OUTPATIENT MENTAL HEALTH CARE



MOVING FORWARD

ABOUT OUTPATIENT MENTAL HEALTH CARE:

In our clinic-based settings, we provide care and comfort to improve health, resiliency and quality of life for children and families. After evaluation, we provide the appropriate combination of individual therapy, group therapy, family therapy, and other support services. Our approach examines the trauma history of the child and his/ her family, and also addresses all of each family member's elements — mental, social and physical — to offer the greatest opportunity for health and wellness.

DEMOGRAPHICS:

Total:	1470. 785 were new this FY; 685 continued care the previous FY	Race:	543 Hispanic 406 Black
Ages: C	614F, 856M		
	0-2 = 10		363 White
	0-2 = 10		85 Other
	3-6 = 311		54 Multiracial
	7-11 = 550		54 Mathada
	12-15 = 440		
	16-18 = 114		
	19+ = 4		

WHAT HAPPENED: The impact is best explained by examining those cases for which assessments were made at both intake and discharge ("paired data"). For various reasons, paired data is not available for all served at Clifford Beers.

- Key Finding, clinical reduction in problem severity: 71% of parents who reported their child in the clinical range at intake, identified their child in the normal range at discharge (n=30); 50% of workers reported youth in the clinical range at intake but in the normal range at discharge (n=30); 59% of youth (12 y.o.+, self reporting) agreed (n=10)
- Key Finding, clinical improvement in functioning: workers reported 37% of your in the clinical range for functioning at intake but normal at discharge (n=66); for parents, it was 58% (n=21); for youth (12 y.o.+, self reporting) it was 45% (n=5)
- <u>Key Finding, parent/caregiver capability</u>: 87% of caregivers who first reported being incapable of handling their child reported being able to handle their child at discharge (n=13)