

Transition Age Youth SYSTEMWIDE REPORT



County of San Diego Behavioral Health Services

FY 2014-15

Who Are Transition Age Youth?

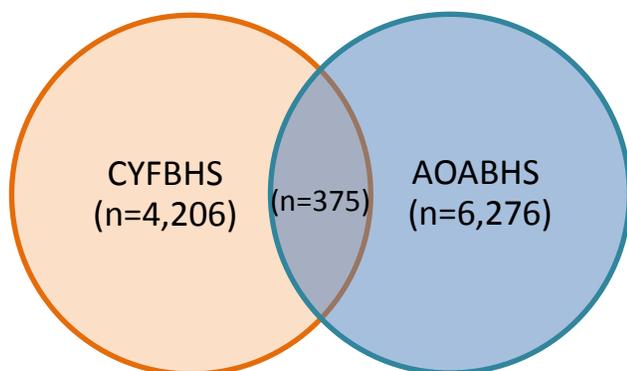
Transition Age Youth (TAY) are defined by County of San Diego Behavioral Health Services (SDCBHS) as youth ages 16 through 25; in Fiscal Year (FY) 2014-15 this age range was updated (previously 16-24) to better align with state and federal standards. TAY clients receive an array of services in the Children, Youth & Families Behavioral Health Services (CYFBHS) System of Care and/or in the Adult/Older Adult Behavioral Health Services (AOABHS) System of Care, including outreach, outpatient clinic services, case management, day treatment, TAY-specific services (e.g., clubhouses), jail services, inpatient services, and emergency services. CYFBHS serves youth up to the age of 21; AOABHS serves clients ages 18 and older.

Why Is This Important?

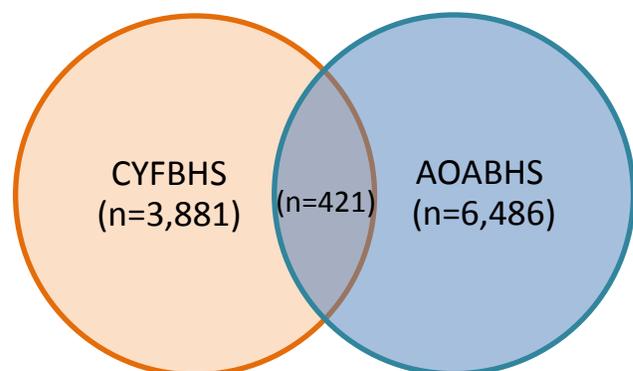
CYFBHS and AOABHS operate very differently, from types of services provided to outcomes measured. Children and adults have very distinct and at times disparate behavioral health needs, and the two systems aim to provide the most relevant services to the appropriate demographic. However, based on individual need, TAY may be served by the CYFBHS system, by the AOABHS system, or, in some cases, by both systems. Because of this overlap, TAY clients can be difficult to assess as a single group. Evaluating TAY clients only within the system that serves them is informative but does not provide a complete picture. To evaluate TAY clients across the systems, data were collected on all clients ages 16 through 25 served by either system.

Who Are We Serving?

In FY 2014-15, 3,881 TAY clients were served only in the CYFBHS system, 6,486 TAY clients were served only in the AOABHS system, and 421 TAY clients received services in both systems of care. Altogether, 10,788 unduplicated clients ages 16 through 25 were served by SDCBHS.



FY 2012-13 (N=10,857)

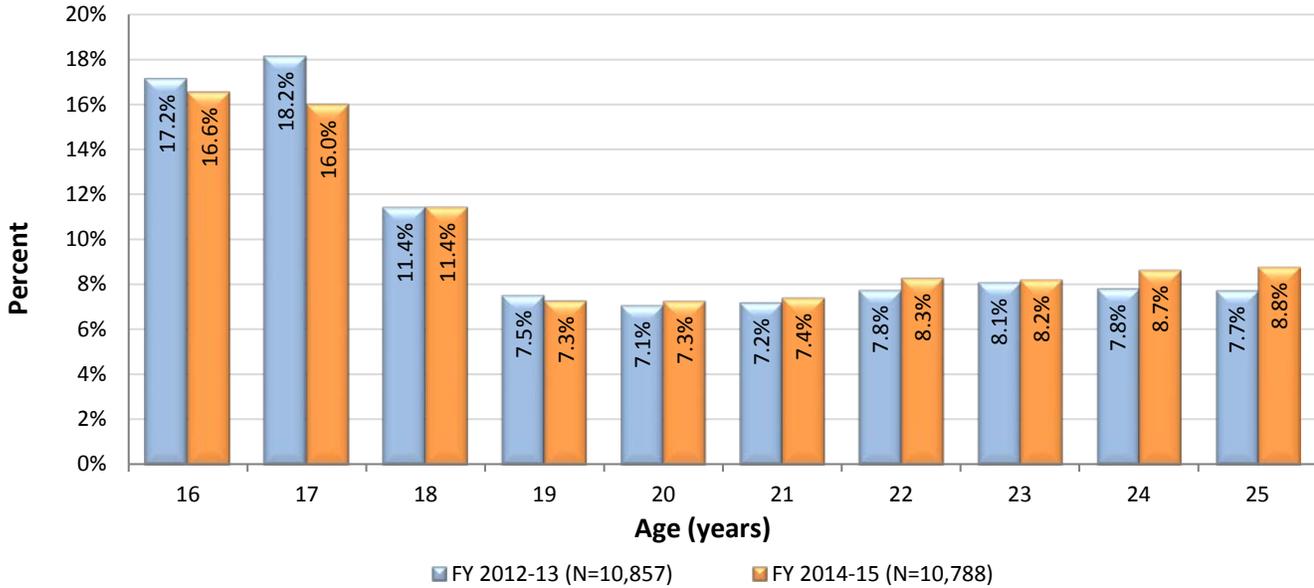


FY 2014-15 (N=10,788)

Who Are We Serving?

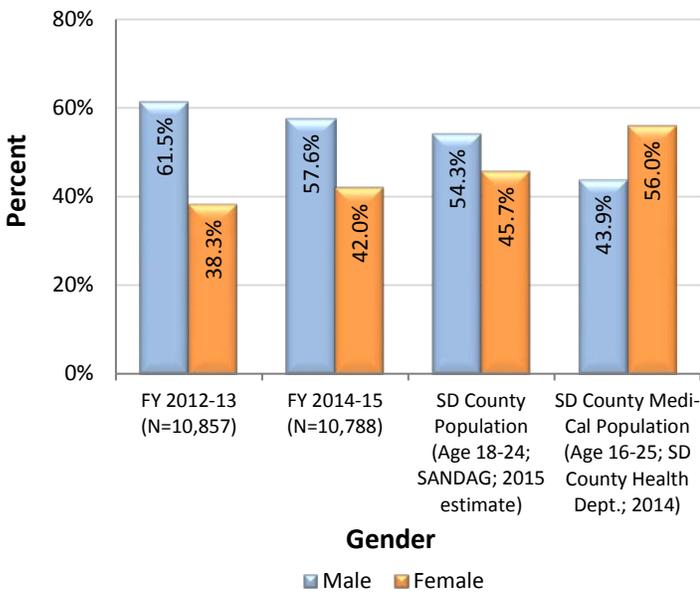
Age

The largest proportion of TAY clients in FY 2014-15 were ages 16 and 17 (17% and 16%, respectively).



Gender

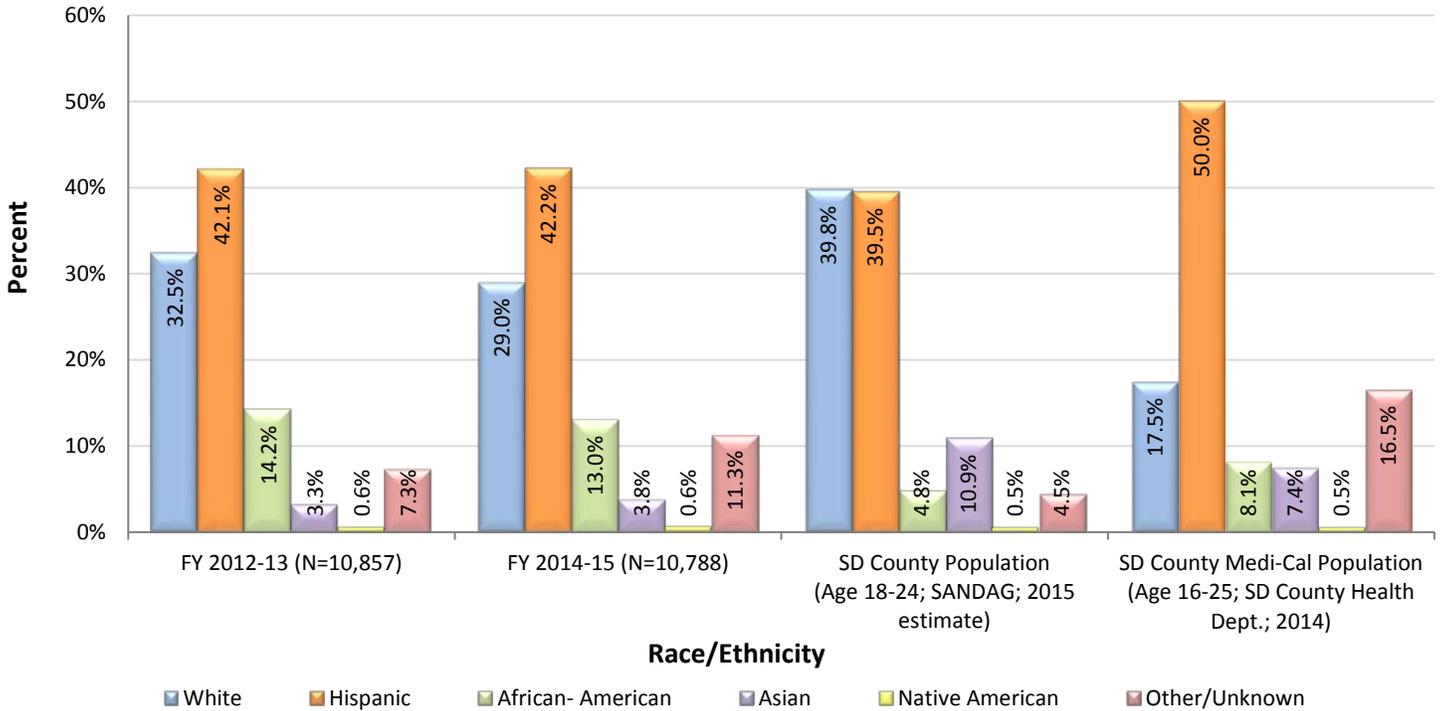
Approximately 58% of TAY clients in FY 2014-15 were male. The proportion of female clients has increased since FY 2012-13.



Who Are We Serving?

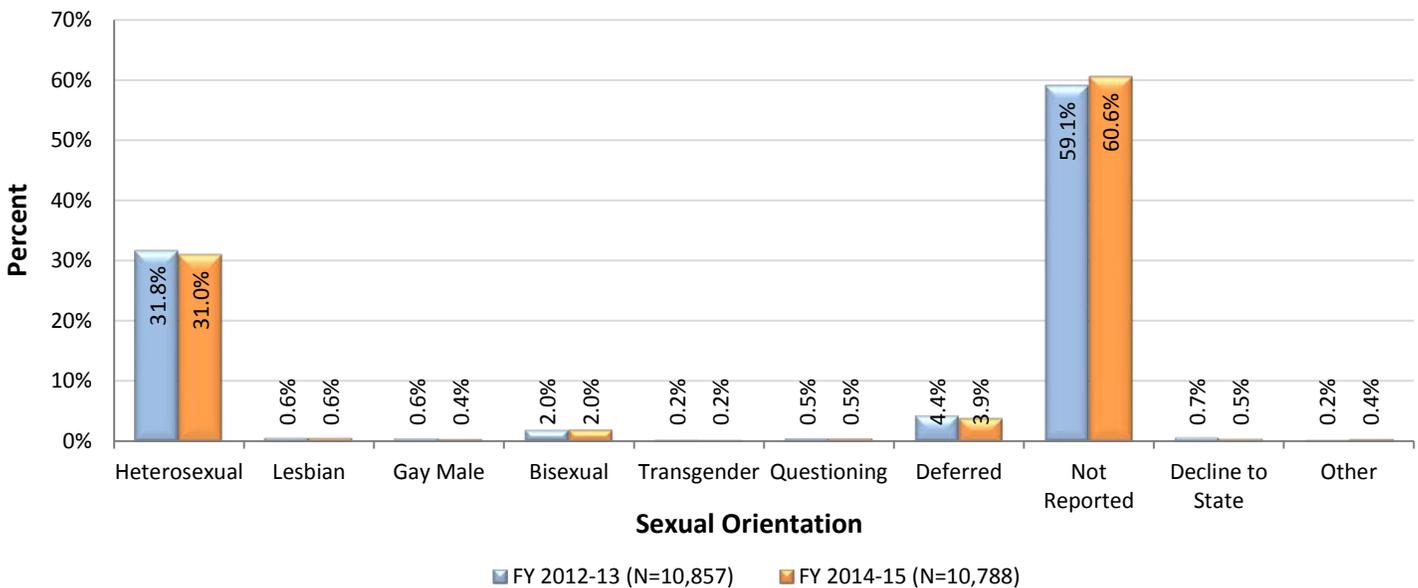
Race/Ethnicity

The largest proportion of TAY clients served in FY 2014-15 were Hispanic (42%).



Sexual Orientation

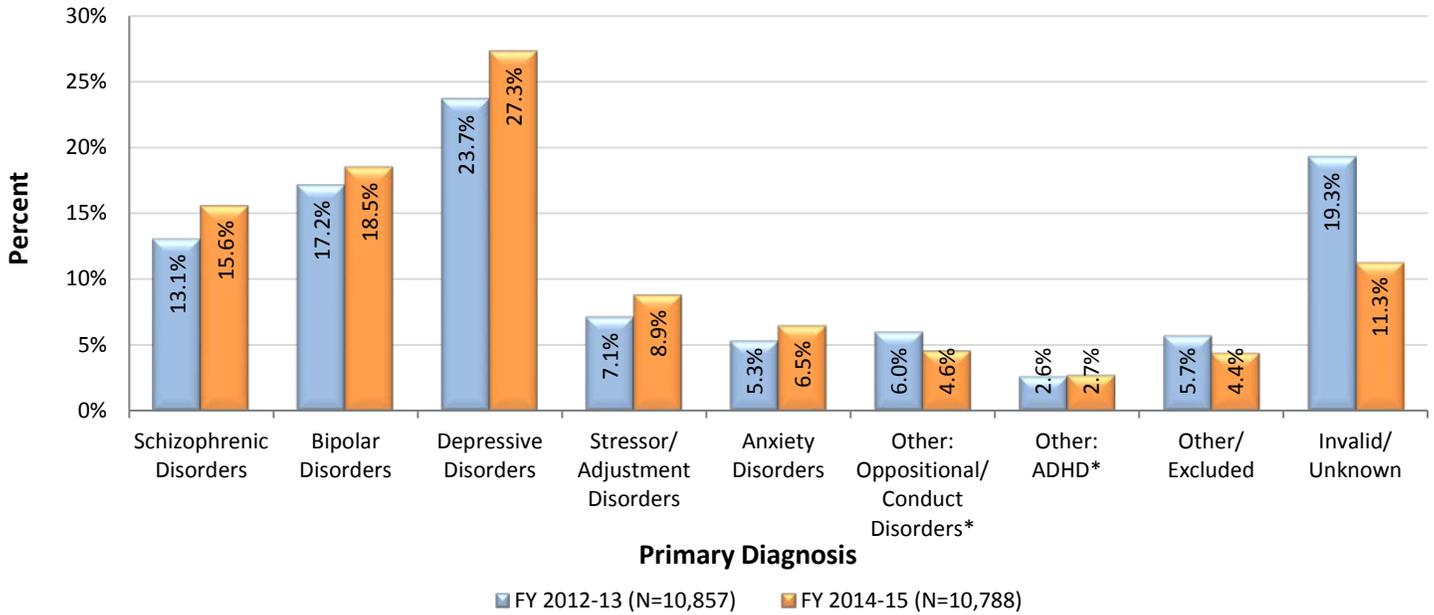
The largest proportion of TAY clients served in FY 2014-15 did not report their sexual orientation (61%). Among those reported, the majority identified as heterosexual (31%).



Who Are We Serving?

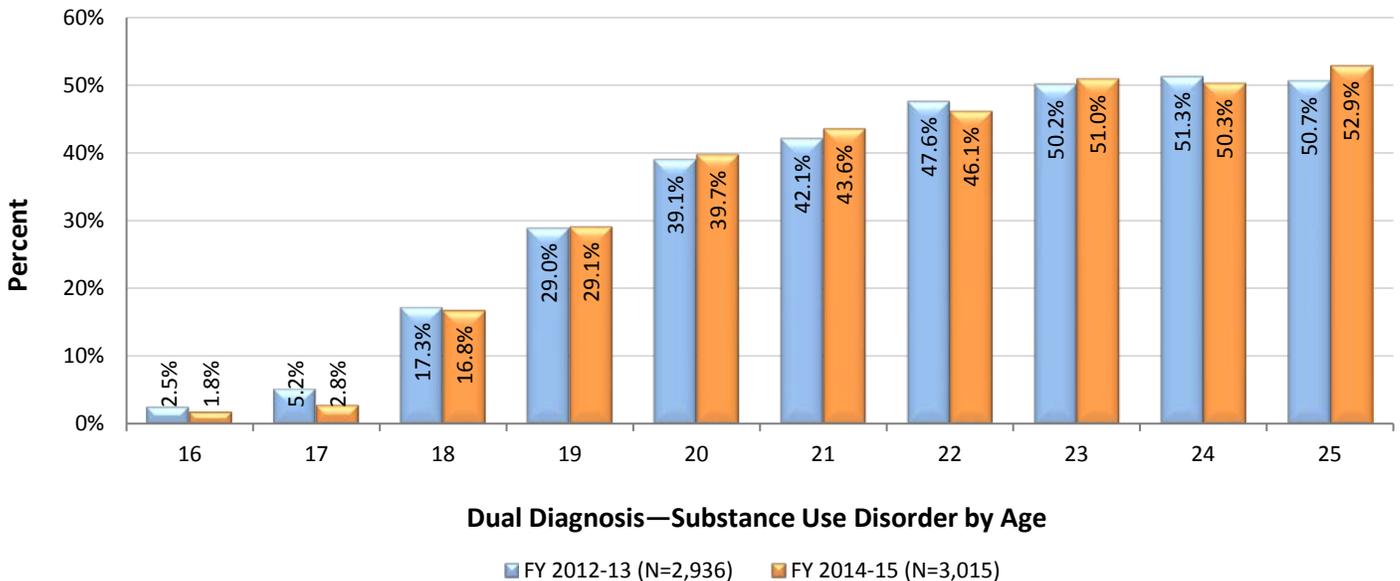
Primary Diagnosis

The three most common diagnoses among TAY clients in FY 2014-15 were Major Depression Disorders (27%), Bipolar Disorder (19%) and Schizophrenic Disorders (16%). Diagnosis was not known for 11% of TAY clients.



Dual Diagnosis

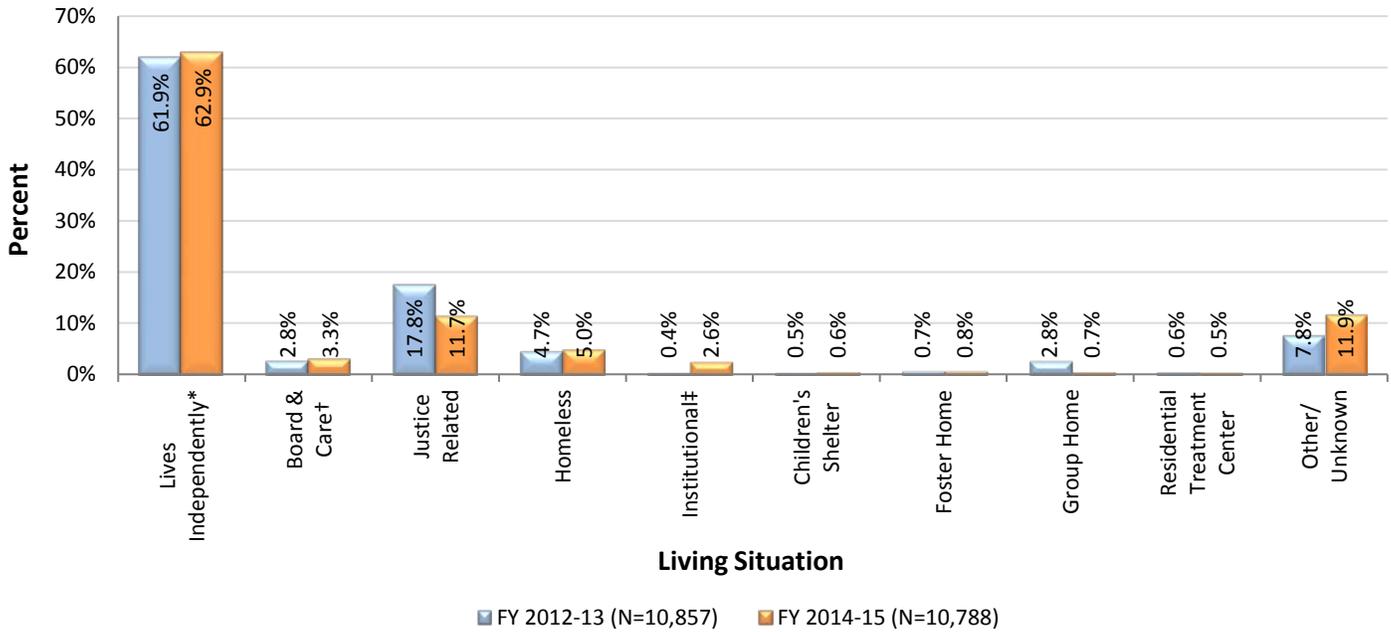
In addition to a primary diagnosis, some clients also had a diagnosis of Substance Use Disorder, reported here as "Dual Diagnosis." More than a quarter (28%) of TAY clients, and approximately half of TAY clients over the age of 21, had a dual diagnosis in FY 2014-15.



Who Are We Serving?

Living Situation

Sixty-three percent of TAY clients lived independently* at some point during FY 2014-15.



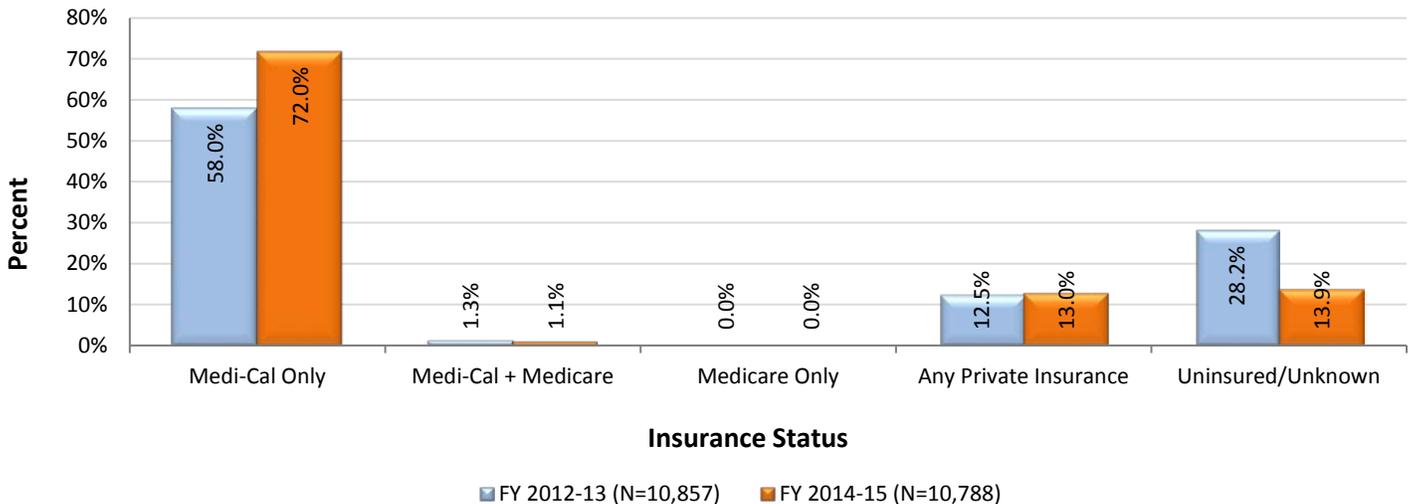
*Includes clients living with parents/family and supported housing

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

‡Includes hospitals and locked facilities

Insurance Status

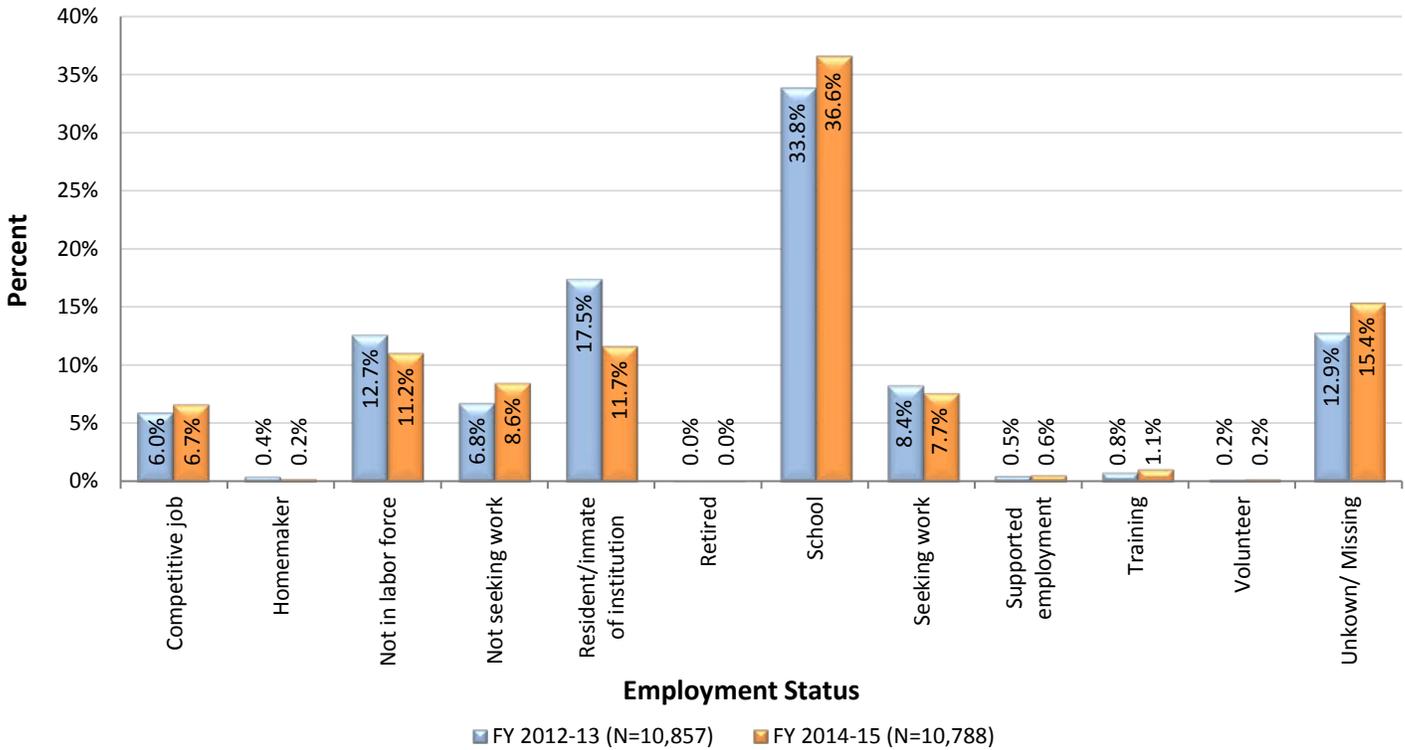
Seventy-two percent of TAY clients in FY 2014-15 were covered by Medi-Cal. Uninsured/unknown insurance status decreased from 28% in FY 2012-13 to 14% in FY 2014-15.



Who Are We Serving?

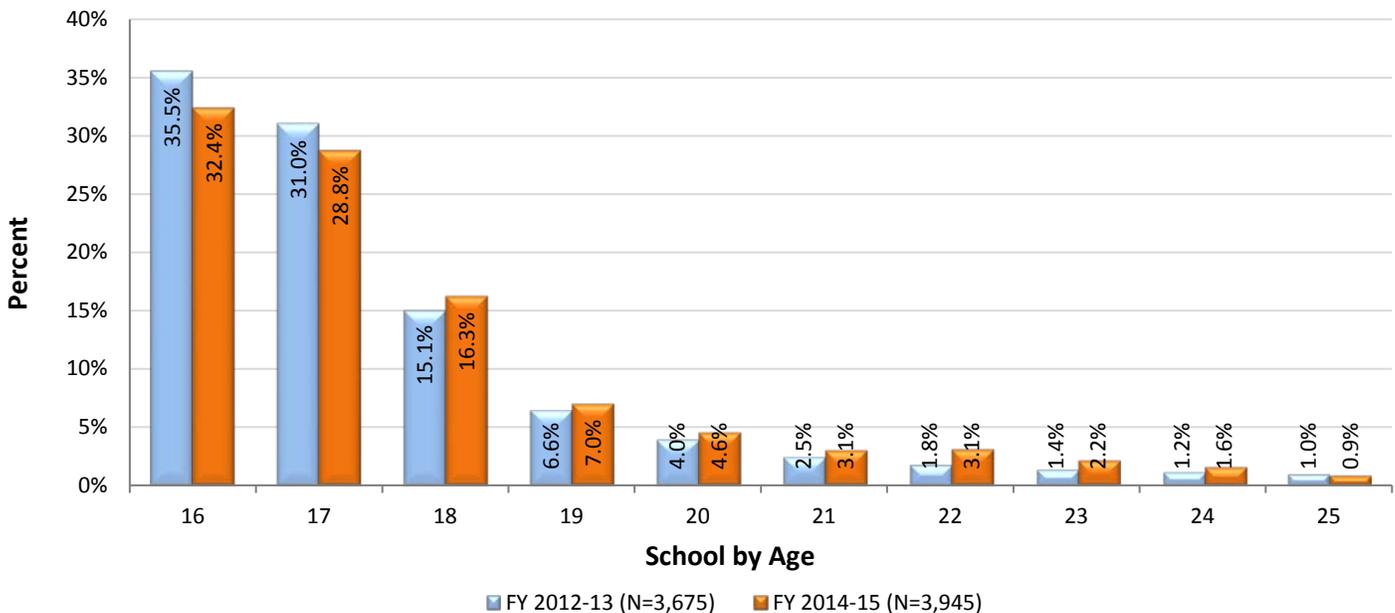
Employment Status

The largest proportion of TAY clients served in FY 2014-15 were in school (37%); an increase from 34% in FY 2012-13.

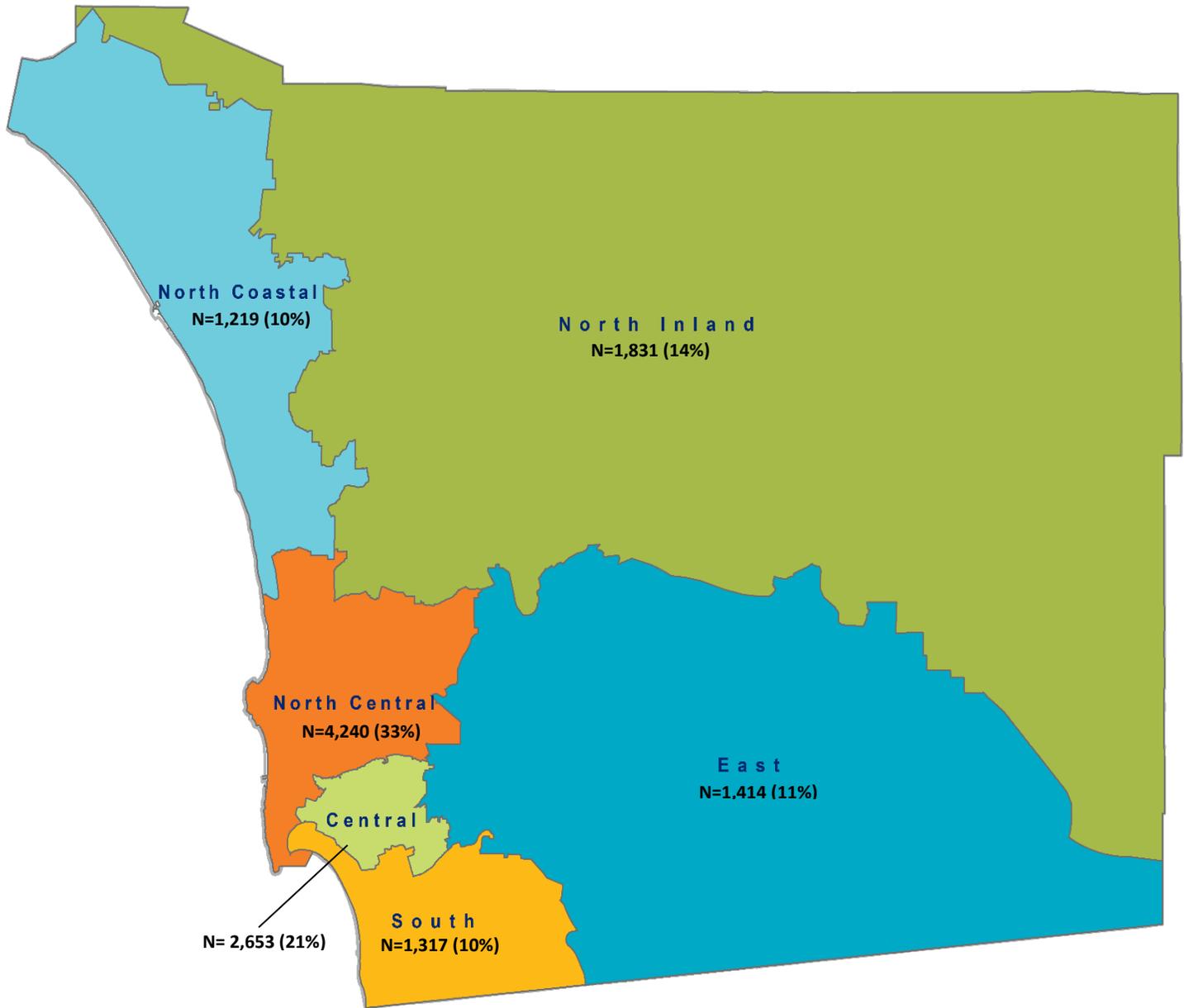


Education Status

Among TAY clients served in FY 2014-15 who were in school, the majority were 16 years old (32%).



Where Are We Serving?



One-third of TAY clients in FY 2014-15 were served in the North Central region.

Where Are We Serving?

BHS serves clients in six HHSAs regions.*

Demographics by Region FY 2014-15	Central		East		North Central		North Coastal		North Inland		South	
	N	%	N	%	N	%	N	%	N	%	N	%
Total Number of Clients†‡	2,653	21%	1,414	11%	4,240	33%	1,219	10%	1,831	14%	1,317	10%
Age												
Age 16-17	317	12%	523	37%	1,689	40%	310	25%	1,180	64%	613	47%
Age 18-21	999	38%	410	29%	1,341	32%	400	33%	435	24%	354	27%
Age 22-25	1,337	50%	481	34%	1,210	29%	509	42%	216	12%	350	27%
Gender												
Female	770	29%	783	55%	1,560	37%	485	40%	658	36%	657	50%
Male	1,860	70%	624	44%	2,677	63%	733	60%	1,171	64%	660	50%
Other/Unknown	23	1%	7	<1%	3	<1%	1	<1%	2	<1%	0	0%
Race/Ethnicity												
White	790	30%	506	36%	1,297	31%	460	38%	440	24%	220	17%
Hispanic	1,048	40%	551	39%	1,852	44%	505	41%	988	54%	854	65%
African-American	490	18%	189	13%	644	15%	122	10%	252	14%	147	11%
Asian/Pacific Islander	144	5%	31	2%	191	5%	27	2%	45	2%	45	3%
Native American	19	1%	15	1%	31	1%	11	1%	19	1%	8	1%
Other/Unknown	162	6%	122	9%	225	5%	94	8%	87	5%	43	3%
Diagnosis												
Schizophrenia & Other Psychotic Disorders	653	25%	297	21%	948	22%	301	25%	204	11%	363	28%
Bipolar Disorders	573	22%	360	25%	924	22%	265	22%	376	21%	273	21%
Depressive Disorders	594	22%	406	29%	957	23%	323	26%	463	25%	506	38%
Stressor & Adjustment Disorders	199	8%	92	7%	288	7%	69	6%	180	10%	53	4%
Anxiety Disorders	128	5%	59	4%	150	4%	69	6%	84	5%	42	3%
Other / Unknown	192	7%	61	4%	480	11%	86	7%	216	12%	27	2%

*Region identified by provider service address; clients served outside of these regions were excluded from analysis.

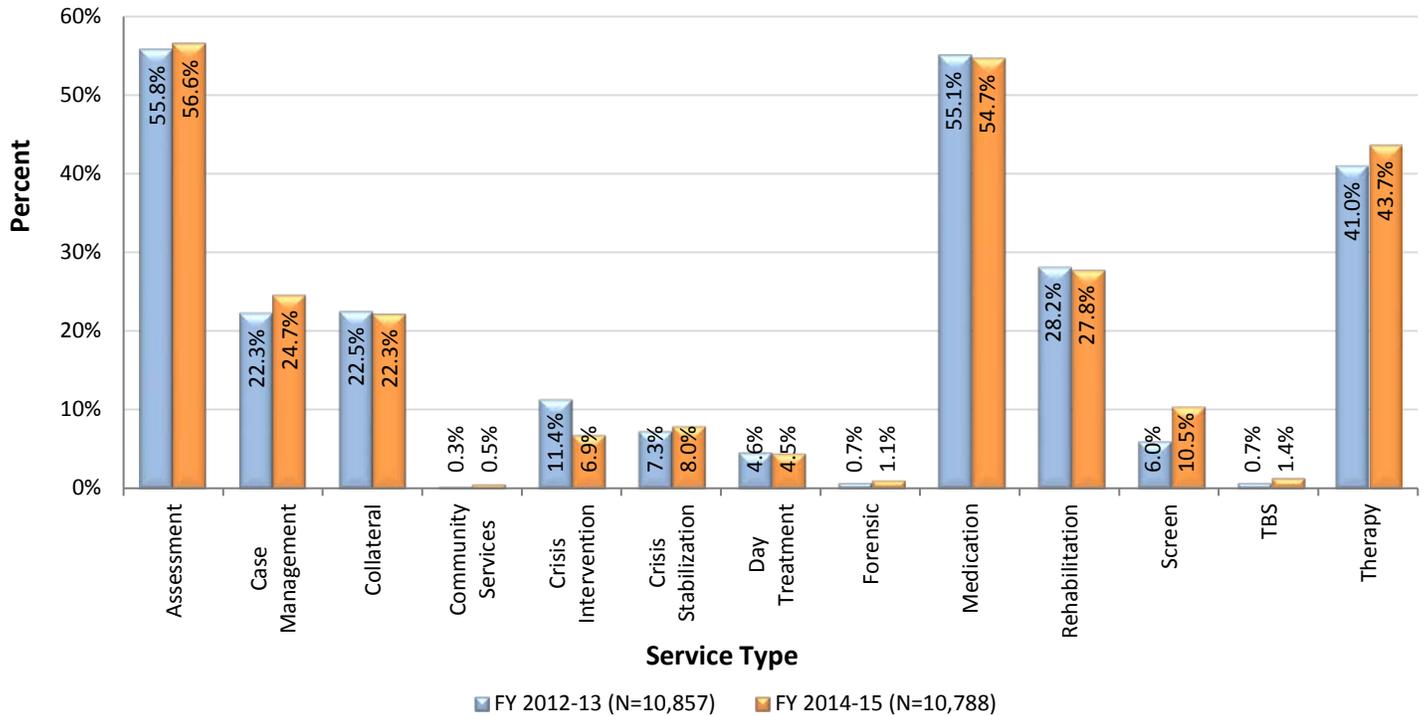
†Clients may be duplicated as they can be served in more than one region.

‡Fee-for-Service excluded.

What Services Are Being Provided?

Services Received

More than half of TAY clients in FY 2014-15 received Assessment and Medication services (57% and 55%, respectively).



Inpatient Service Use

Of the 10,788 unduplicated TAY clients who received services in FY 2014-15, 1,479 (14%) had at least one inpatient (IP) episode during the fiscal year. This is an increase from FY 2012-13, during which 1,328 (12%) of the 10,857 unduplicated TAY clients who received services had at least one IP visit.

- Of the 542 homeless TAY clients in FY 2014-15, 173 (32%) had at least one IP episode during the fiscal year. This is an increase from FY 2012-13, during which 147 (29%) of the 511 homeless TAY clients who received services had at least one IP visit.

Emergency Service Use

Of the 10,788 unduplicated TAY clients who received services in FY 2014-15, 2,032 (19%) had at least one Emergency Service Unit, Emergency Psychiatric Unit, or Psychiatric Emergency Response Team (ESU/EPU/PERT) visit during the fiscal year. This is a slight increase from FY 2012-13, during which 2,013 (18.5%) of the 10,857 unduplicated TAY clients who received services had at least one ESU/EPU/PERT visit.

- Of the 542 homeless TAY clients in FY 2014-15, 299 (55%) had at least one ESU/EPU/PERT visit during the fiscal year. This is a decrease from FY 2012-13, during which 266 (52%) of the 511 homeless TAY clients who received services had at least one ESU/EPU/PERT visit.

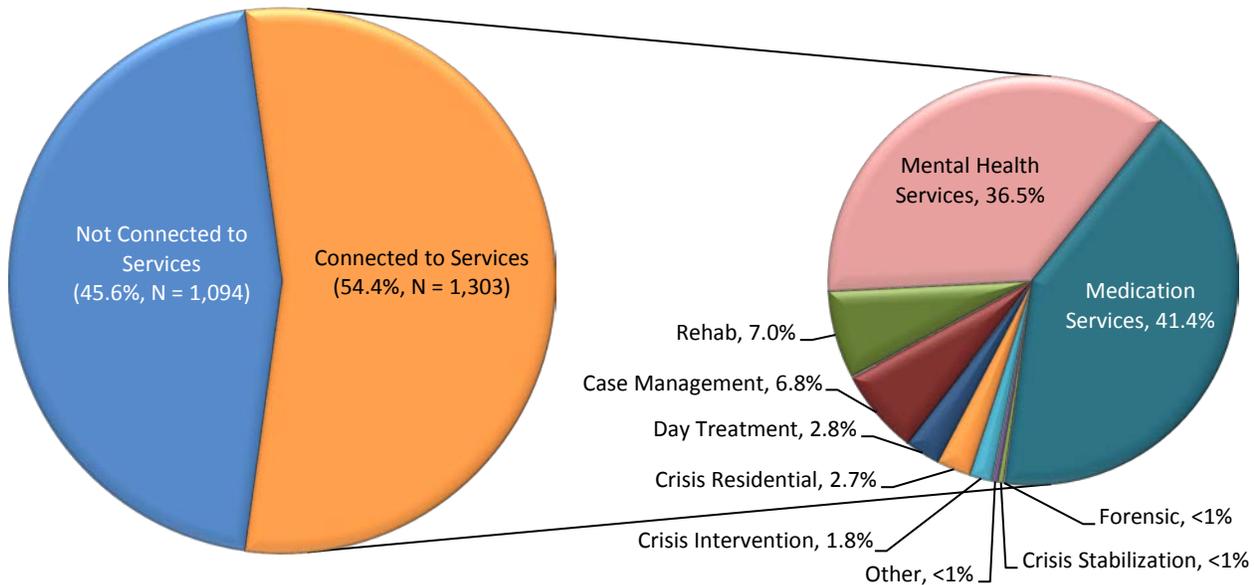
Extended Foster Care Service Use

Of the 10,788 unduplicated TAY clients who received services in FY 2014-15, 109 (1%) visited extended foster care for services at least once during the fiscal year.

What Services Are Being Provided?

Connection to Services after Inpatient Discharge

There were 2,397 hospital discharges for TAY clients during FY 2014-15. Of those, 1,303 (54%) had services within the 30 days following discharge, and 1,094 (46%) had no services in the 30 days following discharge. Medication services were the most commonly provided service in the 30 days following discharge (41%), followed by mental health services (37%).



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

In FY 2014-15, ICC and IHBS services were specific to Pathways to Well-Being clients. Of the 10,788 unduplicated TAY clients who received services in FY 2014-15, 211 (2%) had at least one ICC visit and 33 (<1%) had at least one IHBS service unit visit during the fiscal year. Beginning in FY 2016-17, ICC and IHBS services are available to all BHS clients.

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

In FY 2014-15, TAY clients receiving ICC services were nearly equally distributed between Outpatient and Restrictive levels of care. TAY clients receiving IHBS services were seen exclusively in the Outpatient level of care. No TAY clients received these services in an Inpatient setting.

Level of Care (CYF)		ICC	IHBS
Outpatient	Outpatient	50 (0.5%)	13 (0.1%)
	Outpatient – Fee for Service	0 (0%)	0 (0%)
	Outpatient – Residential	52 (0.5%)	1 (<0.1%)
	Juvenile Forensic Services	0 (0%)	0 (0%)
	Wraparound	23 (0.2%)	19 (0.2%)
	Therapeutic Behavioral Services	3 (<0.1%)	0 (0%)
Restrictive	Day Treatment – Psych Health Facility	0 (0%)	0 (0%)
	Day Treatment – Community	1 (<0.1%)	0 (0%)
	Day Treatment – Residential	116 (1.1%)	0 (0%)
	Day Treatment – Closed Treatment Facility	0 (0%)	0 (0%)
	Emergency Screening Unit	0 (0%)	0 (0%)

What Services Are Being Provided?

TAY Clients Served by Level of Care – Organizational Providers

TAY clients were most commonly served by Outpatient programs.

		FY 2012-13 (N=10,857)		FY 2014-15 (N=10,788)		Change*
Level of Care (CYF)		N	%	N	%	
Outpatient	Outpatient	2,066	19.0%	2,290	21.2%	▲
	Outpatient – Residential	166	1.5%	155	1.4%	▼
	Juvenile Forensic Services	1,730	15.9%	1,326	12.3%	▼
	Wraparound	306	2.8%	362	3.4%	▲
	Therapeutic Behavioral Services	74	0.7%	116	1.1%	▲
Restrictive	Day Treatment – Psych Health Facility	0	0.0%	2	<0.1%	▲
	Day Treatment – Community	199	1.8%	190	1.8%	●
	Day Treatment – Residential	305	2.8%	302	2.8%	●
	Day Treatment – Closed Treatment Facility	0	0.0%	2	<0.1%	▲
	Emergency Screening Unit	259	2.4%	242	2.2%	▼
Inpatient Admissions	Inpatient – CAPS	114	1.1%	144	1.3%	▲
Level of Care (AOA)		N	%	N	%	
Outpatient	ACT	333	3.1%	261	2.4%	▼
	BH Court	7	0.1%	6	0.1%	●
	Case Management	22	0.2%	34	0.3%	▲
	Case Management – Institutional	55	0.5%	62	0.6%	▲
	Case Management – Strengths	109	1.0%	101	0.9%	▼
	Case Management – Transitional	123	1.1%	78	0.7%	▼
	Outpatient	1,803	16.6%	2,148	19.9%	▲
	Prevention	122	1.1%	117	1.1%	●
Emergency	EPU	1,070	9.9%	1,045	9.7%	▼
	PERT	942	8.7%	999	9.3%	▲
Jail	Jail	1,940	17.9%	1,664	15.4%	▼
24 Hour Services	Crisis Residential	203	1.9%	269	2.5%	▲
	Edgemoor	1	<0.1%	2	<0.1%	●
	Long Term Care (LTC)	0	0.0%	0	0.0%	●
	LTC – Institutional	39	0.4%	41	0.4%	▲
	LTC – Residential	0	0.0%	0	0.0%	●
	Residential	69	0.6%	17	0.2%	▼
Inpatient Admissions	Inpatient – County	382	3.5%	355	3.3%	▼
	State Hospital	3	<0.1%	3	<0.1%	●
Fee-for-Service Providers†		N	%	N	%	
Outpatient	Outpatient Fee-for-Service (All)	2,533	23.3%	3,133	29.0%	▲
Inpatient	Inpatient Fee-for-Service (CYF System of Care)	206	1.9%	185	1.7%	▼
	Inpatient Fee-for-Service (AOA System of Care)	698	6.4%	939	8.7%	▲

*KEY: ▲ = proportional increase from FY 2012-13 to FY 2014-15; ▼ = proportional decrease from FY 2012-13 to FY 2014-15; ● = no change

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

Are TAY Clients Satisfied?

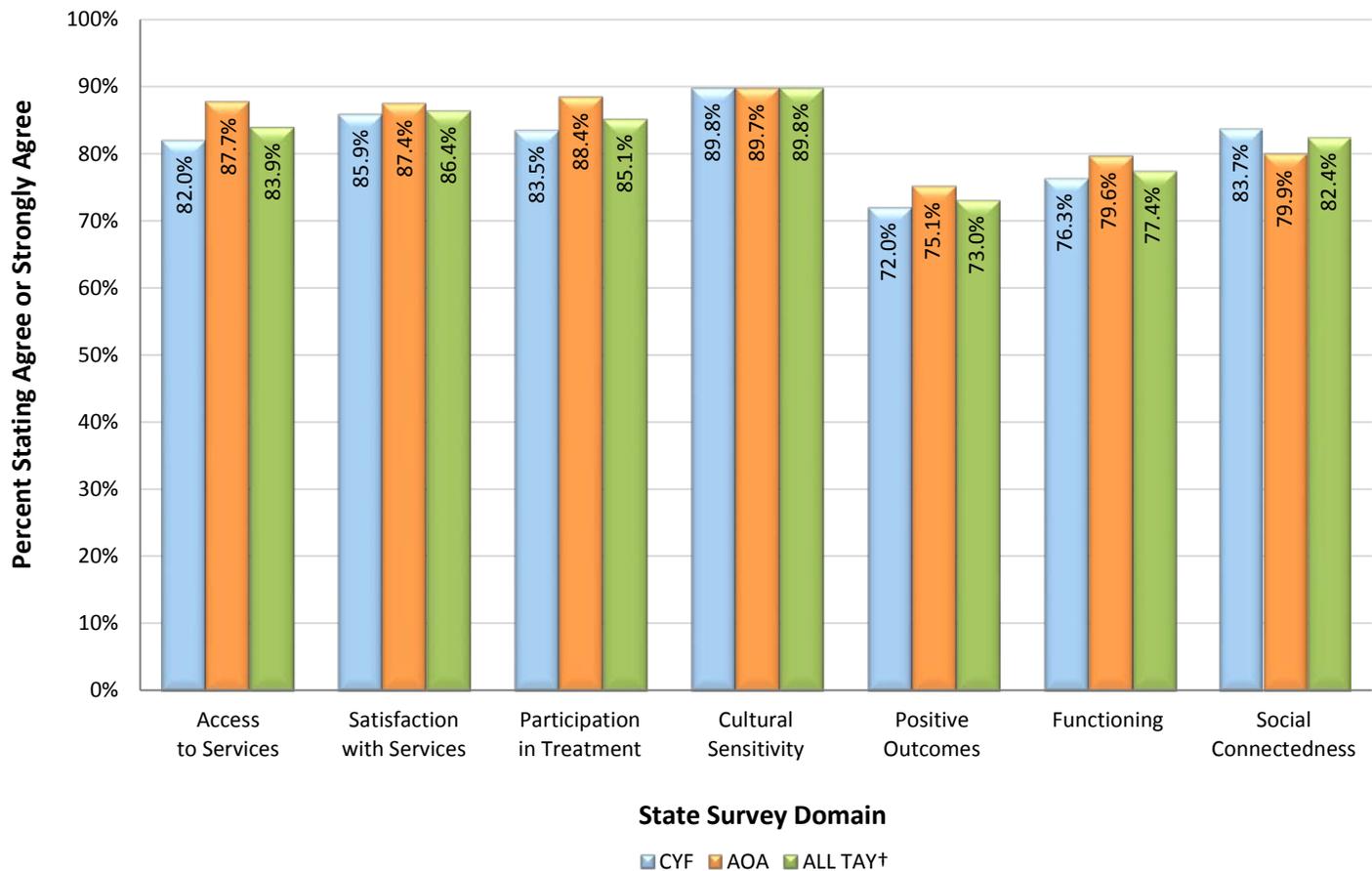
TAY Client Satisfaction with SDCBHS Services

The Youth Services Survey (YSS) and the Mental Health Statistics Improvement Project (MHSIP) are state-mandated surveys based on the System of Care within which SDCBHS clients receive services, administered over a one-week period semi-annually. The results summarized below are from the May 2015 administration period.

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

May 2015 State Survey Results*

Approximately 950 state-mandated surveys were submitted by TAY clients during the May 2015 administration period.



*Not every client had data for every domain

+Weighted average of TAY across systems

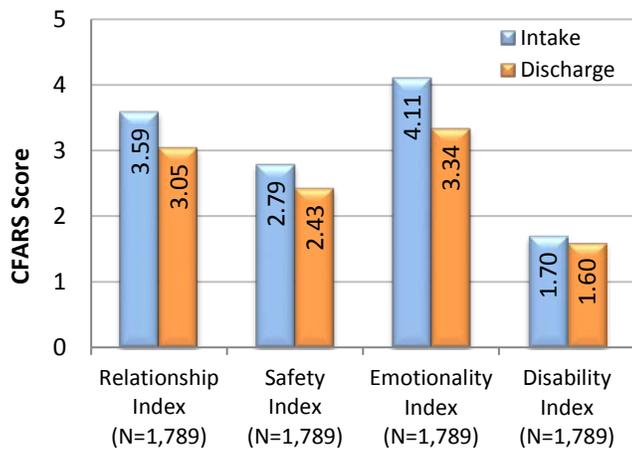
Are TAY Clients Getting Better?

Providers collected outcomes data with the Child and Adolescent Measurement System (CAMS), the Children’s Functional Assessment Rating Scale (CFARS), the Recovery Management Questionnaire (RMQ) and the Illness Management and Recovery (IMR) scale, based on the System of Care that provided the services. Outcomes for TAY clients receiving services in FY 2014-15 who had both Intake and Discharge (CAMS/CFARS) or Pre- and Post-Test (RMQ/IMR) scores were analyzed.

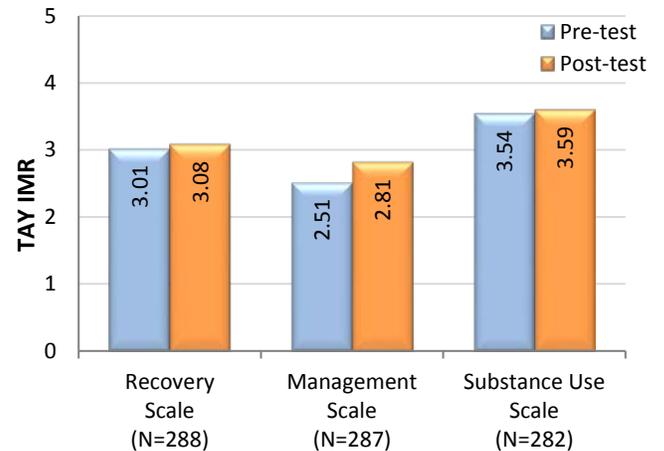
CFARS/IMR Scores

The CFARS measures level of functioning on a scale of 1 to 9 and is completed by the client’s clinician in the CYFBHS system. A *decrease* on any CFARS index is considered an improvement. The IMR measures illness management and recovery on a scale of 1 to 5 and is completed by the client’s clinician in the AOABHS system. An *increase* on any IMR scale is considered an improvement. **These results revealed modest to moderate improvement in TAY functioning and recovery following receipt of SDCBHS services.**

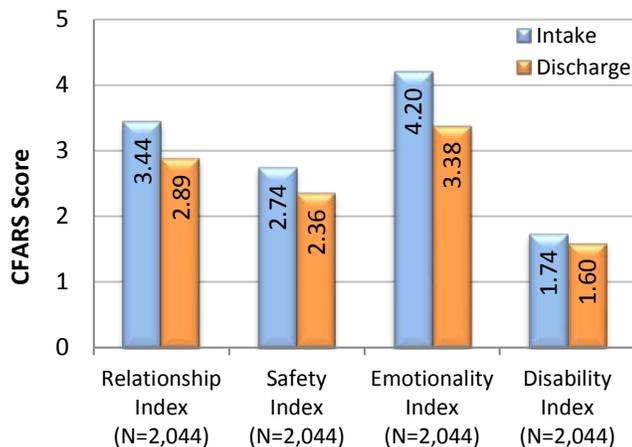
TAY CFARS (FY 2012-13)



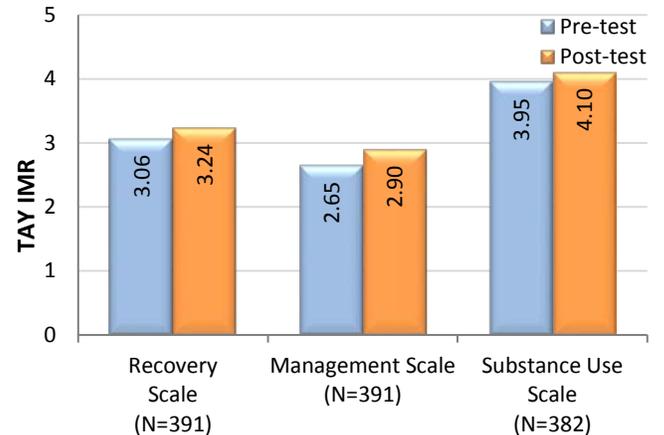
TAY IMR (FY 2012-13)



TAY CFARS (FY 2014-15)



TAY IMR (FY 2014-15)

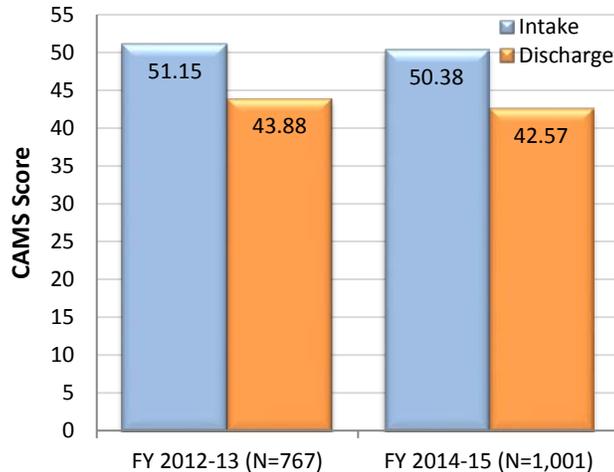


Are TAY Clients Getting Better?

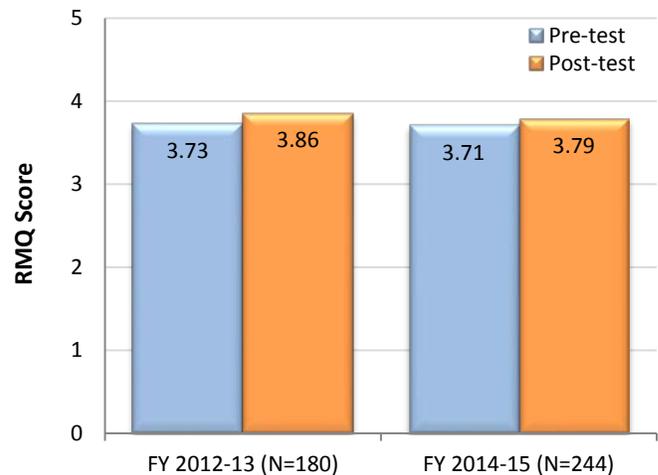
CAMS/RMQ Scores

The Youth CAMS measures a child’s behavior and emotional problems using a three-point Likert scale (Never, Sometimes, and Often) with a maximum of 90 points indicating severe impairment; it is administered in the CYFBHS system to all youth ages 11 and older. A *decrease* on the total CAMS score is considered an improvement. The RMQ measures progress towards recovery on a scale of 1 to 5; it is administered in the AOABHS system to all clients. An *increase* on the total RMQ score is considered an improvement. **These results revealed modest to moderate improvement in TAY behavior, and progress towards recovery following receipt of SDCBHS services.**

TAY CAMS



TAY RMQ



Readmission to High-Level Services

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

Inpatient Service Readmissions

In FY 2014-15, 430 (29%) of the 1,479 clients who received inpatient (IP) care had more than one IP episode (ranging from 2 to 22). Of the 430 clients with more than one IP episode, 272 (63%) were re-admitted to IP services within 30 days of the previous IP discharge—an **increase** from 59% (219 of 373) in FY 2012-13.

- Inpatient services were received by 173 homeless TAY clients in FY 2014-15; of these 173 clients, 38 (22%) had more than one IP episode within 30 days (ranging from 2 to 4).

Emergency Service Readmissions

In FY 2014-15, 458 (23%) of the 2,032 clients who received Emergency Service Unit, Emergency Psychiatric Unit, or Psychiatric Emergency Response Team (ESU/EPU/PERT) care had more than one ESU/EPU/PERT episode (ranging from 2 to 17). Of the 458 clients with more than one episode, 305 (67%) were re-admitted to ESU/EPU/PERT services within 30 days of the previous ESU/EPU/PERT discharge—an **increase** from 61% (289 of 472) in FY 2012-13.

- Emergency services were received by 299 homeless TAY clients in FY 2014-15; of these 299 clients, 65 (22%) had more than one episode within 30 days (ranging from 2 to 7).

Alcohol and Drug Services

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

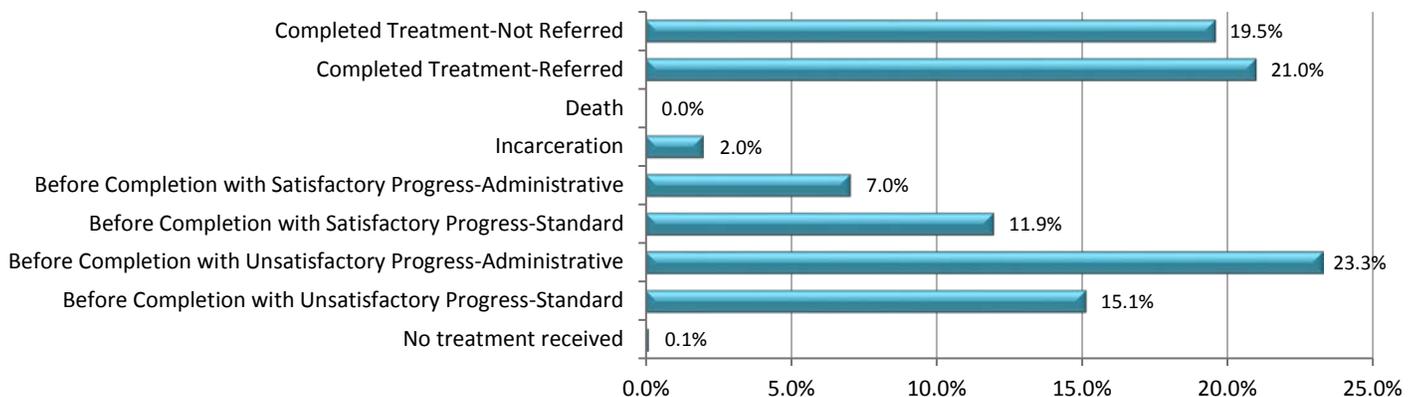
ADS Demographics for TAY Clients*†

Age (years)	N	%
16-17	1,066	28%
18-25	2,757	72%
Gender		
Male	2,497	65%
Female	1,325	35%
Other	1	<1%
Race		
White	1,476	39%
Hispanic	1,619	42%
Black/African-American	340	9%
Asian/Pacific Islander	81	2%
Native American	54	1%
Other/Mixed Race	181	5%
Unknown	72	2%
Total in FY 2014-15	3,823	

Types of Substances Used

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

ADS Types of Discharge for TAY Clients (N=3,607)



*Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in FY 2014-15.

†Data Source: SanWITS

What Does This Tell Us?

- TAY clients are more likely to be male than female, and are more likely to identify as White or Hispanic, compared to other races/ethnicities. The percent of TAY aged females served increased from 38% in FY 2012-13 to 42% in FY 2014-15, suggesting that San Diego County is doing a better job of reaching this population.
- TAY clients are more likely to be from the North Central and Central regions, and tend to live independently compared to other living situations. Justice-related living situations decreased from 18% in FY 2012-13 to 12% in FY 2014-15.
- TAY clients are much more likely to be insured than in FY 2013-14, and are more likely to have Medi-Cal than in FY 2013-14; this likely reflects establishment of the Affordable Care Act.
- Less than half of TAY clients are enrolled in school or have a competitive job.
- Most TAY clients completed treatment or were discharged before completion with satisfactory progress. However, a high percentage (38%) was discharged before completion with unsatisfactory progress.
- The vast majority of TAY clients reported they were satisfied with services and believed that they had good access to services. They were also satisfied with the cultural sensitivity of the services and reported improved outcomes, functioning and social connectedness.
- TAY served in AOABHS showed minimal improvement on the RMQ recovery scale, which may indicate that additional or different (e.g., evidence-based) services may be needed to speed their recovery.
- Marijuana and methamphetamine were the most common drugs of choice among TAY clients who received BHS services during FY 2014-15.
- Of the TAY clients who received multiple Inpatient or Emergency Services within the fiscal year, more than half were readmitted within 30 days of discharge. Homeless TAY with inpatient services were less likely to be readmitted within 30 days compared to all TAY (22% versus 63%).
- Almost half (46%) of TAY clients with an inpatient stay did not receive aftercare services in the 30 days following discharge. The TAY clients who were connected to services after hospital discharge were likely to receive medication services or mental health services compared to other types of services.
- Most TAY clients were diagnosed with Major Depression Disorders, Bipolar Disorder, or Schizophrenic Disorders.
- About half of TAY clients 23 years of age or older have a dual diagnosis (substance use disorder in addition to a mental health disorder). The overall trend for TAY clients to have a dual diagnosis increases with age.
- More than half of TAY clients received an assessment (57%) and/or a medication service (55%), and almost half received a therapy service (44%). The services that were utilized by the fewest number of TAY clients were Community (<1%), Forensic/Jail (1%), and Therapeutic Behavioral Services (1%). About one-quarter of TAY clients received Case Management (25%), Collateral (22%), and/or Rehabilitation services (28%).

Next Steps

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

- TAY client demographics, service use and outcomes can be compared to systemwide rates, to determine if TAY clients have different demographic/diagnostic profiles or treatment needs from other age groups.
- Efforts may be needed to engage the 46% of TAY clients who were not connected to services within the following 30 days after IP discharge. Hospitals can be educated about the rates of aftercare services and potential resulting readmissions.
- Homeless TAY clients were far more likely to have had a hospitalization for mental health issues than those TAY in other living situations. Further exploration may be needed to determine factors related to homeless TAY contributing to this high number.
- An analysis of the highest utilizers of intensive mental health services (those clients with the most IP visits or the most ER readmissions) may reveal ideas for possible prevention efforts.
- 38% of TAY clients were discharged from treatment with unsatisfactory progress.
 - Efforts could be focused on better understanding this population. For example, analysis of the demographic differences between this group and those with satisfactory discharges could reveal possible barriers and issues related to successful completion of the program.
 - Do these clients come from certain types of programs? Maybe these programs are more intensive and it is to be expected that fewer clients will be discharged successfully from these programs than compared to other programs. Comparison data would be helpful here to determine if the 38% unsatisfactory discharge rate is average or better/worse than the rest of the state/country.
- The high rate of substance abuse among TAY clients suggests that all programs serving TAY in AOABHS and CYFBHS systems should be dual diagnosis enhanced/capable. In addition, further cooperative efforts with the Alcohol and Drug Services sector geared towards TAY are recommended, in order to share data and insights with regard to prevention and developing trends in substance preference.

The Child & Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital; University of California, San Diego; San Diego State University; University of San Diego; and University of Southern California. The mission of CASRC is to improve publicly funded behavioral health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders. For more information please contact Amy Chadwick at aechadwick@ucsd.edu or 858-966-7703 x7141.

The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Quality Improvement Unit of SDCBHS to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Steven Tally, PhD at 858-622-1788 or email stally@ucsd.edu.