County of San Diego
Health and Human Services Agency

Children's Mental Health Services

Systemwide Annual Report, FY2010-11

CASRC child and adolescent services research center

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COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Children's Mental Health Services

Systemwide Annual Report

Health and Human Services Agency
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County of San Diego Board of Supervisors

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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.

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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 Mental Health Services in Fiscal Year 10-11 (July 2010-June 2011). 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 2010-11, 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

Note: *Discrepancies between data in the FY10-11 Annual Report and the FY10-11 Databook for Children's Mental Health Services are due to differences in how the data are generated; by program modality for the Databook and by service code for the Annual Report.*

Key Findings

Children's Mental Health Services, Fiscal Year 2010-11

1. 18,100 youth received services through the San Diego County Mental Health System, a 2.5% increase from nearly 17,700 in FY09-10.
2. Nearly 62% of clients were male.
3. More than 50% of clients were Hispanic.
4. The four most common diagnoses were oppositional/conduct disorders, depressive disorders, ADHD and adjustment disorders.
   - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
5. 9% (1,665) of clients had substance abuse issues.
   - 15% of youth age 12-17 had substance abuse issues and represented 85% of the 1,665 total.
   - The majority of these youth received substance abuse counseling as part of their EPSDT mental health services; 43% 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 FY10-11, as systemwide treatment emphasis was on shorter-term therapy.
7. The mean number of days for Day Treatment services increased by more than 27% in FY10-11; however, the number of clients receiving Day Treatment services decreased by 21%.

Key Findings, continued

8. 3.5% (634) of clients used Inpatient (IP) services in FY10-11.
   - 27% of IP clients received multiple IP services within the fiscal year, similar to 26% in FY09-10.
   - The proportion of IP clients re-admitted to IP services within 30 days of the previous IP discharge decreased from 51% in FY09-10 to 45% in FY10-11.

9. 5% (827) of clients used Emergency Screening unit (ESU) services in FY10-11.
   - 17% of ESU clients had multiple ESU visits within the fiscal year; a 3% increase from FY 09-10 but a dramatic decrease 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 49% in FY09-10 to 42% in FY10-11.

10. Two-thirds of clients, ages 13 and older, reported that they lived with their parents at some point during the prior 6 months.

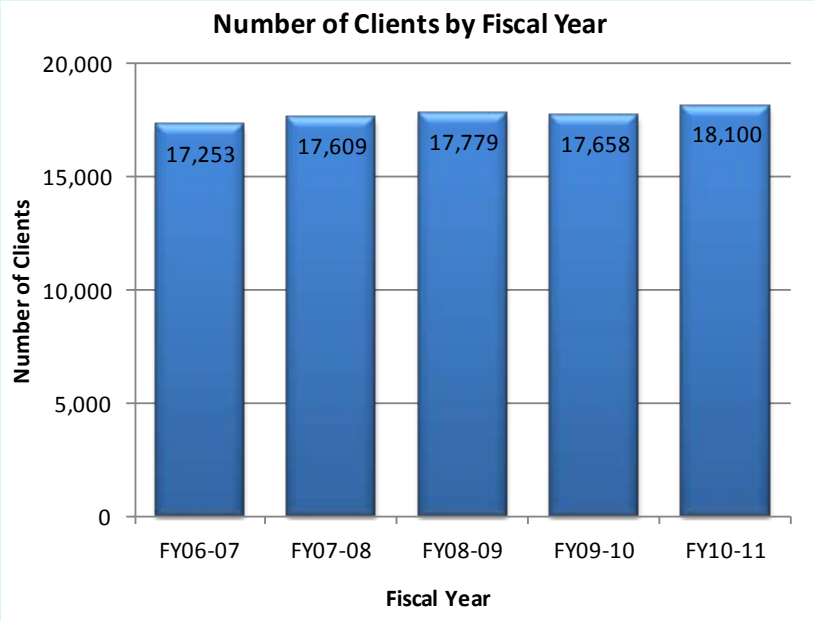
11. Youth experienced improvements in behavior, emotional well-being, and social competence as a result of having received mental health services, as measured by the Parent and Youth CAMS (Child and Adolescent Measurement System) and the ECBI (Eyberg Child Behavior Inventory) assessment tools.

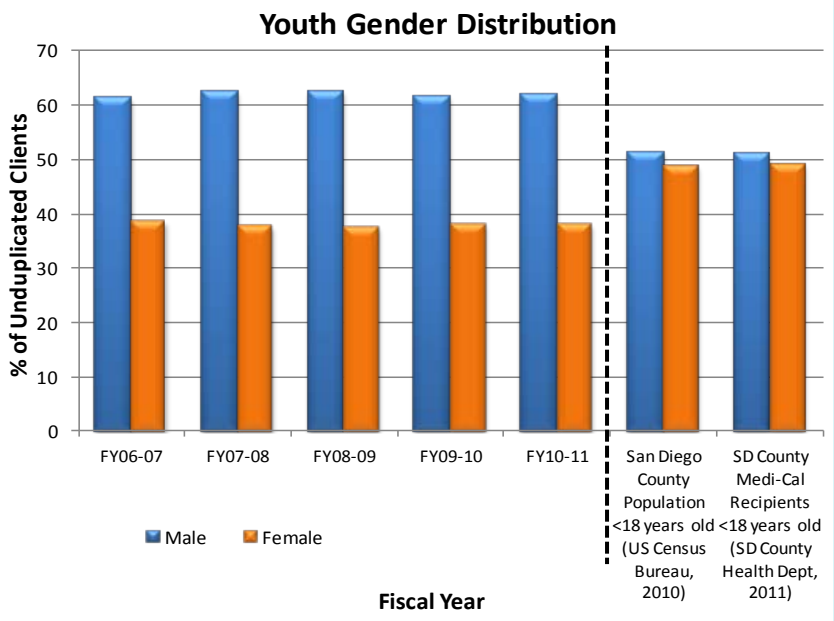
12. The majority of youth and caregivers were satisfied with mental health services received, as reported on the Youth Services Survey (YSS); caregivers reported higher satisfaction on average than youth.

Who Are We Serving?

Nearly 62% of the 18,100 youth served by San Diego County Mental Health Services in FY10-11 were male, whereas the County youth population was more evenly divided between males and females.

Number/Gender of Clients





- In Fiscal Year 2010-11, San Diego County delivered mental health services to more than 18,000 youth.

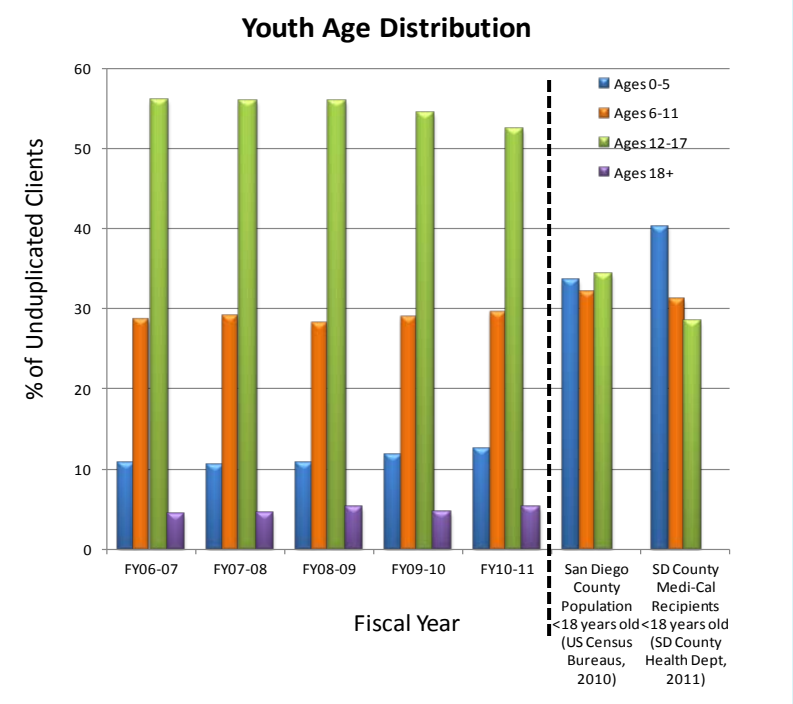
- The majority of youth clients receiving mental health services in Fiscal Year 2010-11 were male.
- The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- This trend has remained consistent for the past 5 years.

Who Are We Serving?

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

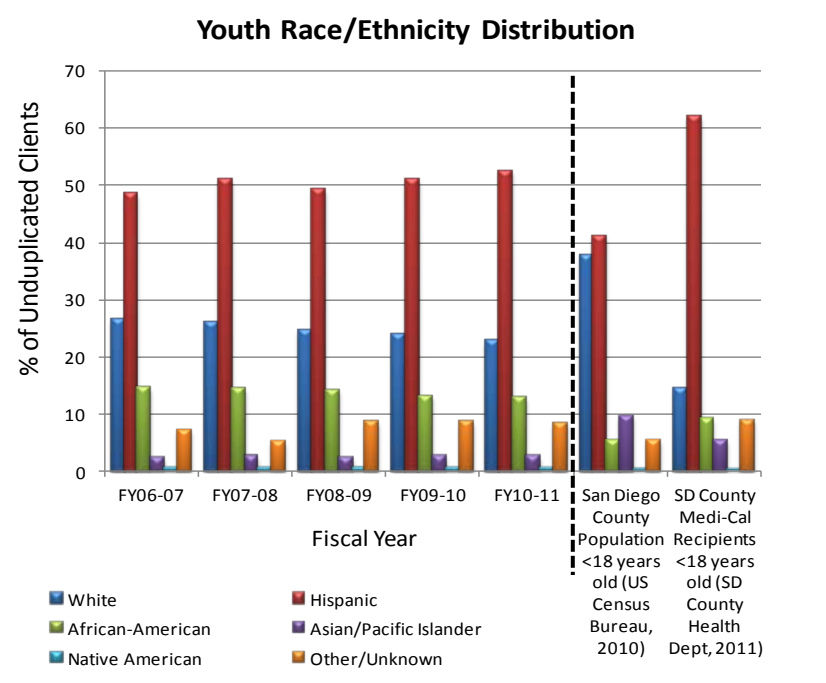
Age of Clients

- 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 5 years.
- Children ages 0-5 comprise almost 13% of the population.



Client Race & Ethnicity

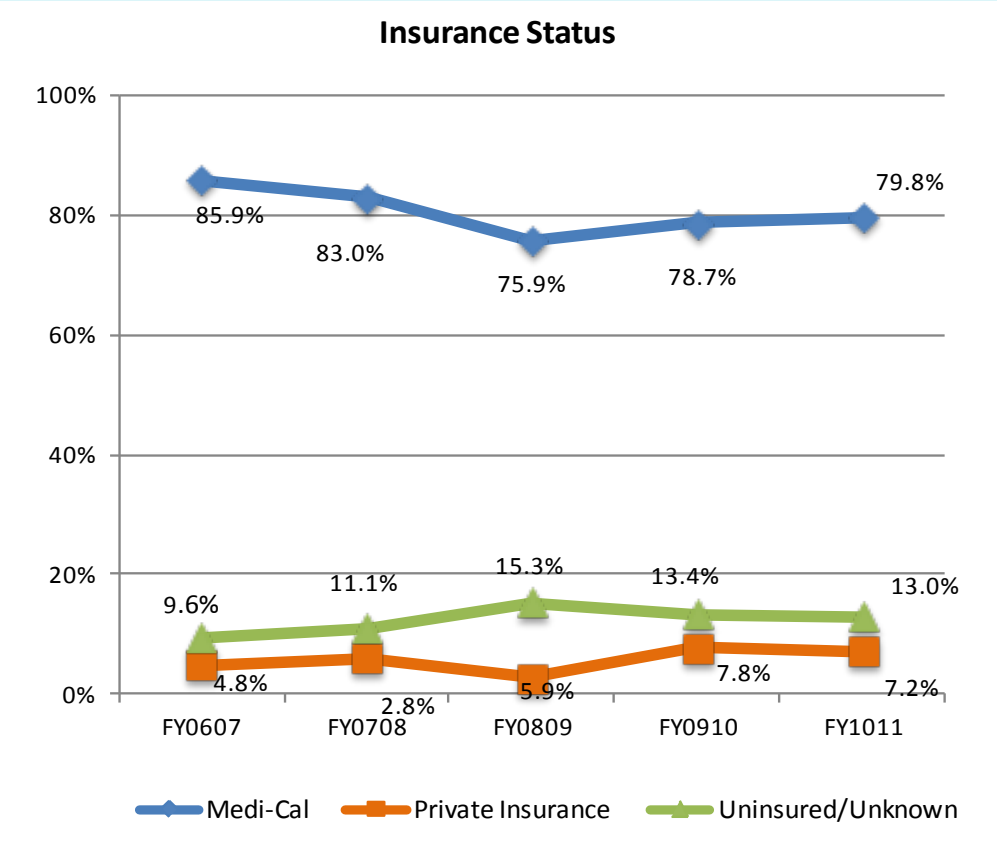
- Nearly 53% of clients who received services identified themselves as Hispanic.
- A larger percentage of Hispanic and African-American clients. and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population.



Who Are We Serving?

Almost 80% of children and youth who received services from San Diego County Mental Health were covered by Medi-Cal.

Health Care Coverage



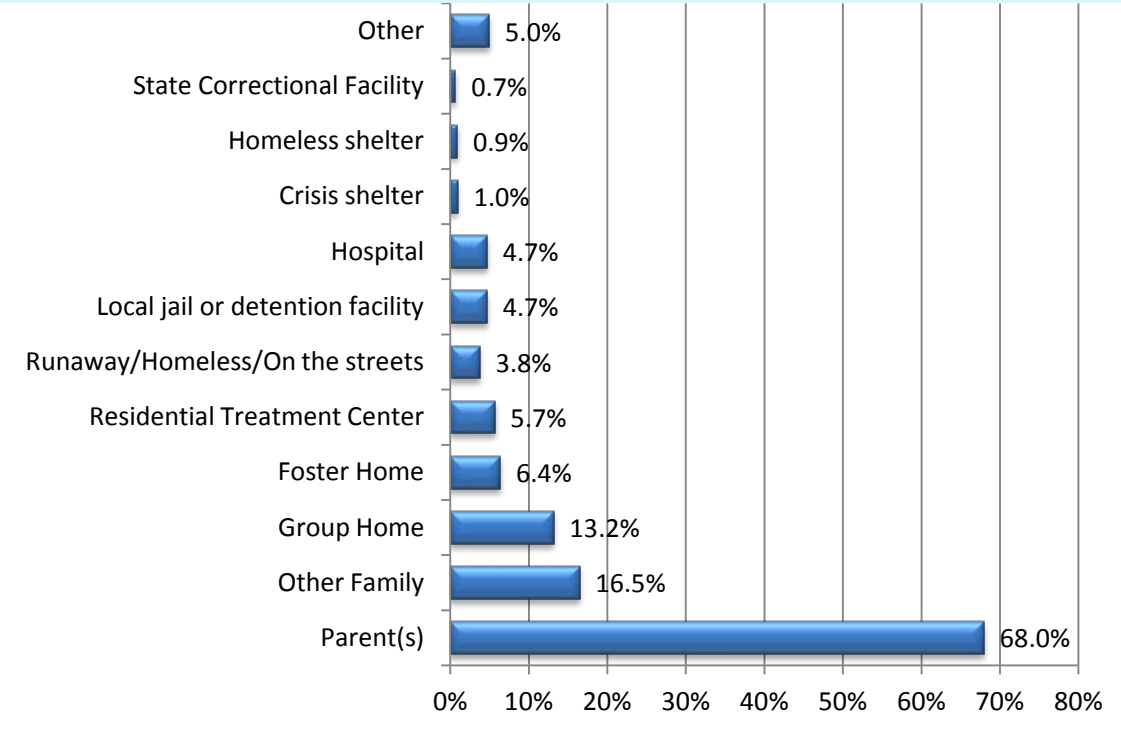
- Medi-Cal was used by 80% of clients during FY10-11, as compared to 56% of clients in the Adult Mental Health Service system.
- The percentage of clients with Medi-Cal showed a slight increase in FY10-11 and is up almost 4% from FY08-09.

Who Are We Serving?

The majority of children served by San Diego County Mental Health Services lived with their parents at some point during FY10-11.

*Client Living Situation**

A total of 3,083 youth (age 13+)† responded to a question about their living situation during the previous six months on the 2010-11 Youth Services Surveys.



- 32% of youth reported they did *not* live with their parents at some point in the previous six months, slightly less than 33% in FY09-10.

*Youth may have had more than one living situation in the 6-month period.
†Data were collected from two survey periods in the fiscal year; some clients may have responded to both.

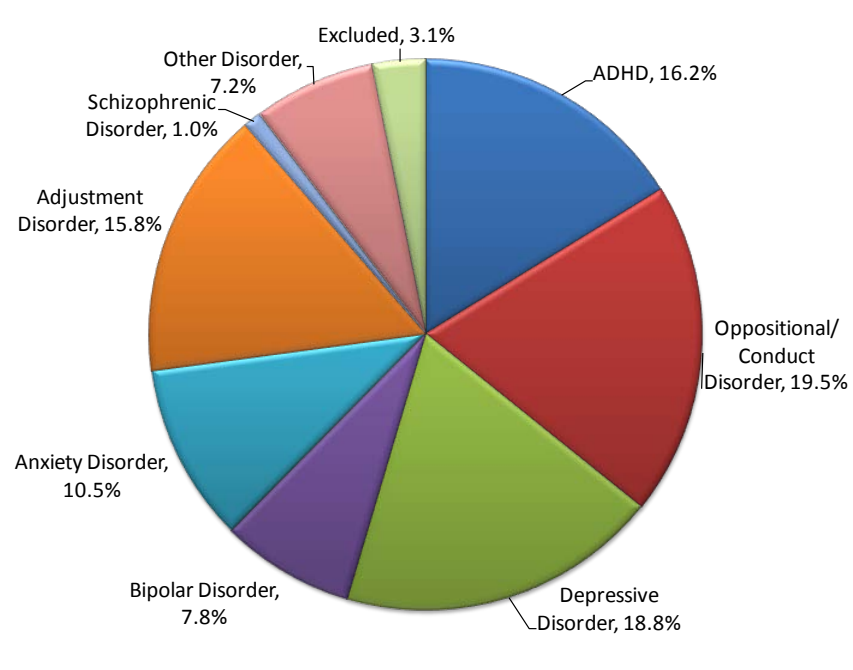
Who Are We Serving?

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 County Mental Health Services are:

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



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2011; or, the most recent valid diagnosis.

Co-occurring Substance Abuse

1,665 unduplicated youth (9.2% of the total population) who received services in FY10-11 had a substance abuse problem, 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).

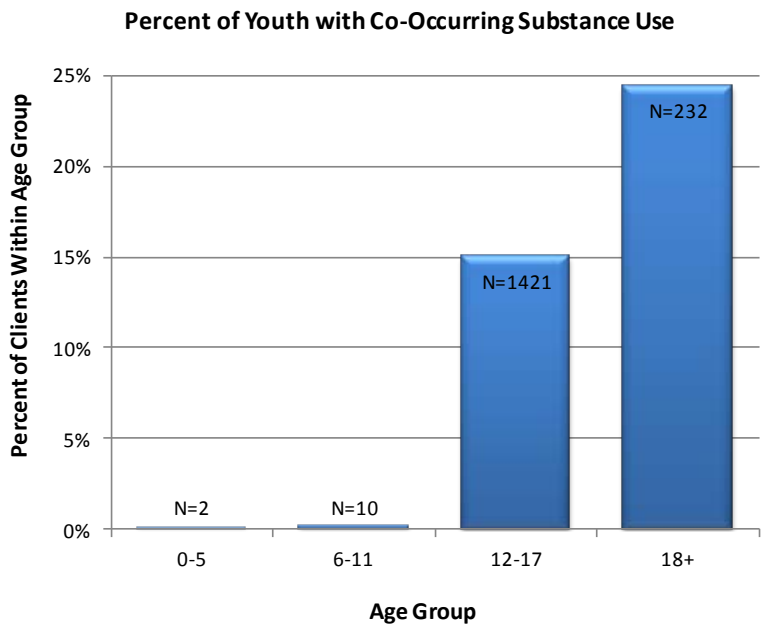
- **75%** (1,242 of 1,665) had a dual diagnosis. The majority of these youth received substance abuse counseling as part of their EPSDT mental health services.
- **43%** (711 of 1,665) received services from ADS.
- **17%** (288 of 1,665) received both County Mental Health services *and* ADS services in FY10-11 *and* had been identified as having a dual diagnosis by their mental health provider.

Who Are We Serving?

85% of clients with a co-occurring substance abuse problem were ages 12-17 and more than 80% were White or Hispanic.

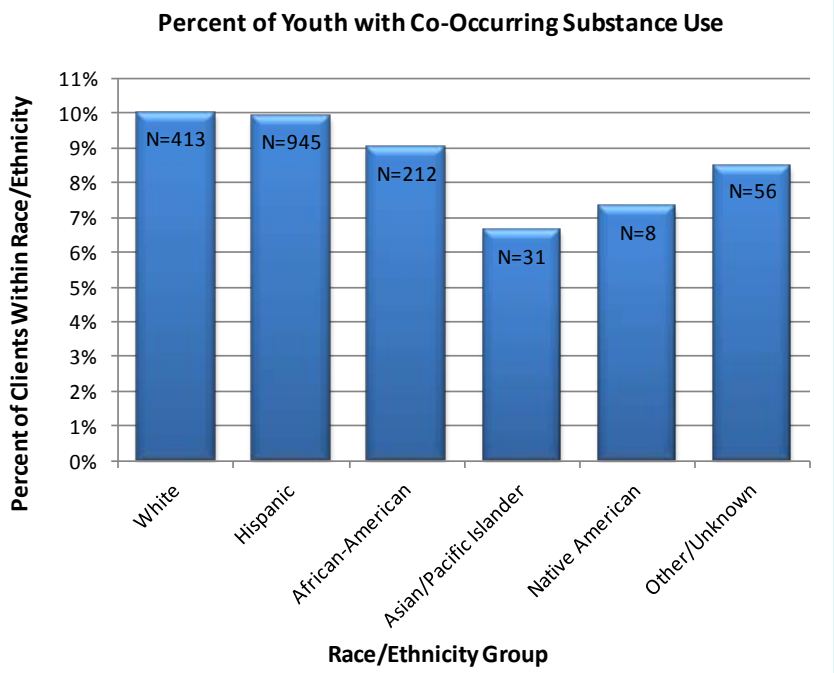
Co-occurring Substance Abuse—Age

Nearly one-quarter of youth ages 18 and older, and 15% of youth ages 12-17, who received services from the children's mental health system were identified as having a substance abuse issue.



Co-occurring Substance Abuse—Race/Ethnicity

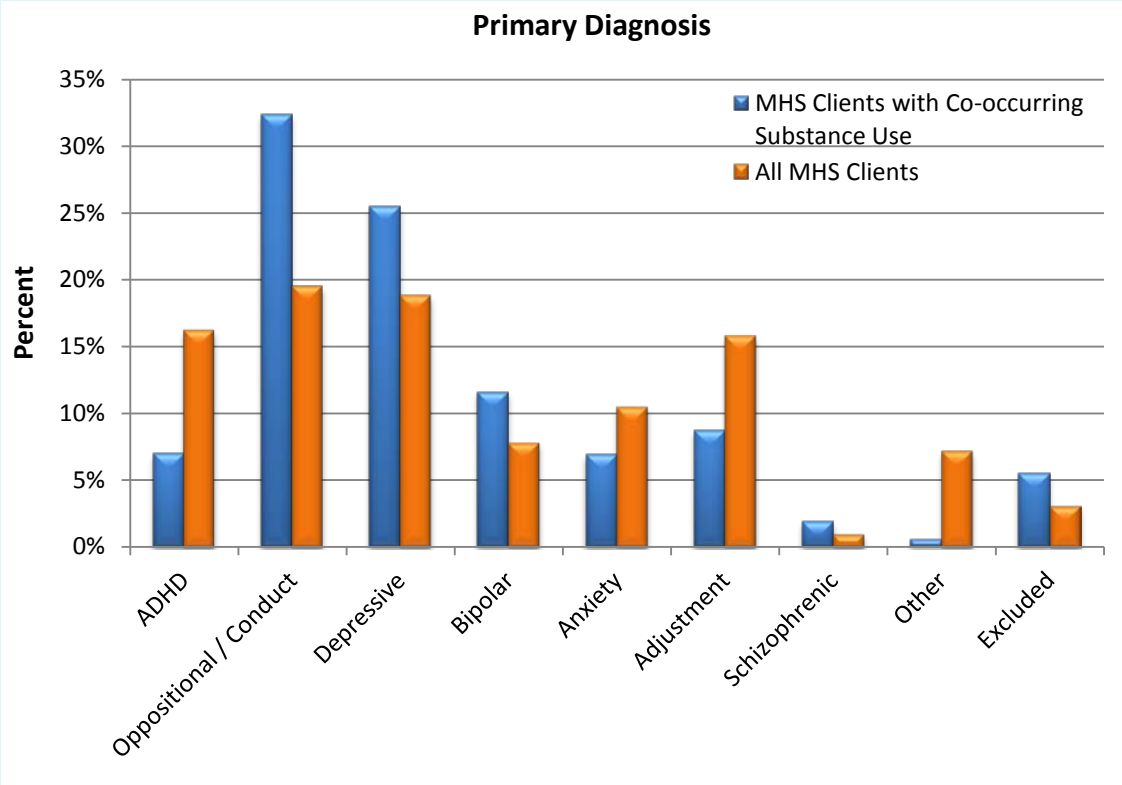
White youth served by County Mental Health had the highest proportion of co-occurring substance abuse, while Asian/Pacific Islanders had the lowest proportion.



Who Are We Serving?

Co-occurring Substance Abuse—Primary Diagnosis

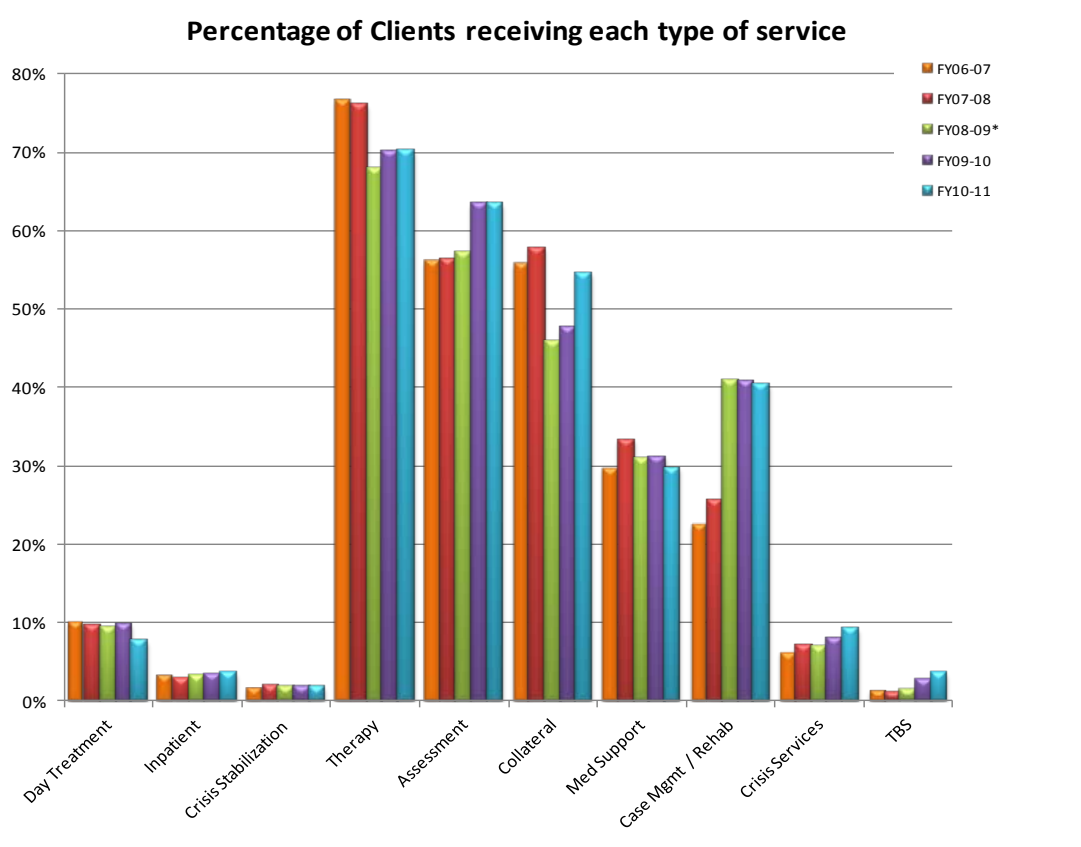
Youth with a dual diagnosis (a secondary substance abuse diagnosis or another indication of substance abuse problem) and/or involvement with Alcohol and Drug Services (ADS) were far more likely to have an oppositional/conduct disorder than youth in Mental Health Services overall (32% vs. 20%, respectively). This pattern has been consistent over the past 5 years.



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.



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

- The percentage of clients receiving Collateral services increased over the past fiscal year
- The percentage of clients receiving Assessment and Case Management services increased dramatically over the past 5 years
- The percentage of clients receiving Therapy services decreased more than 6% in the past 5 years

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 (Therapy, Assessment, Collateral, Medication Support, Case Management, Crisis and TBS) on average than youth with other diagnoses.

❖ Youth with a **bipolar** or **schizophrenic disorder**

- Youth with bipolar or schizophrenic disorder diagnoses used more Inpatient, Day Treatment, and Crisis Stabilization services on average than youth with other diagnoses.
- The use of **Day Treatment** services (22% each, as compared to 8% among total youth client population) was most notable.
- These findings have been consistent over the past 5 years.

❖ Youth with **ADHD**

- 57% of youth with ADHD received **Medication Support services**, as compared to 30% of the total sample in FY10-11.
- 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** (103 mean service days, compared to 93 for the total youth client population).

Service Use by Race/Ethnicity

❖ Compared to the total youth average, **African American** youth used more **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 **Therapy, Assessment, Medication Support, and TBS s**ervices.

❖ Compared to the total youth average, **Hispanic** youth used more **Therapy, Assessment, Collateral and Case Management s**ervices. **Hispanics** also had the **highest mean number** of Inpatient service days of any racial/ethnic group.

❖ **Native Americans** were most likely to use TBS services and **duration** of TBS treatment was greater than the average of 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 Crisis Stabilization services.

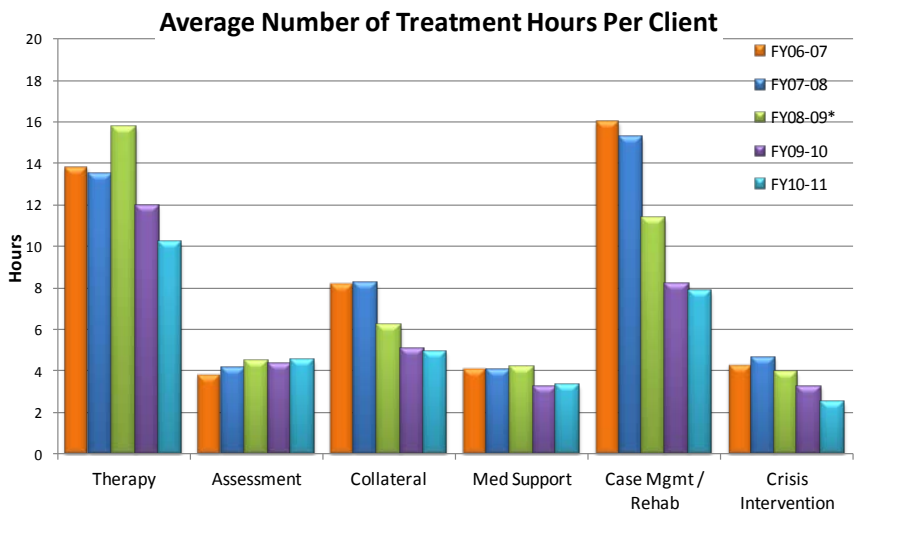
Detailed service utilization tables available on request.

What Kind of Services Are Being Used?

Outpatient Service Hours

On average, clients received **5.6 hours of Outpatient services** in FY10-11. This has decreased steadily over the past 5 years.

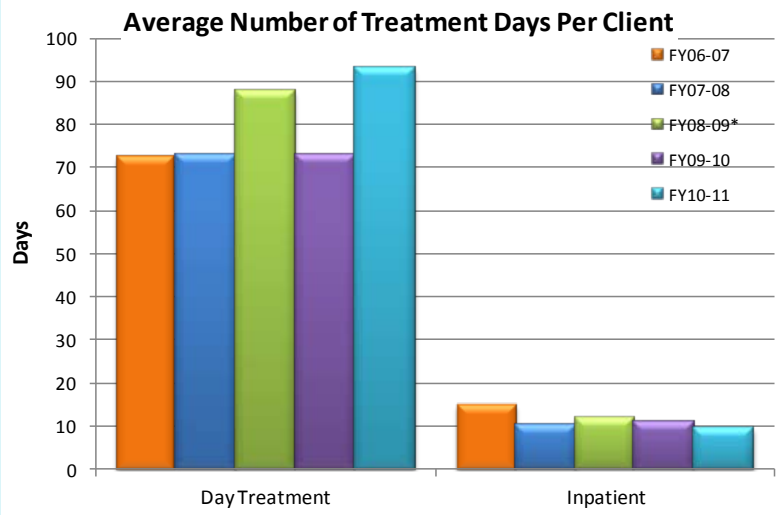
The average amount of Outpatient Therapy youth received decreased between FY09-10 and FY10-11.



*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 services has **increased by more than 27%** from FY09-10. However, the number of clients receiving Day Treatment services has **decreased 21%** from 1,734 in FY09-10 to 1,375 in FY10-11.



*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 environments, or avoid the need for a more restrictive level of care. In FY10-11, 627 clients received an average of 58.5 TBS hours.

What Kind of Services Are Being Used?

Inpatient (IP) Services

- 3.5% (634) of unduplicated clients used Inpatient services in FY10-11
  - 83% of these clients were ages 12-17
- Top 3 primary diagnoses
  - 43% Depressive disorders
  - 19% Bipolar disorders
  - 14% Oppositional / Conduct disorders
  - 27% (168) of children receiving IP services had **more than one IP stay** in the fiscal year, a slight increase from 26% in FY09-10

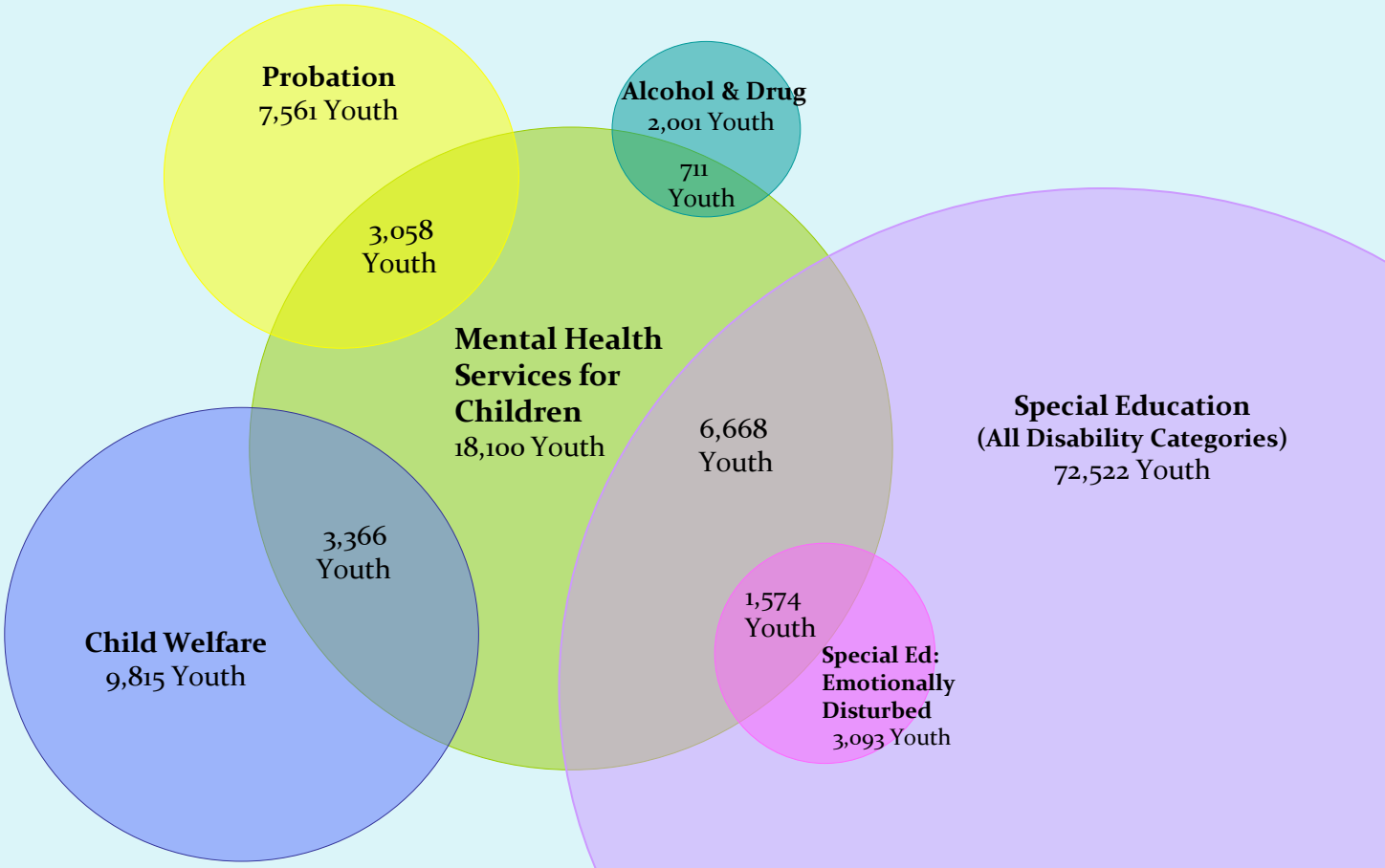
Emergency Screening Unit (ESU) Services

- 4.6% (827) of unduplicated clients used ESU services in FY10-11
  - 80% of these clients were ages 12-17
- Top 3 primary diagnoses
  - 39% Depressive disorders
  - 24% Oppositional / Conduct disorders
  - 12% Bipolar disorders
- 17% (144) of children receiving ESU services had **more than one ESU visit** in the fiscal year
  - Slight increase from FY09-10, considerable 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 decreased slightly in FY10-11 but have been relatively stable over the past five years.
- The percentage of Mental Health clients also receiving Child Welfare services increased from 17.1% in FY09-10 to 18.6% in FY10-11, likely due to the implementation of new programs promoting mental health screening of very young children in the CWS system.



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 County Mental Health system, youth who received services from County Mental Health and another public sector in FY10-11 were **more likely to use Day Treatment** services.

❖ Youth who received services from both County Mental Health and **Child Welfare Services** were twice as likely as overall youth in the County Mental Health system to use **TBS services**. These youth also received **25% more Therapy minutes** than the total youth average; however, they were less likely to use Therapy services.

❖ Youth who received services from both County Mental Health and **Special Education (all)** were more likely to use **Medication Support** and Inpatient, Day Treatment, and Crisis Stabilization services than overall youth in the County Mental Health system.

❖ Youth who received services from both County Mental Health and **Special Education (emotionally disturbed)** were more likely to receive **all modalities of service *except* Therapy** (Assessment, Collateral, Medication Support, Case Management, Outpatient Crisis Service, TBS, Inpatient, Day Treatment, and Crisis Stabilization) than overall youth in the County Mental Health system. These youth also received **more time in every service**.

❖ Youth who received services from both County Mental Health and **Probation** were most likely to use **Outpatient Crisis Services**; however, these youth also had the lowest mean number of Outpatient Crisis Service minutes. These youth were also least likely to use Assessment or Collateral services.

❖ Youth who received services from both County Mental Health and **Alcohol & Drug Services** were less likely to use Assessment or Collateral services, and more likely to use Case Management or Crisis services, than overall youth in the County Mental Health system. On average, these youth received less time in therapy.

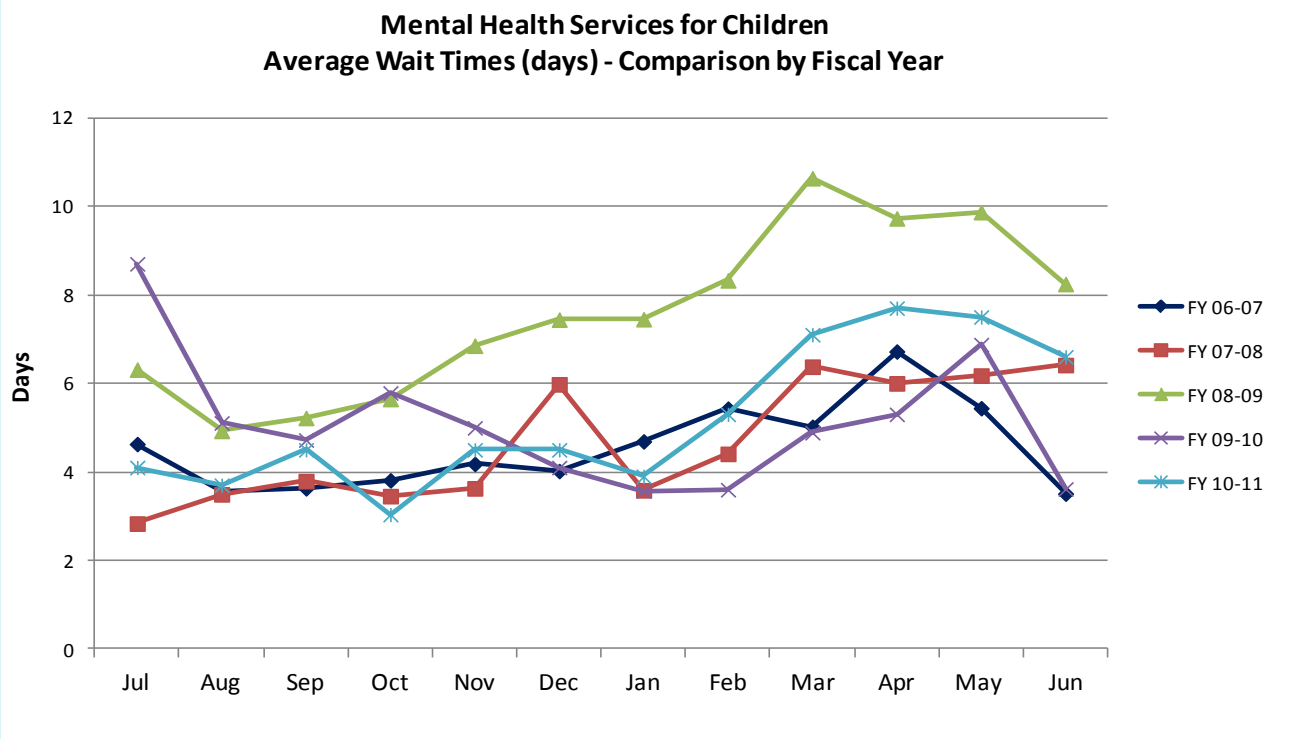
Detailed service utilization tables available on request.

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 FY10-11 children waited an average of **5.2 days** to receive services; a very small increase from the 5.1 day average wait reported in FY09-10.



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 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
- The Youth Services Survey (YSS)

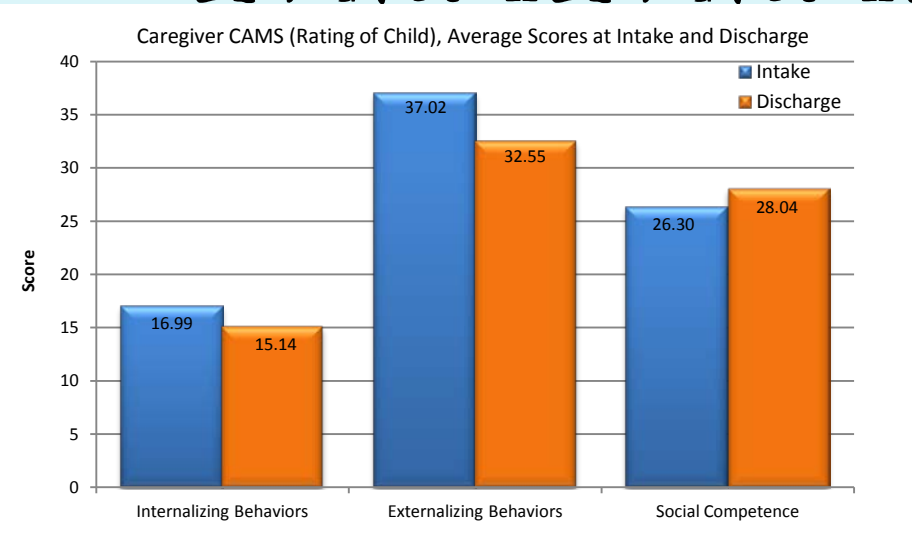
Are Clients Getting Better?

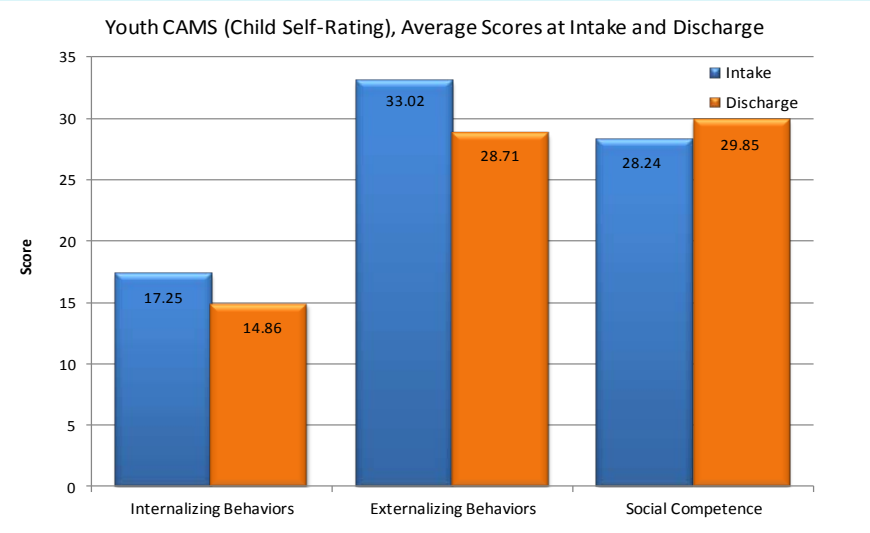
Child and Adolescent Measurement System (CAMS) Results Indicate Improvement

The CAMS measures a child's social competency, behavioral and emotional problems. In FY10-11, 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 FY10-11 who had both intake and discharge scores for all three scales (N=2969 Parent CAMS and N=1,584 Youth CAMS) revealed improvement in youth social competency, behavioral and emotional problems following receipt of mental health services.





Are Clients Getting Better?

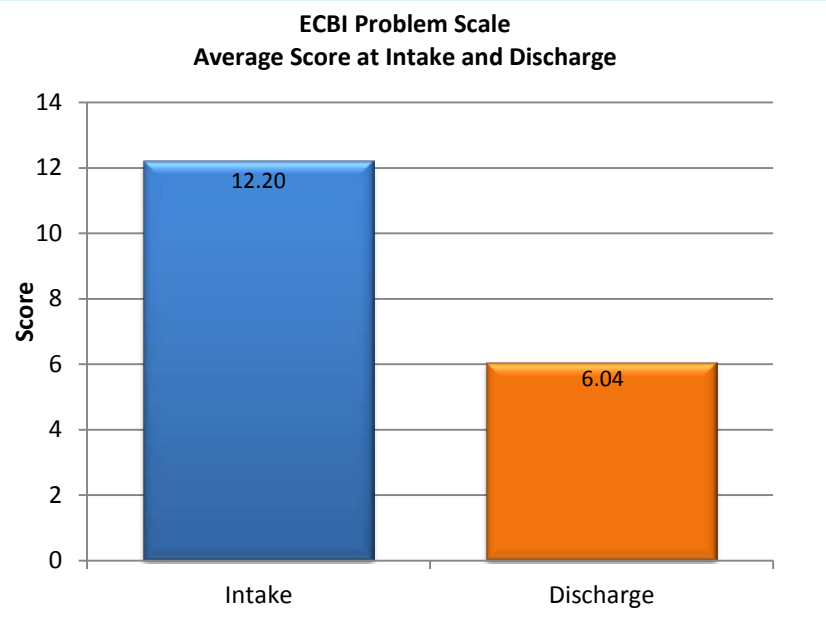
Eyberg Child Behavior Inventory (ECBI) Results Indicate Improvement

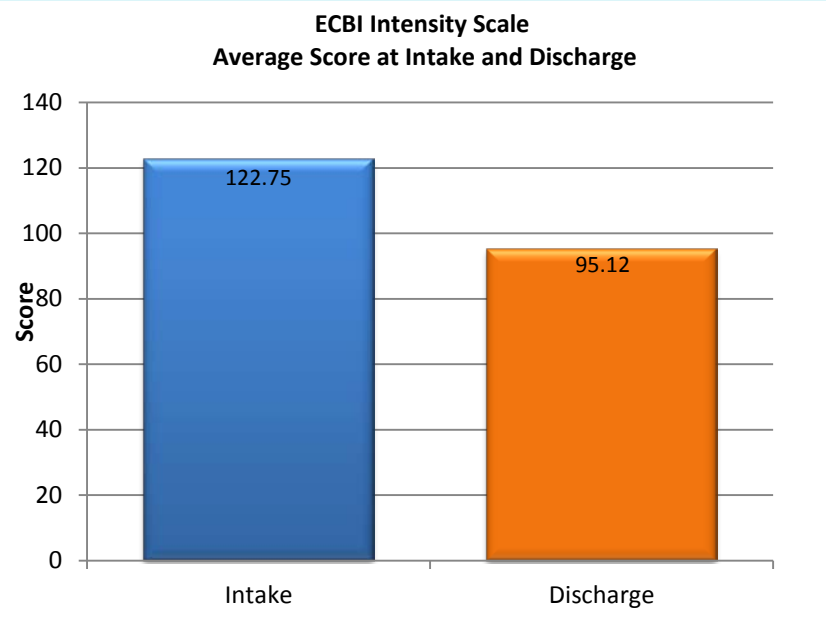
The ECBI assesses conduct problems, such as noncompliance, defiance, aggression, and impulsivity. It is used in our system for children ages 0-5 and is completed by the child's caregiver at intake, at utilization management/review (UM/UR), and at discharge.

In FY 10-11, 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 FY10-11 who had both intake and discharge scores for both scales (N=115) revealed improvement in both the number and severity of behavioral problems in children ages 0-5 following receipt of mental health services.





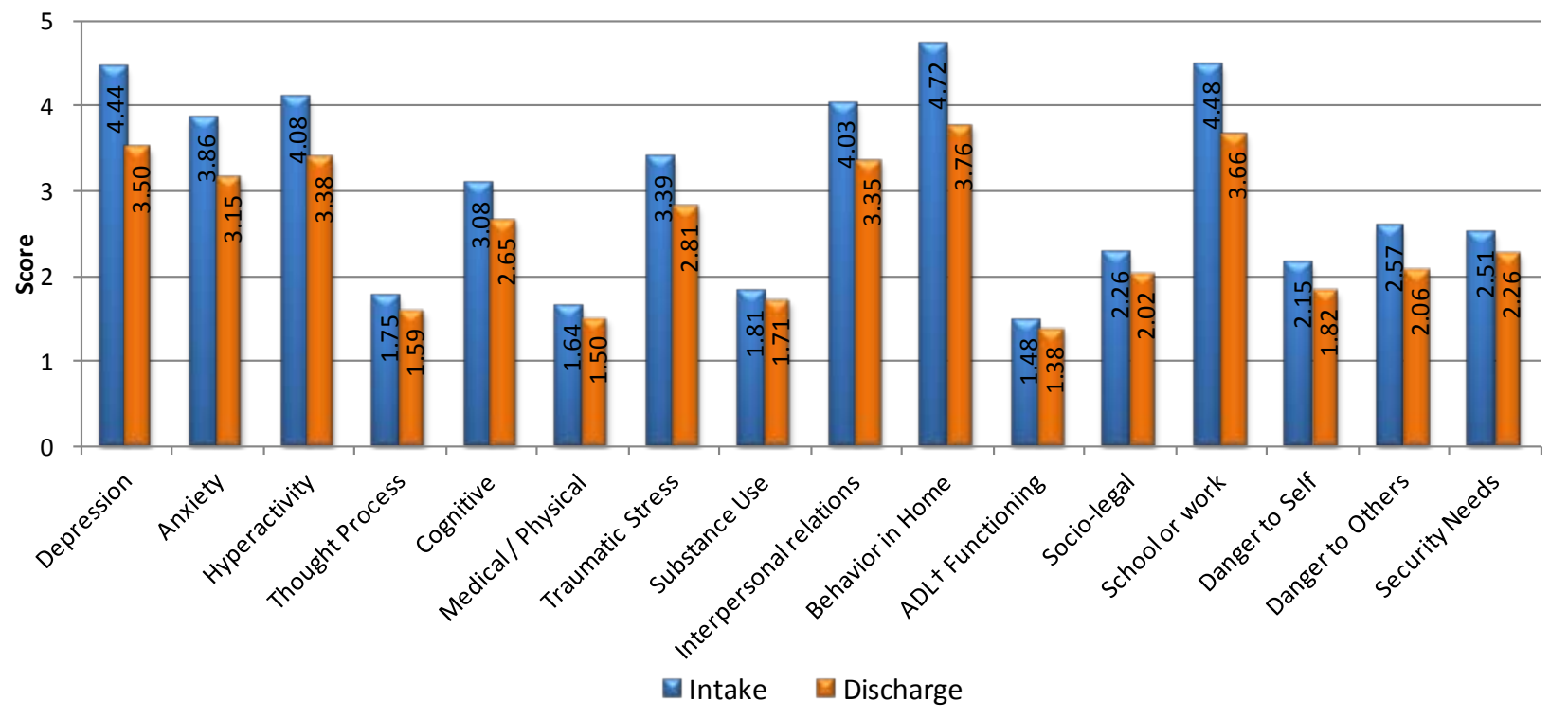
Are Clients Getting Better?

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 6,706 clients who discharged in FY10-11 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

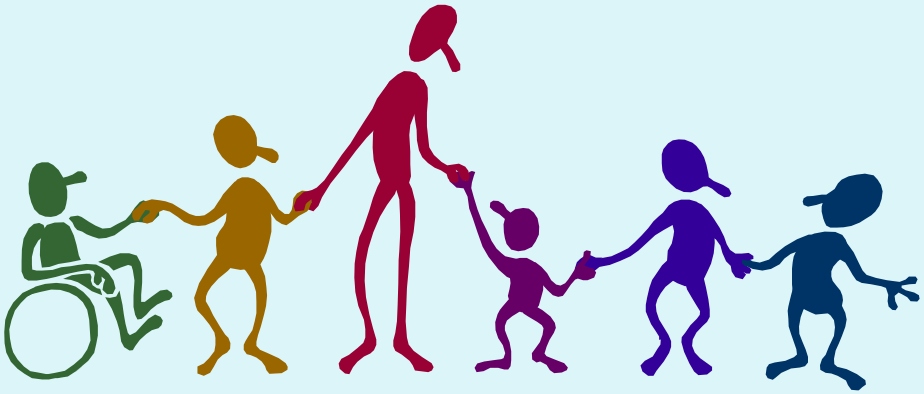
The goal of high level services, such as inpatient hospitalizations and emergency screening, is to stabilize clients and move them to the lowest appropriate level of care. Repeat use of these services within a short period of time may indicate that a client did not receive appropriate aftercare services.

Inpatient (IP) Services

- 27% (168) of the 634 clients who received Inpatient care had more than one IP episode (ranging from 2 to 10) during FY10-11.
  - Of the 168 clients with more than one IP episode, 45% (75) were re-admitted to IP services within 30 days of the previous IP discharge—a **decrease** from 51% (78 of 154) in FY09-10.

Emergency Screening Unit (ESU) Services

- 17% (144) of the 827 clients who received ESU care had more than one ESU episode (ranging from 2 to 7) in the fiscal year.
  - Of the 144 clients with more than one ESU episode, 42% (61) were re-admitted to ESU services within 30 days of the previous ESU discharge—a **decrease** from 49% (65 of 133) in FY09-10.



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 FY10-11 it was administered to clients during two 2-week periods in November 2010 and May 2011.

The Survey is administered to all clients, ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. A total of 8,277 surveys were completed in FY10-11.

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 use and fewer arrests than clients in service for less than 1 year.
- Parents/caregivers are more satisfied than youth on 6 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 Functioning domain.

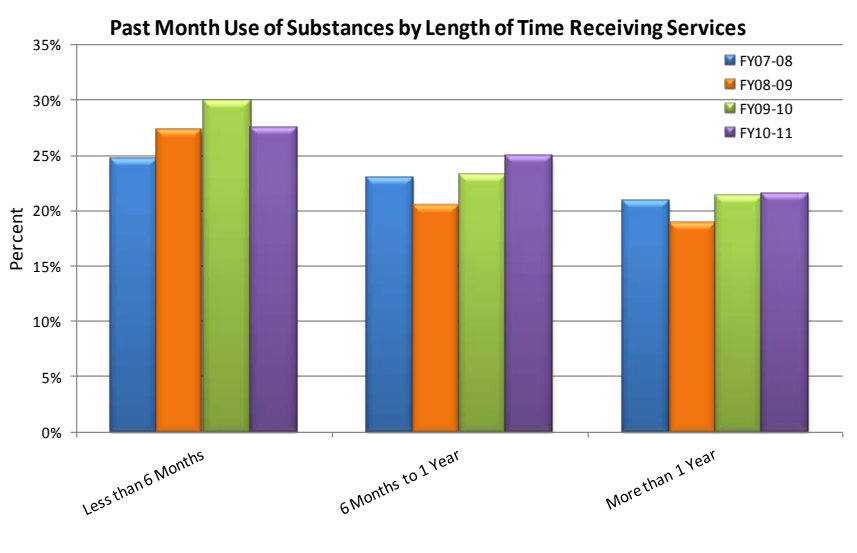
Are Clients Getting Better?

Reduced Substance Use

On the YSS, youth ages 13+ were asked whether they had used any of a list of substances (alcohol, cigarettes, ecstasy, cocaine, marijuana, crystal meth, inhalants, hallucinogens, opiates, injected drugs) in the past month. 2,906 youth survey responses to the substance use question were submitted in FY10-11.

Overall, **25% of youth** stated that they had used one of these substances at least once in the past month.

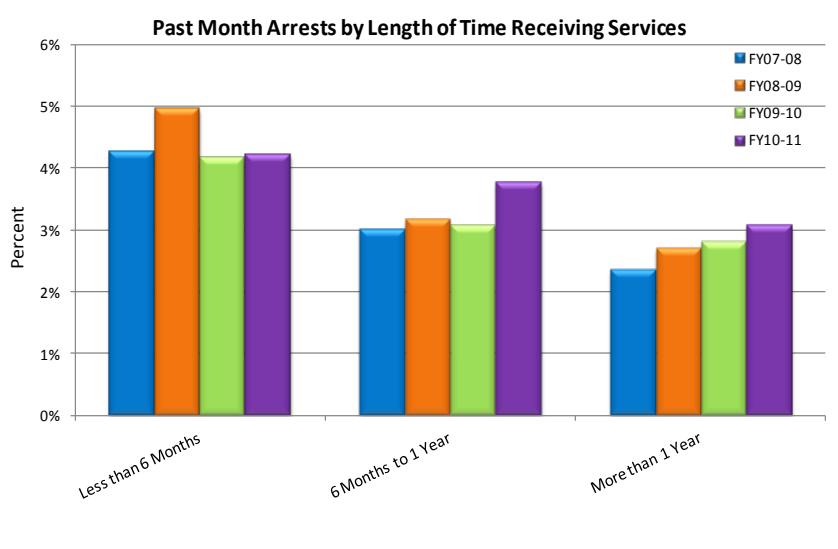
The **three most commonly used substances** in the past month were: Marijuana (15%), Cigarettes (15%), Alcohol (13%).



Fewer Arrests

On 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. 7,892 youth and caregiver survey responses to the arrest question were submitted in FY10-11.

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?

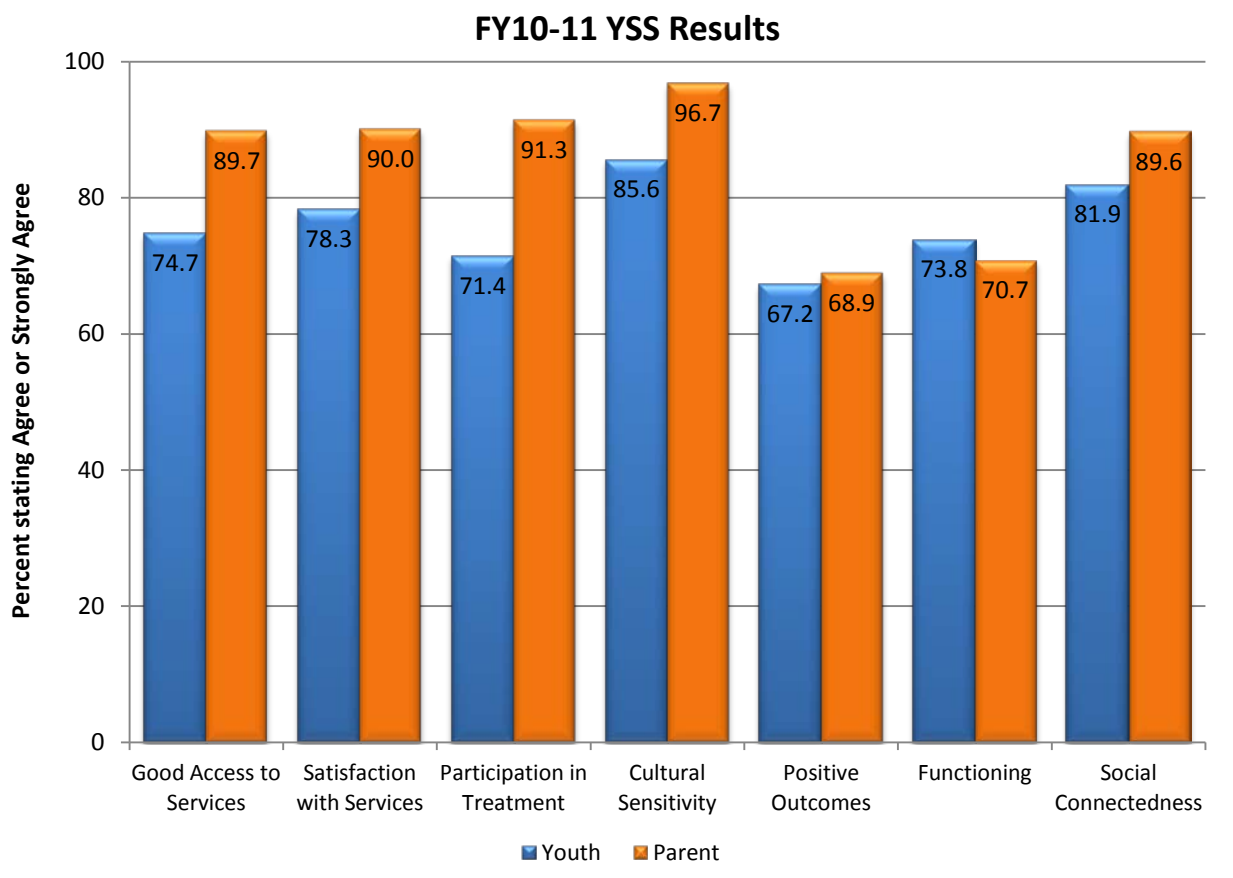
The Youth Services Survey (YSS)—Satisfaction By Domain

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 and youth were **least satisfied** with the Positive Outcomes domain.
- Youth were slightly more satisfied than parents with **Functioning**; youth were less satisfied than parents on every other domain.
- The **greatest disparity** between youth and parents was found in the Participation in Treatment domain.

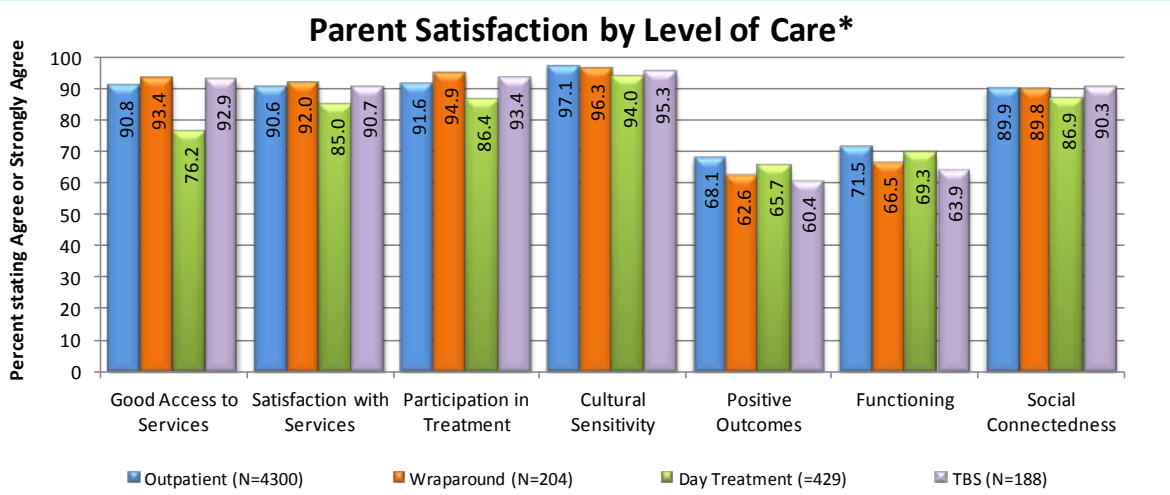


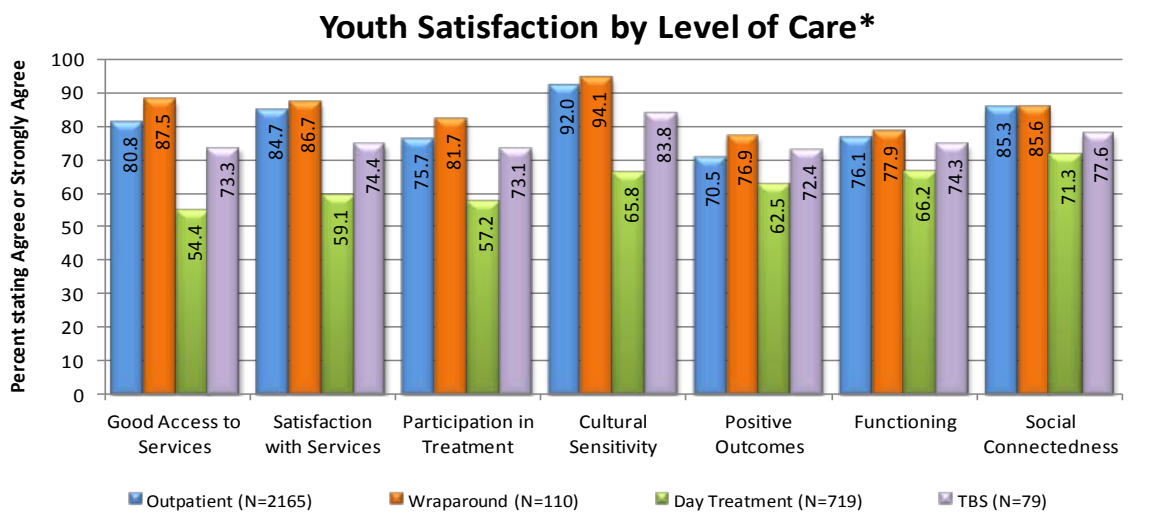
Are Clients Satisfied With Services?

The Youth Services Survey (YSS)— Satisfaction By Domain

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

- Average youth scores were higher than parent scores only for Positive Outcomes and Functioning in Oupatient, Wrap, and TBS levels of care.
- 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. Highest scores for these youth were recorded in the Social Connectedness domain.
- Data were collected from two survey periods in the fiscal year; some clients may have responded to both.





** Case Management scores were not calculated due to a very low survey response.*

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.
- **Co-Occurring Substance Abuse** is 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).
- **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.
- **Full-service partnership Lite (FSP Lite)** programs are less intensive programs which provide all necessary services and supports to clients with a high level of need to enable them to live in their community.
- **Inpatient services** are delivered in hospitals.

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.

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.

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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.