Mental Health Services

Substance Use Disorder

Other Programs

County of San Diego
Health and Human Services Agency

Children, Youth & Families Behavioral Health Services

Systemwide Annual Report, FY 2016-17

Children, Youth & Families Behavioral Health Services
Systemwide Annual Report

Health and Human Services Agency

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Acknowledgments

Our sincere appreciation to the youth, families, and staff who gave their time to complete the evaluations and surveys necessary to produce this report. A special thanks to the clerical and support staff who faithfully transmitted the data for their programs.

Children, Youth & Families Behavioral Health Services
Systemwide Annual Report

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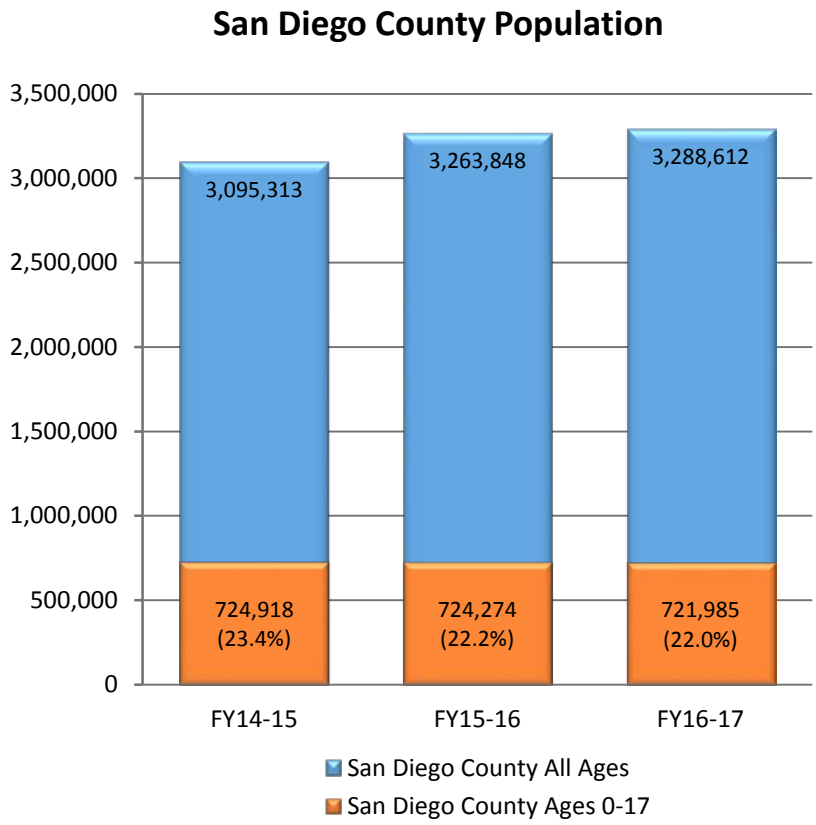
COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

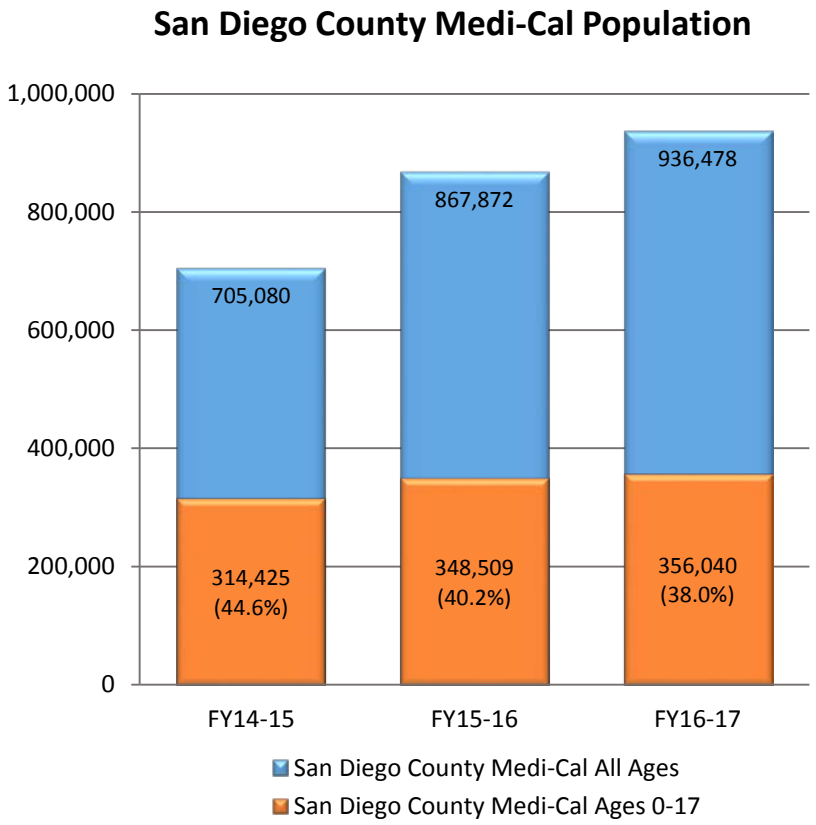
LIVE WELL SAN DIEGO

Introduction

San Diego County

The estimated population of San Diego County in 2016 (Source: SANDAG, accessed 1/24/18) was 3,288,612 residents, 721,985 (22%) of whom were under the age of 18. In 2016, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 1/19/18) was 936,478 residents, 356,040 (38%) of whom were ages 0-17 years.





Introduction

Systemwide Annual Report

This report summarizes cumulative system demographics and clinical outcomes for children and adolescents served by the County of San Diego's, Health and Human Services Agency (HHSA), Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year (FY) 2016-17 (July 2016 – June 2017). CYFBHS System of Care serves children and youth up to age 21. The primary focus of this annual report is CYFBHS mental health services, with limited information also available on prevention, early intervention, and addiction treatment.

Children, Youth & Families Behavioral Health System of Care

The County of San Diego Behavioral Health Services operates a Children, Youth & Families Behavioral Health System of Care (CYFBHSOC). The CYFBHSOC takes a broad approach, having evolved over time through the collaboration of its four strong sector partnerships: families and youth receiving services, public sector agencies, private providers, and the education system, with a recognition of the value of the faith-based communities. The multi-sector CYFBHSOC Council meets on a monthly basis to provide community input for the System of Care. The Council information is located at http://sandiego.networkofcare.org.

Live Well San Diego

The County of San Diego Health and Human Services Agency supports the *Live Well San Diego* Vision of Building Better Health, Living Safely, and Thriving. *Live Well San Diego*, developed by the County of San Diego, is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHSA partners and contractors, to the extent, feasible, are expected to advance the Vision. Information about *Live Well San Diego* is available at: www.LiveWellSD.org and www.sdcounty.ca.gov/hhsa/programs/sd/live_well_san_diego/index.html.

The Importance of Assessment

Assessing the outcomes of behavioral health services in valid and reliable ways is critical to the development, advancement, and maintenance of effective services. A core value and principle of the System of Care is to be accountable through clear outcomes, valid evaluation methods and proficient data management systems.

Ten-Year Roadmap

In July 2016, the Board of Supervisors accepted HHSA Ten-Year Roadmap for Behavioral Health Services. The Roadmap outlines a strategic plan which seeks to address the most serious behavioral health issues affecting San Diego County over the next 10 years. The Roadmap is updated annually to incorporate new priorities and now includes 12 priority areas of focus, including Children and Youth Population. More information about the Roadmap is available at: http://sandiego.networkofcare.org/mh/content.aspx?cid=261.

Introduction

Provider Systems

In FY 2016-17, CYFBHS served children and youth with serious emotional disturbance (SED) through two provider systems distributed throughout San Diego County: **Organizational Providers** and **Fee-for-Service Providers**. Organizational providers offer coordinated multidisciplinary services, while the Fee-for-Service system is comprised of over 800 individual practitioners throughout the community with a range of specialities.

CYFBHS delivered child and adolescent services through a variety of levels of care:

- Outpatient programs
- Day Treatment programs
- Residential Treatment programs
- Outpatient Residential programs
- Juvenile Forensic Services
- Therapeutic Behavioral Services (TBS)
- Wraparound programs
- Psychiatric Health Facilities (PHF)
- Crisis Stabilization services
- Crisis Outpatient programs
- Emergency services
- Inpatient care

Note: *Discrepancies between service data in the FY 2016-17 Annual Report and the FY 2016-17 Databook for CYFBHS are due to differences in how the data are generated; by program modality for the Databook and by service code for the Annual Report.*

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS)
Fiscal Year 2016-17

1. 15,839 youth received services through the San Diego County CYFBHS system, a 9% decrease from the 17,301 served in FY 2015-16.

2. 56% of clients were male. The proportion of females served continues to increase steadily over time; from 41% in FY 2012-13 to 44% in FY 2016-17.

3. 59% of clients were Hispanic, a slight increase from 57% in FY 2015-16. The number of CYFBHS Hispanic clients was also higher than San Diego Country Hispanic population (46%) in FY 2016-17. Race/ethnicity distribution was similar to the San Diego County youth Medi-Cal population.

4. 77% of youth served by CYFBHS lived in a family home or apartment at some point during FY 2016-17; this proportion has increased steadily over the past three fiscal years.
   - Among the 0-5 population, 26% lived in a foster home during FY 2016-17.
   - Among the TAY population, 23% lived in a correctional facility; this has increased steadily from 19% in FY 2014-15.

5. The four most common diagnostic categories were depressive disorders, stressor and adjustment disorders, anxiety disorders, and attention deficit hyperactivity disorder (ADHD).
   - Fewer diagnoses were categorized as “Other/Excluded” in FY 2016-17 (4%) compared to FY 2015-16 (6%).
   - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
   - Rates of adjustment disorder were higher among the 0-5 population and the Fee-for-Service Outpatient population, as compared to CYFBHS systemwide averages.
   - Rates of depressive disorders were higher among the TAY population as compared to systemwide averages.

Key Findings, continued

6. 1,015 (6%) clients had co-occurring substance abuse issues, defined as a dual diagnosis and/or involvement with Substance Use Disorder (SUD) services. This is comparable to 1,188 (7%) clients with substance abuse issues in FY 2015-16.
    - 750 (74%) clients with substance abuse issues were 16 years of age or older.
    - 443 (44%) clients with substance abuse issues also received treatment from SUD during the fiscal year.
7. 14,292 (90%) clients had health coverage exclusively by Medi-Cal in FY 2016-17; a proportional increase from 15,372 (89%) in FY 2015-16 and 15,748 (86%) in FY 2014-15.
8. Average hours of Day Service per client decreased by 6%, from 99.0 hours in FY 2015-16 to 93.4 hours in FY 2016-17; additionally, the proportion of clients receiving Day Services has decreased by nearly half over the past five years, from 7% in FY 2012-13 to 4% in FY 2016-17. The decrease correlates with increased utilization of Intensive Care Coordination (ICC) which was introduced in August 2013 and expanded in July 2016.
9. Average Case Management and Collateral service treatment hours declined by more than 30% compared to the previous fiscal year.
10. Clients who received services from Wraparound programs were more likely than the systemwide averages to be White or African-American and less likely to be Hispanic. Average Outpatient service hours for clients in Wraparound programs tripled from 15 hours in FY 2014-15 to 45 hours in FY 2016-17. This correlates with the expansion of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all eligible CYFBHS clients.
11. Clients who received Medication services were more likely than the systemwide averages to be White and less likely to be Hispanic. Clients receiving Medication services were also more likely to have lived in a correctional facility than the CYFBHS systemwide averages.

Key Findings, continued

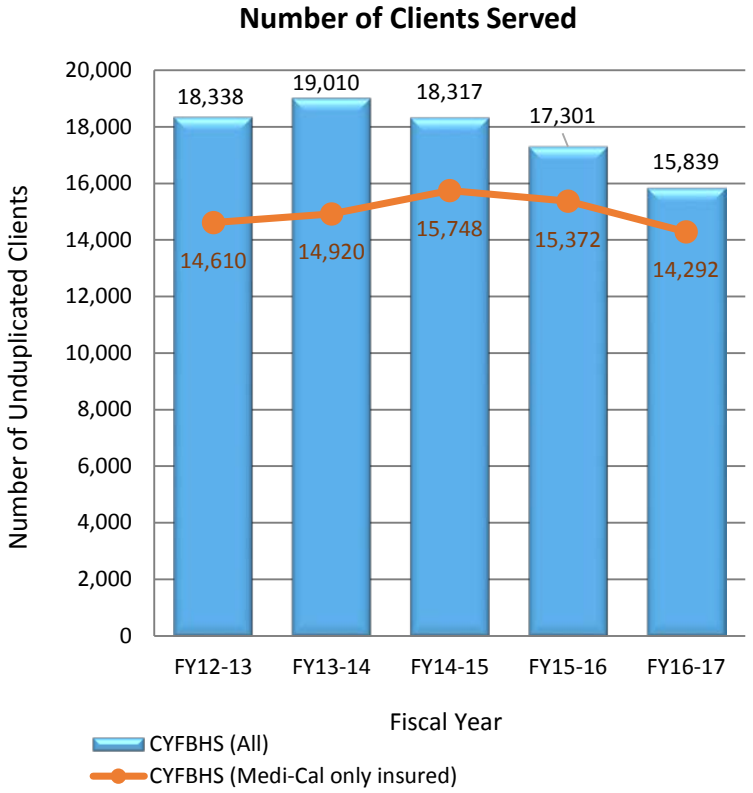
12. 806 (5%) clients used Inpatient (IP) services in FY 2016-17, an increase from 686 (4%) clients in FY 2015-16.
    - 182 (23%) of 806 IP clients received multiple IP services within the fiscal year, a proportional decrease from 172 (25%) of 686 in FY 2015-16.
        - The proportion of these clients readmitted to IP services within 30 days of the previous IP discharge decreased from 66 (38%) of 172 in FY 2015-16 to 66 (36%) of 182 in FY 2016-17.
13. 809 (5%) clients received services from the Emergency Screening Unit (ESU) in FY 2016-17, as compared to 846 (5%) clients in FY 2015-16.
    - 94 (12%) of 809 ESU clients had multiple ESU visits within the fiscal year; a decrease from 141 (17%) of 846 in FY 2015-16.
        - The proportion of these clients readmitted to ESU within 30 days of the previous ESU discharge decreased from 68 (48%) of 141 in FY 2015-16 to 28 (30%) of 94 in FY 2016-17.
14. Clients served by CYFBHS and another public service sector (Child Welfare Services, Probation, or Substance Use Disorder Services) were three times more likely to receive Day Services. They were more likely to be male, African-American, and have a primary diagnosis of Oppositional or Adjustment/Stressor Disorder.
15. Clients experienced improvements in behavior, emotional well-being, and social competence following receipt of mental health services, as measured by the CAMS (Child and Adolescent Measurement System), the CFARS (Children's Functional Assessment Rating Scale), and the ECBI (Eyberg Child Behavior Inventory) assessment tools. Intake and discharge score comparisons from 3,949 Parent CAMS, 2,289 Youth CAMS, 463 ECBI and 8,274 CFARS revealed improvements across all measures.

Who Are We Serving?

Starting January 1, 2015, Managed Care Health Plans began serving clients with mild to moderate level needs. Beginning July 1, 2012, educationally-related mental health services (ERMHS) transitioned to schools. AB3632 was replaced by AB114 in FY 2011-12.

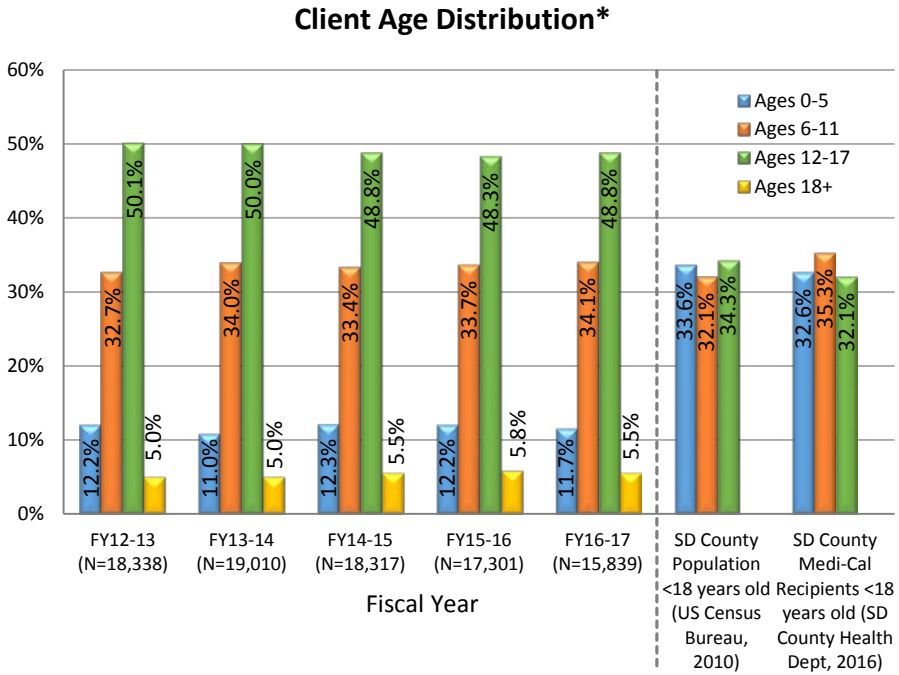
Number of Clients

- In FY 2016-17, CYFBHS delivered treatment services to nearly 16,000 youth. Among those youth, more than 14,000 were insured exclusively by Medi-Cal.



Age of Clients

- Adolescents (12-17 years) comprised nearly half (49%) of the CYFBHS population.
- School-age clients (6-11 years) comprised 34% of the CYFBHS population.
- Children ages 0-5 comprised 12% of the CYFBHS population.



Percentages calculated within the number of clients served by CYFBHS in FY 2016-17.

Who Are We Serving?

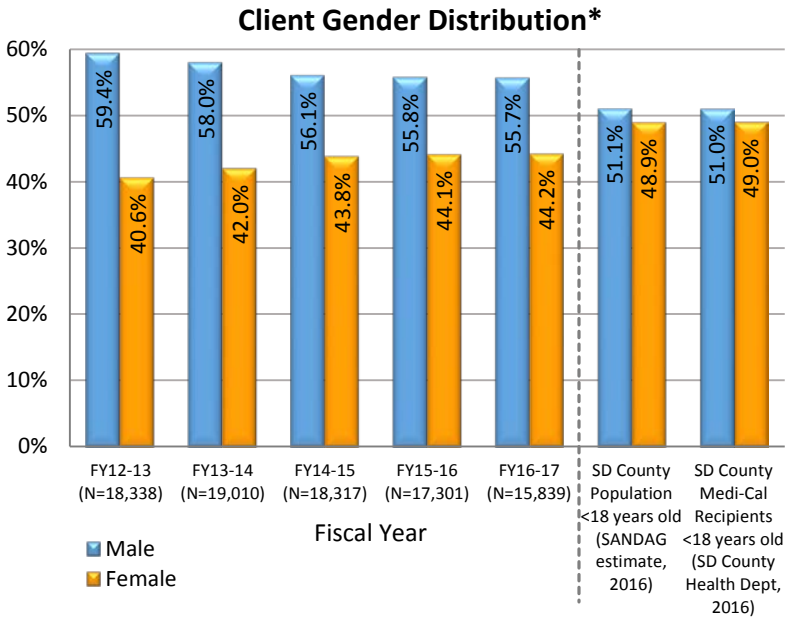
Fifty-six percent of clients were male, whereas the County youth population was more evenly divided between males and females. The majority of clients were of Hispanic ethnicity.

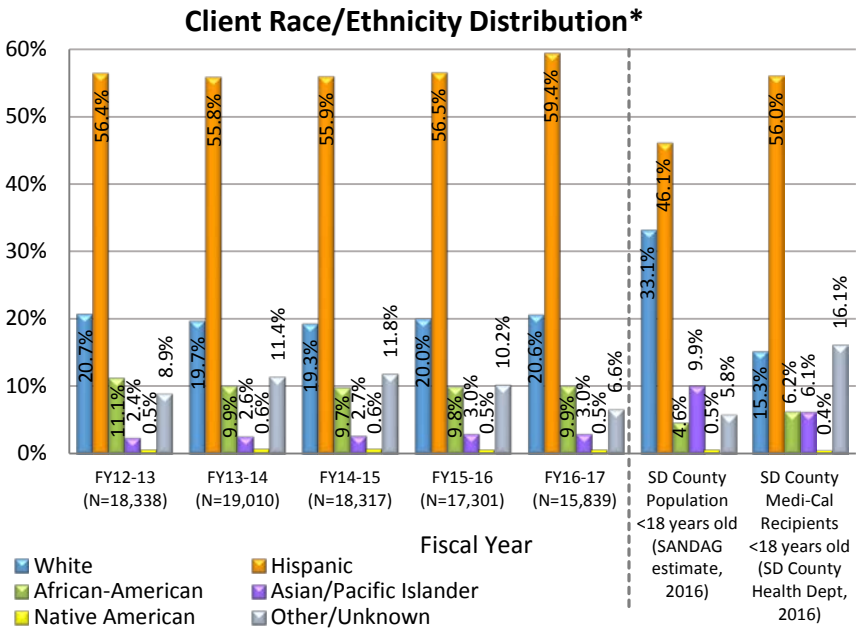
Client Gender

- 9,656 (56%) clients who received CYFBHS services in FY 2016-17 were male.
- The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- The gender gap has narrowed by half over the past four years.

Client Race/Ethnicity

- 9,415 (59%) clients who received CYFBHS services in FY 2016-17 were identified as Hispanic.
- A larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were more comparable to the San Diego Medi-Cal youth population.



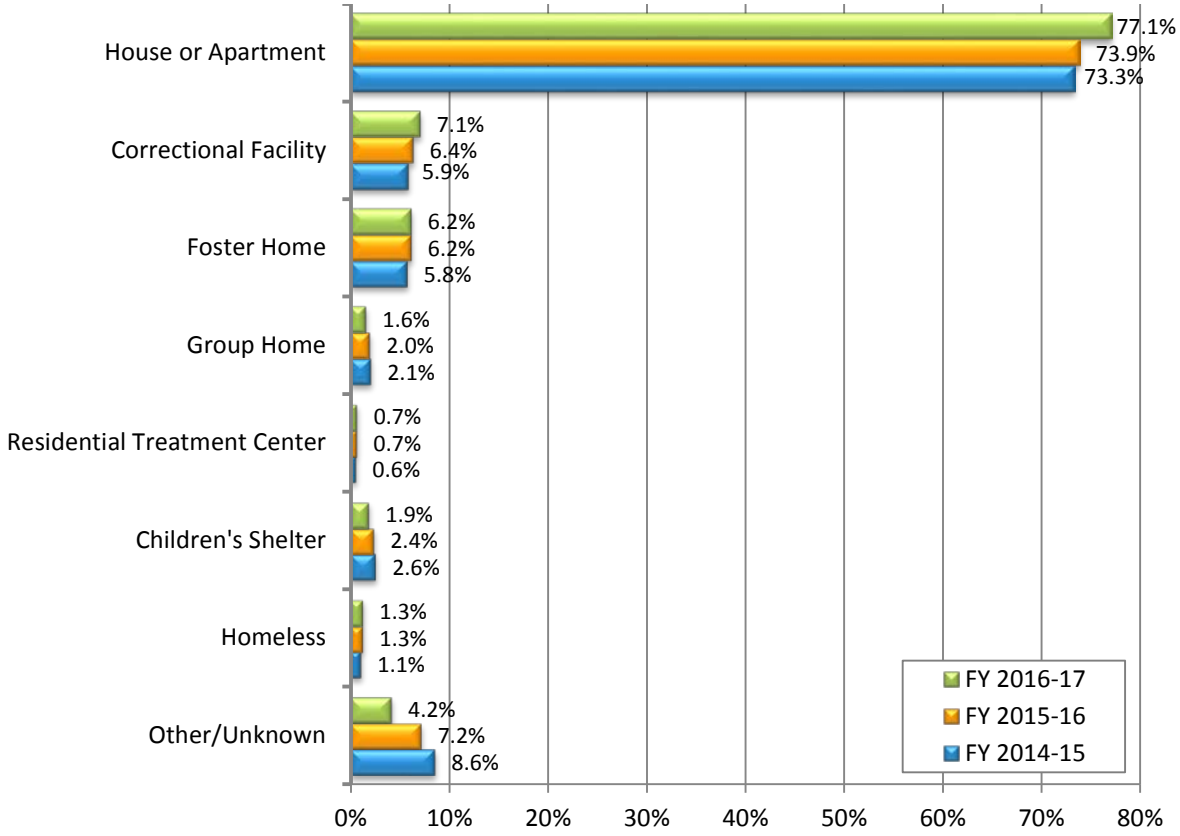


**Percentages calculated within the number of clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?

*Client Living Situation**

Seventy-seven percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2016-17.

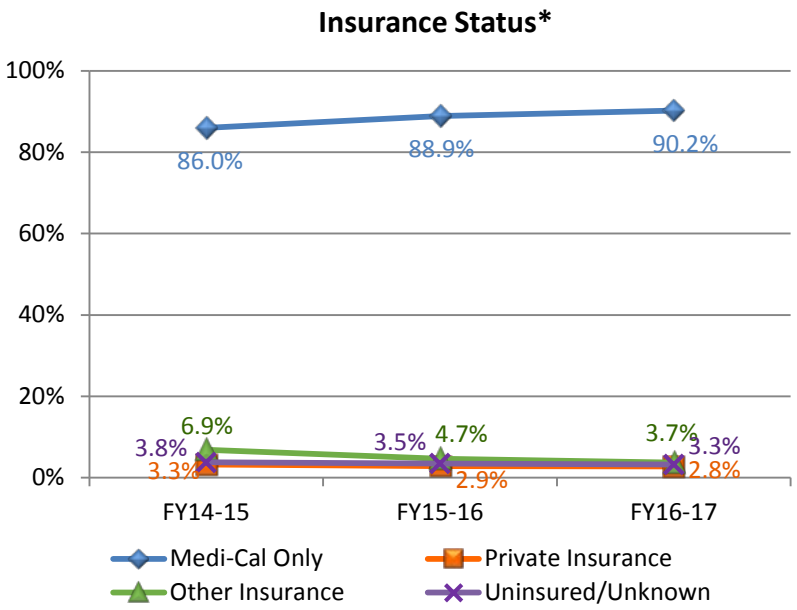


**Percentages calculated within the number of clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?

Health Care Coverage

14,292 (90%) children and youth who received services from CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal; a 4-percentage point increase from 86% in FY 2014-15.

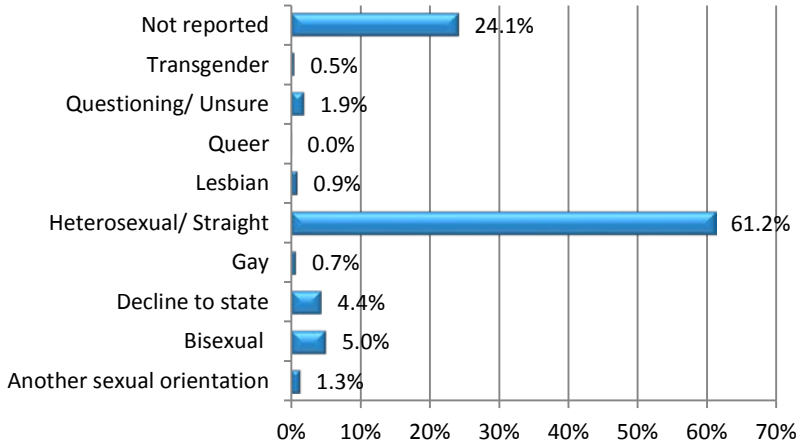


Primary Care Physician (PCP) Status*†

Of the 12,250 clients for whom PCP status was known, 11,505 (94%) had a PCP in FY 2016-17; no change from FY 2015-16.

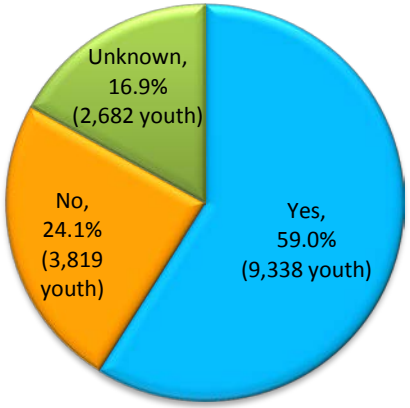
Sexual Orientation*†

Of 7,526 CYFBHS clients **age 13 or older**, 4,604 (61%) were reported to be heterosexual. Sexual orientation was unreported or declined to state for 29% of the 13+ population.



History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 13,157 clients (83% of the CYFBHS population) in FY 2016-17; of these clients, 9,338 (71% of the 13,157 clients for whom this information was known) had a **history of trauma**.



*Percentages calculated within the number of clients served by CYFBHS in FY 2016-17.
†Unknown category includes Fee-for-Service providers for whom data were not available.

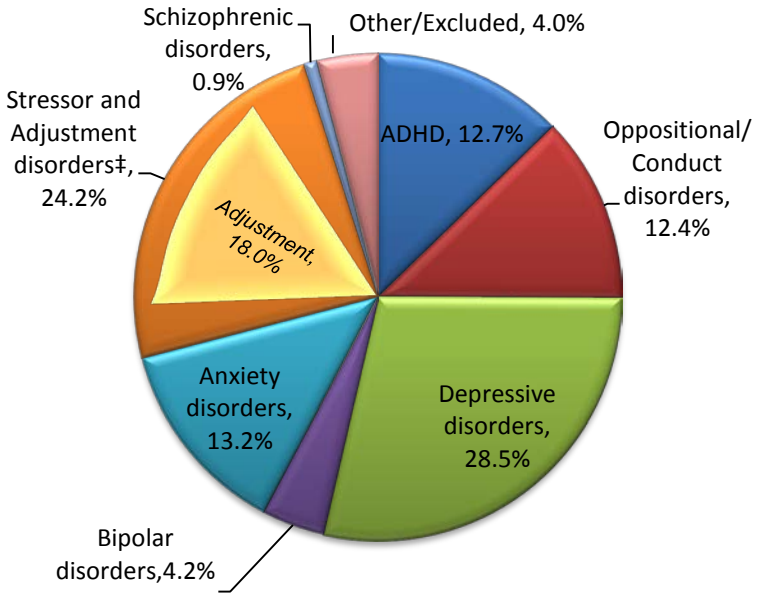
Who Are We Serving?

Clients were diagnosed with a variety of disorders, and 6% were identified as having a co-occurring substance abuse issue.

Primary Diagnosis (n=14,774)†*

The most common diagnoses among children and youth served by CYFBHS are:

- Depressive disorders (n=4,211; 28.5%)
- Stressor and Adjustment disorders (n=3,568; 24.2%)
- Anxiety disorders (n=1,944; 13.2%)
- ADHD (n=1,877 12.7%)



Co-occurring Substance Abuse

In the CYFBHS system, co-occurring substance abuse is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Substance Use Disorder (SUD) services.

FY 2016-17 CYFBHS Youth	Systemwide Percent (n of N)
Had co-occurring substance abuse issue (dual diagnosis and/or received services from SUD program)	**6% (1,015 of 15,839)**
Had dual diagnosis through mental health program§	5% (743 of 15,839)
CYFBHS Youth with Co-occurring Substance Abuse Issue	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	73% (743 of 1,015)
Received services from SUD program	44% (443 of 1,015)
CYFBHS youth who received services from SUD program who also had dual diagnosis	39% (171 of 443)

**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of clients served by CYFBHS in FY 2016-17.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

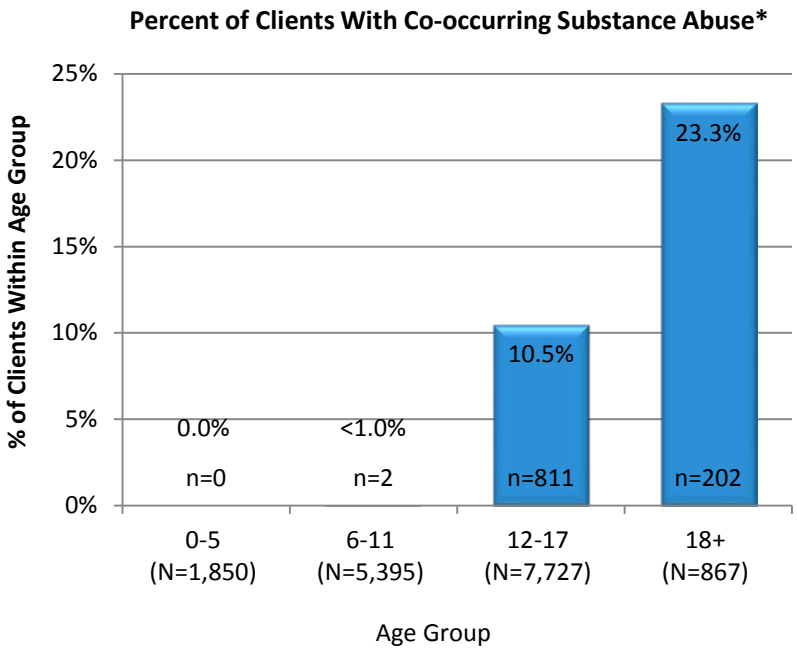
§ These youth may have received substance abuse counseling as part of their EPSDT mental health services.

Who Are We Serving?

811 of 1,015 clients (80%) with a co-occurring substance abuse problem were ages 12-17; 648 of 1,015 (64%) were Hispanic.

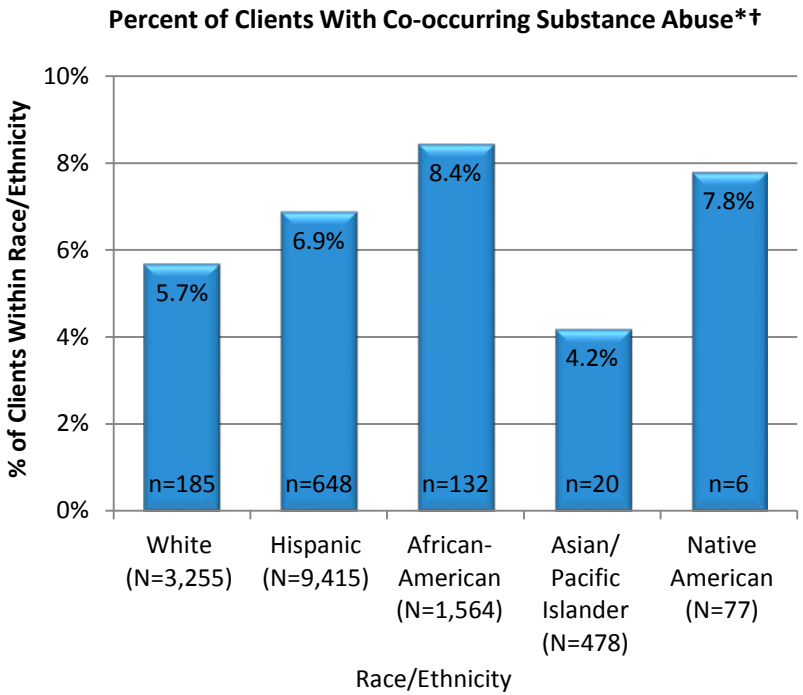
Co-occurring Substance Abuse—Age

Twenty-three percent of youth ages 18 and older, and 11% of youth ages 12-17, who received services from CYFBHS in FY 2016-17 were identified as having a substance abuse issue through a substance abuse diagnosis and/or enrollment in a SUD program.



Co-occurring Substance Abuse—Race/Ethnicity

African American youth served by CYFBHS had the highest proportion of co-occurring substance abuse (132 of 1,564 clients), while Asian/Pacific Islanders had the lowest proportion (20 of 478 clients).

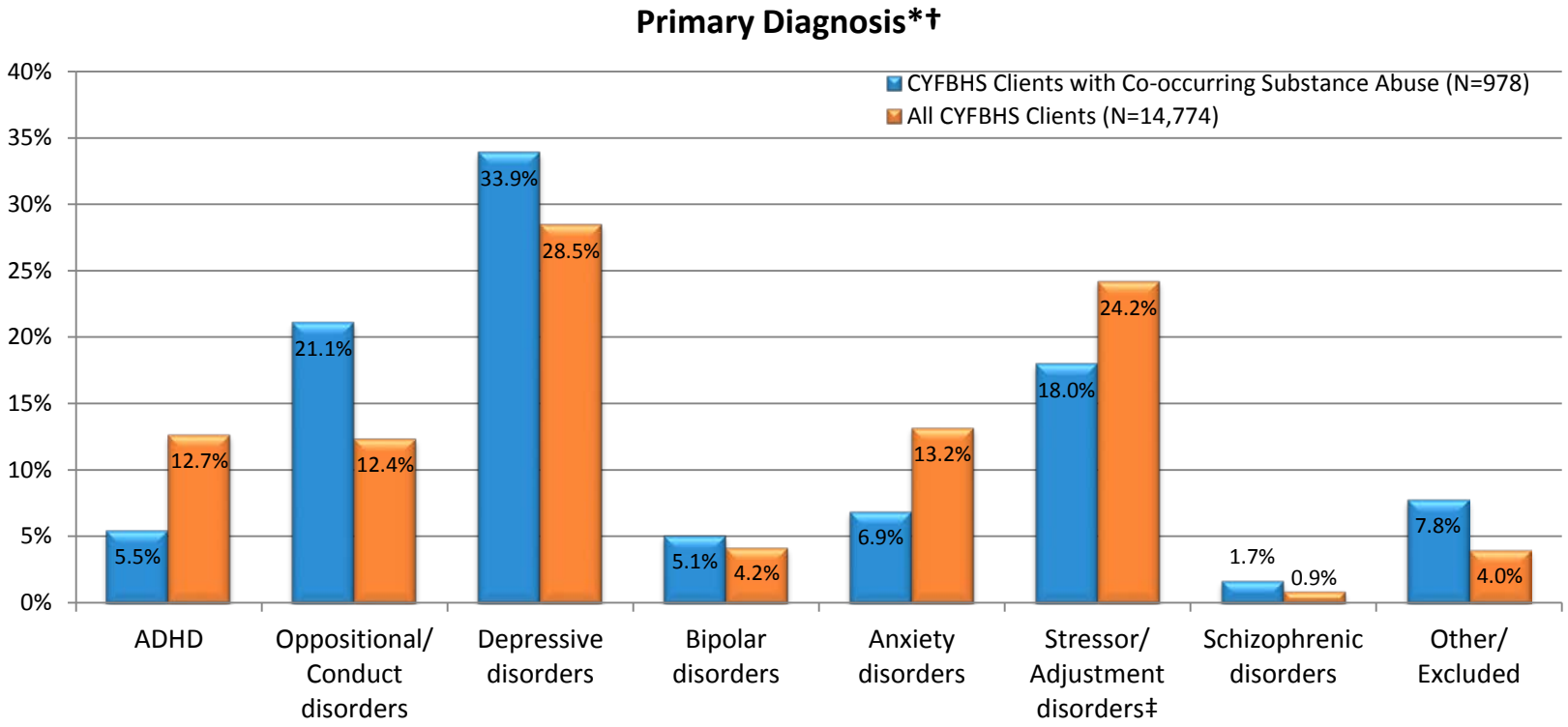


**Percentages calculated within the number of clients served by CYFBHS in FY 2016-17.*
†Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?

Co-occurring Substance Abuse—Primary Diagnosis

Youth with co-occurring substance use problems were far more likely to have an Oppositional/Conduct disorder than youth in CYFBHS overall: 21% (206 of 978) vs. 12% (1,829 of 14,774), respectively. This pattern has been consistent over the past five years.



**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of clients served by CYFBHS in FY 2016-17.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Fee-for-Service Outpatient Youth

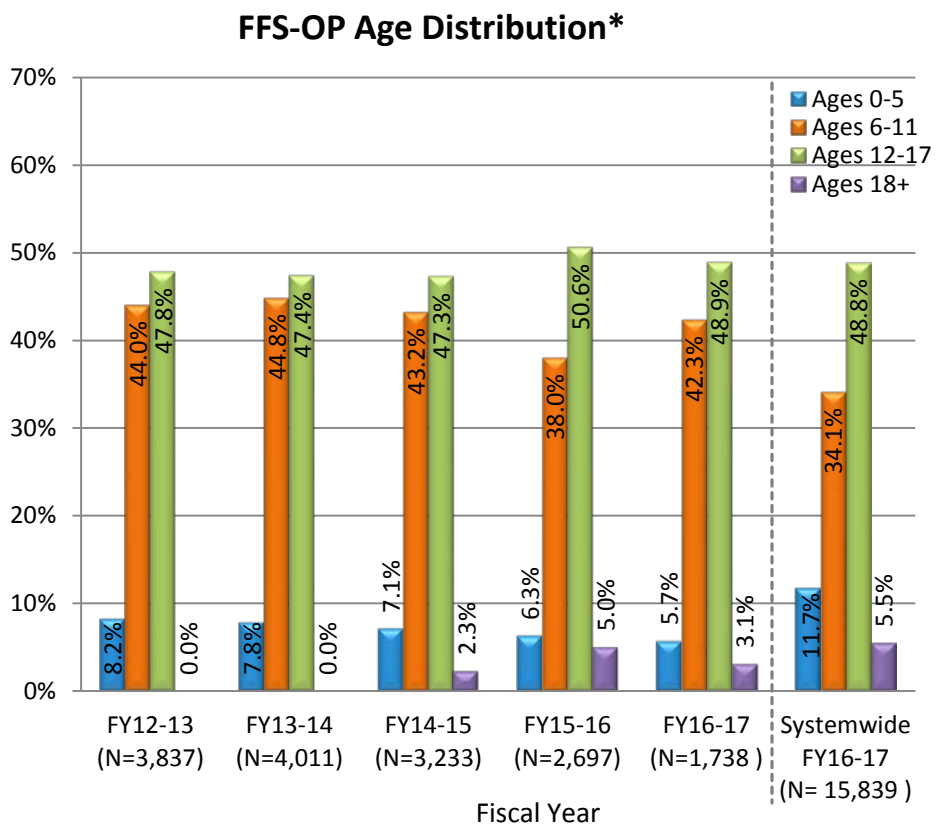
CYFBHS utilizes two provider systems: Organizational Providers and Fee-for-Service (FFS) Providers. This section focuses on clients who *only* received services from Fee-for-Service Outpatient (FFS-OP) providers during the fiscal year. Clients who received services from *both* FFS-OP and Organizational Provider OP programs are not included in these analyses.

FFS-OP Clients

1,738 CYFBHS clients were served only by FFS-OP providers in FY 2016-17.

- The proportion of clients served *only* by FFS-OP providers decreased from 2,697 (16%) of 17,301 in FY 2015-16 to 1,738 (11%) of 15,839 in FY 2016-17.
- 850 (49%) clients served only by FFS-OP providers in CYFBHS were ages 12-17.

Age of FFS-OP Clients



**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Fee-for-Service Outpatient Youth

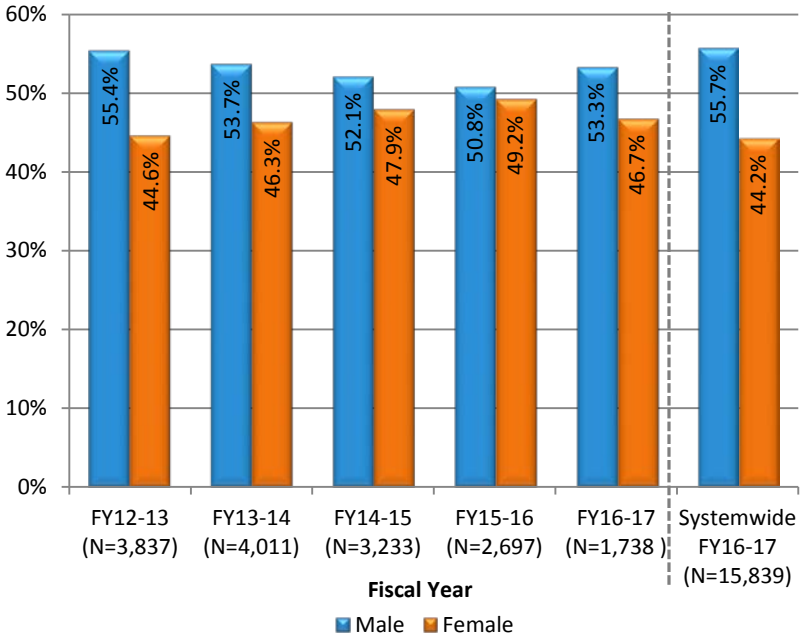
FFS-OP Client Gender

- 927 (53%) clients served only by CYFBHS FFS-OP providers in FY 2016-17 were male.
- The male to female client ratio of the FFS-OP population is more evenly distributed than the CYFBHS system as a whole.

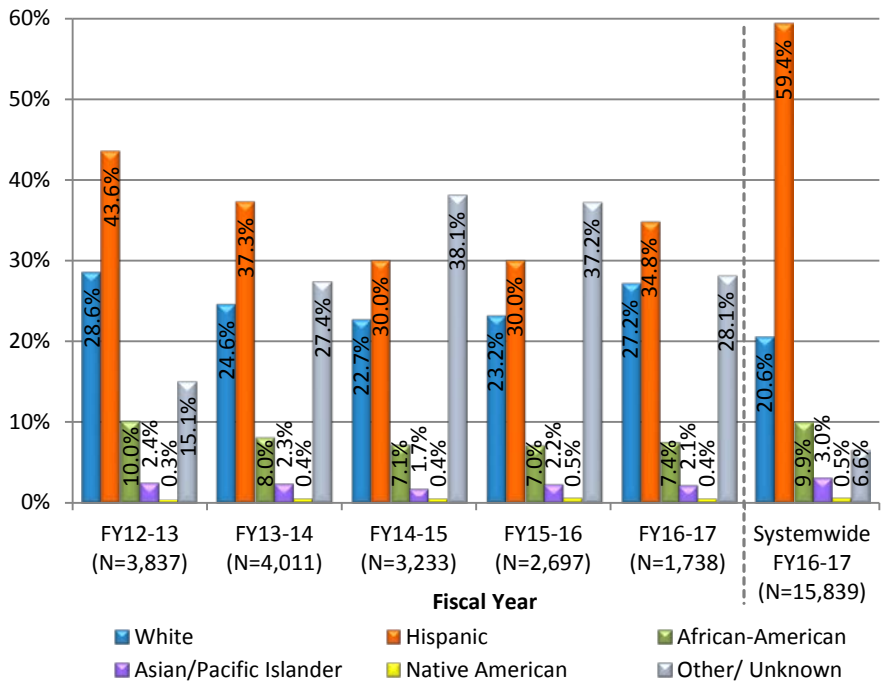
FFS-OP Client Race/Ethnicity

- Race/ethnicity data were not reported for more than one-fourth of clients who were served only by CYFBHS FFS-OP providers in FY 2016-17.
- 605 (35%) clients who were served only by CYFBHS FFS-OP providers in FY 2016-17 identified themselves as Hispanic.

FFS-OP Gender Distribution*



FFS-OP Race/Ethnicity Distribution*

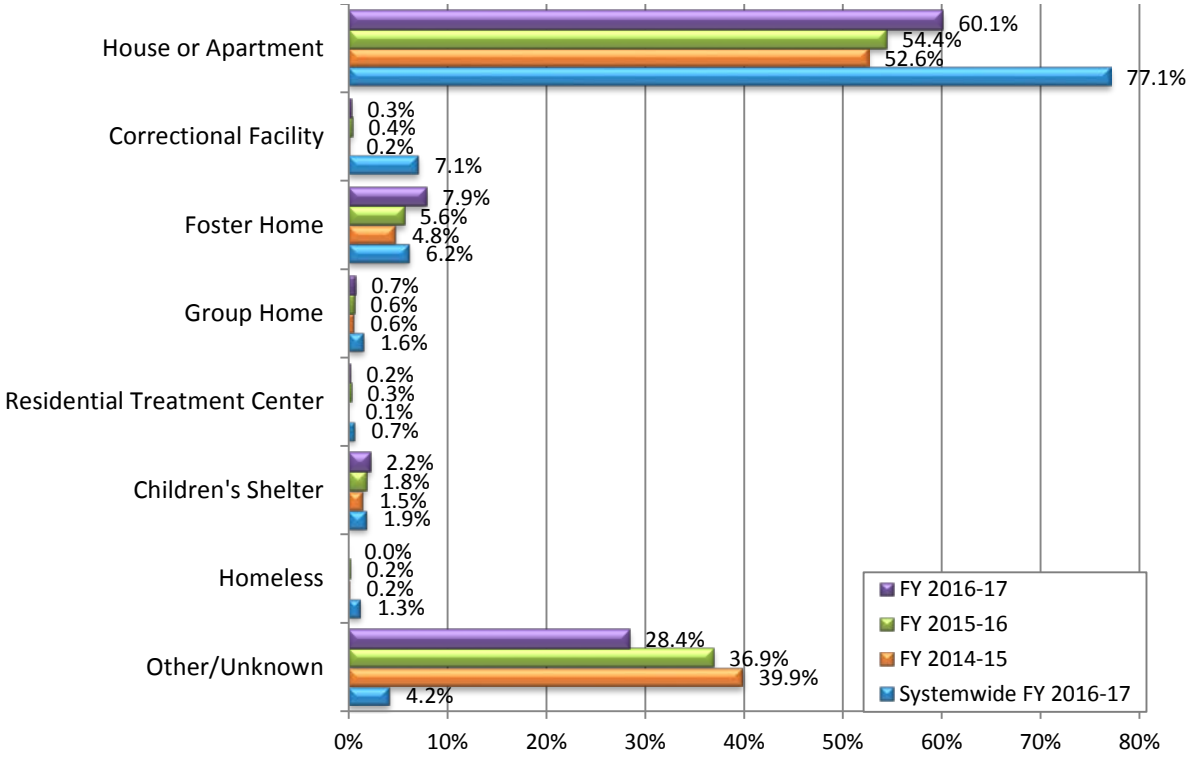


**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Fee-for-Service Outpatient Youth

*FFS-OP Client Living Situation**

Living Situation was not reported for more than one-fourth of clients who were served only by CYFBHS FFS-OP providers in FY 2016-17, this is higher than the systemwide average of 4% "Other/Unknown" in the same fiscal year. 1,044 (60%) clients who were served only by CYFBHS FFS-OP providers lived in a family home or apartment at some point during FY 2016-17; 138 (8%) lived in a Foster Home.

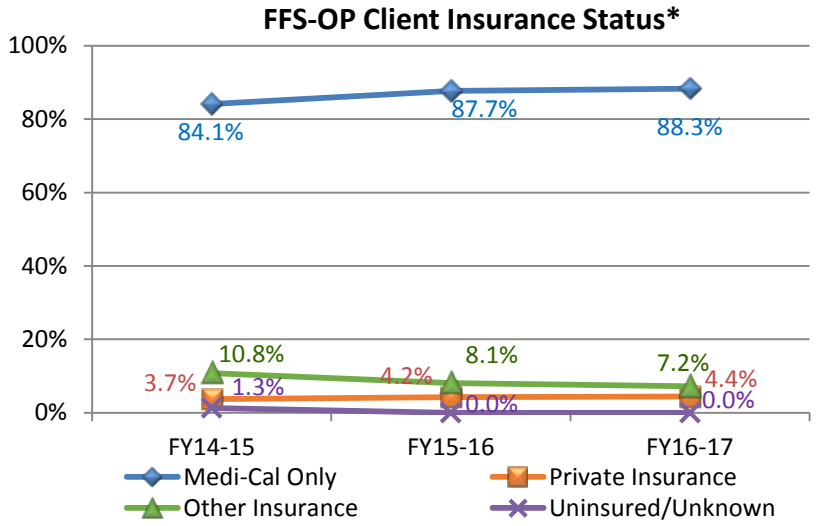


**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Fee-for-Service Outpatient Youth

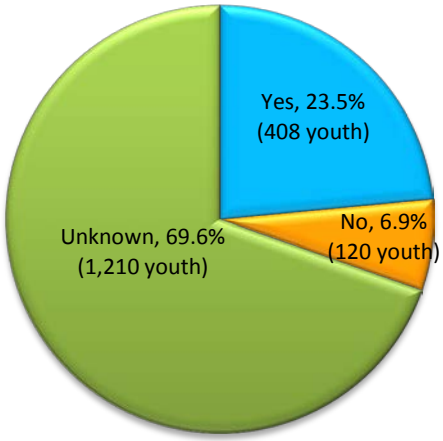
FFS-OP Health Care Coverage

1,535 (88%) clients who were served only by CYFBHS FFS-OP providers in FY 2016-17 were covered exclusively by Medi-Cal. By comparison, 90% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2016-17.

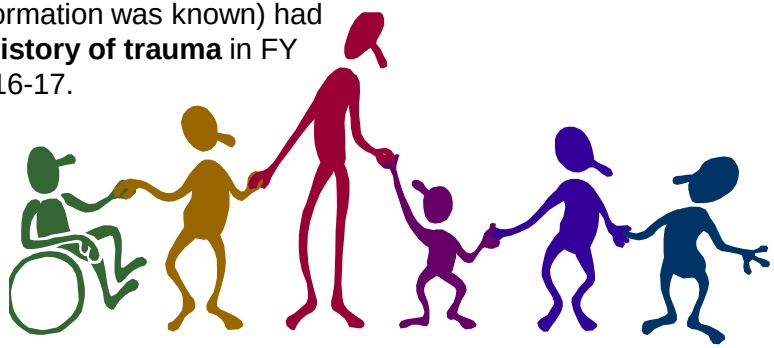


*FFS-OP History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 572 clients (33% of the FFS-OP population) in FY 2016-17; of these clients, 408 (71% of the 572 clients for whom this information was known) had a **history of trauma**. History of trauma was not reported for nearly three-quarters of FFS-OP clients in FY 2016-17.



By comparison, 9,338 of CYFBHS clients systemwide (71% of the 13,157 clients for whom this information was known) had a **history of trauma** in FY 2016-17.



*FFS-OP Primary Care Physician (PCP) Status**

Of the 151 FFS-OP clients for whom PCP status was known, 144 (95%) had a PCP in FY 2016-17; an increase from 91% of FFS-OP clients in FY 2015-16, and the same proportion (94%) as CYFBHS clients systemwide in FY 2016-17. PCP status was not reported for 91% of FFS-OP clients in FY 2016-17.

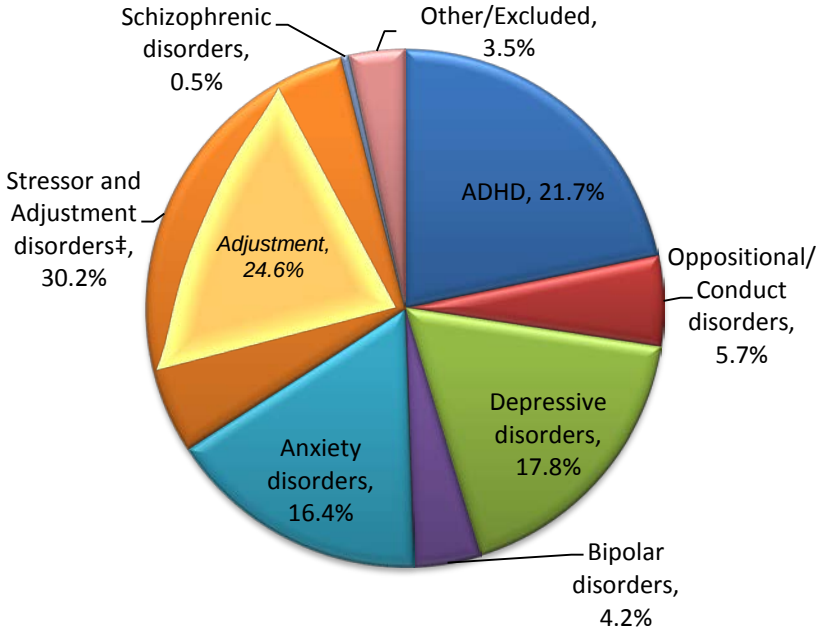
**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Fee-for-Service Outpatient Youth

FFS-OP Primary Diagnosis (n=1,666)†*

The most common diagnoses among clients served only by FFS-OP providers in FY 2016-17 are:

- Stressor and Adjustment disorders (n=503; 30.2%)
- ADHD (n=361; 21.7%)
- Depressive disorders (n=297; 17.8%)
- Anxiety disorders (n=273; 16.4%)



FFS-OP Co-occurring Substance Abuse

In the CYFBHS system, co-occurring substance abuse is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Substance Use Disorder (SUD) services.

FY 2016-17 CYFBHS Youth	FFS-OP Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance abuse issue (dual diagnosis and/or received services from SUD program)	**1% (15 of 1,738)**	**6% (1,015 of 15,839)**
Had dual diagnosis through mental health program§	<1% (7 of 1,738)	5% (743 of 15,839)
CYFBHS Youth with Co-occurring Substance Abuse Issue	**FFS-OP Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	47% (7 of 15)	73% (743 of 1,015)
Received services from SUD program	53% (8 of 15)	44% (443 of 1,015)
CYFBHS youth who received services from SUD program who also had dual diagnosis	0% (0 of 8)	39% (171 of 443)

**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2016-17.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

§ These youth may have received substance abuse counseling as part of their EPSDT mental health services.

Who Are We Serving?
Fee-for-Service TERM Youth

Treatment and Evaluation Resource Management (TERM)

TERM is a mental health program under the direction of the County of San Diego Board of Supervisors and is operated by Optum Public Sector San Diego through a contract with County of San Diego HHSA Behavioral Health Services serving CWS or Probation clients and youth involved in the juvenile justice system with a commitment to improving outcomes for these clients.

The purpose of the program is to provide independent oversight of mental health services for children in the dependency and delinquency systems; with the mission of providing flexible services that are designed to meet and build upon the unique needs, strengths and potential of each youth and family.

Parents and guardians receiving services through TERM are provided with Behavioral Health Assessments, Individual Therapy, Group Therapy, Family Therapy, and Psychological/Psychiatric Evaluations as deemed appropriate to address their individual needs, to facilitate a whole family approach to health and wellness.

Optum is responsible for developing, maintaining and contracting a network of TERM providers. Providers offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources.

How Many TERM Providers are on the Network?

As of July 1, 2016, there were 244 total unique providers contracted.

- 217 Treatment Providers (Therapy Services)
- 31 Evaluators (Evaluation Services)
- 1 Psychiatric Evaluator (Psych Eval Services)

Note: 5 Providers were contracted for both Therapy and Evaluation Services

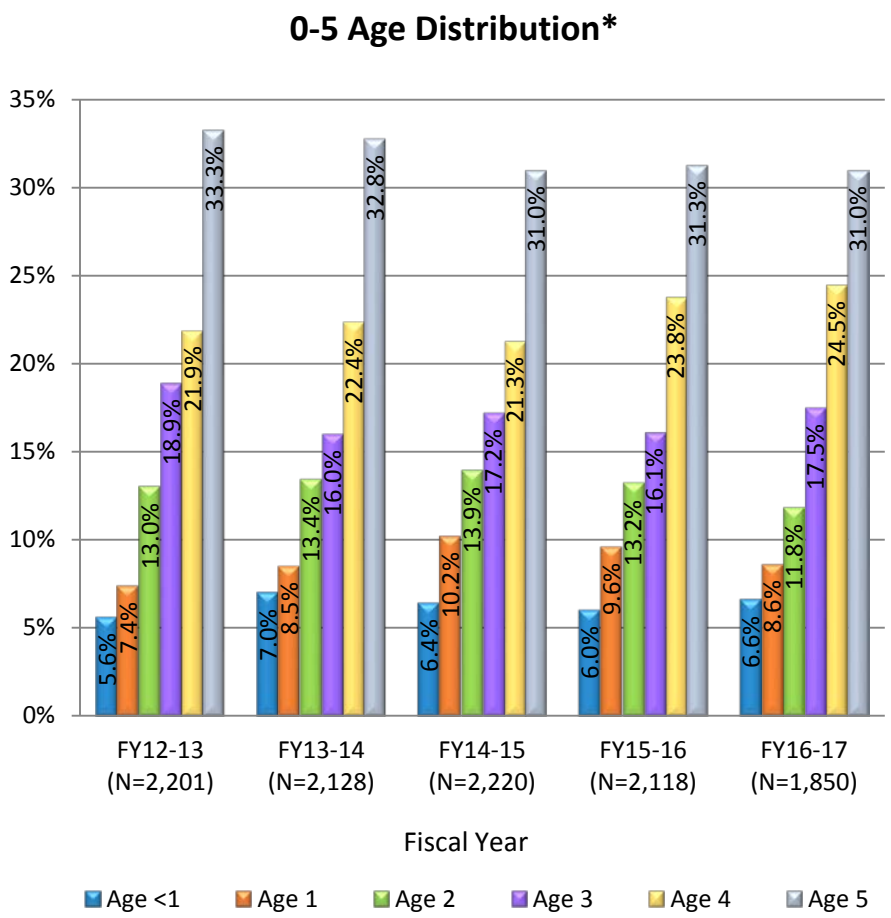
Who Are We Serving?
Age 0 – 5 Youth

Age 0–5 Youth

1,850 youth who were 0 through 5 years old were served by CYFBHS in FY 2016-17.

- 573 (31%) age 0-5 youth served by CYFBHS were age 5.
- The proportion of age 0-5 youth served by CYFBHS has remained relatively stable over the past five years.

Age Distribution of 0–5 Youth



**Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Age 0 – 5 Youth

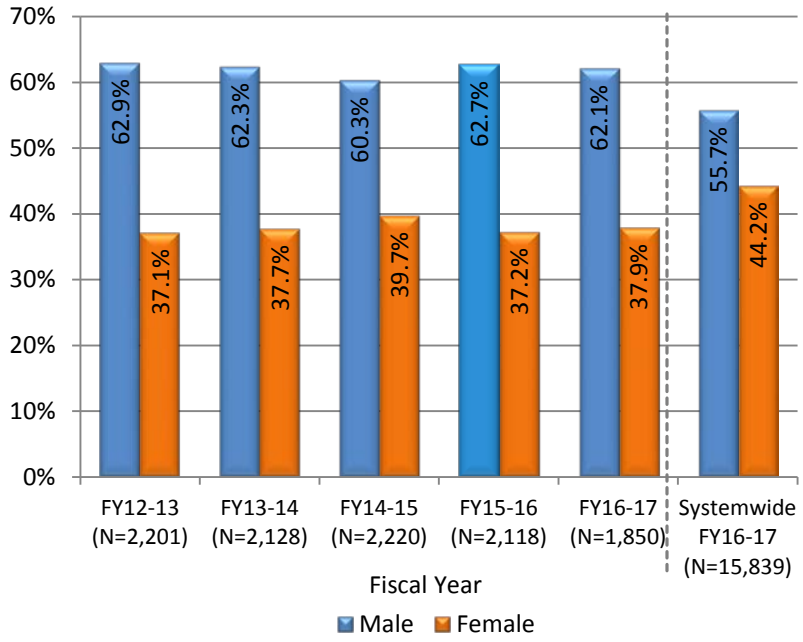
Age 0–5 Client Gender

- 1,148 (62%) age 0-5 clients who received CYFBHS services in FY 2016-17 were male.
- The gender gap of the 0-5 population is wider than the CYFBHS system as a whole.

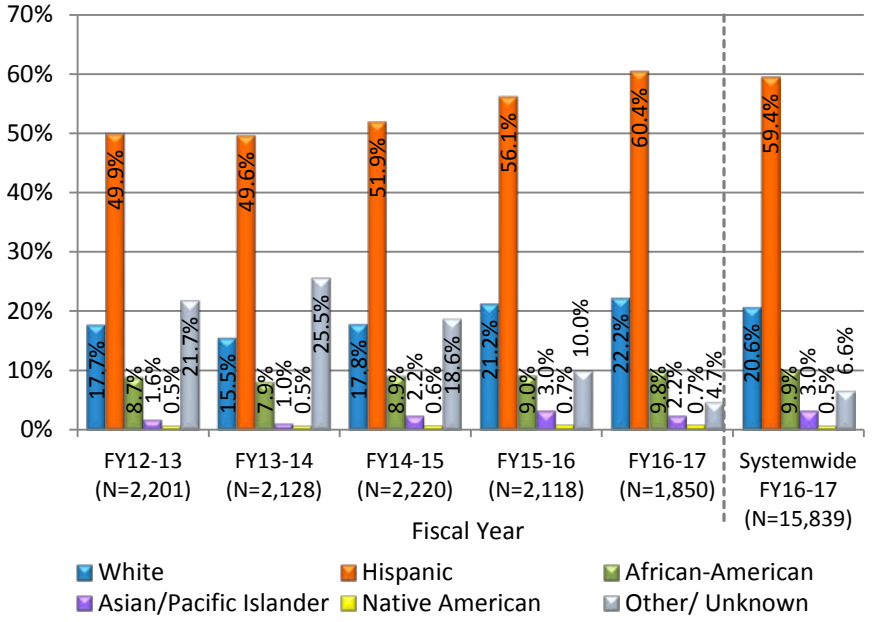
Age 0–5 Client Race/Ethnicity

- 1,118 (60%) age 0-5 clients who received CYFBHS services in FY 2016-17 were identified as Hispanic.
- The distribution of race/ethnicity among age 0-5 clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

Age 0 – 5 Gender Distribution*



Age 0 – 5 Race/Ethnicity Distribution*

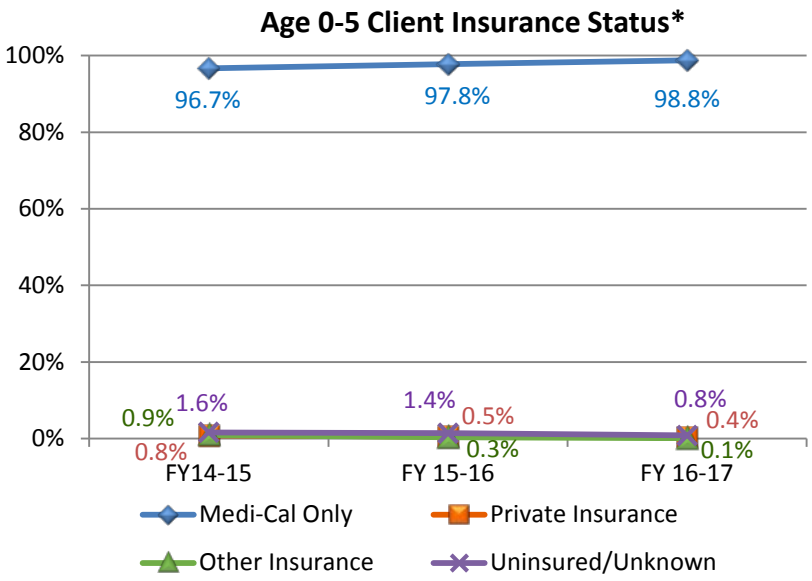


**Percentages calculated within the number of age 0-5 youth served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Age 0 – 5 Youth

1,827 (99%) age 0-5 clients who received services from CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal; a continuous increase from 97% in FY 2014-15. By comparison, 90% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2016-17.

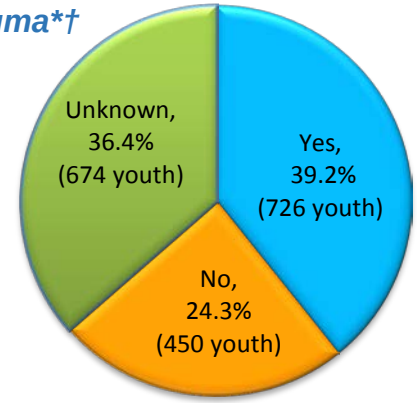
Age 0-5 Health Care Coverage



Age 0-5 History of Trauma†*

Previous experience of **traumatic events** was reported by clinicians for 1,176 clients (64% of the age 0-5 population) in FY 2016-17; of these clients, 726 (62% of the 1,176 clients for whom this information was known) had a **history of trauma**.

By comparison, 71% of CYFBHS clients systemwide had a **history of trauma** in FY 2016-17.



Age 0-5 Primary Care Physician (PCP) Status†*

Of the 1,072 age 0-5 clients for whom PCP status was known, 1,033 (96%) had a PCP in FY 2016-17; a decrease from 97% of age 0-5 clients in FY 2015-16.

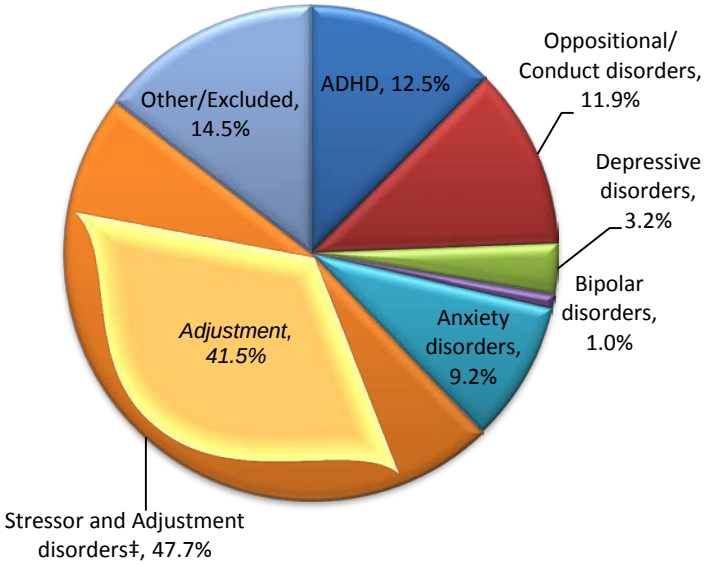
**Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2016-17.*
†Unknown category includes Fee-for-Service providers for whom data were not available.

Who Are We Serving?
Age 0 – 5 Youth

Age 0–5 Primary Diagnosis (n=1,238)†*

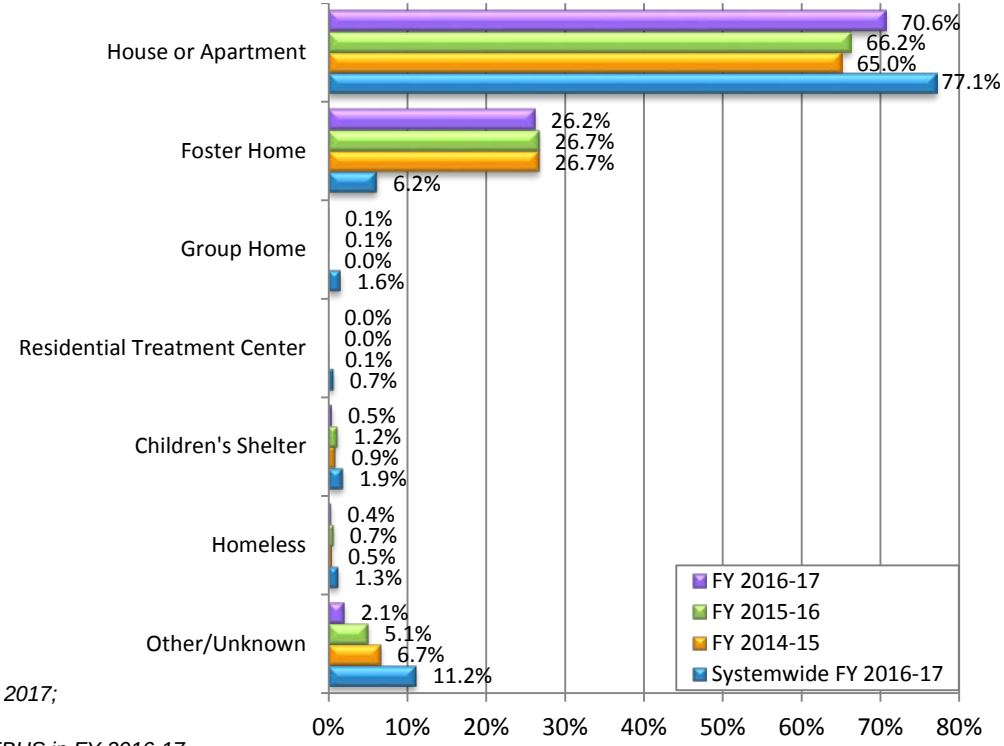
The most common diagnoses among age 0-5 clients served by CYFBHS are:

- Stressor and Adjustment disorders (n=590; 47.7%)
- ADHD (n=155; 12.5%)
- Oppositional/Conduct disorders (n=147; 11.9%)



Age 0–5 Client Living Situation†

1,307 (71%) age 0-5 clients served by CYFBHS lived in a family home or apartment at some point during FY 2016-17. 485 (26%) age 0-5 clients lived in a Foster Home; as compared to 6% systemwide.



** Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded*

†Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2016-17.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

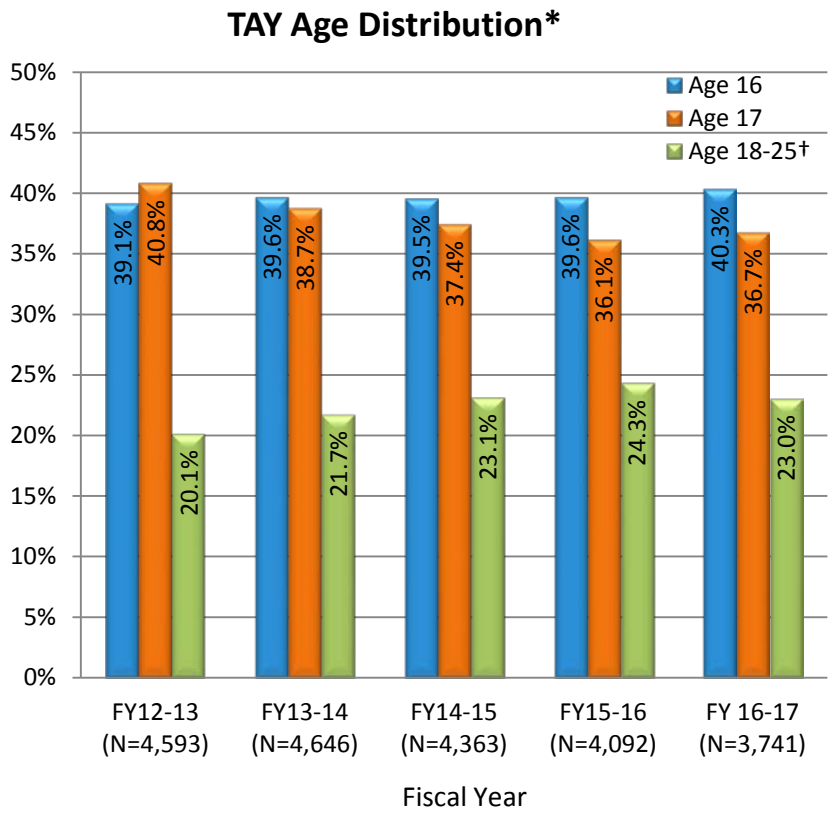
Who Are We Serving?
Transition Age Youth

Transition Age Youth

3,741 Transition Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served by CYFBHS in FY 2016-17, representing 24% of the total CYFBHS population.

- 2,879 (77%) TAY clients served by CYFBHS were ages 16-17.
- The proportion of TAY clients ages 18-25 served by CYFBHS decreased from 24% in FY 2015-16 to 23% in FY 2016-17.

Age of TAY Clients



**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2016-17.*
†On average, less than 1% of the TAY population in CYFBHS was over the age of 21.

Who Are We Serving?
Transition Age Youth

TAY Client Gender

❖ 1,966 (53%) TAY clients who received CYFBHS services in FY 2016-17 were male.

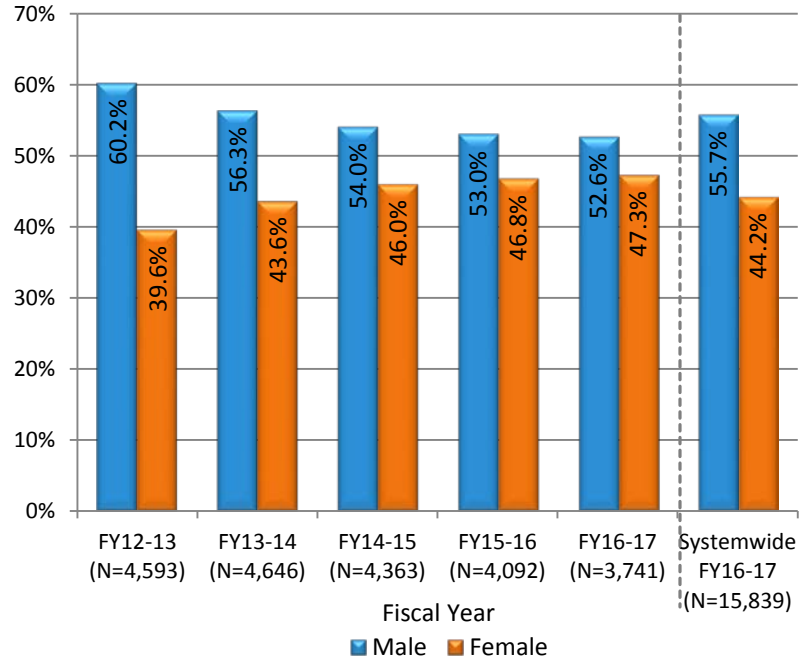
❖ The gender gap of the TAY population has narrowed by more than half over the past five years, and the FY 2016-17 gender gap is narrower than the CYFBHS system as a whole.

TAY Client Race/Ethnicity

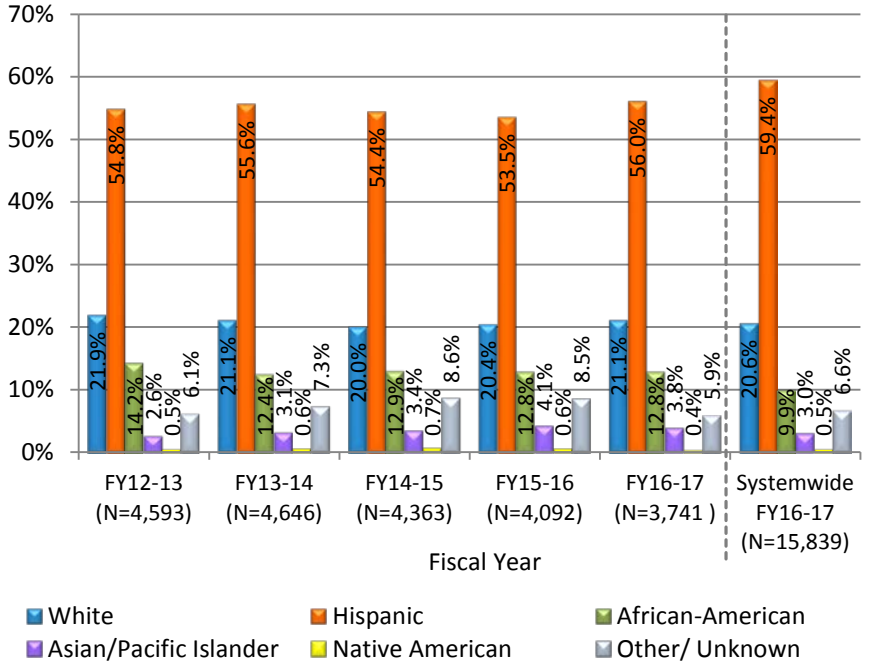
❖ 2,096 (56%) TAY clients who received CYFBHS services in FY 2016-17 identified themselves as Hispanic.

❖ The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

TAY Gender Distribution*



TAY Race/Ethnicity Distribution*

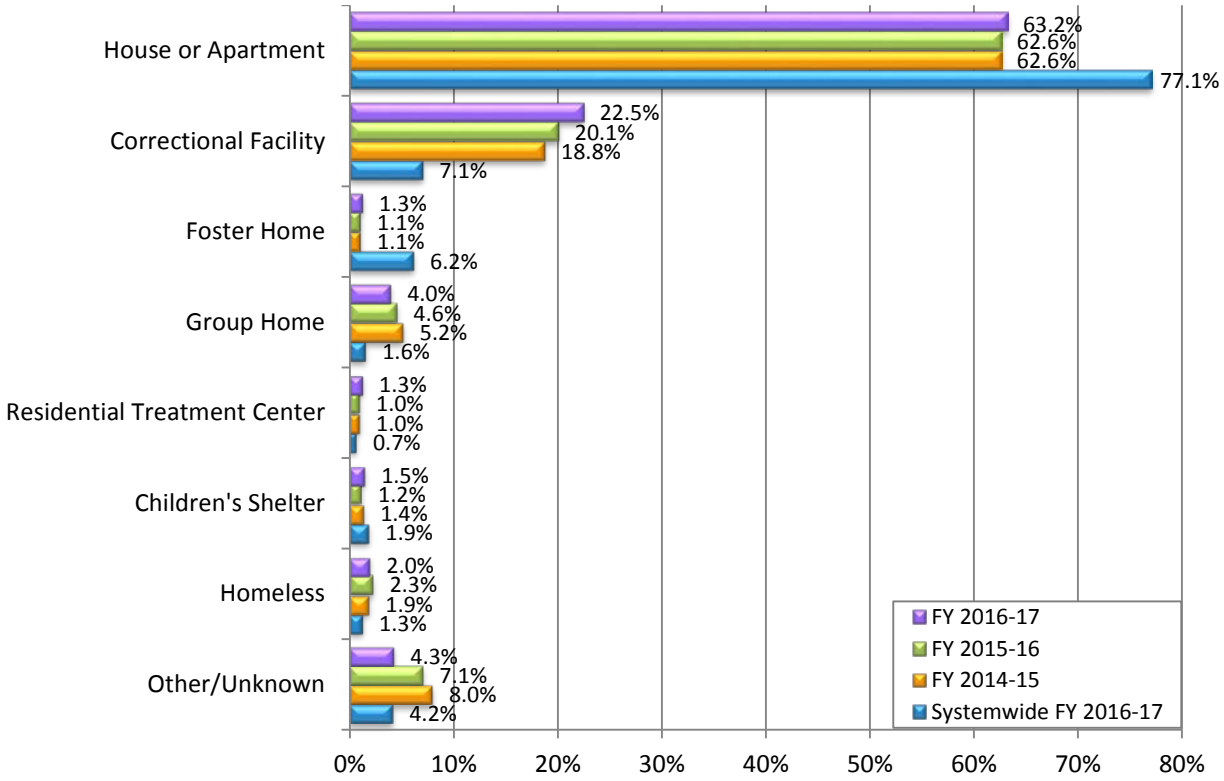


**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Transition Age Youth

*TAY Client Living Situation**

2,365 (63%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2016-17. 842 (23%) TAY clients lived in a Correctional Facility in FY 2016-17; this is a steady increase from 19% in FY 2014-15 and more than double the systemwide average of 7%.

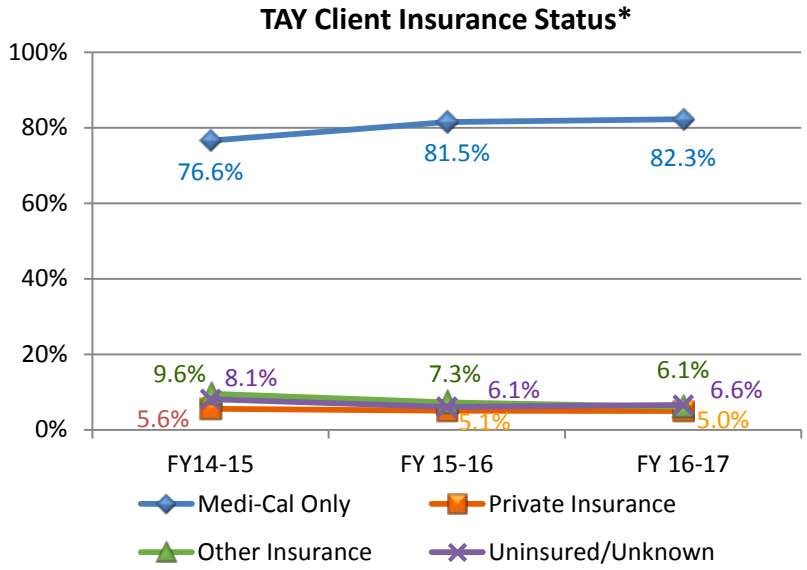


**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2016-17.*

Who Are We Serving?
Transition Age Youth

TAY Health Care Coverage

3,080 (82%) TAY clients who received services from CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal; a slight increase from 3,333 (82%) in FY 2015-16. By comparison, 90% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2016-17.



TAY Primary Care Physician (PCP) Status†*

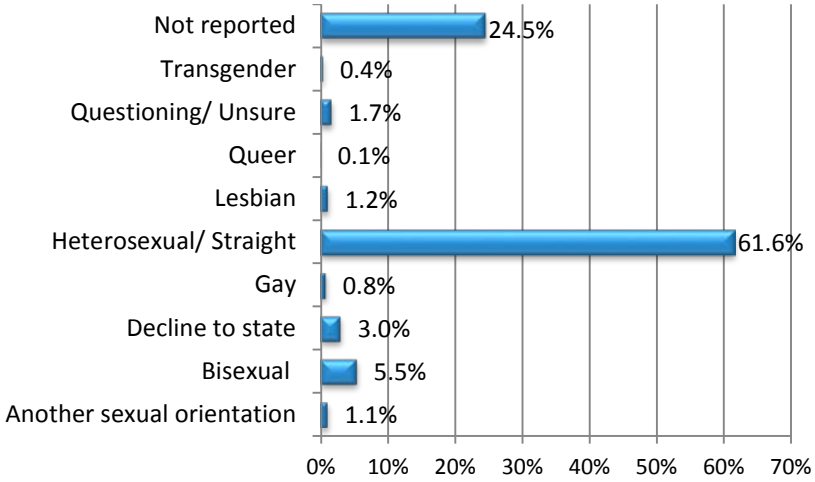
Of the 2,919 TAY clients for whom PCP status was known, 2,636 (90%) had a PCP in FY 2016-17, which is similar to 90% of TAY clients in FY 2015-16. By comparison, 94% of CYFBHS clients systemwide had a PCP in FY 2016-17.

**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2016-17.*

† Unknown category includes Fee-for-Service providers for whom data were not available.

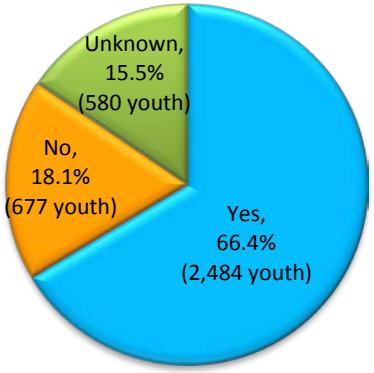
*TAY Sexual Orientation**

2,306 (62%) TAY clients served by CYFBHS identified as heterosexual during FY 2016-17. Sexual orientation was unreported or declined to state for 28% of the 13+ population.



TAY History of Trauma†*

Previous experience of **traumatic events** was reported by clinicians for 3,161 clients (84% of the TAY population) in FY 2016-17; of these clients, 2,484 (79% of the 3,161 clients for whom this information was known) had a **history of trauma**. By comparison, 71% of CYFBHS clients systemwide had a **history of trauma** in FY 2016-17.

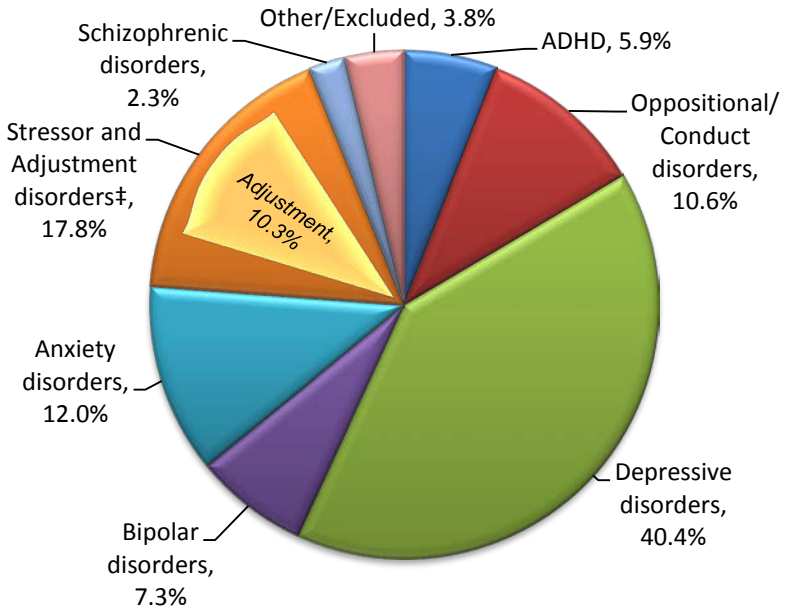


Who Are We Serving?
Transition Age Youth

TAY Primary Diagnosis (n=3,594)†*

The most common diagnoses among TAY clients served by CYFBHS are:

- Depressive disorders (n=1,451; 40.4%)
- Stressor and Adjustment disorders (n=638; 17.8%)
- Anxiety disorders (n=433; 12.0%)
- Oppositional/Conduct disorders (n=381; 10.6%)



TAY Co-occurring Substance Abuse

In the CYFBHS system, co-occurring substance abuse is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Substance Use Disorder (SUD) services.

FY 2016-17 CYFBHS Youth	TAY Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance abuse issue (dual diagnosis and/or received services from SUD program)	**20% (750 of 3,741)**	**6% (1,015 of 15,839)**
Had dual diagnosis through mental health program§	15% (569 of 3,741)	5% (743 of 15,839)
CYFBHS Youth with Co-occurring Substance Abuse Issue	**TAY Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	76% (569 of 750)	73% (743 of 1,015)
Received services from SUD program	42% (312 of 750)	44% (443 of 1,015)
CYFBHS youth who received services from SUD program who also had dual diagnosis	42% (131 of 312)	39% (171 of 443)

**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of TAY clients served by CYFBHS in FY 2016-17.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

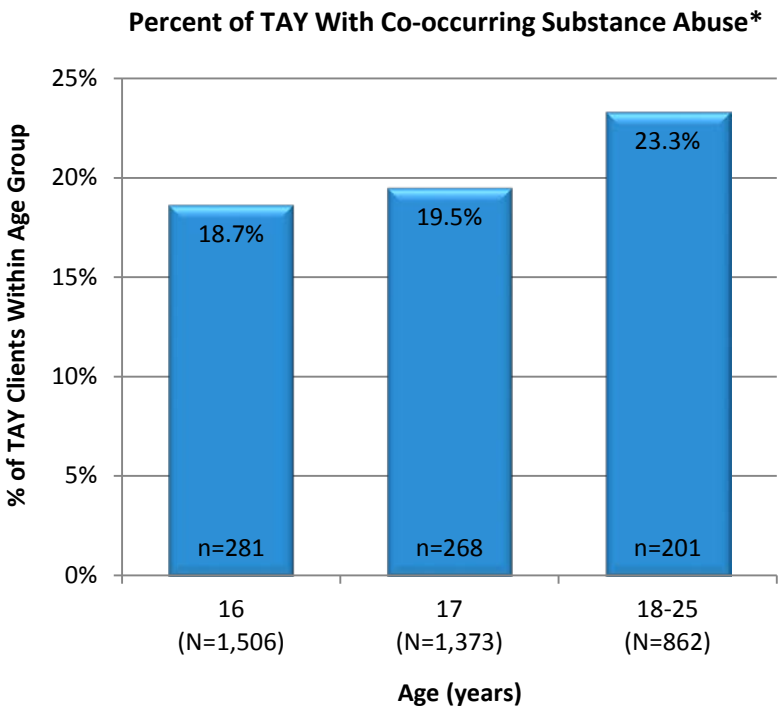
§ These youth may have received substance abuse counseling as part of their EPSDT mental health services.

Who Are We Serving?
Transition Age Youth

281 of 750 TAY clients (38%) with a co-occurring substance abuse problem were age 16; the majority (63%) were Hispanic.

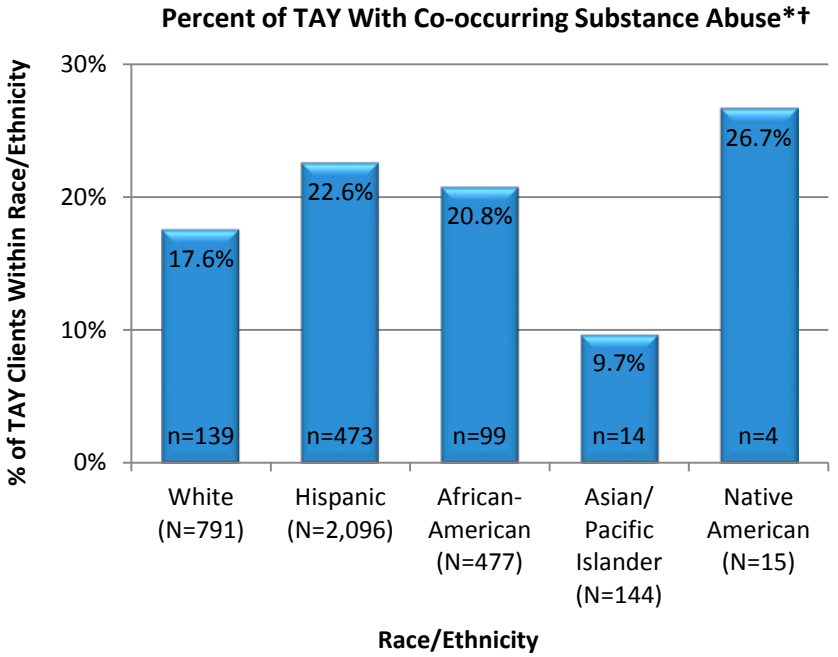
TAY Co-occurring Substance Abuse—Age

Nineteen percent of 16-year-olds and 20% of 17-year-olds who received services from the CYFBHS system were identified as having a substance abuse issue.



TAY Co-occurring Substance Abuse—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Hispanic TAY served by CYFBHS had the highest proportion of co-occurring substance abuse (473 of 2,096 clients), while Asian/Pacific Islander TAY had the lowest proportion (14 of 144 clients).



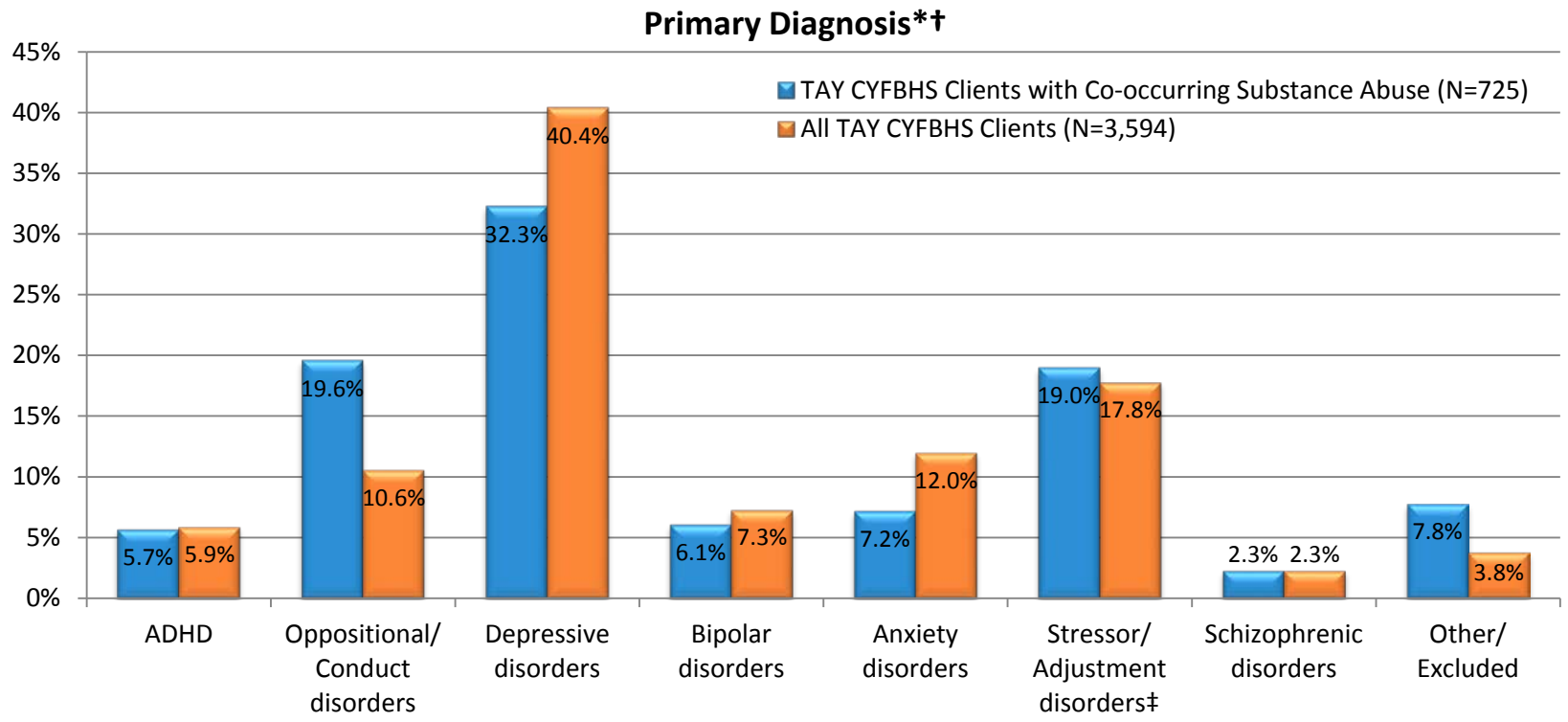
**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2016-17.*

†Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?
Transition Age Youth

TAY Co-occurring Substance Abuse—Primary Diagnosis

TAY clients with co-occurring substance use problems were more likely to have an Oppositional/Conduct disorder than TAY in CYFBHS overall: 20% (142 of 725) vs. 11% (381 of 3,594), respectively.



**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of TAY clients served by CYFBHS in FY 2016-17.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Where Are We Serving?

CYFBHS serves clients in six HHSA regions.*

Demographics by Region	Central		East		North Central		North Coastal		North Inland		South		Systemwide§	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Total Number of Clients†‡	*3,084*	**17%**	*2,190*	**12%**	*5,385*	**30%**	*1,377*	**8%**	*2,905*	**16%**	*2,906*	**16%**	*15,839*	**100%**
Age														
Age 0-5	*197*	**6%**	*176*	**8%**	*857*	**16%**	*283*	**21%**	*175*	**6%**	*268*	**9%**	*1,850*	**12%**
Age 6-11	*1,190*	**39%**	*834*	**38%**	*1,257*	**23%**	*487*	**35%**	*735*	**25%**	*874*	**30%**	*5,395*	**34%**
Age 12-17	*1,521*	**49%**	*1,080*	**49%**	*2,899*	**54%**	*556*	**40%**	*1,769*	**61%**	*1,698*	**58%**	*7,727*	**49%**
Age 18+	*176*	**6%**	*100*	**5%**	*372*	**7%**	*51*	**4%**	*226*	**8%**	*66*	**2%**	*867*	**5%**
Gender														
Female	*1,225*	**40%**	*993*	**45%**	*2,200*	**41%**	*657*	**48%**	*1,121*	**39%**	*1,441*	**50%**	*7,003*	**44%**
Male	*1,855*	**60%**	*1,195*	**55%**	*3,182*	**59%**	*720*	**52%**	*1,782*	**61%**	*1,461*	**50%**	*8,826*	**56%**
Other/Unknown	*4*	**<1%**	*2*	**<1%**	*3*	**<1%**	*0*	**0%**	*2*	**<1%**	*4*	**<1%**	*10*	**<1%**
Race/Ethnicity														
White	*403*	**13%**	*672*	**31%**	*1,169*	**22%**	*368*	**27%**	*600*	**21%**	*385*	**13%**	*3,255*	**21%**
Hispanic	*2,048*	**66%**	*1,068*	**49%**	*2,995*	**56%**	*836*	**61%**	*1,859*	**64%**	*2,141*	**74%**	*9,415*	**59%**
African-American	*392*	**13%**	*256*	**12%**	*757*	**14%**	*95*	**7%**	*303*	**10%**	*217*	**8%**	*1,564*	**10%**
Asian/Pacific Islander	*152*	**5%**	*38*	**2%**	*205*	**4%**	*26*	**2%**	*41*	**1%**	*85*	**3%**	*478*	**3%**
Native American	*11*	**<1%**	*21*	**1%**	*21*	**<1%**	*8*	**<1%**	*19*	**<1%**	*5*	**<1%**	*77*	**<1%**
Other/Unknown	*78*	**2%**	*135*	**6%**	*238*	**4%**	*44*	**3%**	*83*	**3%**	*73*	**3%**	*1,050*	**7%**
Most Common Diagnoses														
Total Valid Diagnoses	*2,990*	**97%**	*2,162*	**99%**	*4,880*	**91%**	*1,197*	**87%**	*2,708*	**93%**	*2,869*	**99%**	*14,774*	**93%**
Depressive Disorders	*874*	**29%**	*597*	**28%**	*1,372*	**28%**	*373*	**31%**	*675*	**25%**	*1,193*	**42%**	*4,211*	**29%**
Stressor & Adjustment Disorders	*600*	**20%**	*562*	**26%**	*1,186*	**24%**	*274*	**23%**	*628*	**23%**	*588*	**21%**	*3,568*	**24%**
Anxiety Disorders	*341*	**11%**	*258*	**12%**	*486*	**10%**	*230*	**19%**	*317*	**12%**	*298*	**10%**	*1,944*	**13%**
Attention Deficit Hyperactivity Disorders	*401*	**13%**	*230*	**11%**	*529*	**11%**	*120*	**10%**	*401*	**15%**	*253*	**9%**	*1,877*	**13%**

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

Where Are We Serving?
School Site Services

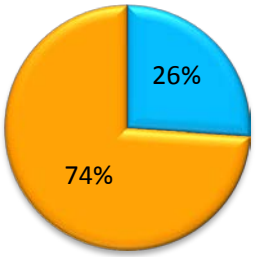
Benefits of Providing School Site Treatment

The County is committed to providing school based mental health services to improve access for youth. Service providers deploy clinicians to designated schools who work closely with school personnel to engage and support youth and families, as well as provide outreach.

26% of Clients Received School Site Mental Health Treatment Services.

4,121 of 15,836 CYF clients (26%) served during FY 2016-17 received at least one school site treatment service.

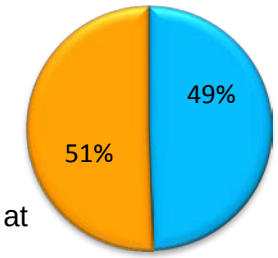
(Additionally, 77 clients received at least one non-treatment service.)



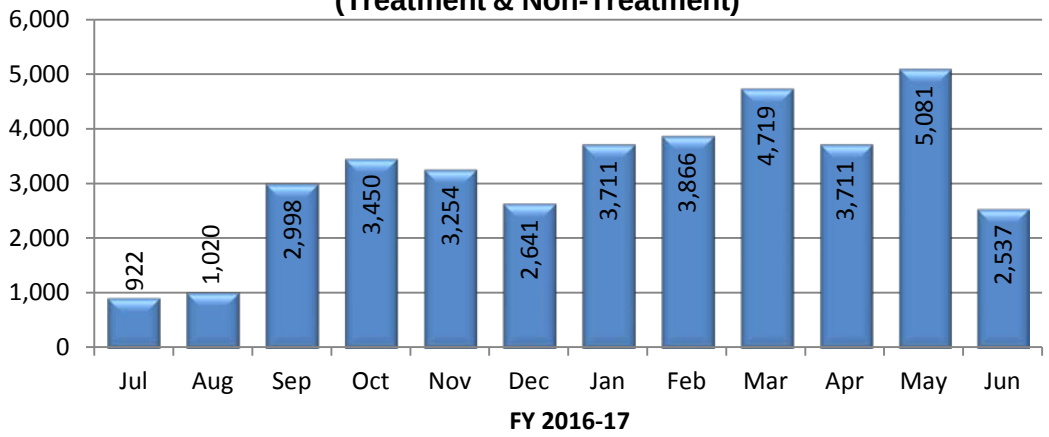
*Mental Health Treatment Services Provided in 49% of Schools.**

387 of 782 schools in the County of San Diego had at least one school site treatment service during FY 2016-17.

(Non-treatment services were provided at 25 additional schools.)



School Site Service Contacts by Month (Treatment & Non-Treatment)



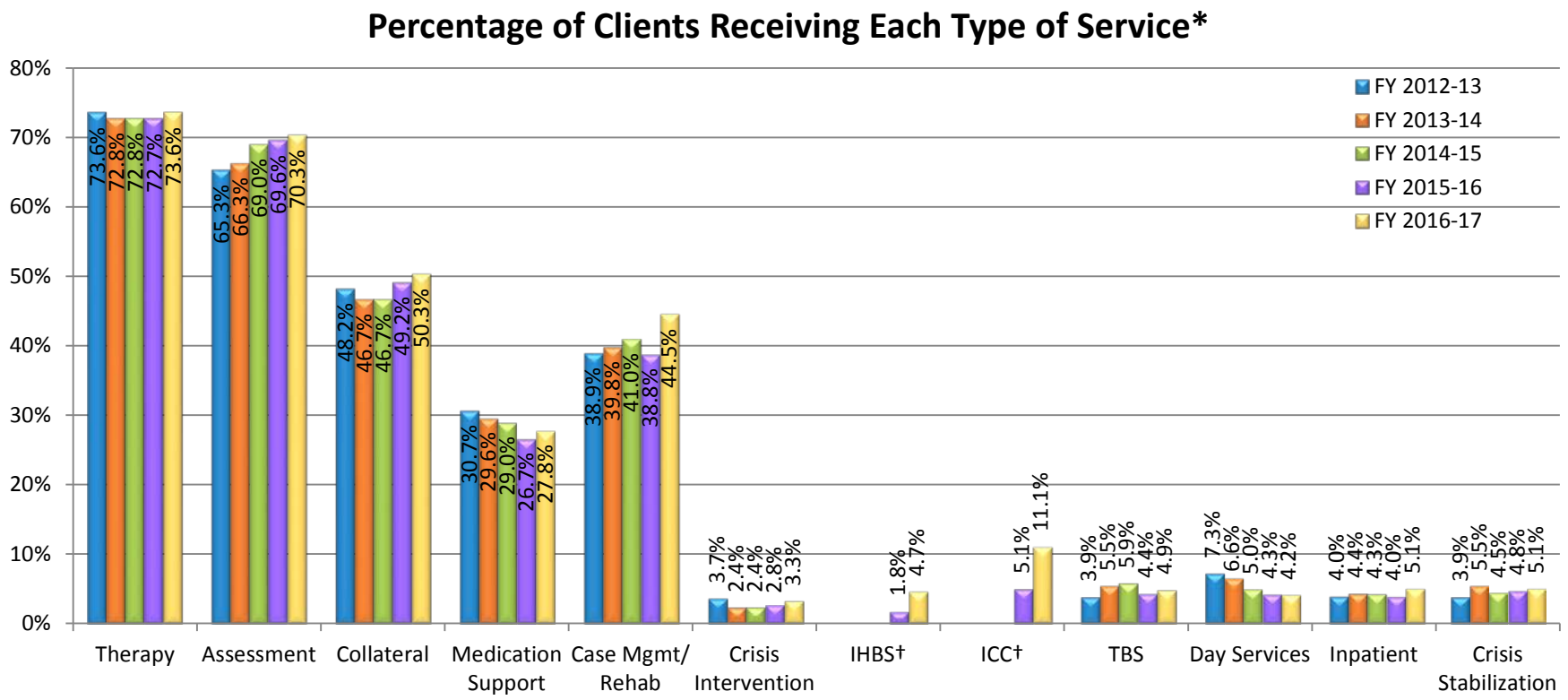
Average Number of School Site Service Contacts Per Schools Based Client During FY 2016-17 = 9

**Source: CA Department of Education*

What Kind of Services Are Being Used?

Types of Services Used

Children and youth may receive multiple services in the course of a year, and the amount and type of each service received can vary widely by client. Trending across the past five years, the percentage of clients receiving Medication Support and Day Services has declined, and the percentage of clients receiving Assessment and Case Management services has increased.



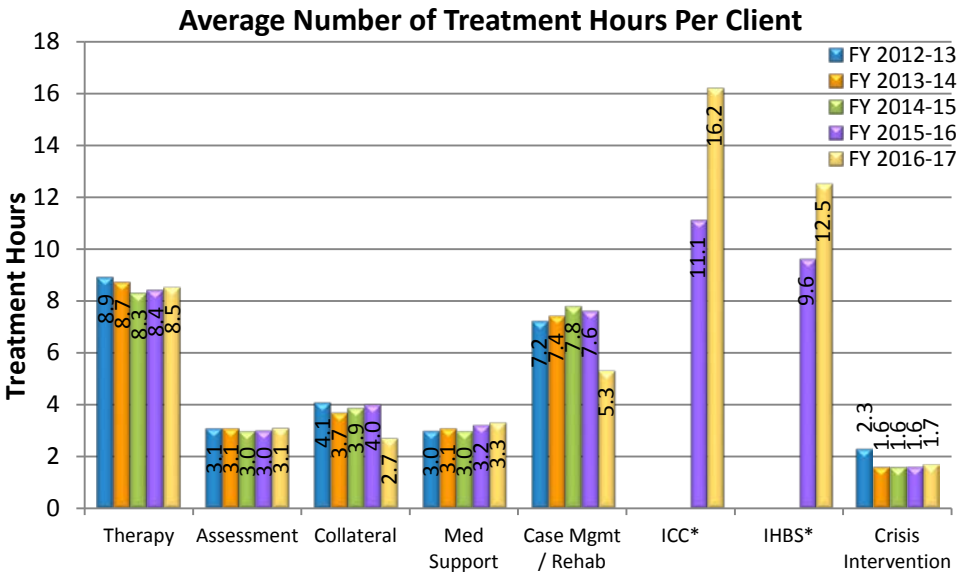
**These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being; service data became available in FY 2015-16. In FY 2016-17, ICC and IHBS services were expanded to all eligible CYFBHS clients.

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

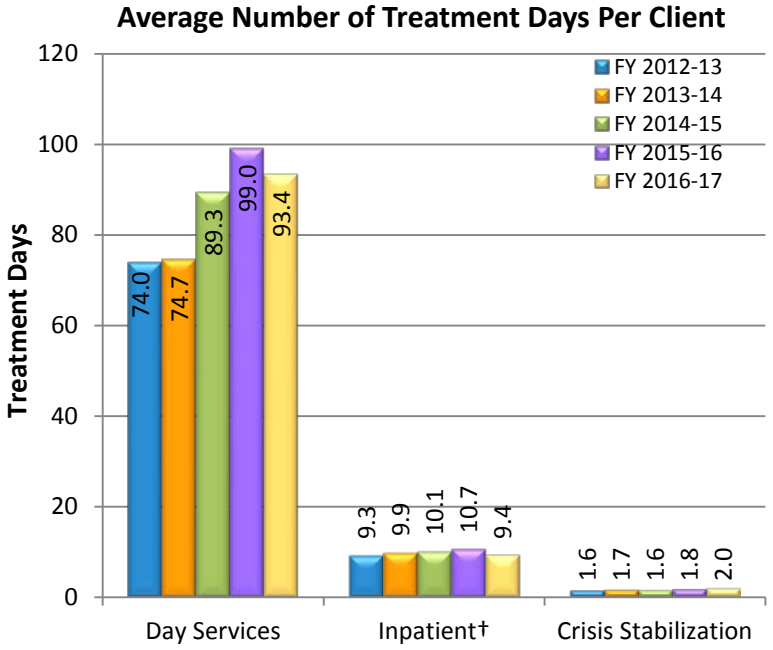
On average, clients received **8.5 hours of Outpatient Therapy** in FY 2016-17, a slight increase from 8.4 hours in FY 2015-16. Average Case Management and Collateral service treatment hours declined by more than 30% compared to the previous fiscal year as the rate of ICC increased.

The overall decline in Outpatient Therapy treatment hours from FY 2012-13 is in alignment with CYFBHS implementation of the **Short-term Treatment Model (STTM)** in January 2010. Evidence of the effectiveness of this model can be found in the *CYFBHS Short-Term Model Evaluation* report, available upon request (see page 81 for contact information).



Service Treatment Days

The average number of **Day Services treatment days decreased** nearly 6% as compared to FY 2015-16; however the average remains higher than the three preceding fiscal years. Treatment days are calculated at the client level; since clients may have had more than one service episode during the fiscal year, the average may be higher than treatment days calculated at the episode level.



**IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being; service data became available in FY 2015-16. In FY 2016-17, ICC and IHBS services were expanded to all eligible CYFBHS clients.*

† Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.

What Kind of Services Are Being Used?

*Service Use by Primary Diagnosis**

- Compared to CYFBHS systemwide averages, youth with **Depressive Disorder** diagnosis were more likely to receive Outpatient Crisis services, as well as Inpatient and Crisis Stabilization services.
- Youth with **ADHD** were twice as likely to receive Medication Support services, compared to the systemwide average.
- Youth with a **Schizophrenic Disorder** diagnosis were less likely than the CYFBHS average to receive Outpatient Therapy, Assessment, and Collateral services, and more likely to receive Medication Support, Case Management, Outpatient Crisis services, Intensive Home Based Service, Intensive Care Coordination, and all intensive services (Inpatient, Day Treatment, and Crisis Stabilization).
- Youth with a **Bipolar Disorder** were more likely to receive Intensive Home Based Service and Intensive Care Coordination services, as well as all intensive services (Inpatient, Day Treatment, and Crisis Stabilization), compared to the systemwide average.

*Service Use by Race/Ethnicity**

- **Native American** clients were more likely than any other racial/ethnic group to receive Outpatient Crisis and Intensive Care Coordination services, and were more likely than the CYFBHS systemwide averages to receive Inpatient and Day Treatment services. These clients were slightly less likely to receive Crisis Stabilization services; however, average time in intensive services was greater than the average.
- Compared to CYFBHS systemwide averages, **Hispanic** clients were less likely to receive Intensive Home Based Service and Intensive Care Coordination services, and were slightly less likely to receive intensive services (Inpatient, Day Treatment, and Crisis Stabilization). These clients were less likely to receive medication support than any other racial/ethic group.
- **African-American** clients were underrepresented in Outpatient Therapy, Assessment, and Collateral services, and more likely than the CYFBHS average to use Medication Support, Intensive Home Based Service, and Intensive Care Coordination services. These clients were more than twice as likely to receive Day Treatment services.
- **White** clients were more likely to receive medication support than any other racial/ethnic group.
- **Asian/Pacific Islander** clients were less likely than the systemwide youth average to receive Day Treatment services, and more likely to receive Inpatient and Crisis Stabilization services.

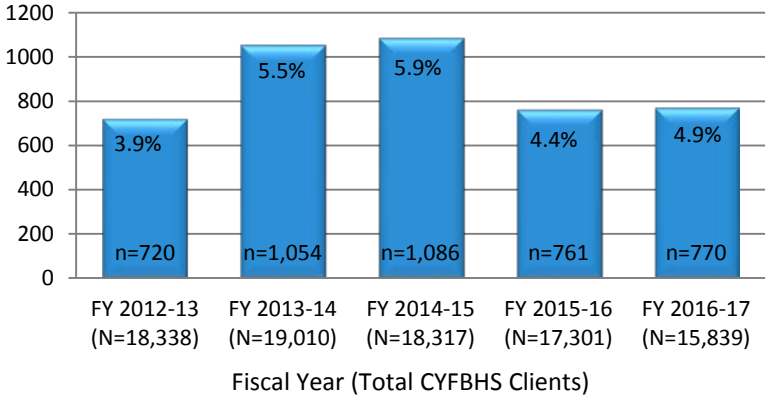
**Detailed service utilization tables available on request.*

What Kind of Services Are Being Used?

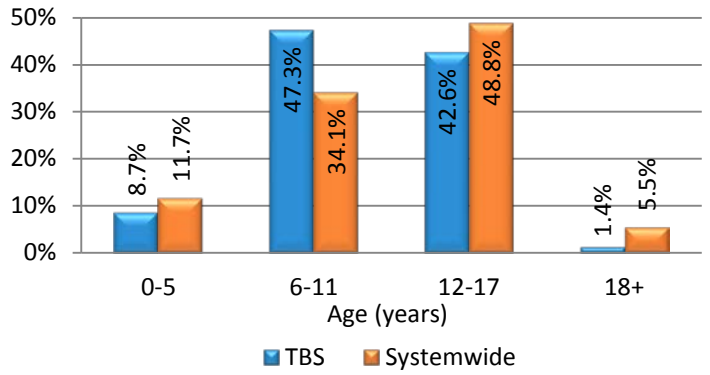
Therapeutic Behavioral Services (TBS)

TBS services are intensive coaching services designed to help stabilize environments, or avoid the need for a more restrictive level of care. TBS services were initiated in CYFBHS in 2001. TBS clients were younger and less likely to be female than the systemwide averages. The proportion of clients receiving TBS services increased from 4.4% (761) in FY 2015-16 to 4.9% (770) in FY 2016-17.

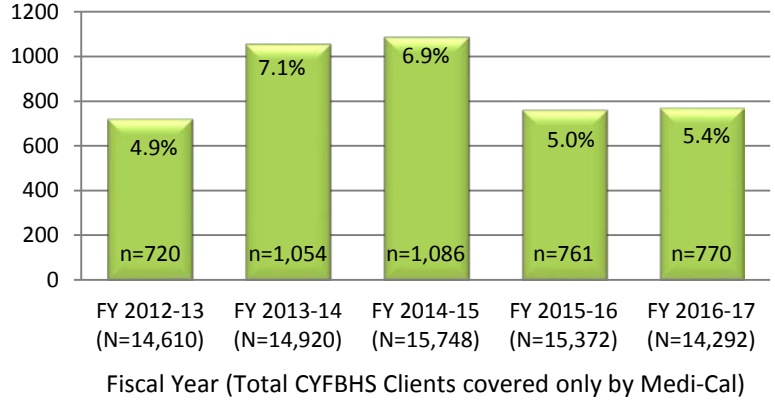
Clients Receiving TBS Services



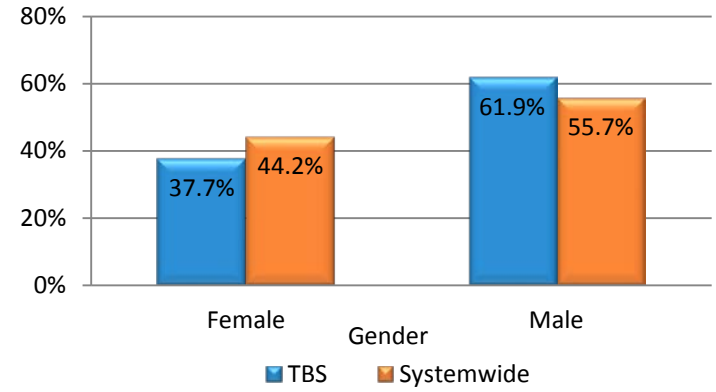
*TBS Client Age (N=770)**



Medi-Cal Only Clients Receiving TBS Services



*TBS Client Gender (N=770)**

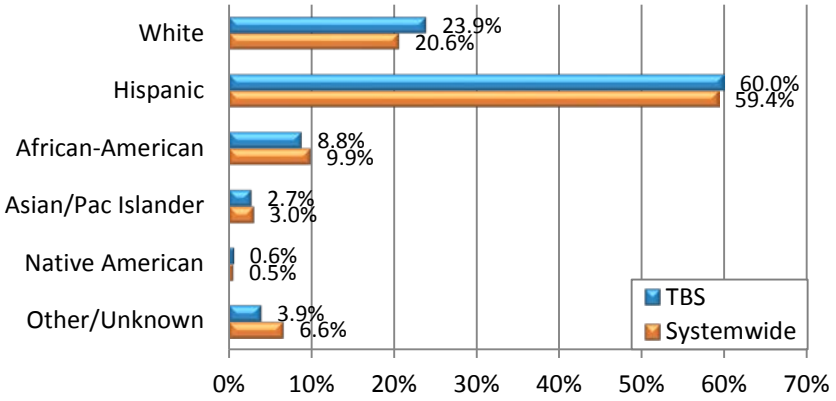


**Percentages calculated within the number of TBS clients served by CYFBHS in FY 2016-17.*

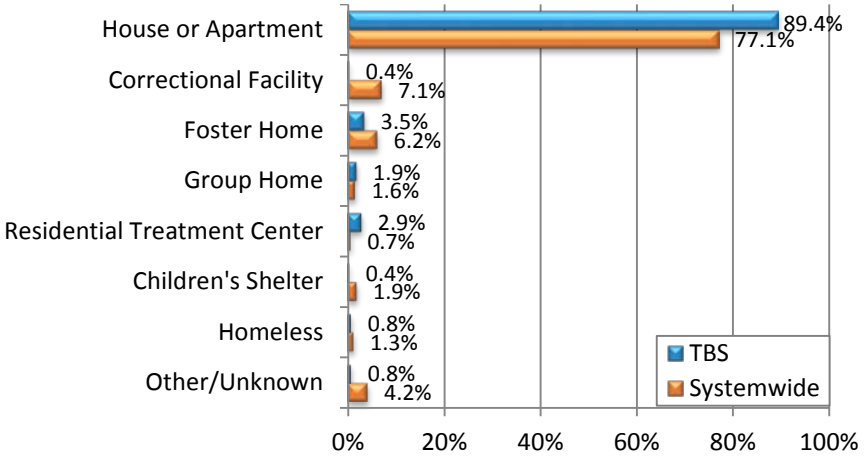
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

*TBS Client Race/Ethnicity (N=770)**

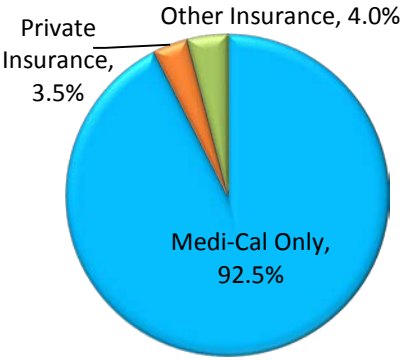


*TBS Client Living Situation (N=770)**



*TBS Client Health Care Coverage (N=770)**

712 (93%) clients who received TBS from CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal. By comparison, 90% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2016-17.

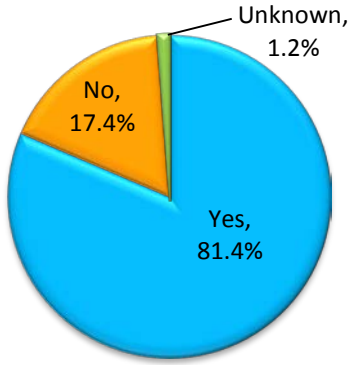


TBS Client Primary Care Physician (PCP) Status†

Of the 754 TBS clients for whom PCP status was known, 730 (97%) had a PCP in FY 2016-17. By comparison, 94% of CYFBHS clients systemwide had a PCP in FY 2016-17.

TBS Client History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 761 clients (99% of the TBS population) in FY 2016-17; of these clients, 627 (82% of the 761 clients for whom this information was known) had a **history of trauma**. By comparison, 71% of CYFBHS clients systemwide had a **history of trauma** in FY 2016-17.



**Percentages calculated within the number of TBS clients served by CYFBHS in FY 2016-17.*

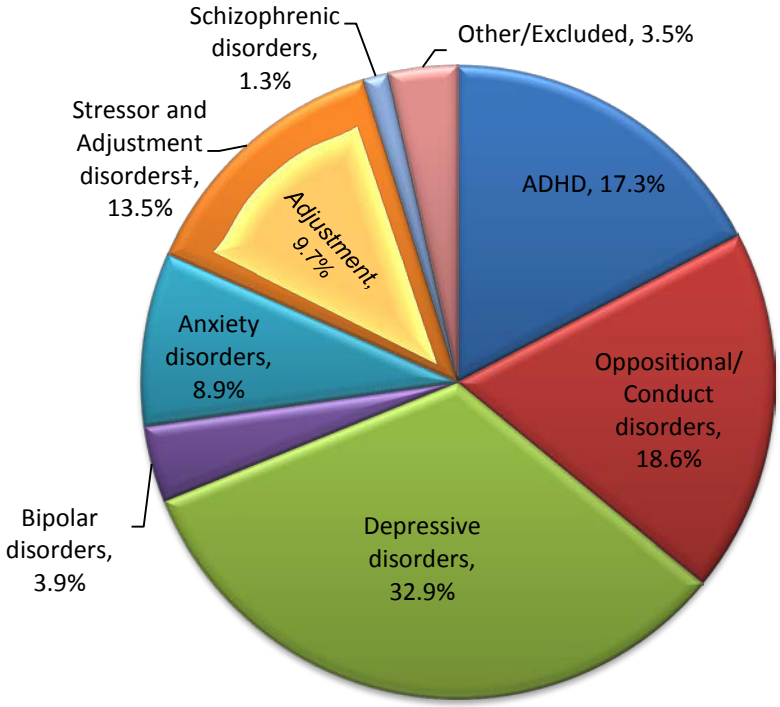
†Unknown category includes Fee-for-Service providers for whom data were not available.

What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

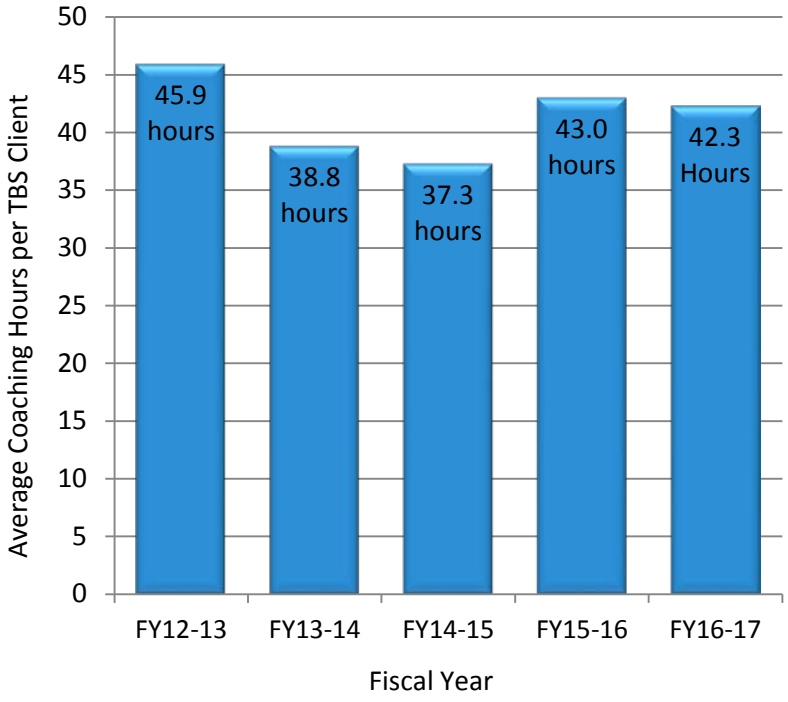
TBS Client Primary Diagnosis (n=768)†*

The most common diagnosis for TBS clients in FY 2016-17 was Depressive disorders. The rate of Stressor and Adjustment disorders was lower in the TBS population compared to the CYFBHS systemwide average.



Coaching Hours for TBS Clients

The average number of coaching hours (identified by service code 47: "TBS Intervention") per TBS client remained relatively constant from FY 2015-16 to FY 2016-17.



**Percentages calculated within the number of TBS clients served by CYFBHS in FY 2016-17.*

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

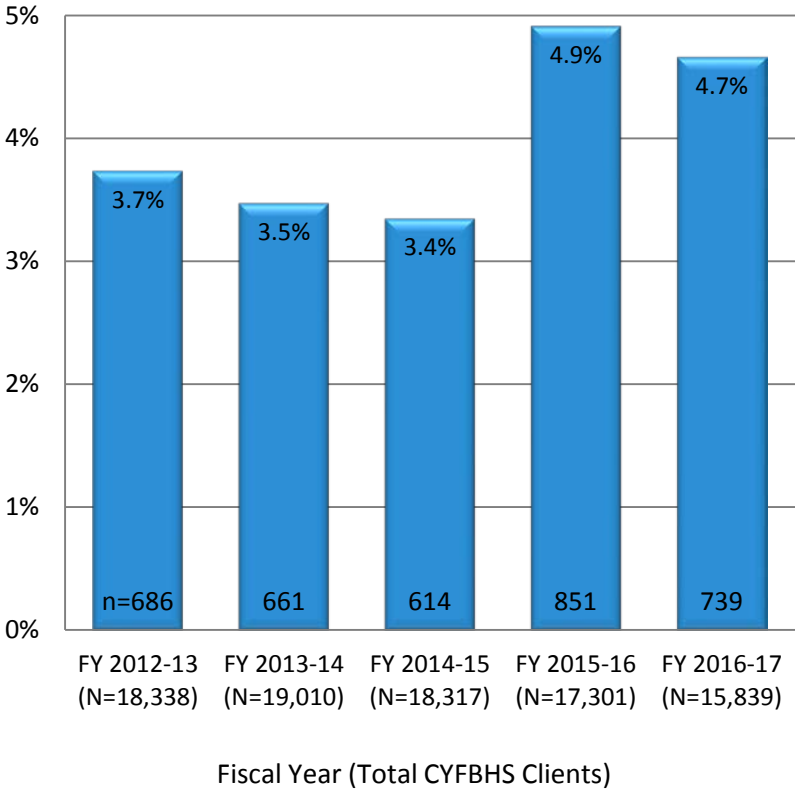
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

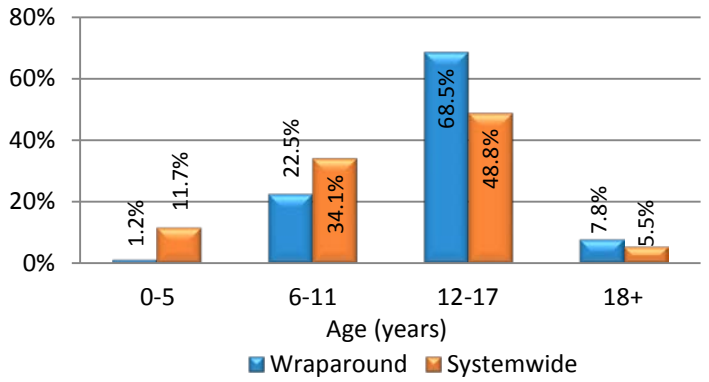
Wraparound Programs

Wraparound is a comprehensive and research-based treatment modality which partners mental health professionals with families for youth needing intensive supports in their home community. The proportion of clients receiving Wraparound services remained relatively constant from FY 2015-16 to FY 2016-17. Wraparound clients were older and more likely to be female than the systemwide averages.

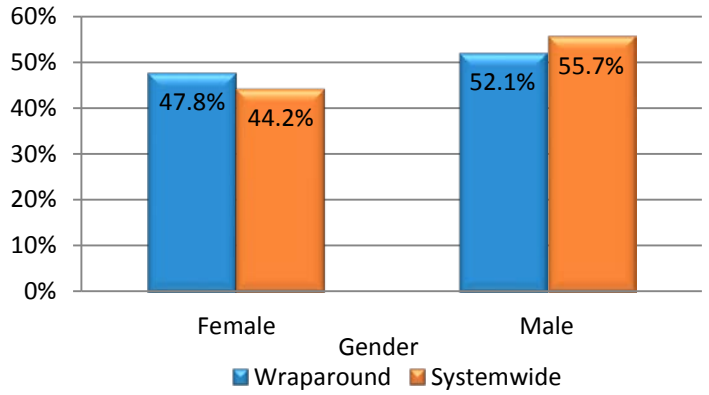
Clients in Wraparound Programs



Wraparound Program Clients Age (N=739)*



Wraparound Program Clients Gender (N=739)*

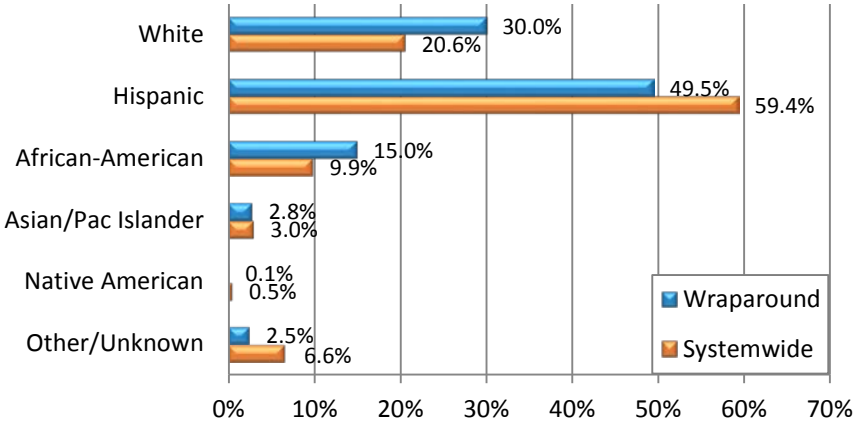


**Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2016-17.*

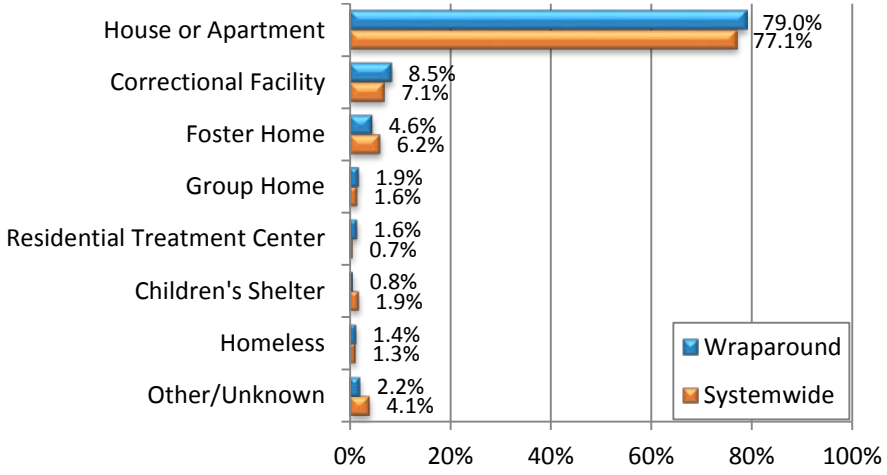
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=739)*

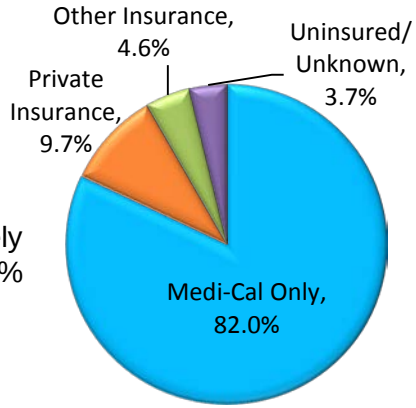


Wraparound Program Clients Living Situation (N=739)*



Wraparound Program Clients Health Care Coverage (N=739)*

606 (82%) clients who received services from Wraparound programs in CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal. By comparison, 90% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2016-17.

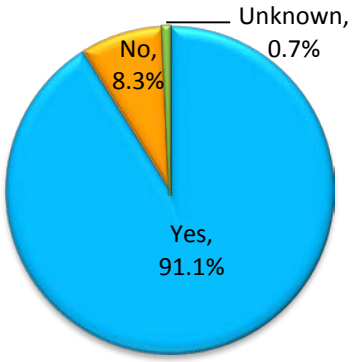


Wraparound Program Clients Primary Care Physician (PCP) Status†

Of the 724 clients in Wraparound programs for whom PCP status was known, 701 (97%) had a PCP in FY 2016-17. By comparison, 94% of CYFBHS clients systemwide had a PCP in FY 2016-17.

Wraparound Program Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 734 clients (nearly 100% of the Wraparound population) in FY 2016-17; of these clients, 673 (92% of the 734 clients for whom this information was known) had a **history of trauma**. By comparison, 71% of CYFBHS clients systemwide had a **history of trauma** in FY 2016-17.



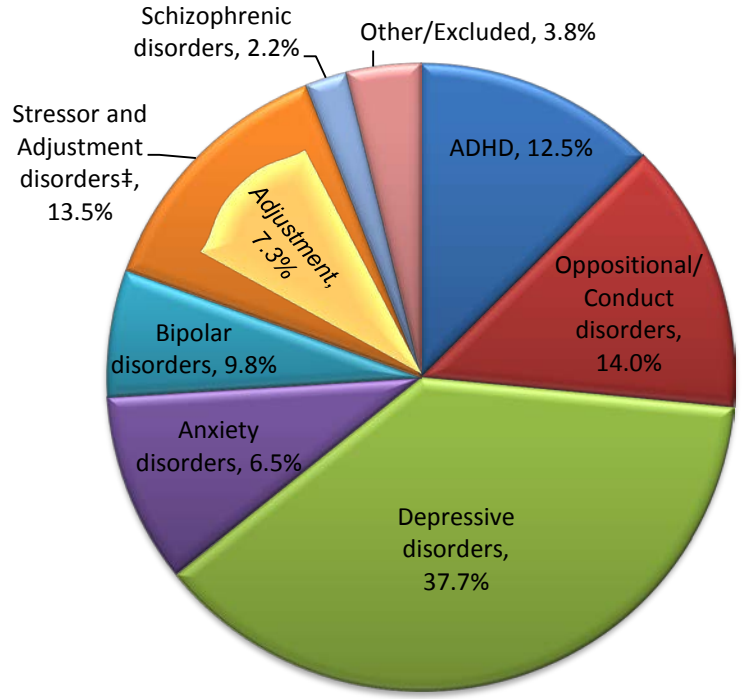
**Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2016-17.*
†Unknown category includes Fee-for-Service providers for whom data were not available.

What Kind of Services Are Being Used?

Wraparound Programs

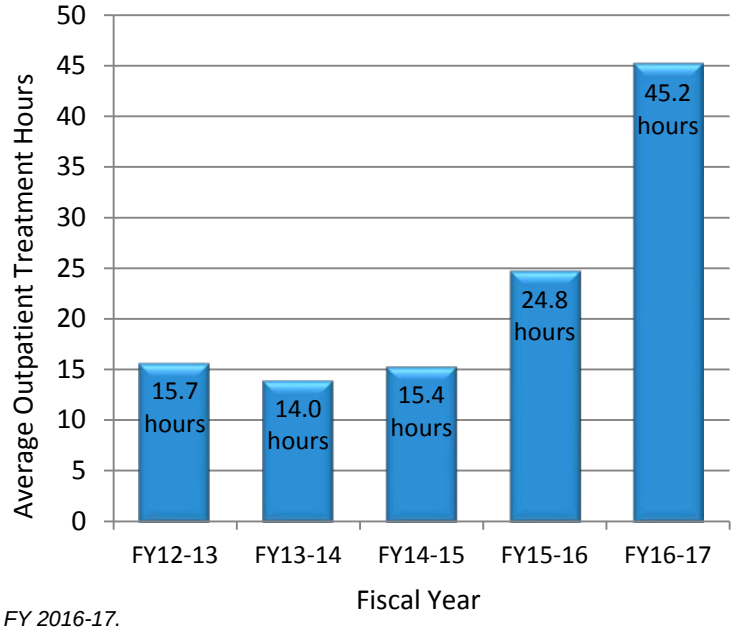
Wraparound Program Clients Primary Diagnosis (N=735)*†

The most common diagnosis for Wraparound Program clients in FY 2016-17 was Depressive disorders. The rate of Stressor and Adjustment disorders was lower in the Wraparound population compared to the CYFBHS systemwide average.



Outpatient Treatment Hours for Clients in Wraparound Programs

The average number of Outpatient hours for clients in Wraparound programs has tripled in the past three years, from 15 hours in FY 2014-15 to 45 hours in FY 2016-17. This correlates with the expansion of ICC and IHBS services to all eligible CYFBHS clients and utilization of Child and Family Teams under Pathways to Well-Being (August 2013).



Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2016-17.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Pathways to Well-Being

The Integrated Core Practice Model

The Core Practice Model (CPM) was issued in March 2013, by the state of California, in response to the Katie A class action lawsuit filed in 2002, which sought to improve the provision of mental health services for foster youth. The CPM was revised and renamed the Integrated Core Practice Manual (ICPM) by the state in May 2018. The ICPM provides practical guidance and direction to support county child welfare, juvenile probation, behavioral health agencies, and their partners in the delivery of timely, effective, and collaborative services. The ICPM is intended to facilitate a common strategic and practical framework that integrates service planning, delivery, coordination, and management involved in multiple service systems. The model describes the philosophical shift in practice through increased collaboration between systems and families. The overarching philosophy emphasizes the importance of teamwork and mutually shared goals that promote safety, permanency and well-being. Within San Diego County, the lawsuit settlement was the catalyst to further advance the collaboration between Child Welfare Services, Probation, and Behavioral Health Services, creating stronger system partnerships and pathways to ensure access to appropriate mental health services for foster youth.

Continuum of Care Reform

Continuum of Care Reform (CCR)/AB 403, initiated across California on January 1, 2017, and rolling out in several phases in upcoming years, is a fundamental change in the state's delivery of services in Child Welfare and Probation. The principles of CCR are built around the right of all children to permanency in a family environment, access to a Child and Family Team (CFT) that includes collaborative service providers and natural supports with the youth's voice at the center, availability to trauma-informed, culturally relevant, and individualized mental health services regardless of placement, and an increase in support and training for resource families and caregivers. The fundamental principles of CCR mirror the values and principles outlined in the ICPM.

What Kind of Services Are Being Used?

Pathways to Well-Being

Pathways to Well-Being is the County of San Diego's joint partnership between Behavioral Health Services (BHS) and Child Welfare Services (CWS), dedicated to collaboration in order to ensure safety, the promotion of a permanent living situation known as permanency, and well-being for youth in, or at imminent risk of placement in, foster care. Under this initiative, all youth entering the Child Welfare System are screened for mental health needs to receive appropriate services and support. Aligning with the Integrated Core Practice Model, the purpose of Pathways to Well-Being is to enhance the delivery of children's services through a collaborative team of mental health providers, CWS social workers, Probation, parent and youth partners, other system partners, and the youth and family. The Child and Family Team identifies the strengths and needs of the family and support system in order to develop service plans that are tailored to the unique needs of the child and family. BHS, CWS, Probation, and family and youth partners work together to support a shared vision of the Pathways to Well-Being.

Katie A. Class*† §

	FY 2014-15	FY 2015-16	FY 2016-17
Total Clients‡ with Open Assignment	794	982	1,060

Katie A. Subclass*† §

	FY 2014-15	FY 2015-16	FY 2016-17
Total Clients‡ with Open Assignment	1,027	973	896
Pathways Service			
ICC	795	748	697
IHBS	274	283	258

**Data Source: Pathways to Well-Being Enhanced Monthly YTD Report, CYFBHS*
†Clients may be duplicated between Class and Subclass categories
‡Unduplicated Clients

Every youth identified with mental health needs under Pathways to Well-Being participates in CFT meetings. The basic components implemented by programs are:

- CFT Meetings, which always include the youth & family, the Behavioral Health therapist, and the Child Welfare Services Worker.
- Intensive Care Coordination (ICC): facilitating assessment, care planning, and coordination of services.
- Intensive Home Based Services (IHBS): Rehab-like service with a focus on building functional skills.

Locally, ICC and IHBS were launched in August 2013. As of 7/1/2016, the state expanded ICC and IHBS services to be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services.

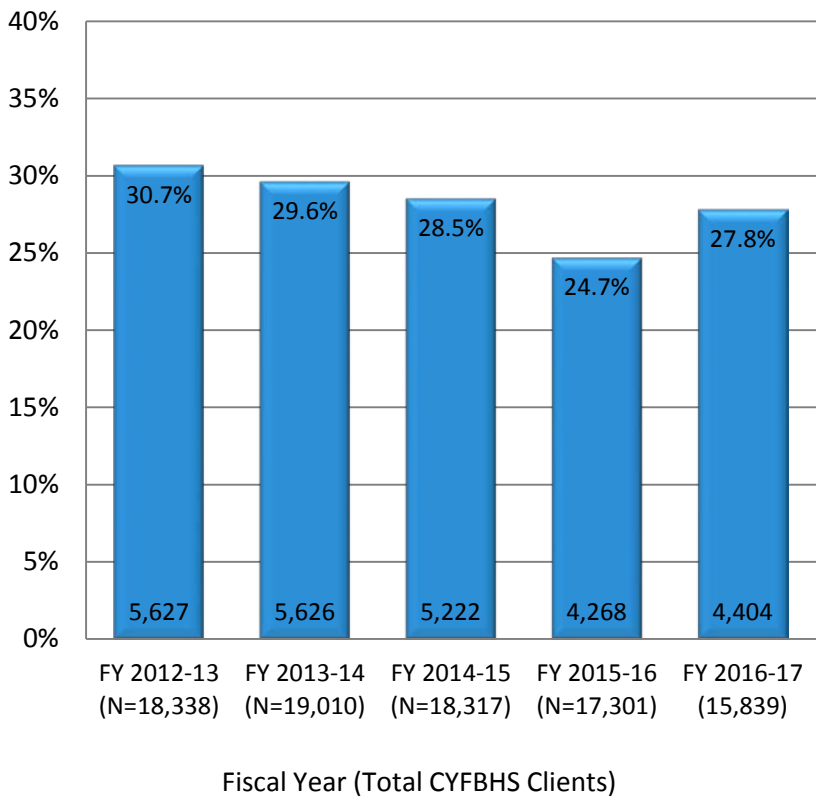
§ICC and IHBS methodology was recalibrated in FY 2014-15 for uniform reporting; data from previous years may not be directly comparable.

What Kind of Services Are Being Used?

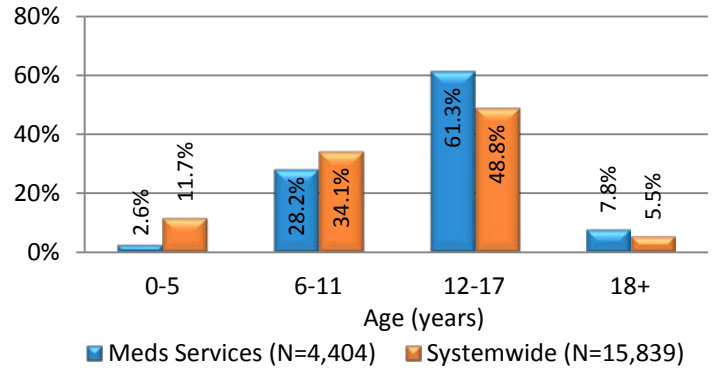
Medication Services

CYFBHS provides medication services along with other services or as an independent service. In FY 2016-17, only 363 (2%) of 15,839 clients received medication services with no other concurrent services. This section summarizes demographics and client data for all children and youth who received any medication services during the fiscal year.

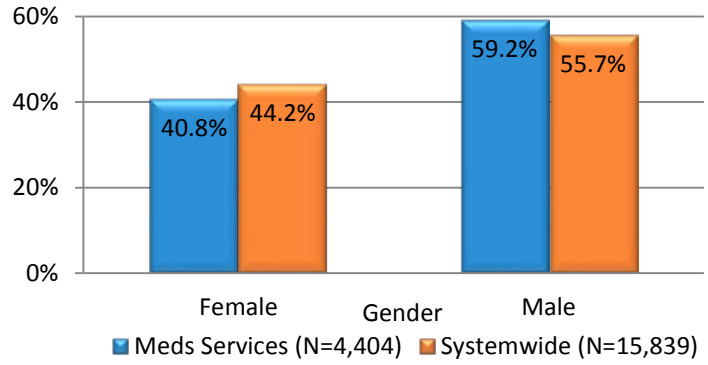
Clients Receiving Medication Services



Medication Services Clients Age (N=4,404)*



Medication Services Clients Gender (N=4,404)*

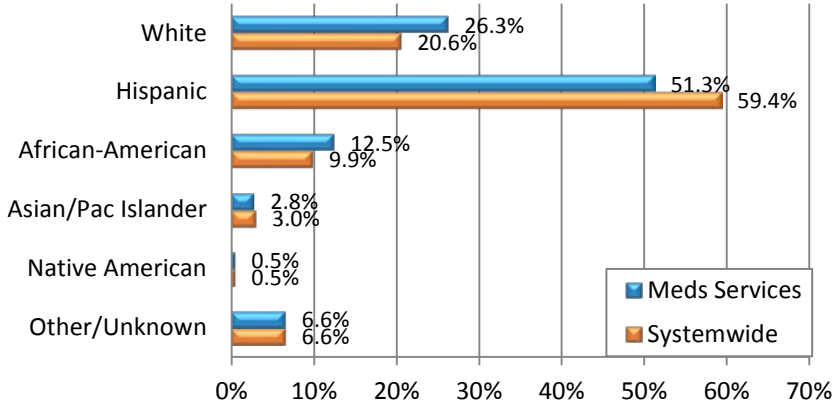


**Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2016-17.*

What Kind of Services Are Being Used?

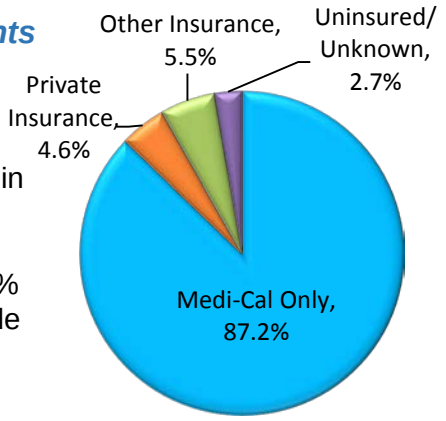
Medication Services

Medication Services Clients Race/Ethnicity (N=4,404)*



Medication Services Clients Health Care Coverage (N=4,404)*

3,840 (87%) clients who received medication services in CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal. By comparison, 90% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2016-17.

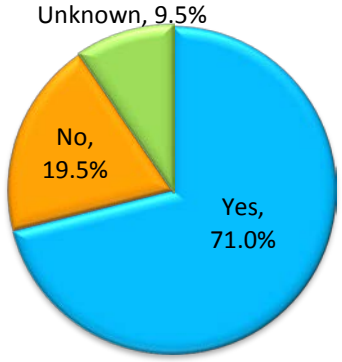


Medication Services Clients Primary Care Physician (PCP) Status†

Of the 3,818 clients who received medication services for whom PCP status was known, 3,599 (94%) had a PCP in FY 2016-17. By comparison, 94% of CYFBHS clients systemwide had a PCP in FY 2016-17.

Medication Services Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 3,985 clients (90% of the medication services population) in FY 2016-17; of these clients, 3,128 (78% of the 3,985 clients for whom this information was known) had a **history of trauma**. By comparison, 71% of CYFBHS clients systemwide had a **history of trauma** in FY 2016-17.



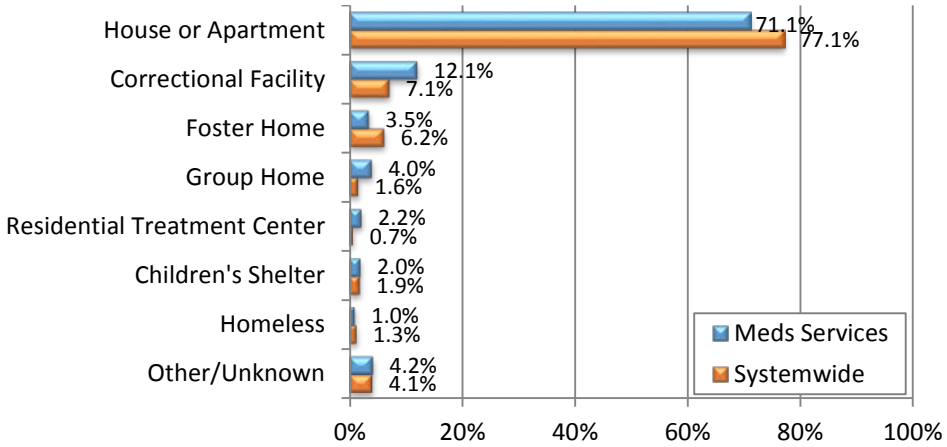
**Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2016-17.*

†Unknown category includes Fee-for-Service providers for whom data were not available.

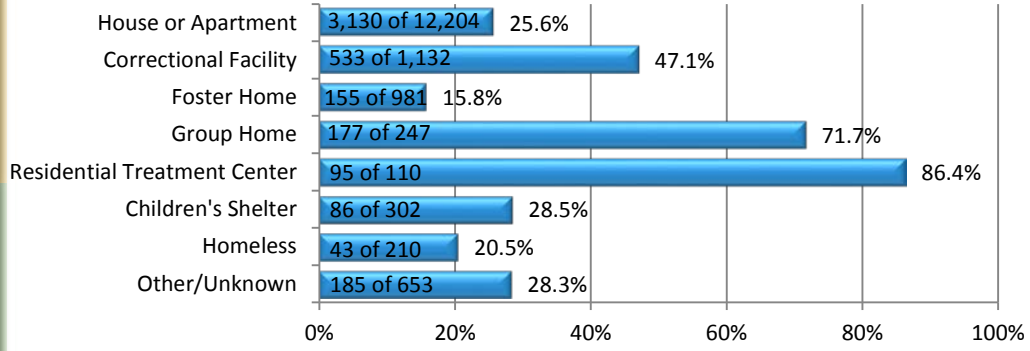
What Kind of Services Are Being Used?

Medication Services

Medication Services Clients Living Situation (N=4,404)*



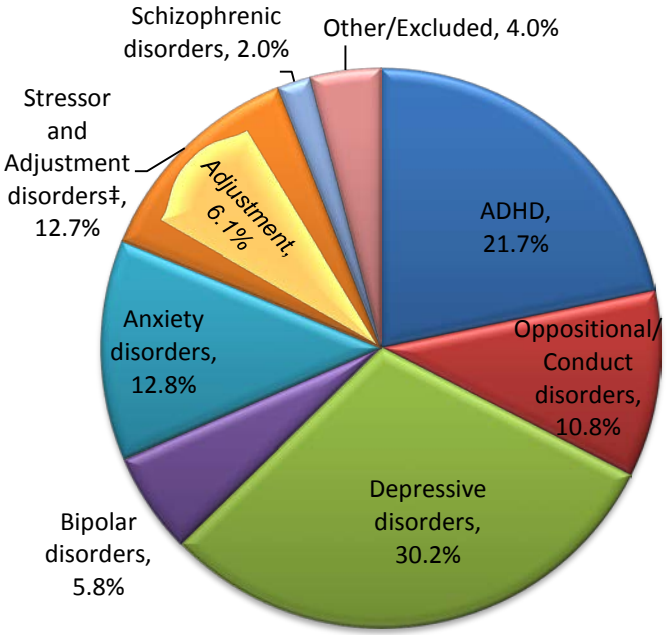
Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals for each Living Situation Category

Medication Services Clients Primary Diagnosis (n=4,384)*†

The most common diagnosis for Medication Services clients in FY 2016-17 was Depressive disorders. The rate of ADHD diagnosis was nearly double the CYFBHS systemwide average of 13%, and the rate of Stressor and Adjustment disorders was half the CYFBHS systemwide average of 24%.



Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2016-17.

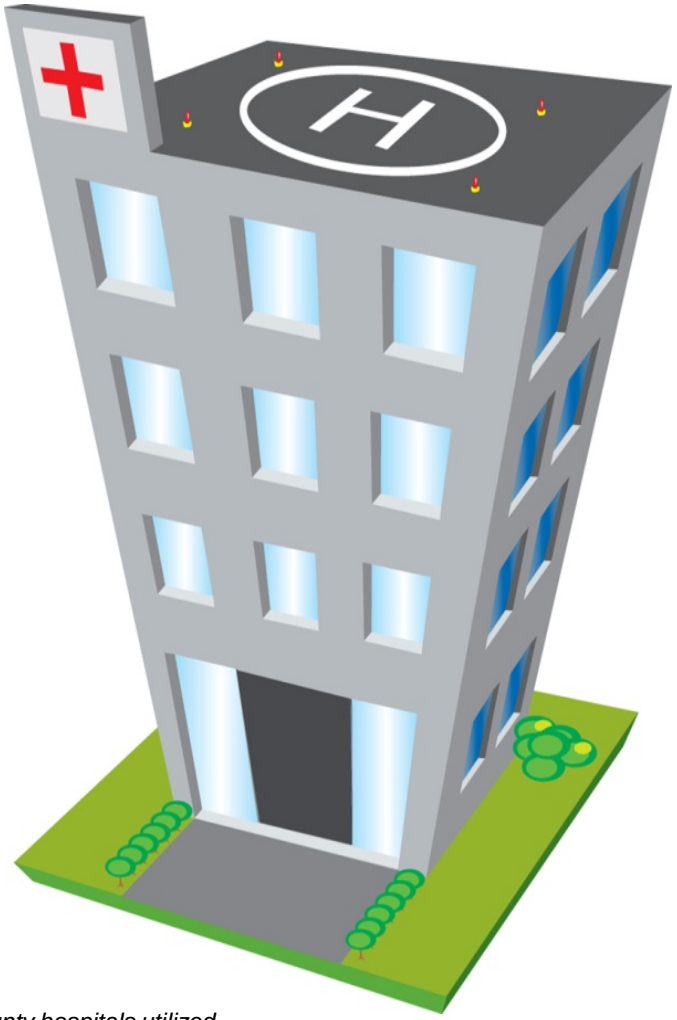
†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

*Inpatient (IP) Services**

- 806 (5.1%) of 15,839 unduplicated clients used Inpatient services in FY 2016-17
  - An increase from 686 (4.0%) of 17,301 in FY 2015-16
  - 87% of these clients were ages 12-17
- Top 4 primary diagnoses
  - 66% Depressive disorders
  - 9% Stressor and Adjustment disorders
  - 7% Bipolar disorders
  - 7% Schizophrenia and Other Psychotic disorders
- 182 (23%) of 806 children receiving IP services had **more than one IP stay** in the fiscal year
  - A decrease from 172 (25%) of 686 in FY 2015-16



Crisis Outpatient Services

- 403 (2.5%) of 15,839 unduplicated clients received Crisis Outpatient services in FY 2016-17
- Crisis Outpatient Programs†
  - Emergency Medication Management: 116 (29%) of 403 clients
  - CIR‡ Team—Vista: 124 (31%) of 403 clients
  - CIR‡ Team—Escondido: 166 (41%) of 403 clients

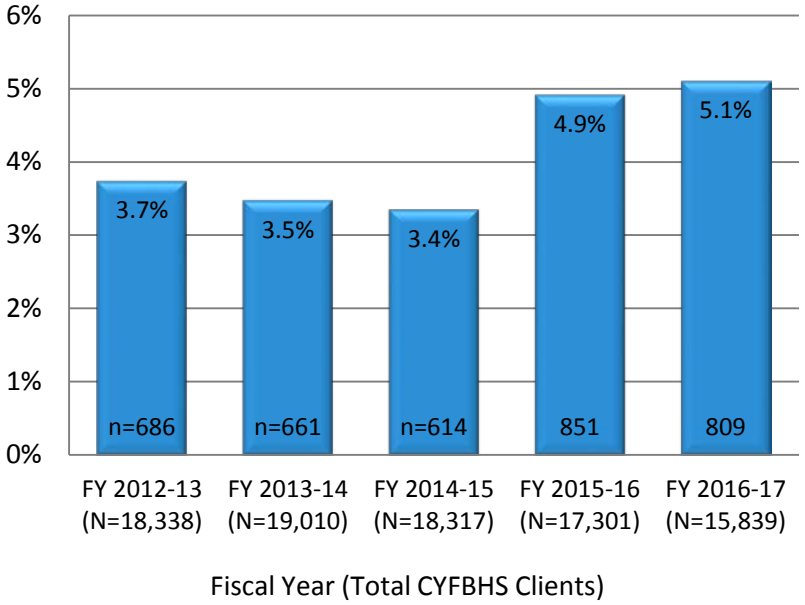
**Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.*
†Clients may have been seen at more than one Crisis Outpatient program within the fiscal year.
‡CIR=Crisis, Intervention, and Response

What Kind of Services Are Being Used?

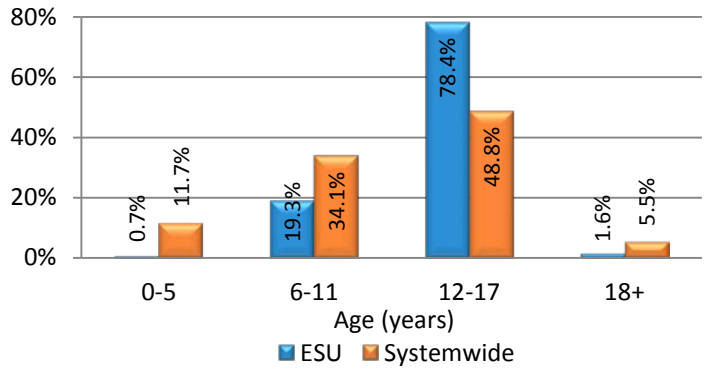
Emergency Screening Unit (ESU)

The Emergency Screening Unit (ESU) provides crisis stabilization to children and adolescents under age 18. The proportion of clients receiving ESU services increased slightly from 4.9% (851) in FY 2015-16 to 5.1% (809) in FY 2016-17. The proportion of females receiving ESU services is greater than the CYFBHS systemwide average.

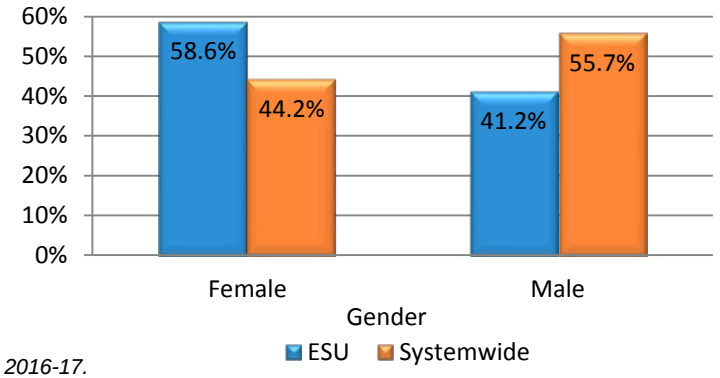
Clients Receiving Services from ESU



*ESU Program Clients Age (N=809)**



*ESU Program Clients Gender (N=809)**



Diversion†

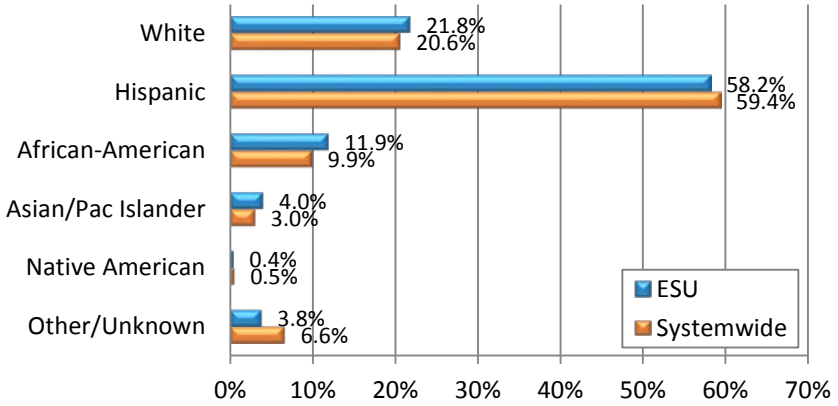
Of 1,072 ESU visits‡ in FY 2016-17, 861 (80%) were diverted from an IP admission within 24 hours.

**Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2016-17.*
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (Client Services After Psychiatric Hospital Discharge Report (Oct 2017)
‡ESU visits include duplicated clients

What Kind of Services Are Being Used?

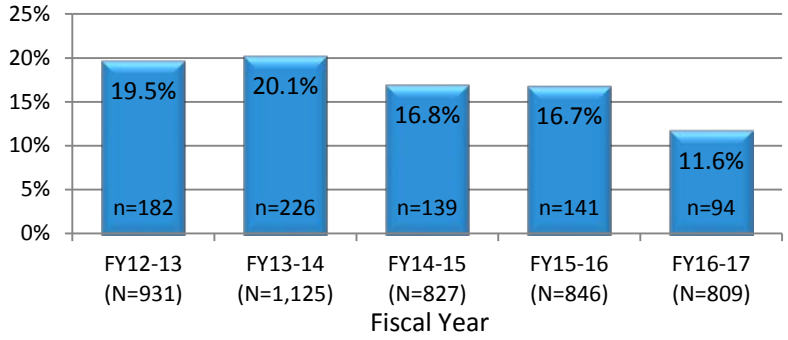
Emergency Screening Unit (ESU)

*ESU Clients Race/Ethnicity (N=809)**



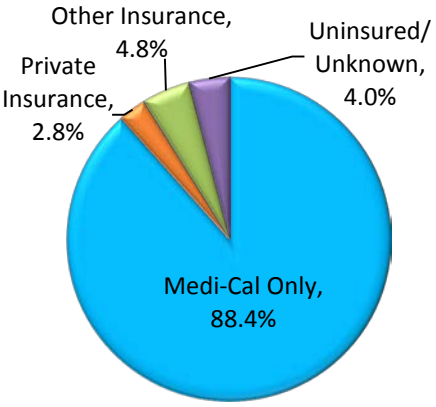
Recurring ESU Visits (Readmission)

94 (12%) of 809 children receiving services from ESU had more than one ESU visit in FY 2016-17; a decrease from 141 (17%) of 846 in FY 2015-16.



*ESU Clients Health Care Coverage (N=809)**

715 (88%) clients who received services from ESU in CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal. By comparison, 90% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2016-17.

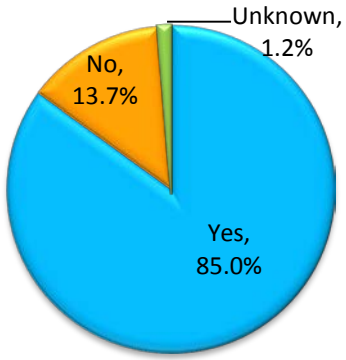


ESU Clients Primary Care Physician (PCP) Status†

Of the 786 ESU clients for whom PCP status was known, 707 (90%) had a PCP in FY 2016-17. By comparison, 94% of CYFBHS clients systemwide had a PCP in FY 2016-17.

ESU Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 799 clients (99% of the ESU population) in FY 2016-17; of these clients, 688 (86% of the 799 clients for whom this information was known) had a **history of trauma**. By comparison, 71% of CYFBHS clients systemwide had a **history of trauma** in FY 2016-17.



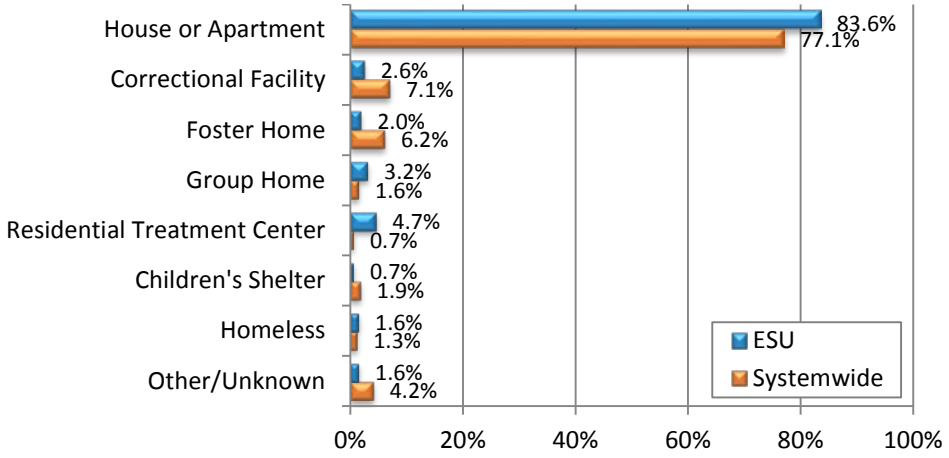
**Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2016-17.*

†Unknown category includes Fee-for-Service providers for whom data were not available.

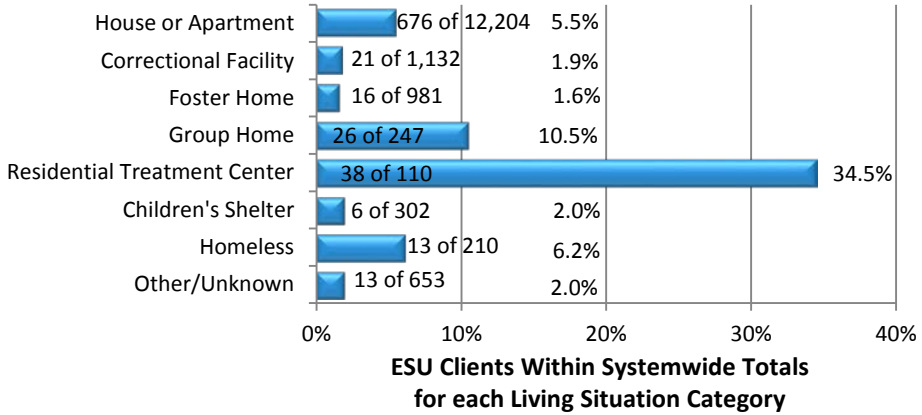
What Kind of Services Are Being Used?

Emergency Screening Unit (ESU)

*ESU Clients Living Situation (N=809)**



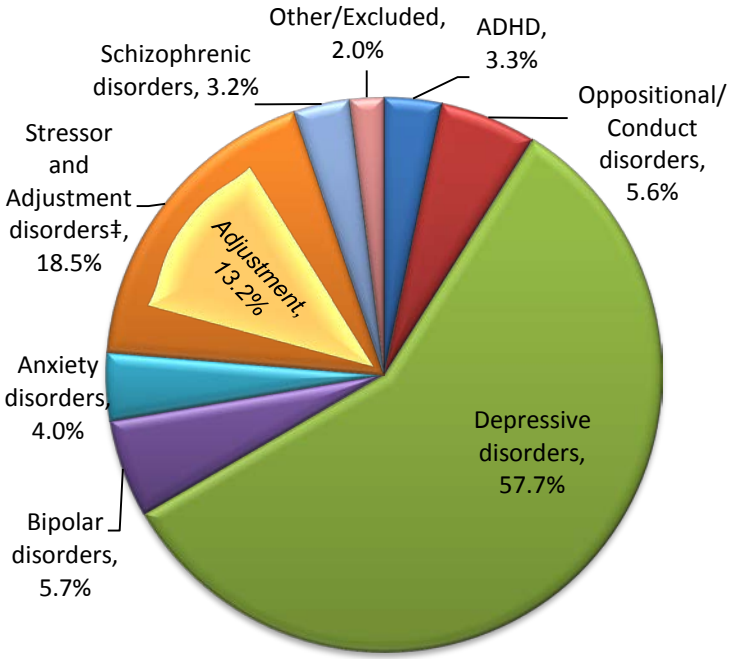
ESU Clients Within Living Situation



ESU Clients Within Systemwide Totals for each Living Situation Category

ESU Clients Primary Diagnosis (n=809)†*

The most common diagnosis for ESU clients in FY 2016-17 was Depressive disorders (58%); nearly double the CYFBHS systemwide average of 29%. The rate of ADHD, Anxiety disorders, and Opposition/Conduct disorders were much lower in the ESU population compared to systemwide averages.



**Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2016-17.*

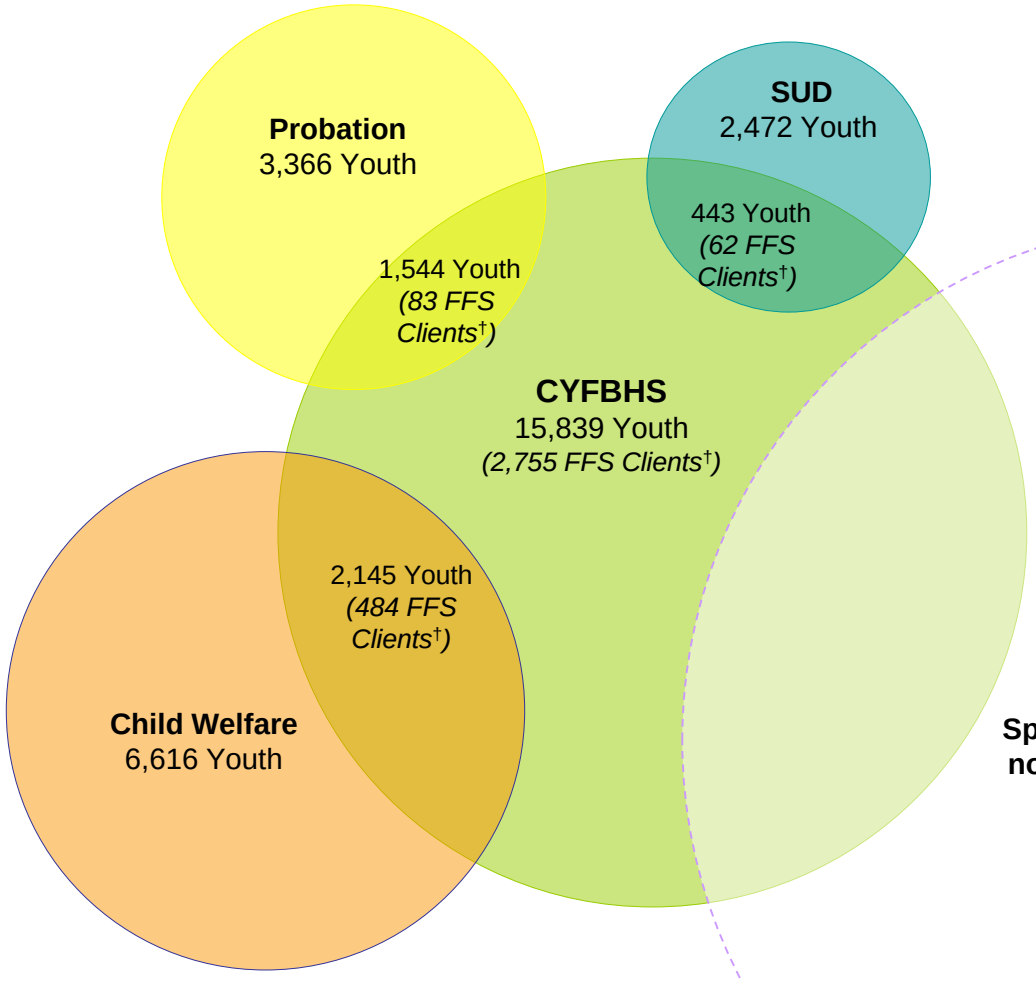
†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2017; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

*Children and Youth Receiving Behavioral Health Services and Services From Other Sectors**

- The percentage of CYFBHS clients receiving services from the Child Welfare sector increased slightly in FY 2016-17.
- The percentage of CYFBHS clients receiving services from the Probation and Substance Use Disorder (SUD) sectors was comparable to the previous fiscal year.



Special Education data were not available for FY 2016-17

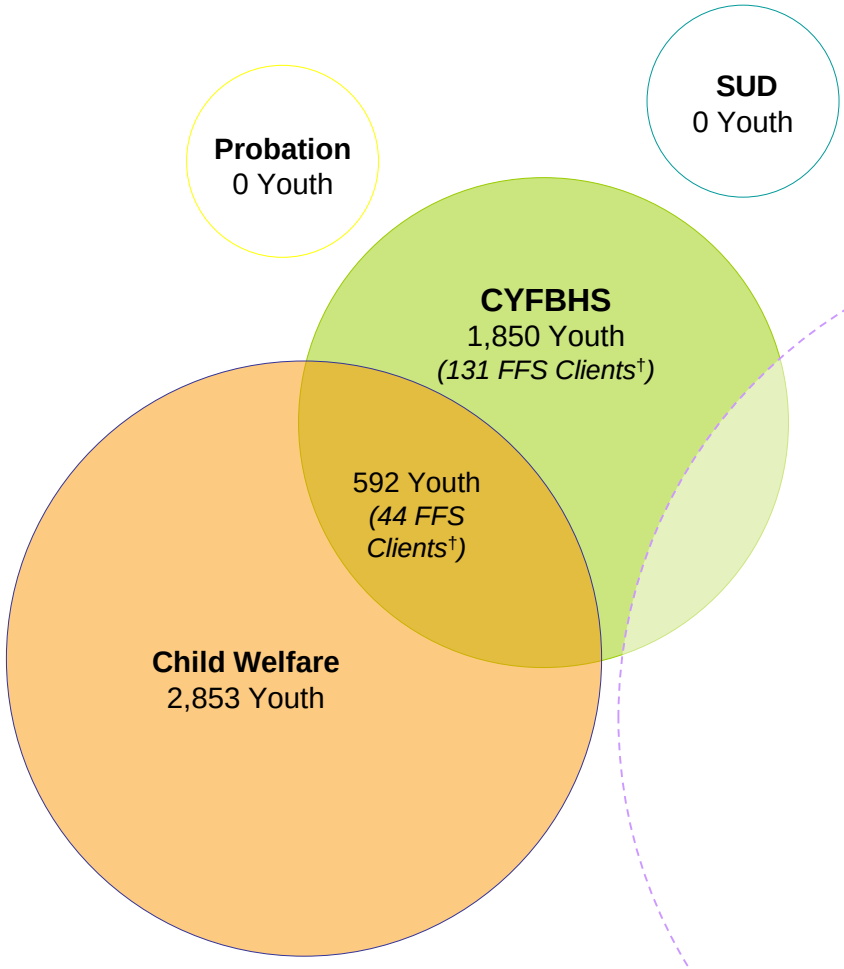
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 0-5*

- Nearly one-third of CYFBHS clients ages 0-5 also received services from the Child Welfare sector during the fiscal year.
- No age 0-5 CYFBHS clients were open to the Probation or SUD sectors in FY 2016-17.



Special Education data were not available for FY 2016-17

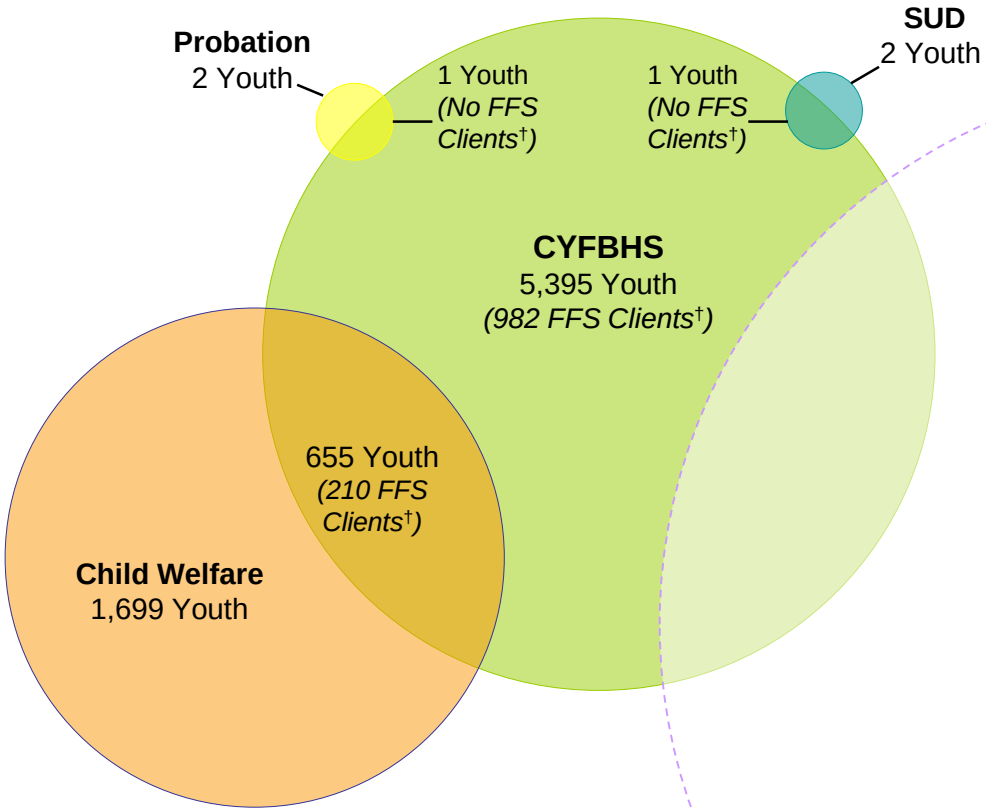
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 6-11*

❖ Among CYFBHS clients ages 6-11 who also received services from another public sector in FY 2016-17 the majority received those services from the Child Welfare sector.



Special Education data were not available for FY 2016-17

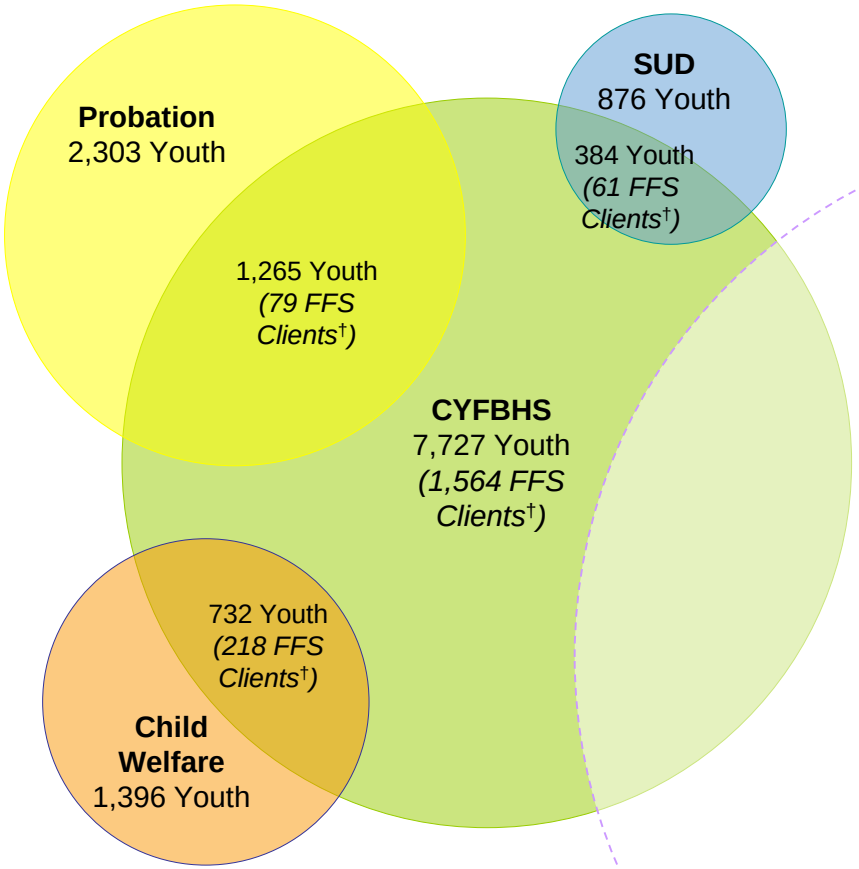
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 12-17*

❖ Among CYFBHS clients ages 12-17 who also received services from another public sector in FY 2016-17, the largest proportion received services from the Probation sector.



**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

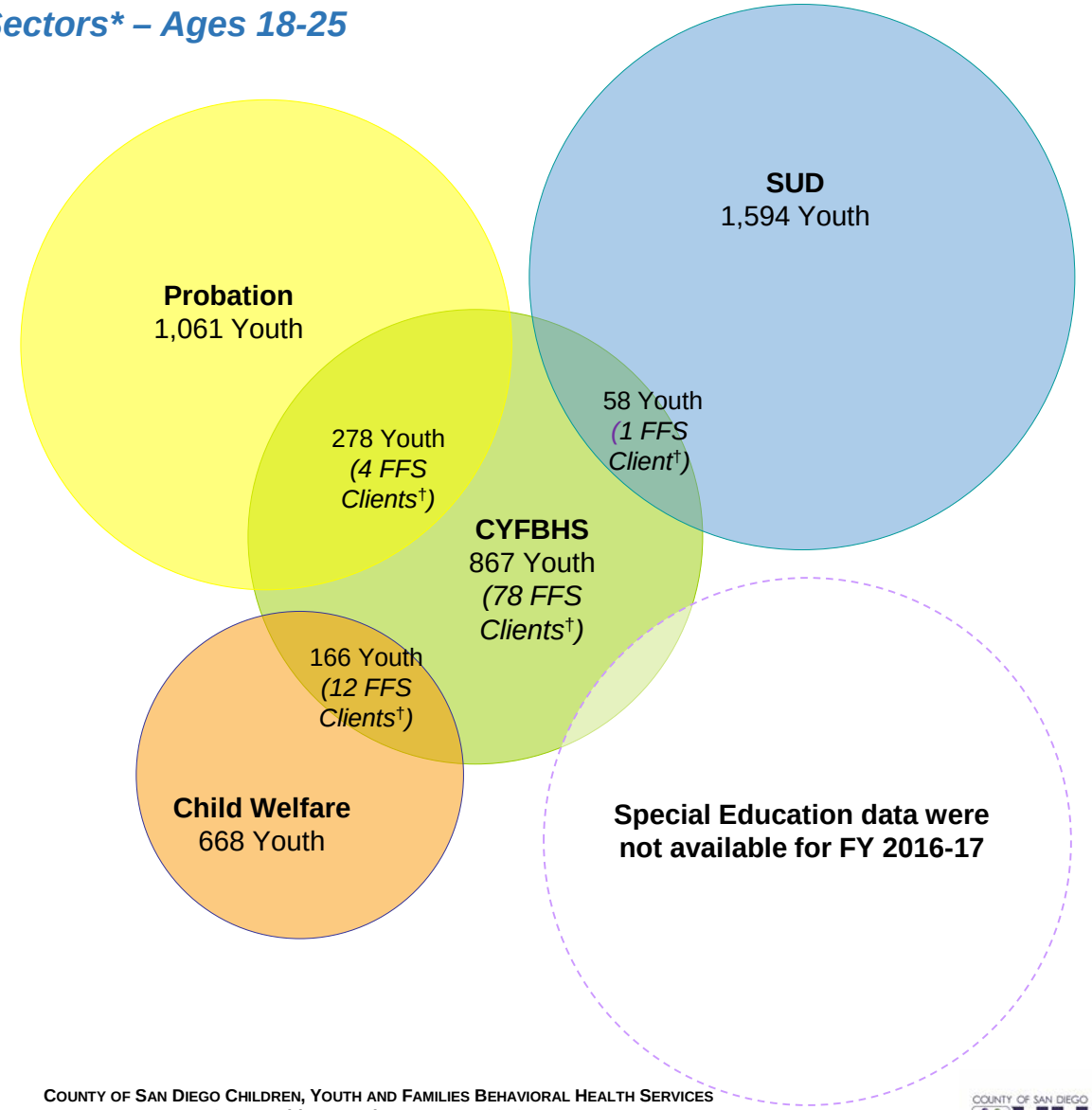
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

Special Education data were not available for FY 2016-17

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 18-25*

❖ Among CYFBHS clients ages 18-25 who also received services from another public sector in FY 2016-17, the largest proportion received services from the Probation sector.



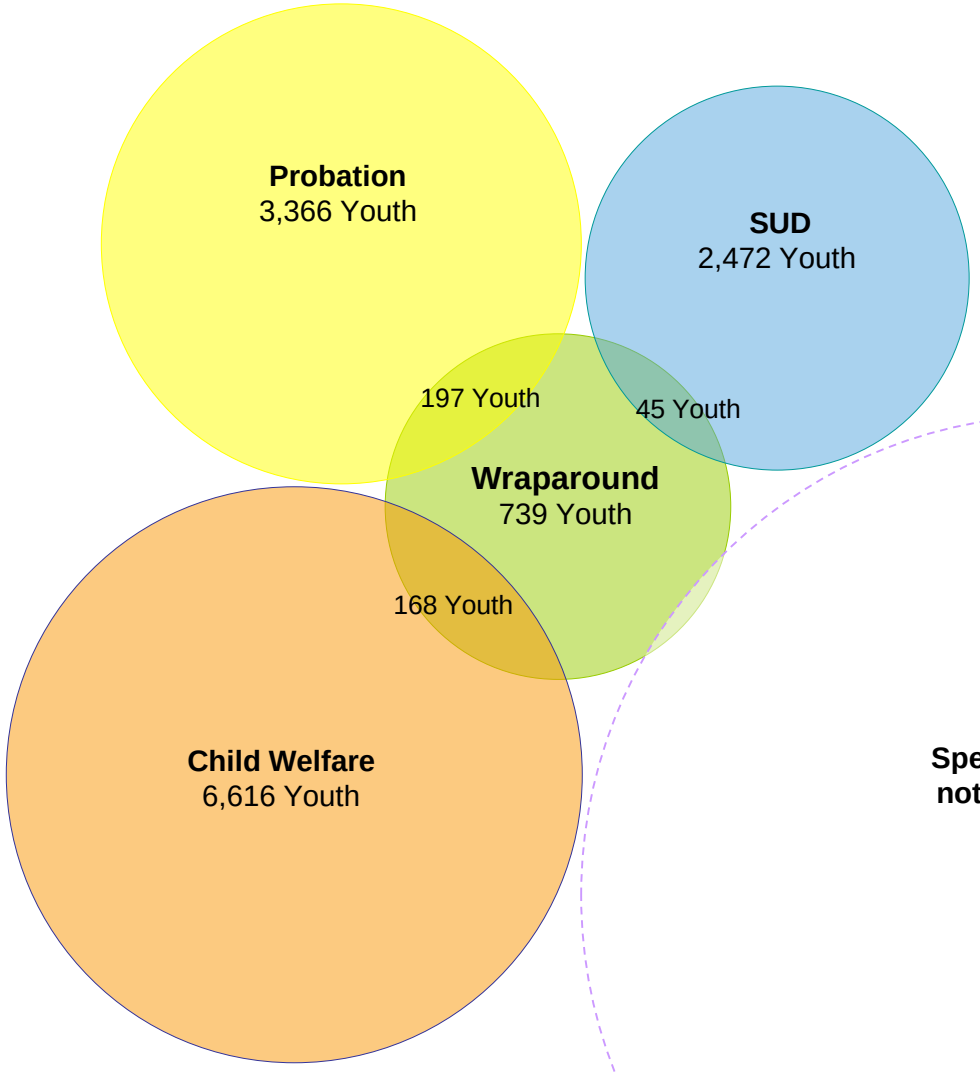
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

What Kind of Services Are Being Used?

*Wraparound Programs and Services From Other Sectors**

❖ The proportion of CYFBHS Wraparound clients receiving services from Probation was higher than those receiving services from the Substance Use Disorder Treatment (SUD) and Child Welfare sectors in FY 2016-17.



**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

Special Education data were not available for FY 2016-17

What Kind of Services Are Being Used?

Service Use by Children Involved in More than One Public Sector†*

CYFBHS and Any Other Sector

- Compared to the total youth average in the CYFBHS system, youth who received services from **CYFBHS and any other public sector** in FY 2016-17 were more likely to be male and African American, and be diagnosed with a Stressor and Adjustment disorder.
- Youth receiving services from CYFBHS and any other sector were twice as likely to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC), and **three times as likely to receive Day Services**. They were less likely to receive Collateral services.
- **Compared to 2015-16,** CYFBHS youth receiving services from any other sector in FY 2016-17 were more likely to have a primary diagnosis of Depressive disorder. They were less likely to receive Collateral services, and more likely to receive Inpatient services.

CYFBHS and Child Welfare Services (CWS)

- Youth who received services from both CYFBHS and **Child Welfare Services (CWS)** more than twice as likely to be in the 0-5 age range than the overall CYFBHS system, were more likely to be female, and were less likely to be Hispanic, as compared to the CYFBHS average.
- CYFBHS-CWS youth were twice as likely to have a **Stressor and Adjustment disorder** as their primary diagnosis.
- CYFBHS-CWS youth were **three times as likely to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC**), and nearly **four times as likely to receive Day Services** than the total youth system average.
- **Compared to FY 2015-16**, CYFBHS-CWS youth were more likely to be over the age of 11 in FY 2016-17. Twice as many CYFBHS-CWS youth received a dual diagnosis in FY 2016-17, and these youth were more likely to receive Medication Support and Crisis Management services than in the previous fiscal year.

**Detailed service utilization tables are presented in the Report Appendices, available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.*

†Special Education service data were unavailable for FY 2016-17.

What Kind of Services Are Being Used?

Service Use by Children Involved in More than One Public Sector†*

CYFBHS and Probation

- Youth who received services from both CYFBHS and **Probation** were more likely than the CYFBHS system average to be over the age of 12, male, and African-American.
- They were more likely to have an **Oppositional/Conduct disorder** as their primary diagnosis and were five times as likely to have a **dual diagnosis**.
- They were more likely to receive **Outpatient Case Management** and **Medication Support** services than the total youth system average, and less likely to receive Assessment, Collateral, and TBS services. Additionally, CYFBHS-Probation youth were **four times as likely to receive Day Services** but received less time in Day Services than the CYHBHS system average.
- **Compared to FY 2015-16**, CYFBHS-Probation youth in FY 2016-17 were more likely to be diagnosed with a Stressor or Adjustment disorder. They were less likely to receive Collateral services, and received fewer Collateral service hours.

CYFBHS and Substance Use Disorder (SUD) services

- Youth who received services from both CYFBHS and **Substance Use Disorder Services** were most likely to be over the age of 12, male, and Hispanic.
- Compared to the CYFBHS system average, CYFBHS-SUD youth were more likely to have a primary diagnosis of **Oppositional/Conduct disorder;** they were less likely on average to have ADHD or Anxiety disorder as their primary diagnosis.
- CYFBHS-SUD youth were more likely to receive **Case Management** and **Medication Support** and less likely to receive Assessment, Collateral, and TBS services. These youth were three times as likely to receive **Day Services** but received less time in Day Services than the CYHBHS system average. Additionally, CYFBHS-SUD youth were more than twice as likely to receive **Inpatient services.**
- **Compared to FY 2015-16**, twice as many CYFBHS-SUD youth received **Inpatient services** in FY 2016-17.

**Detailed service utilization tables are presented in the Report Appendices, available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.*

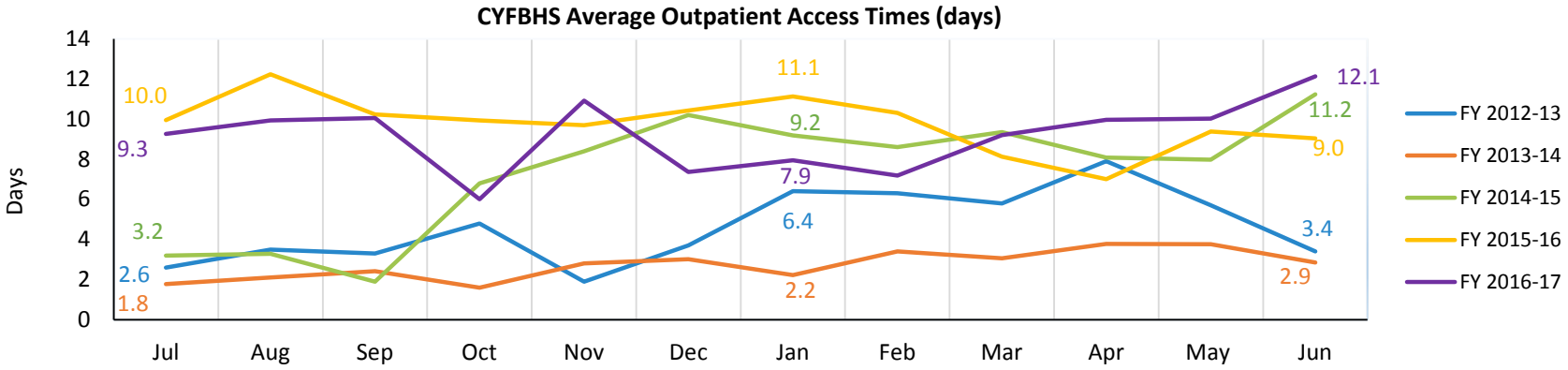
†Special Education service data were unavailable for FY 2016-17.

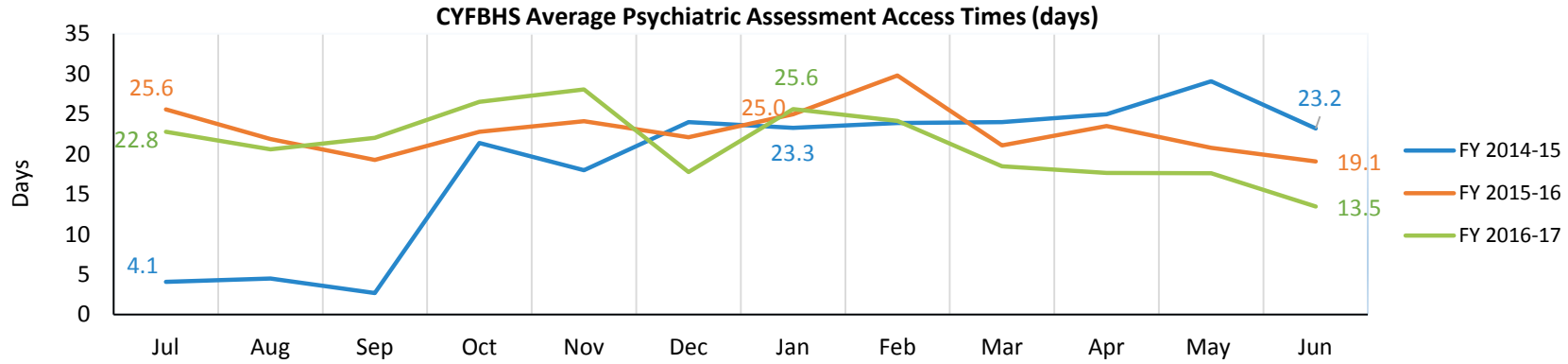
How Quickly Can Clients Access Services?

*Access Time**

Access times vary greatly by program, with a few sites having a long wait to receive specialty outpatient mental health services and others being able to offer immediate access. Families are informed of the access point options available to them.

In FY 2016-17 children waited an average of **9.2 days** to access an outpatient appointment; a decrease from the 9.8-day average wait reported in FY 2015-16. Average psychiatric assessment appointment access time was **21.2 days** in FY 2016-17.





**Access Time methodology was recalibrated in FY 2015-16 for uniform reporting; data from previous years may not be directly comparable.*

Are Clients Getting Better?

Clients outcomes are evaluated by measuring change on standardized mental health assessment measures and reviewing rates of high-level service use.

Outcome Measures

- The Child and Adolescent Measurement System (CAMS), a measure of youth emotional and behavioral symptoms completed by youth and/or caregivers
- The Eyberg Child Behavior Inventory (ECBI), a measure of behavioral problems completed primarily by caregivers of children ages 2 to 5 years
- The Children's Functional Assessment Rating Scale (CFARS), a measure of functioning completed by clinicians
- Inpatient and Emergency Screening Unit Readmission Rates
- Goals Met at Discharge

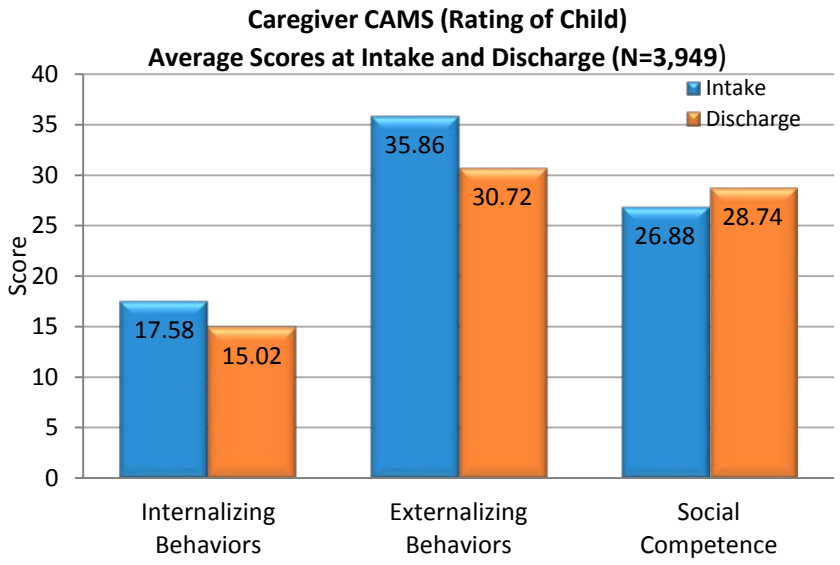
Are Clients Getting Better?

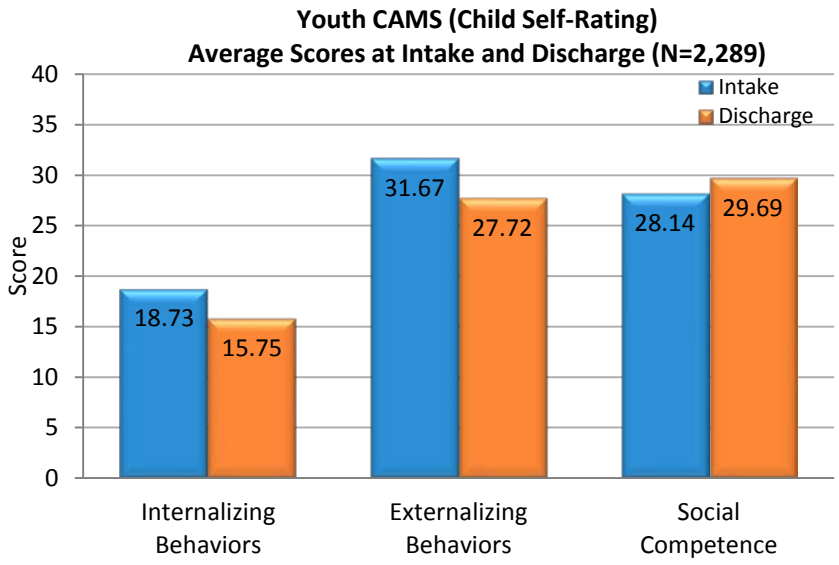
*Child and Adolescent Measurement System (CAMS) Results Indicate Improvement**

The CAMS measures a child's social competency, behavioral and emotional problems. In FY 2016-17, the CAMS was administered to all parents/caregivers, and to youth ages 11 and older, at intake, at utilization management/review (UM/UR), and at discharge. The CAMS was not administered in any inpatient setting.

A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered an improvement. An *increase* on the Social Competence (e.g., personal responsibility and participation in activities) score is considered an improvement.

CAMS scores were evaluated for youth discharged from services in FY 2016-17 who were in services at least two months and had less than two years between intake and discharge assessment, and who had both intake and discharge scores for all three scales (N = 3,949 Parent CAMS and N = 2,289 Youth CAMS). Scores revealed improvement in youth social competency, behavioral and emotional problems following receipt of CYFBHS services.





**CAMS pre- to post- outcomes assessment comparisons were statistically significant. Effect sizes indicate that clients are experiencing a small clinical change in social competence and a moderate clinical change in behavioral and emotional problems.*

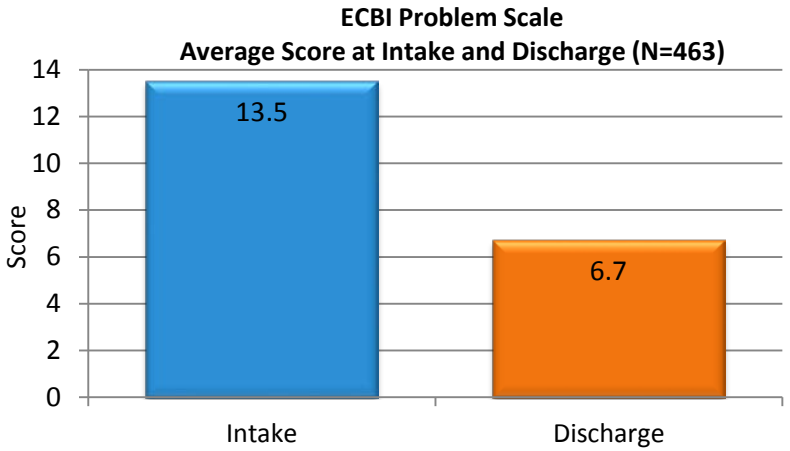
Are Clients Getting Better?

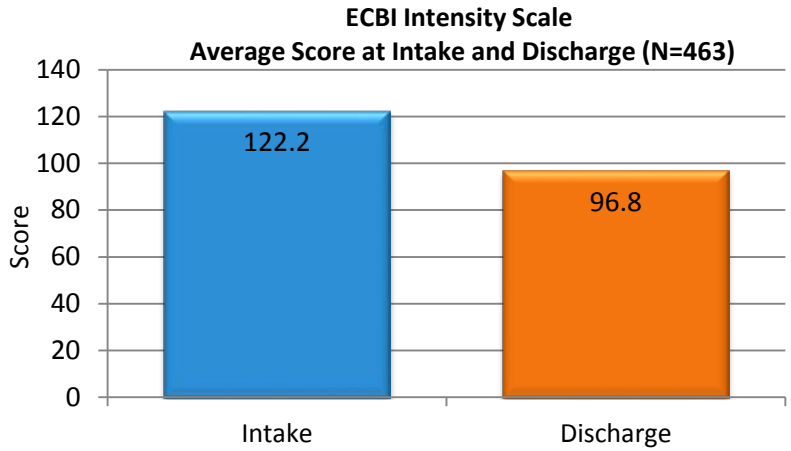
*Eyberg Child Behavior Inventory (ECBI) Results Indicate Improvement**

The ECBI assesses conduct problems, such as noncompliance, defiance, aggression, and impulsivity. In 2016-17, the ECBI was rolled out systemwide for use in children primarily between the ages of 2-5.† It is completed by the child's caregiver at intake, at utilization management/review (UM/UR), and at discharge. The ECBI was not administered in any inpatient setting.

ECBI scores were evaluated for youth discharged from services in FY 2016-17 who had less than two years between intake and discharge assessment, and who had intake and discharge scores for both the Problem and the Intensity scale (N=463).

A *decrease* on either ECBI scale is considered an improvement. ECBI scores revealed improvement in both the number and severity of behavioral problems in children ages 2-5 following receipt of CYFBHS services.





**ECBI pre- to post- outcomes assessment comparisons were statistically significant. Effect sizes indicate that clients are experiencing a moderate clinical change in behavioral problems.*

†A minority (15%) of clients were ages 6+ years at intake.

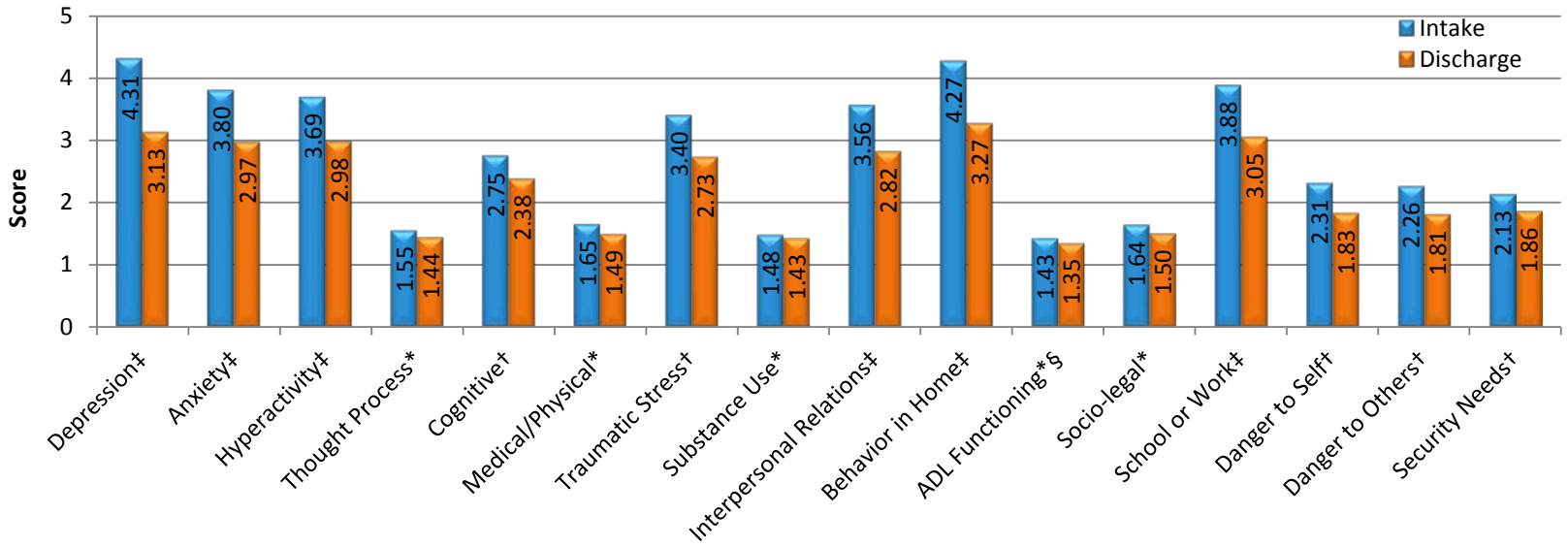
Are Clients Getting Better?

Children's Functional Assessment Rating Scale (CFARS) Results Indicate Improvement

The Children's Functional Assessment Rating Scale (CFARS) measures level of functioning on a scale of 1 to 9. In FY 2016-17, the CFARS was completed by clinicians at intake, at utilization management/review (UM/UR), and at discharge. The CFARS was not administered in any inpatient setting.

CFARS scores were evaluated for youth discharged from services in FY 2016-17 who were in services at least three weeks and had less than two years between intake and discharge assessment, and had both intake and discharge scores for every CFARS index (N=8,274).

A *decrease* on any CFARS item score is considered an improvement. CFARS scores revealed improvement in youth functioning on most domains following receipt of CYFBHS services.



**Pre- to post- outcomes assessment comparison was statistically significant; effect size indicated no change from intake.*
†Pre- to post- outcomes assessment comparison was statistically significant; effect size indicated small change from intake.
‡Pre- to post- outcomes assessment comparison was statistically significant; effect size indicated medium change from intake.
§Activities of Daily Living

Are Clients Getting Better?

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 (IP) Services*

- 182 (23%) of the 806 clients who received IP care had more than one IP episode (ranging from 2 to 11) in FY 2016-17.
  - Of the 182 clients with more than one IP episode, 66 (36%) were re-admitted to IP services within 30 days of the previous IP discharge—a **decrease** from 38% (66 of 172) in FY 2015-16.

**Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.*

Emergency Screening Unit (ESU) Services

- 94 (12%) of the 809 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 7) in FY 2016-17.
  - Of the 94 clients with more than one ESU episode, 28 (30%) were re-admitted to services at the ESU within 30 days of the previous ESU discharge—a **decrease** from 48% (68 of 141) in FY 2015-16.

Diversion†

- Of 1,072 ESU visits‡ in FY 2016-17, 861 (80%) were diverted from an IP admission within 24 hours.

†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (Client Services After Psychiatric Hospital Discharge Report (Oct 2017)
‡ESU visits include duplicated clients

Goals Met at Discharge§

Clients discharging from CYFBHS are evaluated in the context of goals established by their provider during services. Clients are identified as having met goals, partially met goals, or not met goals.

- In FY 2016-17, this marker was reported for 7,793 (71%) of 11,047 discharged clients.
- Of these 7,793 clients, 3,763 (48%) met goals, 2,630 (34%) partially met goals, and 1,400 (18%) did not meet goals within the service period.

§Unknown proportion includes Fee-for-Service providers for whom data were not available.

Are Clients Satisfied With Services?

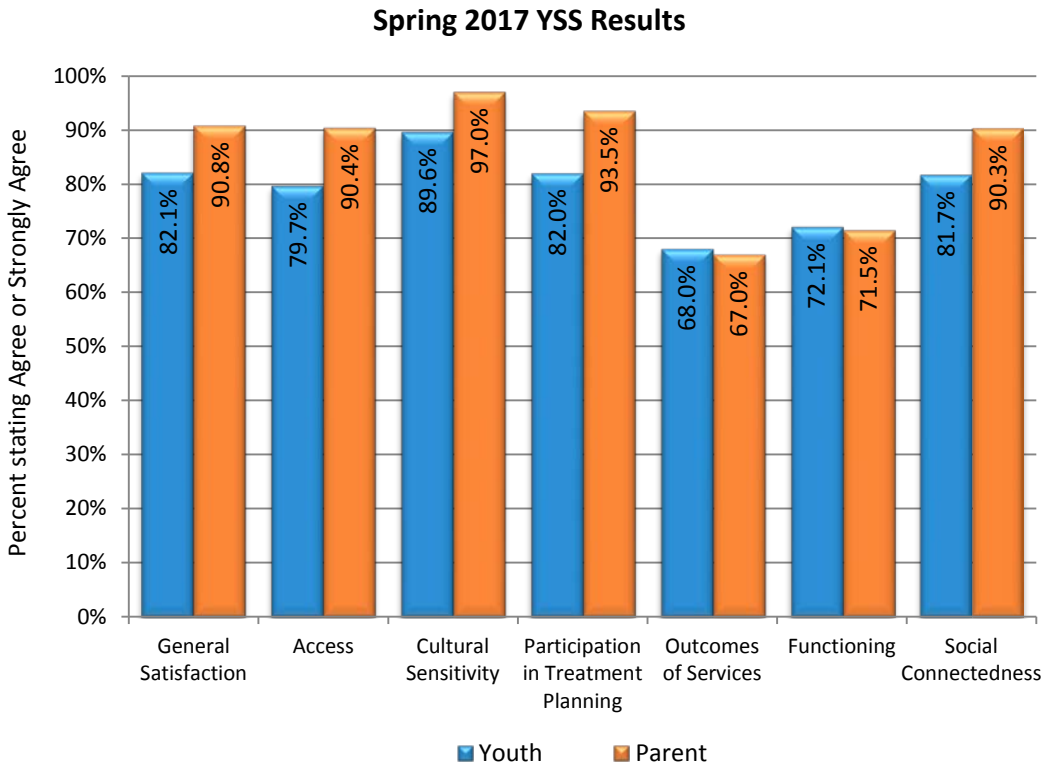
The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a biennial state-mandated survey administered to all mental health clients ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. Youth and their caregivers report their degree of satisfaction with mental health services received. In FY 2016-17 the YSS was administered to clients during two 1-week periods: the first in November 2016 and the second in May 2017; data from the May 2017 administration (3,348 completed surveys submitted) were analyzed.

YSS Satisfaction questions were grouped into seven domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Cultural Sensitivity
4. Perception of Participation in Treatment Planning
5. Perception of Outcomes of Services
6. Perception of Functioning
7. Perception of Social Connectedness

- Parents and youth were most satisfied with the *Cultural Sensitivity* domain.
- Youth were as satisfied or slightly more satisfied than parents on the *Outcomes of Services* and the *Functioning* domains; youth were less satisfied than parents on every other domain.
- The greatest disparity between youth and parents was found in the *Participation in Treatment Planning* domain.

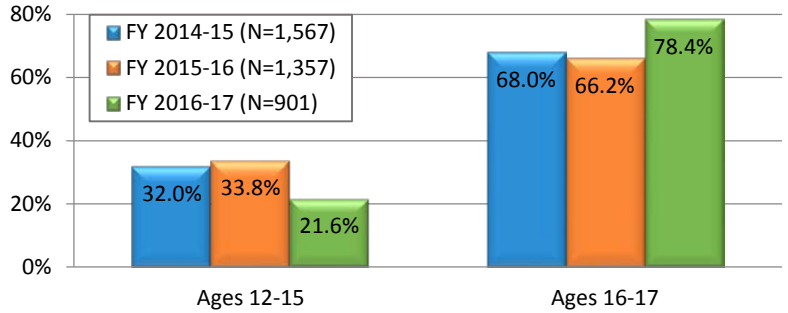


Full YSS Reports are available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.

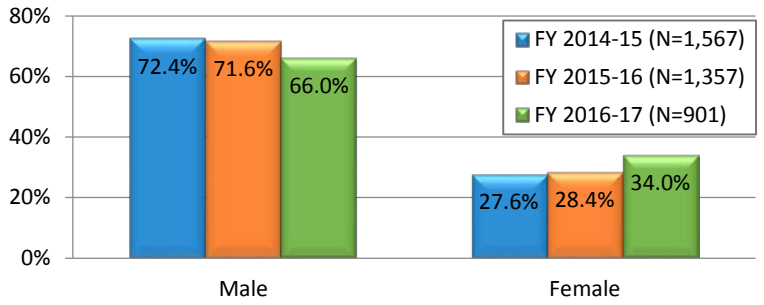
Substance Use Disorder Treatment (SUD) – Youth

BHS contracts with local agencies to provide Substance Use Disorder (SUD) programs through an integrated system of community-based alcohol and other drug prevention, treatment, and recovery services throughout San Diego County. The SUD programs serve adolescents who are using drugs and alcohol and/or have co-occurring disorders. Services range from Residential and Outpatient Treatment, Detoxification, Case Management, Justice Programs, Specialized Services with 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.

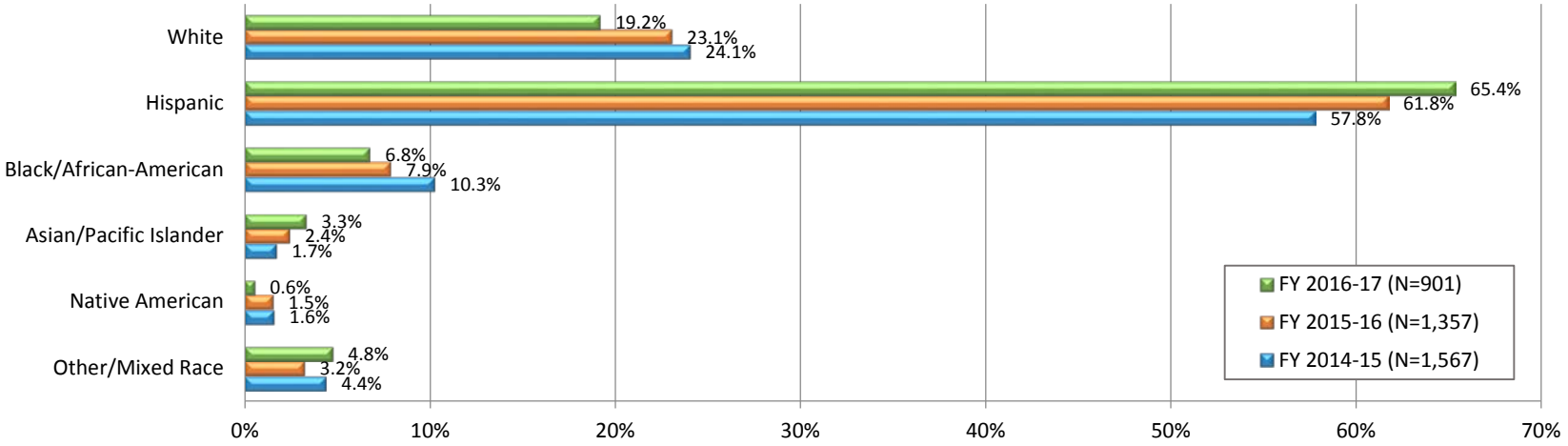
SUD Youth Client Age (N=901)*†



SUD Youth Client Gender (N=901)*†



SUD Youth Client Race and Ethnicity (N=901)*†

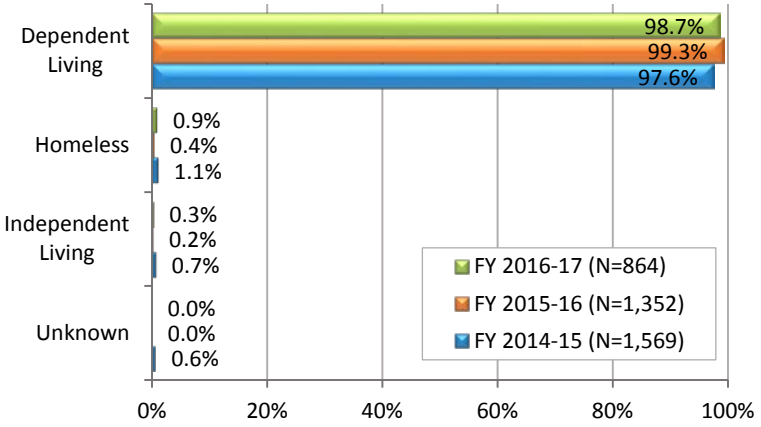


**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.*
†Data Source: SanWITS

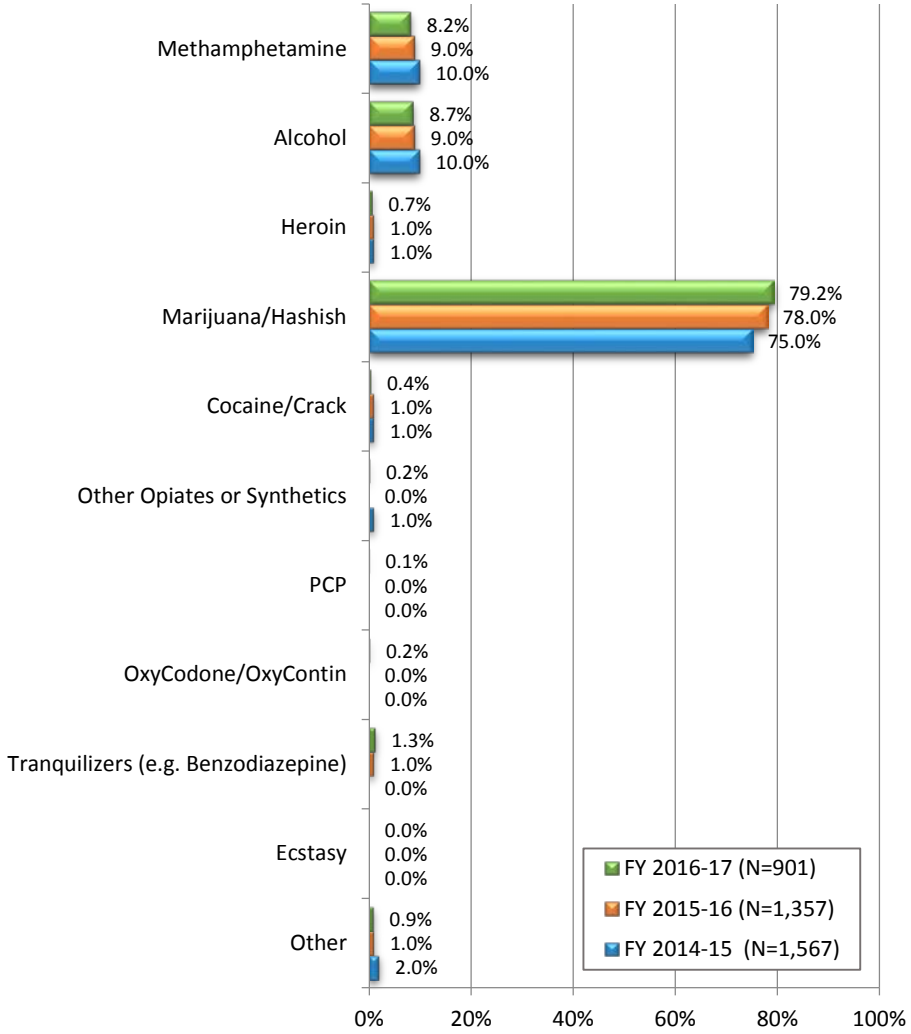
Substance Use Disorder Treatment (SUD) – Youth

SUD Youth Client Living Situation (N=864)†*

Less than 1% of SUD clients ages 12-17 were homeless during FY 2016-17.



SUD Youth Client Primary Drug of Choice (N=901)†*

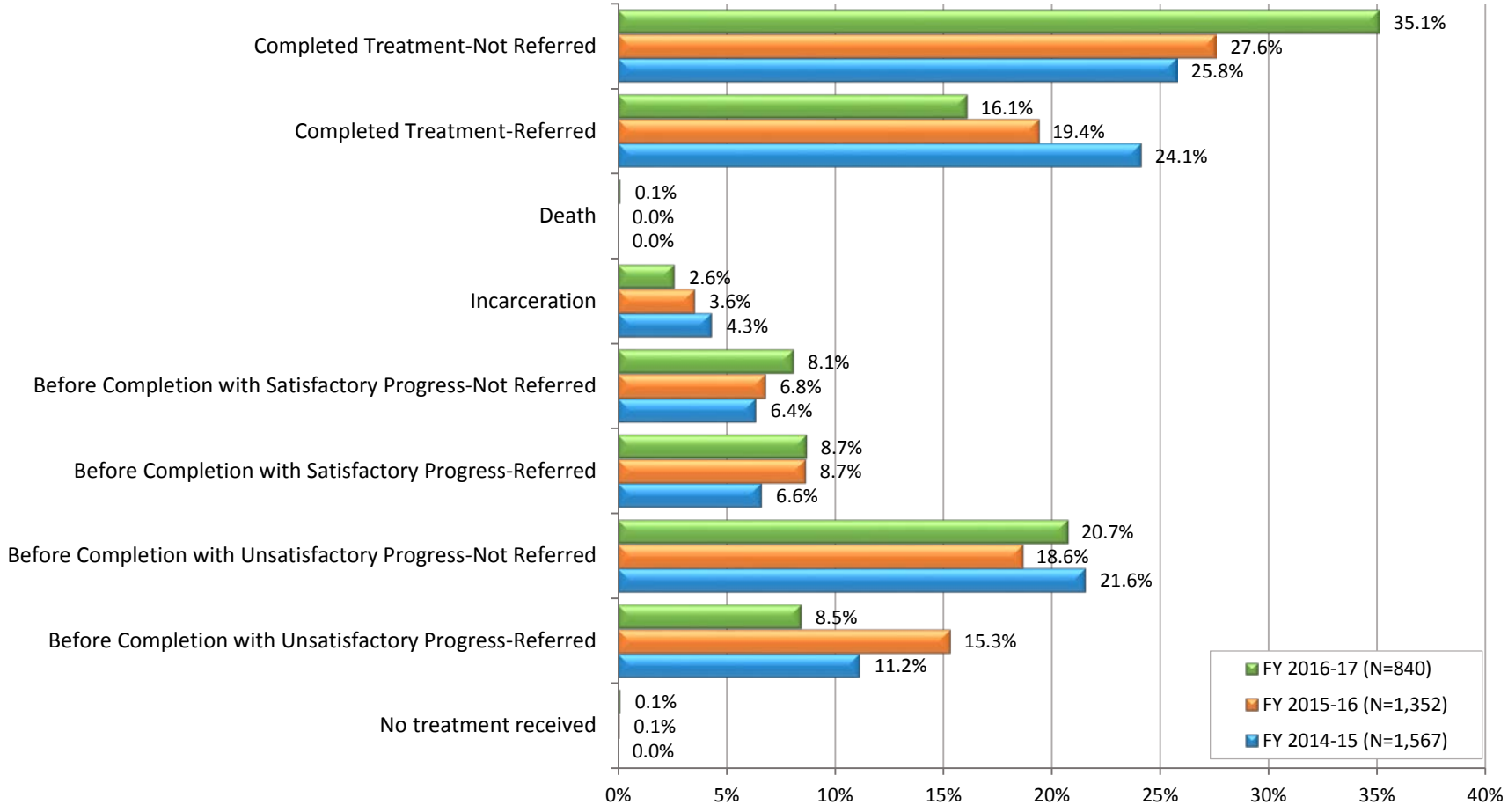


**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.*
†Data Source: SanWITS

Substance Use Disorder Treatment (SUD) – Youth

SUD Youth Client Type of Discharge (N=840)†*

Almost half (35%) of SUD clients ages 12-17 completed treatment at discharge in FY 2016-17.



**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.*
†Data Source: SanWITS

Substance Use Disorder Treatment (SUD) – Youth

*Other SUD Services for Teens**

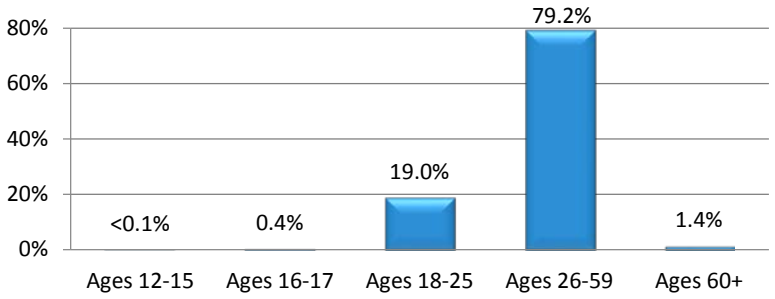
Behavioral Health Services provides Teen Recovery Center (TRC) services to youth ages 12 through 17. These services provide age appropriate substance abuse treatment for adolescents and their families in an outpatient setting. Services may include group and individual therapy, addressing of co-occurring disorders, crisis intervention, and case management in locations throughout the County. As of July 2015, seven regional TRCs as well as school satellites offer life skills training, job readiness, and opportunities to help adolescents learn how to socialize, grow, and recover in a safe and supportive alcohol and drug-free environment. The System of Care also offers residential SUD treatment services as well as detox residential services.

**Data for these SUD services are not captured in this report. For more information on SUD services in the System of Care, please refer to the Behavioral Health Outcomes Report at http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/BHS%20Outcomes%20Report_FINAL_102115.pdf.*

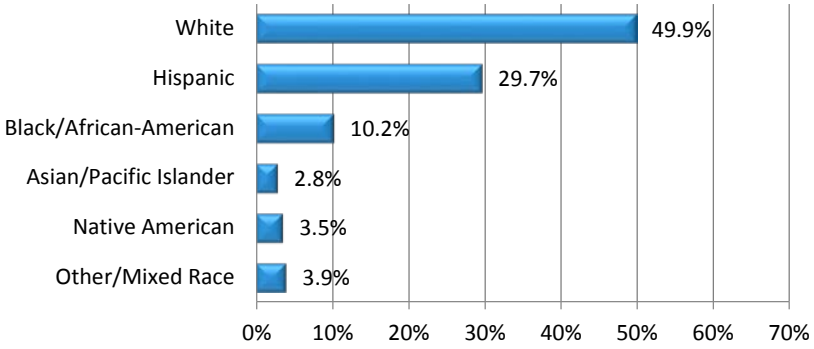
Substance Use Disorder Treatment (SUD)
Perinatal Services

The County of San Diego has a Perinatal System of Care that provides a wide array of gender responsive SUD treatment services to meet the needs of pregnant and/or parenting women and teens. Perinatal SUD treatment is available throughout the county and includes: long term residential treatment for women and their children, perinatal detoxification, outpatient programs for women and teens, and intensive mobile perinatal case management services to high risk pregnant women or teens. The perinatal SUD treatment programs support the needs of mothers through parenting classes, child therapy, life skills, healthy relationships, recovery groups, education, transportation and onsite childcare. Perinatal women have priority admission into any county funded SUD program.

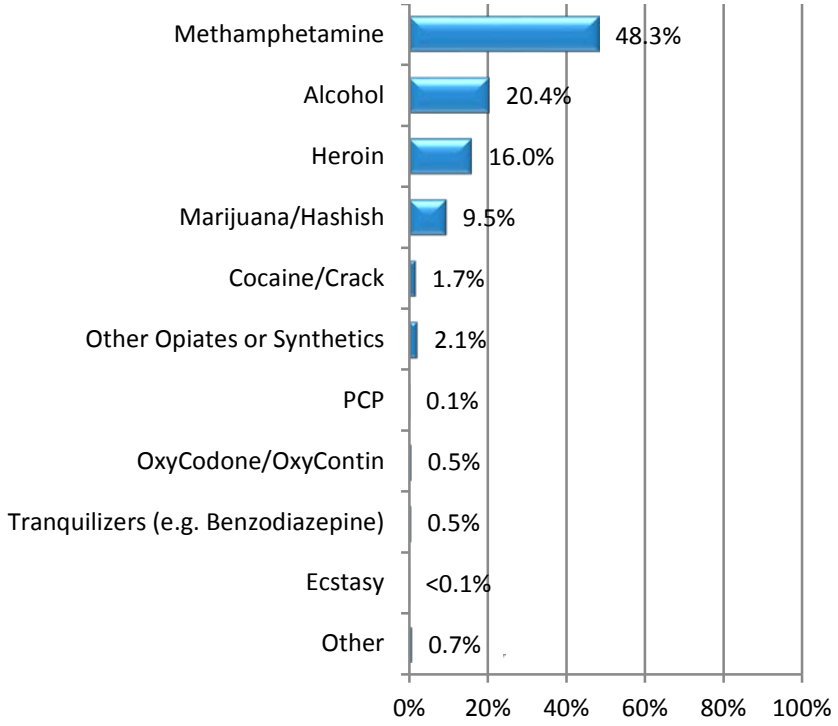
*Perinatal SUD Client Age (N=2,188)**



*Perinatal SUD Client Race/Ethnicity (N=2,188)**



*Perinatal SUD Client Primary Drug of Choice (N=2,188)**

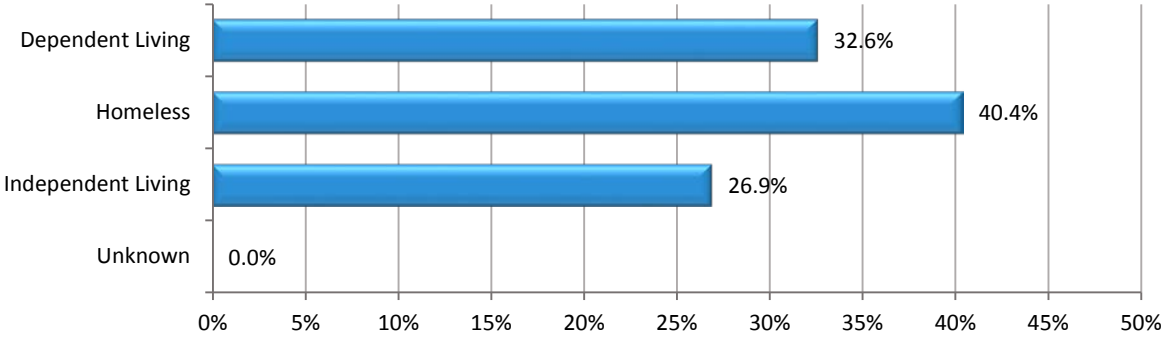


**Data Source: SanWITS*

Substance Use Disorder Treatment (SUD)
Perinatal Services

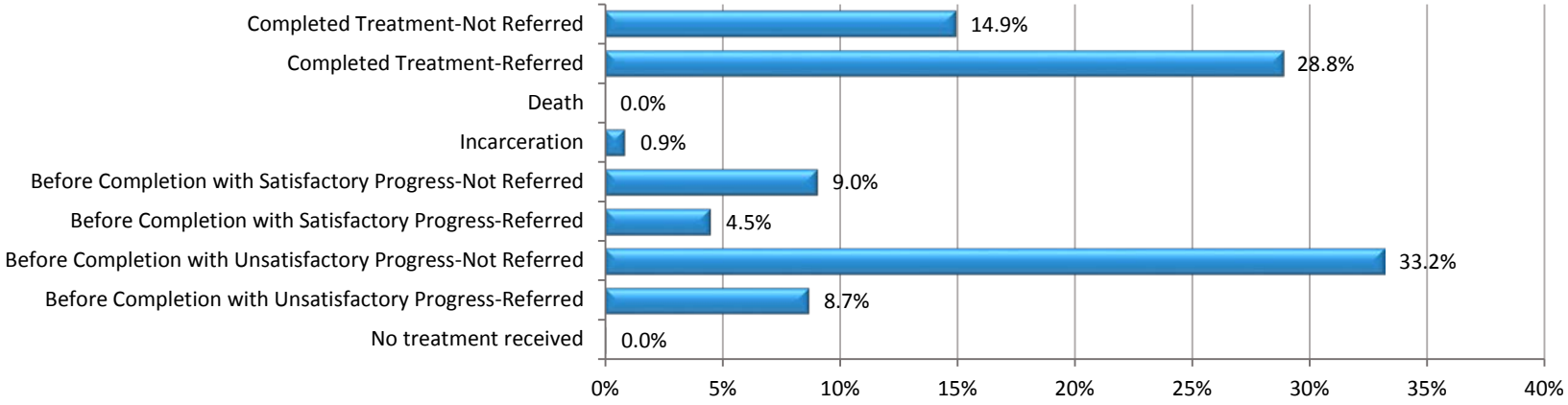
*Perinatal SUD Client Living Situation (N=2,188)**

37% of Perinatal SUD clients were homeless during FY 2016-17.



Perinatal SUD Client Type of Discharge (N=2,689)†*

One-third of Perinatal SUD clients discharged before completion with unsatisfactory progress (administrative) in FY 2016-17.



**Data Source: SanWITS*

†Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.

Mental Health Service Act (MHSA) Components

Community Services and Supports

Community Services and Supports (CSS) enhance the systems of care for delivery of mental health services to seriously emotionally and behaviorally challenged children, youth, and their families. Full Service Partnership (FSP) programs provide a full array of services to clients and families embracing a "whatever it takes" approach to help stabilize the client and provide timely access to needed services for unserved and underserved children and youth. Other programs funded through CSS provide outreach and engagement countywide. Effective January, 2016, CYF outpatient programs were evaluated for enhancement and converted to FSPs, when appropriate, to offer more integrated services with an emphasis on whole person wellness. Beginning in FY 2016-17, Family Mental Health Education & Services were transitioned from PEI to CSS-SD funding. **FSP programs are reported separately as a group and by provider.**

Innovations

Innovations are defined as creative, novel and ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. The Innovations component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. **Innovations are reported separately.**

Workforce Education and Training

The intent of the Workforce Education and Training (WET) component is to remedy the shortage of qualified individuals within the public mental health workforce that provides services to address severe mental illnesses. WET strategies include recruitment of high school and community college students for mental health occupations, development of curriculum to increase knowledge and skills of the existing workforce, increase of the meaningful employment of consumers and their family members in the mental health system, and promotion of cultural and linguistic diversity in the public mental health workforce. As a one-time funding component, WET was scheduled to expire on June 30, 2018, however, several WET programs will continue with $2.3 million in annual funding from the CSS component.

MHSA Components

Capital Facilities and Technological Needs

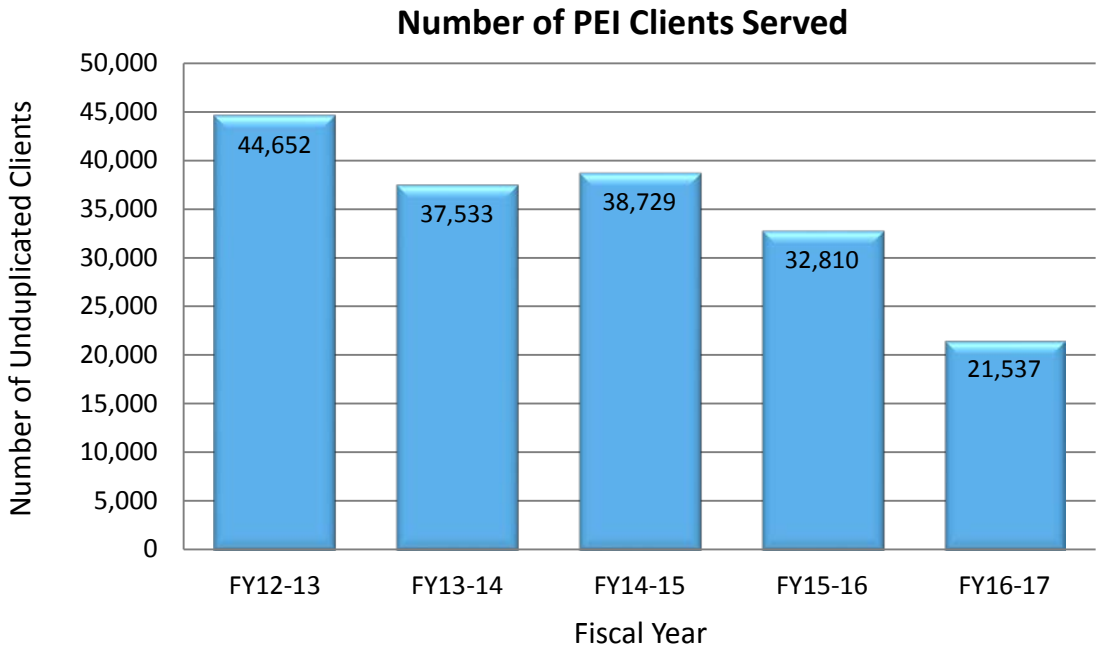
MHSA Capital Facilities projects support the provision of MHSA services through the development of a variety of community-based facilities that support integrated service experiences. The goals of MHSA-funded Technological Needs projects and enhancements are to: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information through a wide variety of settings, and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, efficiency and cost-effectiveness. As a one-time funding component, Capital Facilities and Technological needs funding was scheduled to expire June 30, 2018.

To learn more about the MHSA, visit http://sandiego.camhsa.org/

MHSA Components

Prevention and Early Intervention (PEI) Programs

MHSA Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 13 contractors to provide PEI services for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. Each contractor collects information on the demographics of their participants and participants' satisfaction with the services provided. **PEI youth and family participants comprise a different population than youth and family served by CYFBHS treatment providers**; a demographic summary is reported here, detailed findings are reported separately. (http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports).



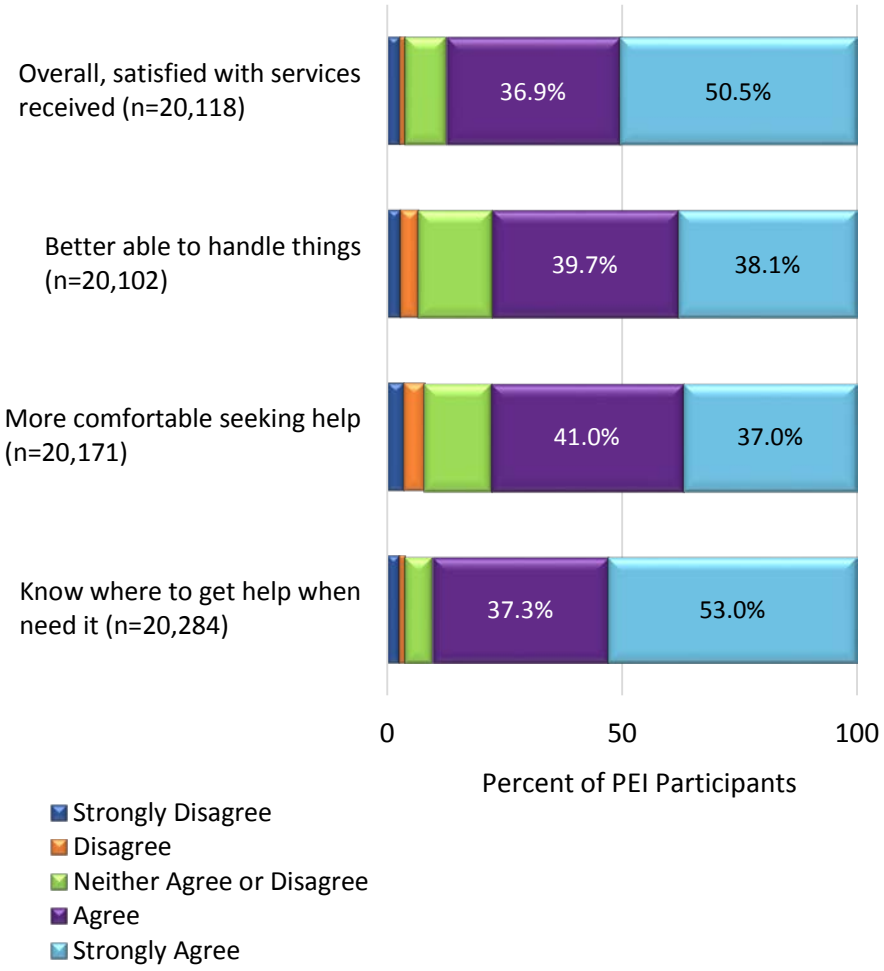
❖ Total client count for youth and family PEI participants has decreased more than 50% in the past five years. This is due in part to structural and contracting changes within the PEI providers; as the programs evolve, some components are modified, affecting the number of participants served.

MHSA Components

PEI Participant Demographics (N=21,537)*†

Age (years)	N	%	▲
0-5	483	2%	-6%
6-11	1,375	6%	-39%
12-17	12,048	56%	38%
18-24	601	3%	0%
25-59	4,783	22%	4%
60 and older	356	2%	-6%
Prefer not to answer	313	1%	N/A
Unknown/Missing	1,559	7%	-38%
Gender			
Female	11,729	54%	1%
Male	8,752	41%	-5%
Prefer not to answer	215	1%	N/A
Other/Unknown/Missing	841	4%	3%
Race (Census Categories)			
White	5,015	23%	-1%
Black/African-American	1,037	5%	1%
Asian/Pacific Islander	871	4%	0%
Hispanic	11,131	52%	8%
Native American	597	3%	-9%
Multiracial	1,450	7%	4%
Other non-White	107	<1%	-2%
Prefer not to answer	160	1%	N/A
Unknown/Missing	1,169	5%	-2%

PEI Participant Satisfaction Survey Results*



**The PEI Demographics and Satisfaction Survey Results included both active and outreach participants.*

†Demographic and Referral data collection protocol was enhanced in FY 2016-17; data from previous years may not be directly comparable.

▲ = Percentage point change from previous fiscal year.

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.
- **Co-occurring Substance Abuse** is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with SUD.
- **Collateral services** include case consultations, teacher or other professional consultations, attendance at Individualized Education Program (IEP) meetings or any other conversations related to the client and treatment plan.
- **Crisis stabilization services** are short term and are provided by the Emergency Screening Unit (ESU) for children and adolescents throughout San Diego County. Services are available 24 hours / 7 days a week.
- **Day treatment services:**

  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.

  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.
- **Dual diagnosis** occurs when an individual has both a mental disorder and a substance abuse/dependency diagnosis.
- **Fee-for-Service providers** are primarily licensed **clinicians in private practice** who provide services to clients on a fee-for-service basis or through Medi-Cal coverage. 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. There are also two fee-for-service inpatient hospitals that provide services for children and adolescents in San Diego County (Aurora Hospital and Sharp Mesa Vista Hospital).
- **Full-service partnership (FSP)** programs are comprehensive programs funded by MHSA-CSS which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community.
- **Inpatient (IP) services** are delivered in psychiatric hospitals.
- **Juvenile Forensic Services** are provided primarily in Probation institutions within San Diego County. Juvenile Forensic Services include assessment, individual therapy, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court (both dependents and delinquents). Services are provided throughout the County at sites including Juvenile Hall (Kearny Mesa and East Mesa) and Girls' Rehabilitation Facility, and Camp Barrett.

Glossary of Terms

- **Intensive Care Coordination (ICC) Services** facilitate assessment, care planning, and coordination of services.
- **Intensive Home Based Services (IHBS)** are rehab-like services with a focus on building functional skills.
- **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. These clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g., school, home). Services are being delivered in more than 300 schools in 33 districts in San Diego County.
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.
- **Primary Diagnosis:** Primary Diagnosis was determined by identifying the last Priority 1 diagnosis assigned prior to the end of the current reporting period. ***Excluded*** diagnoses are those categorized as "excluded" by Title 9 (e.g., psychiatric disorders due to general medical conditions, autism, substance use disorders, learning disabilities). The ***Other*** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Reactive Attachment Disorder, elimination disorders, and eating disorders. Excluded and Other diagnoses were combined for reporting purposes. ***Invalid*** diagnoses were either missing or not a valid psychiatric diagnosis. 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 most recent DSM, and/or the most recent ICD. Only one primary diagnosis was indicated per client for these analyses. A Substance Use Disorder was assigned if a client had a priority 1 or 2 diagnosis that was substance related.
- **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+) who received mental health services through CYFBHS providers.

Contact Us

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http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html
or in hard copy from BHSQIPIT@sdcounty.ca.gov

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.