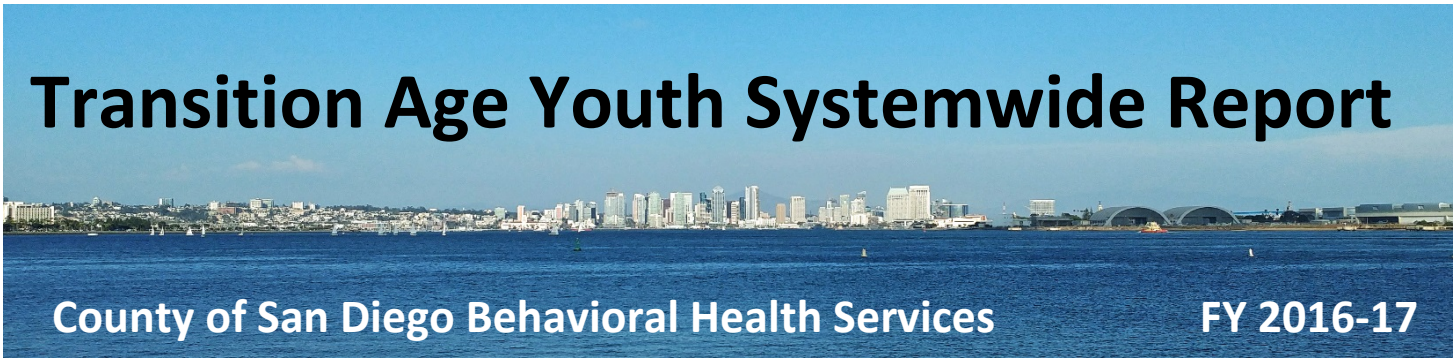
Transition Age Youth Systemwide Report



County of San Diego Behavioral Health Services FY 2016-17

Who Are Transition Age Youth?

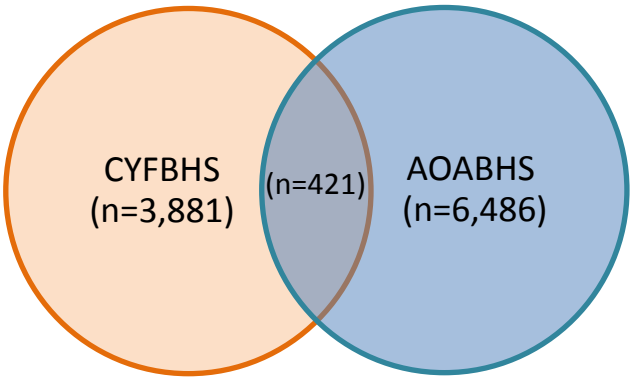
Transition Age Youth (TAY) are defined by the County of San Diego Behavioral Health Services (SDCBHS) as youth ages 16 through 25. TAY clients receive an array of services in the Children, Youth & Families Behavioral Health Services (CYFBHS) System of Care and/or in the Adult/Older Adult Behavioral Health Services (AOABHS) System of Care, including outreach, outpatient clinic services, case management, day treatment, TAY-specific services (e.g., clubhouses), 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?

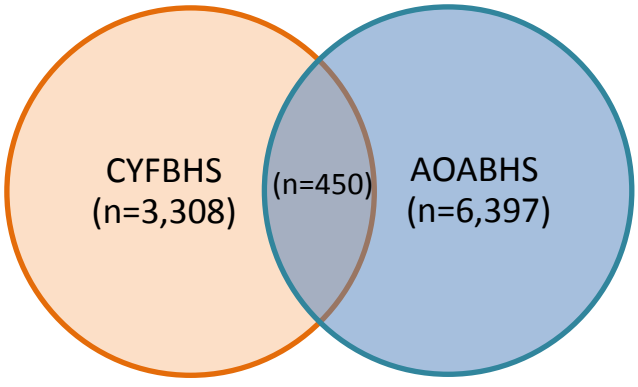
CYFBHS and AOABHS operate very differently, from types of services provided to outcomes measured. Children and adults have very distinct and at times disparate behavioral health needs, and the two systems aim to provide the most relevant services to the appropriate demographic. However, based on individual 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 clients across the systems, data were collected on all clients ages 16 through 25 served by either system.

Who Are We Serving?

In FY 2016-17, 3,308 TAY clients were served only in the CYFBHS system, 6,397 TAY clients were served only in the AOABHS system, and 450 TAY clients received services in both systems of care. Altogether, 10,155 unduplicated clients ages 16 through 25 were served by SDCBHS.



FY 2014-15 (N=10,788)

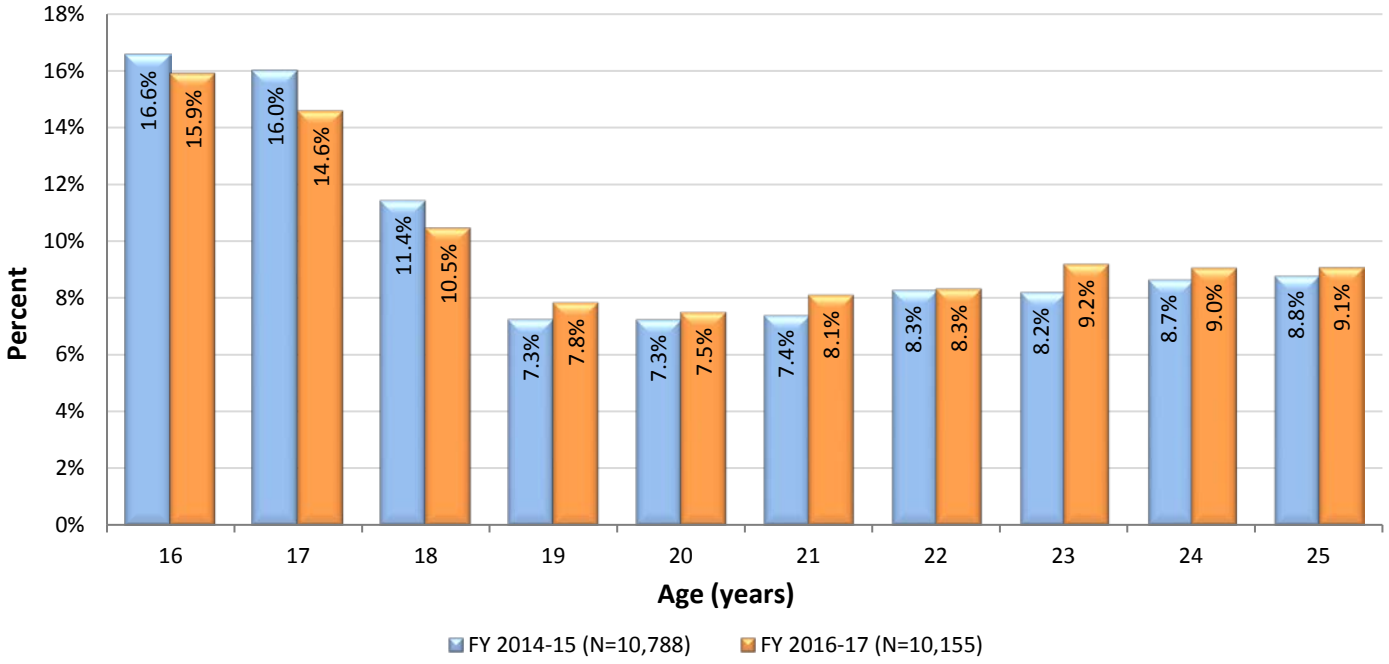


FY 2016-17 (N=10,155)

Who Are We Serving?

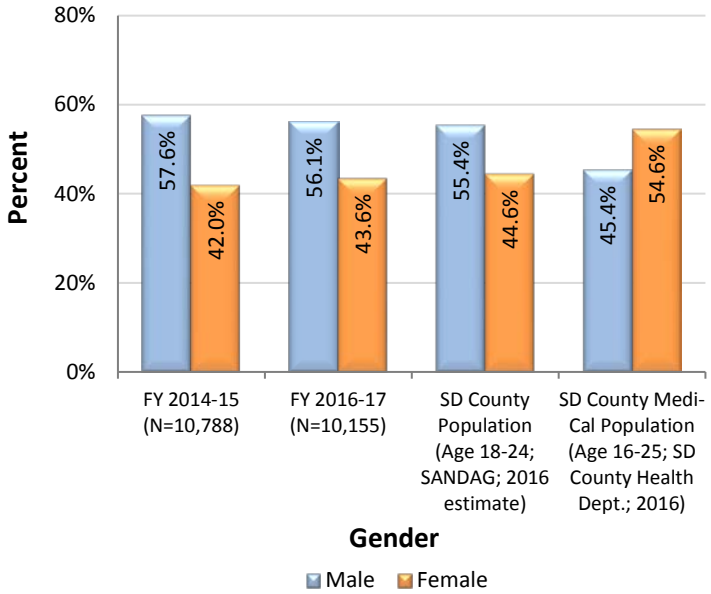
Age

The largest proportion of TAY clients in FY 2016-17 were ages 16 and 17 (16% and 15%, respectively).



Gender

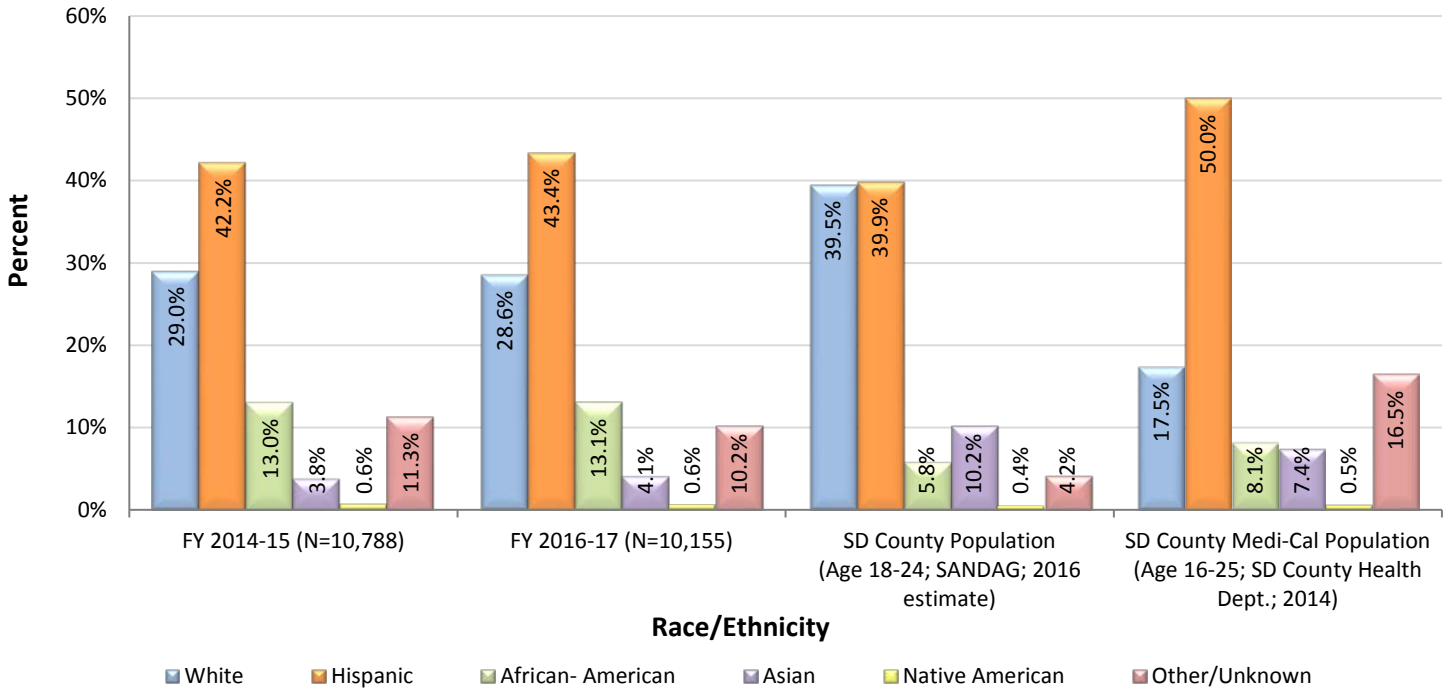
Approximately 56% of TAY clients in FY 2016-17 were male. The proportion of female clients has increased slightly since FY 2014-15.



Who Are We Serving?

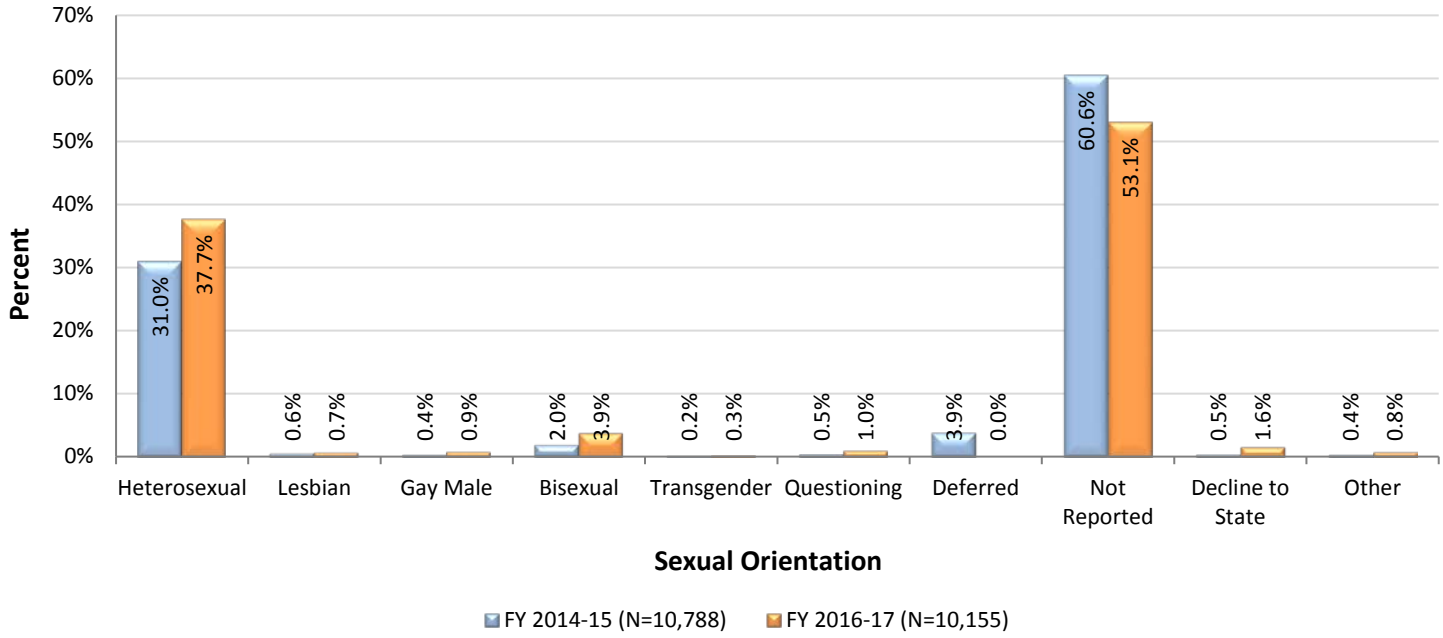
Race/Ethnicity

The largest proportion of TAY clients served in FY 2016-17 were Hispanic (43%). Distribution of race/ethnicity was more comparable to the San Diego County Medi-Cal TAY population than the San Diego County overall TAY population.



Sexual Orientation

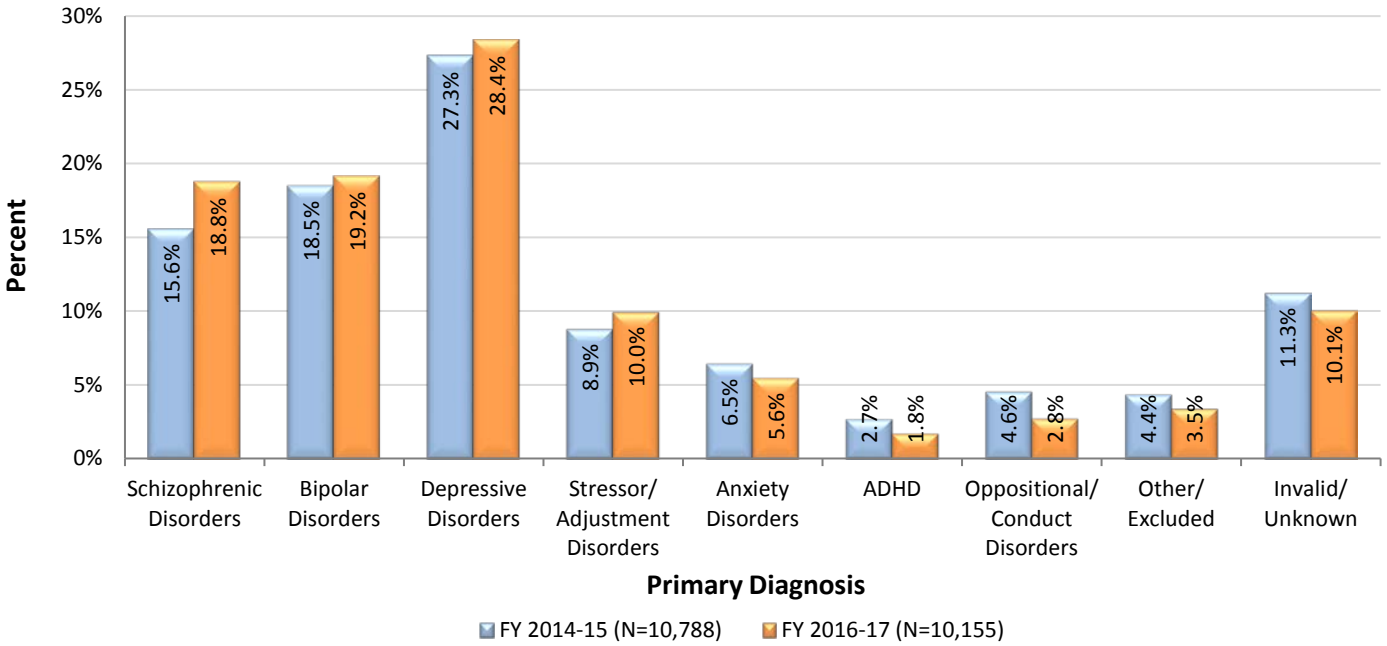
The largest proportion of TAY clients served in FY 2016-17 did not report their sexual orientation (53%). Among those reported, the majority identified as heterosexual (38%).



Who Are We Serving?

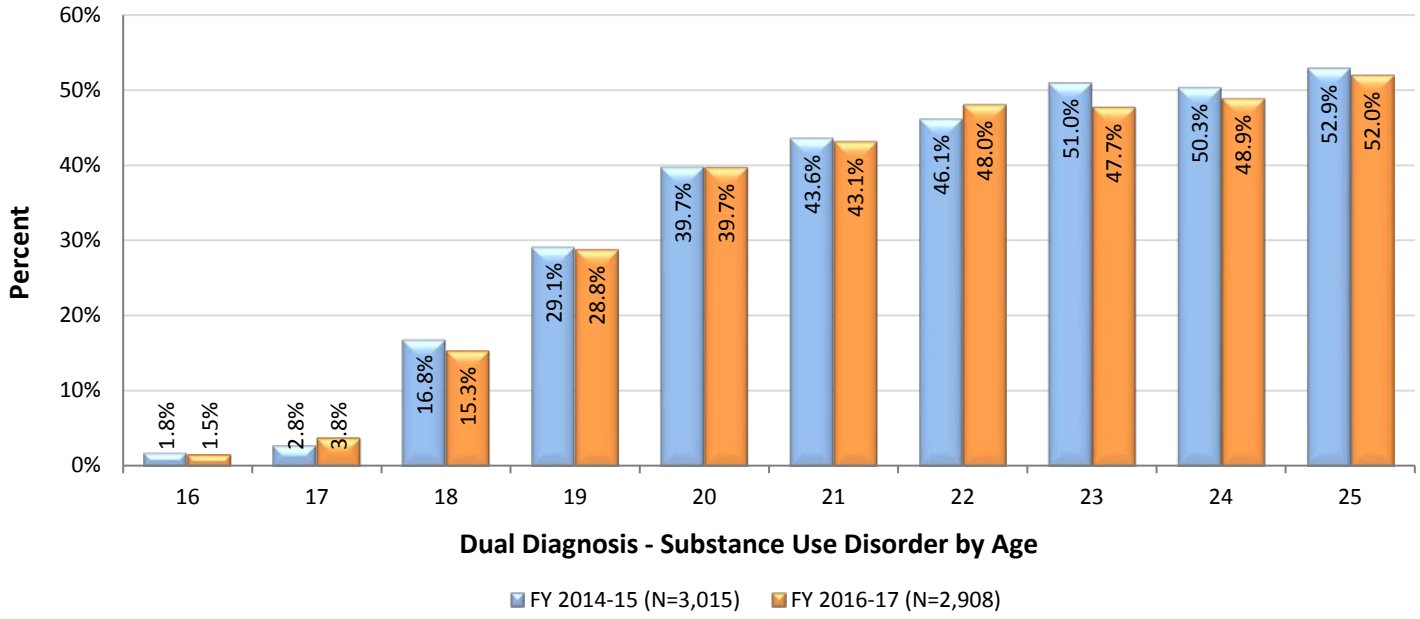
Primary Diagnosis

The three most common diagnoses among TAY clients in FY 2016-17 were Major Depression Disorders (28%), Bipolar Disorder (19%) and Schizophrenic Disorders (19%). Diagnosis was not known for 10% of TAY clients.



Dual Diagnosis

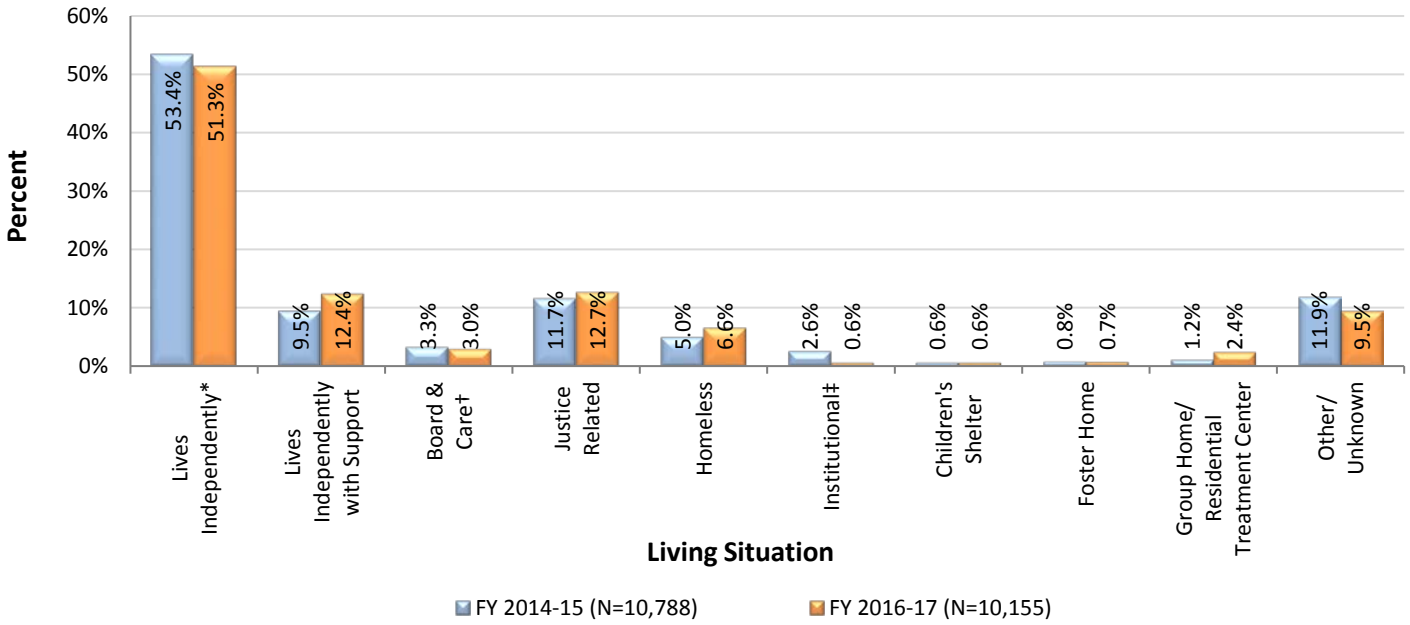
In addition to a primary diagnosis, some clients also had a diagnosis of Substance Use Disorder, reported here as "Dual Diagnosis." More than a quarter (29%) of TAY clients, and approximately half of TAY clients over the age of 21, had a dual diagnosis in FY 2016-17.



Who Are We Serving?

Living Situation

Sixty-four percent of TAY clients lived independently* at some point during FY 2016-17.



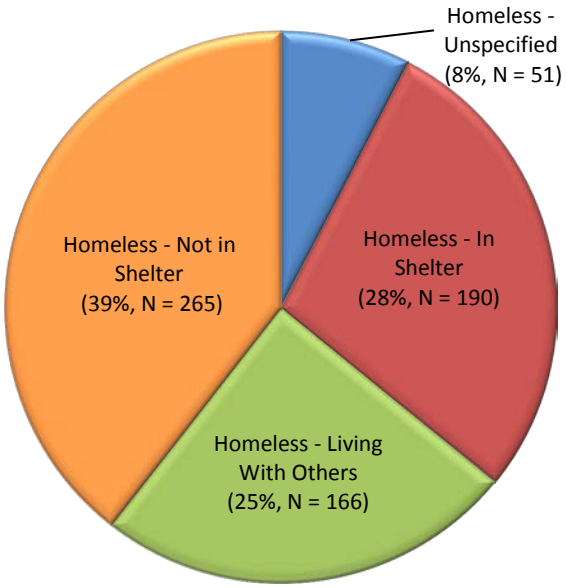
**Includes clients living with parents/family*

†Includes residential treatment centers, substance use rehabilitation centers, and group homes

‡Includes hospitals and locked facilities

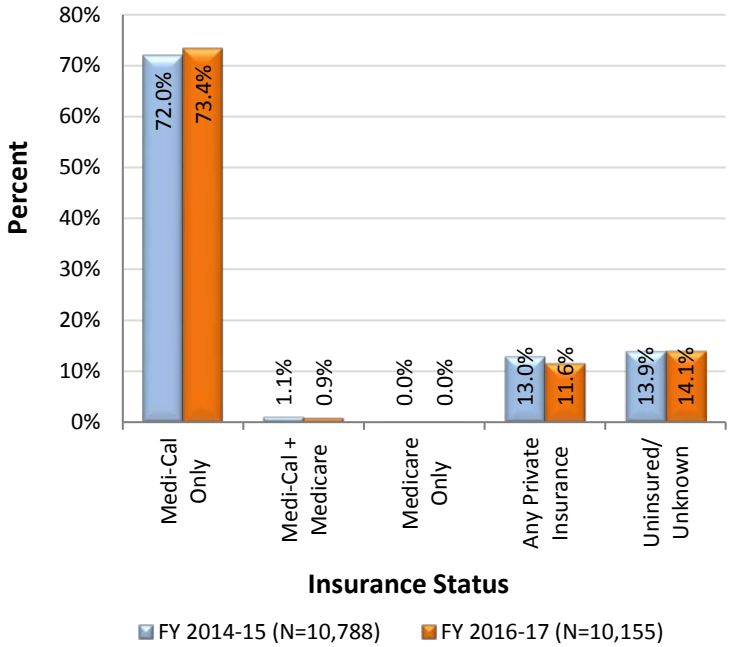
Homeless TAY (FY 2016-17)

The majority (53%) of homeless TAY were living either in shelter or with others. Eight percent of homeless TAY lived in unspecified circumstances.



Insurance Status

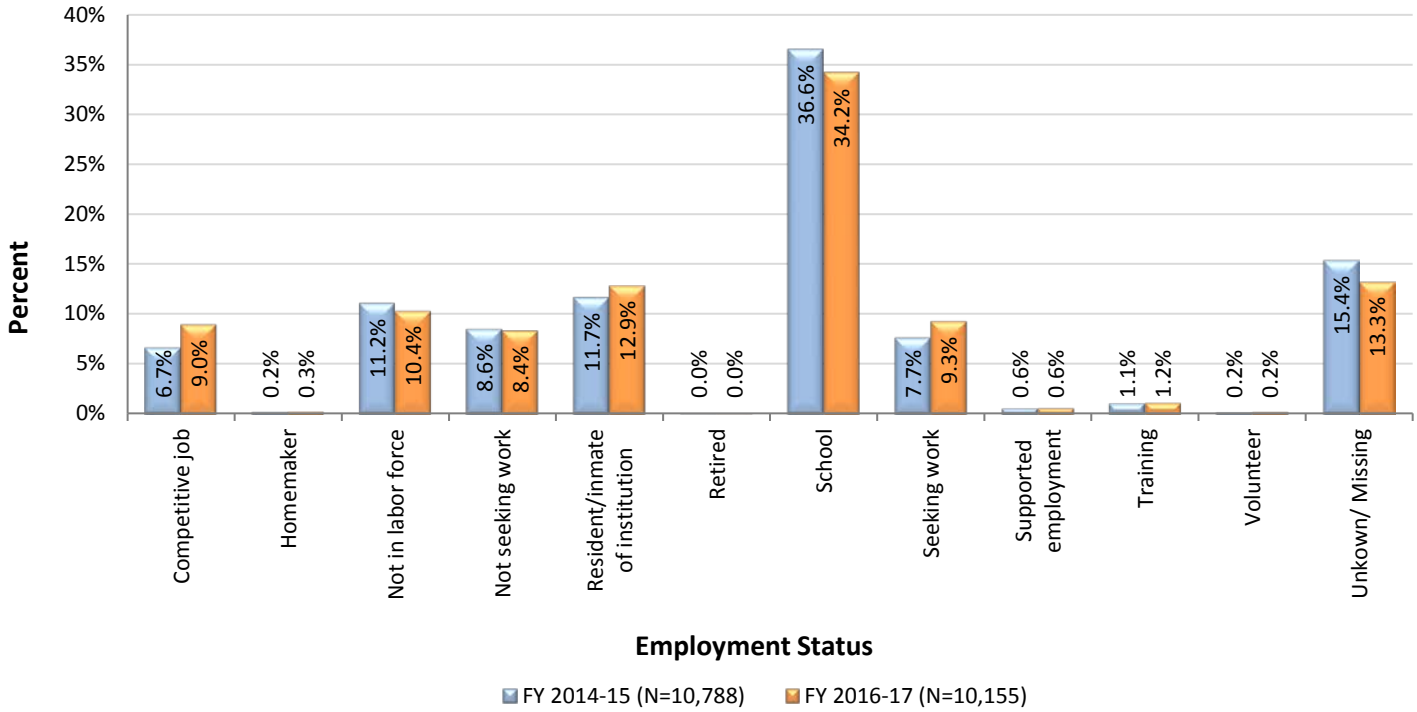
Seventy-three percent of TAY clients in FY 2016-17 were covered by Medi-Cal.



Who Are We Serving?

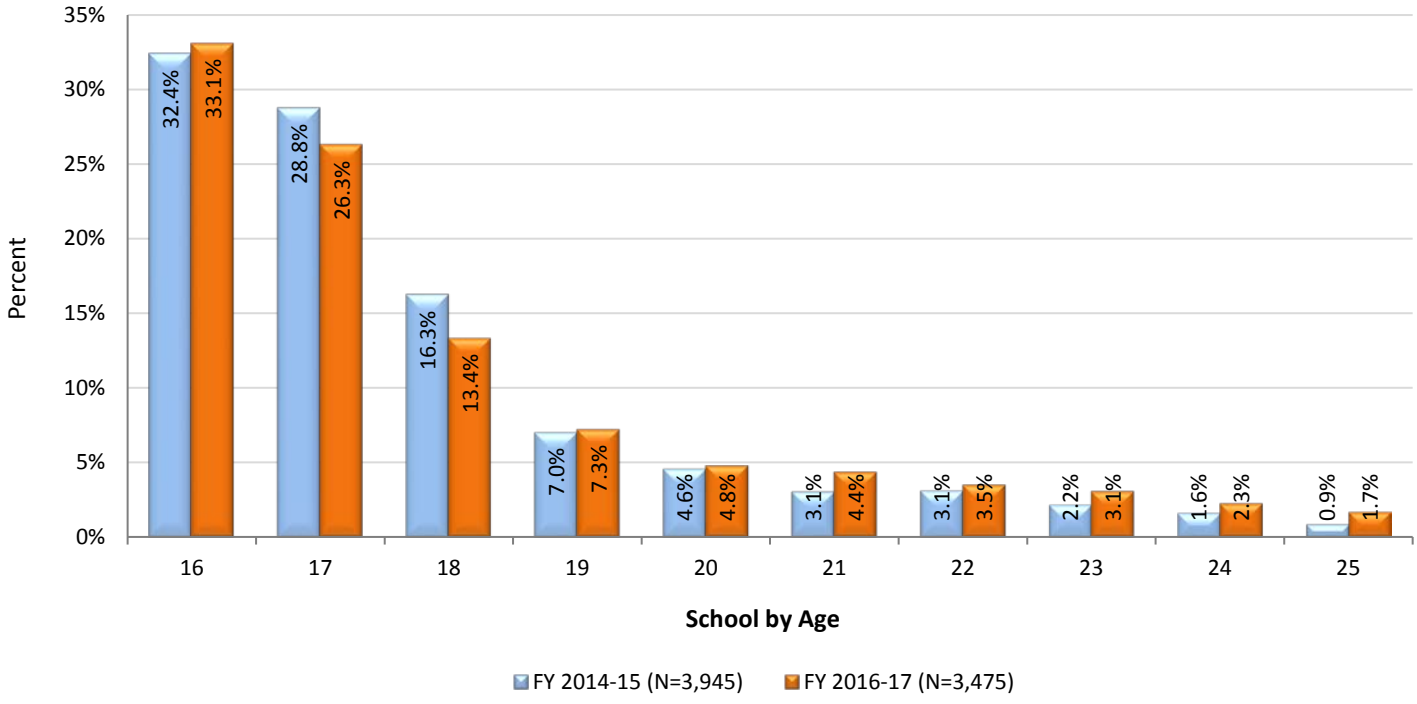
Employment Status

The largest proportion of TAY clients served in FY 2016-17 were in school (34%); a decrease from 37% in FY 2014-15.

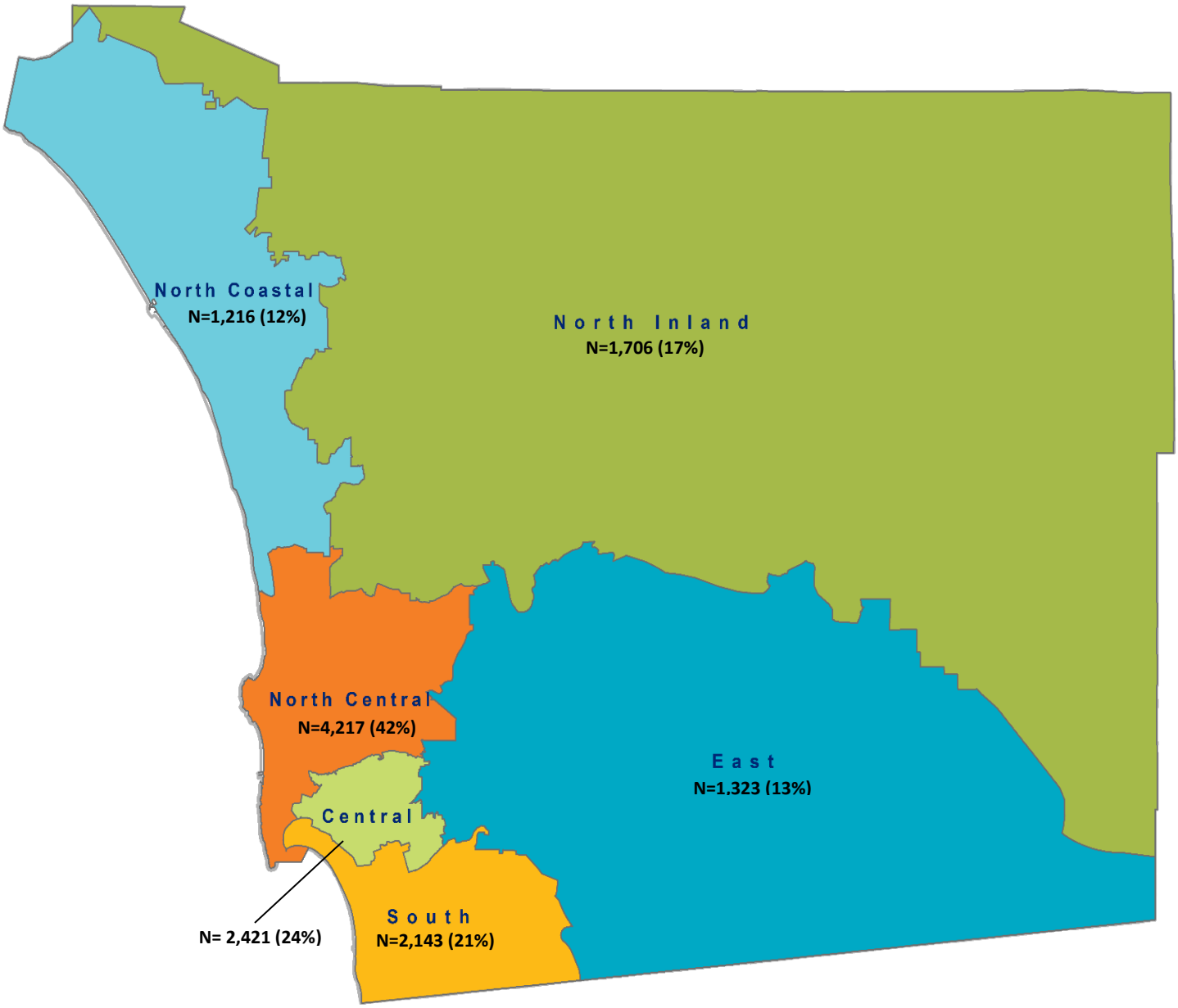


Education Status

Among TAY clients served in FY 2016-17 who were in school, the majority were 16 years old (33%).



Where Are We Serving?



More than one-third of TAY clients in FY 2016-17 were served in the North Central region.

Where Are We Serving?

BHS serves clients in six HHSA regions.*

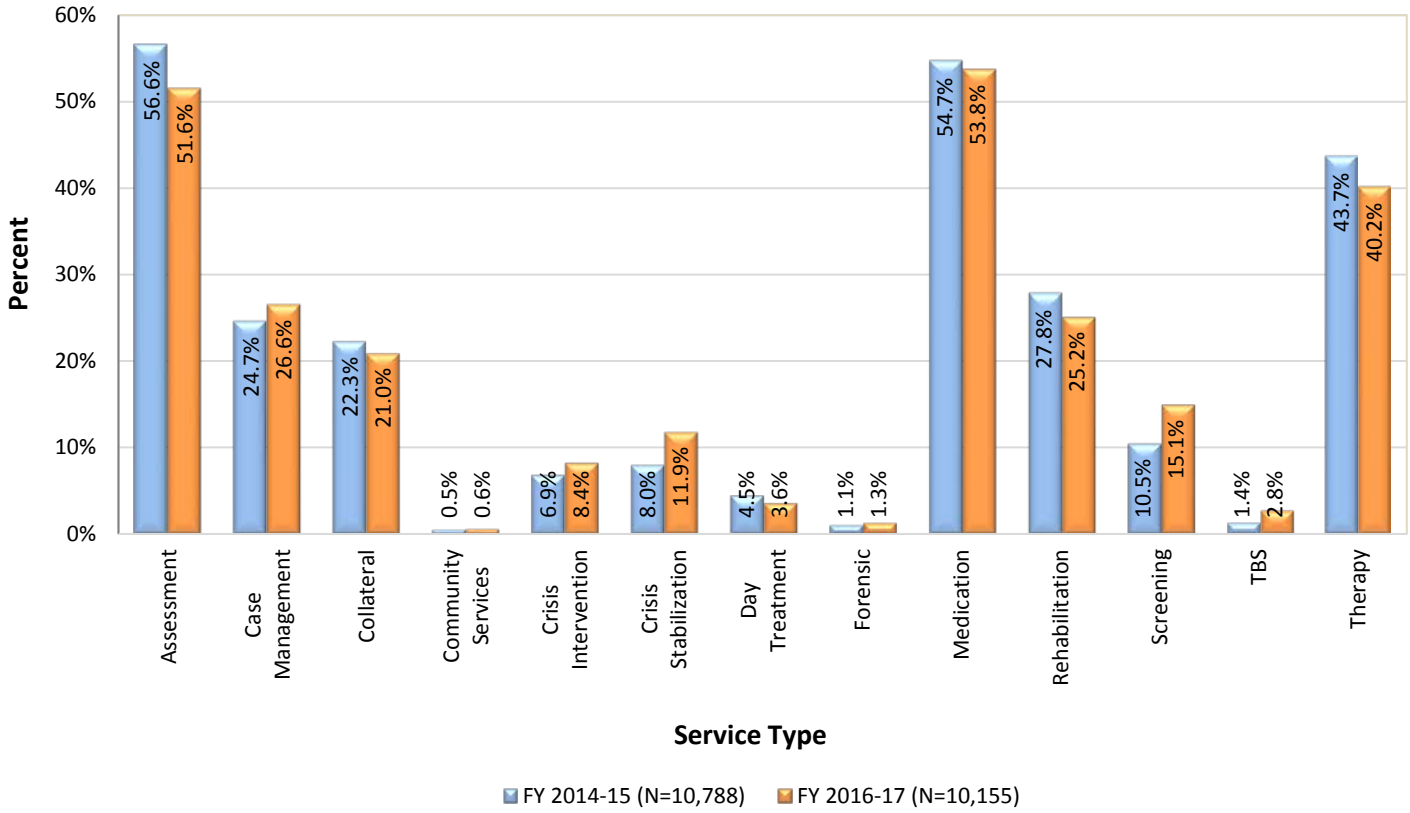
Demographics by Region FY 2016-17	Central		East		North Central		North Coastal		North Inland		South	
	N	%	N	%	N	%	N	%	N	%	N	%
Total Number of Clients†‡	2,421	24%	1,323	13%	4,217	42%	1,216	12%	1,706	17%	2,143	21%
Age												
Age 16-17	522	22%	414	31%	1661	39%	207	17%	986	58%	599	28%
Age 18-21	797	33%	418	32%	1333	32%	442	36%	423	25%	667	31%
Age 22-25	1102	46%	491	37%	1223	29%	567	47%	297	17%	877	41%
Gender												
Female	789	33%	804	61%	1721	41%	561	46%	643	38%	737	34%
Male	1623	67%	506	38%	2493	59%	654	54%	1060	62%	1403	65%
Other/Unknown	9	<1%	12	1%	3	<1%	1	<1%	3	0%	3	0%
Race/Ethnicity												
White	572	24%	464	35%	1261	30%	471	39%	432	25%	453	21%
Hispanic	1139	47%	496	37%	1829	43%	502	41%	887	52%	1121	52%
African-American	444	18%	184	14%	628	15%	115	9%	238	14%	345	16%
Asian/Pacific Islander	117	5%	32	2%	210	5%	39	3%	55	3%	87	4%
Native American	15	1%	10	1%	21	0%	16	1%	11	1%	12	1%
Other/Unknown	134	6%	137	10%	268	6%	73	6%	83	5%	125	6%
Diagnosis												
Schizophrenia & Other Psychotic Disorders	676	28%	336	25%	1007	24%	316	26%	234	14%	567	26%
Bipolar Disorders	519	21%	321	24%	835	20%	290	24%	367	22%	378	18%
Depressive Disorders	579	24%	391	30%	1019	24%	365	30%	494	29%	645	30%
Stressor & Adjustment Disorders	200	8%	104	8%	464	11%	62	5%	285	17%	160	7%
Anxiety Disorders	83	3%	63	5%	131	3%	62	5%	65	4%	87	4%
Other / Unknown	100	4%	34	3%	465	11%	54	4%	106	6%	94	4%

**Region identified by provider service address; clients served outside of these regions were excluded from analysis.*
†Clients may be duplicated as they can be served in more than one region.
‡Fee-for-Service excluded.

What Services Are Being Provided?

Services Received

More than half of TAY clients in FY 2016-17 received Assessment and Medication services (52% and 54%, respectively). Assessment service use decreased from FY 2014-15, while Screening and Crisis Stabilization service use increased.



What Services Are Being Provided?

Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) Service Use

In FY 2016-17, ICC and IHBS services were specific to Pathways to Well-Being clients. Of the 10,155 unduplicated TAY clients who received services in FY 2016-17, 525 (5%) had at least one ICC visit and 228 (2%) had at least one IHBS service unit visit during the fiscal year. Beginning in FY 2016-17, ICC and IHBS services are available to all BHS clients.

Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) Service Use by Level of Care

In FY 2016-17, TAY clients receiving ICC services were distributed more in Outpatient than in Restrictive levels of care. TAY clients receiving IHBS services were seen exclusively in the Outpatient level of care. No TAY clients received these services in an Inpatient setting.

	Level of Care (CYF)	**ICC**	**IHBS**
Outpatient	Outpatient	211 (2.1%)	33 (0.3%)
	Outpatient – Fee for Service	0 (0%)	0 (0%)
	Outpatient – Residential	45 (0.4%)	0 (0%)
	Juvenile Forensic Services	0 (0%)	0 (0%)
	Wraparound	224 (2.2%)	196 (1.9%)
	Therapeutic Behavioral Services	6 (0.1%)	0 (0%)
Restrictive	Day Treatment – Psych Health Facility	0 (0%)	0 (0%)
	Day Treatment – Community	4 (<0.1%)	0 (0%)
	Day Treatment – Residential	95 (0.9%)	0 (0%)
	Day Treatment – Closed Treatment Facility	0 (0%)	0 (0%)
	Emergency Screening Unit	0 (0%)	0 (0%)

Extended Foster Care Service Use

Of the 10,155 unduplicated TAY clients who received services in FY 2016-17, 165 (2%) visited extended foster care for services at least once during the fiscal year.

Inpatient Service Use

Of the 10,155 unduplicated TAY clients who received services in FY 2016-17, 1,511 (15%) had at least one inpatient (IP) episode during the fiscal year. This is an increase from FY 2014-15, during which 1,479 (14%) of the 10,788 unduplicated TAY clients who received services had at least one IP visit.

- Of the 672 homeless TAY clients in FY 2016-17, 189 (28%) had at least one IP episode during the fiscal year. This is an increase from FY 2014-15, during which 173 (32%) of the 542 homeless TAY clients who received services had at least one IP visit.

Emergency Service Use

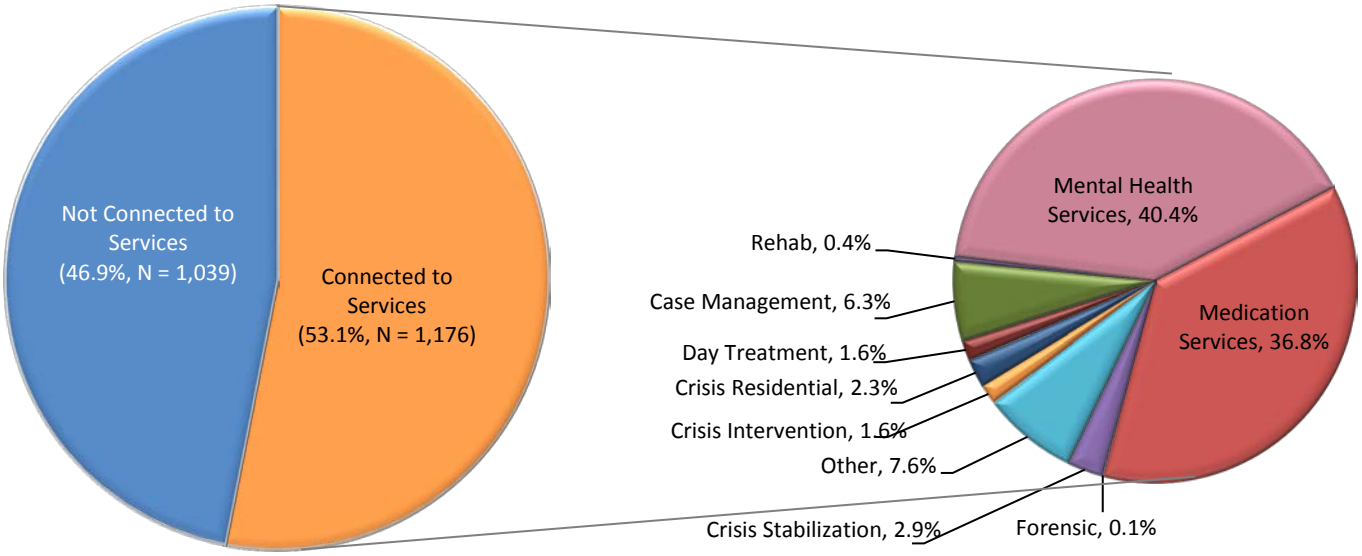
Of the 10,155 unduplicated TAY clients who received services in FY 2016-17, 2,441 (24%) had at least one Emergency Service Unit, Emergency Psychiatric Unit, or Psychiatric Emergency Response Team (CO/CS/PERT) visit during the fiscal year. This is a slight increase from FY 2014-15, during which 2,032 (19%) of the 10,788 unduplicated TAY clients who received services had at least one CO/CS/PERT visit.

- Of the 672 homeless TAY clients in FY 2016-17, 337 (50%) had at least one CO/CS/PERT visit during the fiscal year. This is an increase from FY 2014-15, during which 299 (55%) of the 542 homeless TAY clients who received services had at least one CO/CS/PERT visit.

Connection to Services after Inpatient and Emergency/Crisis Discharge

Connection to Services after Inpatient (IP) Discharge*

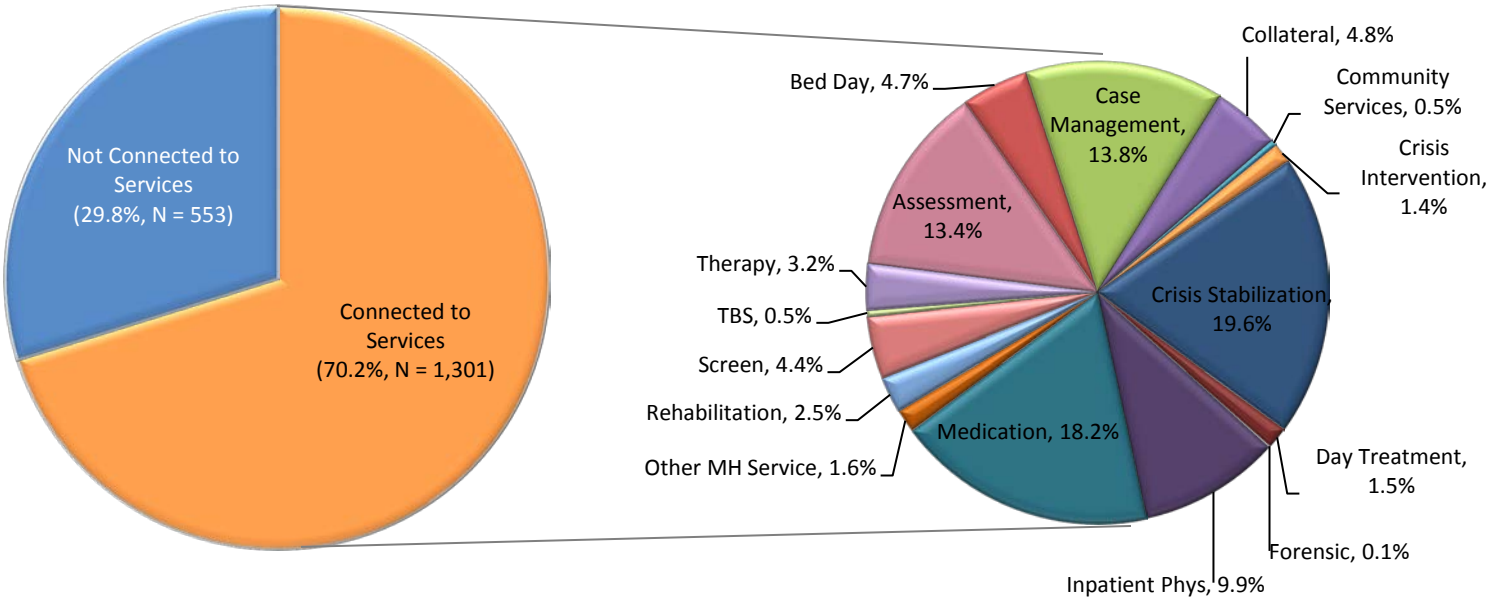
There were 2,215 IP discharges for TAY clients during FY 2016-17. Of those, 1,176 (53%) had services within the 30 days following discharge, and 1,039 (47%) had no services in the 30 days following discharge. Mental health services were the most commonly provided service in the 30 days following discharge (40%), followed by Medication services (37%).



Data represent the **first recorded service following discharge from IP services*

Connection to Services after Crisis Stabilization (CS) Services†

There were 1,854 CS discharges for TAY clients during FY 2016-17. Of those, 1,301 (70%) had services within the 30 days following discharge, and 553 (30%) had no services in the 30 days following discharge. Crisis stabilization was the most commonly provided service in the 30 days following discharge (20%), followed by Medication services (18%).

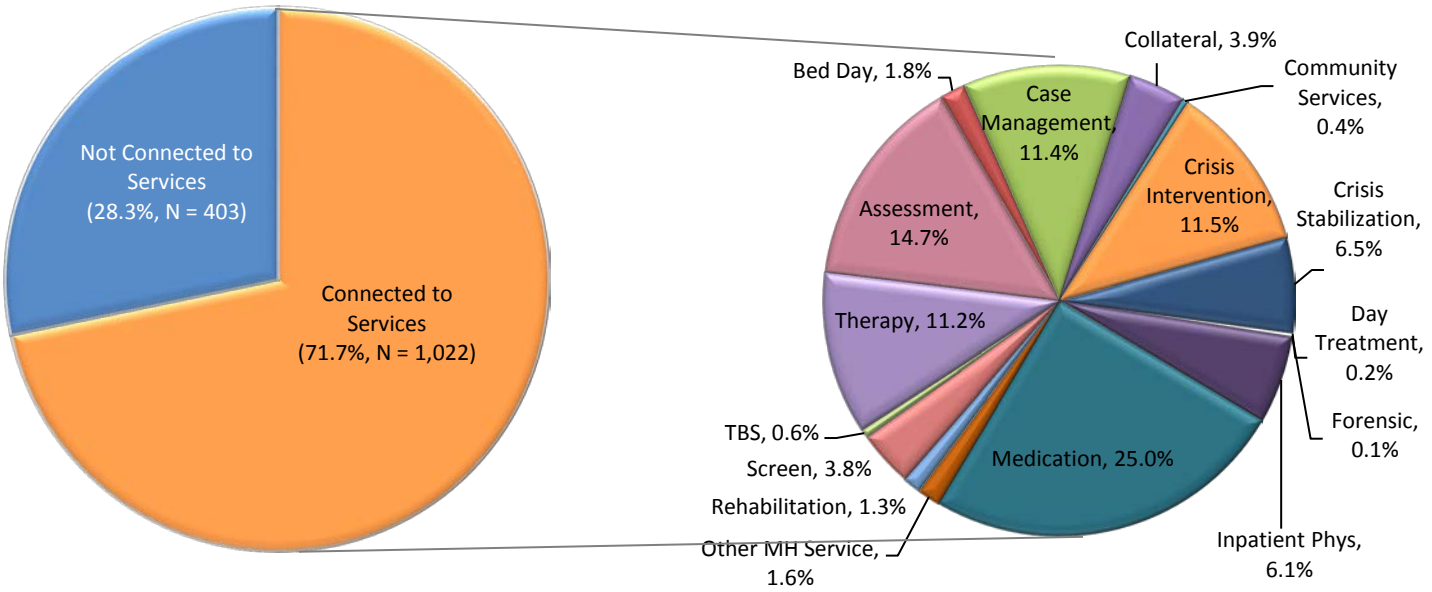


*†Data represent the **first recorded service** following discharge from CS services*

Connection to Services after Inpatient and Emergency/Crisis Discharge

Connection to Services after Crisis Outpatient (CO) Services*

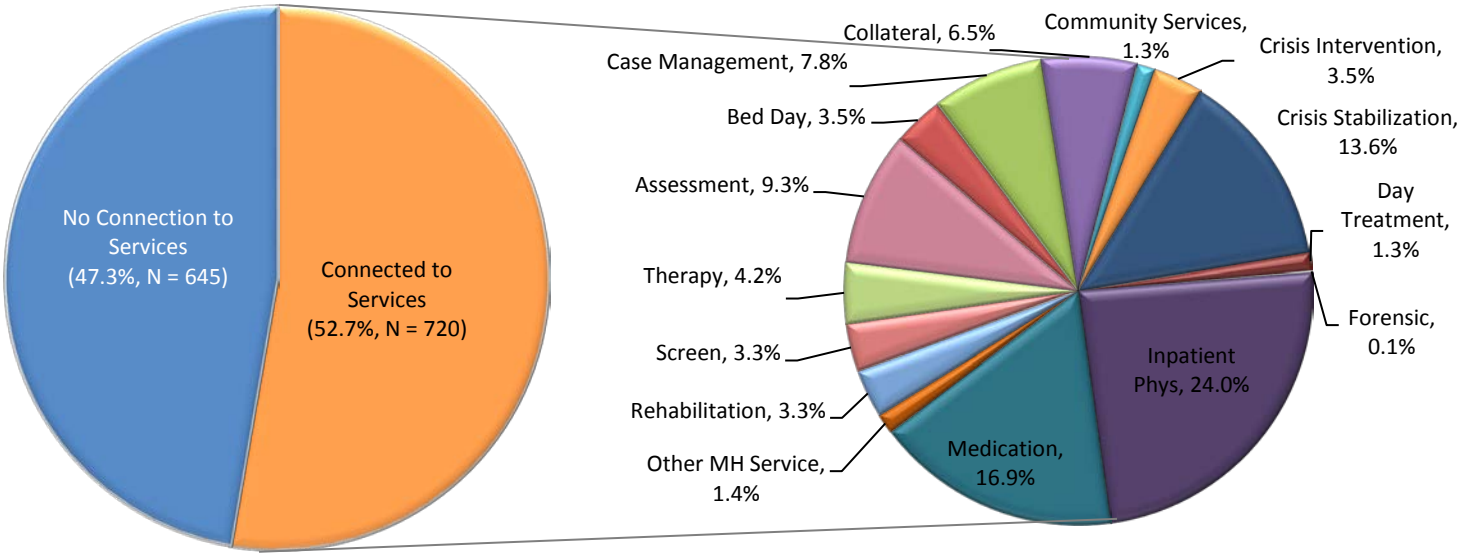
There were 1,425 CO discharges for TAY clients during FY 2016-17. Of those, 1,022 (72%) had services within the 30 days following discharge, and 403 (28%) had no services in the 30 days following discharge. Medication services were the most commonly provided service in the 30 days following discharge (25%), followed by assessment services (15%).



*Data represent the **first recorded service** following CO services discharge*

Connection to Services after Psychiatric Emergency Response Team (PERT) Services†

There were 1,365 PERT discharges for TAY clients during FY 2016-17. Of those, 720 (53%) had services within the 30 days following discharge, and 645 (47%) had no services in the 30 days following discharge. Inpatient Physician services were the most commonly provided service in the 30 days following discharge (24%), followed by medication services (17%).



†Data represent the **first recorded service** following PERT services discharge

What Services Are Being Provided?

TAY Clients Served by Level of Care – Organizational Providers

TAY clients were most commonly served by Outpatient programs.

		FY 2014-15 (N=10,788)		FY 2016-17 (N=10,155)		Change*
	Level of Care (CYF)	**N**	**%**	**N**	**%**	
Outpatient	Outpatient	2,290	21.2%	2181	21.5%	▲
	Outpatient – Residential	155	1.4%	127	1.3%	▼
	Juvenile Forensic Services	1,326	12.3%	1036	10.2%	▼
	Wraparound	362	3.4%	263	2.6%	▼
	Therapeutic Behavioral Services	116	1.1%	72	0.7%	▼
Restrictive	Day Treatment – Psych Health Facility	2	<0.1%	3	<0.1%	●
	Day Treatment – Community	190	1.8%	180	1.8%	●
	Day Treatment – Residential	302	2.8%	188	1.9%	▼
	Day Treatment – Closed Treatment Facility	2	<0.1%	5	<0.1%	●
	Emergency Screening Unit/ Crisis Stabilization	242	2.2%	237	2.3%	▲
	Crisis Outpatient	N/A	N/A	111	1.1%	N/A
Inpatient Admissions	Inpatient – CAPS	144	1.3%	172	1.7%	▲
	Level of Care (AOA)	**N**	**%**	**N**	**%**	
Outpatient	ACT	261	2.4%	323	3.2%	▲
	BH Court	6	0.1%	0	0%	▼
	Case Management	34	0.3%	17	0.2%	▼
	Case Management – Institutional	62	0.6%	75	0.7%	▲
	Case Management – Strengths	101	0.9%	106	1.0%	▲
	Case Management – Transitional	78	0.7%	109	1.1%	▲
	Outpatient	2,148	19.9%	2188	21.5%	▲
	Prevention	117	1.1%	172	1.7%	▲
Emergency	EPU	1,045	9.7%	0	0%	▼
	PERT	999	9.3%	1159	11.4%	▲
Jail	Jail	1,664	15.4%	1624	16.0%	▲
24 Hour Services	Crisis Residential	269	2.5%	309	3.0%	▲
	Edgemoor	2	<0.1%	0	0%	▼
	Long Term Care (LTC)	0	0.0%	19	0.2%	▲
	LTC – Institutional	41	0.4%	36	0.4%	●
	LTC – Residential	0	0.0%	0	0%	▼
	Residential	17	0.2%	6	0.1%	▼
Inpatient Admissions	Inpatient – County	355	3.3%	252	2.5%	▼
	State Hospital	3	<0.1%	4	<0.1%	●
	Fee-for-Service Providers†	**N**	**%**	**N**	**%**	
Outpatient	Outpatient Fee-for-Service (All)	3,133	29.0%	2427	23.9%	▼
Inpatient	Inpatient Fee-for-Service (CYF System of Care)	185	1.7%	202	2.0%	▲
	Inpatient Fee-for-Service (AOA System of Care)	939	8.7%	996	9.8%	▲

**KEY: ▲ = proportional increase from FY 2014-15 to FY 2016-17; ▼ = proportional decrease from FY 2014-15 to FY 2016-17; ● = no change*

†Inpatient levels of care for Fee-for-Service providers are reported differently between CYF and AOA, and are therefore reported separately here

Are TAY Clients Satisfied?

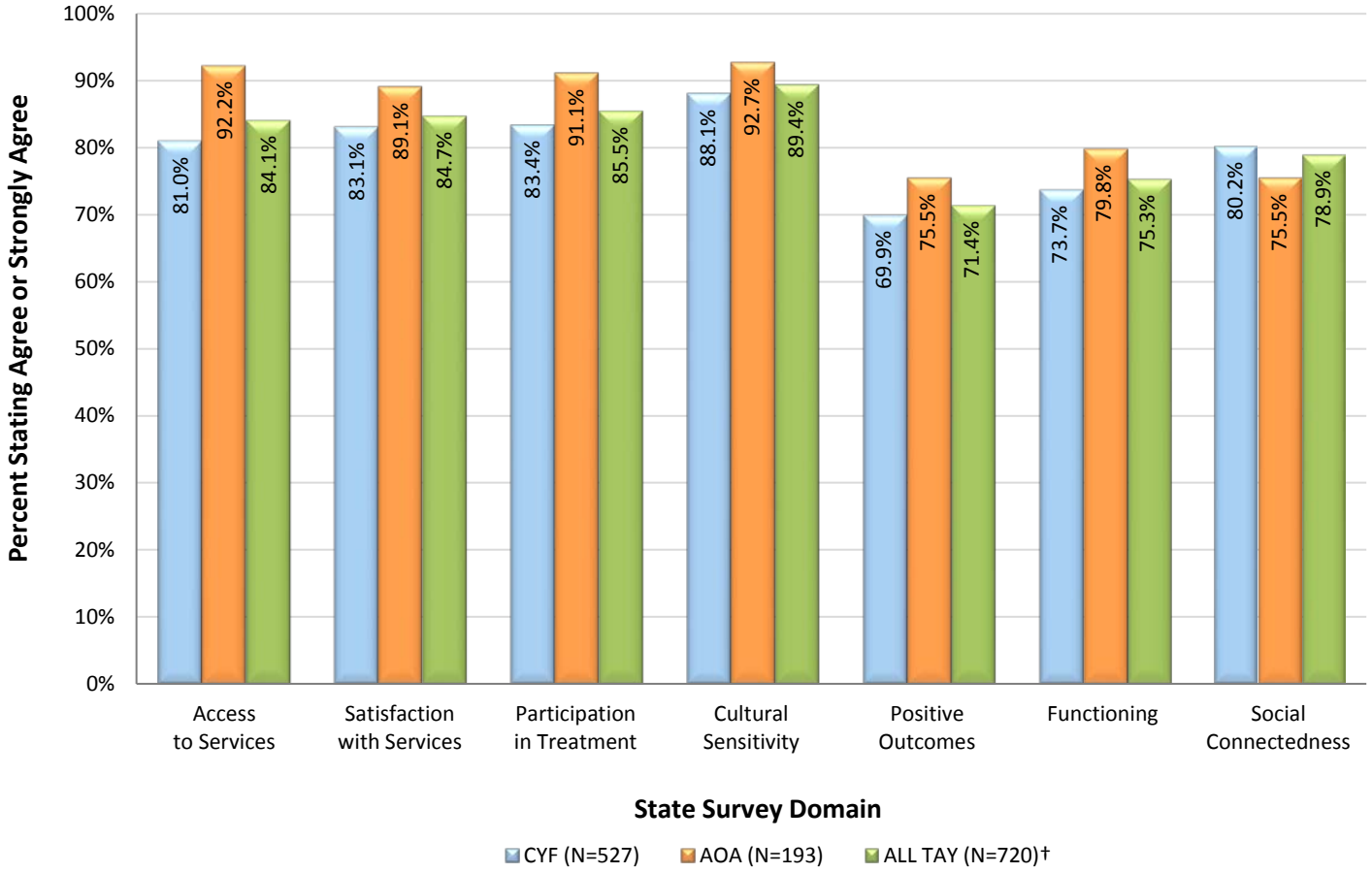
TAY Client Satisfaction with SDCBHS Services

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 over a one-week period semi-annually. The results summarized below are from the May 2017 administration period.

Questions related to satisfaction with services are grouped into seven domains: *Access to Services, Satisfaction with Services, Participation in Treatment, Cultural Sensitivity, Positive Outcomes, Functioning,* and *Social Connectedness*.

May 2017 State Survey Results*

Approximately 720 state-mandated surveys were submitted by TAY clients during the May 2017 administration period. Overall, TAY clients in the CYF system report lower satisfaction than TAY clients in the AOA system on every domain except *Social Connectedness*.



**Not every client had data for every domain*

†Weighted average of TAY across systems

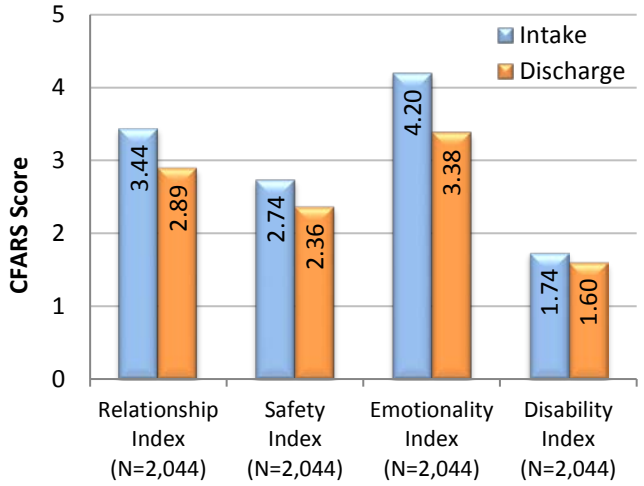
Are TAY Clients Getting Better?

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 2014-15 and FY 2016-17 who had both Intake and Discharge (CAMS/CFARS) or Pre- and Post-Test (RMQ/IMR) scores were analyzed.

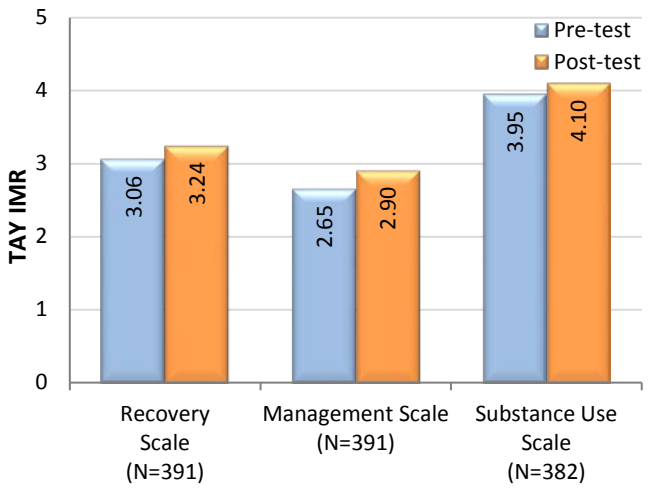
CFARS/IMR Scores

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 small to moderate improvement in TAY functioning and recovery following receipt of SDCBHS services.**

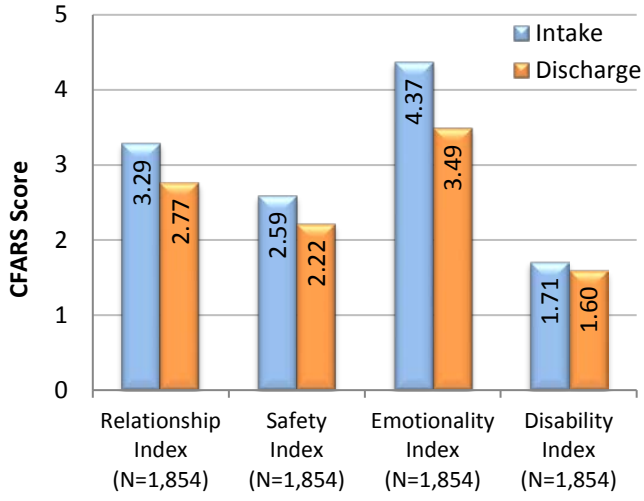
TAY CFARS (FY 2014-15)



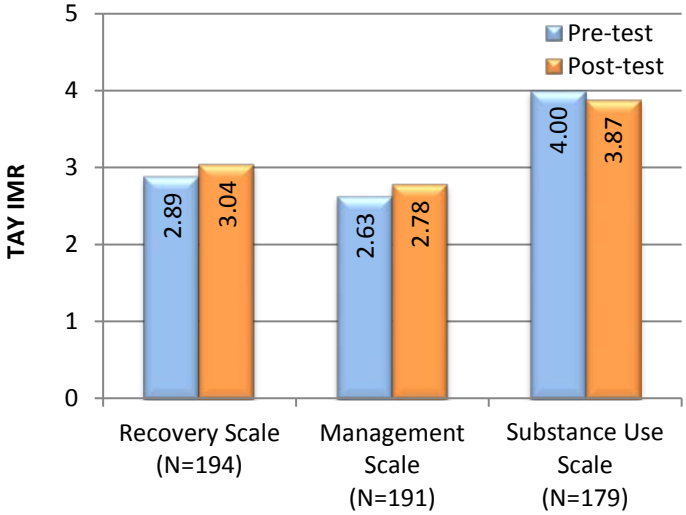
TAY IMR (FY 2014-15)



TAY CFARS (FY 2016-17)



TAY IMR (FY 2016-17)*



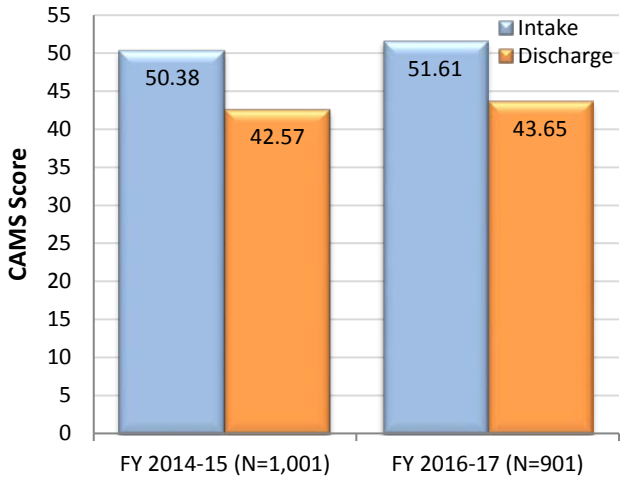
**Due to assessment collection protocol changes implemented in mHOMS in FY 2016-17, the total number of IMR assessments is not directly comparable to FY 2014-15*

Are TAY Clients Getting Better?

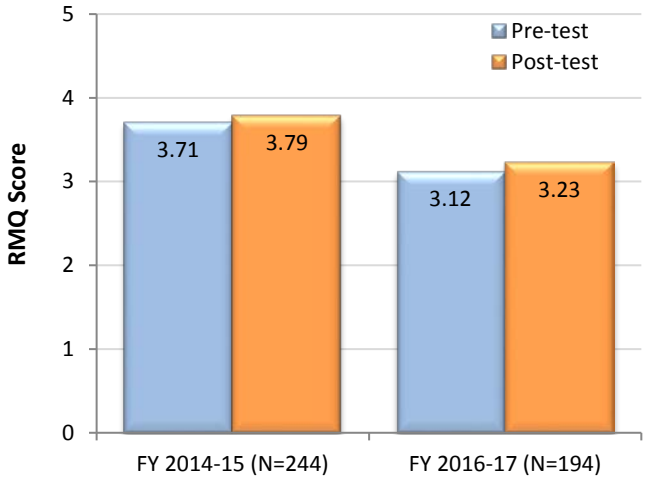
CAMS/RMQ Scores

The Youth CAMS measures a child's behavior and emotional problems using a three-point Likert scale (Never, Sometimes, and Often) with a maximum of 90 points indicating severe impairment; it is administered in the CYFBHS system to all 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 small to moderate improvement in TAY behavior, and progress towards recovery following receipt of SDCBHS services.**

TAY CAMS



TAY RMQ*



**Due to assessment collection protocol changes implemented in mHOMS in FY 2016-17, the total number of RMQ assessments is not directly comparable to FY 2014-15*

Readmission to High-Level Services

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

Inpatient Service Readmissions

In FY 2016-17, 696 (46%) of the 1,511 clients who received inpatient (IP) care had more than one IP episode (ranging from 2 to 15). Of the 696 clients with more than one IP episode, 379 (55%) were re-admitted to IP services within 30 days of the previous IP discharge—a **decrease** from 63% (272 of 430) in FY 2014-15.

- Inpatient services were received by 189 homeless TAY clients in FY 2016-17; of these 189 clients, 40 (21%) had more than one IP episode within 30 days (ranging from 2 to 6).

Emergency Service Readmissions

In FY 2016-17, 555 (23%) of the 2,441 clients who received Crisis Outpatient, Crisis Stabilization, or Psychiatric Emergency Response Team (CO/CS/PERT) care had more than one CO/CS/PERT episode (ranging from 2 to 12). Of the 555 clients with more than one episode, 373 (67%) were re-admitted to CO/CS/PERT services within 30 days of the previous CO/CS/PERT discharge— no change from 67% (305 of 458) in FY 2014-15.

- Emergency services were received by 337 homeless TAY clients in FY 2014-15; of these 337 clients, 103 (31%) had more than one episode within 30 days (ranging from 2 to 9).

Substance Use Disorder Services

BHS contracts with local providers to provide Substance Use Disorder (SUD) programs through an integrated system of community-based alcohol and other drug prevention, intervention, treatment, and recovery services throughout San Diego County. The SUD programs serve adults, women (including those who are pregnant and/or parenting), and adolescents who are abusing drugs and alcohol and/or have co-occurring disorders. Services range from Residential and Non-Residential Treatment, Detoxification, Case Management, Justice Programs, Specialized Services, and Ancillary services (i.e. HIV/Hepatitis C counseling and testing, TB testing). These strength-based, trauma-informed, culturally competent SUD treatment services involve the family unit in the recovery processes within a safe and sober environment.

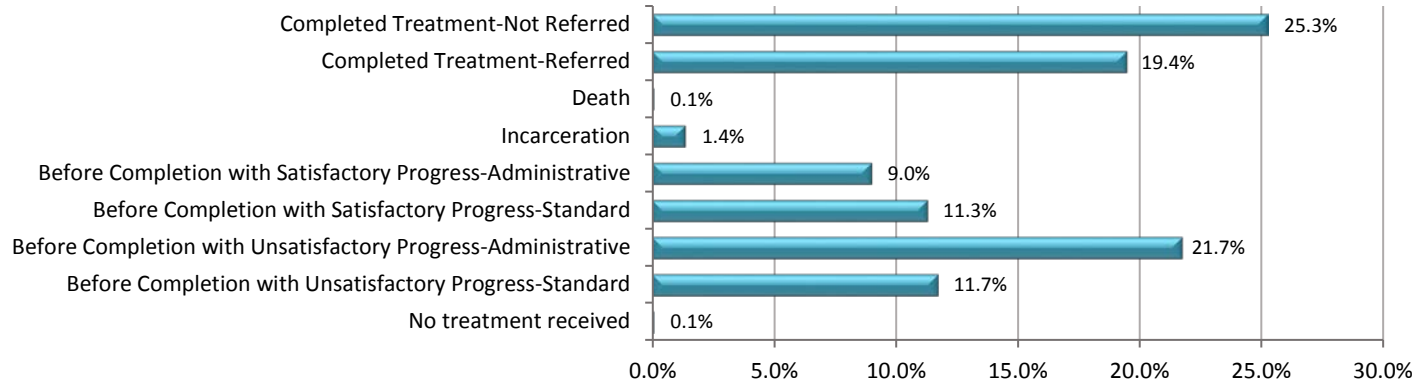
SUD Demographics for TAY Clients*†

	FY 2014-15		FY 2016-17	
Age (years)	**N**	**%**	**N**	**%**
16-17	1,066	28%	706	22%
18-25	2,757	72%	2,475	78%
Gender				
Male	2,497	65%	2110	66%
Female	1,325	35%	1065	33%
Other	1	<1%	6	<1%
Race				
White	1,476	39%	1023	32%
Hispanic	1,619	42%	1563	49%
Black/African-American	340	9%	290	9%
Asian/Pacific Islander	81	2%	91	3%
Native American	54	1%	60	2%
Other/Mixed Race	181	5%	131	4%
Unknown	72	2%	23	1%
Total	**3,823**		**3,181**	

Types of Substances Used

	FY 2014-15		FY 2016-17	
Primary Drug of Choice	**N**	**%**	**N**	**%**
Marijuana / Hashish	1,416	37%	1393	44%
Methamphetamine	1,036	27%	811	25%
Heroin	723	19%	414	13%
Alcohol	483	13%	393	12%
Cocaine / Crack	43	1%	67	2%
Other Opiates or Synthetics	34	1%	15	<1%
OxyCodone / OxyContin	18	<1%	14	<1%
PCP	14	<1%	7	<1%
Other (specify)	11	<1%	6	<1%
Tranquilizers (e.g. Benzodiazepine)	13	<1%	37	<1%
Other Hallucinogens	15	<1%	5	<1%
Other Amphetamines	3	<1%	3	<1%
Other Sedatives or Hypnotics	1	<1%	9	<1%
Ecstasy	3	<1%	3	<1%
Other Club Drugs	3	<1%	2	<1%
Other Stimulants	1	<1%	1	<1%
Over-the-Counter	2	<1%	1	<1%
Inhalants	1	<1%	0	0%
Other Tranquilizers	2	<1%	0	0%
Barbiturates	0	0%	0	0%
Non-Prescription Methadone	0	0%	0	0%
Total	**3,823**		**3,181**	

SUD Types of Discharge for TAY Clients (N=2,321)



**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in FY 2016-17*

†Data Source: SanWITS

What Does This Tell Us?

- TAY clients are more likely to be male than female, and are more likely to identify as White or Hispanic, compared to other races/ethnicities. The percent of TAY aged females served increased from 42% in FY 2014-15 to 44% in FY 2016-17, suggesting that San Diego County is doing a better job of reaching this population.
- The largest proportion of TAY clients are 16 and 17 years of age. The smallest proportion of TAY clients are 19 years of age, after which the proportion trends upwards through age 25.
- TAY clients are more likely to be from the North Central, Central, and South regions. TAY clients also tend to live independently compared to other living situations. Reports of Justice-related living situations were similar from 12% in FY 2014-15 to 13% in FY 2016-17.
- The majority of TAY clients are insured, and nearly three-quarters of TAY clients are covered exclusively by Medi-Cal.
- Less than half of TAY clients are enrolled in school or have a competitive job.
- Most TAY clients completed treatment or were discharged before completion with satisfactory progress. However, a high percentage (33%) were discharged before completion with unsatisfactory progress.
- The vast majority of TAY clients reported they were satisfied with services and believed that they had good access to services. They were also satisfied with the cultural sensitivity of the services and reported improved outcomes, functioning and social connectedness.
- TAY served in AOABHS showed minimal improvement on the RMQ recovery scale, which may indicate that additional or different (e.g., evidence-based) services may be needed to speed their recovery.
- Marijuana and methamphetamine were the most common drugs of choice among TAY clients who received BHS services during FY 2014-15 and FY 2016-17. The proportion who reported marijuana as their drug of choice was 7% higher in FY 2016-17 than in the previous reporting period FY 2014-15.
- Of the TAY clients who received multiple Inpatient or Emergency Services within the fiscal year, more than half (55%) were readmitted within 30 days of discharge. Homeless TAY with inpatient services were less likely to be readmitted within 30 days compared to all TAY (21% versus 55%).
- Almost half (49%) of TAY clients with an inpatient stay did not receive aftercare services in the 30 days following discharge. The TAY clients who were connected to services after hospital discharge were likely to receive medication services or mental health services compared to other types of services.
- Most TAY clients were diagnosed with Major Depression Disorders, Bipolar Disorder, or Schizophrenic Disorders.
- About half of TAY clients 21 years of age or older have a dual diagnosis (substance use disorder in addition to a mental health disorder). The overall trend for TAY clients to have a dual diagnosis increases with age.
- More than half of TAY clients received an assessment (52%) and/or a medication service (54%), and almost half received a therapy service (40%). The services that were utilized by the fewest number of TAY clients were Community (<1%), Forensic/Jail (1%), and Therapeutic Behavioral Services (3%). Approximately one-quarter of TAY clients received Case Management (27%), Collateral (21%), and/or Rehabilitation services (25%).

Next Steps

The data reported here highlight a number of possible issues and actions related to the treatment and identification of TAY clients. Possible courses of action include the following:

- TAY client demographics, service use and outcomes can be compared to systemwide rates, to determine if TAY clients have different demographic/diagnostic profiles or treatment needs from other age groups.
- Efforts may be needed to engage the 49% of TAY clients who were not connected to services within the following 30 days after IP discharge. This percentage has increased from FY 2014-15 to FY 2016-17. Hospitals can be educated about the rates of aftercare services and potential resulting readmissions.
- Homeless TAY clients were far more likely to have had a hospitalization for mental health issues than those TAY in other living situations. Further exploration may be needed to determine factors related to homeless TAY contributing to this high number.
- An analysis of the highest utilizers of intensive mental health services (those clients with the most IP visits or the most ER readmissions) may reveal ideas for possible prevention efforts.
- 33% of TAY clients were discharged from treatment with unsatisfactory progress.
    - Efforts could be focused on better understanding this population. For example, analysis of the demographic differences between this group and those with satisfactory discharges could reveal possible barriers and issues related to successful completion of the program.
    - Do these clients come from certain types of programs? Perhaps these programs are more intensive and it is to be expected that fewer clients will be discharged successfully from these programs than compared to other programs. Comparison data would be helpful in determining if the 33% unsatisfactory discharge rate is average or better/worse than the rest of the state/country.
- Due to high rate of substance use among TAY clients, ensure that all programs serving TAY in AOABHS and CYFBHS systems are dual diagnosis enhanced/capable. In addition, further cooperative efforts with the Substance Use Disorder services geared towards TAY are recommended, in order to share data and insights with regard to prevention and identifying trends in substance preference.

The 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. For more information please contact Amy Chadwick at aechadwick@ucsd.edu or 858-966-7703 x7141.

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.