

County of San Diego Health & Human Services Agency



Children's Mental Health Services Ninth Annual System of Care Report Fiscal Year 2006-2007



County of San Diego Board of Supervisors

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Report prepared by the

Child and Adolescent Services Research Center (CASRC)

Acknowledgements

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Key Findings

The following are the key findings from the Children's Mental Health Services System in Fiscal Year 2006 – 2007.

1. **Over 17,000 youth¹ received services** from Children's Mental Health Services (CMHS) providers in FY2006-2007.
2. CMHS continues to improve its **cultural competency**:
 - The percentage of clients that are Hispanic is similar to the proportion of Hispanics in the County youth Medi-Cal population.
 - CMHS serves a larger percentage of African-American clients than is in the San Diego County youth Medi-Cal population.
 - However, a smaller percentage of Asian/Pacific Islander clients are served by CMHS, as compared to the San Diego County youth Medi-Cal population.
3. The most **common diagnoses** among youth served by the CMHS in FY06-07 are:
 - Depressive disorders (19.8%),
 - Adjustment disorders (19.2%),
 - Oppositional Defiant disorders (including Conduct & Disruptive behaviors) (18.6%), and
 - Attention Deficit Hyperactivity Disorder (ADHD) (16.3%).
4. **Youth are receiving services from multiple sectors**: Among youth receiving Mental Health services in FY06-07,
 - 35.3% also received Special Education services
 - 10.1% received Special Education services through the Emotionally Disturbed category
 - 23.4% received Child Welfare services,
 - 15.1% received Probation services, and
 - 2.5% received Alcohol & Drug Services during the fiscal year.

¹“Youth” refers to all children and adolescents (ages 0-17) and young adults (ages 18-25) who received mental health services through CMHS providers in FY06-07.

Key Findings

5. Youth receiving services from both **CMHS and Probation** during FY06-07 were more likely to be male, adolescent, and have a primary diagnosis of oppositional / conduct disorder than the general CMHS population. This is similar to the pattern seen in previous years.
6. **24% of youth reported using substances**, such as alcohol, cigarettes, or illegal drugs, at least once in the past month.
 - The most commonly reported substances are cigarettes (14.0% in past month), alcohol (13.3%), and marijuana (11.5%).
 - 1.6% of youth who received services from CMHS in FY06-07 had a **dual diagnosis** of a substance use disorder.
7. Based on input from both youth and caregivers, **youth experienced significant improvements in behavior and symptoms between Intake and Discharge from CMHS services** on all scales of the Child and Adolescent Measurement System (CAMS).
8. Based on input from clinicians, **youth experienced significant improvements in functioning between Intake and Discharge from CMHS services** on all eight Functioning Quadrants.
9. **Families and youth in San Diego County are more satisfied** with services, on average, than families and youth in the Southern California region or in California as a whole, as demonstrated by the Youth Services Survey (YSS).
 - Families are more satisfied than youth on all YSS domains except Positive Outcomes, where youth report higher satisfaction.
10. **Caregivers feel services are family-focused**, as indicated by scores on the Family-Centered Behavior Scale (FCBS). On a scale of 1 to 5, the average score was 4.71 in FY06-07.
11. Results on the CAMS, Functioning Quadrants, YSS and FCBS have been **consistent** over the past two years.

Introduction to CMHS

San Diego County CMHS operates as a System of Care (SOC) program. **The System of Care is a comprehensive, integrated, community based, clinically sound and family centered structure for delivery of mental health and related supportive services to the children of San Diego County.** The System of Care takes a broad approach, breaking down the separations that occur between and among traditionally structured and funded services and programs. It evolved over time through the collaboration of its stakeholders: families and youth receiving services, public sector agencies (Children's Mental Health, Child Welfare, Juvenile Justice, Alcohol and Drug Services), private providers and agencies, and Education.

Beginning in 1997, San Diego implemented a system redesign at all levels, from top managers to service delivery staff, involving families and all relevant public and community-based agencies. The multi-sector Children's System of Care Council meets on a monthly basis to advise the CMHS Director and provide community oversight for the System of Care.

The System of Care principles have been embedded into the system and continue to drive the service delivery system. **The principles of SOC are as follows:**

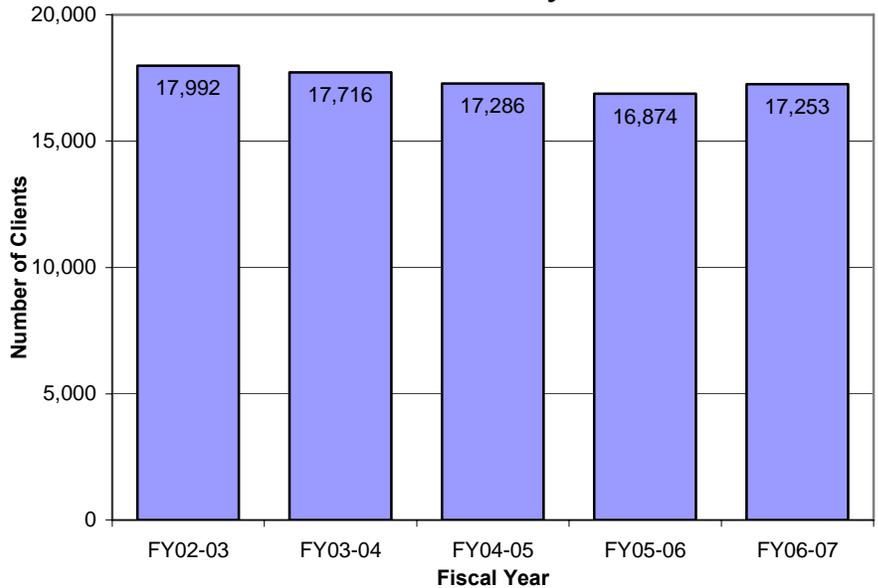
1. **Collaboration of four sectors:** The cornerstone of the Children's System of Care is a strong partnership between families/youth, public agencies, private organizations and education.
2. **Integrated:** Services are coordinated between the four sectors, respond to the multiple needs of children/youth/families/care-givers, are coordinated with multiple systems-both formal and informal; ensure an appropriate and clear transition between levels of care and between the youth and adult mental health systems of care. Services strive to be seamless and easily accessible.
3. **Child/youth focus, family centered:** Service delivery, service planning, program, and policy development include the full participation of families/care-givers and their children/youth.
4. **Individualized:** Services are designed to meet the unique set of needs and build on the unique strengths for each child/youth/family/care-giver. Services are guided by an individualized service plan, which is comprehensive and responds to the evolving needs.
5. **Strength-based:** Plans and services identify and build on strengths, which help facilitate the child/youth/family/care-givers' attainment of goals.
6. **Community-based:** A continuum of care is identified, developed and provided in the local region where the child/youth/family/care-giver lives.
7. **Outcome driven:** Outcomes for children/youth/families/care-givers and service delivery systems are clearly stated, measurable, and used to drive decisions to further improve outcomes for the CSOC.
8. **Culturally Competent:** Services are culturally, linguistically and developmentally appropriate.

Youth Receiving Mental Health Services

In Fiscal Year 2006-2007, San Diego County delivered mental health services to over 17,000 youth.

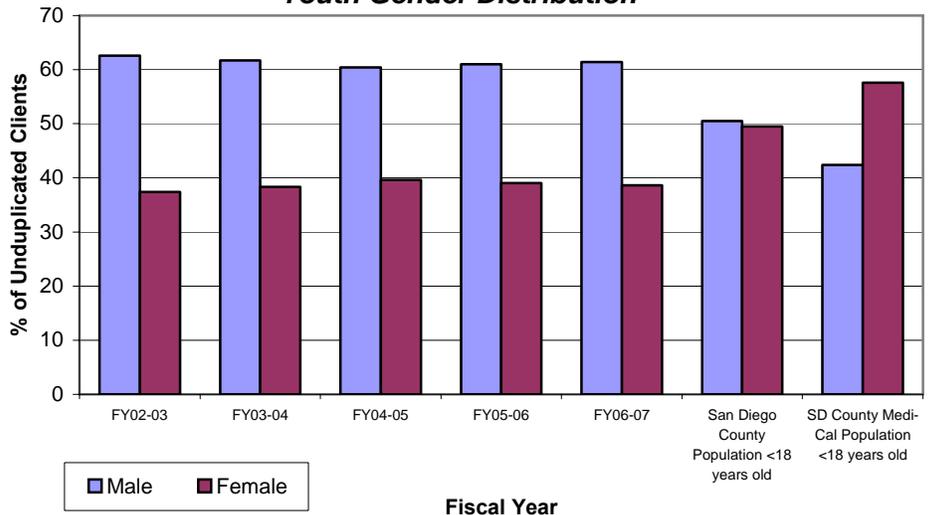
- After several years of decreases, there was an increase in the number of clients receiving services in FY06-07.

Number of Youth Served by Fiscal Year

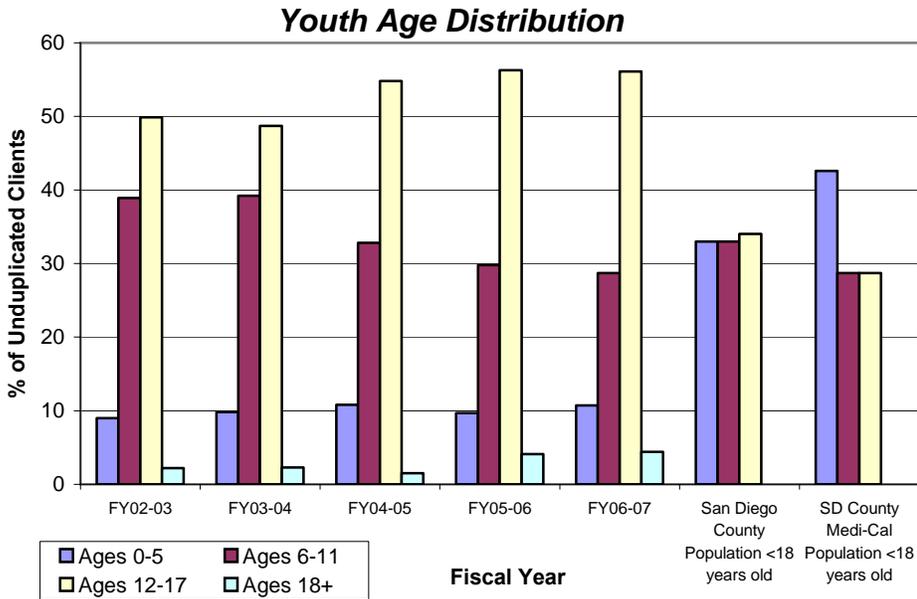


- Over 60% of CMHS clients are male.
- The gender breakdown of CMHS clients is very different from the Medi-Cal youth population in San Diego County.

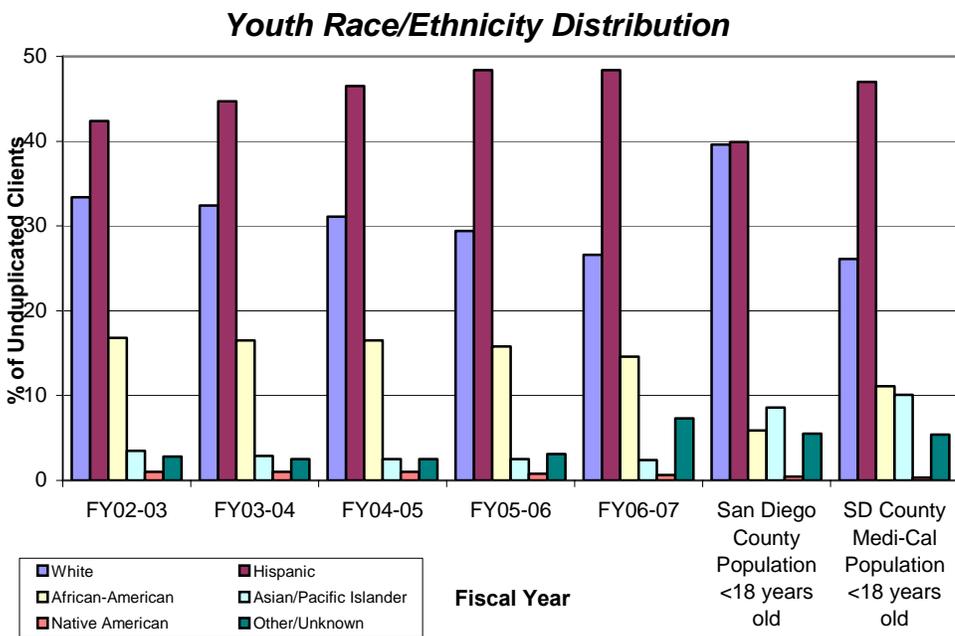
Youth Gender Distribution



Youth Receiving Mental Health Services



- Adolescents (ages 12-17) make up more than 55% of CMHS clients.
- The percentage of CMHS clients aged 6-11 has decreased over the past three years, while the adolescent client percentage has increased.
- Youth aged 0-5 make up about 10% of the CMHS population, but comprise over 40% of the Medi-Cal youth population in San Diego County.



- The percentage of CMHS clients that are Hispanic is similar to the proportion of Hispanics in the County youth Medi-Cal population.
- CMHS serves a larger percentage of African-American clients than are in the San Diego County youth Medi-Cal population.
- CMHS serves a smaller percentage of Asian/Pacific Islander clients, as compared to their prevalence in the San Diego County youth Medi-Cal population.

Primary Diagnosis

The most **common diagnoses** among youth served by the CMHS are:

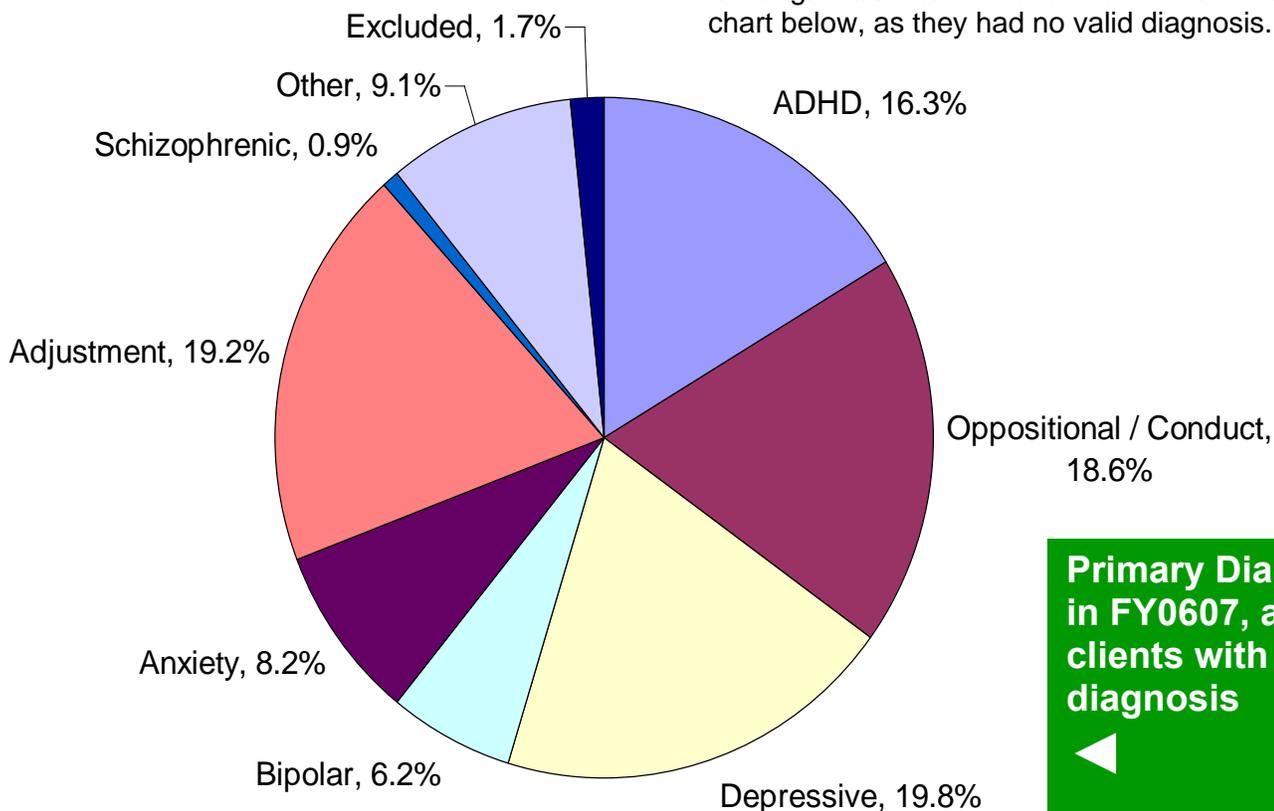
- 1) Depressive disorders (19.8%),
- 2) Adjustment disorders (19.2%),
- 3) Oppositional Defiant disorders (including Conduct and Disruptive behaviors) (18.6%), and
- 4) Attention Deficit Hyperactivity Disorder (ADHD) (16.3%)

Diagnosis was determined by identifying the **primary DSM-IV diagnosis** at intake from the last episode of service prior to June 30, 2007. Earlier valid diagnoses were chosen when later episodes reported **invalid diagnoses**, ones in which there was no valid Title 9 or excluded code provided or in which the diagnosis was “diagnosis deferred” (799.9). Only one primary diagnosis was indicated per client for these analyses.

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** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Asperger’s Syndrome, Paraphilia, Reactive Attachment Disorder, elimination disorders, and eating disorders. **Excluded diagnoses** are those categorized as “excluded” by Title 9 (i.e. autism, learning disabilities).

10% of clients had an invalid diagnosis, such as “diagnosis deferred” (799.9), while 16% of clients had no diagnosis. These clients are not included in the pie chart below, as they had no valid diagnosis.



**Primary Diagnosis
in FY0607, among
clients with a valid
diagnosis**

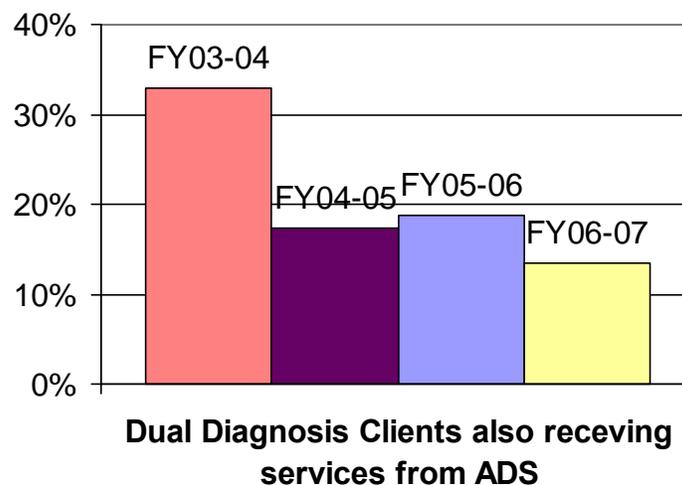
Dual Diagnosis Youth

The INSYST database allows for providers to enter a **secondary substance abuse diagnosis** for each episode of care, which is also referred to as a **dual diagnosis**. Providers can also indicate a dual diagnosis in the Other Factors field in INSYST.

282 youth who received CMHS services in FY05-06 (**1.6%** of total CMHS population) had a secondary substance abuse diagnosis or Other Factors field entered in INSYST. This percentage is unchanged from FY05-06.

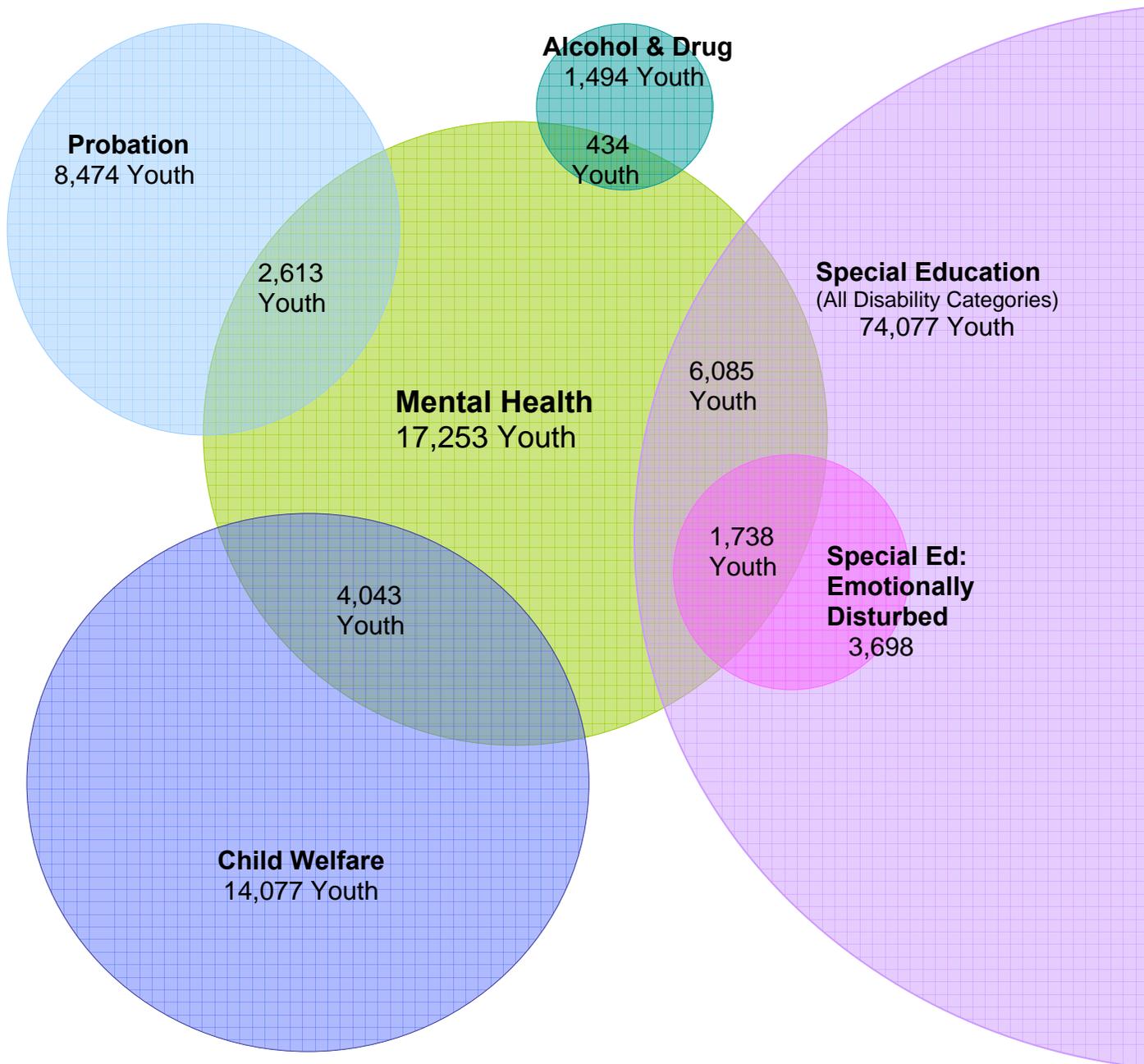
13.5% of youth with a dual diagnosis also received services from ADS during FY06-07, a decrease from 18.8% in FY05-06.

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



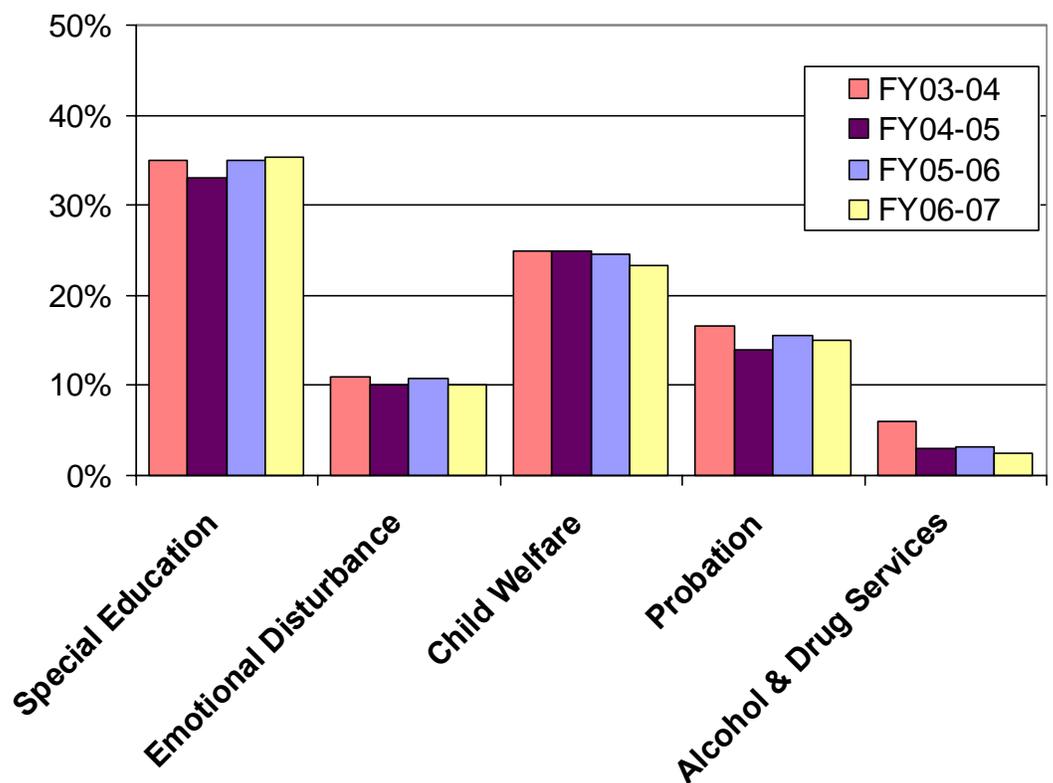
Multi-sector Involvement

Youth Receiving Services from Mental Health and Other Sectors – Fiscal Year 2006-2007



Multi-sector Involvement

- Of the 17,253 youth receiving Mental Health services in FY06-07:
 - 35.3% (N=6,085) also received **Special Education services**,
 - 10.1% (N=1,738) received Special Education services through the **Emotional Disturbance** category,
 - 23.4% (N=4,043) received **Child Welfare services**,
 - 15.1% (N=2,613) received **Probation services** and
 - 2.5% (N=434) received **Alcohol & Drug Services** during the fiscal year.
- The percentages of youth receiving services from other public sectors have been **relatively stable** over the past three years.
 - However, the percentage of CMHS clients also receiving Alcohol & Drug Services has declined by over 50% since FY03-04.



Percentage of MH Clients receiving services from other sectors



Youth active to both CMHS and ADS sectors

Overall, 434 youth receiving CMHS services (2.5%) were also active to Alcohol and Drug Services (ADS) during the fiscal year.

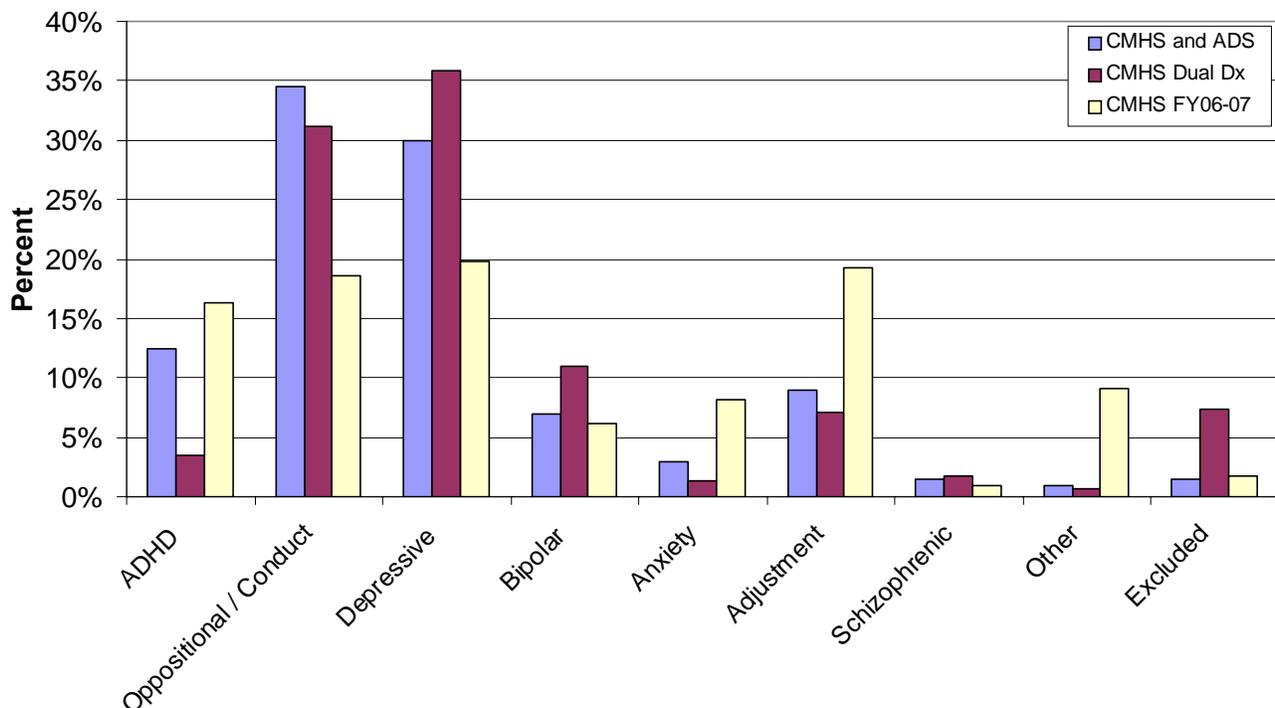
Being active to both sectors is an indication that they have both mental health and substance use needs serious enough to warrant treatment. Detailed information on demographics and service use of these youth is available in Appendix G.

18.4% of the 434 youth active to both the CMHS and ADS sectors also had a dual diagnosis entered in the mental health system. The percentage of youth active to both CMHS and ADS who also have a dual diagnosis in CMHS has remained below 25% over the past 4 years.

This indicates that the mental health provider is either unaware of the youth's co-occurring substance use issue or did not enter the dual diagnosis into the mental health system.

Youth active to both CMHS and ADS were more likely to have primary diagnosis of an oppositional/conduct or depressive disorder than youth in CMHS overall.

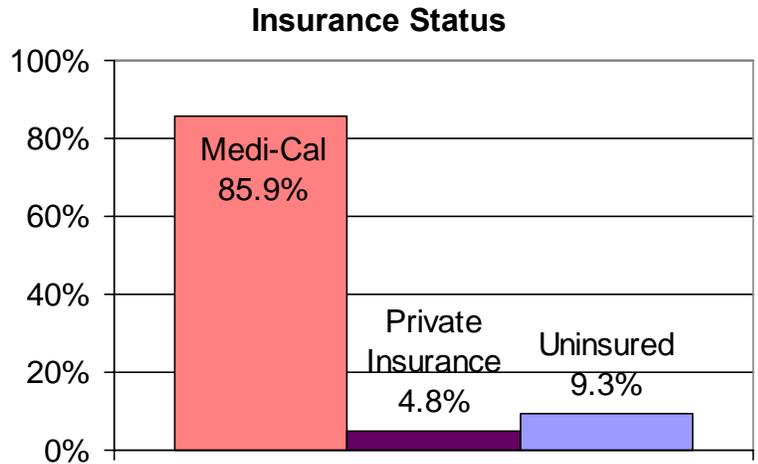
Primary diagnosis for youth active to CMHS and ADS



Insurance & Housing Status

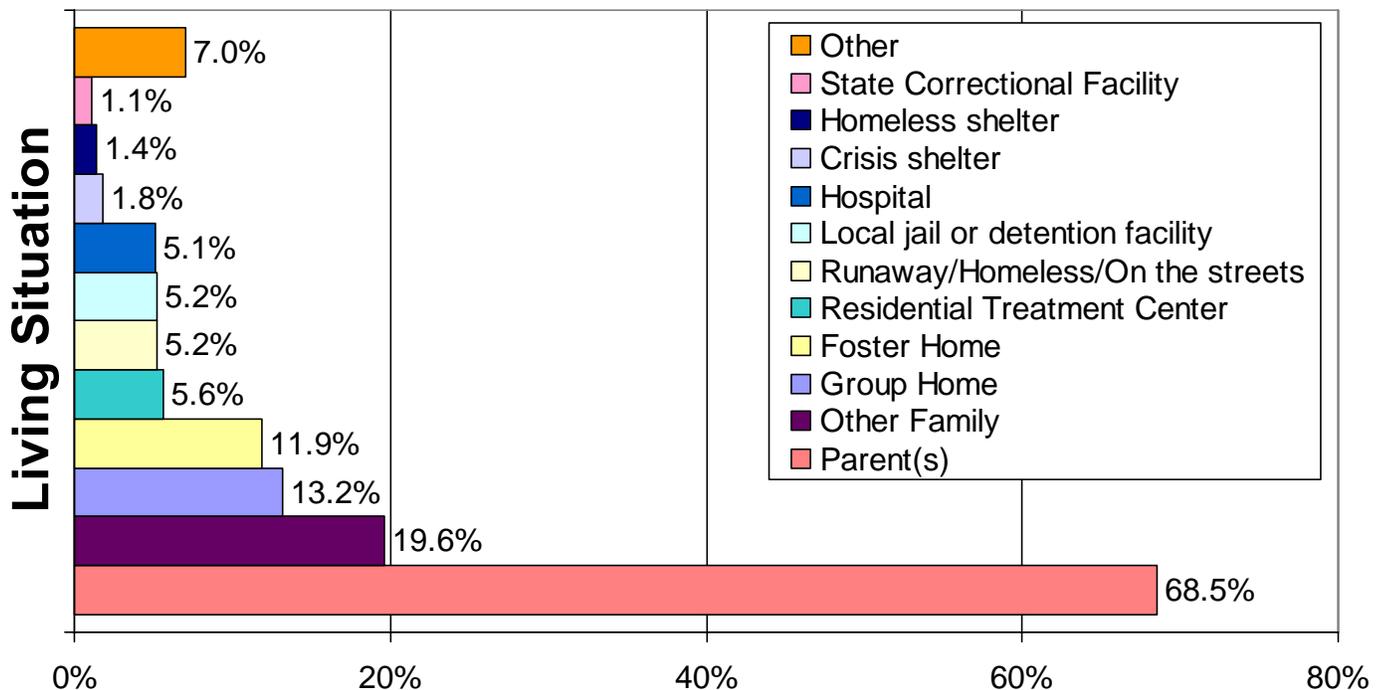
Insurance status was determined by examining billing records for each service visit. **Over 85% of clients used Medi-Cal at least once during FY06-07.**

Respondents are also asked about Medi-Cal status on the May 2007 Youth Services Survey. 81.9% of parents (N=1764) reported that their child had Medi-Cal coverage at the time of the survey.



On the May 2007 Youth Services Survey, respondents were asked their living situations during the past 6 months. 1,422 youth, ages 13 and older, responded to the question

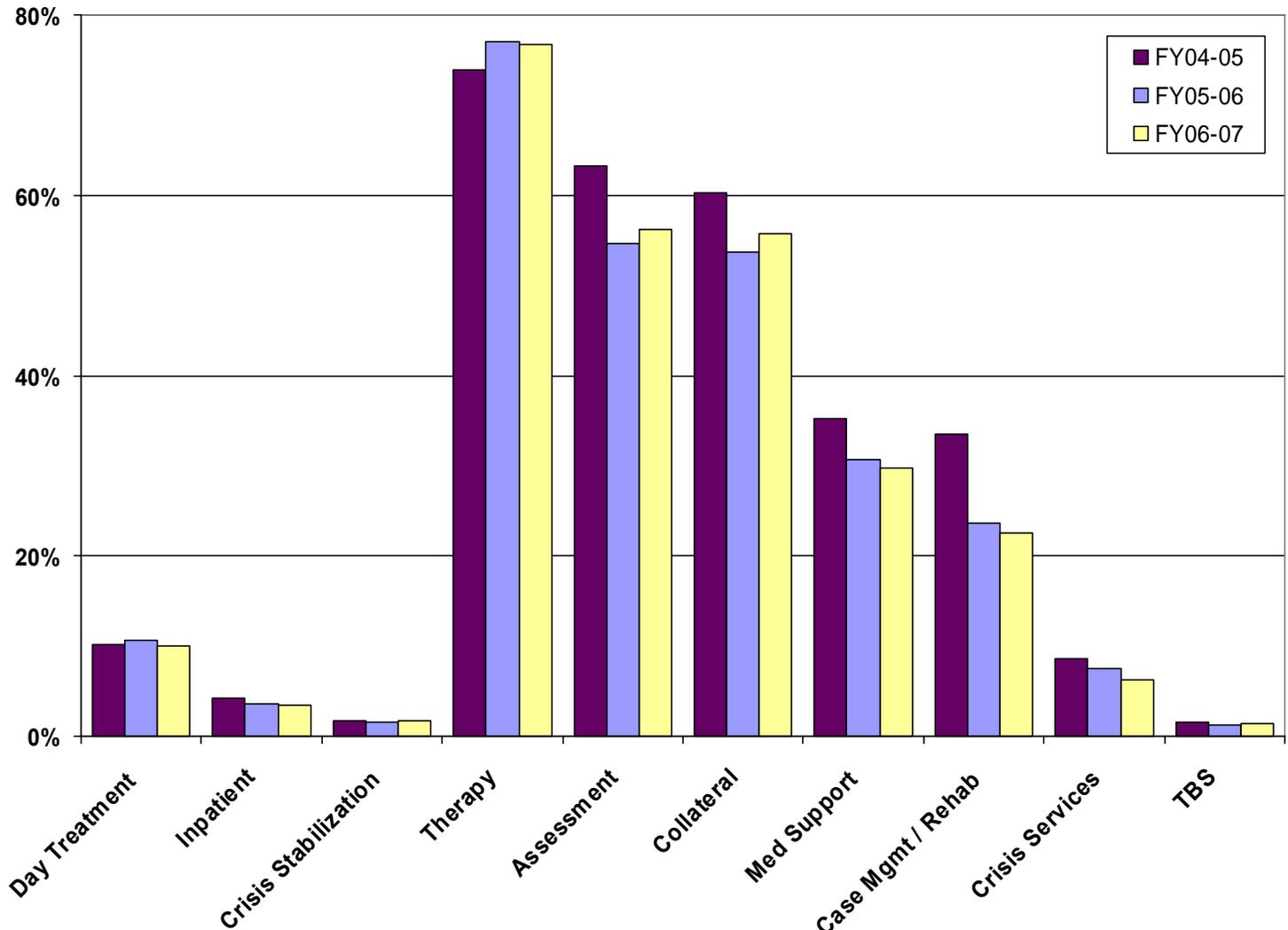
Almost 12% of youth receiving CMHS services had lived in a foster home in the past 6 months, while over 13% had lived in a group home.



Service Utilization by Client Characteristics

Children and youth may receive multiple services in the course of a year, and the amount of each service received can vary widely by client. Services were determined by examining the procedure code for each billed service. Refer to the Glossary in Appendix A for a description of service types.

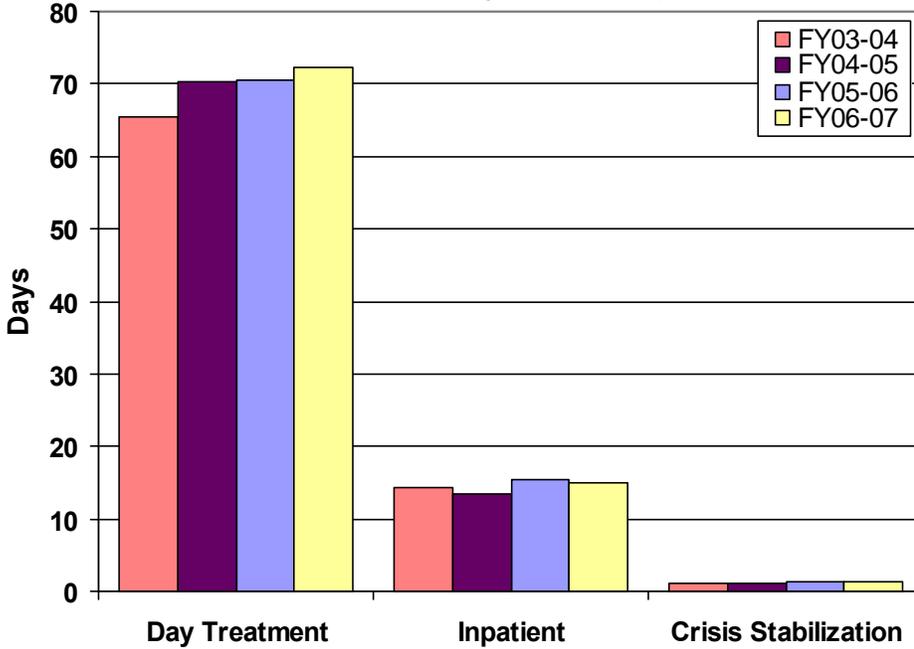
Percentage of Clients receiving each type of service



- **Over 75% of clients receive therapy services.**
- The percentage of clients receiving **medication support, case management services, and/or crisis services has decreased** since FY03-04.

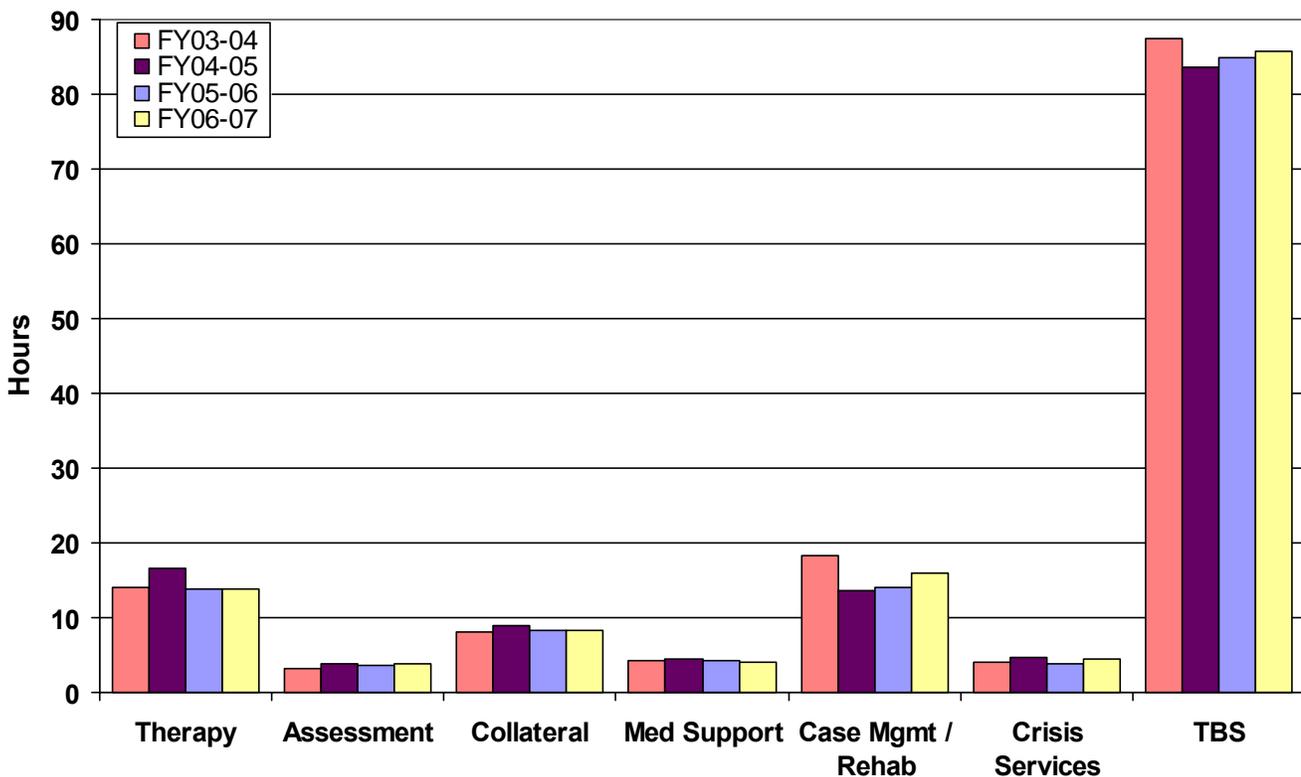
Service Utilization by Client Characteristics

Mean amount of Service Days received per client



- The number of days of **Day Treatment service has increased steadily**, from 66 in FY03-04 to 72 in FY06-07.
- On average, clients received **14 hours of therapy services** in FY06-07.

Mean amount of Service Hours received per client



Service Utilization by Client Characteristics

Detailed data tables on service utilization by client characteristics are available in Appendix F. Major findings are summarized below.

Primary diagnosis:

- As expected, youth with a **bipolar or schizophrenic diagnosis used more services** on average than youth with other diagnoses.
 - They were more likely to use services and to use more hours of service, particularly in the case management, crisis services, and medication support categories.
 - They were more likely to use inpatient hospital days (14.0% and 33.3% respectively as compared to 4.5% for the sample overall) in FY06-07.
 - They were more likely to use intensive day treatment services.
 - These findings have been consistent over the past 3 years.

As expected, youth with a bipolar or schizophrenic diagnosis used more services on average than youth with other diagnoses.

Race/Ethnicity:

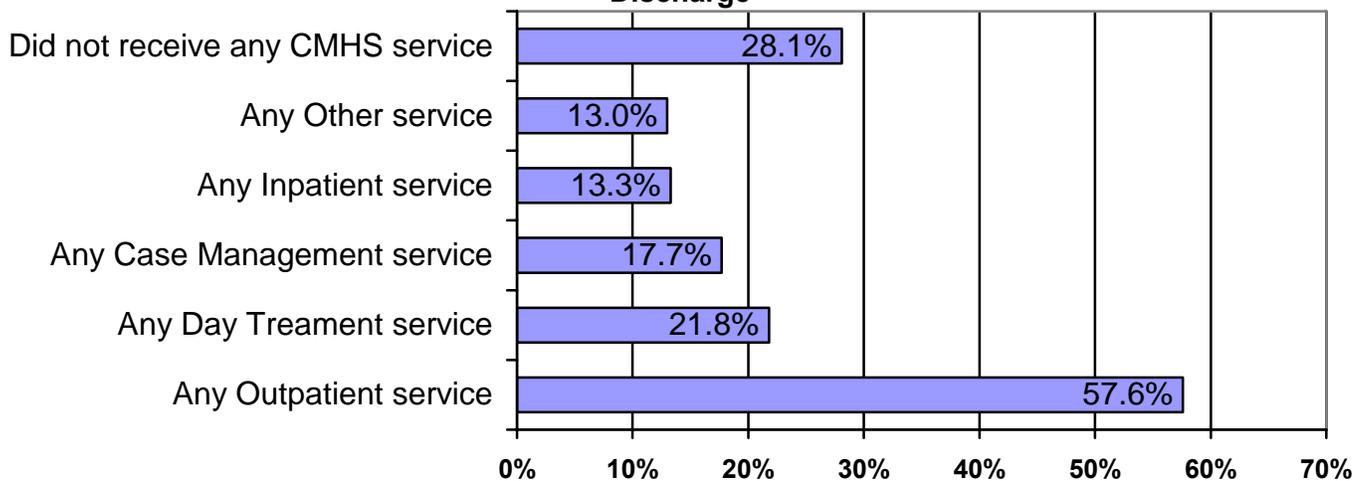
- There are **few differences** by youth race/ethnicity.
- Children in the **Other/Mixed racial/ethnic category were less likely to use services**, as compared to children in the Hispanic, Black, White, Asian/Pacific Islander, or Native American racial/ethnic groups.

Inpatient & ESU Service Use

Inpatient Clients: Detailed information on clients using Inpatient (IP) Services can be found in Appendix G.

- 593 clients (3.4%) used inpatient services in FY06-07
 - 80.4% of these clients were ages 12-17
 - For 59 clients, Inpatient services were the only CMHS service used during FY06-07
- Top 3 primary diagnoses: 47.4% Depressive disorders, 19.4% Bipolar disorders, 14.3% Oppositional / Conduct disorders
- 142 clients (23.9% of the IP sample) had more than one IP episode in the FY
 - 79 clients (13.3% of the IP sample) were re-admitted to IP services within 30 days of the previous IP discharge.
- 159 IP clients (28.1%) received no other CMHS services within 30 days after IP discharge.

Percentage of clients receiving CMHS services within 30 days of Inpatient Discharge



Emergency Screening Unit (ESU) clients:

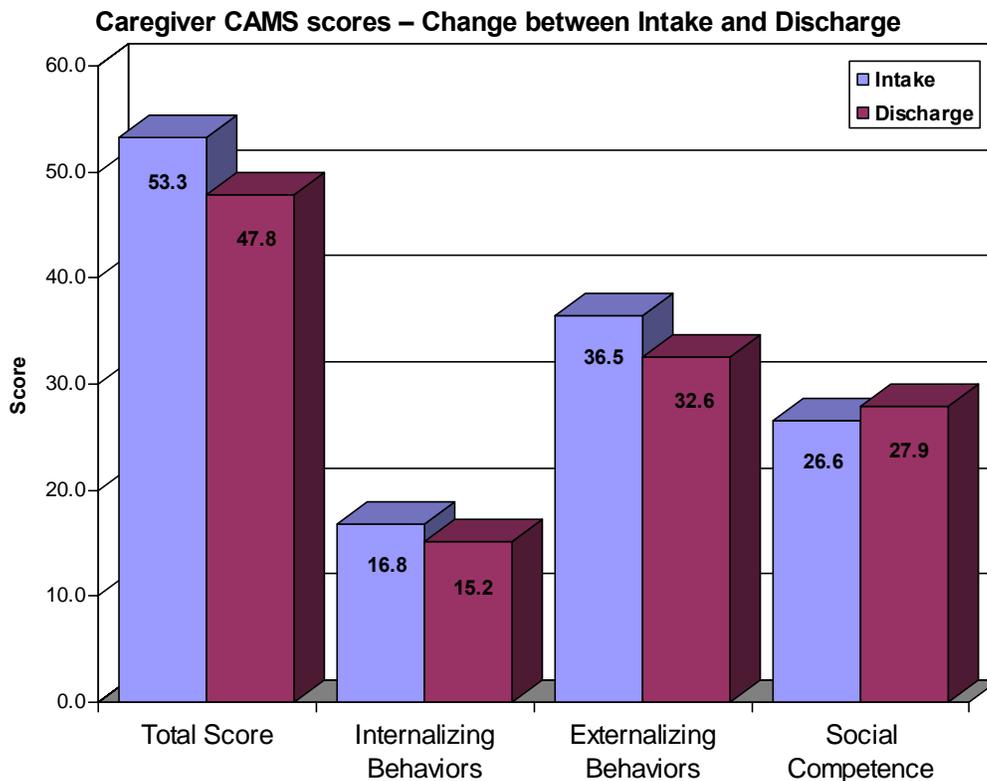
- 811 clients (4.6%) used ESU services in FY06-07
 - 76.7% of these clients were ages 12-17
 - For 166 clients, ESU services were the only CMHS services they used during FY06-07
- Top 3 primary diagnoses: 39.5% Depressive disorders, 21.2% Oppositional / Conduct disorders, and 11.0% ADHD
- 293 clients (36.1% of the ESU sample) had more than one ESU episode in the FY
 - 248 clients (30.6% of the ESU sample) were re-admitted to ESU services within 30 days of the previous ESU discharge.

Client Outcomes

San Diego County tracks outcomes for youth served by CMHS through the **System of Care Evaluation (SOCE)**. Since January 2005, the SOCE measures have included:

- the Child and Adolescent Measurement System (CAMS)
- the Family-Centered Behavior Scale (FCBS)
- the Functioning Quadrants
- the Youth Services Survey (YSS)

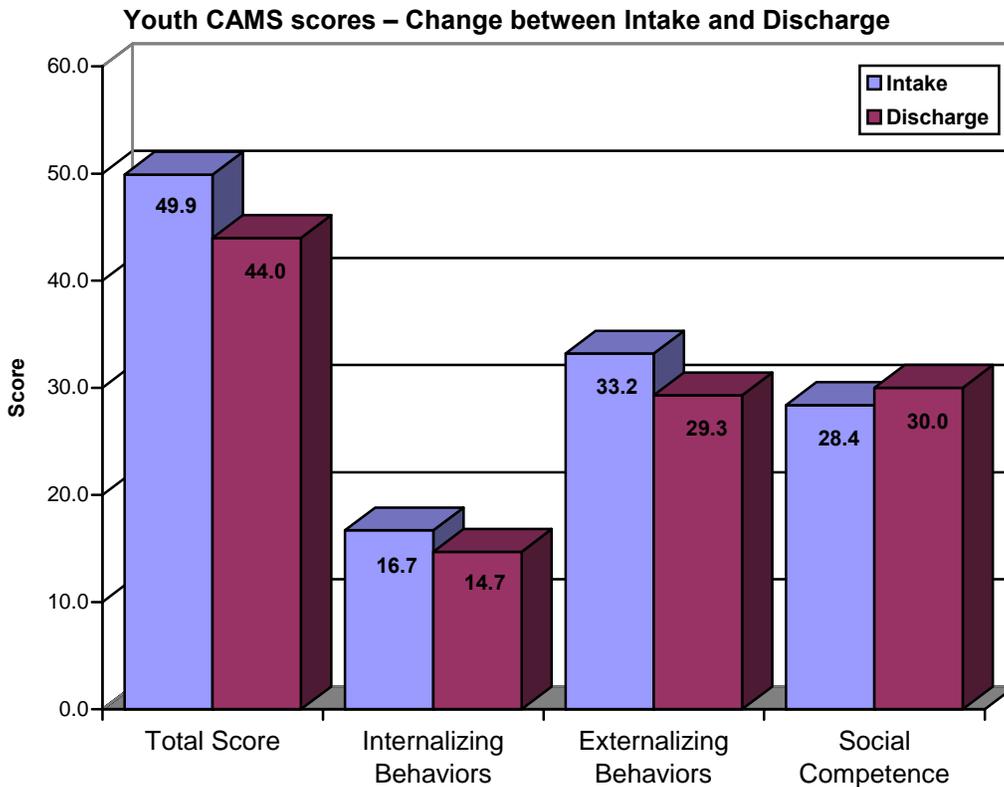
Based on input from caregivers, youth, and clinicians, youth experienced significant improvements between Intake and Discharge, as measured by the Child and Adolescent Measurement System and Functioning Quadrants.



Note:

- A decrease on the Total, Internalizing, or Externalizing CAMS score is considered an improvement.
- An increase in the Social Competence score is considered an improvement.

Child & Adolescent Measurement System (CAMS)



Both Caregivers and Youth reported Significant Improvements between Intake And Discharge on all CAMS scales (P<0.01).

Analysis was done to see if there were differences in improvement on the Parent and Youth CAMS (total, internalizing and externalizing subscales) based on several factors:

- youth age
- youth gender
- youth race/ethnicity: Black, Hispanic, White, Other
- youth's primary diagnosis: ADHD, Oppositional / Conduct, Depressive, Adjustment, Other

Parents of Black youth were **significantly less likely to report improvement** on the 3 CAMS scales than were parents of youth in the three other racial/ethnic groups. This difference was not seen on the Youth CAMS, and no other significant differences were present by age, gender, race/ethnicity, or primary diagnosis.

Functioning Quadrants

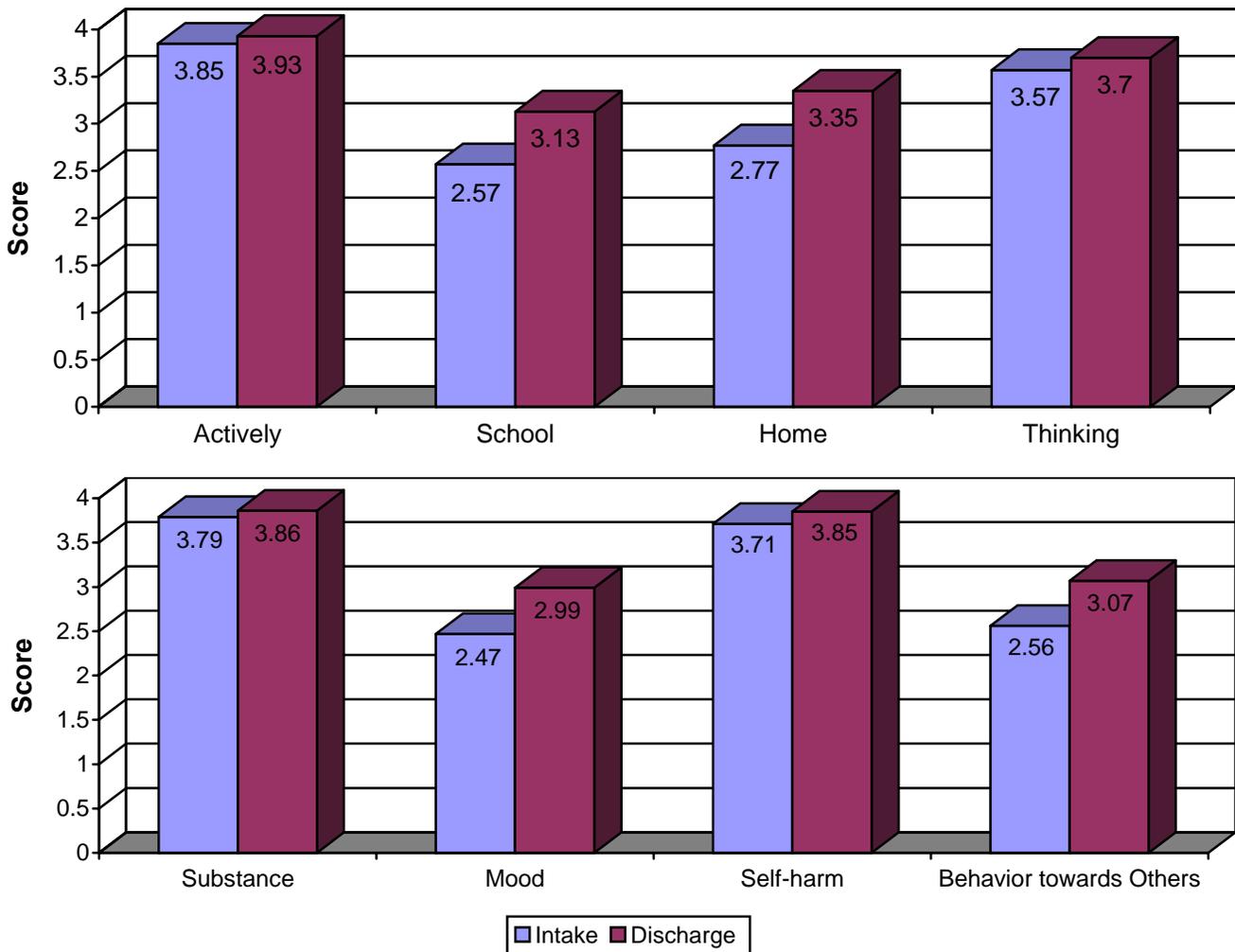
Outcomes data is also collected through the clinician-completed Functioning Quadrants. This locally-developed measure allows for the clinician to give direct input on outcomes, and provides valuable information in cases where the CAMS was not available due to refusal or child age.

Each Quadrants domain is given a score of 1 to 4 based on specific behaviors, with 1 being the most severe or impaired behaviors and 4 being slight or no impairment. Data was available on 1,218 clients

who discharged in FY0607 and had both Intake and Discharge Quadrants scores available.

Discharge scores are significantly higher on average than Intake scores on all 8 Quadrants, indicating improvement on all domains ($p < 0.01$).

Functioning Quadrants Scores (Clinician report) – Scores at Intake and Discharge



Functioning Quadrants

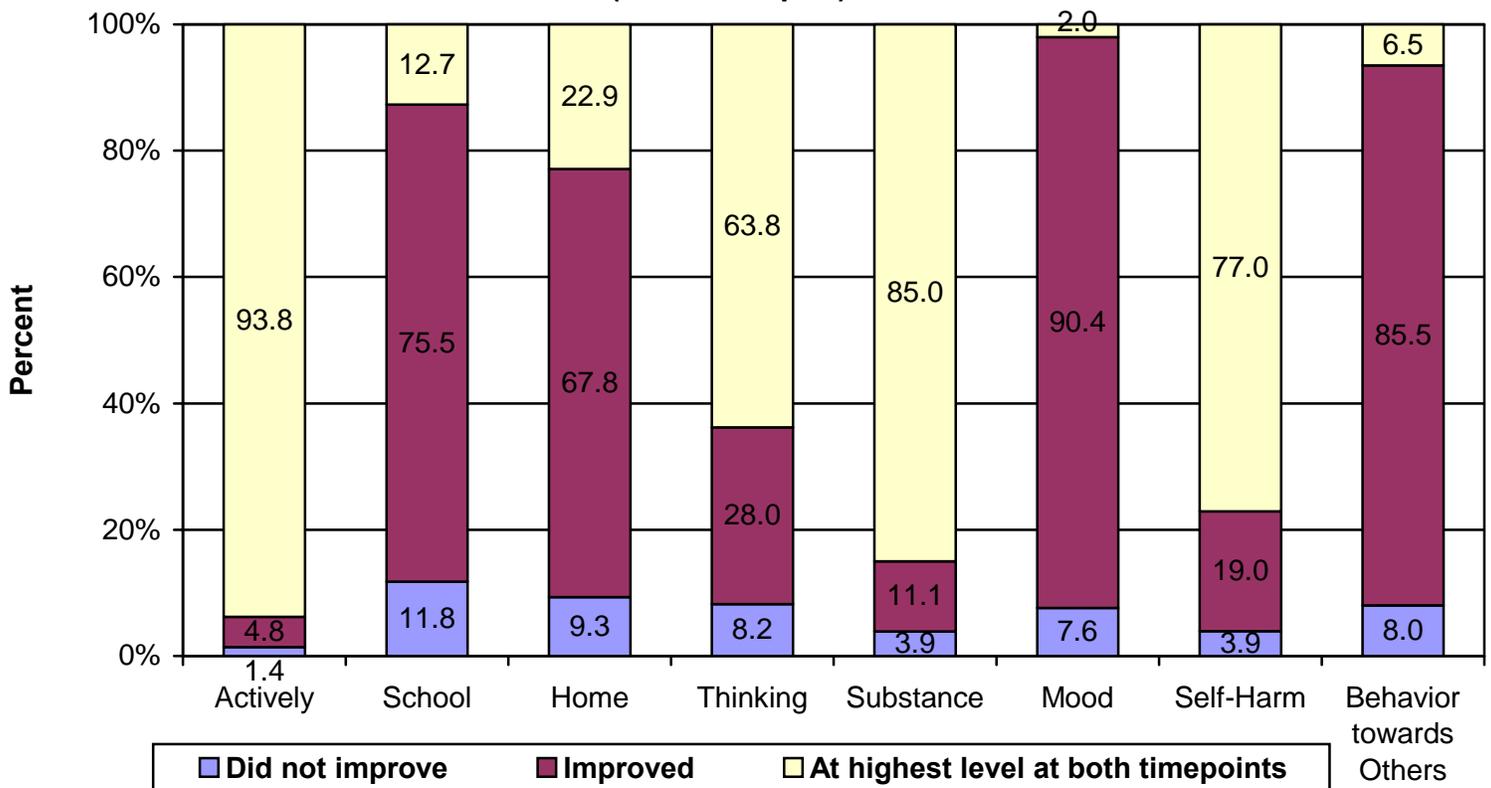
The Functioning Quadrants domains include:

- Actively – whether youth is actively suicidal, homicidal, psychotic, or fire setting.
- School – school behaviors such as grades, attendance, behavior problems, and expulsions.
- Home – behaviors in the home, such as disobedience, property damage, and running away.
- Thinking – symptoms of thought disorders, such as disorientation or distortion of thinking.
- Substance – substance use issues, including frequency of use.
- Mood – symptoms of depression and anxiety
- Self Harm – behaviors such as cutting and suicidal ideation.
- Behavior Toward Others – social skills, threats, assaults, and police involvement.

Approximately 90% of youth who discharged in FY06-07 improved on each domain between Intake and Discharge, or were at the highest level (slight or no impairment) at both Intake and Discharge.

The largest improvements were seen on the Mood, Behavior towards Others, and School quadrants, where over 75% of youth improved.

**Improvement between Intake and Discharge on Functioning Quadrants Scores
(Clinician report)**



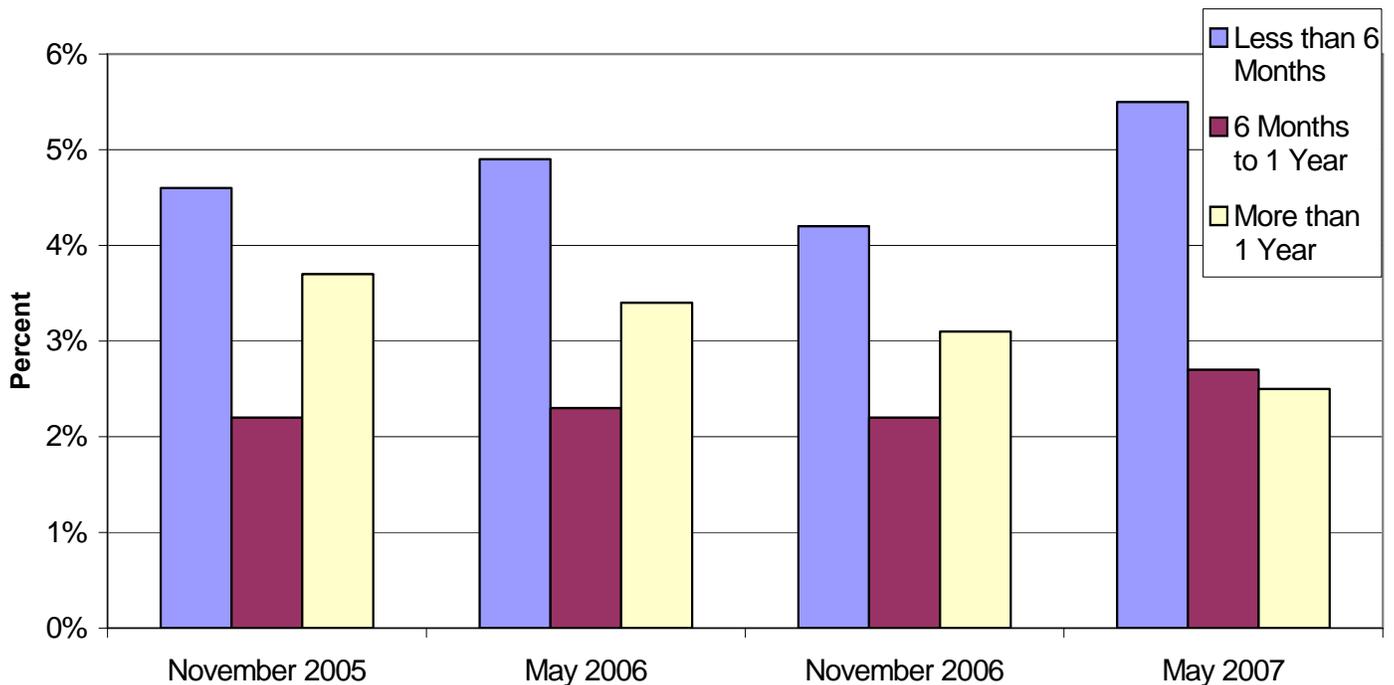
Arrests

The **Youth Services Survey (YSS)** provides data regarding two outcomes areas of interest to the County: arrests and substance use. The YSS gives a snapshot in time of how youth receiving services through CMHS look, and allows us to examine data by the length of time a client is in service. The YSS was administered to clients during 2 two-week periods in November 2006 and May 2007, and was completed by all clients, ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age.

In the **Youth Services Survey**, both the youth (ages 13+) and parent respondent 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. 7,189 respondents answered the arrest question in FY06-07.

- **3.9% of youth receiving services from CMHS had been arrested in the month prior to the survey.** Youth were significantly more likely to self-report having been arrested, as compared to parent report of youth arrests.
- Youth receiving services for six months to one year were **significantly less likely to report having been arrested in the past month** than youth receiving services for less than six months.

Past Month Arrests by Length of Time receiving Services



Substance Use

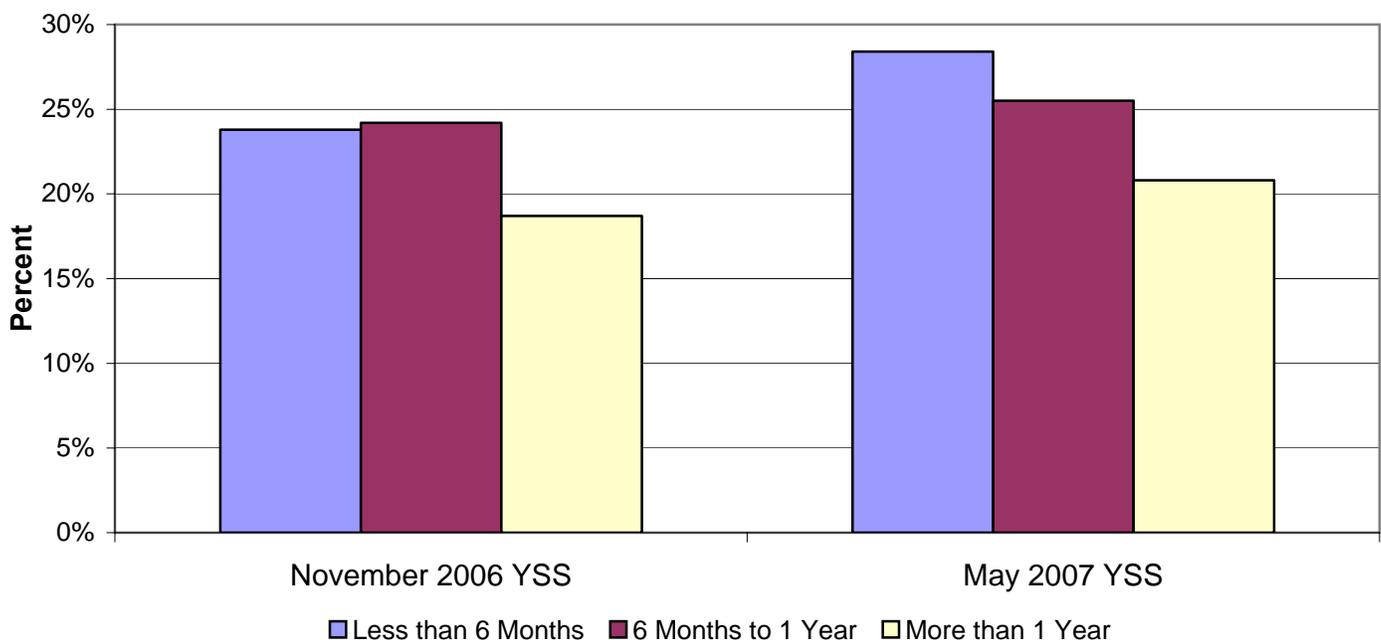
In the YSS, youth age 13+ were asked whether they had used any of a list of substances (alcohol, cigarettes, ecstasy, cocaine, marijuana, crystal meth, inhalants, hallucinogens, opiates, injected drugs) in the past month. 2,732 youth answered the substance use question in FY06-07.

- Overall, **24.0% of youth** stated that they had used one of these substances at least once in the past month.
- **18.5%** of youth stated they had used a substance **other than cigarettes** at least once in the past month.
- According to youth, the **three most commonly used substances**, in descending order, were cigarettes (14.0% in past month), alcohol (13.3%), and marijuana (11.5%).

When reports of substance use on the YSS were examined by the length of time receiving CMHS services, there was **no clear pattern across the survey periods**.

There are no significant differences during the November 2006 YSS, while the differences in past month substance use between the three groups are significant for the May 2007 YSS. This pattern was also seen in FY05-06.

Youth Report of Past Month Use of Substances by Length of Time receiving Services



Satisfaction

During FY2005-2006, data on consumer satisfaction was collected in two ways:

1) The state-mandated **Youth Services Survey (YSS)** was completed by youth, ages 13+, and all parents/caregivers, regardless of the youth/client age, who utilized services between November 1-15, 2006 and/or May 1-14, 2007.

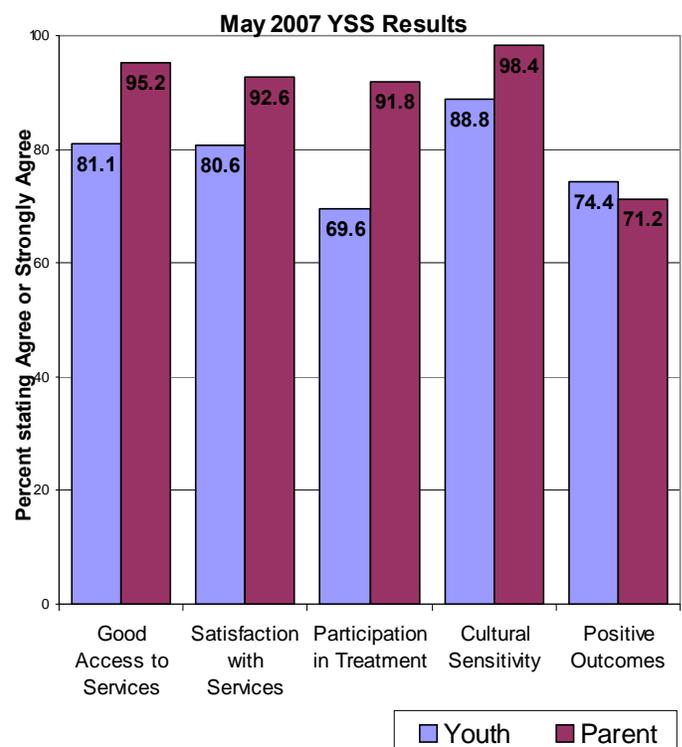
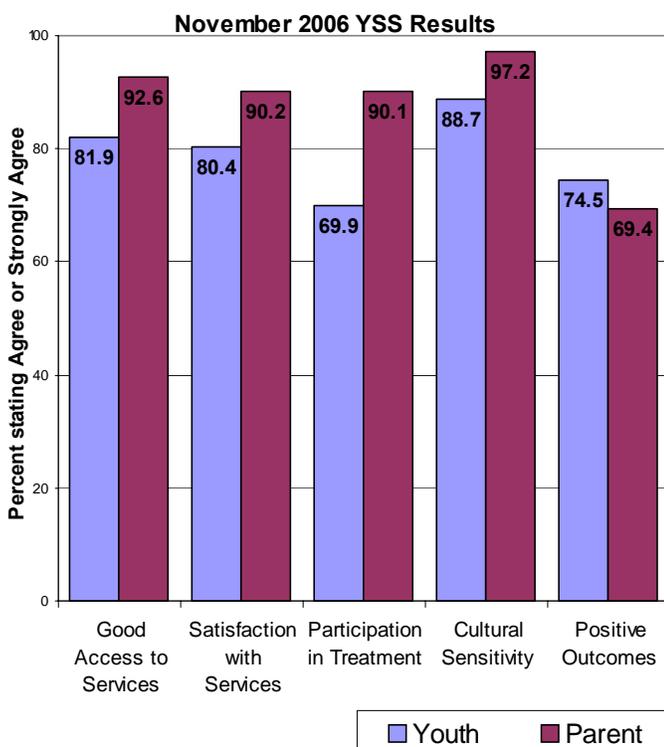
2) The **Family-Centered Behavior Scale (FCBS)** is completed by the parent/caregiver every six months from the start of services through discharge.

Youth Services Survey (YSS)

YSS questions were grouped into five domains: Good Access to Services, Satisfaction with Services, Participation in Treatment, Cultural Sensitivity, and Positive Outcomes.

A total of 7,431 surveys were completed during the November 2006 and May 2007 collection periods. This is a 15% increase in the number of completed forms from FY05-06.

- **Parents/caregivers are more satisfied than youth on 4 of the 5 domains.**
- **Differences were most pronounced on the Participation in Treatment domain.**
- **Youth reported slightly higher satisfaction than parents on the Positive Outcomes domain.**

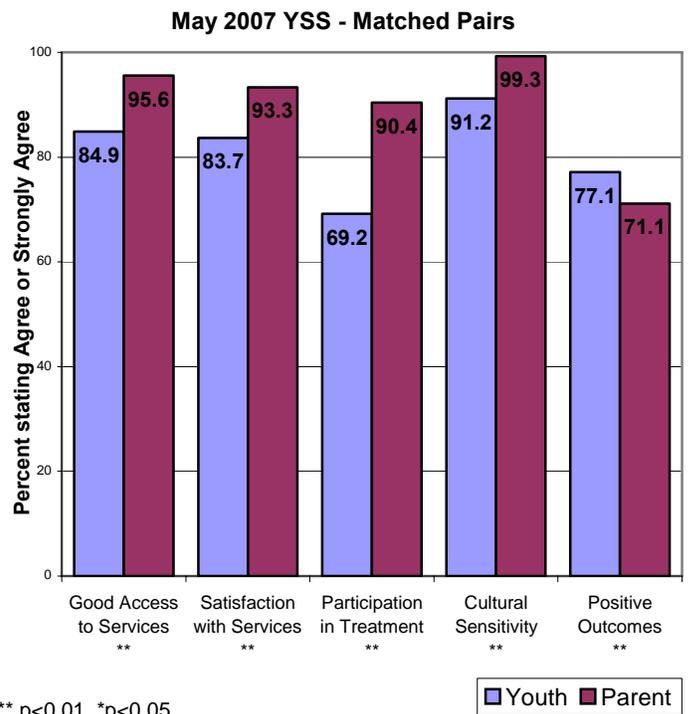
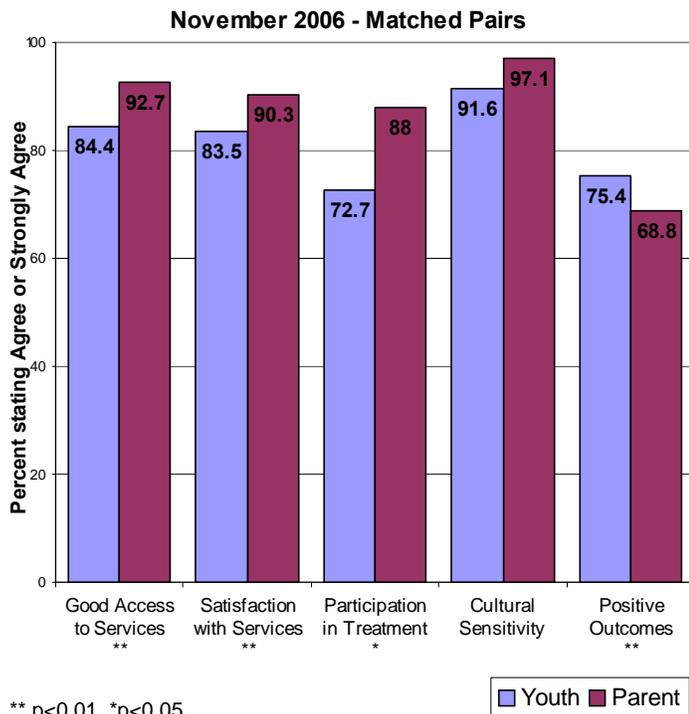


Satisfaction

To examine the **amount of agreement** between parents and youth, we examined the responses for all clients in which both the youth and parent YSS surveys were completed (Nov 2006 N=711, May 2007 N=750), giving us information on the same services from both the youth and parent point of view.

- Youth and parent responses are significantly different.
- Parents are more satisfied than youth on 4 domains: Good Access to Services, Satisfaction with Services, Participation in Treatment, and Cultural Sensitivity.
- Youth are more satisfied than parents on the Positive Outcomes domain.

Parents report higher satisfaction on the YSS on all domains except Positive Outcomes, where Youth report slightly higher satisfaction.



Satisfaction

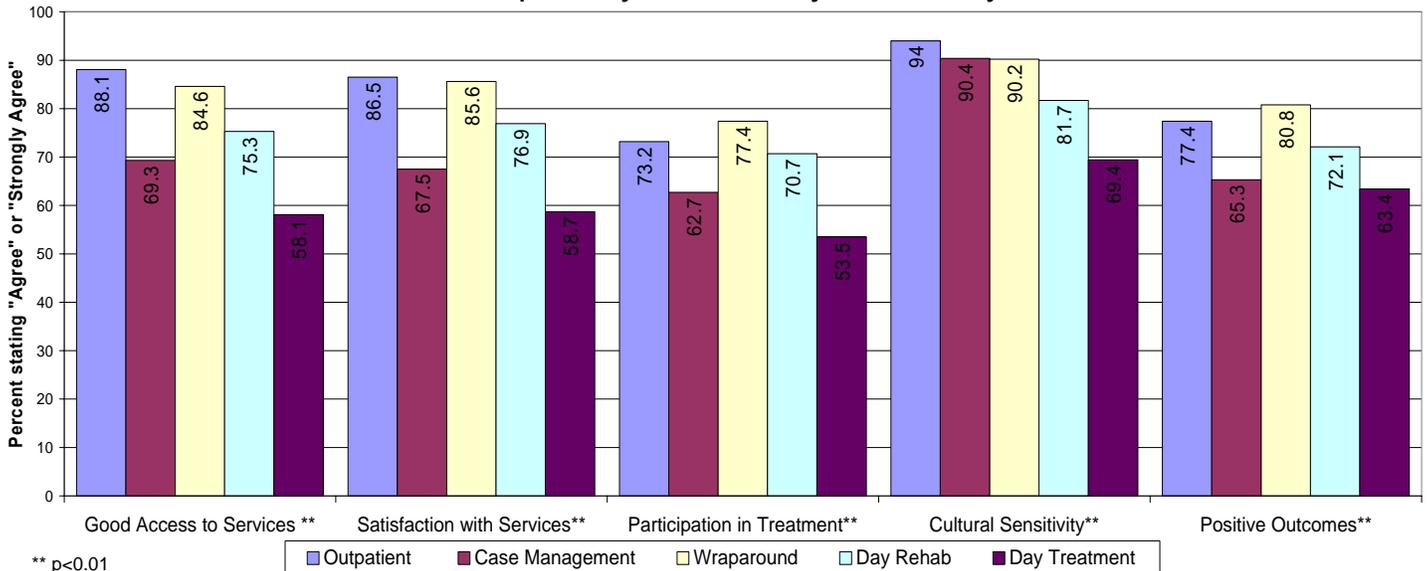
These satisfaction domains were also examined by the **child's ethnicity**. Responses from youth and parents were grouped based on whether either of the child's parents was identified by the respondent as being of Mexican, Hispanic, or Latino origin.

- Respondents for Hispanic youth (N=3,807) were **significantly more satisfied** on all 5 domains examined by the YSS, as compared to respondents for non-Hispanic youth (N=3,142).

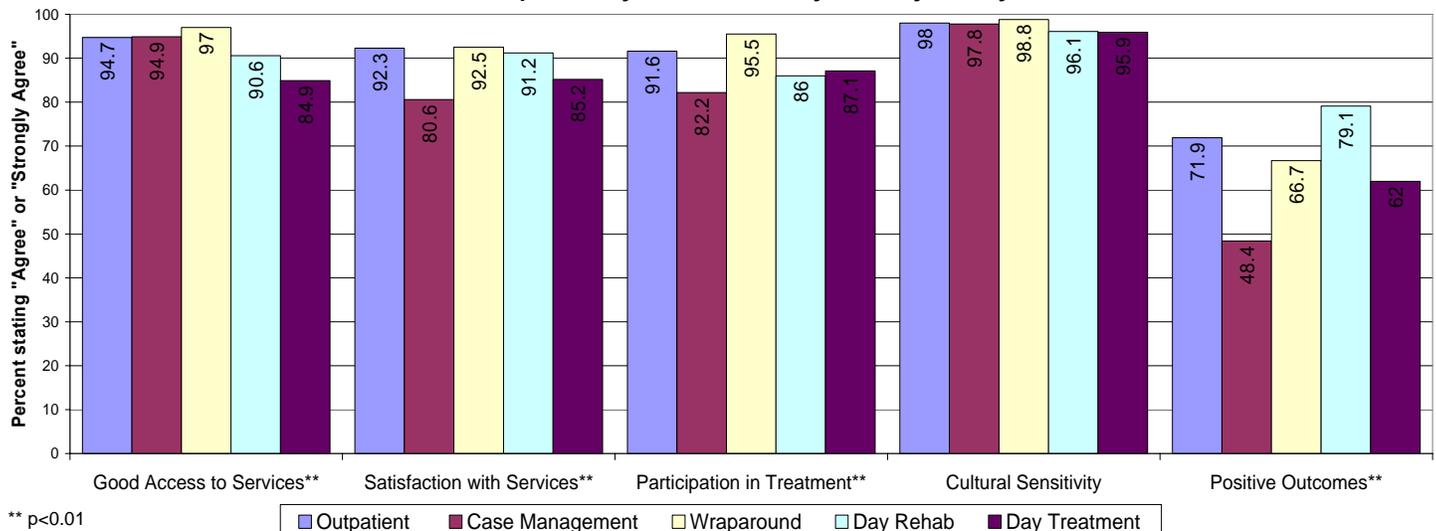
Results from the FY06-07 YSS also show significantly different levels of satisfaction by the **service type** received by the youth.

- Youth receiving day treatment services reported **lower levels of satisfaction** in all five domains, as compared to the other service groups.
- Cultural Sensitivity has the highest scores across the modalities for both youth and parent respondents.
- Parent scores are higher on average than the youth scores.

YSS Responses by Service Modality – Youth Survey



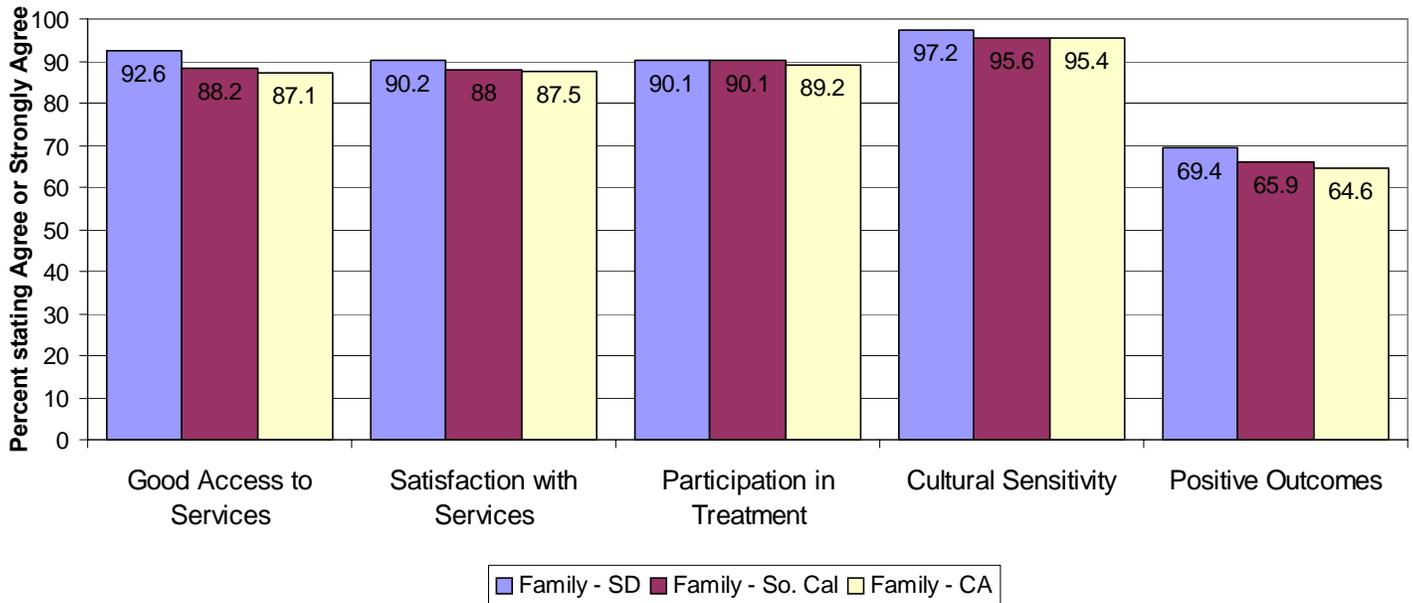
YSS Responses by Service Modality – Family Survey



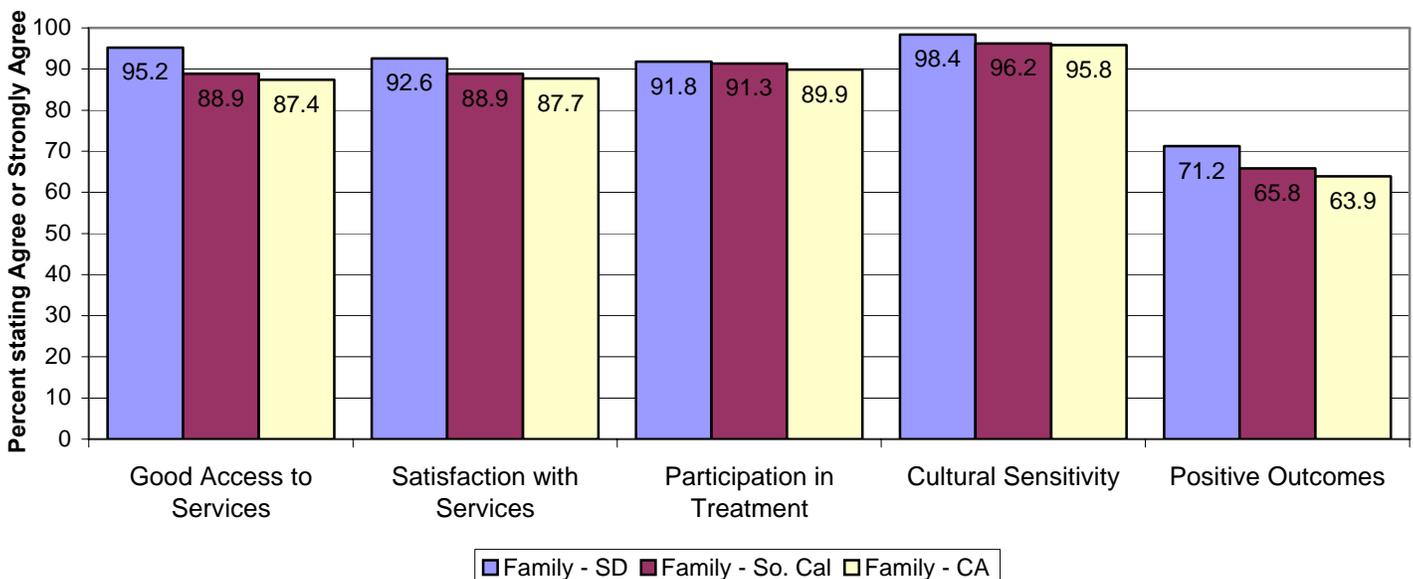
Satisfaction

Comparison of the San Diego County YSS results with the Statewide and Southern California results show that parents/caregivers in San Diego are **consistently more satisfied with services** than are families in the state as a whole, or in the Southern California region.

November 2006 YSS Results – Family Survey



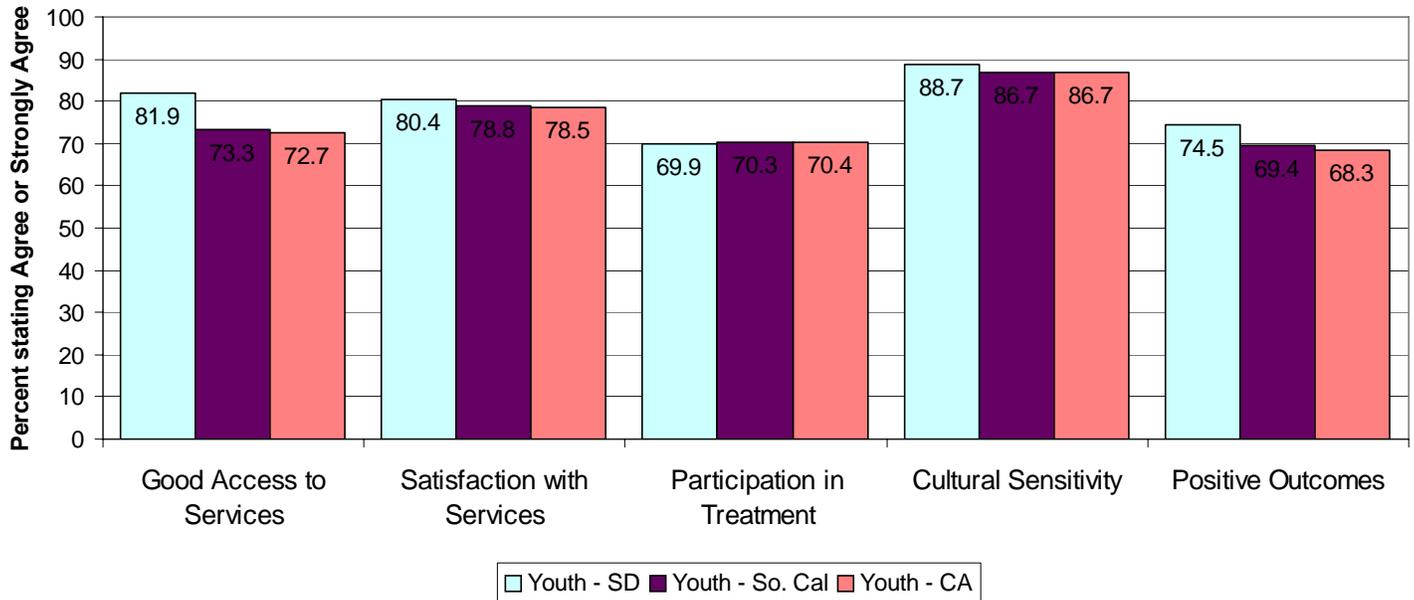
May 2007 YSS Results – Family Survey



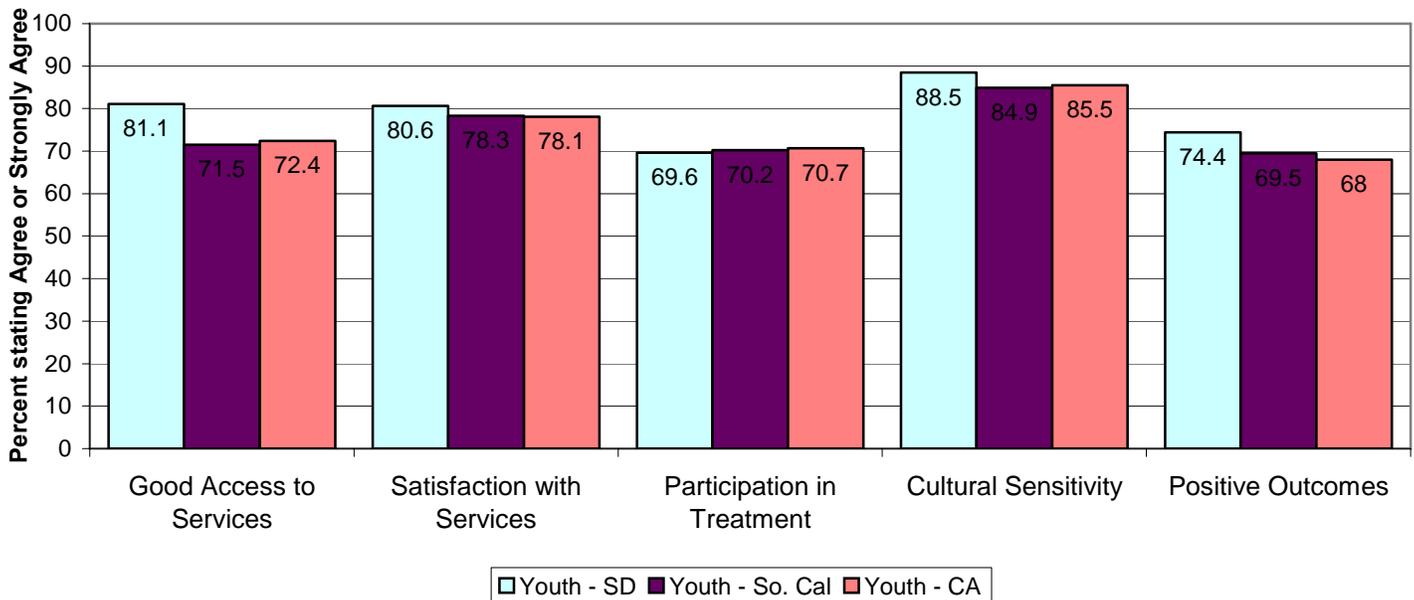
Satisfaction

The Youth results showed greater satisfaction on 4 of the 5 domains in the November 2006 and May 2007 YSS. **Youth in San Diego County consistently rated their satisfaction with Participation in Treatment lower than youth in the state or Southern California.** A similar pattern was also seen in the FY04-05 and FY05-06 YSS data.

November 2006 YSS Results – Youth Survey



May 2007 YSS Results – Youth Survey



Family-Centered Behavior Scale (FCBS)

One principle of the San Diego County System of Care is that services be family centered, which is defined as the “service delivery, service planning, program, and policy development includ[ing] the full participation of families/care-givers and their children/youth.” To examine the integration of this principle into services, beginning January 1st, 2005, families receiving services completed the **Family-Centered Behavior Scale (FCBS)** every six months, as well as at discharge.

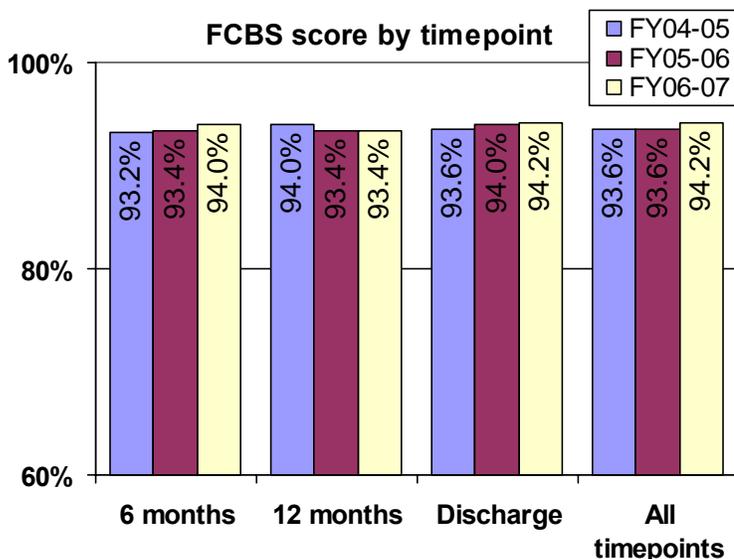
In the FCBS, parents rate staff behavior on a Likert-type scale ranging from 1 (never performs the behavior) to 5 (always performs the behavior). The measure addresses three elements of family-centered service delivery:

- 1) recognizing the key role of the family for children receiving mental health services,
- 2) maximizing the decision-making role of families and
- 3) using and building upon the strengths of families.

A copy of the FCBS is available at www.casrc.org/projects/SOCE/des.htm.

Overall, **the results on the FCBS are very positive and similar to the results for the previous 2 years.**

- 3,494 FCBS forms were completed in FY06-07.
- At six months of service, the average score was 4.70, or 94.0%.
- After one year in service, families were giving the staff a rating of 4.67, or 93.4%
- At discharge, the rating was 4.71, or 94.2%.



These scores fall in between “most of the time” and “always” on the frequency of performing family-centered behaviors, indicating that families feel services are typically family-centered.

The average rating across all FCBS forms completed in FY06-07 was 4.71, or 94.2%, a slight increase over the 2 previous fiscal years.

Caregiver Feedback on Services

The YSS also allows for caregivers to respond to open-ended questions regarding their service experience. Along with a general comment space, two specific questions are asked. Many caregivers take the time to answer these questions, and often give very specific feedback on the services they and their child have received, including identifying staff within the programs. Preliminary information is presented below on the Caregiver comments from the May 2007 YSS; 765 caregivers (36.9% of 2,071 Caregiver surveys turned in) submitted comments.

Question 1: What is the most helpful thing about the services you and your child received over the past 6 months?

- **30.5%** **Concrete Therapy Related Issues** (specific therapy components, talking with therapist, resources available, medication management, etc)
- **23.4%** **Positive Behavioral Changes in Child** (Improved communication, behavior, academic performance, self-esteem, ability to cope, etc)
- **16.2%** **Staff are Helpful and Supportive** (program staff in general, or therapist specifically)
- **11.7%** **Specific Skills or Tools** (parenting skills, behavior management techniques, coping strategies, etc)
- **8.7%** **Therapist's Behavior and Attitude**
- **6.9%** **Collaboration with the Schools** (services provided at school, communication with school)
- **2.6%** **Assistance with Family and Youth Needs**

Question 2: What would improve services here?

- **18.7%** **Administrative / Front Office Issues** (telephone messages delivered, phone answered, receptionists available to assist, waiting area improvements)
- **18.7%** **Concrete Therapy Related Issues** (increased expectations from therapist, more attention to youth and family partner needs, more attention to education needs)
- **15.4%** **More Scheduling Options** (more weekend and evening appointments, longer counseling sessions, more frequent sessions)
- **15.0%** **Specific Treatment Approaches** (Regular progress reports to caregivers, more contact with family, involve family in treatment, more family sessions, especially for teens)
- **8.0%** **Staffing Change and Levels** (decreased staff turnover, increased staff numbers)
- **7.9%** **Better and/or Increased Communication between Therapist and Family**
- **6.0%** **Location closer to client's home**
- **6.0%** **Miscellaneous** (better parking at program, access to coffee and soda, changes to the YSS process)
- **4.3%** **Better and/or Increased Communication between Therapist and School**

Caregiver Feedback on Services

The large majority of the Caregiver comments are positive. Below are some quotes from the Caregiver Comments pages in the May 2007 YSS. Identifying information has been removed.

“My son has been through a lot and ever since we came here, [Staff name] has really helped him open up his emotions. Now he is able to talk to me and tell me his feelings”

“[Client name] is coping better. The suicidal thoughts are not prominent. She’s smiling and laughing again. She’s starting to open up”

“With all that my daughter has been through, I feel this has been the best school in helping her cope with her situations. The staff really take care of what needs to be done when she starts acting up and misbehaving. I have seen a change in her attitude since she started attending [program name]”

“On-going therapy for my son and I. All the different ideas and recommendations that we received. Availability of the therapist at any time. Everything was convenient to my family in a very timely manner with a big improvement emotionally for the family”

“It has taught me how to better communicate with my child. [Staff name] has given me valuable tools to use when a problem arises”

“He is finally making social progress. He looks forward to school and is making plans for this future. His depression has decreased and he is maturing”

“He does not get angry all the time. Now when he gets angry, he goes to his room then calms himself down for a few minutes or more”

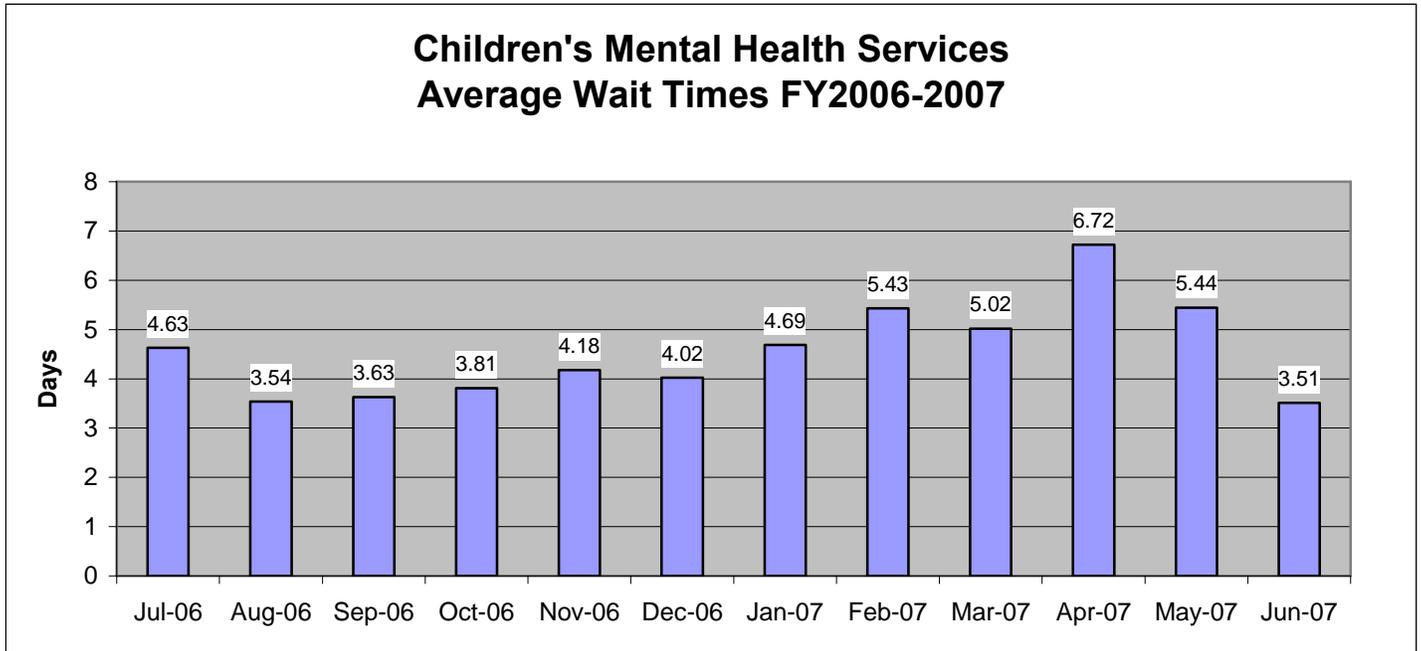
“The on-on-one meetings with each member of the team made the whole family feel involved. This is a wonderful program. Getting down to the root of the problem and giving the tools needed to help”

“The services provided here saved my child’s life – What more can I say?”

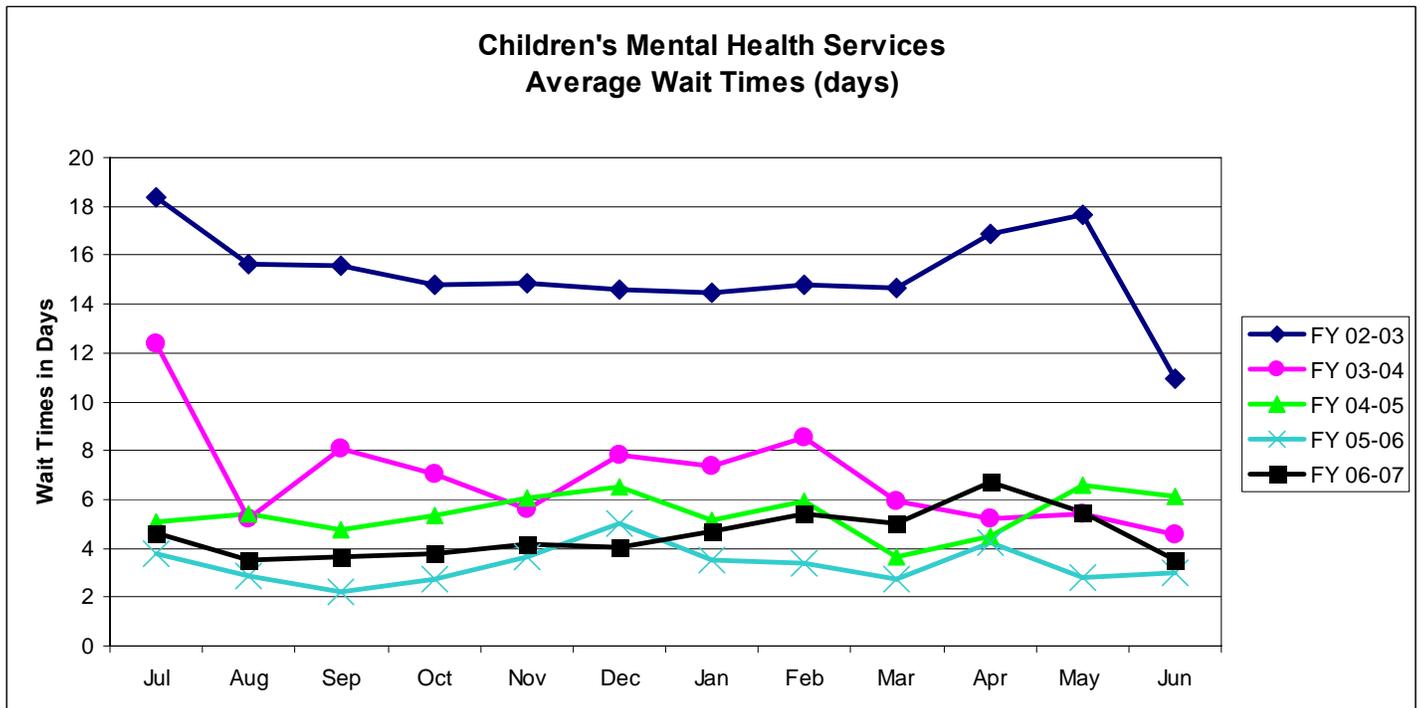


Wait times

- In FY06-07, children waited an average of **4.56 days** to receive services.



- Wait times have decreased 70% since FY02-03 and the goal of a wait time of less than 5 days has been met.



Appendices

Appendix A	Glossary of Terms
Appendix B	Service Utilization by Children with Open Child Welfare Cases
Appendix C	Service Use by Youth Receiving Special Education Services
Appendix D	Service Utilization by Children active to the Probation sector
Appendix E	Examination of Primary Diagnosis by Client Characteristics
Appendix F	Detailed Service Utilization Data Tables
Appendix G	Description of Clients by Service Type

Appendix A: Glossary of Terms

- **Assessment** includes intake diagnostic assessments and psychological testing.
- **Case management services** can be provided in conjunction with other services or they can be a stand-alone service that “connects” children, youth and families to the services they need, monitors their care, and oversees the components of care provided to the child and family. “Intensive” case management services are a combination of several modes, with services being focused on the home and family in a “wraparound” model. These services may be short-term or long-term in nature. The goal of these services is to keep children and adolescents in a home setting with services “wrapped” around the home, rather than sending children into residential treatment settings.
- **Collateral services** include family therapy, case consultations, teacher or other professional consultations, attendance at IEP meetings or any other conversations related to the client and treatment plan.
- **Crisis services** include crisis intervention services provided by the programs or at the Emergency Screening Unit.
- **Emergency Screening Unit (ESU)** provides crisis intervention, emergency screening services and crisis stabilization services (up to 24 hours) for children and adolescents throughout the entire 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.
- **Inpatient services** are delivered in hospitals.
- **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 the County. Juvenile Forensic Services provides assessment, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court. 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.
- **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.
- **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, 2006. 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 category includes diagnoses such as Pervasive Developmental Disorder (PDD), Asperger’s Syndrome, Paraphilia, Reactive Attachment Disorder, elimination disorders, and eating disorders. Only one primary diagnosis was indicated per client for these analyses.

- **Rehabilitative day treatment services** are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on skill building and behavioral adjustments.
- **Residential services** are divided in the way they are funded, with Child Welfare providing the funding for “room and board” and Mental Health providing the funding for treatment services through either an outpatient mode or a day treatment mode “patched” on to the “room and board” funding.
- **Therapeutic Behavioral Services (TBS)** include services conducted by paraprofessionals to assist youth in obtaining functional skills in the community, and are provided by programs with a TBS contract.
- **Therapy** includes individual and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18-25) who received mental health services through CMHS providers.

Appendix B: Service Utilization by Children with Open Child Welfare Cases

One area of interest to the San Diego County System of Care is the overlap between the mental health and child welfare sectors. It is well documented that children involved in the Child Welfare System (CWS) are an especially vulnerable population with studies estimating that over 40% of these children have significant emotional and behavioral health needs. These children have often experienced long-term abuse and/or neglect, which can have traumatic effects on children and require appropriate treatment.

To examine the Child Welfare – Mental Health overlap in San Diego County, a dataset containing a list of all children who had open Child Welfare cases during FY06-07 was obtained and compared to the CMHS dataset. In FY05-06, 23.4% of youth receiving mental health services also had an open Child Welfare case during the year. Looking at it from the Child Welfare perspective, 28.7% of youth with open Child Welfare cases in FY06-07 also received CMHS services during the year.

4043 clients, or **23.4%** of all CMHS clients, were also open to the Child Welfare System in FY06-07.

<u>Age:</u>	<u>N</u>	<u>%</u>
0-5:	899	22.2%
6-11:	1266	31.3%
12-17:	1797	44.4%
18+:	81	2.0%

<u>Gender:</u>	<u>N</u>	<u>%</u>
Female:	1942	48.0%
Male:	2101	52.0%
Unknown:	0	0.0%

<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>
White:	1086	26.9%
Hispanic:	1692	41.9%
Black:	813	20.1%
Asian/ PI:	99	2.4%
Native Am.:	40	1.0%
Other:	313	7.7%

<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
ADHD:	365	9.8%
Oppositional / Conduct:	540	14.5%
Depressive disorders:	583	15.6%
Bipolar disorders:	180	4.8%
Anxiety disorders:	322	8.6%
Adjustment disorders:	1032	27.7%
Schizophrenic disorders:	19	0.5%
Other:	612	16.4%
Excluded:	76	2.0%

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

Therapy:	61.8%	1036.2 (680.0)
Collateral:	48.2%	555.6 (177.0)
Crisis Services:	6.7%	392.2 (200.0)
Medication Support:	30.9%	363.7 (195.0)
Case Management / Rehab:	25.4%	1197.0 (280.5)
Assessment:	74.8%	235.6 (180.0)
TBS:	2.7%	5308.9 (4528.0)

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

Day Treatment:	26.7%	68.2 (31.0)
Crisis Stabilization:	2.2%	1.5 (1.0)
Inpatient:	4.4%	22.2 (8.0)

Appendix C: Service Use by Youth Receiving Special Education Services

A goal of the San Diego County Children's System of Care is to remove mental health barriers that affect success in school. Children with mental health issues may have difficulties in school, especially if their mental health condition impacts on their school attendance and performance. Many such children become involved in the Special Education system in their local school district, and a large percentage of these children are eligible for special education services under the Emotional Disturbance category.

The **Education definition of Emotional Disturbance (ED)** is as follows: a condition exhibiting one or more of the following characteristics, over a long period of time and to a marked degree, that adversely affects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feeling under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

A student needs to meet only **one** of the five criteria of the definition of ED to be classified as ED and eligible for special education services.

Using a dataset obtained through the six San Diego County Special Education Local Plan Areas (SELPA) of all children receiving special education services, and identifying a subset receiving services under the ED eligibility category, an examination was made of those children served by CMHS during FY06-07.

6085 clients, or **35.3%** of all CMHS clients, were also open to Special Education services in FY06-07. **1738** clients, or **10.1%** of all CMHS clients, were open to Special Education services under the Emotional Disturbance (ED) category in FY06-07. Data on both groups are presented below.

	CMHS & Special Education		CMHS & Emotionally Disturbed	
	N	%	N	%
Age:				
0-5:	367	6.0%	6	0.3%
6-11:	1929	31.7%	359	20.7%
12-17:	3582	58.9%	1294	74.5%
18+:	207	3.4%	79	4.5%
Gender:				
Female:	1762	29.0%	486	28.0%
Male:	4323	71.0%	1252	72.0%
Race/Ethnicity:				
White:	1994	32.8%	743	42.8%
Hispanic:	2607	42.8%	528	30.4%
Black:	1032	17.0%	373	21.5%
Asian/ PI:	124	2.0%	30	1.7%
Native Am.:	39	0.6%	11	0.6%
Other:	288	4.8%	53	3.0%

Primary Diagnosis:	CMHS & Special Education		CMHS & Emotionally Disturbed	
	N	%	N	%
ADHD:	1348	25.5%	379	23.7%
Oppositional/Conduct:	1037	19.7%	363	22.7%
Depressive:	884	16.8%	285	17.9%
Bipolar:	509	9.6%	326	20.4%
Anxiety:	414	7.8%	115	7.2%
Adjustment:	557	10.6%	41	2.6%
Schizophrenic:	64	1.2%	37	2.3%
Other:	358	6.8%	41	2.6%
Excluded:	106	2.0%	9	0.6%

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

	CMHS & Special Education		CMHS & Emotionally Disturbed	
	%	Mean (Median)	%	Mean (Median)
Therapy:	77.2%	999.0 (685.0)	73.3%	1156.6 (857.5)
Collateral:	63.5%	703.1 (310.0)	72.5%	999.6 (429.0)
Crisis Services:	8.3%	315.1 (180.0)	15.1%	363.8 (200.0)
Medication Support:	43.7%	297.6 (175.0)	59.6%	380.8 (244.0)
Case Management / Rehab:	33.6%	1237.8 (275.0)	52.0%	1559.7 (611.0)
Assessment:	59.2%	294.7 (209.0)	58.8%	409.0 (290.0)
TBS:	2.6%	5127.7 (4344.0)	5.0%	5294.5 (4500.0)

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

	CMHS & Special Education		CMHS & Emotionally Disturbed	
	%	Mean (Median)	%	Mean (Median)
Day Treatment:	13.7%	85.9 (66.0)	26.6%	95.7 (81.5)
Crisis Stabilization:	2.4%	1.4 (1.0)	5.0%	1.5 (1.0)
Inpatient:	4.9%	19.9 (8.0)	9.3%	24.3 (9.0)

Appendix D: Service Utilization by Children active to the Probation sector

To examine the overlap between the Children’s Mental Health System and the Probation System in San Diego County, a dataset containing a list of all children who had open Probation cases during FY06-07 was obtained and compared to the CMHS dataset. In FY06-07, 15.1% of youth receiving mental health services also had an open Probation case during the year. Looking at it from the Probation perspective, 30.8% of youth with open Probation cases in FY06-07 also received CMHS services during the year.

2,613 clients, or **15.1%** of all CMHS clients, were also open to the Probation System in FY06-07.

<u>Age:</u>	<u>N</u>	<u>%</u>	<u>Primary Diagnosis*:</u>	<u>N</u>	<u>%</u>
0-5:	0	0.0%	ADHD:	145	14.1%
6-11:	27	1.0%	Oppositional / Conduct:	380	37.1%
12-17:	2492	95.4%	Depressive disorders:	252	24.6%
18+:	94	3.6%	Bipolar disorders:	101	9.9%
			Anxiety disorders:	31	3.0%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Adjustment disorders:	67	6.5%
Female:	595	22.8%	Schizophrenic disorders:	15	1.5%
Male:	2018	77.2%	Other:	22	2.1%
Unknown:	0	0.0%	Excluded:	12	1.2%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>			
White:	560	21.4%			
Hispanic:	1249	47.8%			
Black:	478	18.3%			
Asian/ PI:	80	3.1%			
Native Am.:	10	0.4%			
Other:	236	9.0%			

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

Therapy:	91.9%	528.5 (275.0)
Collateral:	58.3%	401.3 (120.0)
Crisis Services:	9.7%	289.9 (90.0)
Medication Support:	30.3%	302.3 (145.00)
Case Management / Rehab:	15.2%	1222.1 (202.5)
Assessment:	26.7%	307.9 (210.0)
TBS:	0.9%	5185.3 (2861.0)

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

Day Treatment:	11.9%	66.3 (49.0)
Crisis Stabilization:	2.4%	1.4 (1.0)
Inpatient:	3.6%	15.2 (7.0)

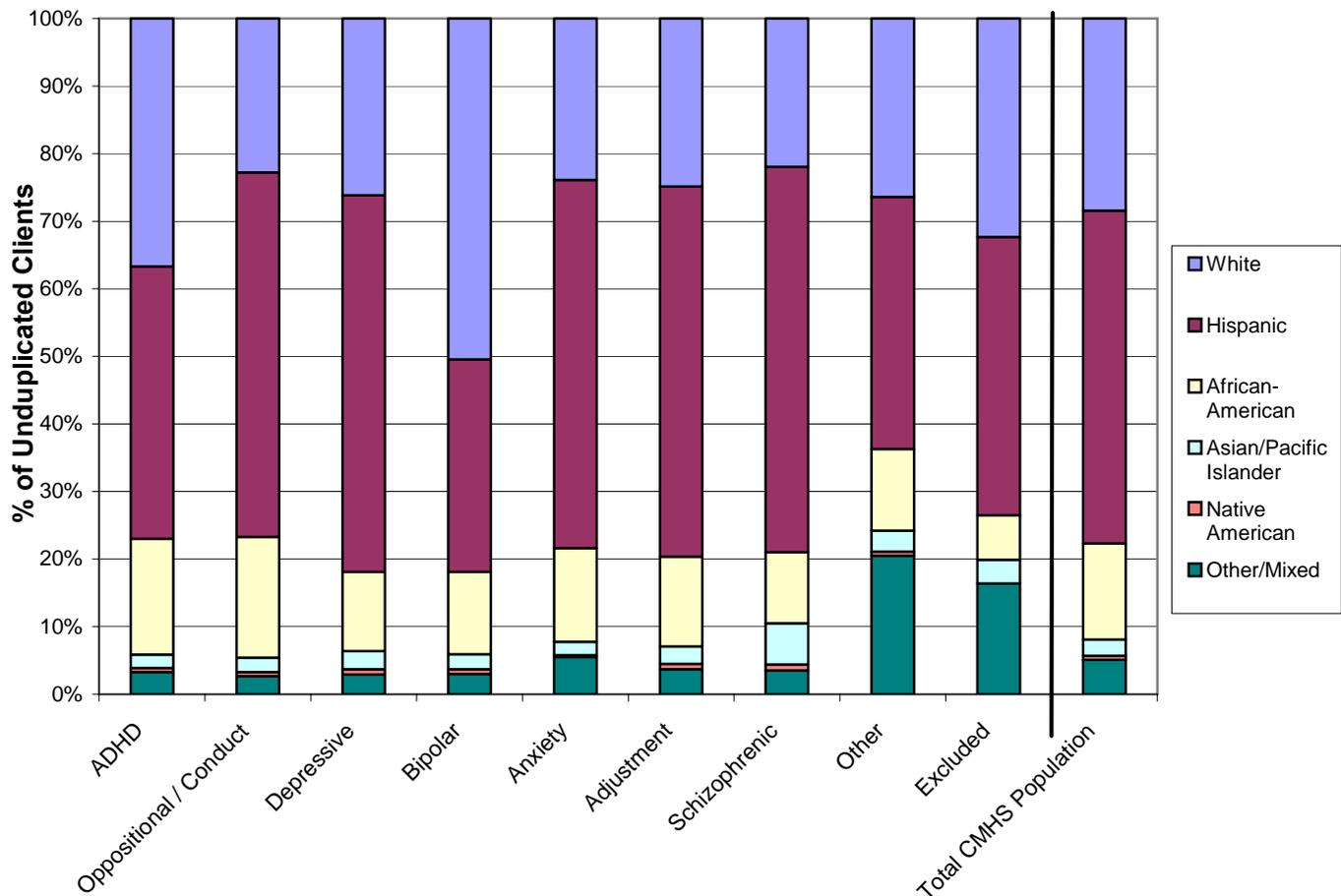
*Note: Primary diagnosis information is not available on youth served solely through JFS and Spectrum programs.

Appendix E: Examination of Primary Diagnosis by Client Characteristics

The diagnosis categories are examined by race/ethnicity in **Figure E.1**. The racial/ethnic breakdown for the total CMHS sample is displayed on the far right for comparison purposes. There are significant differences in the distribution of diagnoses by racial/ethnic groups, with a large difference seen in the Bipolar disorders: over 50% of youth diagnosed with Bipolar disorder are White, although White clients compose less than 30% of the total CMHS population. These results are similar to the patterns seen in the past four years, indicating that the distribution is consistent over time.

Although there is limited research on the racial/ethnic differences in the mental health diagnoses of children, several research studies have shown differences in mental health diagnosis along racial / ethnic lines. One of the most consistent findings is that African American youth tend to be more often diagnosed with disruptive behavior disorders.¹ In addition, several studies, including a Veterans Administration study involving over 100,000 veterans, have found that African-Americans are underdiagnosed with Bipolar disorders.²

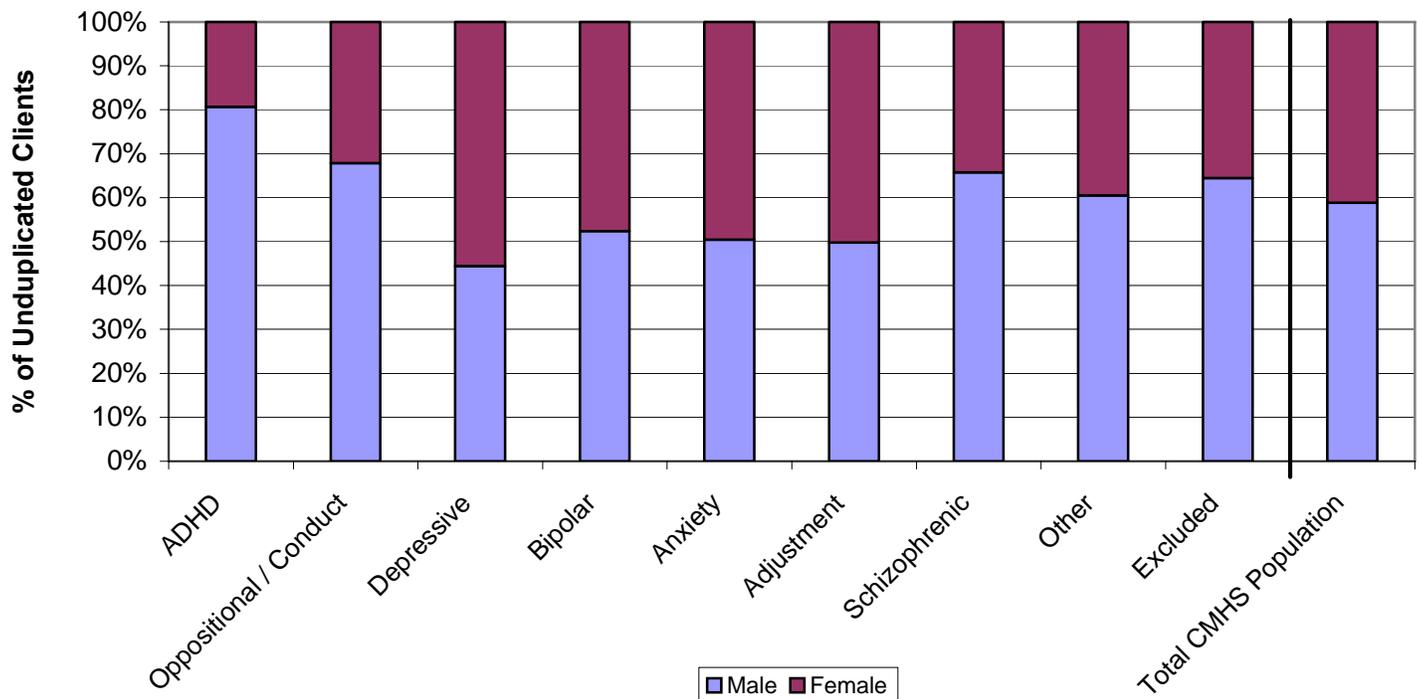
Figure E.1: Diagnosis by Race/Ethnicity



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

Research has demonstrated some gender differences in the mental health diagnoses of children. ADHD is more likely to be recognized in boys, who tend to exhibit externalizing symptoms (i.e. disruptive behavior), than in girls, who are more likely to exhibit internalizing symptoms (i.e. inattentive behavior),³ and gender has been acknowledged as a barrier to appropriate diagnosis in ADHD.⁴ Research has shown that, across cultures, males are more likely to have externalizing problems than females.⁵ In addition, depression is more prevalent in women than in men.^{6,7}

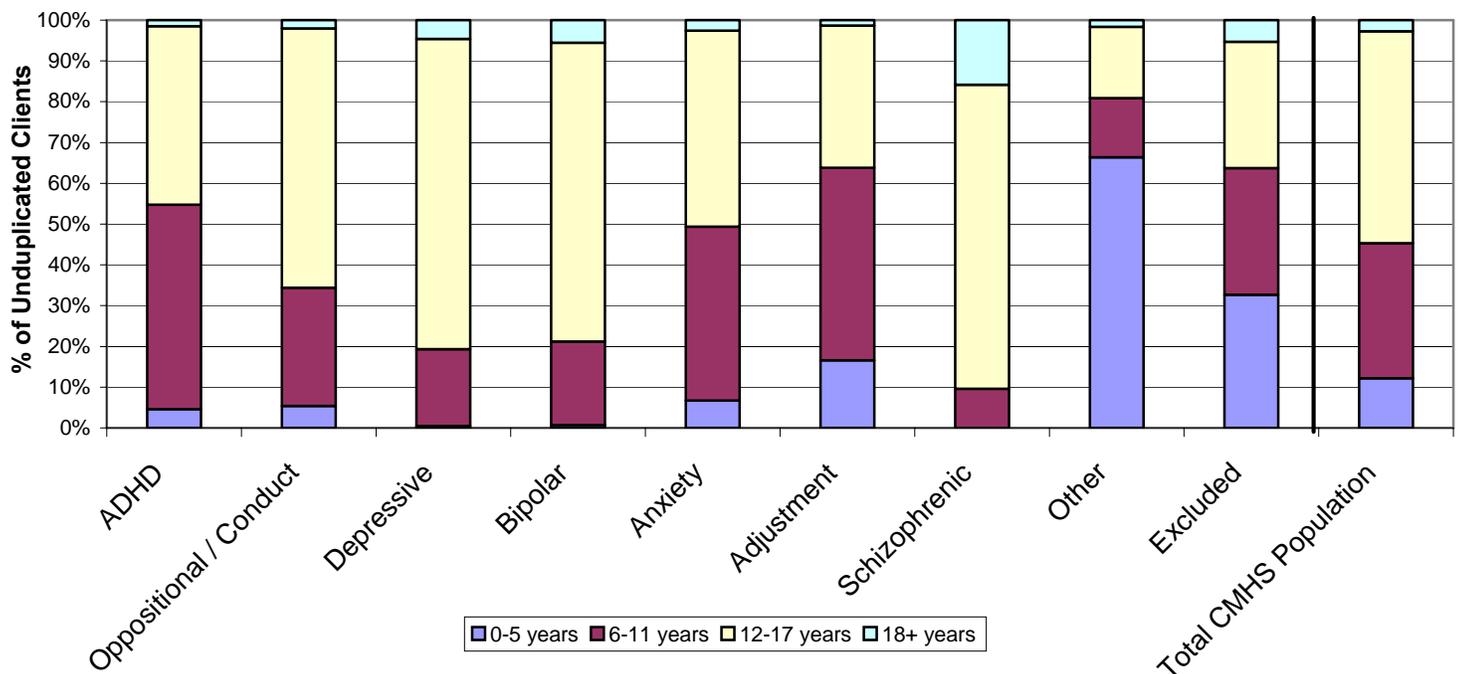
Figure E.2: Primary Diagnosis by Gender



When diagnoses are examined by age, significant differences are present (**Figure E.3**). Young children (age 0-5) are being diagnosed with Title 9 excluded diagnoses and diagnoses that fall in the Other category at a markedly higher rate, compared to other age ranges. Elementary age children (age 6-11) are presenting most often with ADHD, anxiety, and adjustment disorders, while schizophrenic, depressive, and bipolar disorders are predominately diagnosed in adolescents. Finally, youth, ages 18 and older, who continue to be served through CMHS are most likely to have a diagnosis of schizophrenia. These patterns are also consistent with those found in previous years.

These results are consistent with national data on the onset of mental health disorders. The median age for onset of ADHD is 7 years, while the median age of onset for an anxiety disorder is age 11.⁸ Schizophrenia often first appears in men in their late teens or early twenties, while women are generally affected in their twenties or early thirties.⁹ Symptoms of many mental health disorders begin in childhood and adolescence, resulting in calls for increased prevention and early intervention efforts for children.

Figure E.3: Primary Diagnosis by Age



Diagnoses were also examined by **funding source**, which was determined for each client. Medi-Cal status was coded for fee-for-service and organizational providers through service procedure codes. **Overall, 84.8% of youth with a valid diagnosis received Medi-Cal-funded services during the year.** Youth may also receive services through Assembly Bill (AB) 2726, a state-mandated program intended to serve children and youth 3 to 22 years of age receiving special education services who require mental health services in order to benefit from their educational program. AB2726 status was coded if any visit record for the client contained an AB2726 procedure code. **13.0% of youth with a valid diagnosis received services through AB2726 in FY0506.**

Examination of Medi-Cal and AB2726 service use by primary diagnosis shows that there are significant differences: youth in the Bipolar or Schizophrenic categories are less likely to receive services through Medi-Cal funds than other diagnostic groups, and more likely to receive services through AB2726.

In summary, the distribution of diagnoses in the FY06-07 CMHS sample, as well as the relationship of diagnoses with race/ethnicity, gender, and age, is very similar to those found over the past 4 years. This would indicate that the patterns accurately reflect what is occurring in the system and that no major changes in diagnostic patterns occurred over the three year period.

Appendix F: Detailed Service Utilization Data Tables

Table F.1: Outpatient Service Utilization by Diagnosis

Blue = 50+% higher than Total Sample **Red = 50+% lower than Total Sample**

Diagnosis	Collateral			Therapy			Case Management			Assessment		
	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins
Total Sample ¹	62.5	560.7	255	73.3	1016.5	740	29.1	978.5	196	65.8	246.4	180
ADHD	65.0	704.9	360	81.6	1119.2	800	34.9	1087.4	200	55.0	288.8	200
Oppositional / Conduct	72.4	603.3	280	78.8	931.7	685	35.2	965.6	193	66.5	258.9	190
Depressive	66.3	510.3	245	78.8	1041.8	763	29.2	958.8	125	62.0	253.7	183
Bipolar	69.8	912.9	407	71.7	1116.8	820	49.5	1434.6	565	63.7	349.4	235
Anxiety	61.4	554.4	250	84.1	1015.7	800	25.2	954.2	150	62.2	253.3	180
Adjustment	65.5	165.0	15	74.1	670.5	100	22.9	215.0	120	71.0	150.0	50
Schizophrenic	62.3	664.1	220	60.5	958.4	550	41.2	1084.1	233	60.5	376.3	295
Other	26.0	553.2	290	31.0	1112.0	705	10.5	1056.9	147.5	84.6	215.3	180
Excluded	27.9	459.1	229	45.6	730.5	450	12.8	865.0	165	74.8	232.5	240

Diagnosis	Medication Support			Crisis Services			TBS		
	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins
Total Sample ¹	34.9	261.9	150	6.9	313.1	195	1.9	5149.2	4500
ADHD	53.5	251.7	165	3.8	200.3	110	2.6	5642.1	5450
Oppositional / Conduct	38.2	291.7	145	8.4	341.7	180	2.8	5016.5	4120
Depressive	38.0	222.9	135	13.5	324.7	225	1.1	5510.3	4649
Bipolar	61.1	433.7	285	12.4	395.9	215.5	5.6	5059.9	4272.5
Anxiety	30.9	243.2	135	4.4	287.5	180	2.3	4868.8	4496
Adjustment	16.4	65.0	30	2.5	150.0	120	0.4	3045.0	529
Schizophrenic	66.7	395.9	270	33.3	396.1	257.5	2.6	1738.7	1250
Other	12.9	238.5	150	1.7	259.0	152.5	0.6	5841.6	6815
Excluded	18.6	162.6	115	2.7	97.5	77.5	0.4	616.0	616.0

¹Youth with an invalid or missing diagnosis are excluded from these analyses.

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

Blue = 50+% higher than Total Sample Red = 50+% lower than Total Sample

Diagnosis	Inpatient			Day TX Intensive			Day Rehab			Crisis Stabilization		
	%	Mean Days	Median Days	%	Mean Days	Median Days	%	Mean Days	Median Days	%	Mean Days	Median Days
Total Sample ¹	4.5	15.0	7	6.0	93.2	77	8.6	45.9	14	2.3	1.3	1
ADHD	1.5	9.8	7	4.7	109.4	103.5	5.6	81.0	51	0.7	1.6	1
Oppositional/ Conduct	3.5	25.0	98	8.4	83.4	64	10.9	49.9	24.5	2.8	1.3	1
Depressive	10.8	8.7	6	5.6	72.8	56.5	8.6	70.8	35	5.5	1.2	1
Bipolar	14.0	21.0	10	21.6	107.3	100	7.2	43.4	16	4.4	1.6	1
Anxiety	2.1	24.3	8	5.8	106.6	82	6.2	65.9	24	1.1	1.4	1
Adjustment	0.3	5.8	5.5	1.1	68.1	46	14.2	13.8	6	0.4	1.2	1
Schizophrenic	33.3	16.5	10	20.2	100.3	84	7.0	57.1	30.5	13.2	1.3	1
Other	0.8	37.8	12	3.8	106.7	94	1.8	10.4	9	0.4	1.6	1
Excluded	0.9	18.0	18	1.3	84.7	104	1.8	68.3	43	0	---	---

¹Youth with an invalid or missing diagnosis are excluded from these analyses.**Table F.3: Outpatient Service Utilization by Race/Ethnicity**

Blue = 50+% higher than Total Sample Red = 50+% lower than Total Sample

Race/ Ethnicity	Collateral			Therapy			Case Management			Assessment		
	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins
Total Sample ¹	62.5	560.7	255	73.3	1016.5	740	29.1	978.5	196	65.8	246.4	180
White	57.1	589.9	274	75.4	963.3	600	26.9	1077.1	245	57.6	251.2	180
Hispanic	59.7	466.7	204	79.1	807.2	520	22.3	853.3	135	57.5	219.7	180
Black	53.6	484.3	180	77.6	787.4	500	23.2	1070.8	255	53.1	238.3	180
Asian/Pacific Islander	53.6	448.2	195	75.7	747.1	450	23.6	869.0	230	54.0	236.3	180
Native American	51.8	522.9	254	79.5	861.0	515	9.8	951.9	177	58.9	213.5	150.5
Other/Mixed	31.0	346.4	120	63.7	503.6	250	6.7	1098.2	120	50.5	187.0	180

Race/ Ethnicity	Medication Support			Crisis Services			TBS		
	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins	%	Mean Mins	Median Mins
Total Sample ¹	34.9	269.1	150	6.9	313.1	195	1.9	5149.2	4500
White	33.6	278.4	170	6.4	269.6	150	1.7	6349.3	5450
Hispanic	29.5	223.1	120	6.1	226.1	170	1.0	4403.8	3620
Black	31.7	276.2	160	8.0	311.6	168	2.3	4726.0	3565
Asian/Pacific Islander	27.1	211.4	105	8.6	264.3	145	2.1	1744.8	1105
Native American	26.8	269.0	200	6.3	142.9	85	2.7	5516.7	5945
Other/Mixed	14.5	152.5	90	3.6	206.5	80	0.5	7651.0	8001

¹Youth with a missing race/ethnicity code are excluded from these analysis

Table F.4: Restrictive Service Utilization by Race/Ethnicity**Blue = 50+% higher than Total Sample** **Red = 50+% lower than Total Sample**

Race/ Ethnicity	Inpatient			Day TX Int.			Day Rehab			Crisis Stabilization		
	%	Mean Days	Median Days	%	Mean Days	Median Days	%	Mean Days	Median Days	%	Mean Days	Median Days
Total Sample ¹	3.4	15.1	7	4.6	93.3	77	6.5	45.9	14	1.8	1.3	1
White	3.9	19.0	7	7.2	97.2	79	7.3	50.7	14	1.8	1.4	1
Hispanic	3.3	12.1	7	3.2	92.9	75	5.5	42.7	14	1.6	1.2	1
Black	3.5	12.5	7	6.4	89.8	80	10.8	45.5	17	2.7	1.3	1
Asian/Pacific Islander	4.3	36.0	5.5	3.1	82.4	61	6.2	44.7	10	3.1	1.2	1
Native American	5.4	8.0	4.5	5.4	48.5	49.5	8.9	43.9	8.5	0	---	---
Other/Mixed	2.0	16.1	7	0.9	69.3	50	2.1	46.7	14	0.7	1.8	1

¹ Youth with a missing race/ethnicity code are excluded from these analysis

Appendix G: Description of Clients by Service Type

Clients Utilizing Outpatient Services

8590 unique clients, or **49.8%** of all clients, used services from an outpatient Clinic- or School-based organizational provider in FY06-07.

<u>Age:</u>	<u>N</u>	<u>%</u>
0-5:	1283	14.9%
6-11:	2861	33.3%
12-17:	4214	49.1%
18+:	232	2.7%

<u>Gender:</u>	<u>N</u>	<u>%</u>
Female:	3402	39.6%
Male:	5143	59.90%
Unknown:	45	0.5%

<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>
White:	2085	24.3%
Hispanic:	4726	55.0%
Black:	1104	12.9%
Asian/ PI:	209	2.4%
Native Am.:	50	0.6%
Other:	416	4.8%

<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
ADHD:	1381	16.2%
Oppositional / Conduct:	1698	19.9%
Depressive disorders:	1617	18.9%
Bipolar disorders:	493	5.8%
Anxiety disorders:	578	6.8%
Adjustment disorders:	1631	19.1%
Schizophrenic disorders:	70	0.8%
Other:	973	11.4%
Excluded:	107	1.3%

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

Therapy:	76.7%	1136.7 (850.0)
Collateral:	79.3%	555.5 (264.0)
Crisis Services:	6.3%	321.5 (180.0)
Medication Support:	41.4%	255.6 (150.0)
Case Management / Rehab:	33.3%	869.6 (154.0)
Assessment:	74.7%	259.3 (187.0)
TBS:	1.9%	5148.5 (4617.0)

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

Day Treatment:	11.5%	48.2 (19.0)
Crisis Stabilization:	1.8%	1.4 (1.0)
Inpatient:	3.8%	15.9 (7.0)

Outcomes –**A. Intake and Discharge scores for all outpatient clients served in FY06-07:**

CAMS	Intake		Discharge	
	N	Mean (Median)	N	Mean (Median)
Parent CAMS	5713	53.63 (53.0)	1636	446.29 (457.0)
Youth CAMS	3528	50.89 (50.0)	977	43.04 (41.0)

Quadrants	N	Mean (Median)	N	Mean (Median)
Actively	5770	3.86 (4.0)	3499	3.93 (4.0)
School	5966	2.55 (3.0)	3549	2.98 (3.0)
Home	5985	2.86 (3.0)	3545	3.21 (4.0)
Thinking	5962	3.56 (4.0)	3546	3.66 (4.0)
Substance	5985	3.86 (4.0)	3551	3.85 (4.0)
Mood	5998	2.50 (2.0)	3556	2.86 (3.0)
Self-harm	5962	3.73 (4.0)	3549	3.86 (4.0)
Behavior to others	5992	2.64 (3.0)	3554	3.00 (3.0)

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	%
Parent CAMS	1402	68.6%
Youth CAMS	728	73.1%

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	Mean (Median)	
Parent CAMS	1402	6.20 (6.0)	37.0% of clients improved by 10+ points on Parent CAMS
Youth CAMS	728	6.25 (6.0)	34.2% of clients improved by 10+ points on Youth CAMS

Clients Utilizing Case Management Services

1795 unique clients, or 10.4% of all clients, used services from an organizational case management provider in FY06-07.

Age:	N	%
0-5:	27	1.5%
6-11:	550	30.6%
12-17:	1169	65.1%
18+:	49	2.7%

Gender:	N	%
Female:	658	36.7%
Male:	1126	62.7%
Unknown:	11	0.6%

Race/Ethnicity:	N	%
White:	798	44.5%
Hispanic:	618	34.4%
Black:	283	15.8%
Asian/ PI:	39	2.2%
Native Am.:	23	1.3%
Other:	34	1.9%

Primary Diagnosis:	N	%
ADHD:	362	21.0%
Oppositional / Conduct:	359	20.8%
Depressive disorders:	328	19.0%
Bipolar disorders:	277	16.1%
Anxiety disorders:	136	7.9%
Adjustment disorders:	143	8.3%
Schizophrenic disorders:	27	1.6%
Other:	72	4.2%
Excluded:	19	1.1%

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

Therapy:	63.2%	1224.4 (950.0)
Collateral:	76.9%	1268.2 (535.0)
Crisis Services:	10.8%	395.8 (222.5)
Medication Support:	50.5%	355.3 (232.5)
Case Management / Rehab:	87.4%	1764.0 (664.0)
Assessment:	85.2%	506.4 (435.0)
TBS:	6.3%	5005.8 (4055.0)

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

Day Treatment:	25.6%	78.2 (61.0)
Crisis Stabilization:	4.2%	1.5 (1.0)
Inpatient:	8.8%	21.9 (9.5)

Outcomes –**A. Intake and Discharge scores for all case management clients served in FY06-07:**

CAMS	Intake		Discharge	
	N	Mean (Median)	N	Mean (Median)
Parent CAMS	1007	58.68 (59.0)	325	52.73 (51.0)
Youth CAMS	786	51.13 (51.0)	194	46.23 (44.5)

Quadrants	N	Mean (Median)	N	Mean (Median)
Actively	1117	3.83 (4.0)	544	3.82 (4.0)
School	1139	2.56 (3.0)	554	2.58 (3.0)
Home	1078	2.68 (3.0)	554	2.85 (3.0)
Thinking	1141	3.44 (4.0)	554	3.44 (4.0)
Substance	1140	3.81 (4.0)	554	3.75 (4.0)
Mood	1134	2.54 (2.0)	555	2.59 (3.0)
Self-harm	1143	3.65 (4.0)	554	3.73 (4.0)
Behavior to others	1137	2.58 (2.0)	555	2.67 (3.0)

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	%
Parent CAMS	286	64.0%
Youth CAMS	157	65.6%

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	Mean (Median)	
Parent CAMS	286	4.84 (5.0)	34.3% of clients improved by 10+ points on Parent CAMS
Youth CAMS	157	5.22 (5.0)	33.1% of clients improved by 10+ points on Youth CAMS

Clients Utilizing Wraparound Services

449 unique clients, or **2.6%** of all clients, used services from an organizational wraparound services provider in FY06-07.

Age:	N	%
0-5:	2	0.4%
6-11:	140	31.2%
12-17:	286	63.7%
18+:	21	4.7%

Gender:	N	%
Female:	162	36.1%
Male:	287	63.9%
Unknown:	0	0.0%

Race/Ethnicity:	N	%
White:	174	38.8%
Hispanic:	182	40.5%
Black:	71	15.8%
Asian/ PI:	9	2.0%
Native Am.:	2	0.4%
Other:	11	2.4%

Primary Diagnosis:	N	%
ADHD:	94	20.9%
Oppositional / Conduct:	104	23.2%
Depressive disorders:	92	20.5%
Bipolar disorders:	85	18.9%
Anxiety disorders:	33	7.3%
Adjustment disorders:	17	3.8%
Schizophrenic disorders:	6	1.3%
Other:	16	3.6%
Excluded:	2	0.4%

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

Therapy:	70.8%	1270.9 (1050.0)
Collateral:	96.9%	3078.5 (2482.0)
Crisis Services:	16.9%	435.0 (275.0)
Medication Support:	66.1%	461.6 (350.0)
Case Management / Rehab:	98.7%	4056.7 (3140.0)
Assessment:	77.7%	589.4 (540.0)
TBS:	15.1%	4964.4 (4272.5)

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

Day Treatment:	32.5%	95.3 (73.5)
Crisis Stabilization:	6.9%	1.4 (1.0)
Inpatient:	13.8%	24.4 (12.0)

Outcomes –**A. Intake and Discharge scores for all wraparound clients served in FY06-07:**

CAMS	Intake		Discharge	
	N	Mean (Median)	N	Mean (Median)
Parent CAMS	351	61.20 (62.0)	163	54.05 (53.0)
Youth CAMS	249	52.31 (52.0)	87	47.77 (49.0)

Quadrants	N	Mean (Median)	N	Mean (Median)
Actively	292	3.71 (4.0)	208	3.74 (4.0)
School	301	2.37 (2.0)	210	2.60 (3.0)
Home	301	2.42 (3.0)	211	2.76 (3.0)
Thinking	300	3.27 (4.0)	212	3.39 (4.0)
Substance	300	3.75 (4.0)	211	3.72 (4.0)
Mood	297	2.36 (2.0)	212	2.59 (3.0)
Self-harm	299	3.57 (4.0)	211	3.66 (4.0)
Behavior to others	298	2.40 (2.0)	212	2.64 (3.0)

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	%
Parent CAMS	146	65.8%
Youth CAMS	69	63.8%

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	Mean (Median)	
Parent CAMS	146	6.61 (6.5)	43.2% of clients improved by 10+ points on Parent CAMS
Youth CAMS	69	4.43 (5.0)	31.9% of clients improved by 10+ points on Youth CAMS

Clients Utilizing Day Treatment Services

1962 unique clients, or 11.4% of all clients, used services from a Day Treatment provider in FY06-07.

Age:	N	%
0-5:	118	6.0%
6-11:	567	23.8%
12-17:	1314	67.0%
18+:	63	3.2%

Gender:	N	%
Female:	813	41.4%
Male:	1138	58.0%
Unknown:	11	0.6%

Race/Ethnicity:	N	%
White:	711	36.2%
Hispanic:	727	37.1%
Black:	409	20.8%
Asian/ PI:	45	2.3%
Native Am.:	16	0.8%
Other:	54	2.8%

Primary Diagnosis:	N	%
ADHD:	236	12.0%
Oppositional / Conduct:	455	23.2%
Depressive disorders:	373	19.0%
Bipolar disorders:	209	10.7%
Anxiety disorders:	135	6.9%
Adjustment disorders:	438	22.3%
Schizophrenic disorders:	30	1.5%
Other:	78	4.0%
Excluded:	7	0.4%

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

Therapy:	55.0%	987.9 (700.0)
Collateral:	67.9%	617.3 (115.0)
Crisis Services:	12.3%	430.4 (210.0)
Medication Support:	61.4%	472.5 (295.0)
Case Management / Rehab:	34.1%	1640.0 (586.0)
Assessment:	67.0%	322.0 (214.5)
TBS:	4.9%	5293.8 (4200.0)

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

Day Treatment:	88.4%	72.3 (44.0)
Crisis Stabilization:	4.4%	1.6 (1.0)
Inpatient:	8.2%	18.8 (10.0)

Outcomes –**A. Intake and Discharge scores for all day treatment clients served in FY06-07:**

CAMS	Intake		Discharge	
	N	Mean (Median)	N	Mean (Median)
Parent CAMS	971	57.18 (57.0)	340	53.89 (53.0)
Youth CAMS	900	51.23 (51.0)	221	46.63 (46.0)

Quadrants	N	Mean (Median)	N	Mean (Median)
Actively	1167	3.78 (4.0)	751	3.88 (4.0)
School	1155	2.43 (2.0)	754	2.89 (3.0)
Home	1180	2.55 (3.0)	754	2.96 (3.0)
Thinking	1186	3.43 (4.0)	757	3.54 (4.0)
Substance	1186	3.63 (4.0)	757	3.75 (4.0)
Mood	1188	2.56 (2.0)	758	2.73 (3.0)
Self-harm	1187	3.62 (4.0)	758	3.76 (4.0)
Behavior to others	1189	2.52 (2.0)	759	2.82 (3.0)

B. Percent improving between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	%
Parent CAMS	266	54.9%
Youth CAMS	171	64.9%

C. Amount of improvement between Intake and Discharge (for clients with scores at both timepoints):

CAMS	N	Mean (Median)	
Parent CAMS	266	2.31 (2.0)	26.3% of clients improved by 10+ points on Parent CAMS
Youth CAMS	171	4.47 (5.0)	32.7% of clients improved by 10+ points on Youth CAMS

Clients Utilizing Inpatient Services

593 unique clients, or **3.4%** of all clients, used services from an Inpatient provider in FY06-07.

<u>Age:</u>	<u>N</u>	<u>%</u>
0-5:	2	0.3%
6-11:	103	17.4%
12-17:	477	80.4%
18+:	11	1.9%

<u>Gender:</u>	<u>N</u>	<u>%</u>
Female:	312	52.6%
Male:	276	46.5%
Unknown:	5	0.8%

<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>
White:	179	30.2%
Hispanic:	276	46.5%
Black:	89	15.0%
Asian/ PI:	18	3.0%
Native Am.:	6	1.0%
Other:	25	4.2%

<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
ADHD:	32	5.4%
Oppositional / Conduct:	85	14.3%
Depressive disorders:	281	47.4%
Bipolar disorders:	115	19.4%
Anxiety disorders:	23	3.9%
Adjustment disorders:	8	1.3%
Schizophrenic disorders:	38	6.4%
Other:	10	1.7%
Excluded:	1	0.2%

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

Therapy:	67.3%	1130.9 (790.0)
Collateral:	64.2%	1072.2 (390.0)
Crisis Services:	54.0%	502.4 (320.0)
Medication Support:	60.2%	544.2 (345.0)
Case Management / Rehab:	46.4%	1758.4 (695.0)
Assessment:	65.1%	421.0 (290.0)
TBS:	13.7%	5488.3 (4368.0)

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

Day Treatment:	26.8%	103.9 (103.0)
Crisis Stabilization:	31.9%	1.4 (1.0)
Inpatient:	100%	15.1 (7.0)

While most children had only one inpatient stay, **23.9% of the inpatient sample had two or more episodes of care in the inpatient setting** in FY06-07 (the number of episodes ranged from 1 to 11 during FY06-07). This is especially concerning given that **55.6%** of children with two or more inpatient episodes were **readmitted to the hospital within 30 days** of the previous discharge.

Note: CAMS and Quadrants data are not collected in inpatient clients.

Youth active to both CMHS and ADS sectors

The characteristics of youth who were active to both the CMHS and ADS sectors were examined using a dataset obtained from ADS that listed all clients served during FY06-07. Being active to both sectors is an indication that they have both mental health and substance use needs serious enough to warrant treatment. Overall, **434 youth receiving CMHS services (2.5%) were also active to ADS** during the fiscal year.

Age:	N	%
0-5:	0	0.0%
6-11:	0	0.0%
12-17:	434	100.0%
18+:	0	0.0%

Gender:	N	%
Female:	144	33.2%
Male:	290	66.8%
Unknown:	0	0.0%

Race/Ethnicity:	N	%
White:	122	28.1%
Hispanic:	229	52.8%
Black:	43	9.9%
Asian/ PI:	8	1.8%
Native Am.:	5	1.2%
Other:	27	6.2%

Primary Diagnosis:	N	%
ADHD:	25	12.5%
Oppositional / Conduct:	69	34.5%
Depressive:	60	30.0%
Bipolar:	14	7.0%
Anxiety:	6	3.0%
Adjustment:	18	9.0%
Schizophrenic:	3	1.5%
Other:	2	1.0%
Excluded:	3	1.5%

Use of Outpatient Services – Percent of clients active to both CMHS and ADS sectors using service, Mean Minutes (Median minutes)

Therapy:	90.8%	627.7 (280.0)
Collateral:	61.5%	417.1 (140.0)
Crisis Services:	8.8%	170.8 (75.0)
Medication Support:	32.0%	201.2 (120.0)
Case Management / Rehab:	15.2%	1469.4 (251.5)
Assessment:	34.1%	294.9 (202.0)
TBS:	0.9%	3311.0 (2744.5)

Use of Restrictive Services – Percent of clients active to both CMHS and ADS sectors using service, Mean Days (Median Days)

Day Treatment:	12.0%	53.4 (43.0)
Crisis Stabilization:	2.3%	1.0 (1.0)
Inpatient:	3.7%	8.4 (6.5)

Dual Diagnosis Youth

282 youth who received CMHS services in FY05-06 (**1.6%** of total CMHS population) had a secondary substance abuse diagnosis entered in INSYST.

Age:	N	%
0-5:	0	0.0%
6-11:	0	0.0%
12-17:	258	91.5%
18+:	24	8.5%

Gender:	N	%
Female:	120	42.6%
Male:	160	56.7%
Unknown:	2	0.7%

Race/Ethnicity:	N	%
White:	90	31.9%
Hispanic:	146	51.8%
Black:	29	10.3%
Asian/ PI:	106	3.5%
Native Am.:	0	0.0%
Other:	7	2.5%

Primary Diagnosis:	N	%
ADHD:	10	3.5%
Oppositional / Conduct:	88	31.2%
Depressive:	101	35.8%
Bipolar:	31	11.0%
Anxiety:	4	1.4%
Adjustment:	20	7.1%
Schizophrenic:	5	1.8%
Other:	2	0.7%
Excluded:	21	7.4%

Use of Outpatient Services – Percent of clients with a dual diagnosis using service, Mean Minutes (Median minutes)

Therapy:	71.6%	928.3 (666.0)
Collateral:	77.3%	510.6 (248.0)
Crisis Services:	17.4%	310.9 (220.0)
Medication Support:	44.0%	209.2 (135.0)
Case Management / Rehab:	37.2%	981.1 (240.0)
Assessment:	69.5%	271.5 (205.0)
TBS:	1.1%	9070.7 (2806.0)

Use of Restrictive Services – Percent of clients with a dual diagnosis using service, Mean Days (Median Days)

Day Treatment:	20.9%	59.4 (45.0)
Crisis Stabilization:	6.0%	1.1 (1.0)
Inpatient:	6.7%	8.4 (6.0)

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