

Children, Youth & Families Behavioral Health Services Short-term Treatment Model Evaluation

Children, Youth & Families Behavioral Health Services (CYFBHS) in San Diego County remains committed to providing efficient and appropriate services for youth and their families. The Child and Adolescent Services Research Center (CASRC) and the CYFBHS System of Care Outcomes Committee evaluated the impact of the system's transition to a short-term treatment model.

In January 2010, CYFBHS began rolling out a new short-term treatment model (STTM), which was fully implemented for the 2010-11 fiscal year. To evaluate how the change impacted the system, data were evaluated over time from pre-STTM (FY 2009-10) to post-STTM (FY 2012-13). These data are not meant to be interpreted as comprehensive systemwide outcomes, but instead are generalizable to the sample of youth receiving outpatient therapy services under the STTM. **Five outcomes markers were evaluated:** 1. Number of therapy services per treatment episode (Table 1; Graph

1); 2. Number of unique clients served (Table 1); 3. Average treatment length (Table 1); 4. Parent CAMS scores (Table 2); and 5. Youth/Family satisfaction with amount of service received (Table 3). Programs that closed between the pre-STTM and post-STTM dates were excluded. Episodes comprised of a single service were excluded. Levels of care were reclassified by CYFBHS in the pre- to post-STTM period; all outpatient services by organizational providers (excluding JFS, Case Management, TBS, and ERMHS) were combined for this report.

Table 1. Outpatient Therapy (Family, Individual, Group) and Assessment Services Per Closed Episode

Year	Number of episodes opened in calendar year	Unique clients opened in calendar year	Percent of clients with more than one closed episode in calendar year	Average number of therapy and assessment services	Median number of therapy and assessment services	Percent of episodes with more than 13 services	Average length of treatment episode (months)
2009	4,842	4,440	8.5%	16.18	13	48.3%	7.07
STTM Implementation Began 2010							
2010	5,513	5,055	8.4%	12.36	11	29.4%	6.66
2011	6,115	5,624	8.3%	12.42	11	30.7%	6.94
2012	6,938	6,394	7.8%	12.14	11	29.7%	6.38
2013	7,565	6,747	11%	10.56	9	23%	5.53

Graph 1. Outpatient Therapy and Assessment Services Per Closed Episode by Quarter

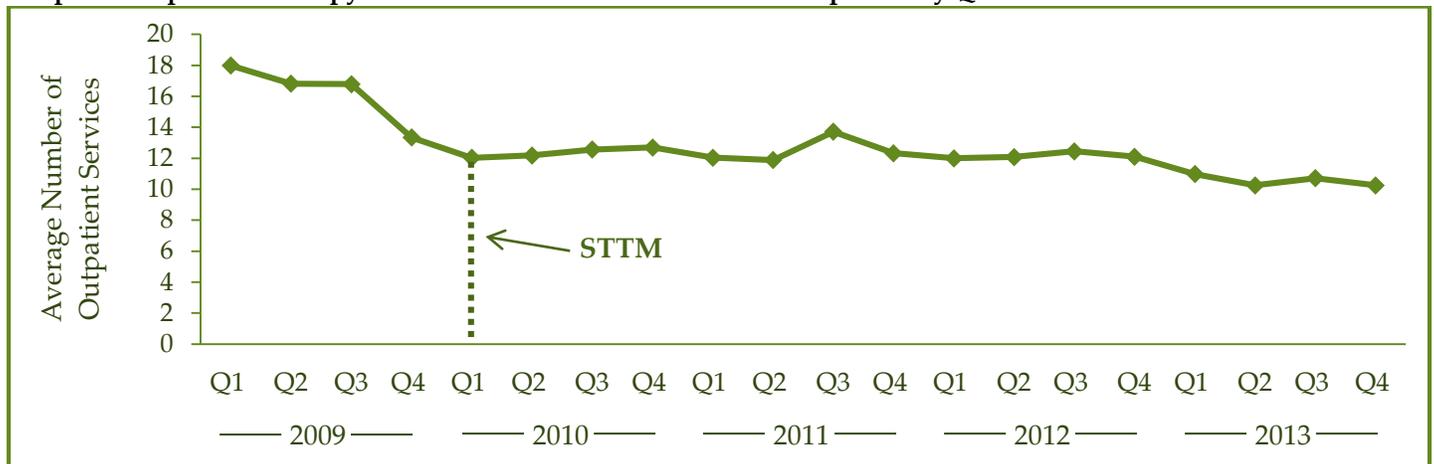


Table 2. Parent CAMS Scores*

Fiscal Year	Internalizing Scale		Externalizing Scale	
	2009-10	2012-13	2009-10	2012-13
N	1,078	1,919	1,082	1,923
Intake Score	16.57	16.76	35.99	35.09
Discharge Score <i>(Decrease indicates improvement)</i>	14.43	14.25	31.35	29.68
Change	-2.13	➔ -2.52	-4.63	➔ -5.41

*CAMS scores for clients discharged within the fiscal year who had intake and discharge scores. The difference between the amount of change clients showed on the CAMS in FY 2009-10 and FY 2012-13 was statistically significant, however, this difference was small and therefore not likely to impact clinical outcomes. The average difference between clients' pre-test scores and clients' post-test scores was also statistically significant but it did not reach clinical significance, indicating that while clients are achieving a positive benefit from therapy, the amount of change in behavioral and emotional problems is typically small.

Overall the outcome markers suggest that post-STTM, youth are spending less time in services but their clinical outcomes on the CAMS measure are similar.

Table 3. Youth/Caregiver Satisfaction (Items 10 & 11 from the California-mandated Youth Services Survey)

3a. "I/My family got the help I/we wanted."

Survey Administration	Percent Responding Agree or Strongly Agree	
	Youth	Caregiver
May 2010	80.2%	87.3%
August 2012	79.7%	88.6%

3b. "I/My family got as much help as I/we needed (for my child)."

Survey Administration	Percent Responding Agree or Strongly Agree	
	Youth	Caregiver
May 2010	76.2%	83.6%
August 2012	79.3%	84.2%

Note: There are additional factors that may have impacted differences in data between FY 2009-10 and FY 2012-13, including but not limited to: passing of the Affordable Care Act, discontinuation of ERMHS and Healthy Families, and implementation of PEI programs.