

County of San Diego Health and Human Services Agency



Children, Youth & Families Behavioral Health Services *Systemwide Annual Report, FY 2011-12*

Children, Youth & Families Behavioral Health Services Systemwide Annual Report



Health and Human Services Agency
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Acknowledgments

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.

Children, Youth & Families Behavioral Health Services Systemwide Annual Report

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Introduction

Systemwide Annual Report

This report summarizes cumulative system and clinical outcomes for children and adolescents served by San Diego County Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year 2011-12 (July 2011-June 2012). CYFBHS primarily served children and adolescents ranging in age from 0-17 years old, with a small number of programs serving young adults ages 18 and older.

Children, Youth & Families Behavioral Health System of Care

San Diego County Behavioral Health Services operates a Children, Youth & Families Behavioral Health System of Care (CYFBHSOC). The CYFBHSOC 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 CYFBHSOC 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 CYFBHSOC Council meets on a monthly basis to provide community oversight for the System of Care.

The Importance of Assessment

Assessing the outcomes of behavioral 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 FY2011-12, CYFBHS served youth with mental health needs through three provider systems distributed throughout San Diego County: Organizational Providers, Fee-for-Service Providers, and Juvenile Forensic Providers.



CYFBHS 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

Note: Discrepancies between data in the FY 2011-12 Annual Report and the FY 2011-12 Databook for CYFBHS are due to differences in how the data are generated; by program modality for the Databook and by service code for the Annual Report.

Behavioral Health Services

Full Service Partnerships

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. FSP programs are capable of providing many services beyond the scope of traditional behavioral health outpatient services. Children and youth enrolled in an FSP program receive services when and where they can be most effective. FSP Providers collect additional client and outcomes data using the DMH Data Collection & Reporting System (DCR). The FSP community is comprised of CYFBHS providers across the county, falling under several different levels of care. FSP programs as a group and as a system are reported separately.

Prevention and Early Intervention Programs

The Mental Health Services Act Prevention and Early Intervention funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 13 contractors to provide prevention and early intervention (PEI) programs for youth and their families. The focus of these programs vary widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. Each contractor collects information on the demographics of their participants and participants' satisfaction with the services provided. PEI youth and family clients comprise a different population than youth and family served by CYFBHS providers and are reported separately. Nearly 41,500 participants were served by PEI programs in FY 2011-12.

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS), Fiscal Year 2011-12

1. 18,102 youth received services through the San Diego County CYFBHS system, nearly identical to the 18,100 served in FY 2010-11.
2. More than 60% of clients were male.
3. 55% of clients were Hispanic.
4. The four most common diagnoses were depressive disorders, oppositional/conduct disorders, adjustment disorders, and ADHD.
 - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
5. 8% (1,457) of clients had substance abuse issues.
 - 13% of youth age 12-17 had substance abuse issues.
 - The youth ages 12-17 represented 84% of the 1,457 total.
 - The majority of these youth received substance abuse counseling as part of their EPSDT mental health services; 48% of these clients received treatment from Alcohol and Drug Services (ADS).
6. The majority of clients were insured by Medi-Cal and had a primary care physician.
7. The percentage of clients receiving Day Treatment, Crisis Stabilization, Therapy and TBS services increased over the past fiscal year; the percentage of clients receiving Collateral, Med Support, Case Management and Crisis services decreased over the past fiscal year.

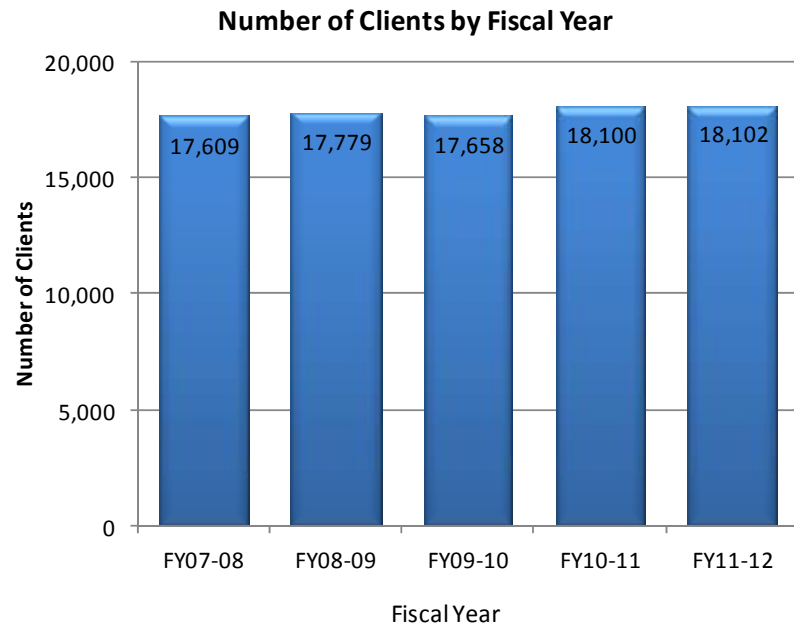
Key Findings, continued

8. The mean number of days for Day Treatment services decreased by 13% in FY 2011-12; however, the mean number of Inpatient service days increased by 21%, and the mean number of Crisis Stabilization days increased by 33% from the previous fiscal year.
9. 3.5% (629) of clients used Inpatient (IP) services in FY 2011-12.
 - 32% of IP clients received multiple IP services within the fiscal year, as compared to 27% in FY 2010-11.
 - The proportion of IP clients re-admitted to IP services within 30 days of the previous IP discharge decreased from 45% in FY 2010-11 to 37% in FY 2011-12.
10. 5.1% (931) of clients used Emergency Screening unit (ESU) services in FY 2011-12.
 - 18% of ESU clients had multiple ESU visits within the fiscal year; a 1% increase from FY 2010-11 but a dramatic decrease from 39% in FY 2007-08.
 - The proportion of ESU clients with multiple ESU visits who were readmitted to ESU services within 30 days of the previous ESU discharge increased from 42% in FY 2010-11 to 50% in FY 2011-12.
11. 72% of children served by CYFBHS lived in a family home or apartment at some point during FY 2011-12.
12. 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), the CFARS (Children's Functional Assessment Rating Scale), and the ECBI (Eyberg Child Behavior Inventory) assessment tools.

Who Are We Serving?

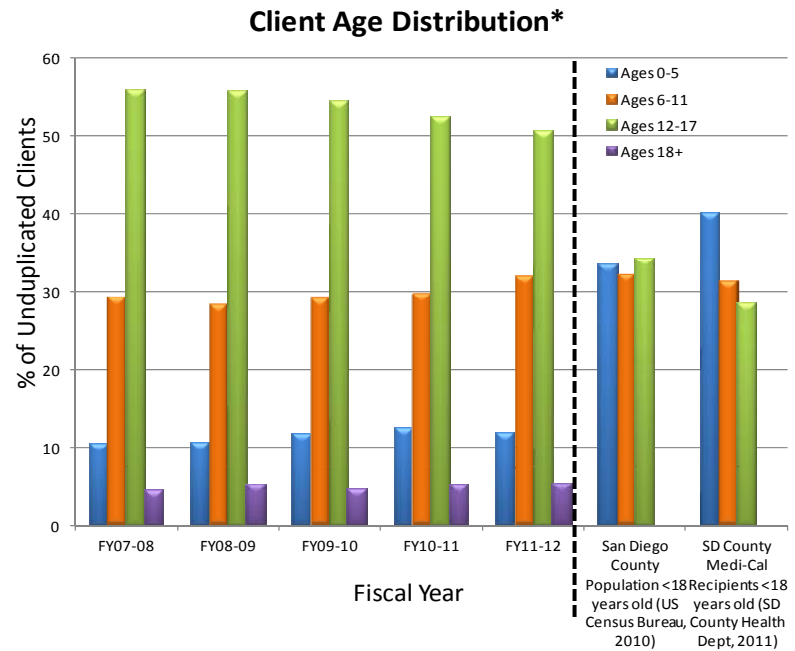
Fifty-one percent of the youth served by CYFBHS in FY 2011-12 were 12-17 years old.

Number of Clients



❖ In FY 2011-12, CYFBHS delivered services to more than 18,000 youth.

Age of Clients



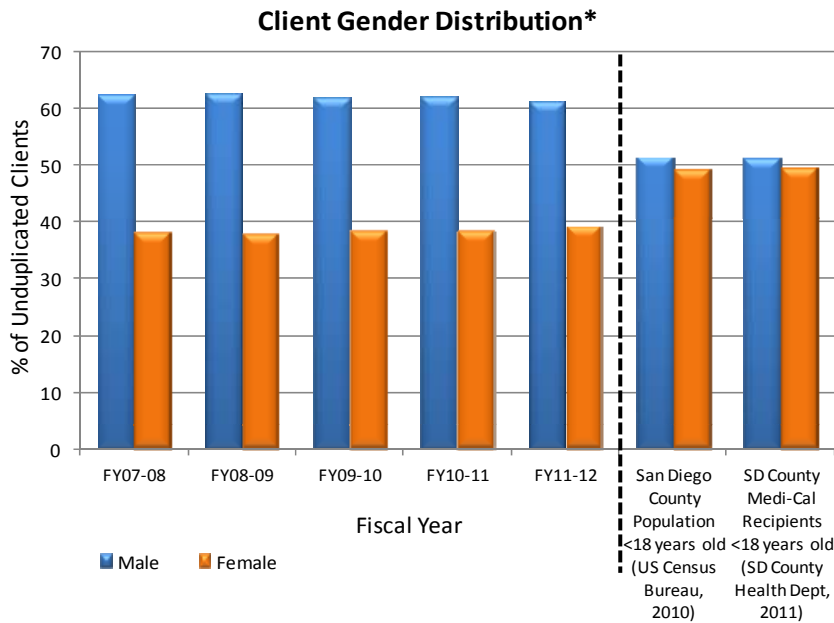
- ❖ More than half the clients were adolescents (ages 12-17).
 - ❖ The percentage of school-age clients (6-11 years) has remained less than 30% of the total population over the past five years.
 - ❖ Children ages 0-5 comprise almost 13% of the population.
- *Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Who Are We Serving?

More than 60% of clients were male, whereas the County youth population was more evenly divided between males and females. The majority of clients were of Hispanic ethnicity.

Client Gender

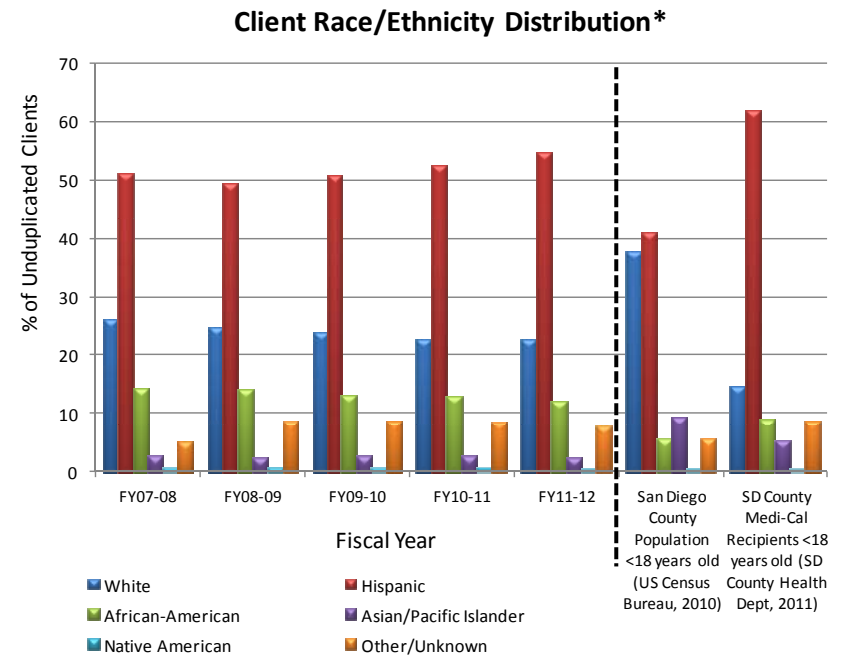
- ❖ 61% of youth clients receiving CYFBHS services in FY 2011-12 were male.
- ❖ The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- ❖ This trend has remained consistent for the past five years.



*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Client Race & Ethnicity

- ❖ 55% of clients who received CYFBHS services identified themselves as Hispanic.
- ❖ A larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population.

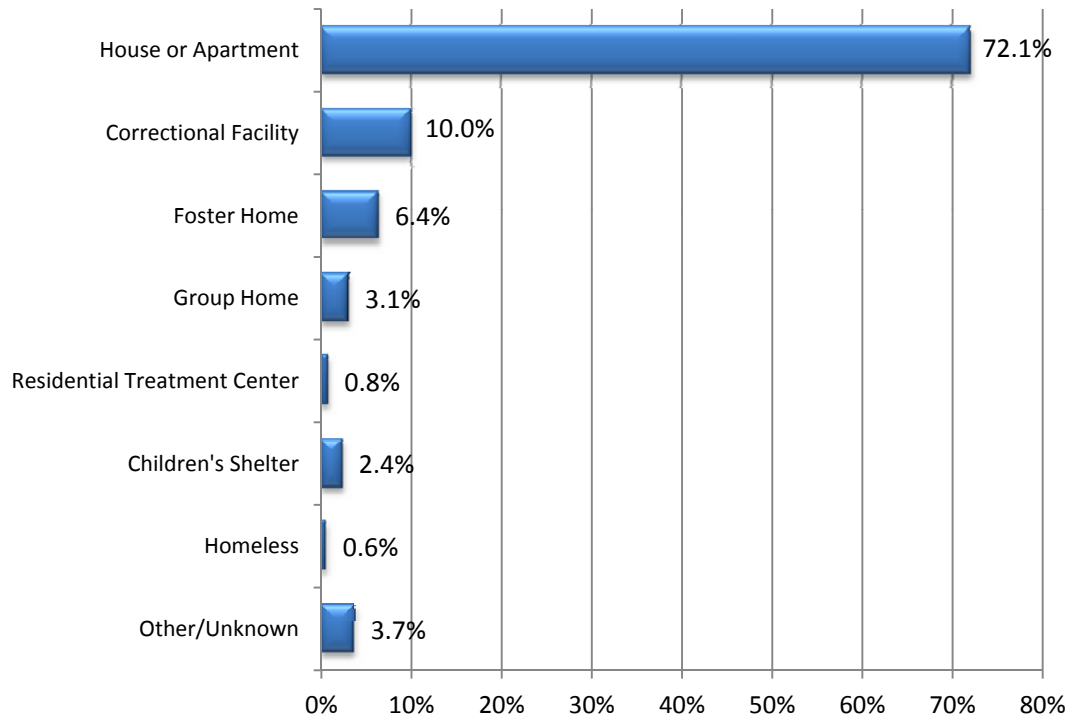


*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Who Are We Serving?

Seventy-two percent of children served by CYFBHS lived in a family home or apartment at some point during FY 2011-12.

Client Living Situation

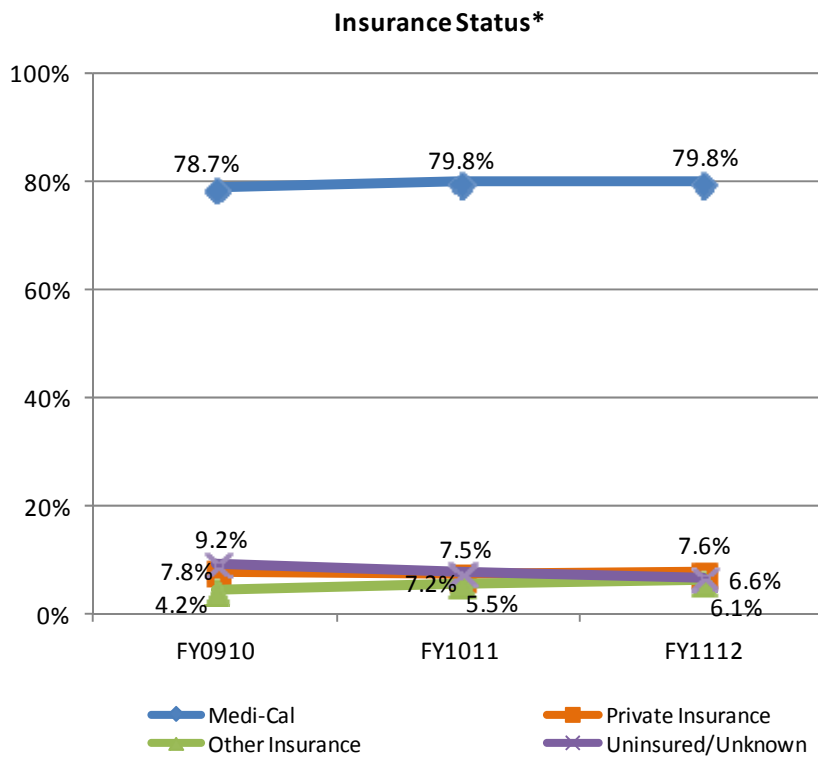


*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Who Are We Serving?

Almost 80% of children and youth who received services from CYFBHS during FY 2011-12 were covered by Medi-Cal, as compared to 55% of clients in the Adult/Older Adult Behavioral Health Service system.

Health Care Coverage



*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Primary Care Physician Status

❖ Of the 12,191 clients for whom PCP status was known, 10,974 (90%) had a Primary Care Physician in FY 2011-12.



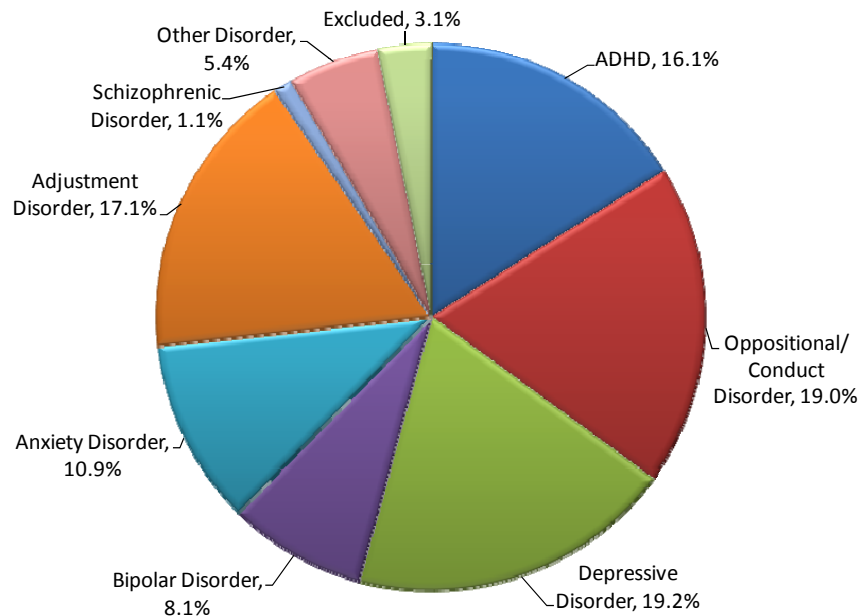
Who Are We Serving?

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

Primary Diagnosis*

The most common diagnoses among children and youth served by CYFBHS are:

- ❖ Depressive disorders
- ❖ Oppositional/Conduct disorders
- ❖ Adjustment disorders
- ❖ Attention Deficit Hyperactivity Disorder (ADHD)



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2012; or, the most recent valid diagnosis.

*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Co-occurring Substance Abuse†

1,457 unduplicated youth (8.0% of the total population) who received services in FY 2011-12 had a substance abuse problem, operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS).

- **70%** (1,019 of 1,457) had a dual diagnosis. Many of these youth received substance abuse counseling as part of their EPSDT mental health services.
- **48%** (694 of 1,457) received services from ADS.
- **18%** (256 of 1,457) received both mental health services *and* ADS services in FY 2011-12 *and* had been identified as having a dual diagnosis by their mental health provider.

†Co-occurring substance abuse data for FY 2011-12 may not be directly comparable to previous years due to changes in the operational definition of “dual diagnosis,” and the manner in which the ADS dataset was generated.

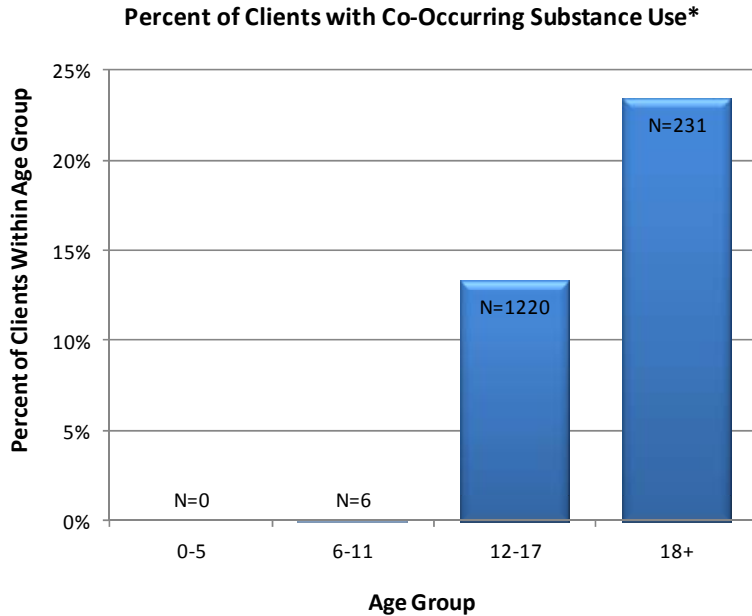


Who Are We Serving?

Eighty-four percent of clients with a co-occurring substance abuse problem were ages 12-17 and more than 80% were White or Hispanic.

Co-occurring Substance Abuse—Age

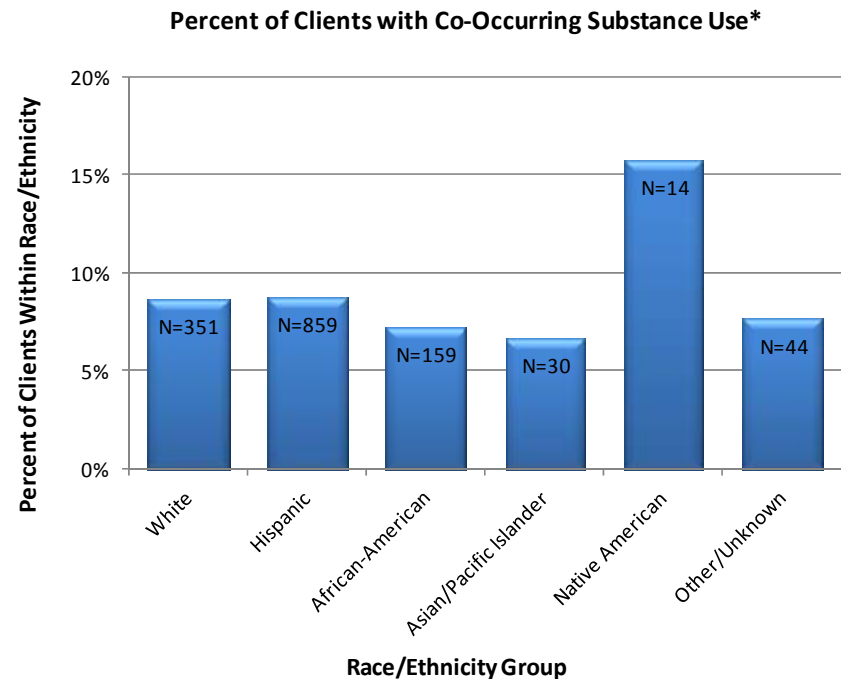
Nearly one-quarter of youth ages 18 and older, and 13% of youth ages 12-17, who received services from CYFBHS were identified as having a substance abuse issue.



*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Co-occurring Substance Abuse—Race/Ethnicity

Native American youth served by CYFBHS had the highest proportion of co-occurring substance abuse, while Asian/Pacific Islanders had the lowest proportion.

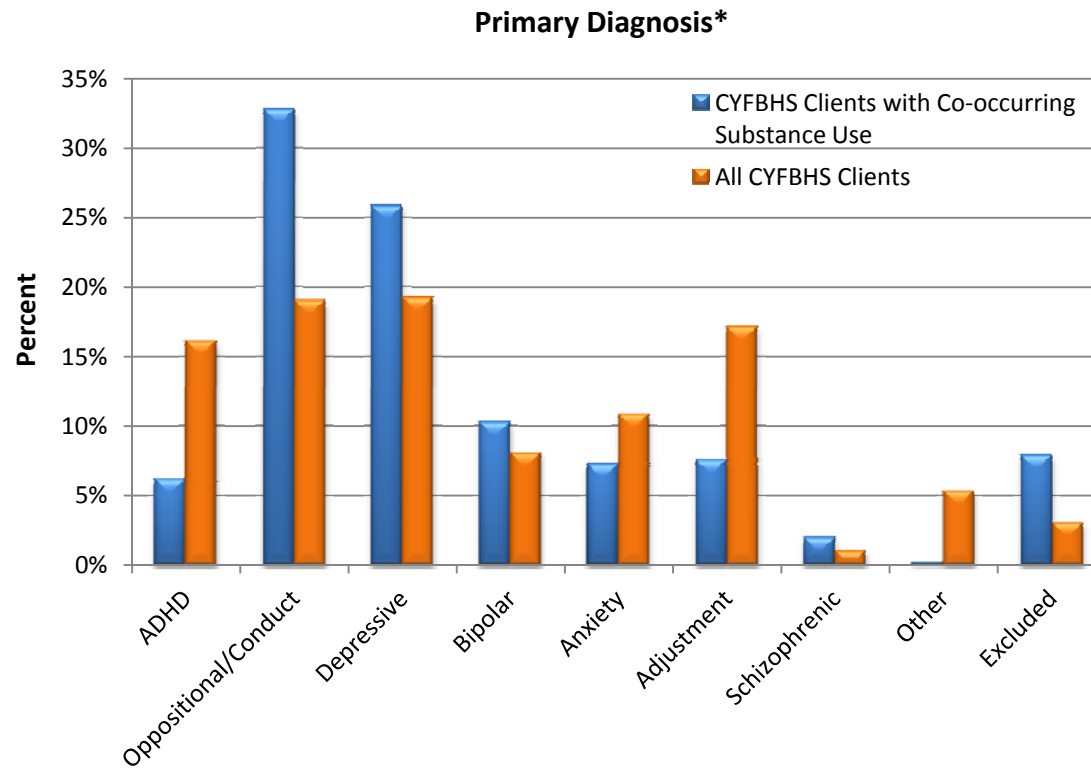


*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Who Are We Serving?

Co-occurring Substance Abuse—Primary Diagnosis

Youth with a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS) were far more likely to have an oppositional/conduct disorder than youth in CYFBHS overall (33% vs. 19%, respectively). This pattern has been consistent over the past five years.



*Percentages are calculated within the clients served by CYFBHS during FY 2011-12.

Who Are We Serving?

Transition Age Youth

Transition Age Youth

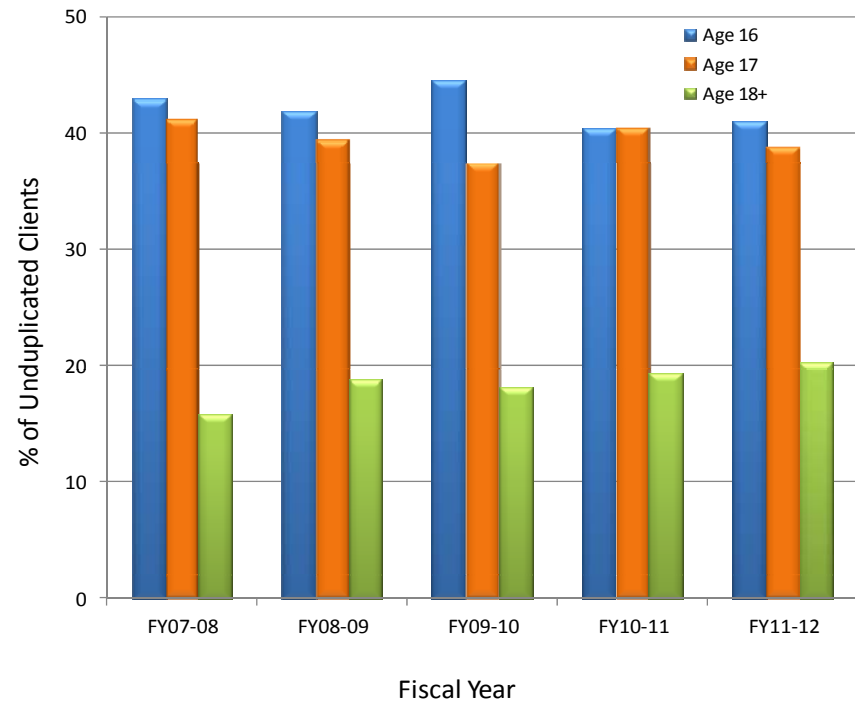
4,869 Transition-Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 18+, were served by CYFBHS in FY 2011-12.

- ❖ Eighty percent of TAY clients were ages 16-17.
- ❖ The proportion of TAY clients age 18 and older has increased 4% since FY 2007-08.



Age of TAY Clients

TAY Age Distribution*



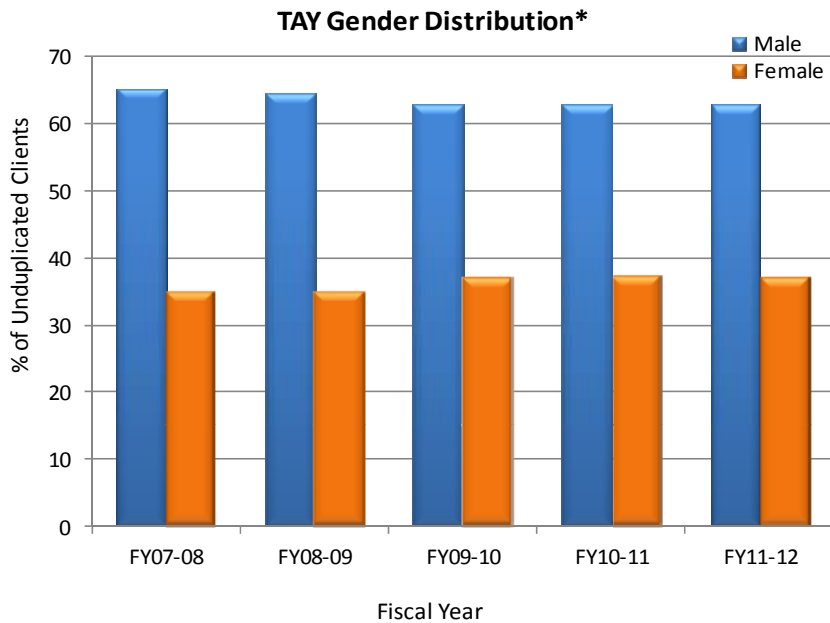
*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

Who Are We Serving?

Transition Age Youth

TAY Client Gender

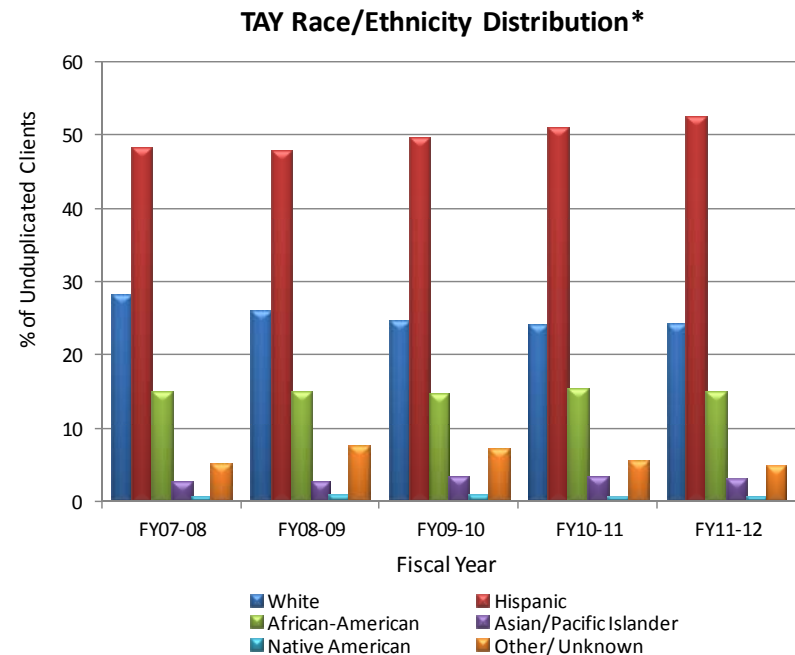
- ❖ 63% of TAY clients receiving CYFBHS services in FY 2011-12 were male.
- ❖ The male to female client ratio of the TAY population is higher than, but comparable to, the CYFBHS system as a whole.
- ❖ This trend has remained consistent for the past five years.



*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

TAY Client Race & Ethnicity

- ❖ 53% of TAY clients who received CYFBHS services identified themselves as Hispanic.
- ❖ The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.



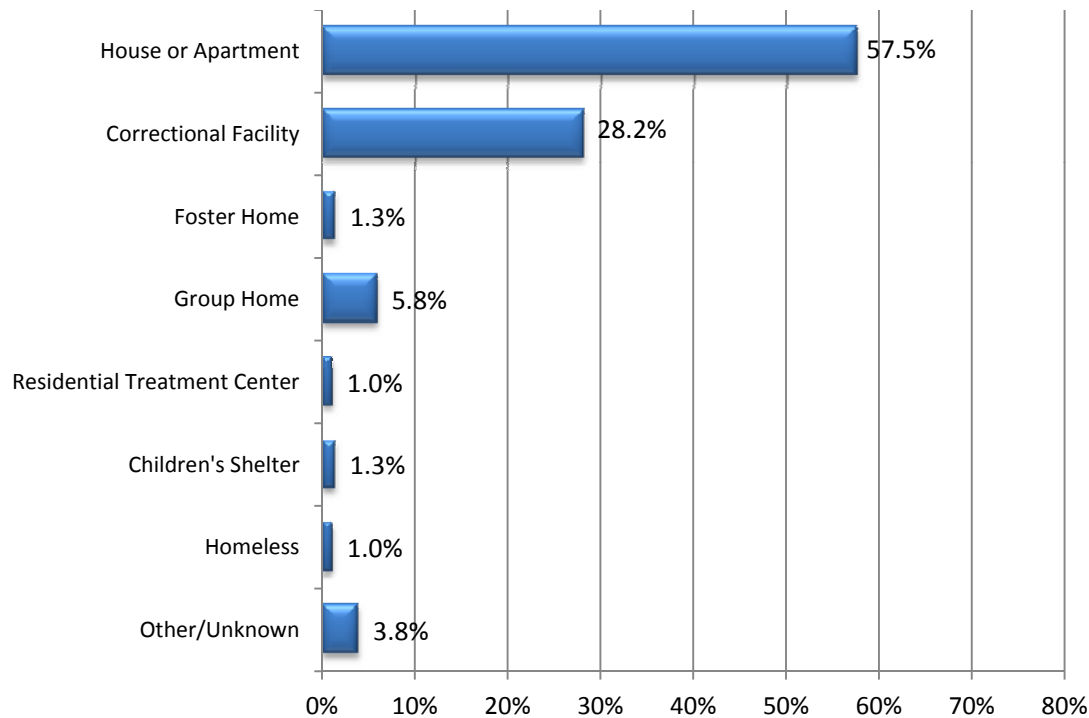
*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

Who Are We Serving?

Transition Age Youth

Fifty-eight percent of TAY served by CYFBHS lived in a family home or apartment at some point during FY 2011-12; 28% lived in a Correctional Facility.

TAY Client Living Situation



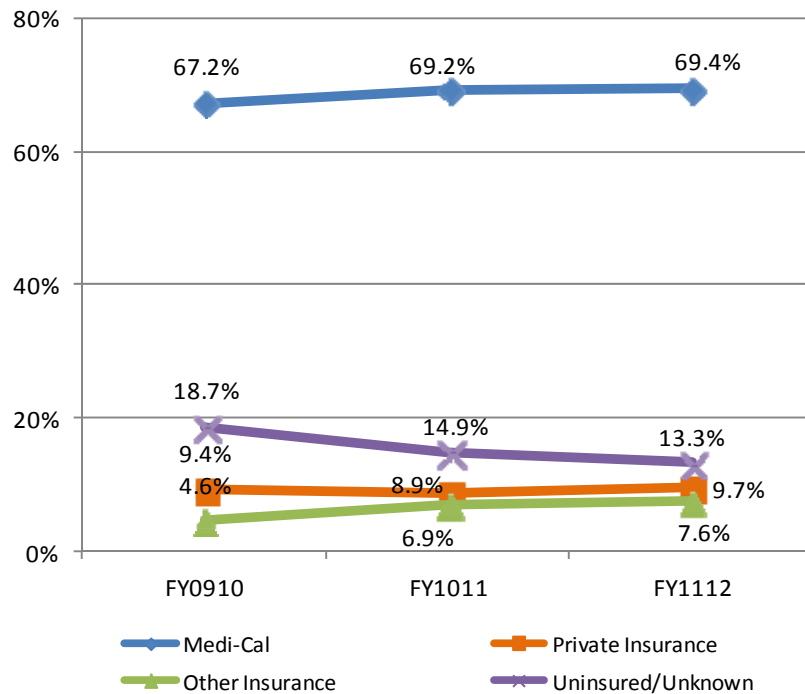
*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

Who Are We Serving? Transition Age Youth

Almost 70% of TAY who received services from CYFBHS during FY 2011-12 were covered by Medi-Cal, as compared to 55% of clients in the Adult/Older Adult Behavioral Health Services system.

Health Care Coverage

TAY Client Insurance Status*



*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

Primary Care Physician Status

❖ Of the 3,001 TAY clients for whom PCP status was known, 2,485 (83%) had a Primary Care Physician in FY 2011-12.

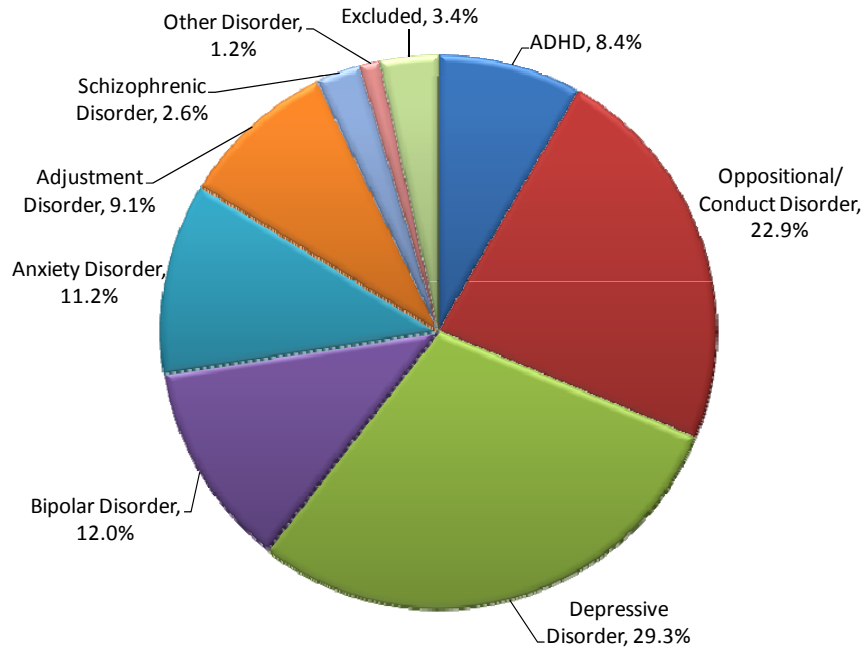


Who Are We Serving? Transition Age Youth

TAY Primary Diagnosis*

The most common diagnoses among TAY clients served by CYFBHS are:

- ❖ Depressive disorders
- ❖ Oppositional/Conduct disorders
- ❖ Bipolar disorders
- ❖ Anxiety Disorders



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2012; or, the most recent valid diagnosis.

*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

TAY Co-occurring Substance Abuse†

1,047 unduplicated TAY youth (21.5% of the TAY population) who received services in FY 2011-12 had a substance abuse problem, operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS).

- **70%** (731 of 1,047) had a dual diagnosis. Many of these youth received substance abuse counseling as part of their EPSDT mental health services.
- **47%** (496 of 1,047) received services from ADS.
- **17%** (180 of 1,047) received both mental health services *and* ADS services in FY 2011-12 *and* had been identified as having a dual diagnosis by their mental health provider.

†Co-occurring substance abuse data for FY 2011-12 may not be directly comparable to previous years due to changes in the operational definition of “dual diagnosis,” and the manner in which the ADS dataset was generated.



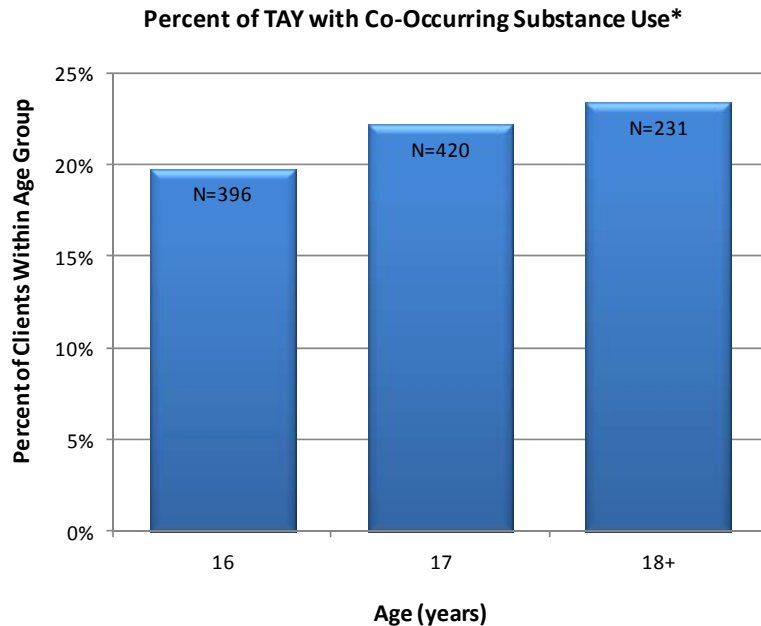
Who Are We Serving?

Transition Age Youth

Forty percent of TAY clients with a co-occurring substance abuse problem were age 17 and 82% were White or Hispanic.

TAY Co-occurring Substance Abuse—Age

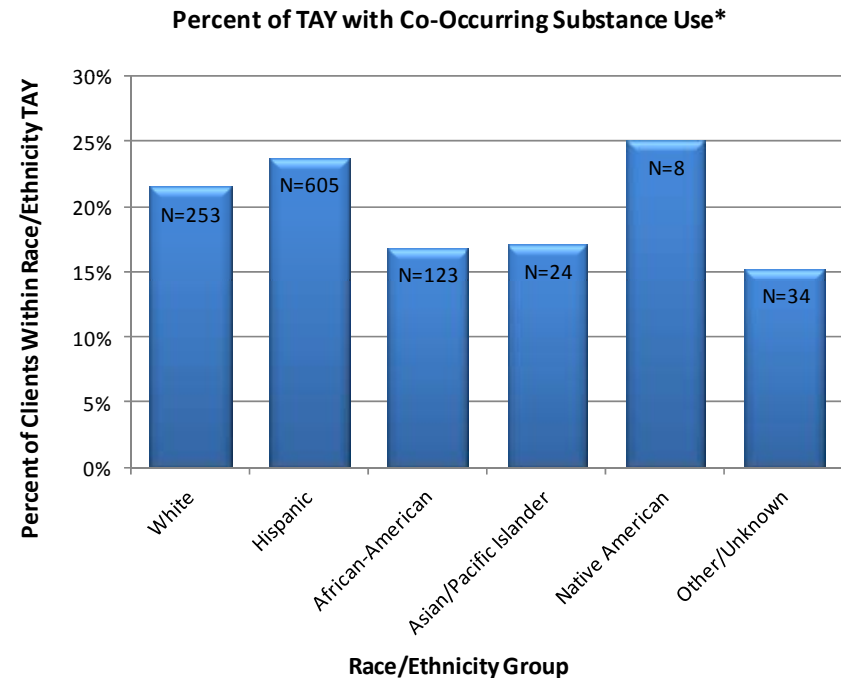
Twenty percent of 16 year olds and 22% of 17 year olds who received services from the CYFBHS system were identified as having a substance abuse issue.



*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

TAY Co-occurring Substance Abuse—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Native American TAY served by CYFBHS had the highest proportion of co-occurring substance abuse (8 of 32 clients), while African-American TAY had the lowest proportion (123 of 730 clients).

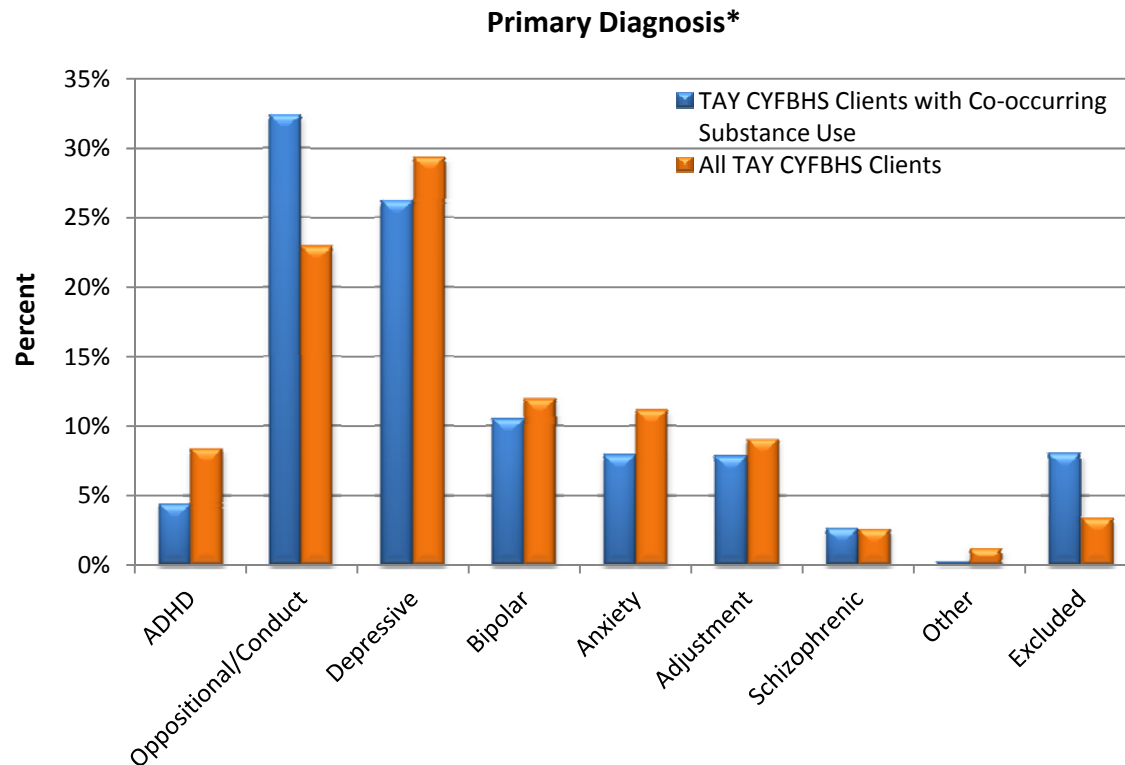


*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

Who Are We Serving? Transition Age Youth

TAY Co-occurring Substance Abuse—Primary Diagnosis

TAY clients with a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS) were far more likely to have an oppositional/conduct disorder than TAY in CYFBHS overall (32% vs. 23%, respectively).



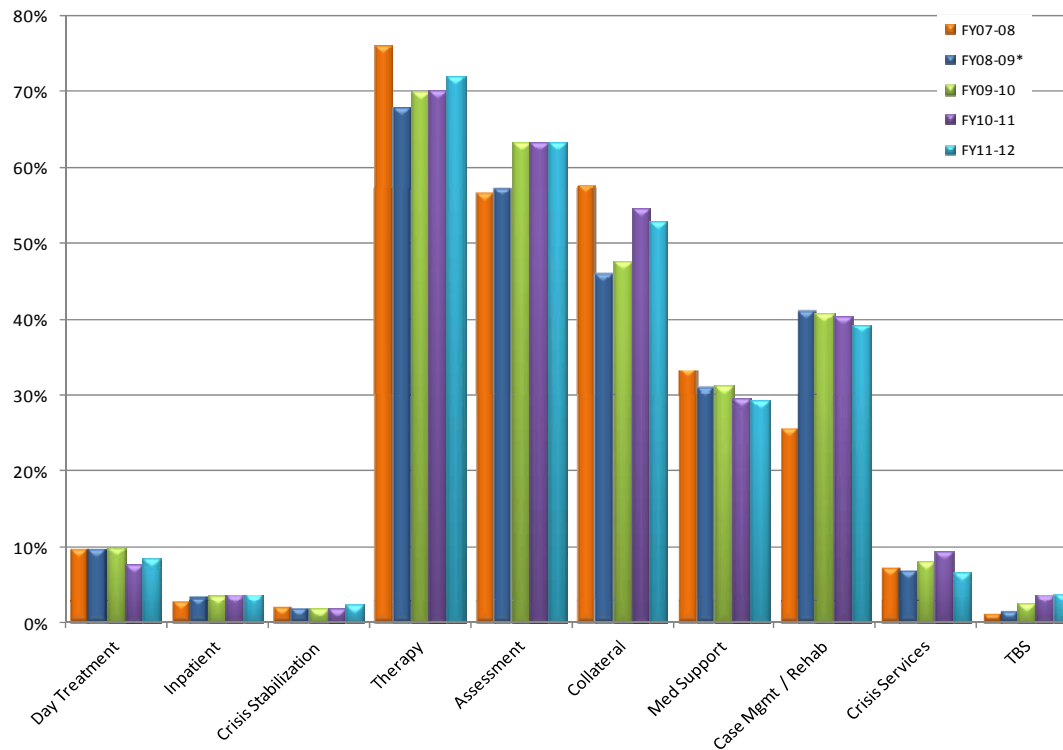
*Percentages are calculated within the TAY clients served by CYFBHS during FY 2011-12.

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. These data reflect the **service type received by the client** rather than the modality of the service provider and may not be directly comparable to provider-level data.

Percentage of Clients receiving each type of service*



*FY 2008-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi.

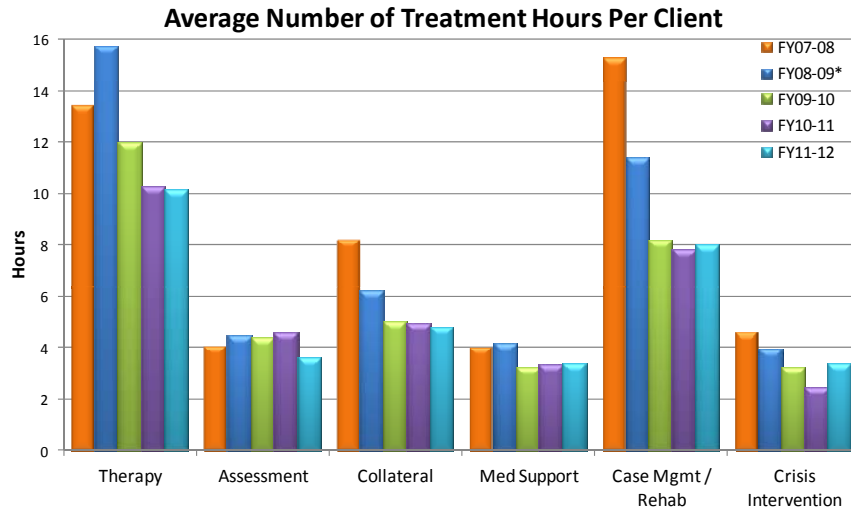
- ❖ The percentage of clients receiving Day Treatment, Crisis Stabilization, Therapy and TBS services increased over the past fiscal year.
- ❖ The percentage of clients receiving Collateral, Med Support, Case Management and Crisis services decreased over the past fiscal year.

What Kind of Services Are Being Used?

Outpatient Service Hours

On average, clients received **5.6 hours of Outpatient services** in FY 2011-12.

The average amount of Assessment hours youth received decreased, and the average amount of Crisis Intervention hours increased, between FY 2010-11 and FY 2011-12.



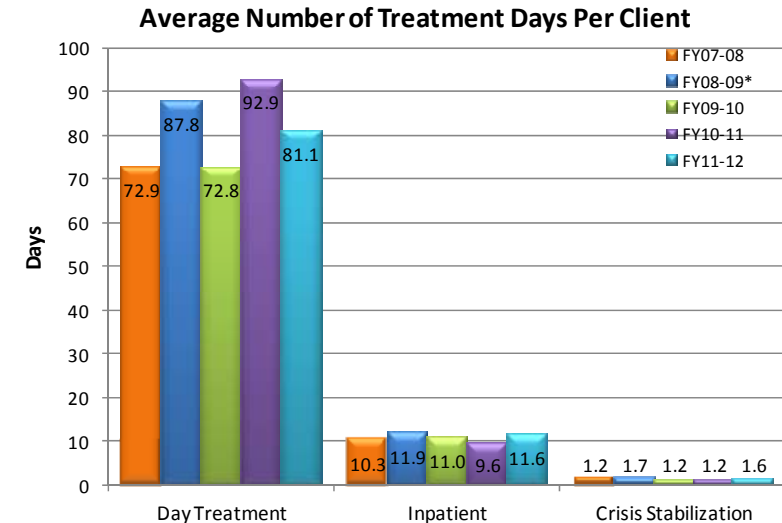
*FY 2008-09 service data may not be directly comparable due to the Management Information System (MIS) transition from InSyst to Anasazi.

Therapeutic Behavioral Services (TBS)

TBS services are special intensive coaching services designed to help stabilize environments, or avoid the need for a more restrictive level of care. Of the 677 TAY clients served by CYFBHS in FY 2011-12, an **11% decrease** was noted in TBS services hours received in comparison to FY 2010-11 (52.1/58.5).

Service Days

The mean number of days for Day Treatment services **decreased by 13%** (81.1/92.9) from FY 2010-11; however, the percentage of clients receiving Day Treatment services increased from 7.6% to 8.4% in FY 2011-12. The mean number of Inpatient service days **increased by 21%** (11.6/9.6), and the mean number of Crisis Stabilization days **increased by 33%** (1.6/1.2) from the previous fiscal year.



*FY 2008-09 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 a **depressive disorder** were three times more likely to use **Inpatient** or **Crisis Stabilization** services than the average youth client population.
- ❖ Youth with a **bipolar** or **schizophrenic disorder** used more **Outpatient** (Therapy, Assessment, Collateral, Medication Support, Case Management, Crisis and TBS) and **Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services on average than youth with other diagnoses.
 - The use of **Day Treatment** services (more than 20% each, as compared to 8% among total youth client population) was most notable.
 - The use of **Inpatient** services was much higher among youth with a schizophrenic (23%) or bipolar (9%) disorder, as compared to 3.5% among the total youth client population.
- ❖ Youth with **ADHD** were **less likely to use** Inpatient, Day Treatment and Crisis Stabilization services than the total youth client population; however, the **duration of Day Treatment was longer** (101 mean service days, compared to 81 for the total youth client population).
 - 53% of youth with ADHD received **Medication Support services**, as compared to 29% of the total population in FY 2011-12.

Service Use by Race/Ethnicity

- ❖ Compared to the total youth average, **African-American** youth used more **Crisis** services, and were more likely than any other racial/ethnic group to use **Medication Support** services. African-Americans also used more **Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services on average than the total youth population.
- ❖ **White** youth were more likely than the average youth client population to use **Medication Support** and **Crisis** services, and were slightly more likely to use **Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services.
- ❖ Compared to the total youth average, **Hispanic** youth used more **Collateral and Case Management** services, and were more likely than any other racial/ethnic group to use **Therapy** services. Hispanics on average used **less Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services, and had a **lower mean number of days** in Intensive services, than the total youth population.
- ❖ **Native American** youth were more likely than the average youth client population to use **Medication Support** and **Crisis** services, and were most likely to use TBS services; however the **duration** of TBS treatment was much lower than the average of the general population. Native Americans were also more likely than any other racial/ethnic group to use **Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services.
- ❖ Compared to the total youth average, **Asian/Pacific Islander** youth used **less Therapy** and **more Assessment, Case Management, and Crisis** services. Asian/Pacific Islanders were more likely than the average youth client population to use **Day Treatment** services, and had the **highest mean number of Inpatient and Day Treatment service days** of any racial/ethnic group.

Detailed service utilization tables available on request.

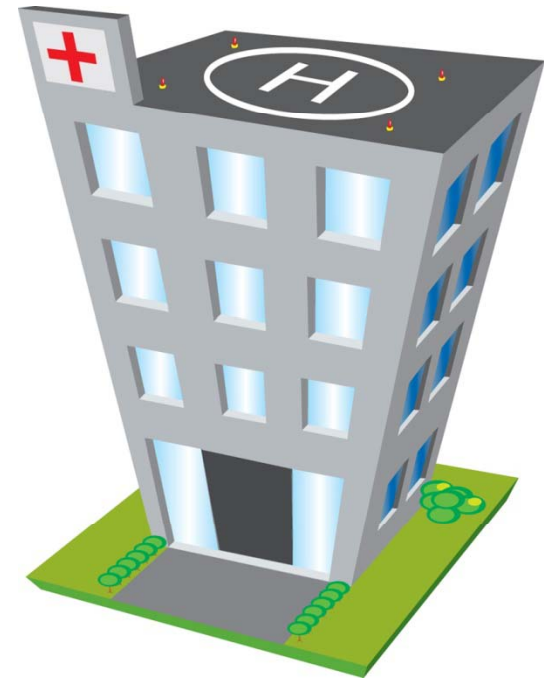
What Kind of Services Are Being Used?

Inpatient (IP) Services

- ❖ 3.5% (629) of unduplicated clients used Inpatient services in FY 2011-12
 - 85% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 42% Depressive disorders
 - 18% Bipolar disorders
 - 15% Oppositional/Conduct disorders
- ❖ 32% (203) of children receiving IP services had **more than one IP stay in the** fiscal year.
 - A 5% increase from 27% in FY 2010-11

Emergency Screening Unit (ESU) Services

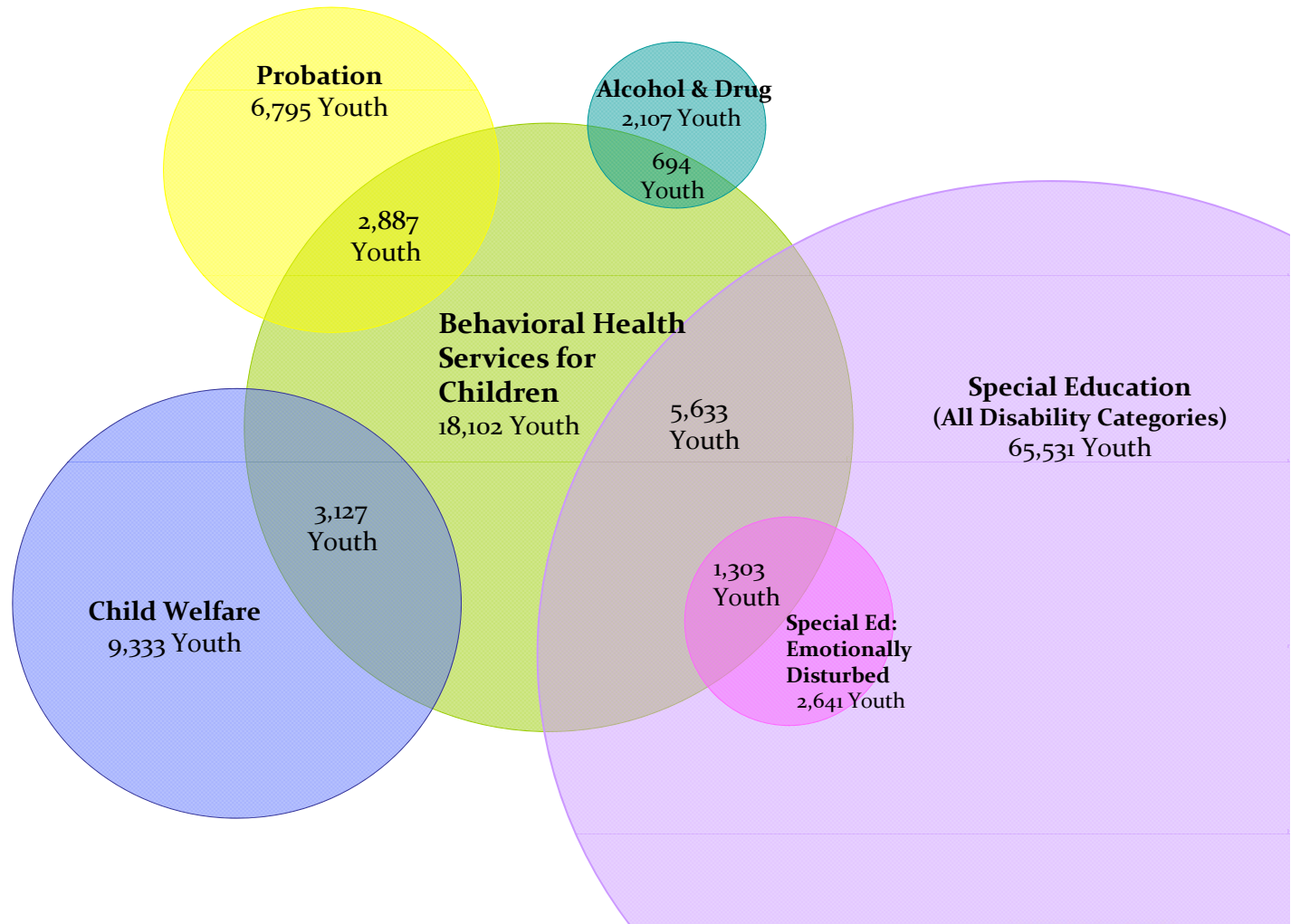
- ❖ 5.1% (931) of unduplicated clients used ESU services in FY 2011-12
 - 78% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 42% Depressive disorders
 - 19% Oppositional/Conduct disorders
 - 13% Bipolar disorders
- ❖ 18% (165) of children receiving ESU services had **more than one ESU visit** in the fiscal year
 - Slight increase from FY 2010-11, considerable reduction from 39% in FY 2007-08



What Kind of Services Are Being Used?

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

- ❖ The number of youth clients receiving services from the Special Education (all), Special Education (emotionally disturbed), Child Welfare, and Probation sectors decreased in FY 2011-12. An increase was noted in the Alcohol & Drug Services (ADS) sector; however, due to changes in the way the ADS dataset was generated, the data may not be directly comparable to previous years.
- ❖ The percentage of youth clients in other sectors also receiving Behavioral Health services decreased slightly in the Special Education (all), Special Education (emotionally disturbed), Alcohol & Drug, and Child Welfare sectors and increased in the Probation sector.



What Kind of Services Are Being Used?

Service Use by Children Involved in More than One Public Sector

- ❖ Compared to the total youth average in the CYFBHS system, youth who received services from CYFBHS and another public sector in FY 2011-12 were **more likely to receive Day Treatment** services.
- ❖ Youth who received services from both CYFBHS and **Child Welfare Services** were most likely to have an **Adjustment Disorder** as their primary diagnosis. These youth also received **26% more Therapy minutes** than the total youth average; however, they were less likely to receive Therapy services. CYFBHS-CWS youth were almost twice as likely to receive **TBS** services, and three times more likely to receive **Day Treatment** services, than the total youth system average.
- ❖ Youth who received services from both CYFBHS and **Special Education (all)** were most likely to have a primary diagnosis of **ADHD**. These youth were more likely to receive **Medication Support** and **Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services than overall youth in the CYFBHS system.
- ❖ Youth who received services from both CYFBHS and **Special Education (emotionally disturbed)** were almost three times as likely to have a primary diagnosis of **Bipolar Disorder**. These youth were more likely to receive **all modalities of service except Outpatient Therapy** (Assessment, Collateral, Medication Support, Case Management, Outpatient Crisis Service, TBS, Inpatient, Day Treatment, and Crisis Stabilization) than overall youth in the CYFBHS system. These youth also received **more time in every service**.
- ❖ Youth who received services from both CYFBHS and **Probation** were most likely to have an **Oppositional/Conduct Disorder** as their primary diagnosis. They were most likely to receive **Case Management Services** and least likely to receive Assessment or Collateral services. These youth received slightly **less time in Day Treatment and Inpatient** services, and received **less time in Outpatient Therapy**, than the system youth average.
- ❖ Youth who received services from both CYFBHS and **Alcohol & Drug Services** were most likely to have an **Oppositional/Conduct Disorder** as their primary diagnosis. These youth were most likely to receive **Case Management Services**. They were half as likely to receive TBS services and spent the least amount of time on average in TBS services. On average, these youth received less time in Outpatient Therapy.

Detailed service utilization tables available on request.

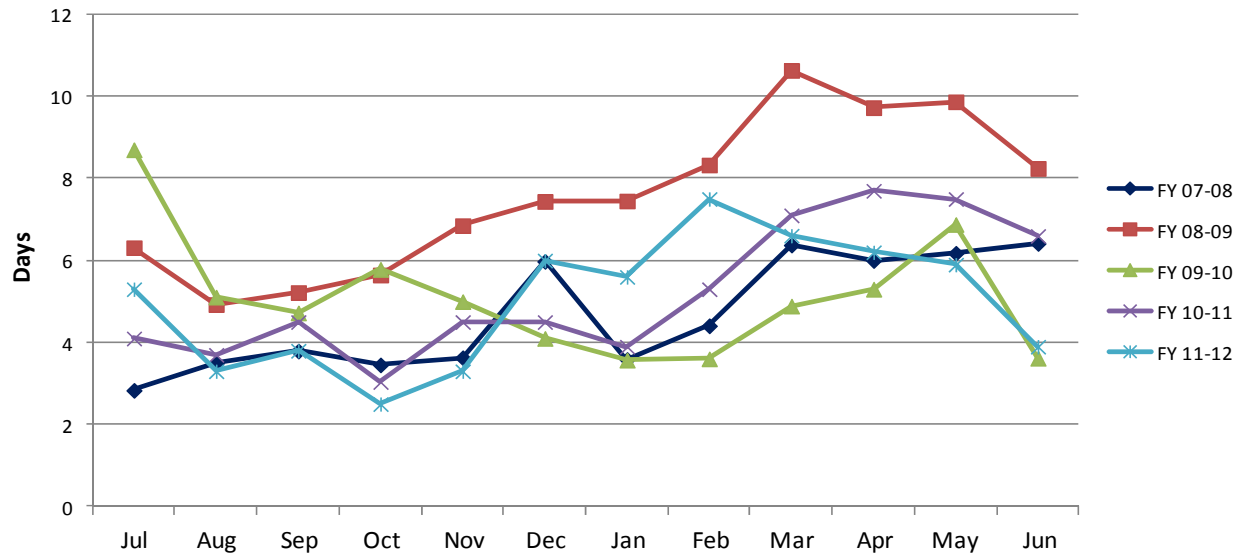
How Quickly Can Clients Access Services?

Wait Time

Wait times vary greatly by program, with a few 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 FY 2011-12 children waited an average of **5.0 days** to receive services; a decrease from the 5.2-day average wait reported in FY 2010-11.

**Children, Youth & Families Behavioral Health Services
Average Wait Times (days) - Comparison by Fiscal Year**



Are Clients Getting Better?

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

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 Eyberg Child Behavior Inventory (ECBI), a measure of behavioral problems completed by caregivers of children ages 0-5
- ❖ The Children’s Functional Assessment Rating Scale (CFARS), a measure of youth symptoms and behavior completed by clinicians
- ❖ Inpatient Readmission Rates



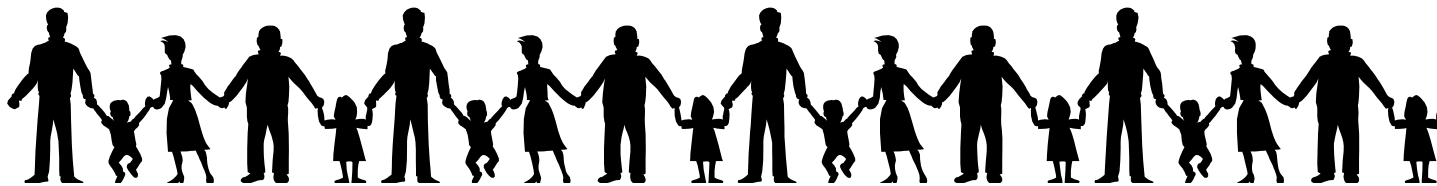
Are Clients Getting Better?

Child and Adolescent Measurement System (CAMS) Results Indicate Improvement

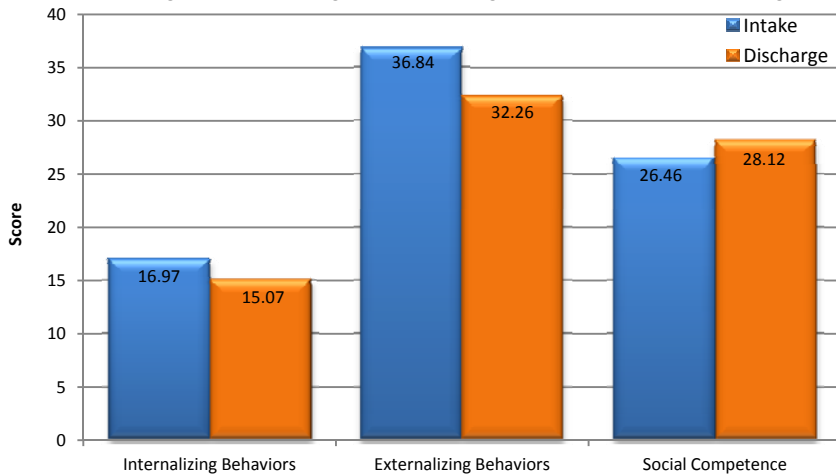
The CAMS measures a child’s social competency, behavioral and emotional problems. In FY 2011-12, the CAMS was administered to all parents/caregivers, and to youth ages 11 and older, at intake, at utilization management/review (UM/UR), and at discharge. The CAMS was not administered in any inpatient setting.

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.

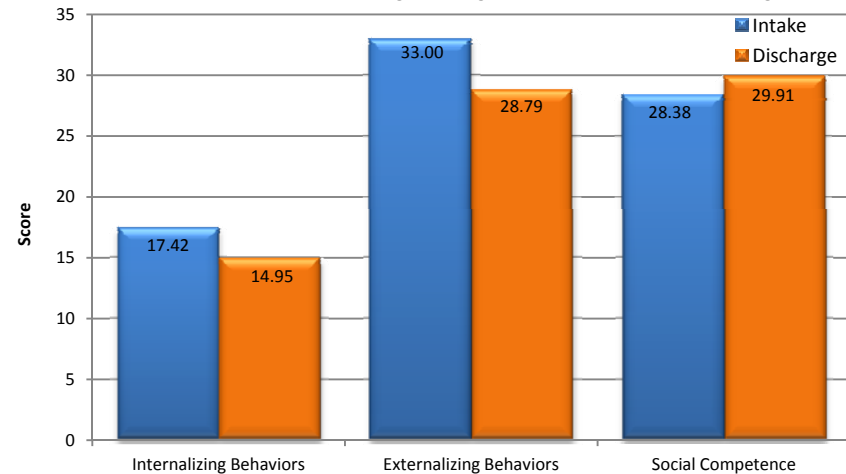
CAMS scores for youth discharged from services in FY 2011-12 who had both intake and discharge scores for all three scales (N=3,589 Parent CAMS and N=1,942 Youth CAMS) revealed improvement in youth social competency, behavioral and emotional problems following receipt of mental health services.



Caregiver CAMS (Rating of Child), Average Scores at Intake and Discharge



Youth CAMS (Child Self-rating), Average Scores at Intake and Discharge



Are Clients Getting Better?

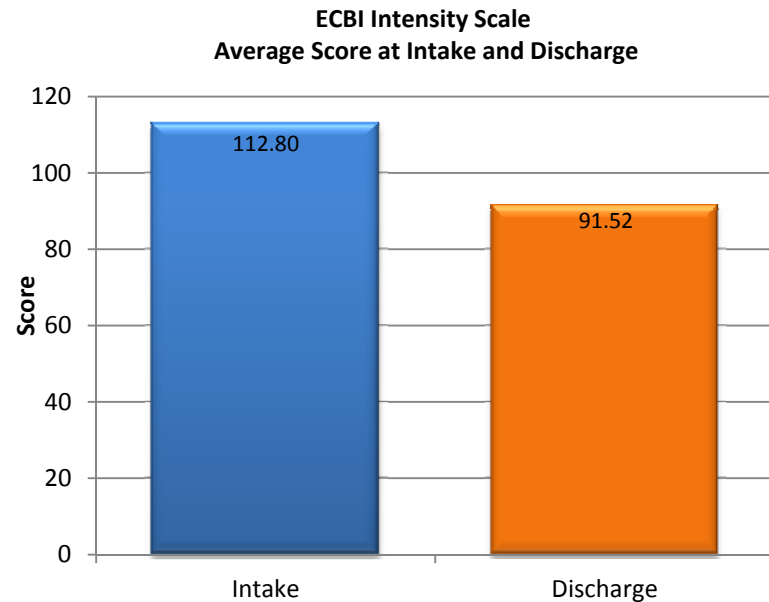
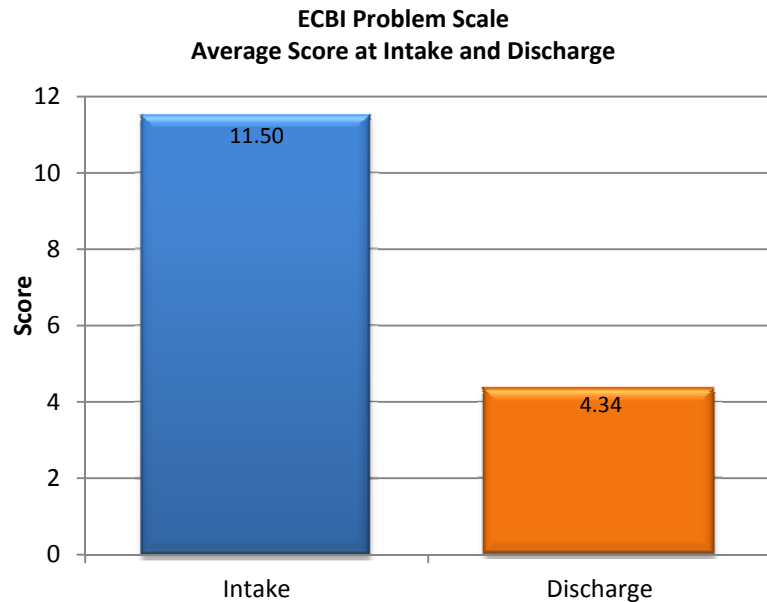
Eyberg Child Behavior Inventory (ECBI) Results Indicate Improvement

The ECBI assesses conduct problems, such as noncompliance, defiance, aggression, and impulsivity. It is used in our system for children ages 0-5 and is completed by the child's caregiver at intake, at utilization management/review (UM/UR), and at discharge.

In FY 2011-12, the ECBI was administered only by providers whose population was primarily very young clients. The ECBI was not administered in any inpatient setting.

A decrease on either ECBI scale is considered an improvement.

ECBI scores for youth discharged from services in FY 2011-12 who had both intake and discharge scores for both scales (N=277) revealed improvement in both the number and severity of behavioral problems in children ages 0-5 following receipt of mental health services.



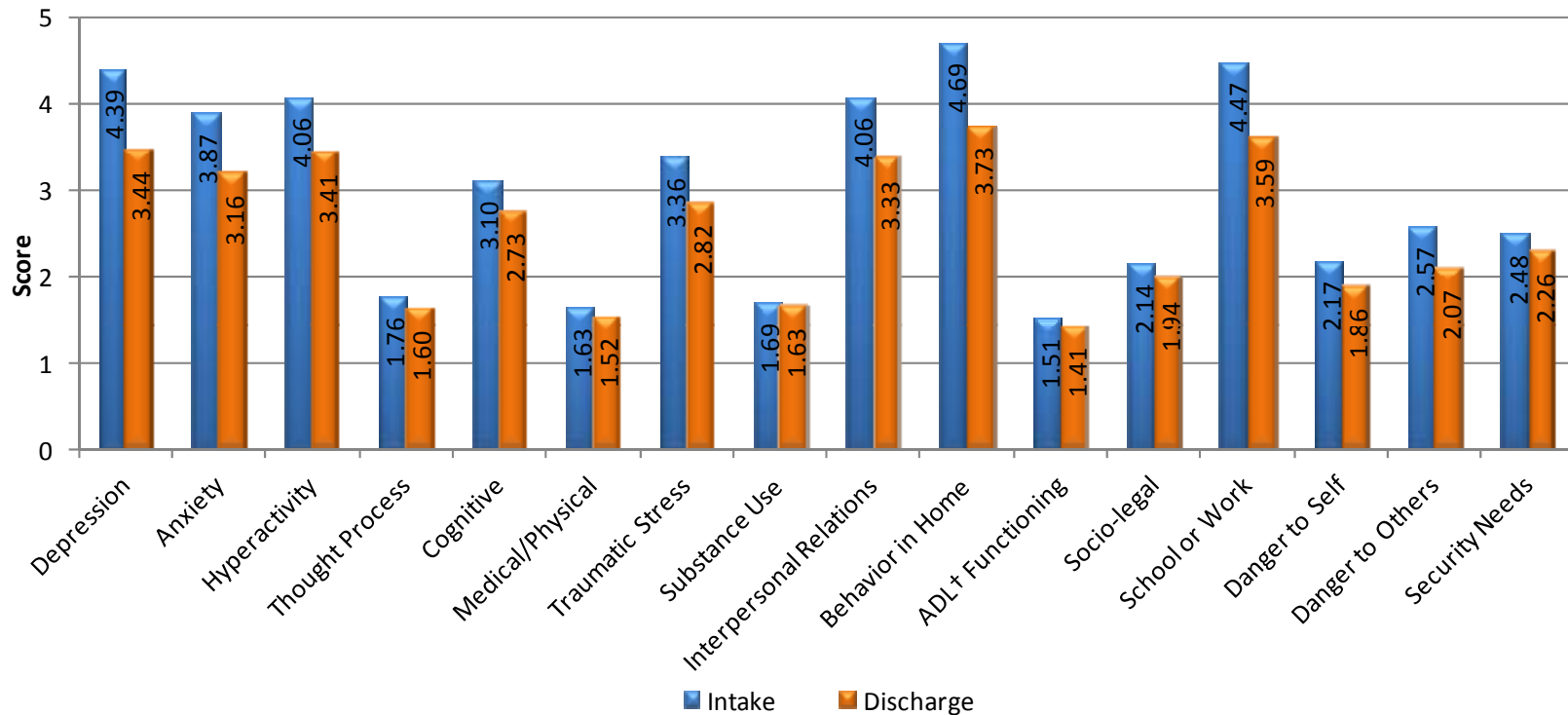
Are Clients Getting Better?

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 8,077 clients who discharged in FY 2011-12 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 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

- ❖ 32% (203) of the 629 clients who received Inpatient care had more than one IP episode (ranging from 2 to 9) in FY 2011-12.
 - Of the 203 clients with more than one IP episode, 37% (75) were re-admitted to IP services within 30 days of the previous IP discharge—a **decrease** from 45% (75 of 168) in FY 2010-11.

Emergency Screening Unit (ESU) Services

- ❖ 18% (165) of the 931 clients who received ESU care had more than one ESU episode (ranging from 2 to 7) in FY 2011-12.
 - Of the 165 clients with more than one ESU episode, 50% (83) were re-admitted to ESU services within 30 days of the previous ESU discharge—an **increase** from 42% (61 of 144) in FY 2010-11.



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.
- **Co-Occurring Substance Abuse** is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS).
- **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.
- **Day treatment services:** *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. *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.
- **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.

Glossary of Terms

- **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.
- **Juvenile Forensic Services** are provided primarily in Probation institutions within San Diego County. Juvenile Forensic Services include 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 Girls' 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.



Glossary of Terms

- **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. 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 of the reported fiscal year. 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.
- **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+) who received mental health services through CYFBHS providers.

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CASRC is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of the Child & Adolescent Services Research Center (CASRC) is to improve publicly funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.