment:	66.9%	568.7 (245)
TBS:	19.6%	4184.9 (2744)

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

Day Treatment:	23.7%	94.9 (82)
Crisis Stabilization:	25.9%	1.4 (1)
Inpatient:	99.8%	10.9 (6)

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 FY09-10. Overall, **753 youth receiving CMHS services (4.3%) were also active to ADS** during the fiscal year.

Age:	**N**	**%**
0-5:	0	0.0%
6-11:	0	0.0%
12-17:	675	89.6%
18+:	78	10.4%

Gender:	**N**	**%**
Female:	179	23.8%
Male:	574	76.2%
Unknown:	0	0.0%

Race/Ethnicity:	**N**	**%**
White:	171	22.7%
Hispanic:	440	58.4%
Black:	74	9.8%
Asian/ PI:	12	1.6%
Native Am.:	4	0.5%
Other:	12	1.6%
Unknown:	40	5.3%

Primary Diagnosis:	**N**	**%**
ADHD:	47	8.3%
Oppositional / Conduct:	203	35.7%
Depressive disorders:	108	19.0%
Bipolar disorders:	48	8.5%
Anxiety disorders:	46	8.1%
Adjustment disorders:	65	11.4%
Schizophrenic disorders:	13	2.3%
Other:	3	0.5%
Excluded:	35	6.2%
Invalid:	62	
Missing:	123	

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

Therapy:	72.4%	494.0 (245)
Collateral:	47.1%	254.2 (75)
Crisis Services:	12.1%	129.1 (90)
Medication Support:	34.7%	208.7 (145)
Case Management / Rehab:	72.0%	412.1 (240)
Assessment:	46.7%	273.2 (165)
TBS:	1.5%	1469.9 (910)

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

Day Treatment:	9.0%	81.0 (66)
Crisis Stabilization:	1.2%	1.1 (1)
Inpatient:	10.6%	6.3 (5)

Youth with a Dual Diagnosis

1,161 youth who received CMHS services in FY09-10 (**6.6%** of total CMHS population) had a secondary substance abuse diagnosis entered in INSYST. The majority of these children and youth received substance abuse counseling as a part of their EPSDT mental health services.

Age:	**N**	**%**
0-5:	2	0.2%
6-11:	17	1.5%
12-17:	989	85.2%
18+:	153	13.2%

Gender:	**N**	**%**
Female:	406	35.0%
Male:	754	64.9%
Unknown:	1	0.1%

Race/Ethnicity:	**N**	**%**
White:	316	27.2%
Hispanic:	630	54.3%
Black:	131	11.3%
Asian/ PI:	27	2.3%
Native Am.:	10	0.9%
Other:	15	1.3%
Unknown:	32	2.8%

Primary Diagnosis:	**N**	**%**
ADHD:	91	8.0%
Oppositional / Conduct:	363	32.1%
Depressive disorders:	286	25.3%
Bipolar disorders:	145	12.8%
Anxiety disorders:	64	5.7%
Adjustment disorders:	78	6.9%
Schizophrenic disorders:	30	2.7%
Other:	7	0.6%
Excluded:	67	5.9%
Invalid:	22	
Missing:	8	

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

Therapy:	75.0%	626.9 (395)
Collateral:	58.6%	263.6 (105)
Crisis Services:	18.4%	183.7 (126.5)
Medication Support:	48.2%	206.9 (150)
Case Management / Rehab:	64.1%	566.7 (261.5)
Assessment:	61.0%	324.0 (180)
TBS:	2.2%	2723.2 (683.5)

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

Day Treatment:	16.6%	68.9 (51)
Crisis Stabilization:	3.4%	1.1 (1)
Inpatient:	7.0%	9.4 (5)

References

1. Mak W, Rosenblatt A. Demographic Influences on Psychiatric Diagnoses Among Youth Served in California Systems of Care. *J Child Fam Stud.* 2002;11(2):165-178.
2. Fabrega H, Jr., Ulrich R, Mezzich JE. Do Caucasian and black adolescents differ at psychiatric intake? *J Am Acad Child Adolesc Psychiatry.* Mar 1993;32(2):407-413.
3. DelBello MP, Lopez-Larson MP, Soutullo CA, Strakowski SM. Effects of race on psychiatric diagnosis of hospitalized adolescents: a retrospective chart review. *J Child Adolesc Psychopharmacol.* Spring 2001;11(1):95-103.
4. Mukherjee S, Shukla S, Woodle J, Rosen AM, Olarte S. Misdiagnosis of schizophrenia in bipolar patients: a multiethnic comparison. *Am J Psychiatry.* Dec 1983;140(12):1571-1574.
5. Blow FC, Zeber JE, McCarthy JF, Valenstein M, Gillon L, Bingham CR. Ethnicity and diagnostic patterns in veterans with psychoses. *Soc Psychiatry Psychiatr Epidemiol.* Oct 2004;39(10):841-851.
6. Bell CC, Mehta H. Misdiagnosis of black patients with manic depressive illness: second in a series. *J Natl Med Assoc.* Feb 1981;73(2):101-107.
7. Bell CC, Mehta H. The misdiagnosis of black patients with manic depressive illness. *J Natl Med Assoc.* Feb 1980;72(2):141-145.
8. Biederman J, Mick E, Faraone SV, et al. Influence of gender on attention deficit hyperactivity disorder in children referred to a psychiatric clinic. *Am J Psychiatry.* Jan 2002;159(1):36-42.
9. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry.* Jun 2005;62(6):593-602.
10. Robins LN, Regier D, eds. *Psychiatric Disorders in America: The Epidmiologic Catchment Area Study.* New York: The Free Press; 1991.