

Transition Age Youth SYSTEMWIDE REPORT

San Diego County Behavioral Health Services



FY 2012-13

What Is This?

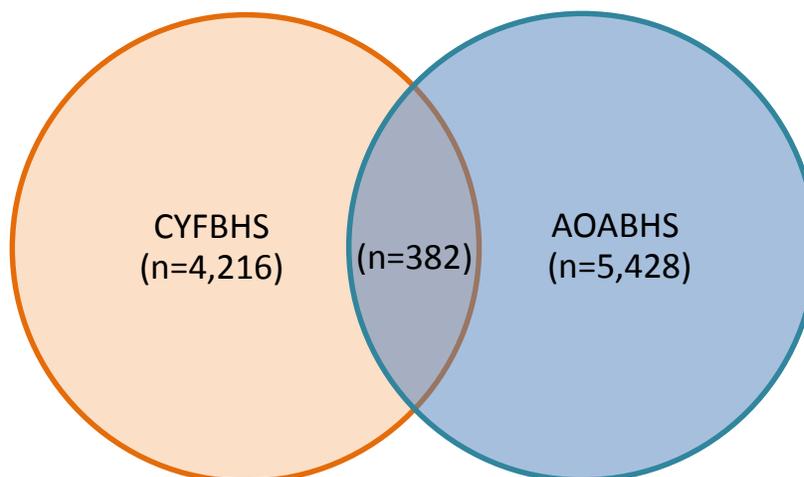
Transition Age Youth (TAY) are defined by San Diego County Behavioral Health Services (SDCBHS) as youth ages 16 through 24. TAY clients receive an array of services in the Children, Youth & Families Behavioral Health Services (CYFBHS) System of Care and/or in the Adult/Older Adult Behavioral Health Services (AOABHS) System of Care, including outreach, outpatient clinic services, case management, day treatment, TAY-specific services, jail services, inpatient services, and emergency services. CYFBHS serves youth up to the age of 21; AOABHS serves clients ages 18 and older.

Why Is This Important?

CYFBHS and AOABHS operate very differently, from types of services provided to outcomes measurement. Children and adults have very distinct and at times disparate behavioral health needs, and the two systems aim to provide the most relevant services to the appropriate demographic. However, based on individual need, TAY may be served by the CYFBHS system, by the AOABHS system, or, in some cases, by both systems. Because of this overlap, TAY clients can be difficult to assess as a single group. Evaluating TAY clients only within the system that serves them is informative but does not provide a complete picture. To evaluate TAY youth across the systems, data were collected on all clients ages 16 through 24 served by either system.

Who Are We Serving?

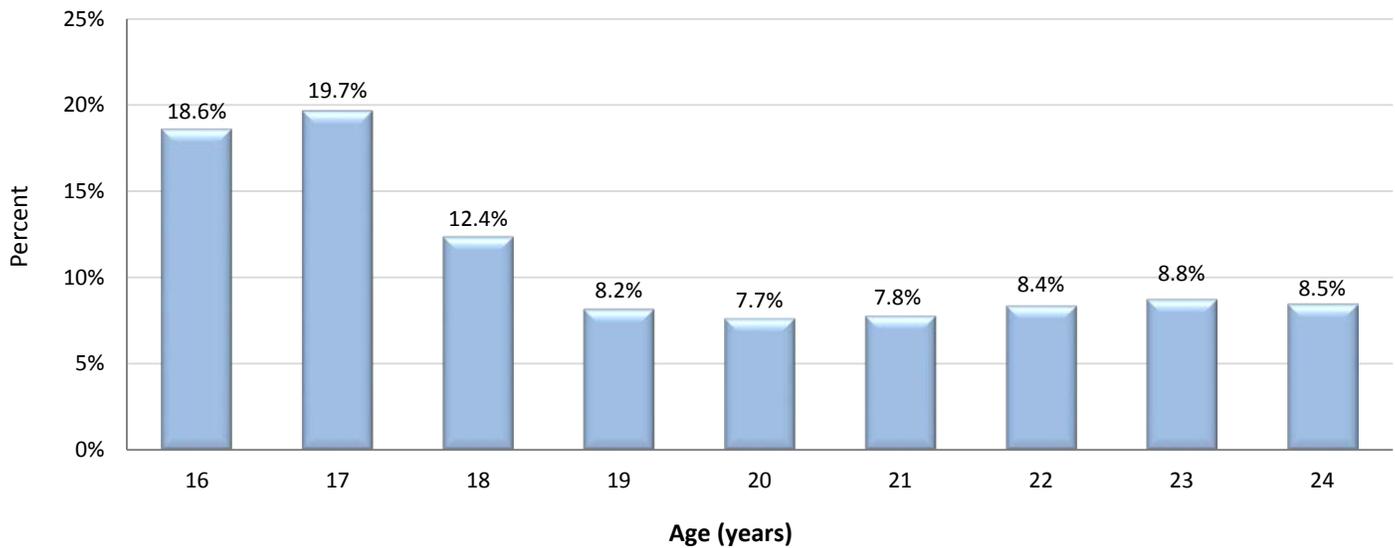
In FY 2012-13, 4,216 TAY clients were served only in the CYFBHS system, 5,428 TAY clients were served only in the AOABHS system, and 382 TAY clients received services in both systems of care within the fiscal year. Altogether, 10,026 unduplicated clients ages 16 through 24 were served by SDCBHS.



Who Are We Serving?

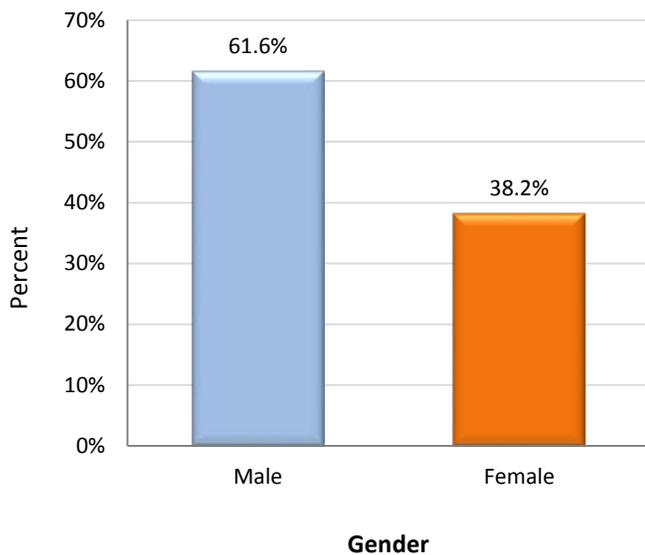
Age (N = 10,026 clients)

The largest proportion of TAY clients in FY 2012-13 were ages 16 and 17 (18.6% and 19.7%, respectively).



Gender (N = 10,026 clients)

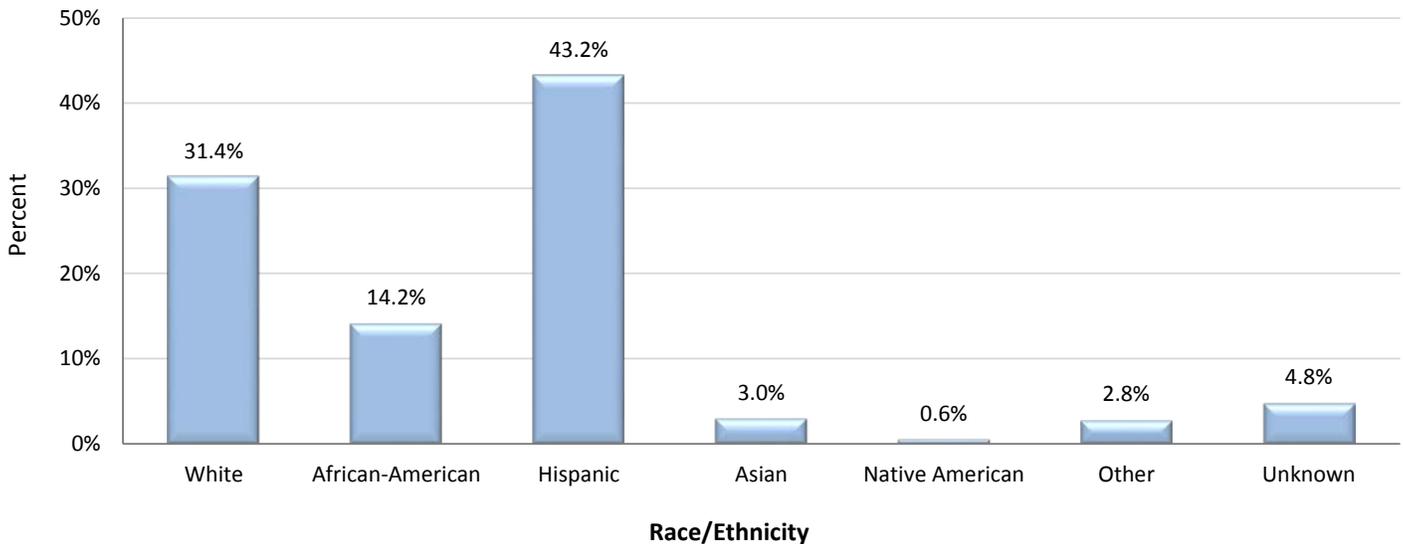
Approximately 62% of TAY clients in FY 2012-13 were male. Gender was unidentified/other for 0.2% of TAY clients.



Who Are We Serving?

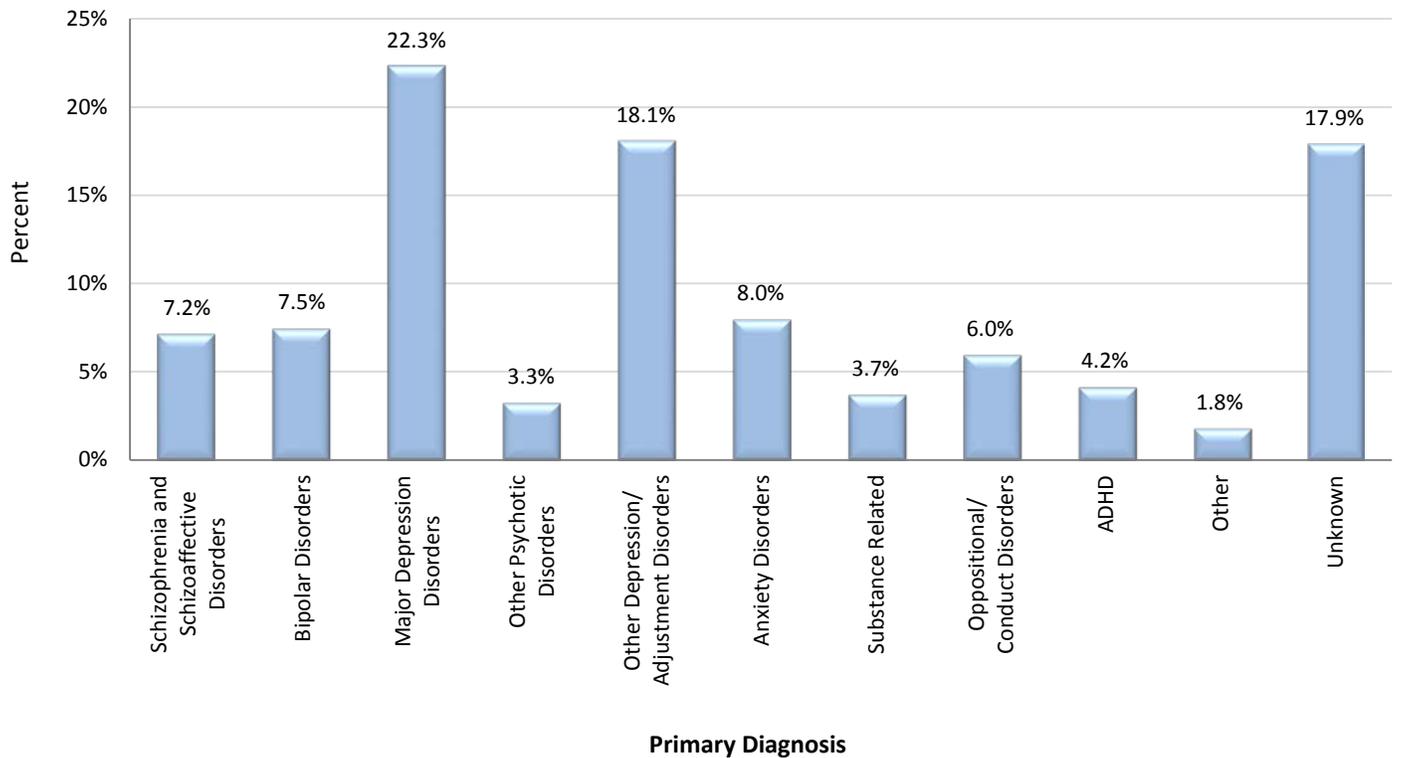
Race/Ethnicity (N = 10,026 clients)

The largest proportion of TAY clients served in FY 2012-13 were Hispanic (43.2%).



Primary Diagnosis (N = 10,026 clients)

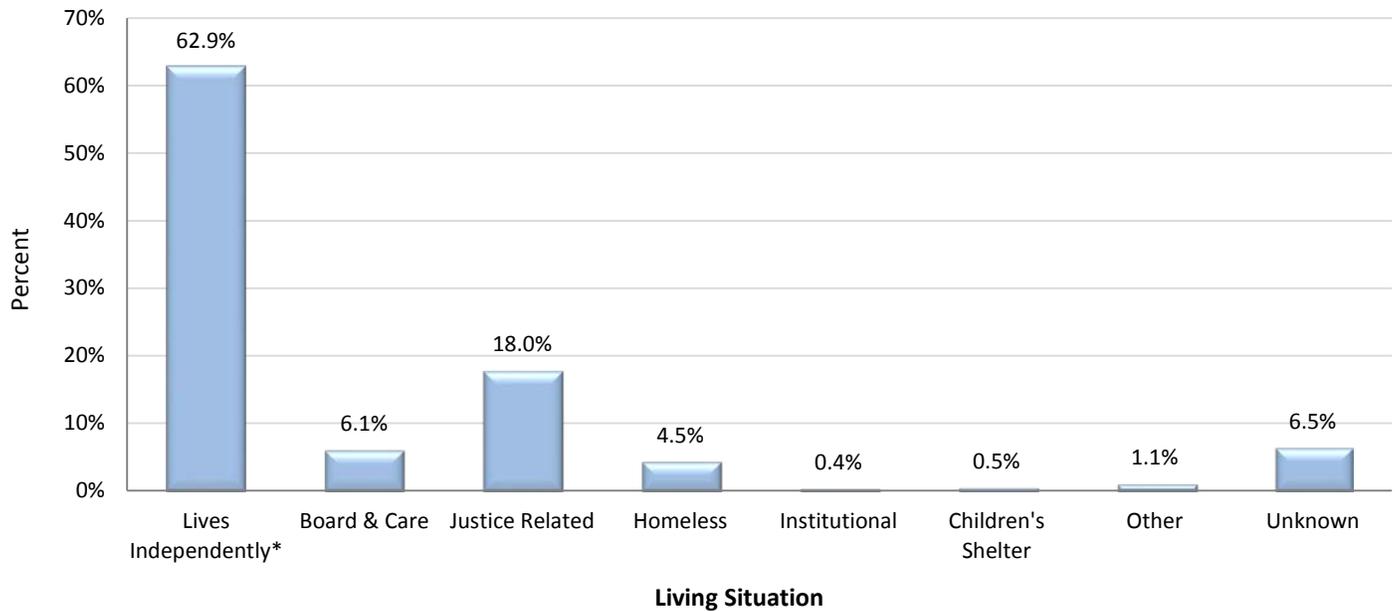
The three most common diagnoses among TAY clients in FY 2012-13 were Major Depression Disorders (22%), Other Depression/Adjustment Disorders (18%) and Anxiety Disorders (8%). Diagnosis was not known for 18% of TAY clients.



Who Are We Serving?

Living Situation (N = 10,026 clients)

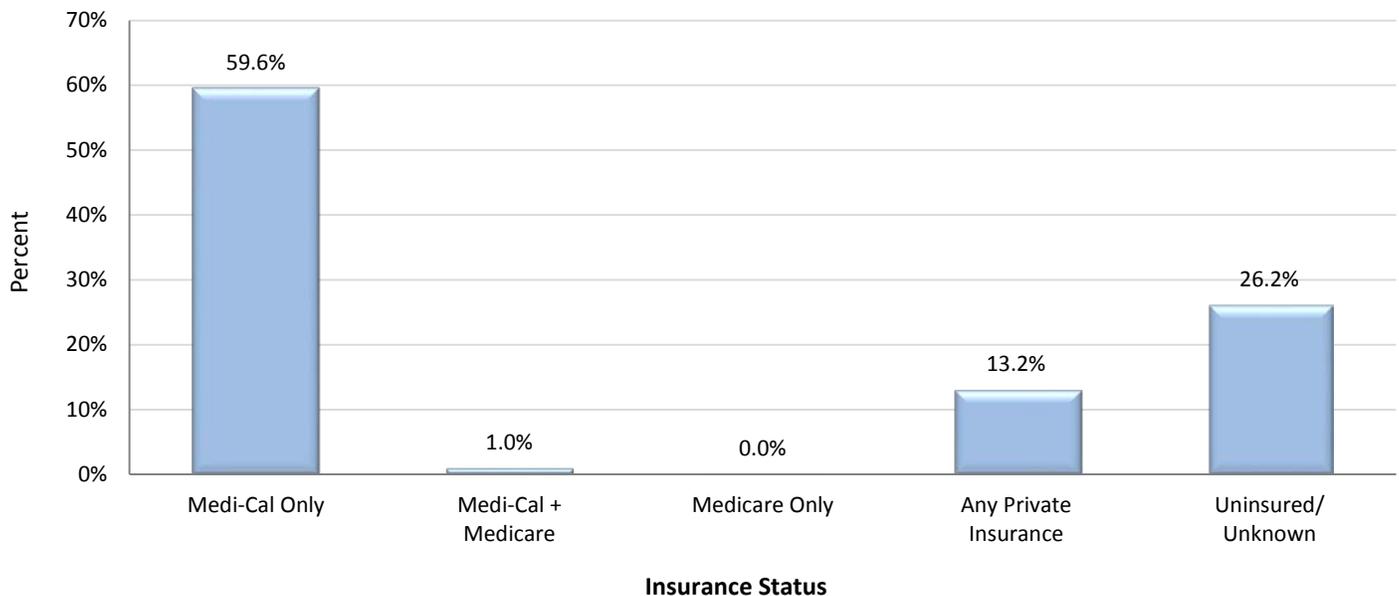
Sixty-three percent of TAY clients lived independently* at some point during FY 2012-13.



* This category includes clients living with parents/family.

Insurance Status (N = 10,026 clients)

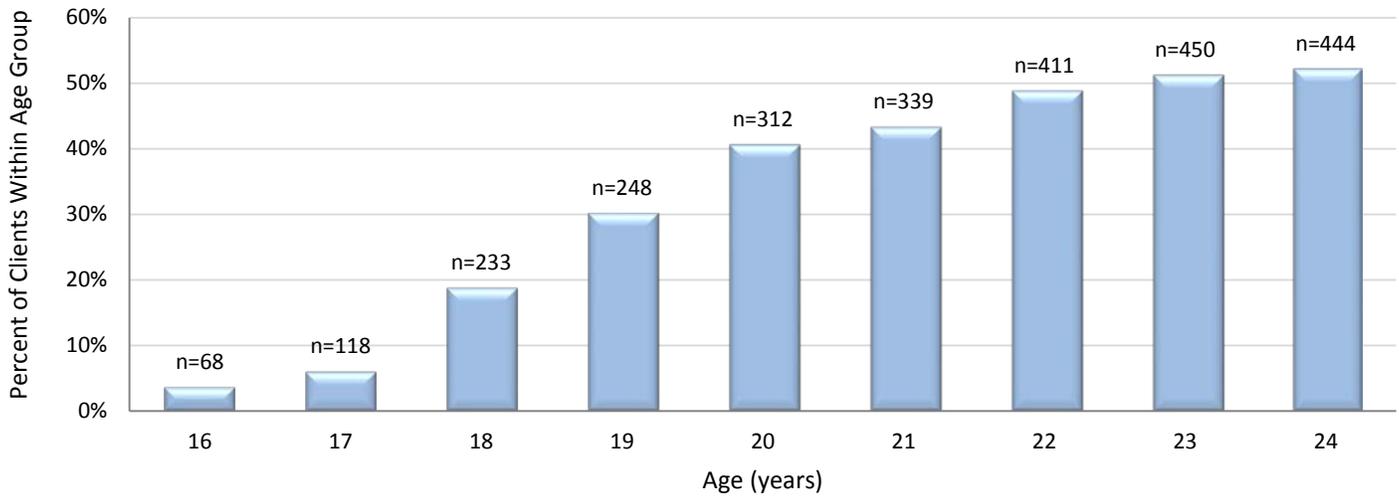
Sixty percent of TAY clients in FY 2012-13 were covered by Medi-Cal. More than a quarter (26%) of clients were not reported to have had insurance.



Who Are We Serving?

Dual Diagnosis (N = 10,026 clients)

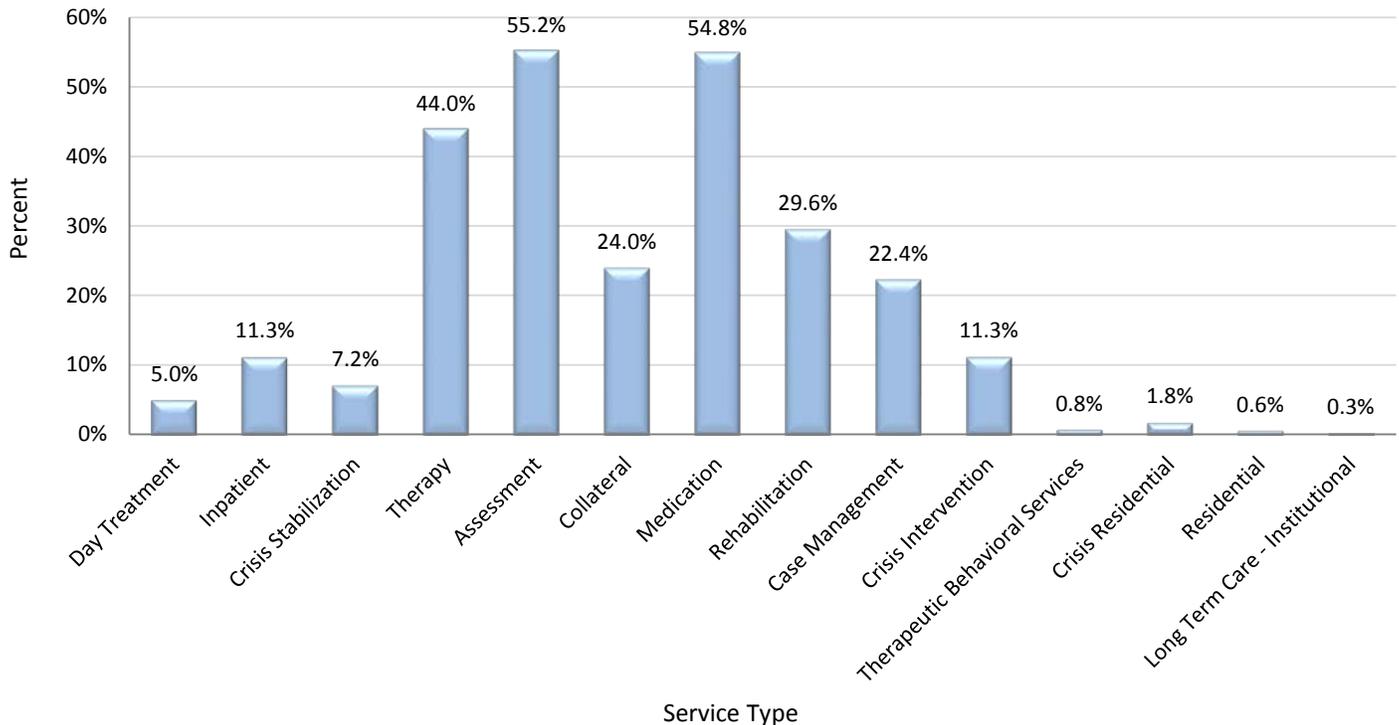
In addition to a primary diagnosis, some clients also had a diagnosis of Substance Use Disorder; reported here as "Dual Diagnosis." More than a quarter (26%) of TAY clients had a dual diagnosis in FY 2012-13.



What Services Are Being Provided?

Services Received (N = 10,026 clients)

More than half of TAY clients received Medication Management (54.8%) services.



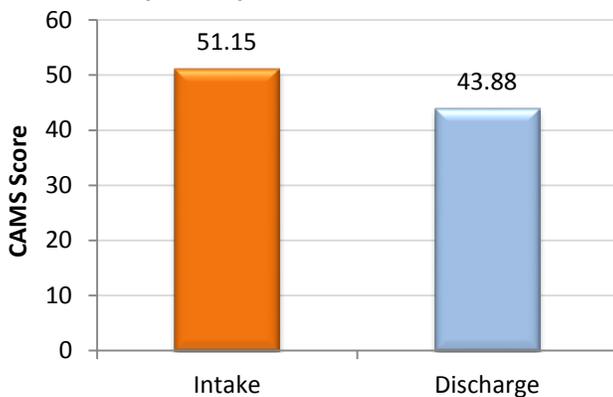
Are TAY Clients Getting Better?

Providers collected outcomes data with the Child and Adolescent Measurement System (CAMS), the Children’s Functional Assessment Rating Scale (CFARS), the Recovery Management Questionnaire (RMQ) and the Illness Management and Recovery (IMR) scale, based on the System of Care that provided the services. Outcomes for TAY clients receiving services in FY 2012-13 who had both Intake and Discharge (CAMS/CFARS) or Pre- and Post-Test (RMQ/IMR) scores were analyzed.

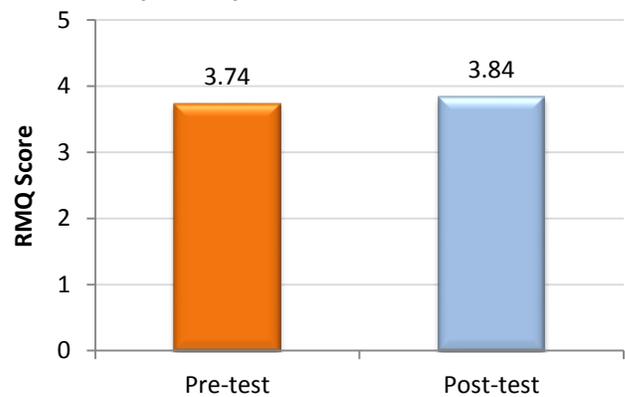
CAMS/RMQ Scores

The CAMS measures a child’s social competency, behavior and emotional problems using a three-point Likert scale; it is administered in the CYFBHS system to all caregivers, and to youth ages 11 and older. A *decrease* on the total CAMS score is considered an improvement. The RMQ measures progress towards recovery on a scale of 1 to 5; it is administered in the AOABHS system to all clients. An *increase* on the total RMQ score is considered an improvement. **These results revealed modest to moderate improvement in TAY competency, behavior, and progress towards recovery following receipt of SDCBHS services.**

TAY CAMS (N=767)



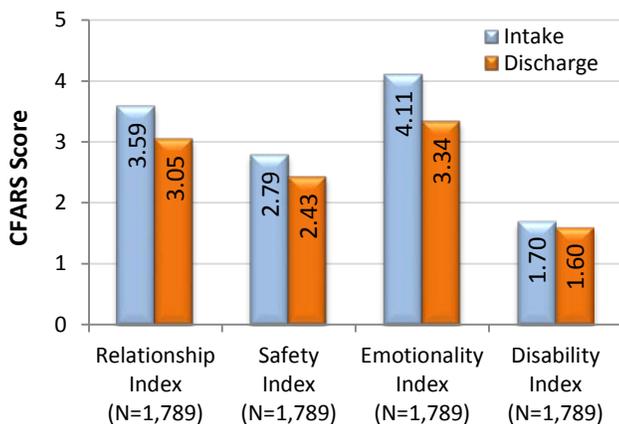
TAY RMQ (N=160)



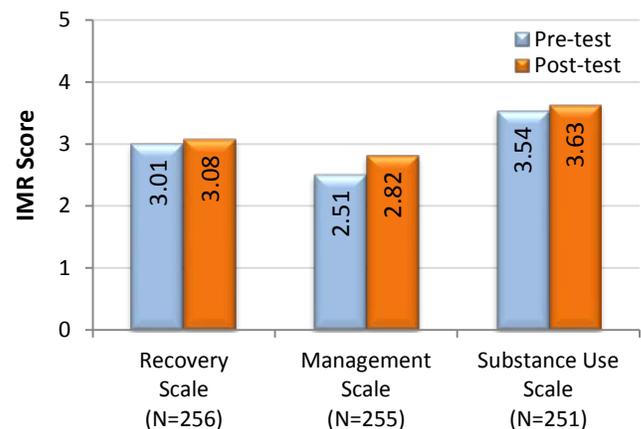
CFARS/IMR Scores

The CFARS measures level of functioning on a scale of 1 to 9 and is completed by the client’s clinician in the CYFBHS system. A *decrease* on any CFARS index is considered an improvement. The IMR measures illness management and recovery on a scale of 1 to 5 and is completed by the client’s clinician in the AOABHS system. An *increase* on any IMR scale is considered an improvement. **These results revealed modest to moderate improvement in TAY functioning and recovery following receipt of SDCBHS services.**

TAY CFARS



TAY IMR

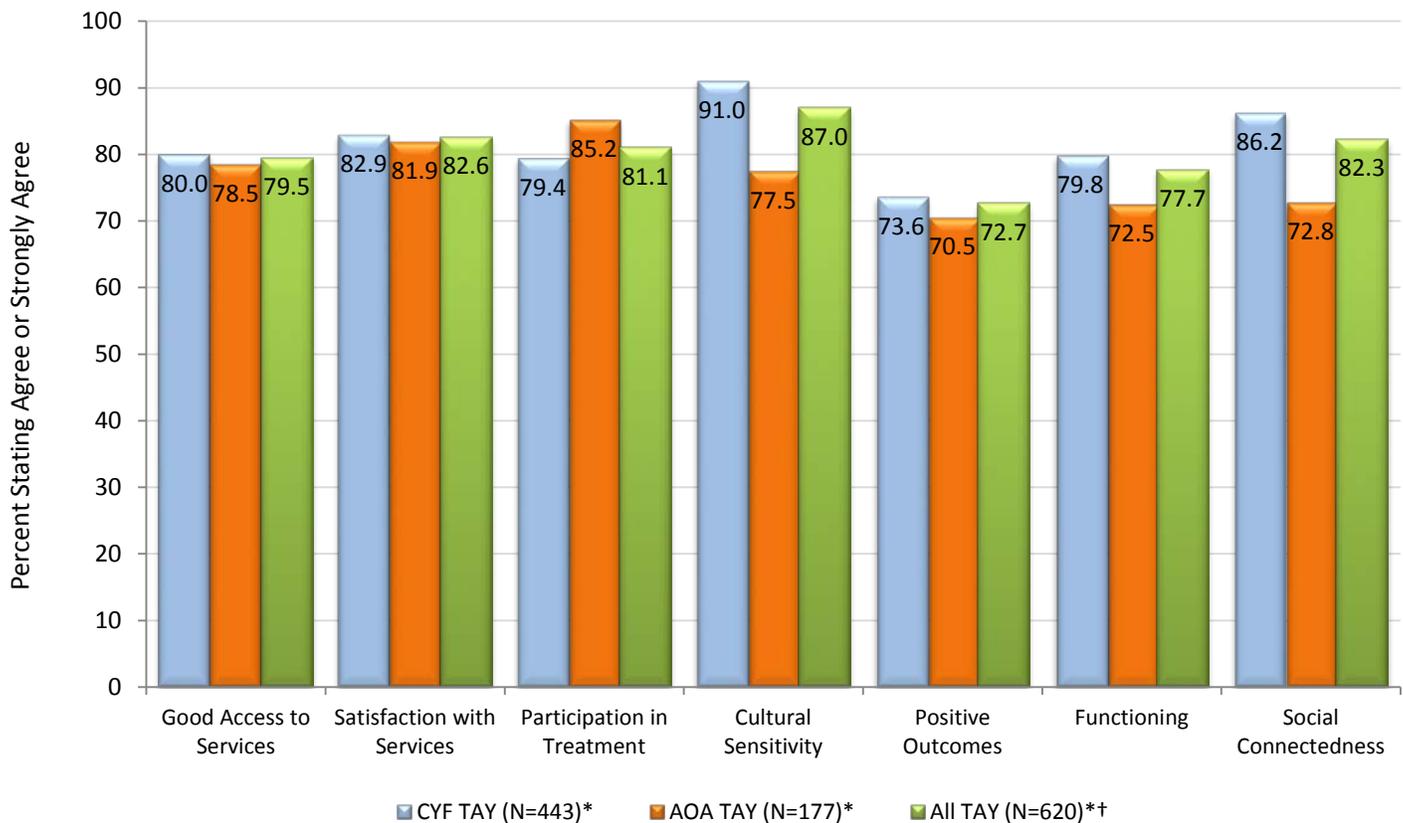


Are TAY Clients Satisfied?

The Youth Services Survey (YSS) and the Mental Health Statistics Improvement Project (MHSIP) are state-mandated surveys based on the System of Care within which SDCBHS clients receive services, administered in FY 2012-13 during a one-week window in August 2012. Questions related to satisfaction with services are grouped into seven domains: Good Access to Services, Satisfaction with Services, Participation in Treatment, Cultural Sensitivity, Positive Outcomes, Functioning, and Social Connectedness.

August 2012 State Survey Results

A total of 620 TAY clients submitted state-mandated surveys on services received during the August 2012 administration period.



*Not every client had data for every domain

†Weighted average of TAY across systems

Child & Adolescent Services Research Center (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, San Diego; San Diego State University; University of San Diego; and University of Southern California. The mission of CASRC is to improve publicly funded behavioral 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.

The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Quality Improvement Unit of SDCBHS to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Steven Tally, PhD at 858-622-1788 or email stally@ucsd.edu.