County of San Diego
Health and Human Services Agency

Children, Youth & Families Behavioral Health Services

Systemwide Annual Mental Health Services Report, FY 2013-14

Children, Youth & Families Behavioral Health Services
Systemwide Annual Report

Health and Human Services Agency
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County of San Diego Board of Supervisors

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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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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 Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year (FY) 2013-14 (July 2013-June 2014). CYFBHS primarily serves children and adolescents ranging in age from 0 to 17 years old, with a small number of programs serving young adults ages 18 and older. The focus of this report is on mental health services.

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 is a comprehensive, integrated, community-based, culturally competent, family-centered, trauma informed, strength driven, and clinically sound structure for delivery of behavioral health and related supportive services to the children of San Diego County. 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. The multi-sector CYFBHSOC Council meets on a monthly basis to provide community oversight for the System of Care.

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.

Introduction

CYFBHS Noteworthy Services

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, 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. BHS, CWS, Probation, and family and youth partners work together to develop a shared vision to meet the Katie A. settlement agreement under the State developed Core Practice Model; a joint decision was made to locally call the initiative "Pathways to Well-Being." The basic components implemented by programs include: Child and Family Team Meetings, Intensive Care Coordination, Intensive Home Based Services, and, in the future, the Therapeutic Foster Care component.

Teen Recovery Centers*

Behavioral Health Services provides Teen Recovery Center (TRC) services to youth ages 12 to 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 to learn how to socialize, grow, and recover in a safe and supportive alcohol and drug-free environment.

Perinatal Services*

The County of San Diego has a Perinatal System of Care that provides a wide array of alcohol and other drug (AOD) treatment services to meet the needs of pregnant and/or parenting women and teens. Perinatal AOD treatment is available throughout the county and includes: long term residential treatment for women and their children, perinatal detoxification, non-residential programs for women and teens, and intensive mobile perinatal case management services to high risk pregnant women or teens. The perinatal AOD treatment programs support the needs of mothers through parenting classes, child therapy, life skills, healthy relationships, recovery groups, education, transportation and onsite childcare. All services are provided on a sliding fee scale. Treatment fees may be waived for Medi-Cal recipients. This population has priority admission into any county funded AOD program.

**Data for these AOD services are not captured in this report. For more information on AOD services in the System of Care, please refer to the Behavioral Health Outcomes Report at www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/BHOReport5.17.13.pdf.*

Introduction

Provider Systems

In FY 2013-14, CYFBHS served seriously emotionally disturbed (SED) youth with severe behavioral health needs through two provider systems distributed throughout San Diego County: Organizational Providers and Fee-for-Service Providers.

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

- Outpatient programs
- Day Treatment programs
- Residential Treatment programs
- Juvenile Forensic Services
- Therapeutic Behavioral Services (TBS)
- Wraparound programs
- Emergency Services
- Inpatient facilities

Note: *Discrepancies between service data in the FY 2013-14 Annual Report and the FY 2013-14 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.*

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.

In FY 2012-13, an Alcohol and Drug Counselor was added to eight FSP programs to treat clients using substances or at risk of substance abuse. The Personal Experience Screening Questionnaire (PESQ) was implemented at these programs for youth ages 12-18 to measure potential substance abuse problems and evaluate changes in substance use following treatment. **FSP programs are reported separately as a group and by provider**.

Prevention and Early Intervention 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 and are reported separately**. More than 37,500 participants were served by youth and family PEI programs in FY 2013-14.

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.

MHSA Components

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, promotion of the meaningful employment of consumers and their family members in the mental health system, and financial incentives that promote cultural and linguistic diversity in the public mental health workforce.

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.

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS) Fiscal Year 2013-14

1. 19,010 youth received services through the San Diego County CYFBHS system, a 3.7% increase from the 18,338 served in FY 2012-13.

2. 58% of clients were male. The proportion of females served continues to increase steadily over time; from 38% in FY 2009-10 to 42% in FY 2013-14.

3. 56% of clients were Hispanic, consistent with 56% in FY 2012-13.

4. 75% of youth served by CYFBHS lived in a family home or apartment at some point during FY 2013-14.

5. The four most common diagnoses were depressive disorders, adjustment disorders, oppositional/conduct disorders, and attention deficit hyperactivity disorder (ADHD).
    - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.

6. 1,392 (7%) clients had substance abuse issues (defined as a dual diagnosis and/or involvement with Alcohol and Drug Services (ADS). This is a decrease from 1,409 (8%) of clients with substance abuse issues in FY 2012-13.
    - 1,009 (72%) of clients with substance abuse issues were 16 years of age or older.
    - 650 (47%) of these clients received treatment from ADS at some point during the fiscal year.
    - 227 (35%) of the 650 CYFBHS clients who received ADS services in FY 2013-14 were identified as having a dual diagnosis by their mental health provider.

7. 79% of clients were insured by Medi-Cal, a slight decrease from 80% in FY 2012-13.

Key Findings, continued

8. 91% of clients for whom Primary Care Physician (PCP) status was known had a PCP; an increase from 87% in FY 2012-13.

9. The percentage of clients receiving Outpatient Assessment, Case Management, and Therapeutic Behavioral Services (TBS) *increased* over the past fiscal year; the percentage of clients receiving Outpatient Therapy, Collateral, Medication Support, and Crisis Services *decreased* over the past fiscal year. On average, clients received 8.7 hours of Outpatient Therapy services in FY 2013-14.
    - Although more clients received TBS services (5.5% as compared to 3.9% in FY 2012-13); average TBS service hours decreased 15%, from 45.9 hours in FY 2012-13 to 38.8 hours in FY 2013-14.

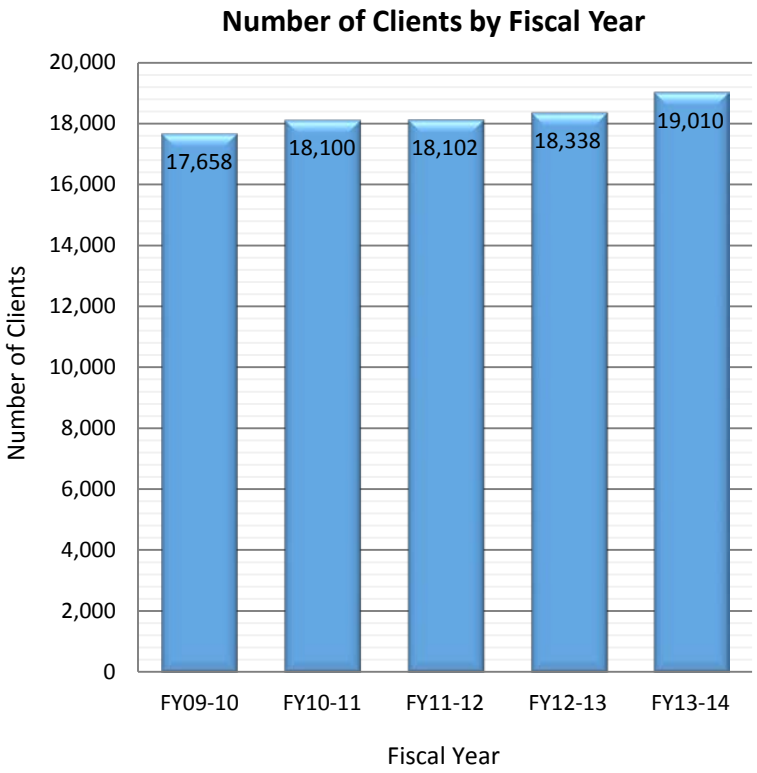
10. 1,125 (6%) of clients used Emergency Screening unit (ESU) services in FY 2013-14, an increase from 929 (5%) of clients in FY 2012-13.
    - 20% of ESU clients had multiple ESU visits within the fiscal year; no change from the previous fiscal year. The proportion of these clients readmitted to ESU services within 30 days of the previous ESU discharge decreased from 52% in FY 2012-13 to 48% in FY 2013-14.

11. 839 (4%) of clients used Inpatient (IP) services in FY 2013-14, consistent with 733 (4%) of clients in FY 2012-13.
    - 25% of IP clients received multiple IP services within the fiscal year, as compared to 27% in FY 2012-13. The proportion of these clients re-admitted to IP services within 30 days of the previous IP discharge decreased from 43% in FY 2012-13 to 42% in FY 2013-14.

12. Youth 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.

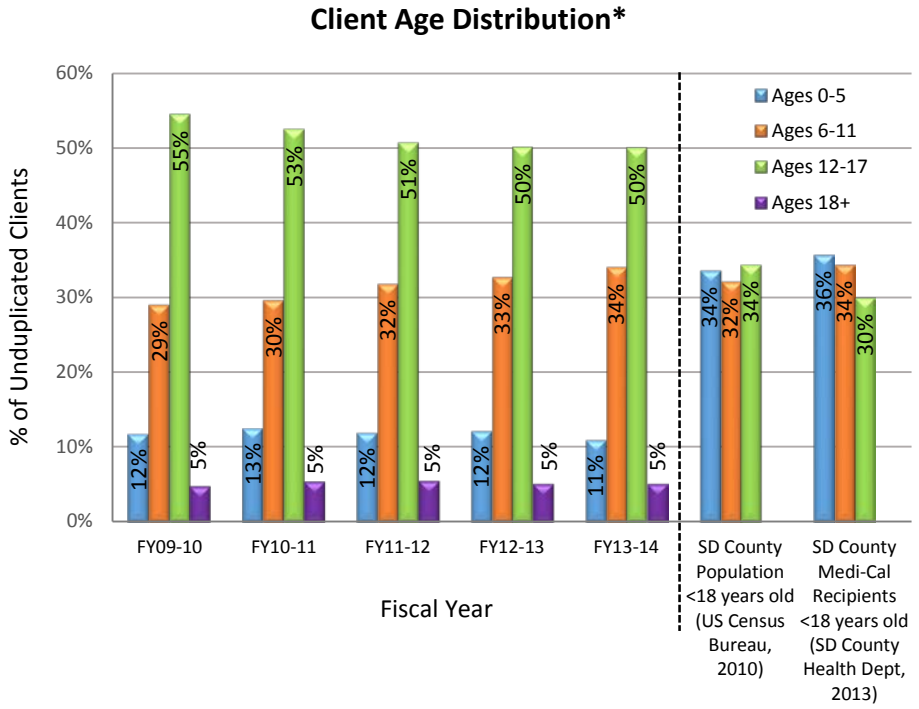
Who Are We Serving?

Number of Clients



❖ In FY 2013-14, CYFBHS delivered treatment services to more than 19,000 youth.

Age of Clients



❖ Adolescents (12-17 years) comprised 50% of the CYFBHS population.

❖School-age clients (6-11 years) comprised 34% of the CYFBHS population.

❖ Children ages 0-5 comprised 11% of the CYFBHS population.

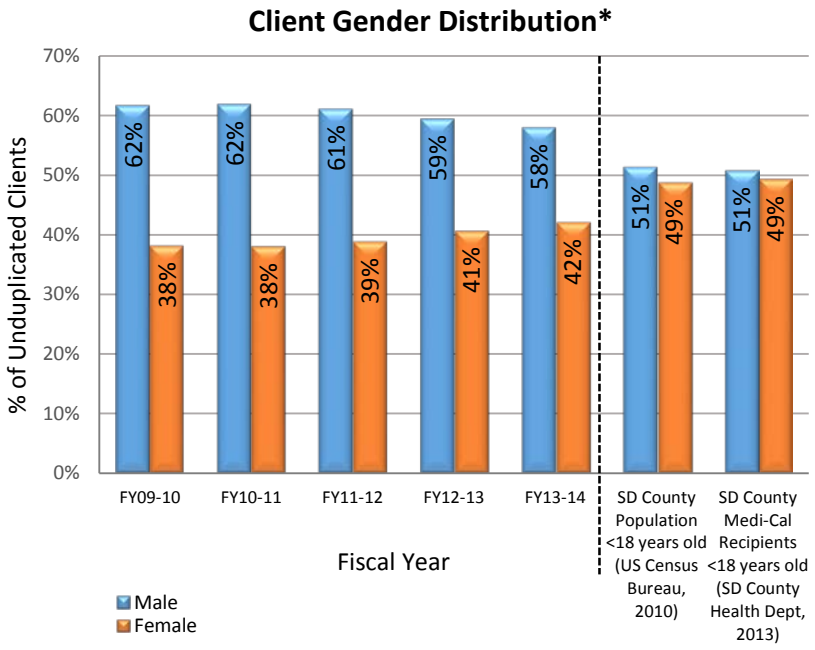
**Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.*

Who Are We Serving?

Nearly 60% 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

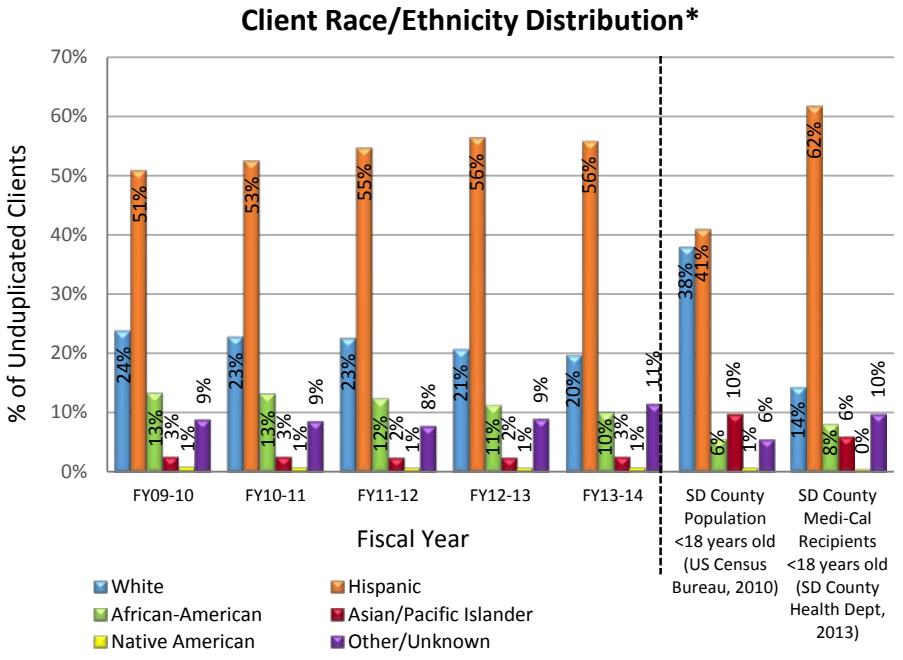
- 10,973 (58%) clients who received CYFBHS services in FY 2013-14 were male.
- The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- The gender gap has narrowed over the past three years.



Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.

Client Race & Ethnicity

- 10,607 (56%) clients who received CYFBHS services in FY 2013-14 identified themselves 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.

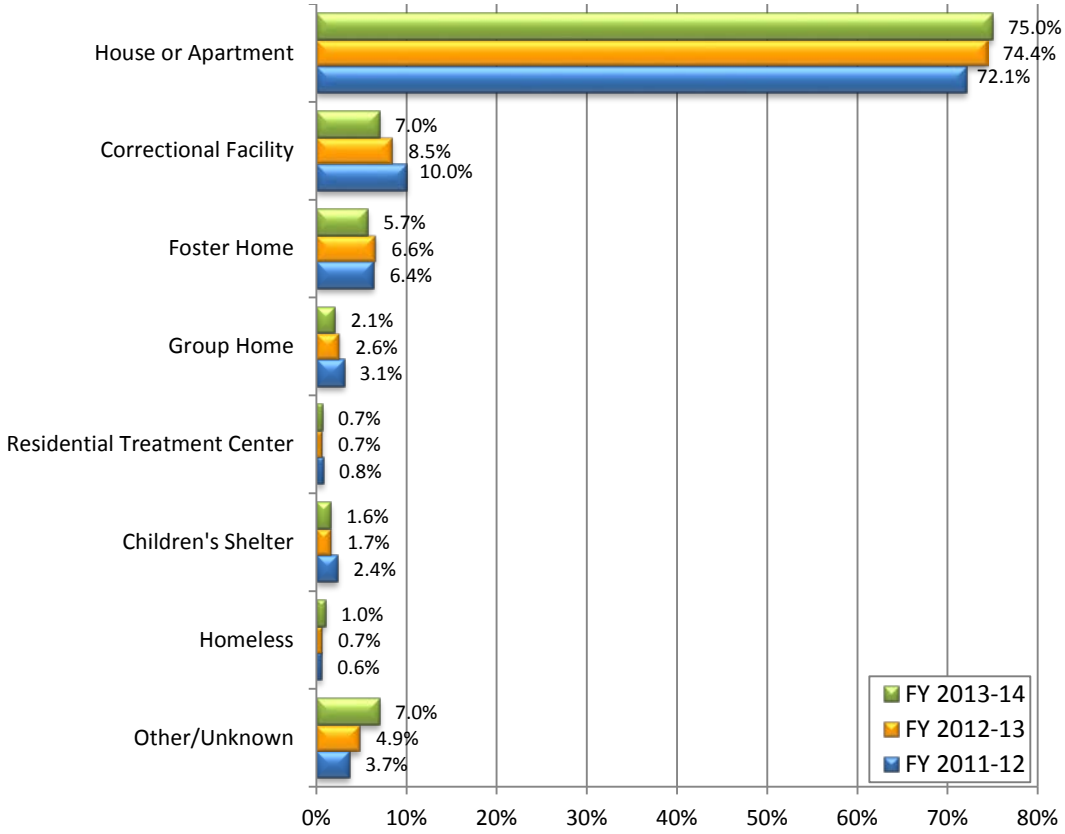


Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.

Who Are We Serving?

*Client Living Situation**

Three quarters of children served by CYFBHS lived in a family home or apartment at some point during FY 2013-14.

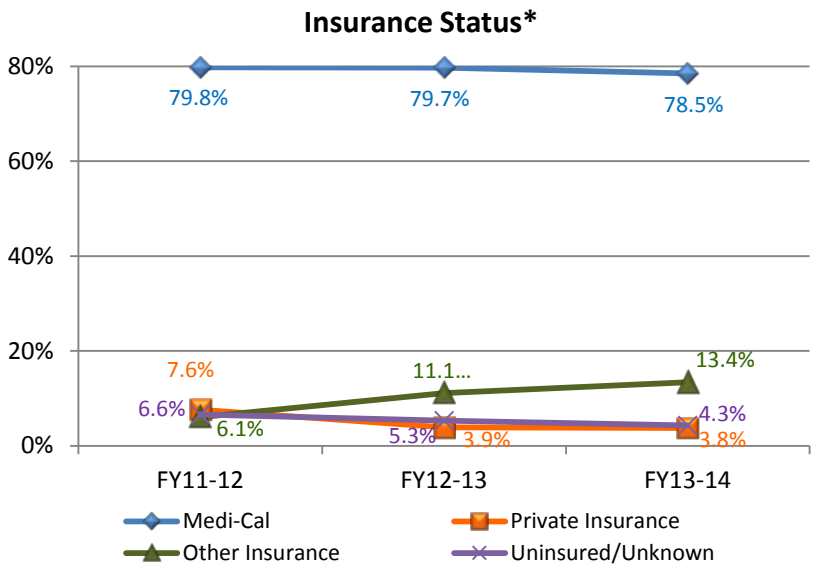


**Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.*

Who Are We Serving?

Health Care Coverage

14,920 (79%) children and youth who received services from CYFBHS during FY 2013-14 were covered exclusively by Medi-Cal; a slight decrease from 14,610 (80%) in FY 2012-13.



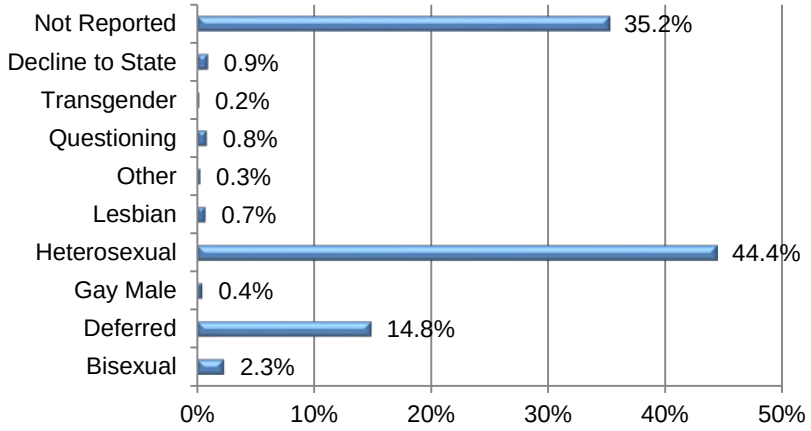
**Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.*

Primary Care Physician (PCP) Status

Of the 14,034 clients for whom PCP status was known, 12,896 (91%) had a PCP in FY 2013-14; an increase from 87% in FY 2012-13.

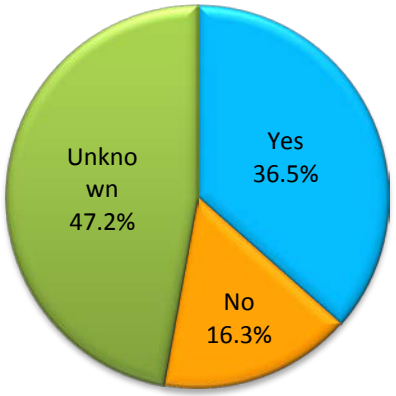
Sexual Orientation

Of 9,243 CYFBHS clients **age 13 or older**, 4,104 (44%) were reported to be heterosexual. Sexual orientation was unreported or deferred for 50% of the 13+ population.



History of Trauma

Previous experience of traumatic events was reported by clinicians for 9,563 clients (53% of the CYFBHS population) in FY 2013-14; of these clients, 6,609 (37% of the CYFBHS population) had a history of trauma.



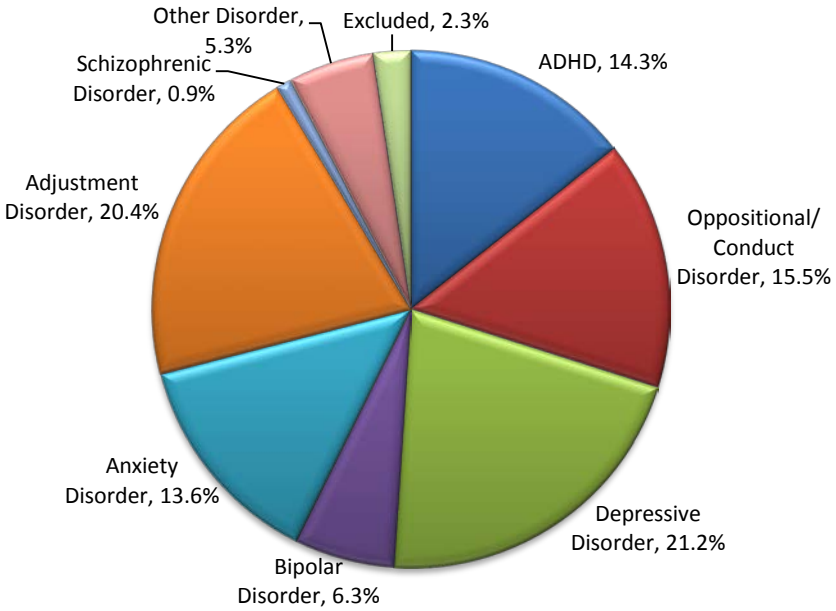
Who Are We Serving?

Clients were diagnosed with a variety of disorders, and 7% were identified as having a co-occurring substance abuse issue.

Primary Diagnosis†*

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

- Depressive disorders
- Adjustment disorders
- Oppositional/Conduct disorders
- ADHD



**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2014; or, the most recent valid diagnosis.*

†Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.

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 Alcohol and Drug Services (ADS).

- 1,392 CYFBHS youth had a co-occurring substance abuse issue in FY 2013-14. This represents **7.3%** of the CYFBHS population.

- 969 CYFBHS youth had a dual diagnosis in FY 2013-14. This represents **5%** of the CYFBHS population, and **70%** of the 1,392 CYFBHS youth with a co-occurring substance abuse issue. These youth may have received substance abuse counseling as part of their EPSDT mental health services.

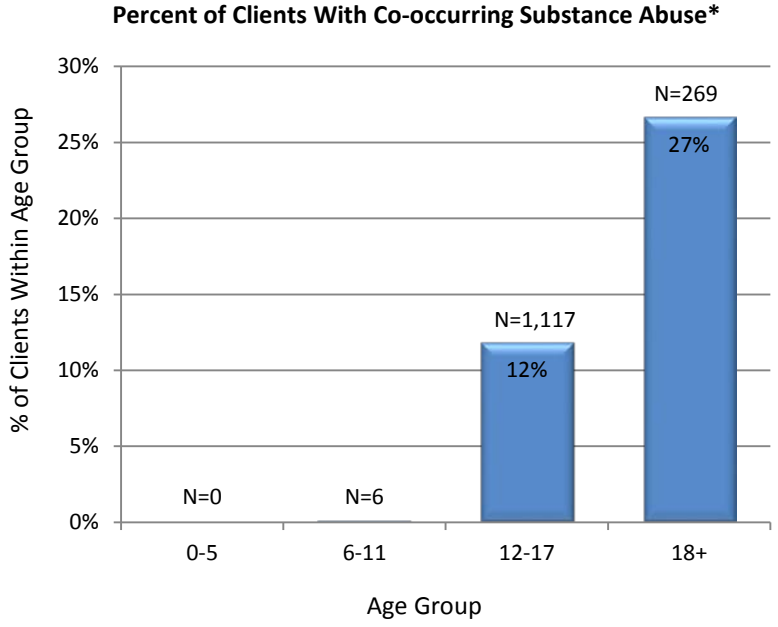
- 650 CYFBHS youth received services from ADS in FY 2013-14. This represents **47%** of the 1,392 CYFBHS youth with a co-occurring substance abuse issue.
  - Of these 650 youth who received services from both CYFBHS and ADS, 227 (35%) were identified as having a dual diagnosis by their mental health provider.

Who Are We Serving?

Eighty percent of clients with a co-occurring substance abuse problem were ages 12-17 and the majority (61%) were Hispanic.

Co-occurring Substance Abuse—Age

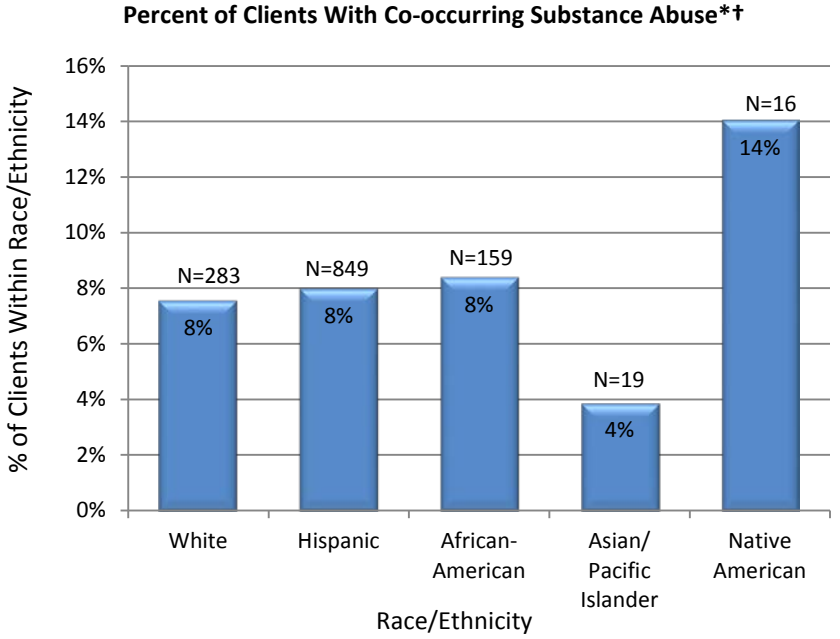
Twenty-seven percent of youth ages 18 and older, and 12% of youth ages 12-17, who received services from CYFBHS in FY 2013-14 were identified as having a substance abuse issue.



**Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.*

Co-occurring Substance Abuse—Race/Ethnicity

Native American youth served by CYFBHS had the highest proportion of co-occurring substance abuse (16 of 114 clients), while Asian/Pacific Islanders had the lowest proportion (19 of 487 clients).



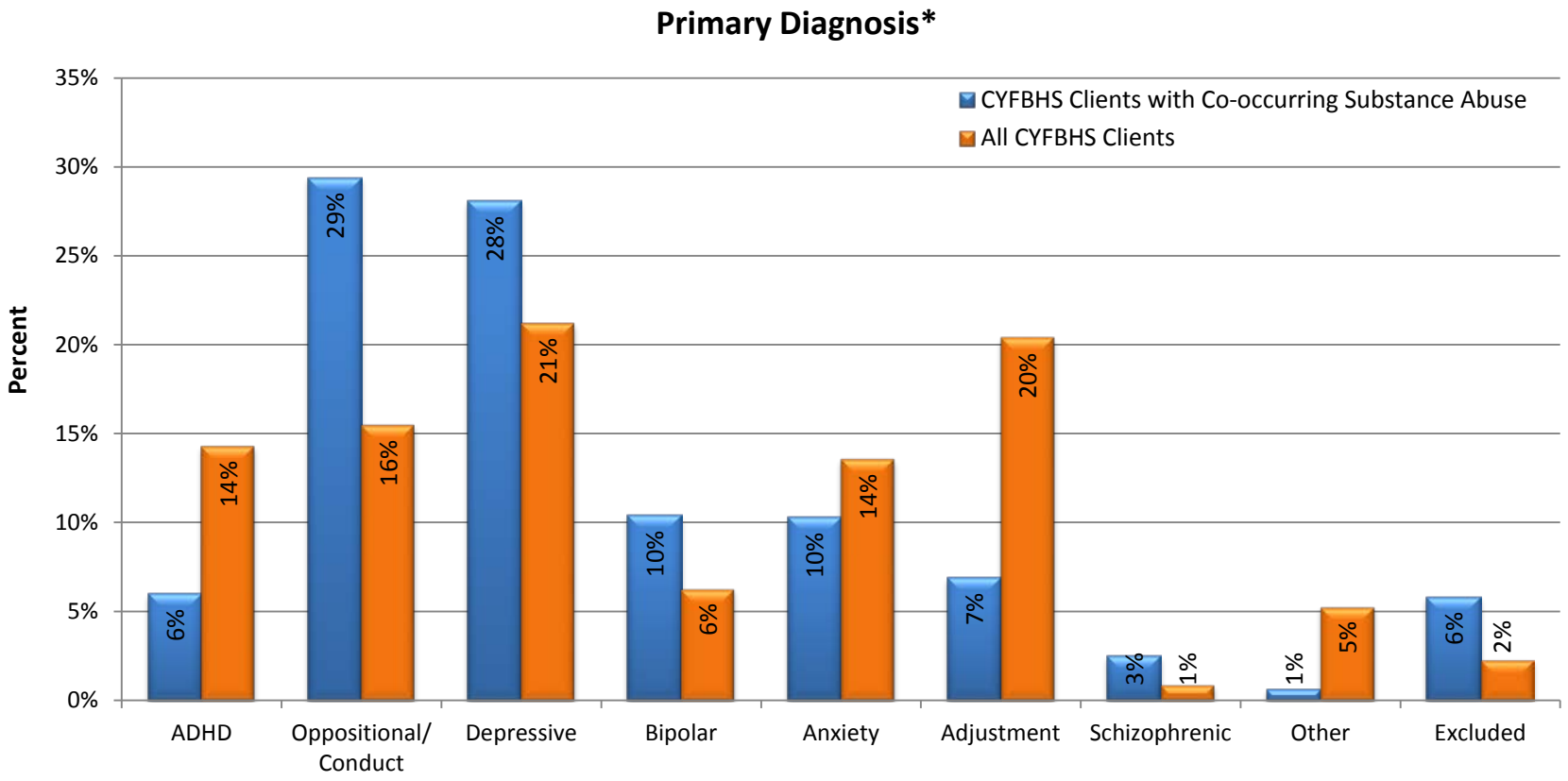
**Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.*

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

Who Are We Serving?

Co-occurring Substance Abuse—Primary Diagnosis

Youth with a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with ADS were far more likely to have an Oppositional/Conduct disorder than youth in CYFBHS overall (29% vs. 16%, respectively). This pattern has been consistent over the past five years.



**Percentages calculated within the number of clients served by CYFBHS in FY 2013-14.*

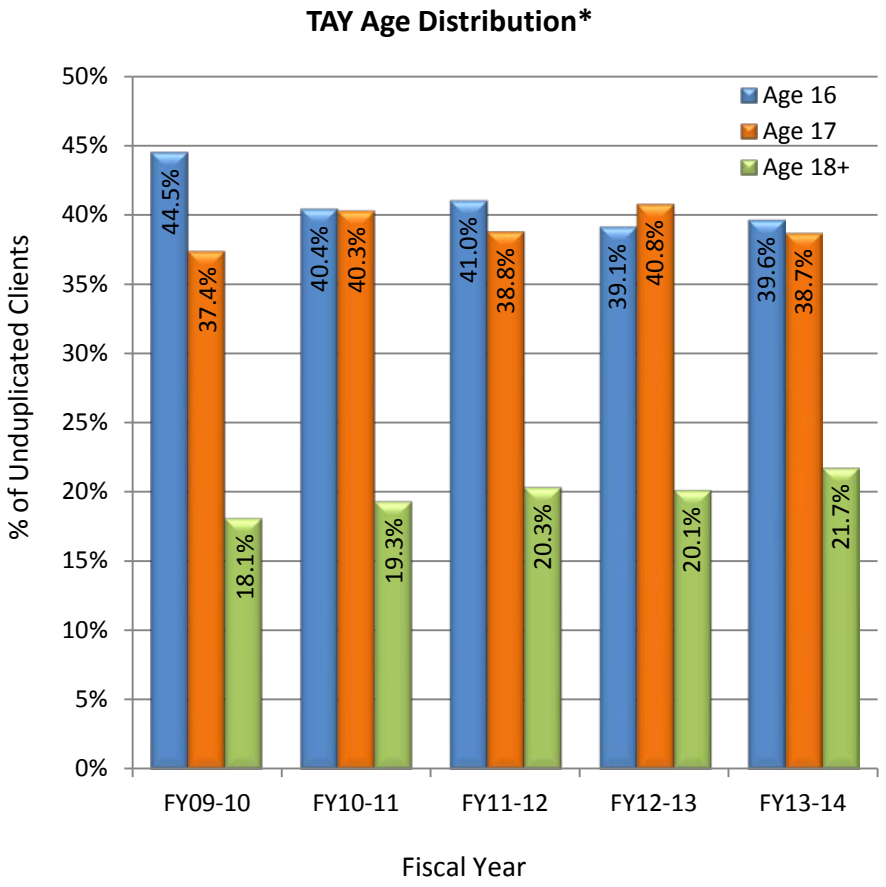
Who Are We Serving?
Transition Age Youth

Transition Age Youth

4,646 Transition-Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 18+, were served by CYFBHS in FY 2013-14.

- 3,637 (78%) TAY clients served by CYFBHS were ages 16-17.
- The proportion of TAY clients age 18 or older served by CYFBHS has increased over the past five years, from 831 (18%) in FY 2009-10 to 1,009 (22%) in FY 2013-14.

Age of TAY Clients



**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

Who Are We Serving?
Transition Age Youth

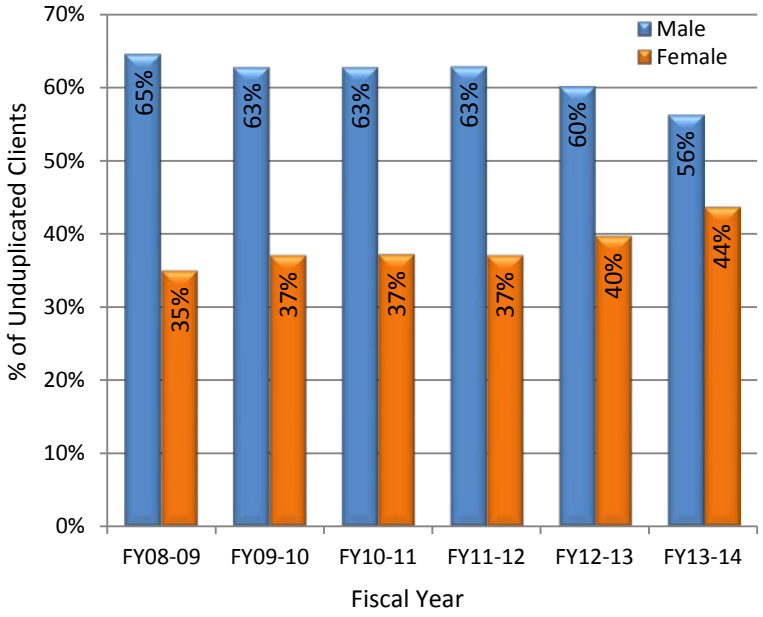
TAY Client Gender

- 2,617 (56%) TAY clients who received CYFBHS services in FY 2013-14 were male.
- The male to female client ratio of the TAY population is comparable to the CYFBHS system as a whole.
- The gender gap has narrowed among the TAY population in the past three years.

TAY Client Race & Ethnicity

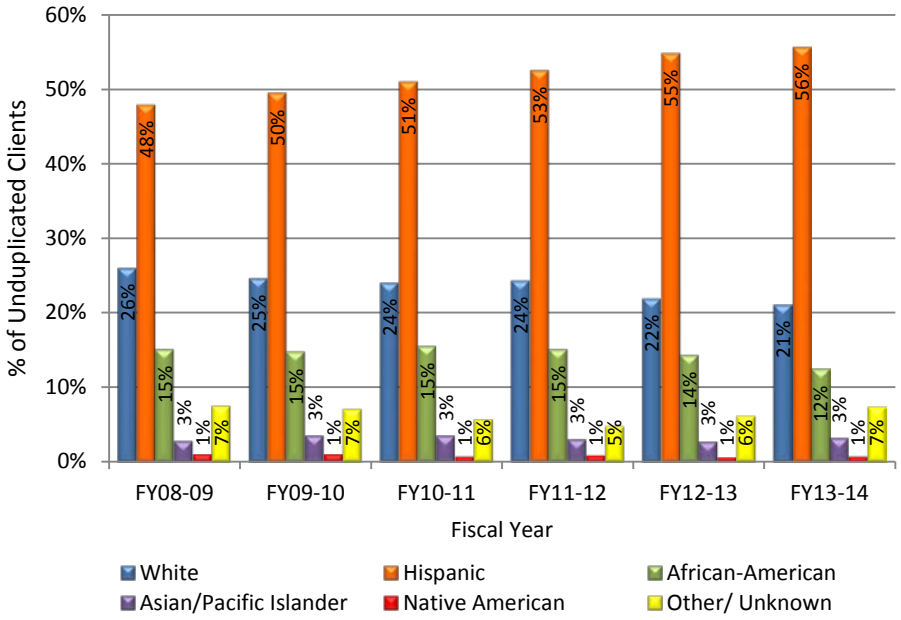
- 2,583 (56%) TAY clients who received CYFBHS services in FY 2013-14 identified themselves as Hispanic.
- The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

TAY Gender Distribution*



**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

TAY Race/Ethnicity Distribution*

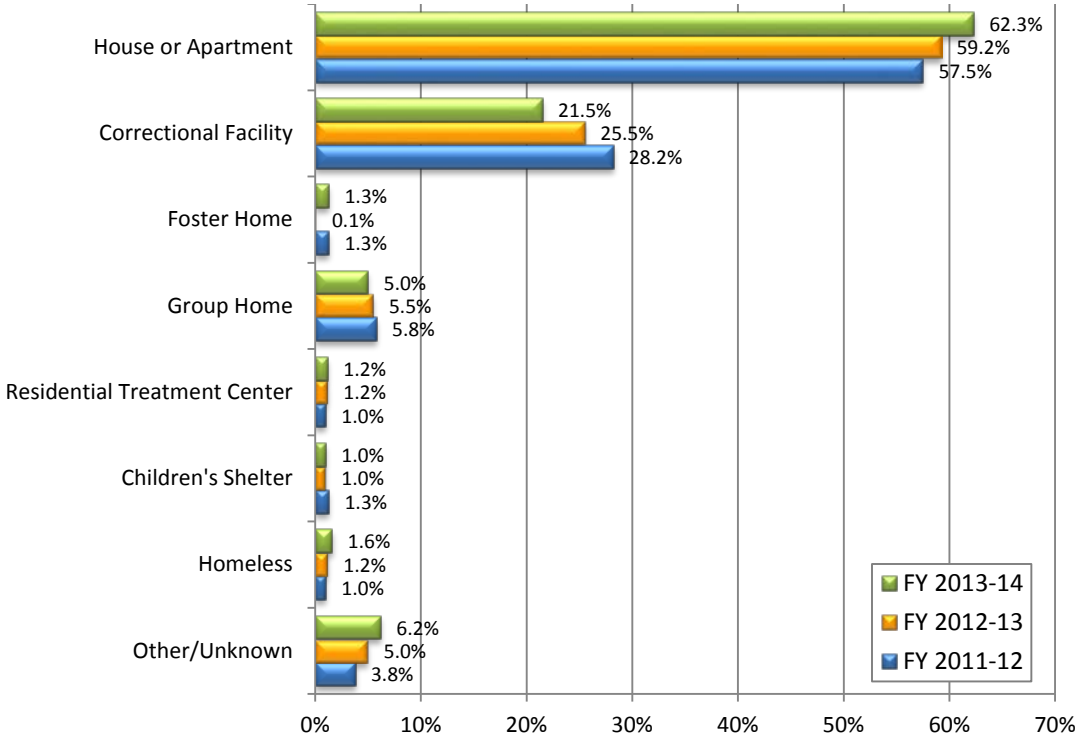


**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

Who Are We Serving?
Transition Age Youth

2,893 (62%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2013-14; 997 (22%) lived in a Correctional Facility.

*TAY Client Living Situation**

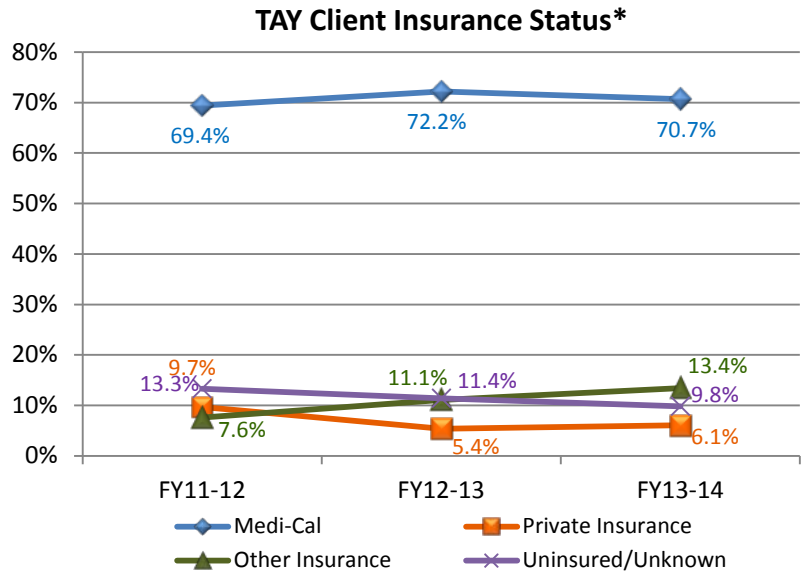


**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

Who Are We Serving?
Transition Age Youth

3,285 (71%) TAY clients who received services from CYFBHS during FY 2013-14 were covered exclusively by Medi-Cal; a slight decrease from 3,314 (72%) in FY 2012-13.

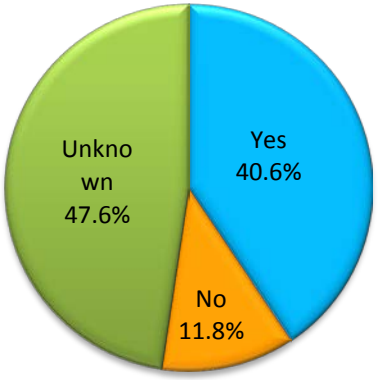
Health Care Coverage



**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

History of Trauma

Previous experience of traumatic events was reported by clinicians for 2,433 clients (52% of the TAY population) in FY 2013-14; of these clients, 1,886 (41% of the TAY population) had a history of trauma.



Primary Care Physician (PCP) Status

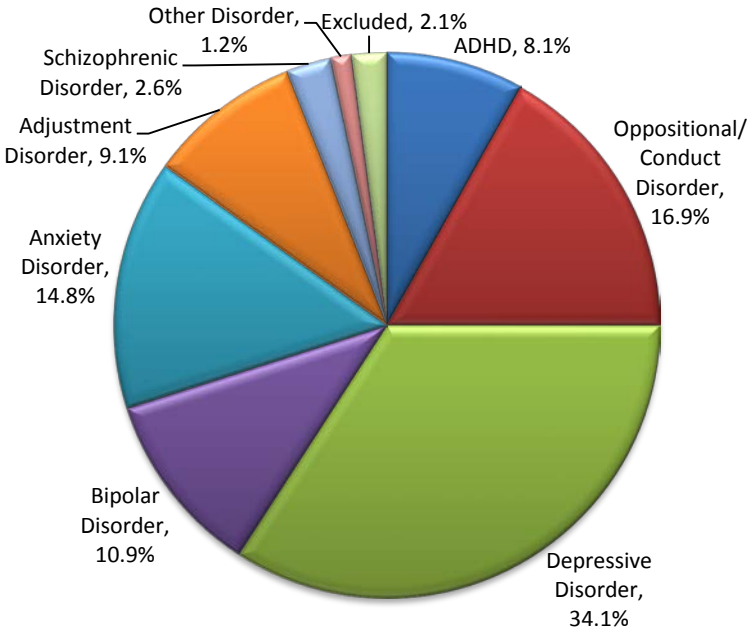
Of the 3,328 TAY clients for whom PCP status was known, 2,888 (87%) had a PCP in FY 2013-14; an increase from 79% of TAY clients in FY 2012-13.

Who Are We Serving?
Transition Age Youth

TAY Primary Diagnosis†*

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

- Depressive disorders
- Oppositional/Conduct disorders
- Anxiety disorders
- Bipolar disorders



**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2014; or, the most recent valid diagnosis.*

†Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.

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 Alcohol and Drug Services (ADS).

- 1,009 TAY youth had a co-occurring substance abuse issue in FY 2013-14. This represents **21.7%** of the TAY population.

- 710 TAY youth had a dual diagnosis in FY 2013-14. This represents **15%** of the TAY population, and **70%** of the 1,009 TAY youth with a co-occurring substance abuse issue. These youth may have received substance abuse counseling as part of their EPSDT mental health services.

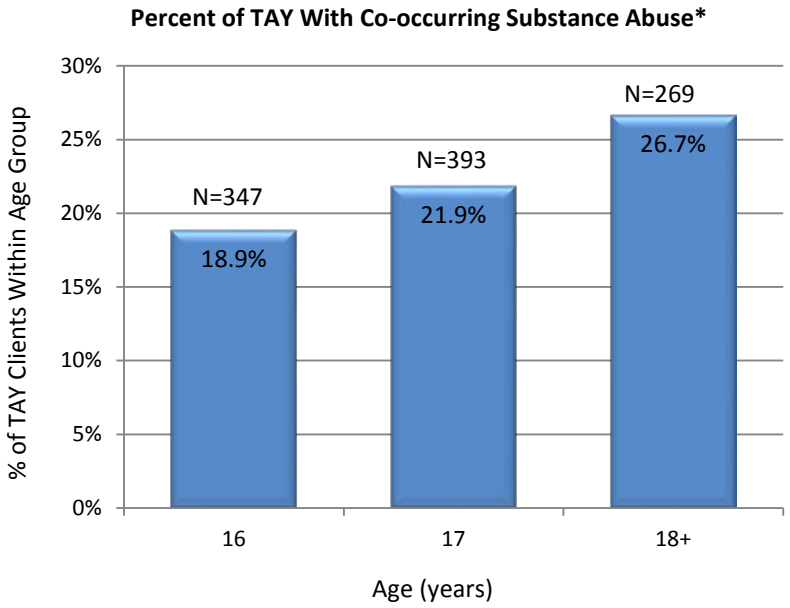
- 461 TAY youth received services from ADS in FY 2013-14. This represents **46%** of the 1,009 TAY youth with a co-occurring substance abuse issue.
  - Of these 461 TAY youth who received services from both CYFBHS and ADS, 162 (35%) were identified as having a dual diagnosis by their mental health provider.

Who Are We Serving?
Transition Age Youth

393 (39%) TAY clients with a co-occurring substance abuse problem were age 17, and the majority (60%) were Hispanic.

TAY Co-occurring Substance Abuse—Age

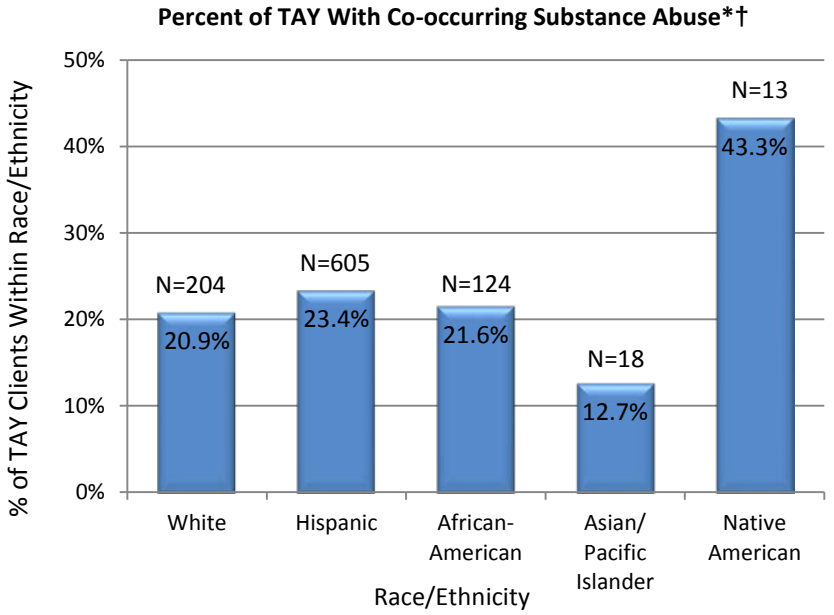
Nineteen percent of 16-year-olds and 22% of 17-year-olds who received services from the CYFBHS system were identified as having a substance abuse issue.



**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

TAY Co-occurring Substance Abuse—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Native American TAY served by CYFBHS had the highest proportion of co-occurring substance abuse (13 of 30 clients), while Asian/Pacific Islander TAY had the lowest proportion (18 of 142 clients).



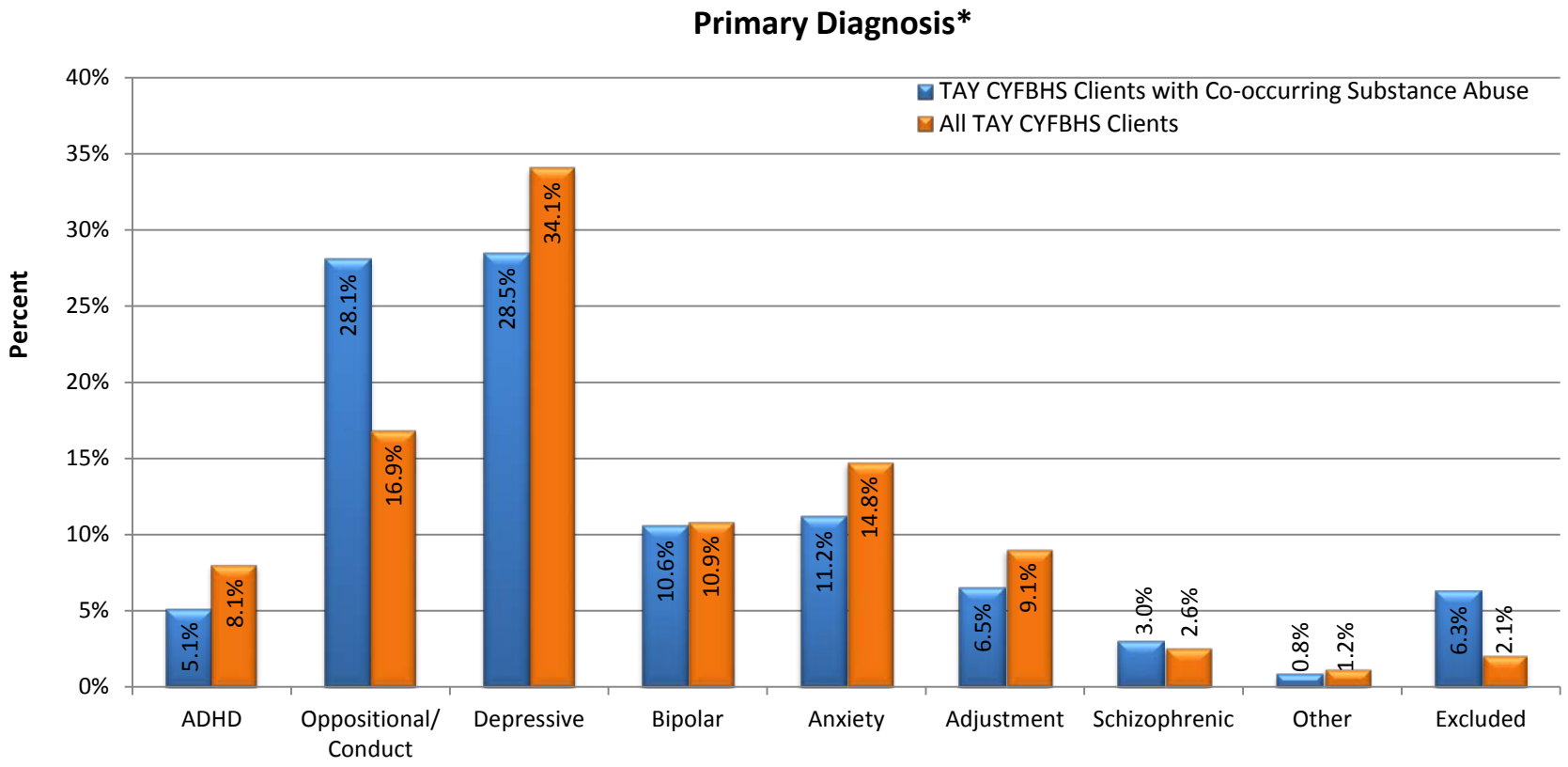
**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

†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 a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with ADS were more likely to have an Oppositional/Conduct disorder than TAY in CYFBHS overall (28% vs. 17%, respectively).



**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2013-14.*

Where Are We Serving?

CYFBHS serves SED clients in six HHSA regions.*

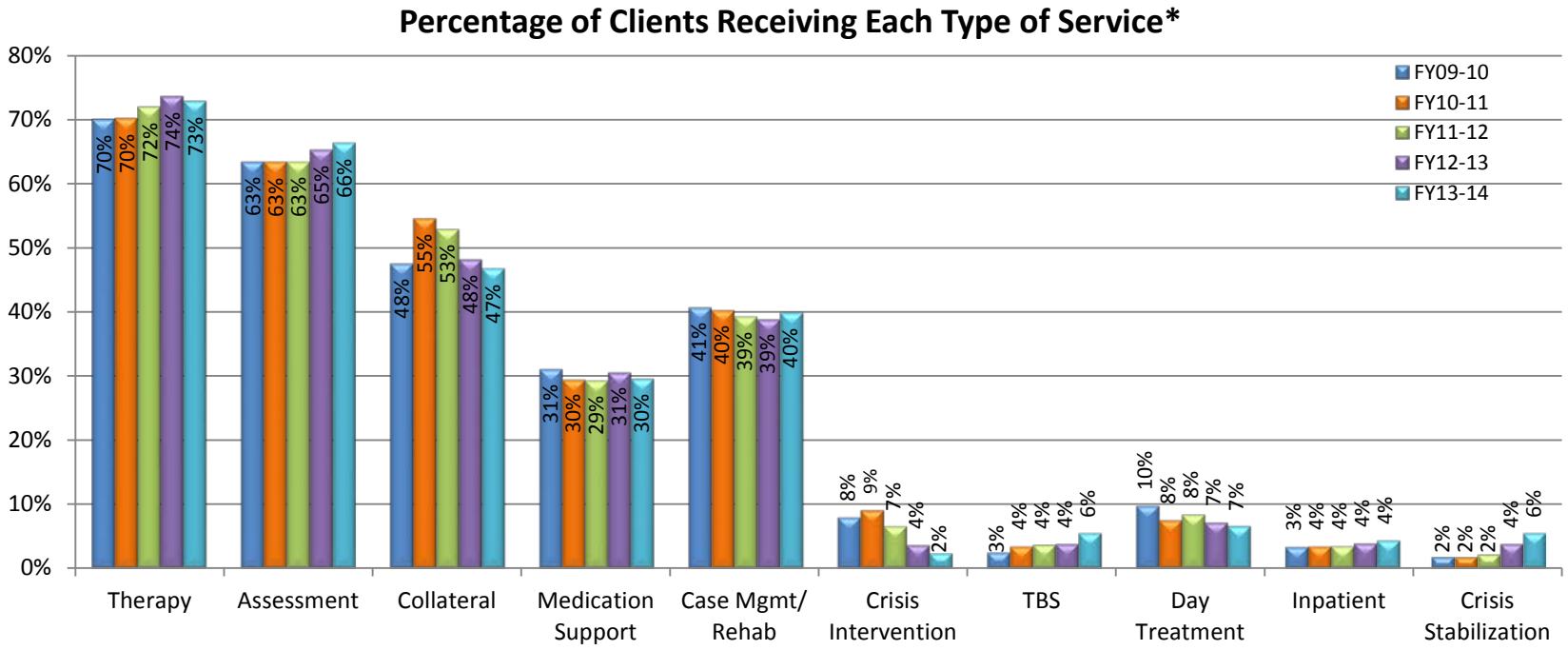
	Central	East	North Central	North Coastal	North Inland	South
Total Number of Clients†‡	2,760	2,363	5,577	1,666	3,700	3,219
Age						
Age 0-5	7%	8%	17%	18%	6%	7%
Age 6-11	44%	31%	19%	31%	23%	30%
Age 12-17	42%	57%	57%	47%	60%	61%
Age 18+	6%	4%	8%	3%	11%	3%
Gender						
Female	43%	42%	37%	47%	34%	49%
Male	57%	58%	63%	53%	66%	51%
Other/Unknown	0%	0%	0%	0%	0%	0%
Race/Ethnicity						
White	12%	30%	20%	24%	20%	13%
Hispanic	68%	48%	53%	57%	63%	72%
African-American	13%	12%	15%	5%	11%	9%
Asian/Pacific Islander	4%	1%	3%	2%	2%	3%
Native American	1%	1%	1%	1%	1%	1%
Other/Unknown	3%	7%	9%	11%	3%	3%
Most Common Diagnoses						
1	Depressive Disorder (20%)	Depressive Disorder (22%)	Depressive Disorder (20%)	Depressive Disorder (28%)	Oppositional/Conduct Disorder (24%)	Depressive Disorder (36%)
2	Oppositional/Conduct Disorder (19%)	Oppositional/Conduct Disorder (20%)	Oppositional/Conduct Disorder (19%)	Anxiety Disorder (15%)	Depressive Disorder (20%)	Adjustment Disorder (15%)
3	Adjustment Disorder (17%)	Adjustment Disorder (18%)	Adjustment Disorder (15%)	Adjustment Disorder (15%)	Adjustment Disorder (18%)	Oppositional/Conduct Disorder (15%)

**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.

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.



❖ The percentage of clients receiving Assessment, Case Management, Therapeutic Behavioral Services (TBS), Inpatient, and Crisis Stabilization increased over the past fiscal year.

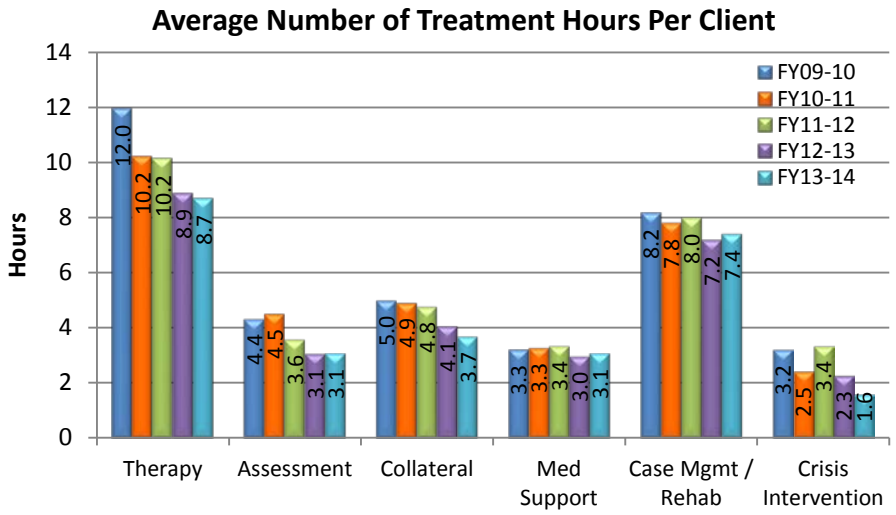
❖ The percentage of clients receiving Therapy, Collateral, Medication Support, Crisis Intervention, and Day Treatment decreased over the past fiscal year.

**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.*

What Kind of Services Are Being Used?

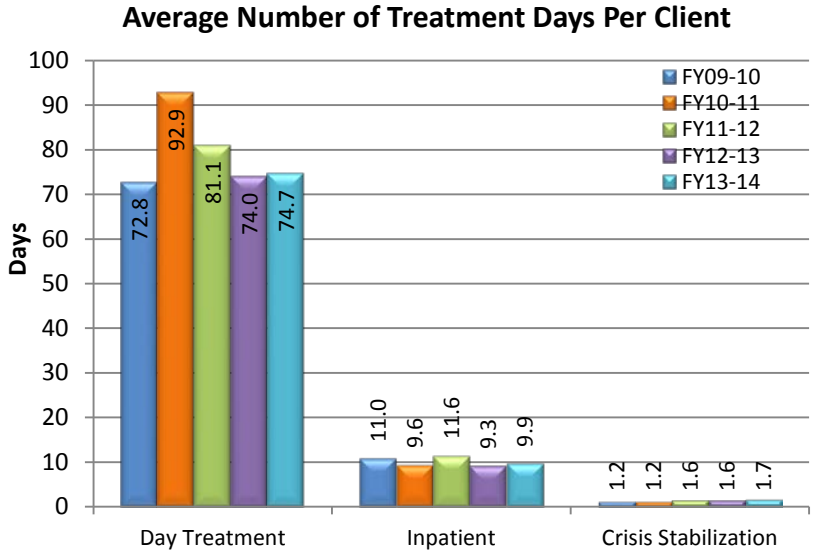
Outpatient Service Hours

On average, clients received **8.7 hours of Outpatient Therapy** in FY 2013-14, continuing a steady decrease over the past five years. This 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 41 for contact information).



Service Days

The mean number of **Inpatient**, **Day Treatment**, and **Crisis Stabilization** service days increased slightly as compared to FY 2012-13. Service 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 service days calculated at the episode level.



Therapeutic Behavioral Services (TBS)

TBS services are special intensive coaching services designed to help stabilize environments, or avoid the need for a more restrictive level of care. 1,054 TBS clients were served by CYFBHS in FY 2013-14, a **46% *increase* in TBS clients served** as compared to 720 TBS clients in FY 2012-13. Of note, the average **TBS service hours received *decreased* 15%** in the same timeframe, from 45.9 hours in FY 2012-13 to 38.8 hours in FY 2013-14.

What Kind of Services Are Being Used?

Service Use by Primary Diagnosis

❖ Youth with a **Depressive disorder** were more likely to use Outpatient services, and nearly three times more likely to use **Inpatient** or **Crisis Stabilization** services, than the average youth client population.

❖ Youth with a **Bipolar** or **Schizophrenic disorder** were more likely to use **Intensive** or **TBS** services, and the average time spent in each service was higher. These youth were less likely on average to receive **Outpatient Therapy** services.

❖ Youth with **Oppositional/Conduct disorders** were less likely to use **Intensive** services; however, the **duration of treatment in each service was longer** as compared to the average client population.

❖ Youth with **ADHD** were four times less likely to use **Inpatient** or **Crisis Stabilization services** than the CYFBHS client average.

❖ **Medication Support services** were most likely to be used by clients with a diagnosis of Schizophrenic disorder (69%), ADHD (61%), or Bipolar disorder (54%), as compared to 30% of the total population in FY 2013-14.

Service Use by Race/Ethnicity

❖ Compared to the total youth average, **African-American** youth used less **Therapy**, **Assessment** and **Collateral** services, and more **Medication Support, Case Management, Crisis** and **TBS** services. African-Americans were more than twice as likely to use **Day Treatment** services, and spent 19% more days in Day Treatment services on average than the total youth population.

❖ **White** youth were more likely than any other racial/ethnic group to use **Medication Support** or **Inpatient** services.

❖Asian/Pacific Islander youth were slightly less likely than the average youth client population to use **Day Treatment** services; however, the duration of treatment (97.1 days) was longer than the CYFBHS client average (74.7 days). These youth were also most likely of any racial/ethnic group to use **Crisis Stabilization** services.

❖Compared to the total youth average, **Hispanic** youth used more **Therapy, Assessment, Collateral and Case Management** services; Hispanics were less likely than any other racial/ethnic group to use **Medication Support** services. Hispanics on average used **less Inpatient** or **Day Treatment** services, and had a **lower average number of days** in these services, than the total youth population.

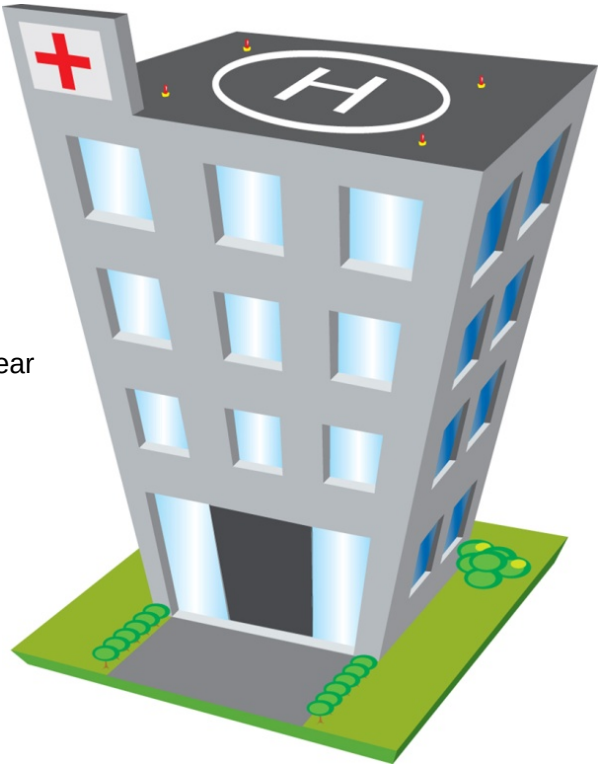
❖ **Native American** youth were more likely than the average youth client population to use **Outpatient services,** especially **Medication Support** and **Crisis** services. Native Americans were most likely to use **TBS services** and the **duration** of TBS treatment was higher than any other racial/ethnic group. Native Americans were also twice as likely than the CYFBHS client average to use **Day Treatment** services.

Detailed service utilization tables available on request.

What Kind of Services Are Being Used?

*Inpatient (IP) Services**

- 839 (4.4%) unduplicated clients used Inpatient services in FY 2013-14
  - An increase from 733 (4.0%) in FY 2012-13
  - 87% of these clients were ages 12-17
- Top 3 primary diagnoses
  - 52% Depressive disorders
  - 18% Bipolar disorders
  - 10% Oppositional/Conduct disorders
- 207 (25%) of children receiving IP services had **more than one IP stay** in the fiscal year
  - A decrease from 27% in FY 2012-13



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

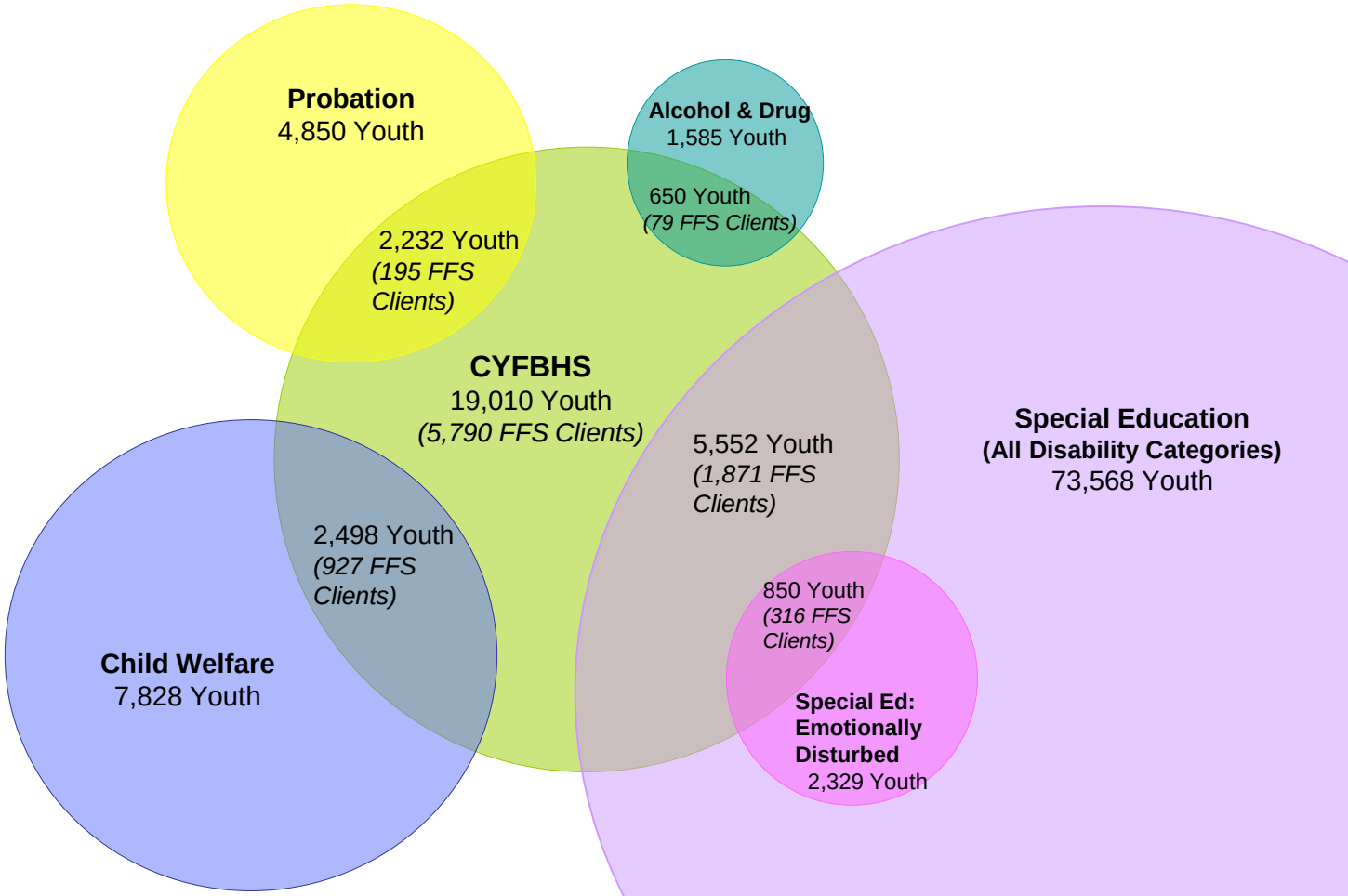
Emergency Screening Unit (ESU) Services

- 1,125 (5.9%) of unduplicated clients used ESU services in FY 2013-14
  - An increase from 929 (5.1%) in FY 2012-13
  - 81% of these clients were ages 12-17
- Top 3 primary diagnoses
  - 48% Depressive disorders
  - 14% Oppositional/Conduct disorders
  - 12% Bipolar disorders
- 226 (20%) of children receiving ESU services had **more than one ESU visit** in the fiscal year
  - No change from 20% in FY 2012-13

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 Special Education (all), Special Education (emotionally disturbed), Child Welfare, Probation, and Alcohol & Drug Services (ADS) sectors decreased in FY 2013-14.
- The proportion of youth in the Alcohol & Drug Services (ADS) sector who were also receiving CYFBHS services increased in FY 2013-14 (41%), as compared to FY 2012-13 (40%) and FY 2011-12 (33%).



What Kind of Services Are Being Used?

Service Use by Children Involved in More than One Public Sector

❖ Compared to the total youth average in the CYFBHS system, youth who received services from **CYFBHS and any other public sector** in FY 2013-14 were more likely to be male, and were **nearly twice as likely to receive Day Treatment** services.

❖ Youth who received services from both CYFBHS and **Child Welfare Services (CWS)** were three times 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. They were most likely to have an **Adjustment disorder** as their primary diagnosis. On average, these youth received more **Outpatient** (Therapy, Assessment, Collateral, Medication Support, Case Management, Outpatient Crisis Service, and TBS) service hours than overall youth in the system. CYFBHS-CWS youth were almost four times more likely to receive **Day Treatment** services than the total youth system average.

❖ Youth who received services from both CYFBHS and **Special Education (all)** were more likely to be male than the CYFBHS average, and were most likely to have a primary diagnosis of **ADHD**. These youth were more likely to receive **Medication Support** and **TBS** outpatient services, as well as **Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services, as compared to overall youth in the CYFBHS system.

❖ Youth who received services from both CYFBHS and **Special Education (emotionally disturbed)** were more likely to be in the 12-17 age range, and were more likely to be White than CYFBHS clients systemwide. They were four times as likely to have a primary diagnosis of **Bipolar disorder** than overall CYFBHS youth, and they were less likely to be diagnosed with an Adjustment disorder. These youth were more likely to receive **Intensive service,** and received **more time in every Intensive service,** than the total youth system average.

❖ Youth who received services from both CYFBHS and **Probation** were most likely to be over the age of 12, male, and Black, as compared to the CYFBHS system average. They were twice as likely to have an **Oppositional/Conduct disorder** as their primary diagnosis and were more likely to have a **dual diagnosis**. They were more likely to receive **Case Management** and **Medication Support** services than the total youth system average. Additionally, these youth were more likely to receive **Day Treatment** services but received less time on average in Day Treatment service.

❖ Youth who received services from both CYFBHS and **Alcohol & Drug Services** were most likely to be over the age of 12 and male. Compared to the CYFBHS system average, CYFBHS-ADS youth were more likely to have an **Oppositional/Conduct** or **Bipolar disorder**, and less likely to have ADHD or an Adjustment disorder, as their primary diagnosis. These youth were twice as likely to receive **Case Management** services, and three times as likely to receive **Day Treatment** services. They were less likely to receive **TBS services** and spent the least amount of time on average in TBS services.

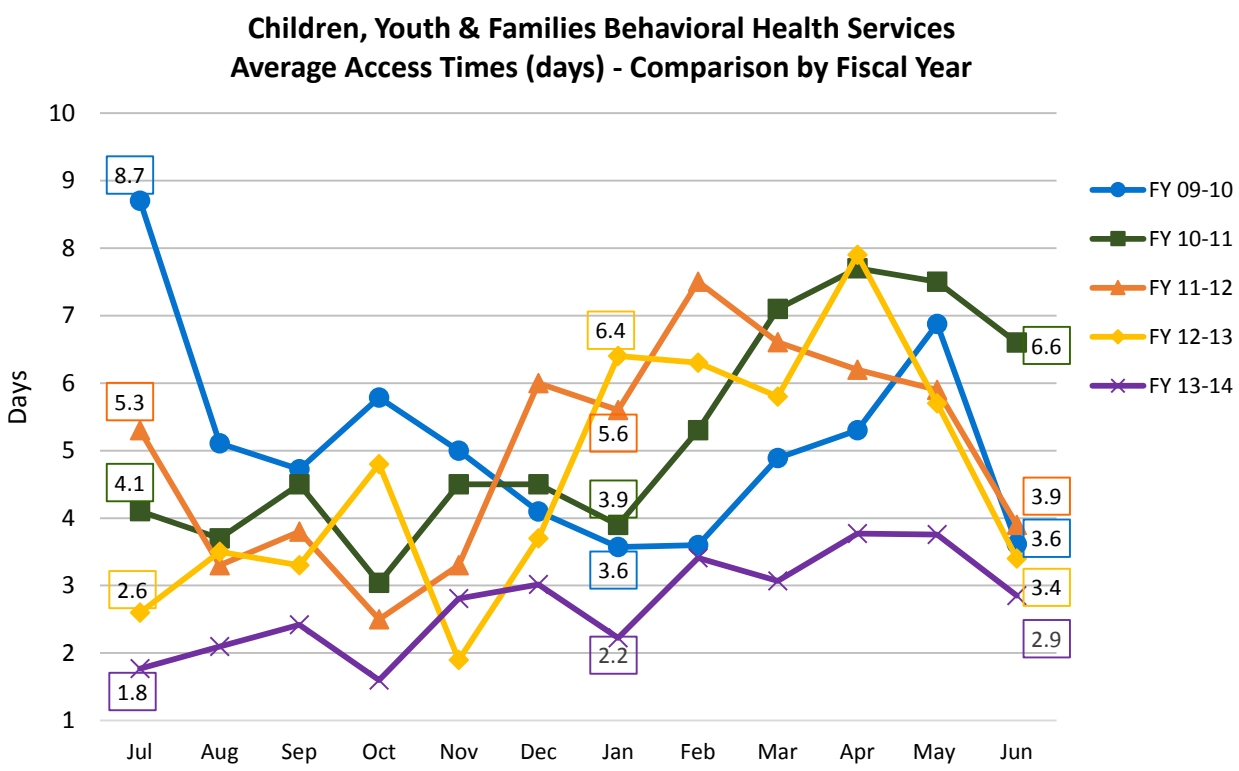
Detailed service utilization tables available on request.

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 mental health services and others being able to offer immediate access. Families are informed of the options available to them.

In FY 2013-14 children waited an average of **2.7 days** to access an outpatient appointment; a decrease from the 4.6-day average wait reported in FY 2012-13.



Are Clients Getting Better?

Clients are improving, as evidenced by change on standardized assessment measures* and decreases in 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 by caregivers of children ages 2-5 enrolled in specialized programs
- The Children's Functional Assessment Rating Scale (CFARS), a measure of functioning completed by clinicians
- Inpatient Readmission Rates

**All pre- to post- outcomes assessment comparisons (CAMS, ECBI and CFARS) were statistically significant. However, none of these comparisons reached clinical significance, indicating that while clients are achieving a positive benefit from therapy, the amount of change in behavioral and emotional problems is small.*

Are Clients Getting Better?

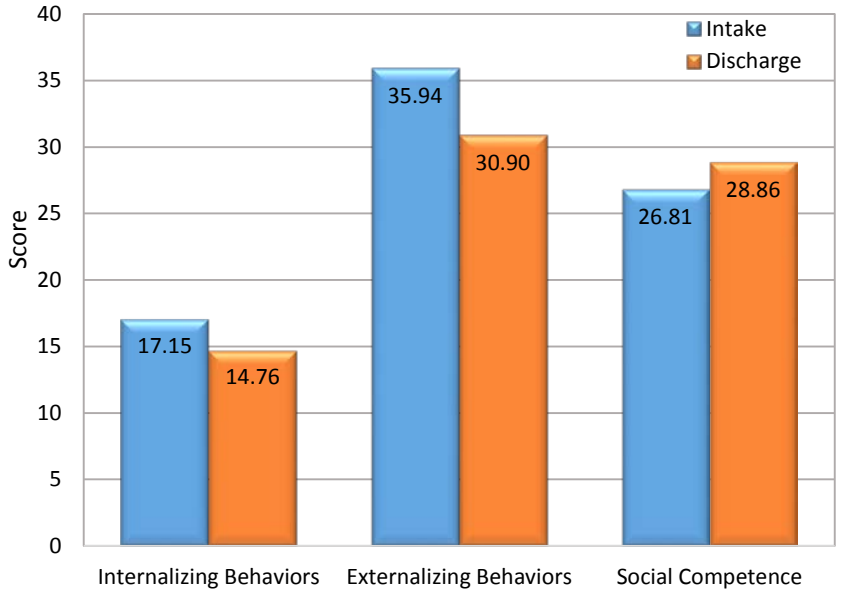
Child and Adolescent Measurement System (CAMS) Results Indicate Improvement

The CAMS measures a child's social competency, behavioral and emotional problems. In FY 2013-14, 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.

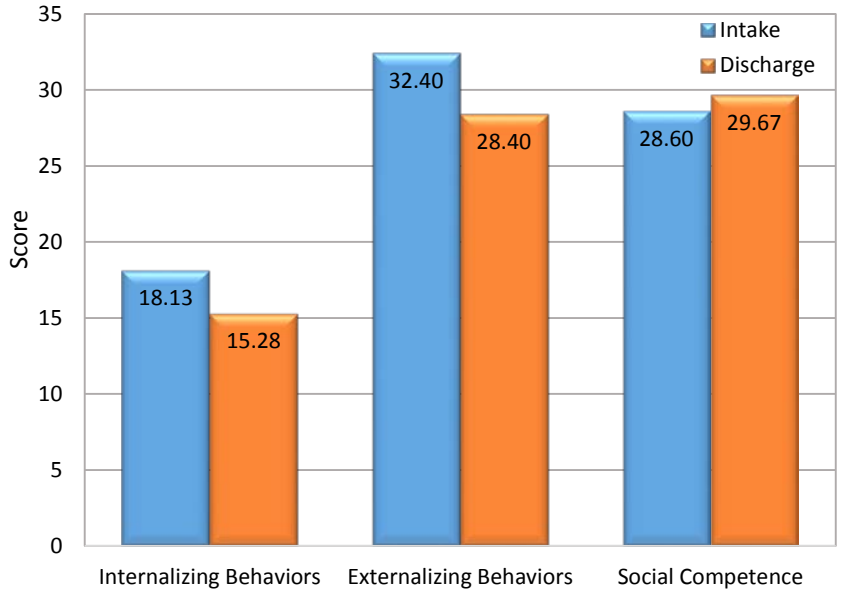
A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered an improvement. An *increase* in the Social Competence (e.g., personal responsibility and participation in activities) score is considered an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

CAMS scores were evaluated for youth discharged from services in FY 2013-14, 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=4,223 Parent CAMS and N=2,399 Youth CAMS). Scores revealed improvement in youth social competency, behavioral and emotional problems following receipt of CYFBHS services.

Caregiver CAMS (Rating of Child)
Average Scores at Intake and Discharge (N=4,223)



Youth CAMS (Child Self-Rating)
Average Scores at Intake and Discharge (N=2,399)



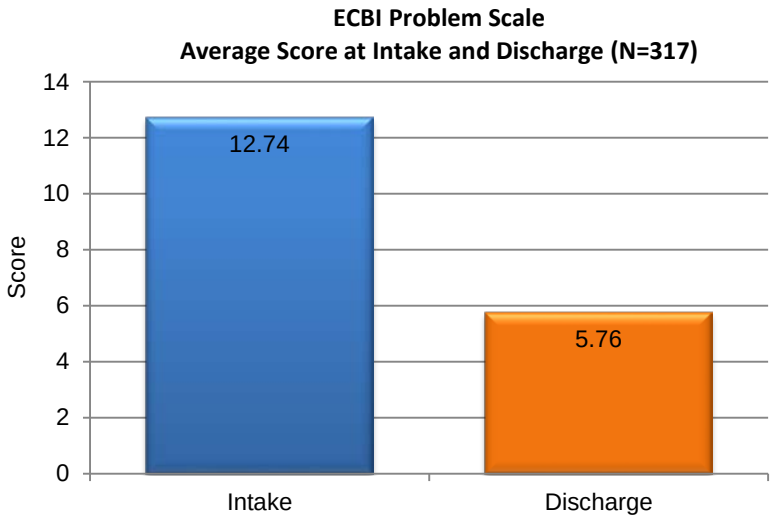
Are Clients Getting Better?

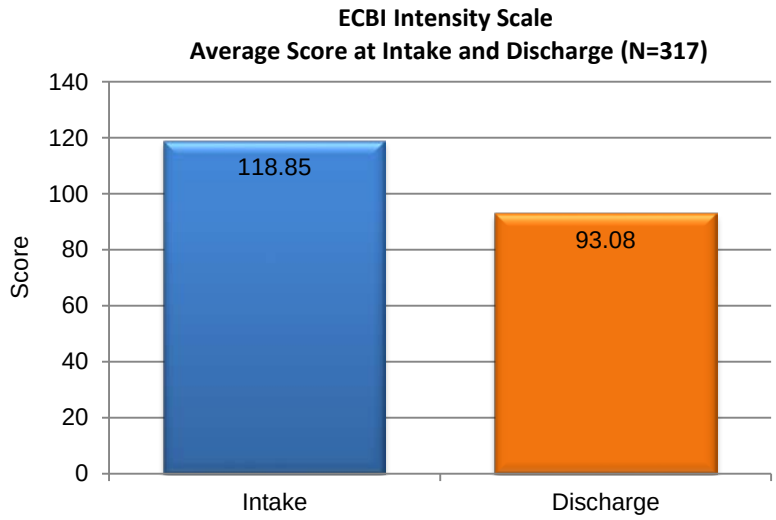
Eyberg Child Behavior Inventory (ECBI) Results Indicate Improvement

The ECBI assesses conduct problems, such as noncompliance, defiance, aggression, and impulsivity. It is used in our system for children ages 2-5 and is completed by the child's caregiver at intake, at utilization management/review (UM/UR), and at discharge. In FY 2013-14, the ECBI was administered only by providers whose population was primarily very young clients. The ECBI was not administered in any inpatient setting.

ECBI scores were evaluated for youth discharged from services in FY 2013-14 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=317).

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.





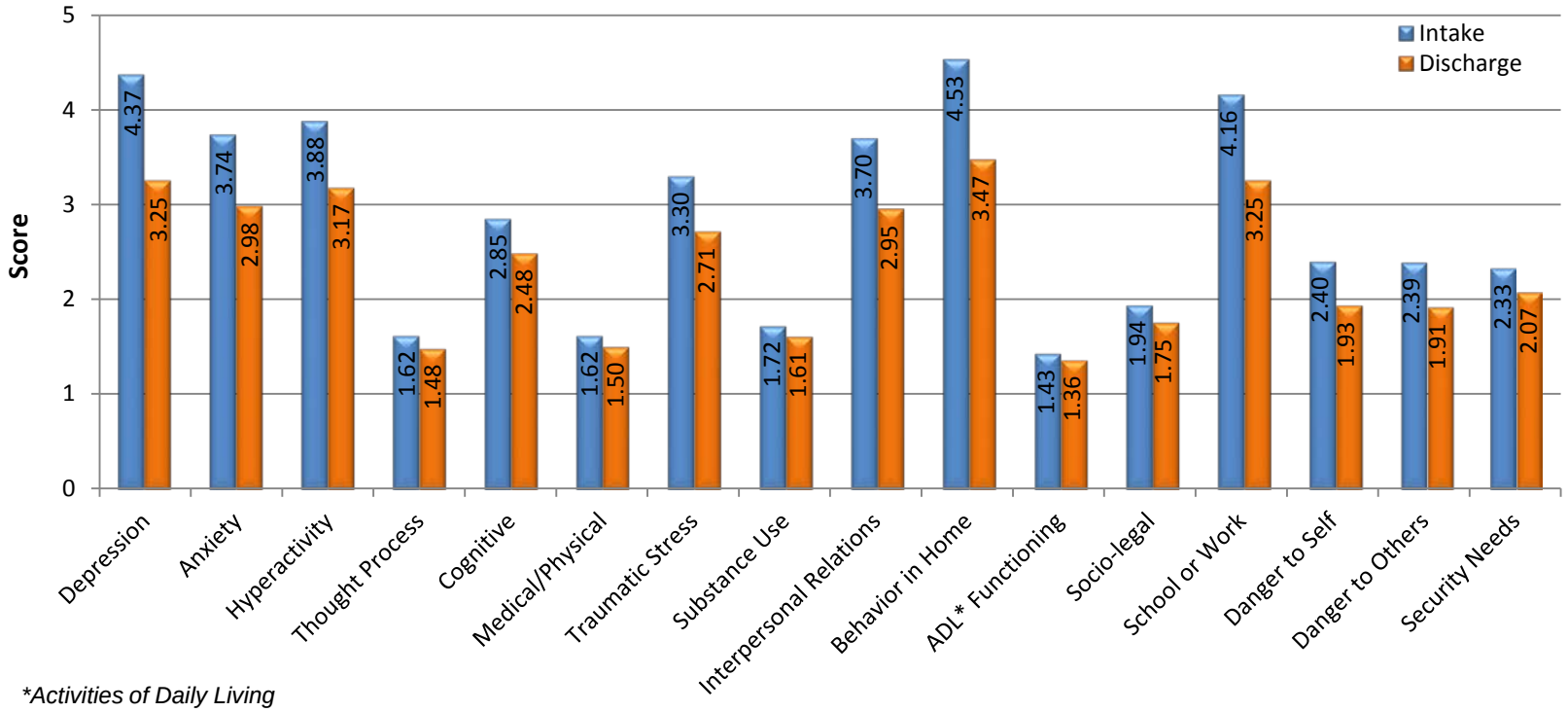
Are Clients Getting Better?

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 2013-14, 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 2013-14 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=8,119).

A *decrease* on any CFARS item is considered an improvement. CFARS scores revealed improvement in youth symptoms and behavior following receipt of CYFBHS services.



**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.

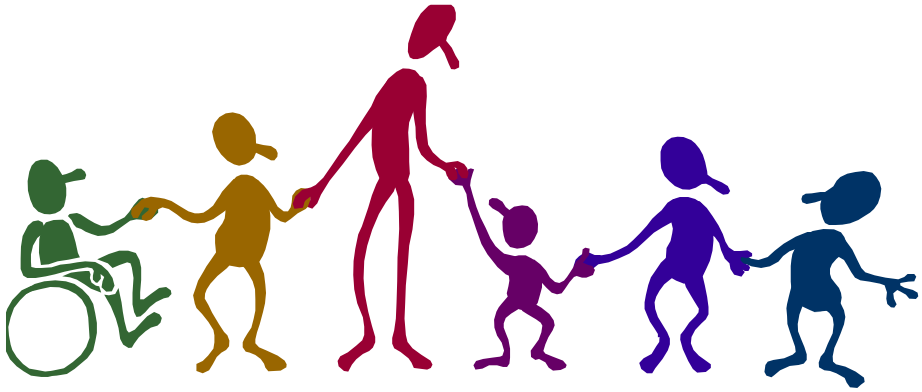
*Inpatient (IP) Services**

- 207 (25%) of the 839 clients who received Inpatient care had more than one IP episode (ranging from 2 to 11) in FY 2013-14.
  - Of the 207 clients with more than one IP episode, 87 (42%) were re-admitted to IP services within 30 days of the previous IP discharge—a **slight decrease** from 43% (83 of 194) in FY 2012-13.

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

Emergency Screening Unit (ESU) Services

- 226 (20%) of the 1,125 clients who received ESU care had more than one ESU episode (ranging from 2 to 9) in FY 2013-14.
  - Of the 226 clients with more than one ESU episode, 109 (48%) were re-admitted to ESU services within 30 days of the previous ESU discharge—a **decrease** from 52% (95 of 182) in FY 2012-13.



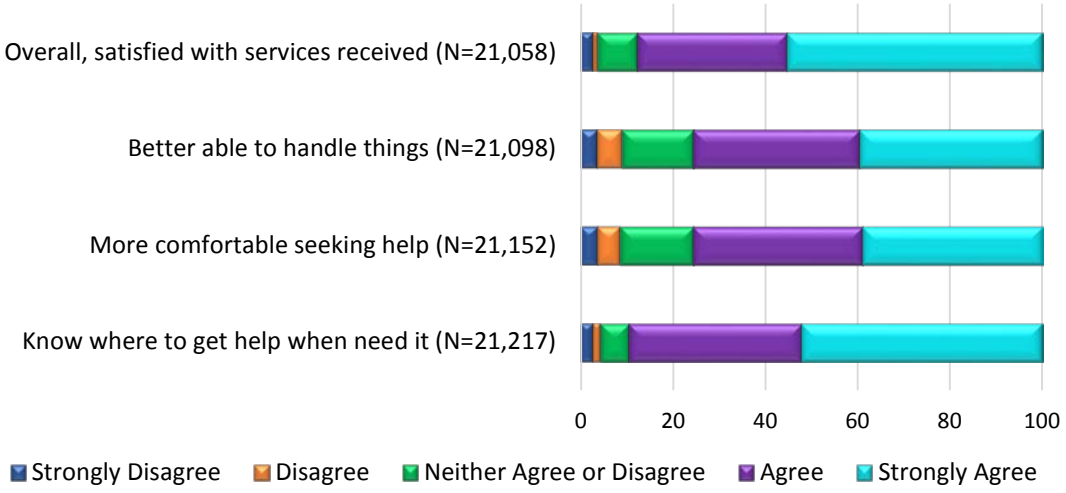
Prevention & Early Intervention (PEI)

PEI Participant Demographics

Age	N	%
0-5	2,727	7
6-11	9,491	25
12-17	13,028	35
18-24	1,902	5
25-59	8,685	23
60 and older	767	2
Unknown/Missing	933	2
Gender		
Female	21,396	57
Male	15,008	40
Unknown/Missing	1,129	3
Race (Census Categories)		
White	7,197	19
Black/African American	1,264	3
Asian/Pacific Islander	1,031	3
Hispanic	18,542	49
Native American	2,876	8
Multiracial	1,439	4
Other Non-White	214	1
Unknown/Missing	4,970	13
Total in FY 2013-14	**37,533**	

The Mental Health Services Act Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to offer programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The focus of these programs vary widely, from teaching caregivers how to cope with behavior challenges with young children to preventing youth suicide. PEI youth and family participants comprise a different population than youth and family clients served by CYFBHS treatment providers and are reported in detail separately (http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 7: Quality Improvement Reports).

PEI Participant Satisfaction Survey Results



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 ADS.
- **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** up to 24 hours 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.

Glossary of Terms

- **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, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett.
- **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:** Diagnosis was determined by identifying the primary DSM-IV diagnosis at intake from the last episode of service prior to June 30 of the reported fiscal year. Earlier valid diagnoses were chosen when later episodes reported "diagnosis deferred" (799.9) or invalid diagnoses, ones in which there was no valid Title 9 or excluded code provided for any services for that particular client. ***Excluded diagnoses*** are those categorized as "excluded" by Title 9 (i.e. autism, learning disabilities). Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses. The ***Other diagnoses*** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Asperger's Syndrome, Paraphilia, Reactive Attachment Disorder, elimination disorders, and eating disorders. Only one primary diagnosis was indicated per client for these analyses.
- **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

This report is available electronically or in hard copy from:

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