

County of San Diego Health and Human Services Agency



Behavioral Health Services for Children & Youth *Systemwide Annual Report, FY 2024-25*

Behavioral Health Services for Children & Youth *Systemwide Annual Report*

Health and Human Services Agency

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**at date of publication*



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.

Report Prepared By



Child & Adolescent Services Research Center
Director – Gregory Aarons, PhD



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

Table of Contents

Section	Page(s)	Section	Page(s)	Section	Page(s)
<u>Introduction</u>	4-6	What Kind of Services Are Being Used?	(cont)	Are SUD Clients Satisfied?	
<u>Youth Population Health Data</u>	7-22	<u>Therapeutic Behavioral Services</u>	82	<u>Treatment Perception Survey</u>	144
<u>Key Findings</u>	23-26	<u>Wraparound</u>	87	How Quickly Can Clients Access SUD Services?	146
<u>BHS-CY Mental Health Services</u>	28-131	<u>Short-Term Residential Treatment Programs Plus (STRTP+)</u>	91	SUD Level of Care and Modalities	
Who Are We Serving?		<u>Pathways to Well-Being</u>	95	<u>Average Length of Treatment</u>	147
<u>Number of CY Clients Served</u>	29	<u>Medication Services</u>	98	<u>Children of Perinatal Clients</u>	149
<u>CY Client Demographics</u>	30	<u>Inpatient</u>	103	<u>Unique Clients by LOC/Modality</u>	150
<u>CY Living Situation</u>	33	<u>Crisis Response</u>	107	BHS-CY MHSA Services	151-157
<u>CY Health Care Coverage</u>	33	<u>CY Crisis Stabilization Unit (CYCSU)</u>	108	Who Are We Serving?	
<u>CY Primary Care Physician</u>	33	<u>Multiple Sector Service Use</u>	112	<u>MHSA Components</u>	152
<u>CY Sexual Orientation</u>	34	How Quickly Can Clients Access Services?	124	Prevention & Early Intervention (PEI)	
<u>CY History of Trauma</u>	34	Are Clients Getting Better?	125	<u>CY PEI Programs</u>	154
<u>CY Primary Diagnosis</u>	35	<u>Pediatric Symptom Checklist (PSC)</u>	126	<u>CY PEI Demographics</u>	156
<u>CY Co-occurring Substance Use</u>	36	<u>Child & Adolescent Needs and Services (CANS)</u>	129	<u>CY PEI Client Satisfaction</u>	157
<u>Fee for Service Youth</u>	39	<u>Readmission to high-level services</u>	130	Glossary	158-160
<u>Fee for Service TERM Providers</u>	46	Are Clients Satisfied With Services?	131	References	161
<u>Age 0-5 Youth</u>	49	<u>Youth Services Survey</u>		Contact Us	162
<u>Transition Age Youth</u>	55				
<u>LGBTQ+ Youth</u>	64	BHS-CY Substance Use Disorder	132-150	Appendices	163-176
How Are We Serving?	72	SUD Youth		Appendix A	
Where Are We Serving?		<u>Demographics</u>	134	<u>Performance Dashboards</u>	163
<u>Demographics by Region</u>	73	<u>Primary Drug of Choice</u>	135	Appendix B	
What Kind of Services Are Being Used?		<u>Type of Discharge</u>	136	<u>Special Populations Report</u>	168
<u>Types of Services</u>	74	<u>Multiple Sector Service Use</u>	138	Appendix C	
<u>Service Hours/Days</u>	75	SUD Perinatal		<u>Areas of Influence Report</u>	175
<u>Level of Care</u>	77	<u>Demographics</u>	141		
<u>First Service Received</u>	78	<u>Primary Drug of Choice</u>	142		
<u>Average Length of Service</u>	80	<u>Type of Discharge</u>	143		
<u>Service Use by Race/Ethnicity</u>	81				

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), Behavioral Health Services for Children & Youth (BHS-CY) in Fiscal Year (FY) 2024-25 (July 2024 – June 2025). BHS-CY System of Care serves children and youth up to age 21, as well as a perinatal population. The primary focus of this annual report is BHS-CY mental health services, with limited information also available on prevention, early intervention, and addiction treatment. **It is important to note that the COVID-19 pandemic began March of 2020, which may continue to affect FY 2024-25 data in myriad ways.** BHS-CY and CASRC are working to understand the long-term impact of the pandemic on youth and families in San Diego County.

Children & Youth Behavioral Health System of Care

The County of San Diego Behavioral Health Services operates a Children & Youth Behavioral Health System of Care (CYBHSOC). The CYBHSOC 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 faith-based communities. Comprehensive information about CYBHSOC is available at:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children.html.

The multi-sector CYBHSOC Council meets on a monthly basis to provide and obtain community input for the System of Care with the goal of advancing the system. The System of Care Council information is located at:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html.

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 in 2010 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 work collaboratively to advance the Vision. Information about *Live Well San Diego* is available at: <http://www.livewellsd.org/>.

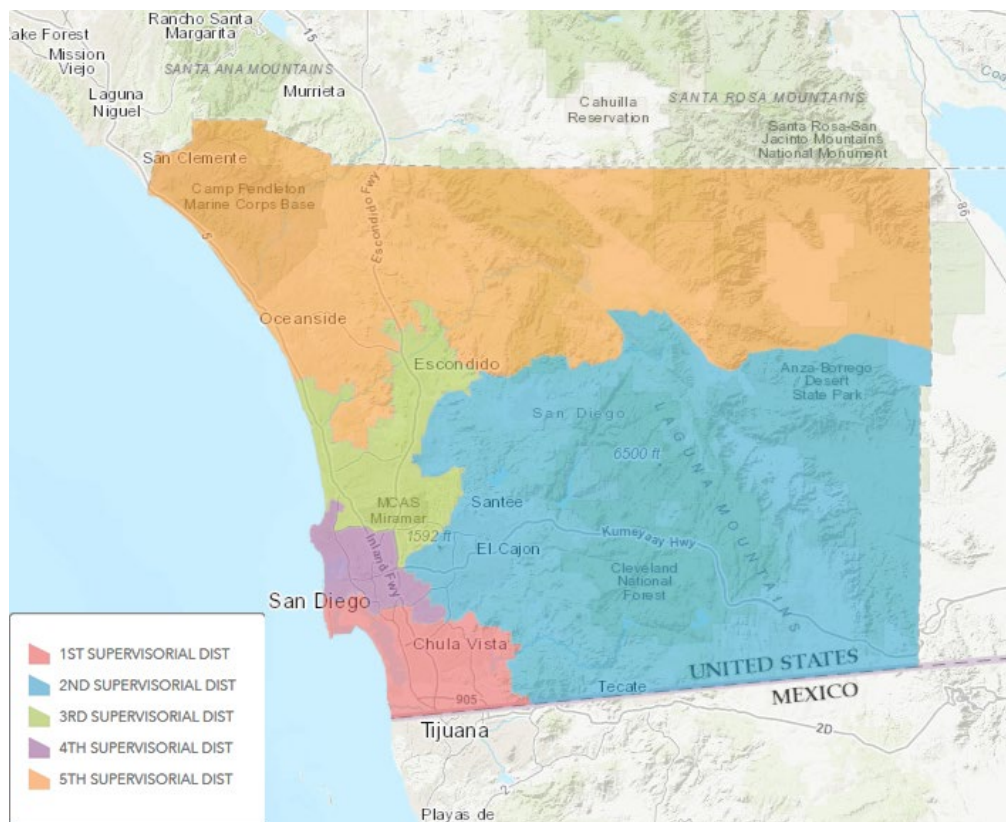
The Importance of Assessment

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

Provider Systems

In FY 2024-25, BHS-CY served children and youth with serious emotional disturbance (SED) through two provider systems distributed throughout San Diego County: **Organizational Providers** and **Fee-for-Service (FFS) Providers**. Organizational providers offer coordinated multidisciplinary services, while the FFS system is comprised of 379 individual practitioners throughout the community with a wide range of specialties; 173 FFS providers are credentialed to provide services for children and youth. In FY 2024-25, 55 FFS providers actually provided services for children and youth (see page 43).



BHS-CY delivered child and adolescent mental health services through a variety of levels of care:

- ❖ Outpatient programs
- ❖ Juvenile Forensic Services
- ❖ Therapeutic Behavioral Services (TBS)
- ❖ Wraparound programs
- ❖ Short-term Residential Therapeutic Programs (STRTP)
- ❖ School Based Services (SBS)
- ❖ Shelter and Respite services
- ❖ Crisis Stabilization services
- ❖ Emergency services
- ❖ Inpatient care

Substance Use Disorder treatment for teens and the perinatal population is comprised of:

- ❖ Early Intervention & Recovery Services (0.5)
- ❖ Outpatient Services (OS, 1.0)
- ❖ Narcotic Treatment Programs (NTP, 1.0)
- ❖ Medication for Addiction Treatment (MAT, 1.0)
- ❖ Intensive Outpatient Services (IOS, 2.1)
- ❖ Ambulatory Withdrawal Management for OS (AWM, 1-WM)
- ❖ Ambulatory Withdrawal Management for IOS (AWM, 2-WM)
- ❖ Clinically Managed Low Intensity Residential Treatment (3.1)
- ❖ Clinically Managed High Intensity Residential Treatment (3.3 & 3.5)

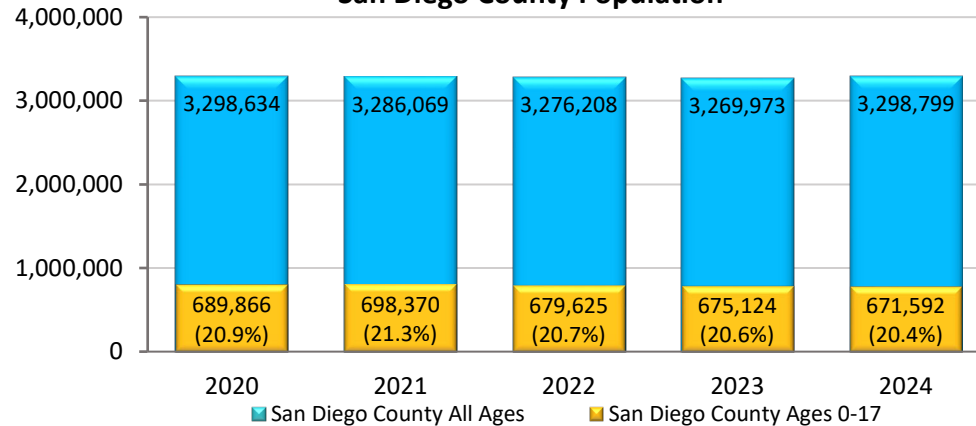
Note: Percentages calculated in this report may not add up to 100% due to rounding.

Introduction

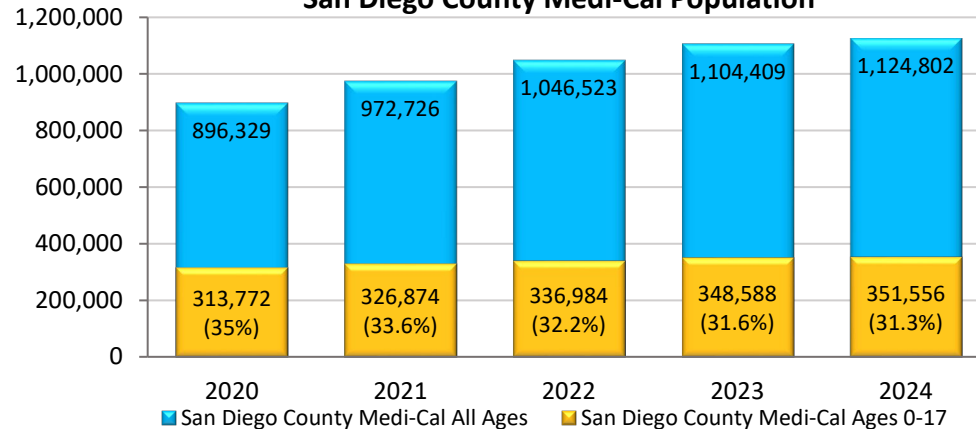
San Diego County

The estimated population of San Diego County in 2024 (Source: US Census Bureau estimate, accessed 2/11/2026) was 3,298,799 residents, 671,592 (20%) of whom were under the age of 18. In 2024, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 12/2/2025) was 1,124,802 residents, 351,556 (31%) of whom were ages 0-17 years.

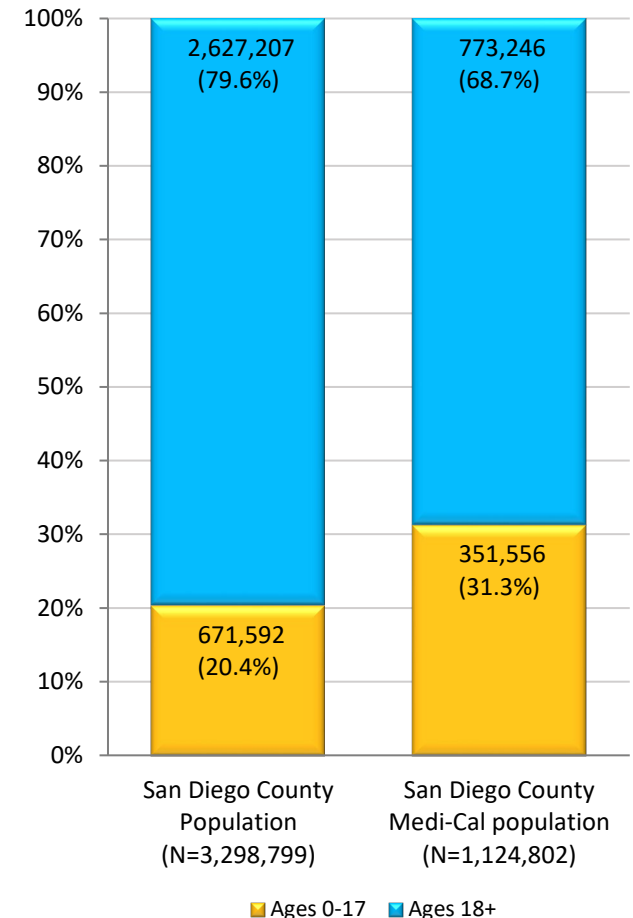
San Diego County Population



San Diego County Medi-Cal Population



2024 County v. Medi-Cal Population



Youth Population Health Data

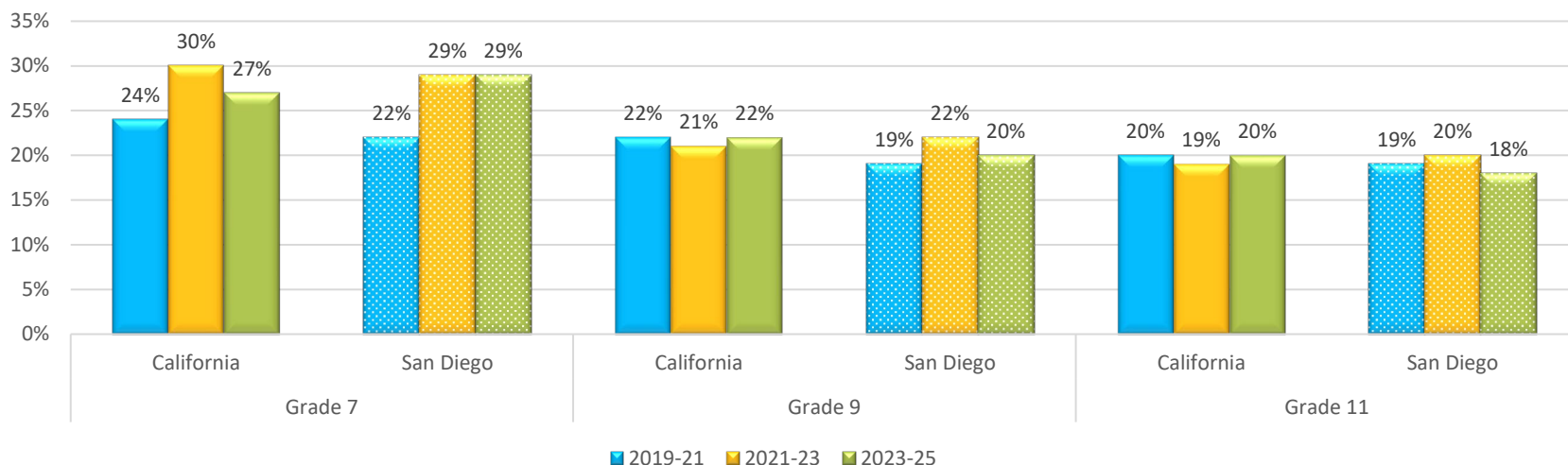
California Healthy Kids Survey (CHKS)

The CHKS is a modular, anonymous assessment administered to late elementary, middle school, and high school students in California school districts. It is focused on the five most important areas for guiding school and student improvement:

- Student connectedness, learning engagement/motivation, and attendance
- School climate, culture, and conditions
- School safety, including violence perpetration and victimization/bullying
- Physical and mental well-being and social-emotional learning
- Student supports, including resilience-promoting developmental factors (caring relationships, high expectations, and meaningful participation)

Three CHKS items of interest were analyzed for San Diego County and California: cyberbullying, chronic sadness/hopelessness, and suicidal ideation.

Cyberbullied* (during the 12 months before the survey)



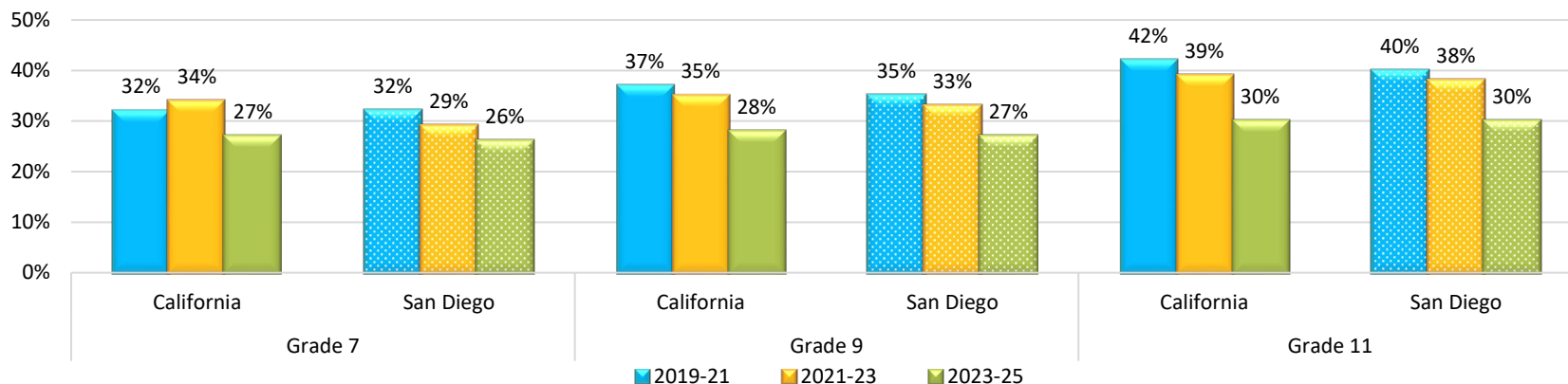
*Bullied online at least once.

Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 4/10/2026.

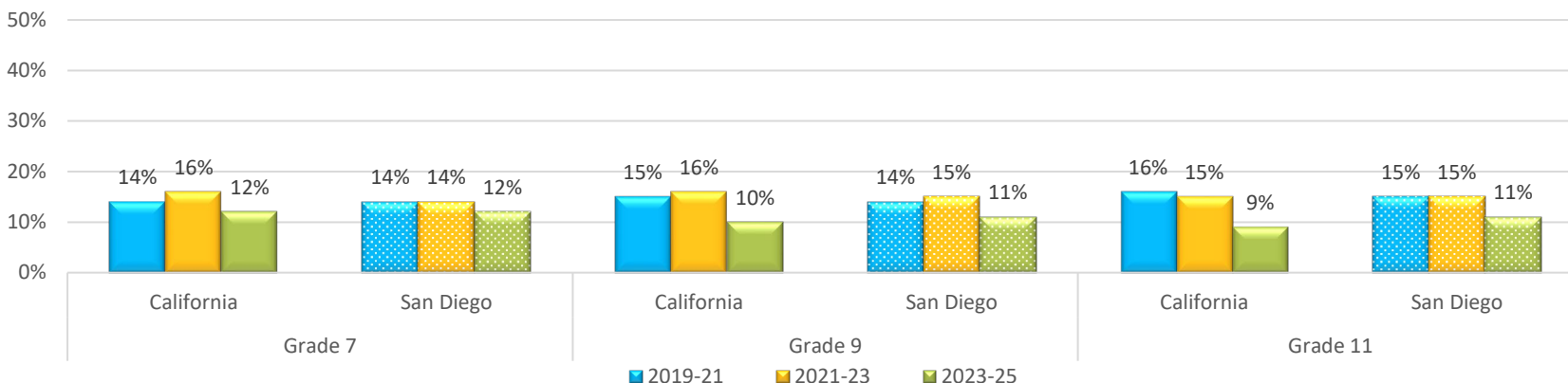
Youth Population Health Data

California Healthy Kids Survey (CHKS)

Chronic Sadness/Hopelessness* (during the 12 months before the survey)



Seriously Considered Suicide (during the 12 months before the survey)



*Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities.
Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 4/10/2026.

Youth Population Health Data

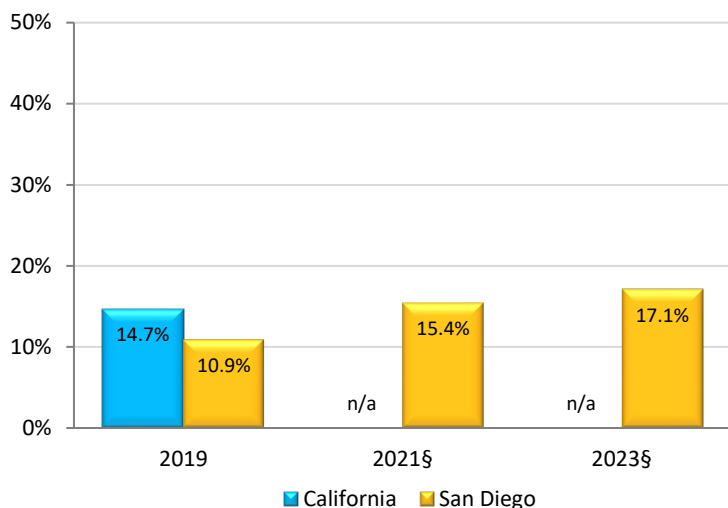
Youth Risk Behavior Survey (YRBS)

The national, state, and local Youth Risk Behavior Surveys are administered to 9th through 12th grade students drawn from probability samples of schools and students. Data from the 2025 YRBS was not available for inclusion in this report.

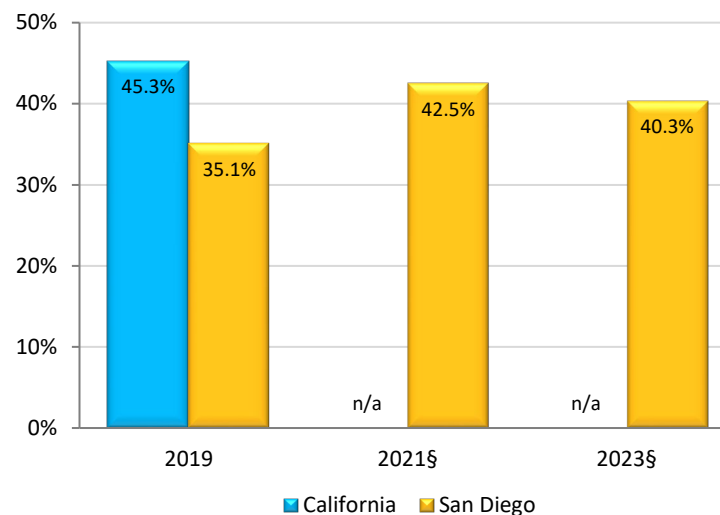
- Anonymous
- Self-administered, computer-scannable questionnaire or answer sheet
- Completed in one class period (45 minutes)
- Conducted biennially usually during the spring

The following YRBS items of interest were analyzed for San Diego Unified School District (SDUSD) and California: electronic bullying, feelings of sadness or hopelessness, suicidal ideation, suicide attempts, alcohol use, marijuana use, and illicit drug use.

Were Electronically Bullied*†



Felt Sad or Hopeless†‡



*Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.

†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.

‡This graph contains weighted results.

§Data from 2021 and 2023 YRBS administrations were not available for California.

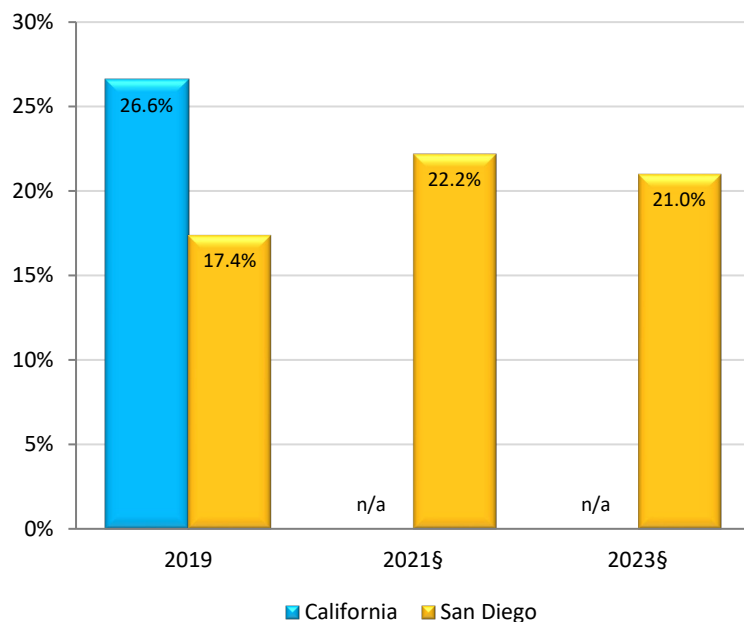
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

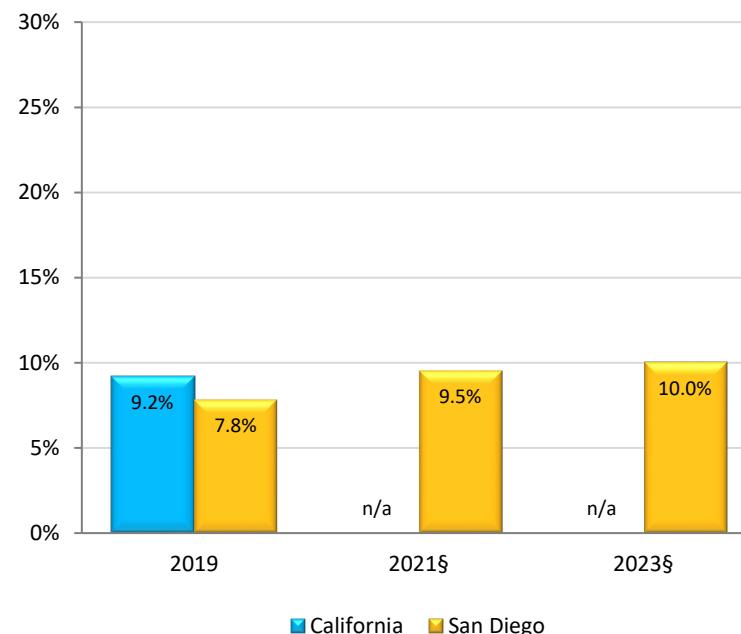
Youth Risk Behavior Survey (YRBS)

The proportion of high school students in San Diego Unified School District who reported attempting suicide increased in 2023.

Seriously Considered Suicide*‡



Attempted Suicide†‡



*Seriously considered attempting suicide during the 12 months before the survey.

†Actually attempted suicide one or more times during the 12 months before the survey.

‡This graph contains weighted results.

§Data from 2021 and 2023 YRBS administrations were not available for California.

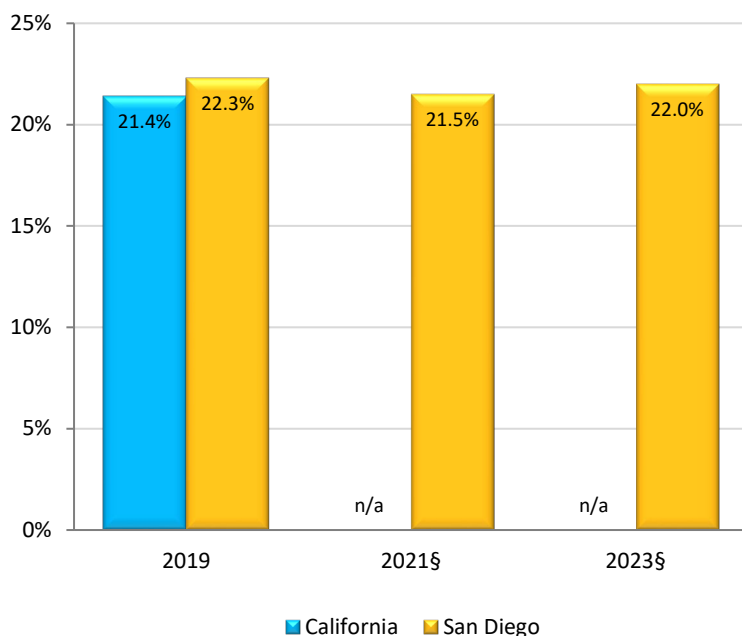
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

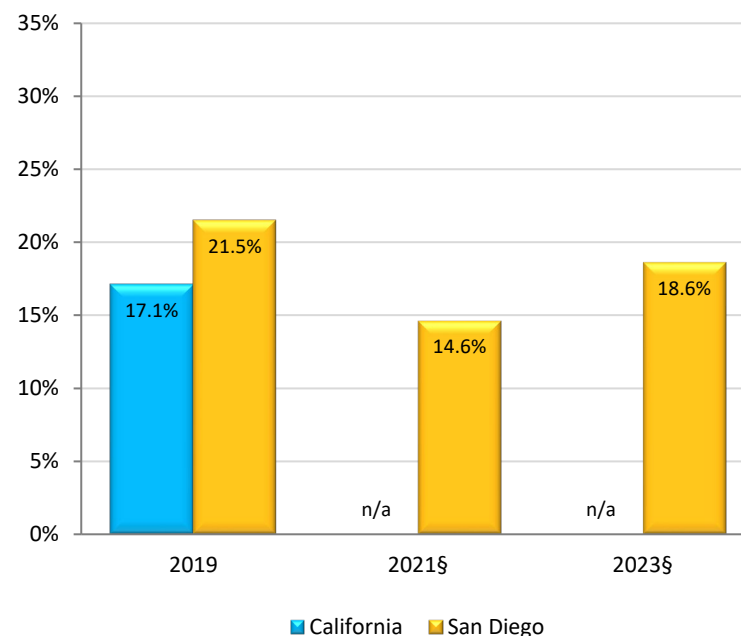
Youth Risk Behavior Survey (YRBS)

According to the most recent administration of the YRBS, there has been an increase in current marijuana use among high school students in San Diego Unified School District compared to the 2021 administration; however, self-reported usage was three percentage points higher in the 2019 administration.

Current Alcohol Use*‡



Current Marijuana Use*‡



*Had at least one drink of alcohol during the 30 days before the survey.

†Used marijuana during the 30 days before the survey.

‡This graph contains weighted results.

§Data from 2021 and 2023 YRBS administrations were not available for California.

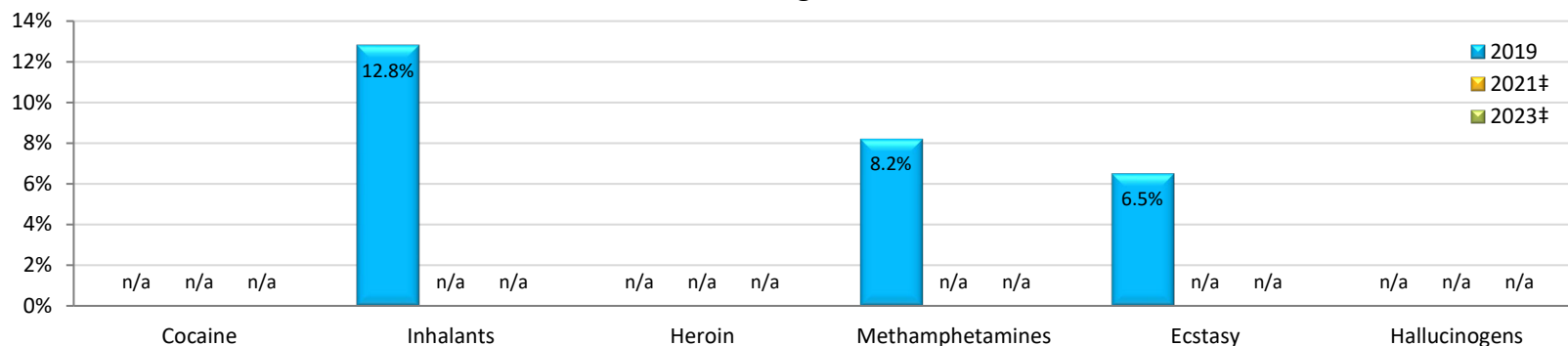
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

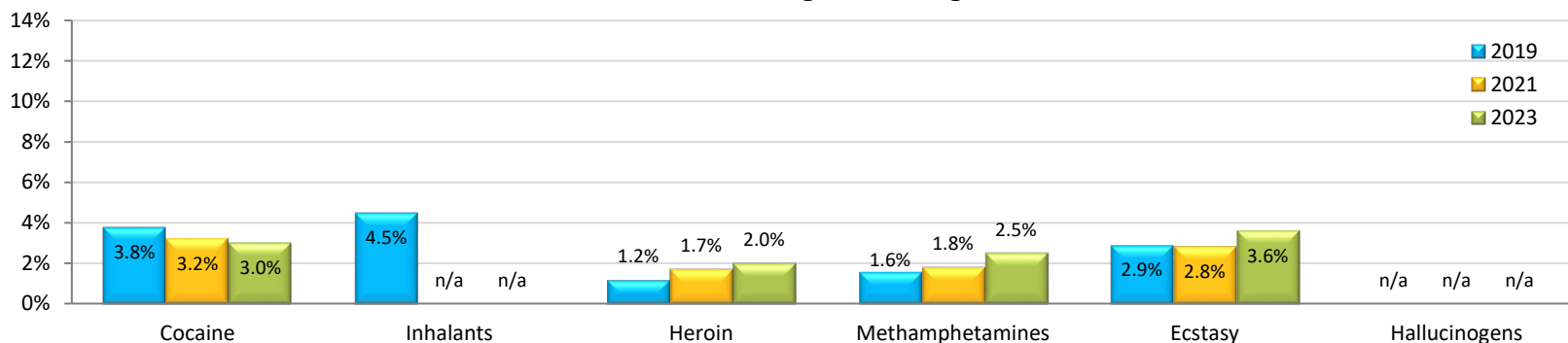
Youth Risk Behavior Survey (YRBS)

Reports of illicit drug use (at least once during the youth's lifetime) increased overall among San Diego County high school students in 2023 compared to prior years. Self-reported use of cocaine decreased.

Other Illicit Drugs - California*†



Other Illicit Drugs - San Diego*†



*Ever used select illicit drugs.

†This graph contains weighted results.

‡Data from 2021 and 2023 YRBS administrations were not available for California.

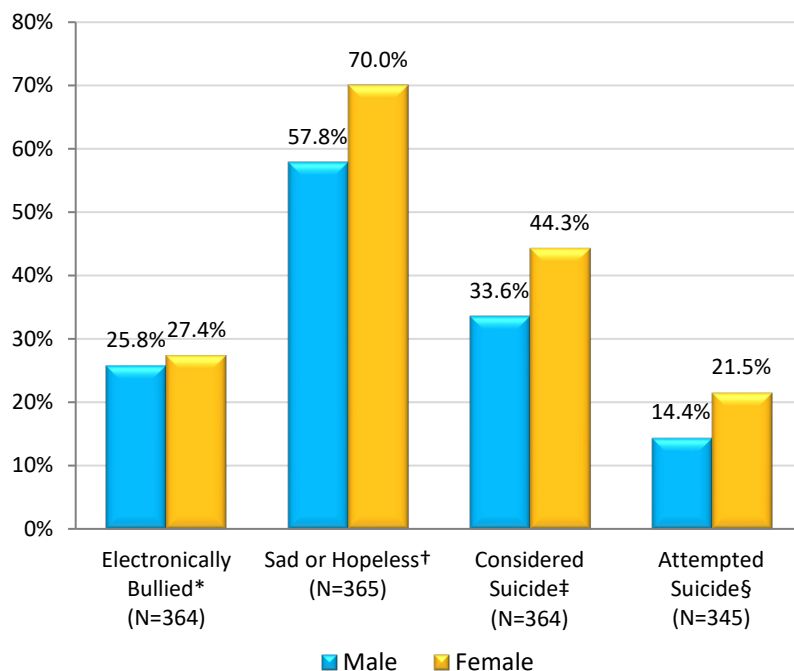
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

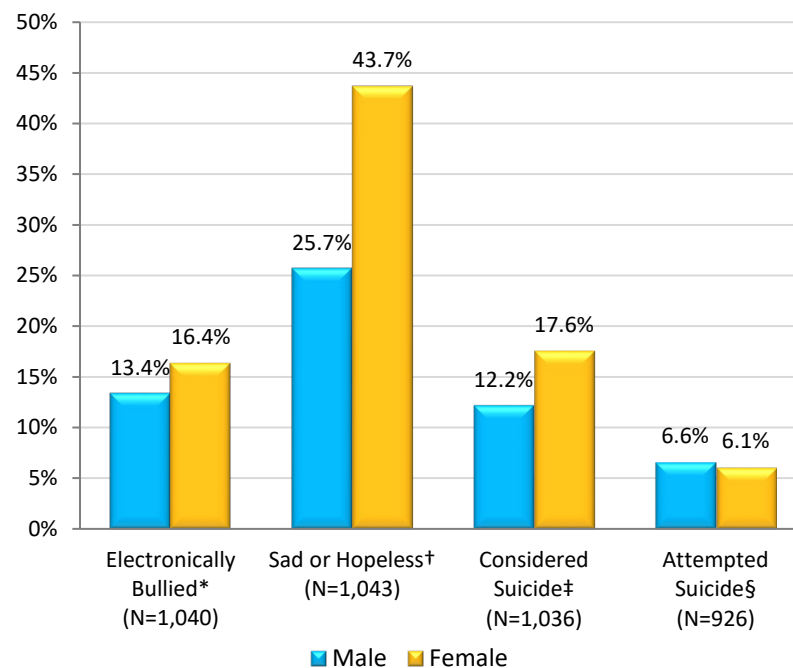
Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

YRBS data include endorsement of sexual identity. Lesbian, gay, and bisexual (LGB) students were at greater risk of electronic bullying, feelings of sadness or hopelessness, suicidal ideation, and attempted suicide.

LGB High School Students
San Diego, 2023*†‡§¶



Heterosexual High School Students
San Diego, 2023*†‡§¶



*Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.

†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.

‡Seriously considered attempting suicide during the 12 months before the survey.

§Actually attempted suicide one or more times during the 12 months before the survey.

¶This graph contains weighted results.

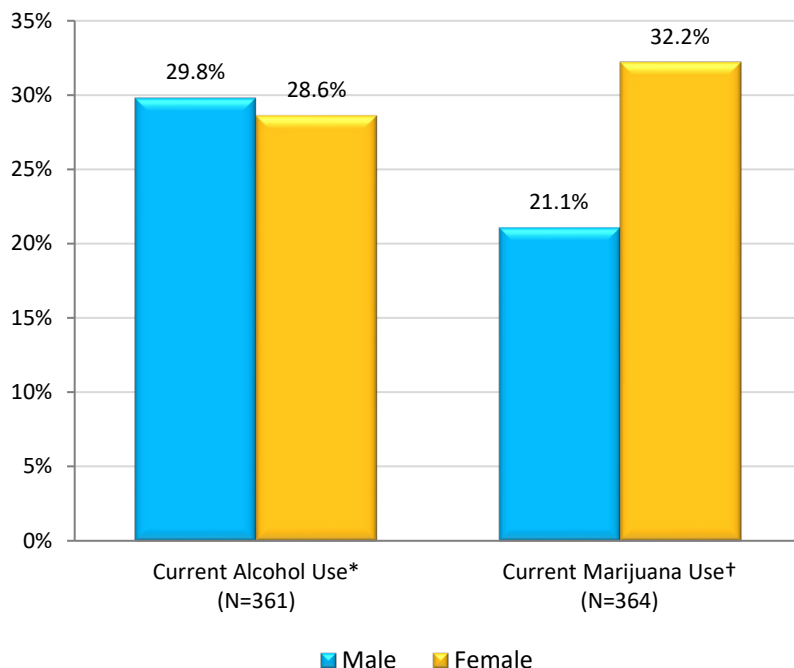
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

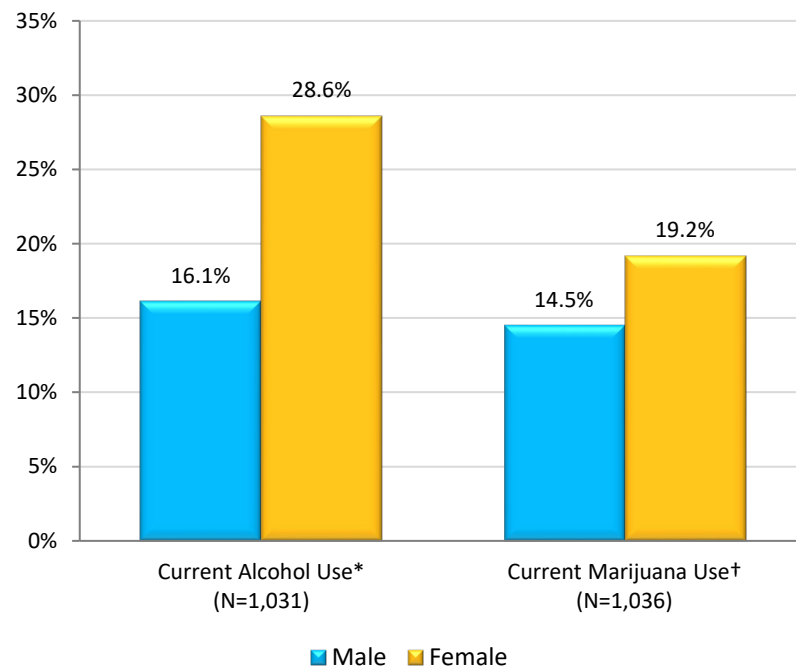
Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Female students were most likely to report current marijuana use regardless of sexual orientation; however, LGB females were at the greatest risk. LGB males were more likely to report current alcohol or marijuana use, as compared to heterosexual males.

**LGB High School Students
San Diego, 2023‡**



**Heterosexual High School Students
San Diego, 2023‡**



*Had at least one drink of alcohol during the 30 days before the survey.

†Used marijuana during the 30 days before the survey.

‡This graph contains weighted results.

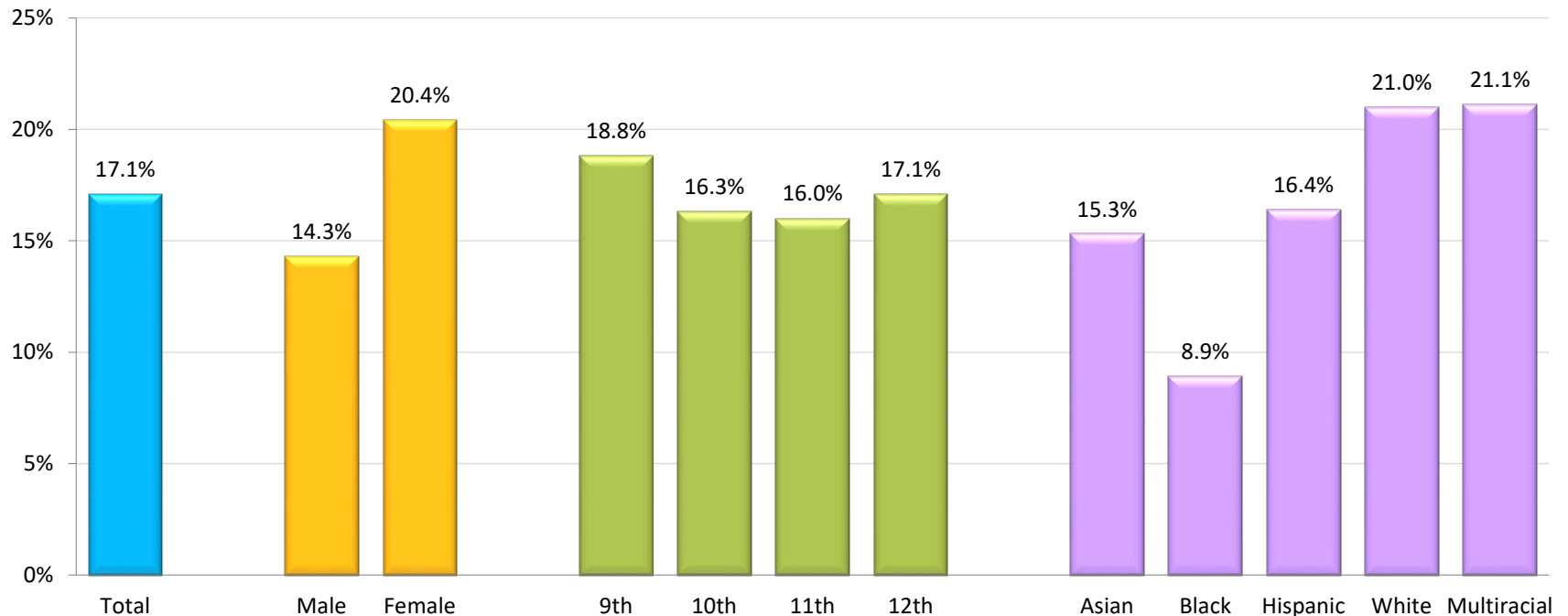
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2023, females and youth identifying as White or Multiracial were more likely to report being electronically bullied.

Were Electronically Bullied (N=1,457)*†‡§



*Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.

†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.

§This graph contains weighted results.

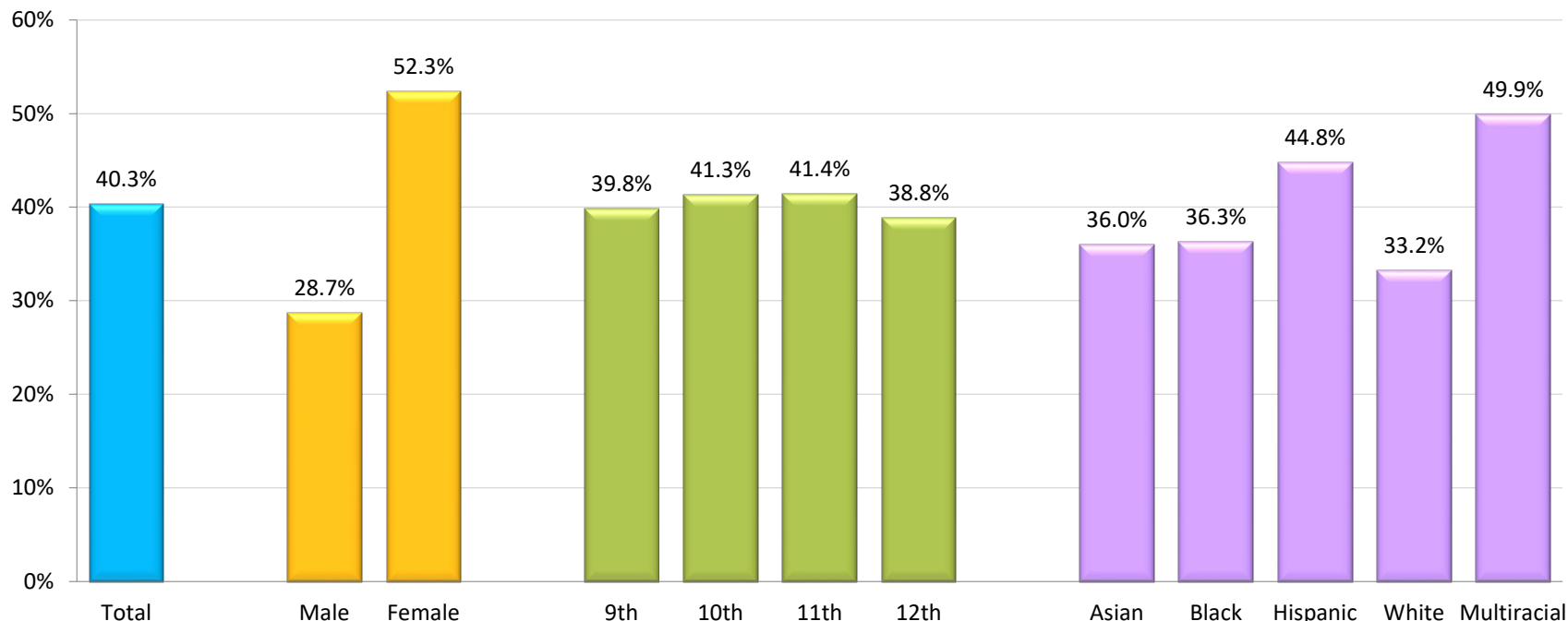
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2023, females were nearly twice as likely as males to report feeling sad or hopeless.

Felt Sad or Hopeless (N=1,461)*†‡§



*Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.

†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.

§This graph contains weighted results.

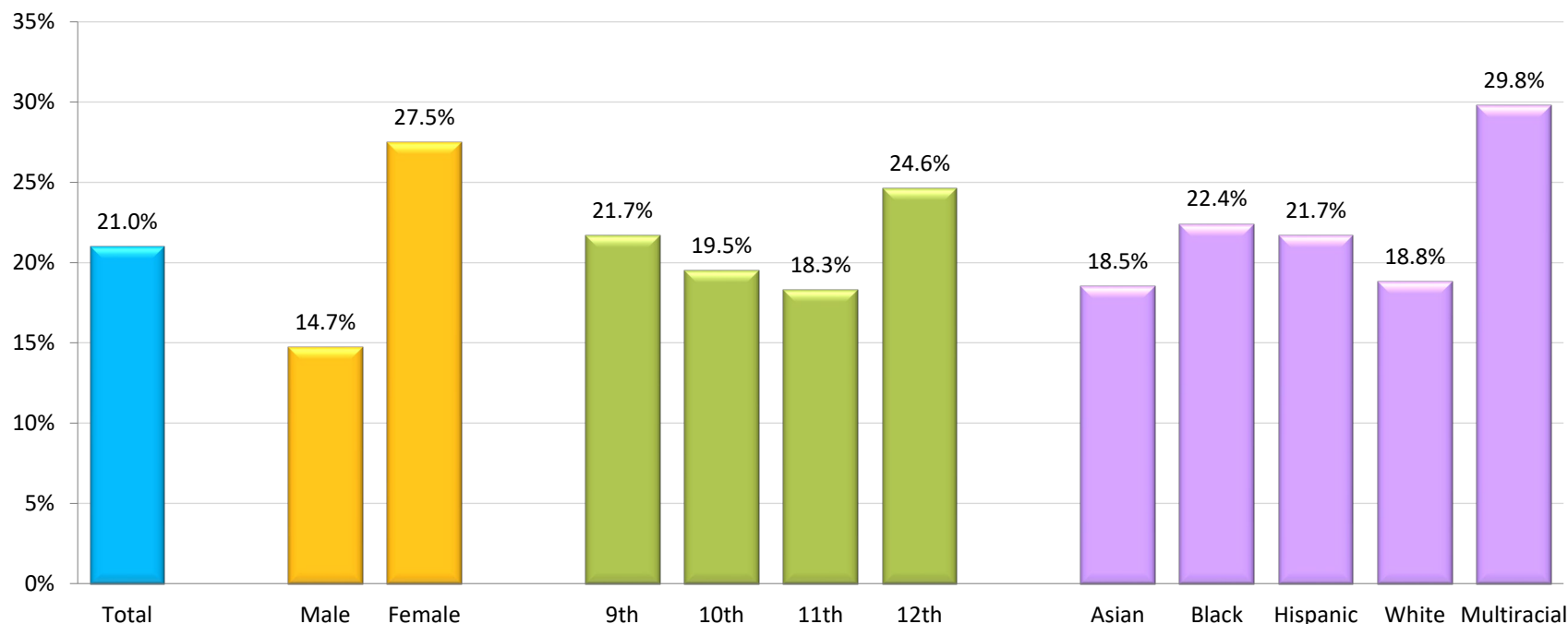
Data Source: High School YRBS Data, <https://nccd.cdc.gov/youthonline/app>, retrieved 3/21/2025

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2023, females were nearly twice as likely as males to report seriously considering suicide.

Seriously Considered Suicide (N=1,454)*†‡§



*Seriously considered attempting suicide during the 12 months before the survey.

†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.

§This graph contains weighted results.

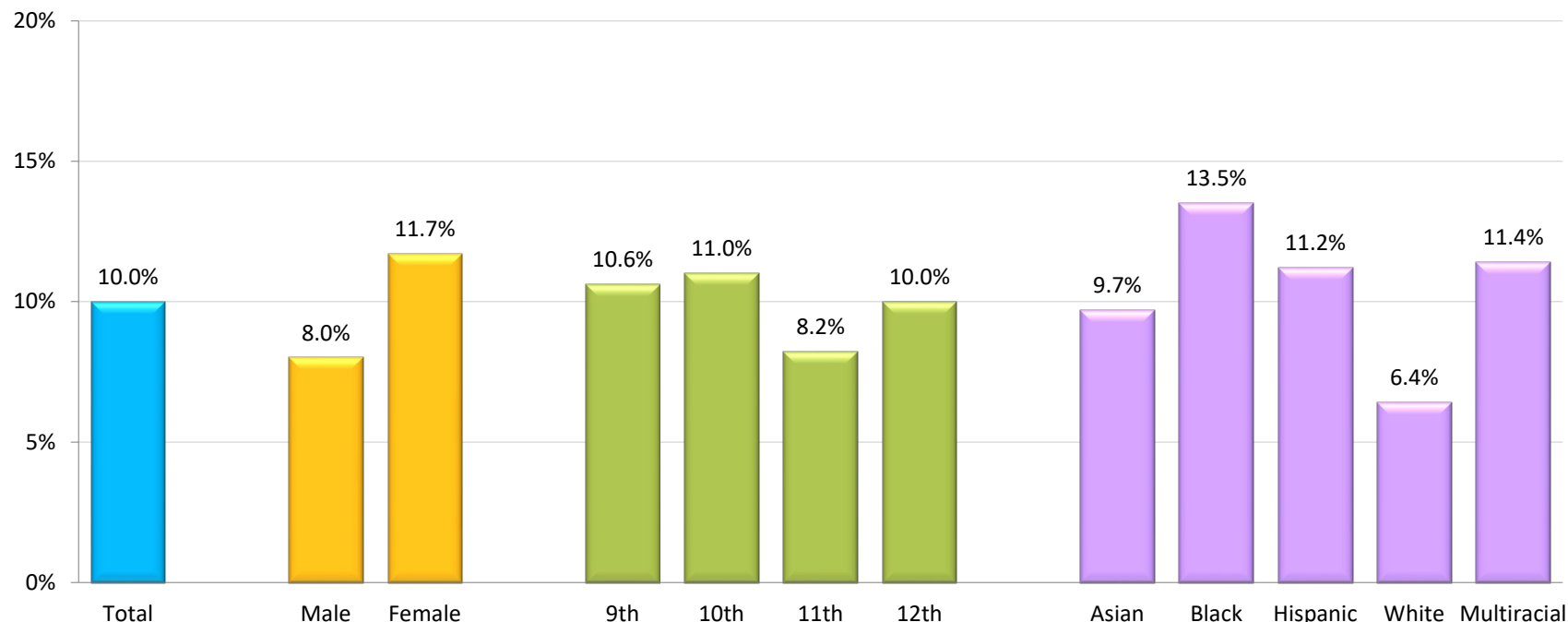
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2023, females and youth identifying as Black were more likely to report attempting suicide.

Attempted Suicide (N=1,315)*†‡§



*Actually attempted suicide one or more times during the 12 months before the survey.

†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.

§This graph contains weighted results.

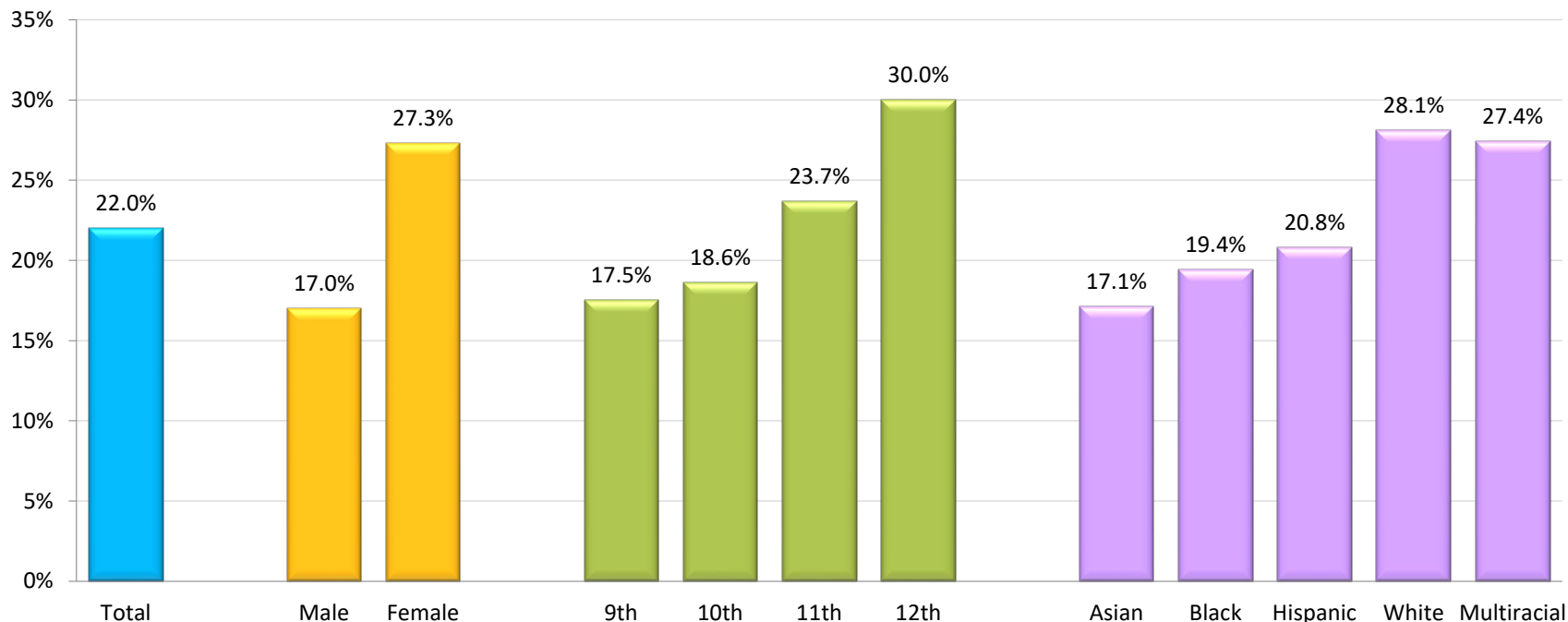
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2023, youth who identified as White, female, and in the 12th grade were most likely to report current use of alcohol.

Current Alcohol Use (N=1,442)*†‡§



*Had at least one drink of alcohol during the 30 days before the survey.

†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.

§This graph contains weighted results.

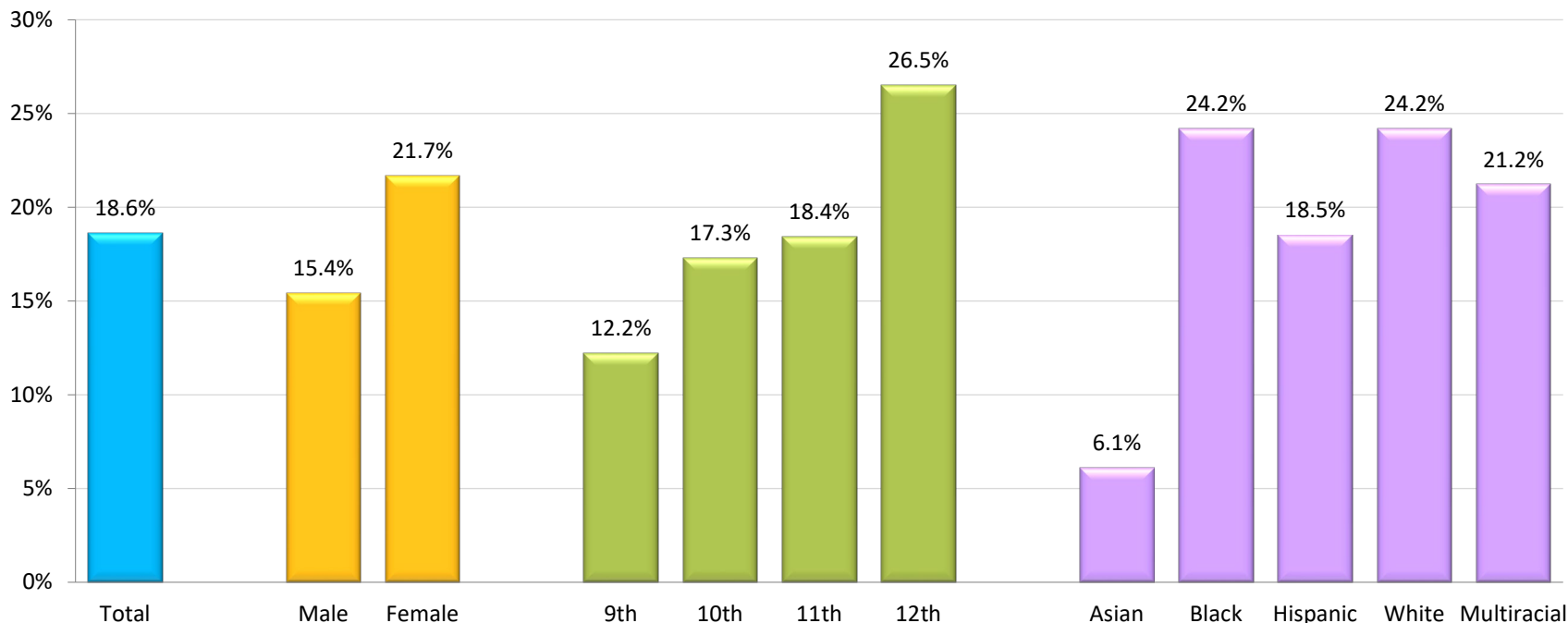
Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2023, youth who were Black or White, female, and in the 12th grade were most likely to report current use of marijuana.

Current Marijuana Use (N=1,449)*†‡§



*Used marijuana during the 30 days before the survey.

†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

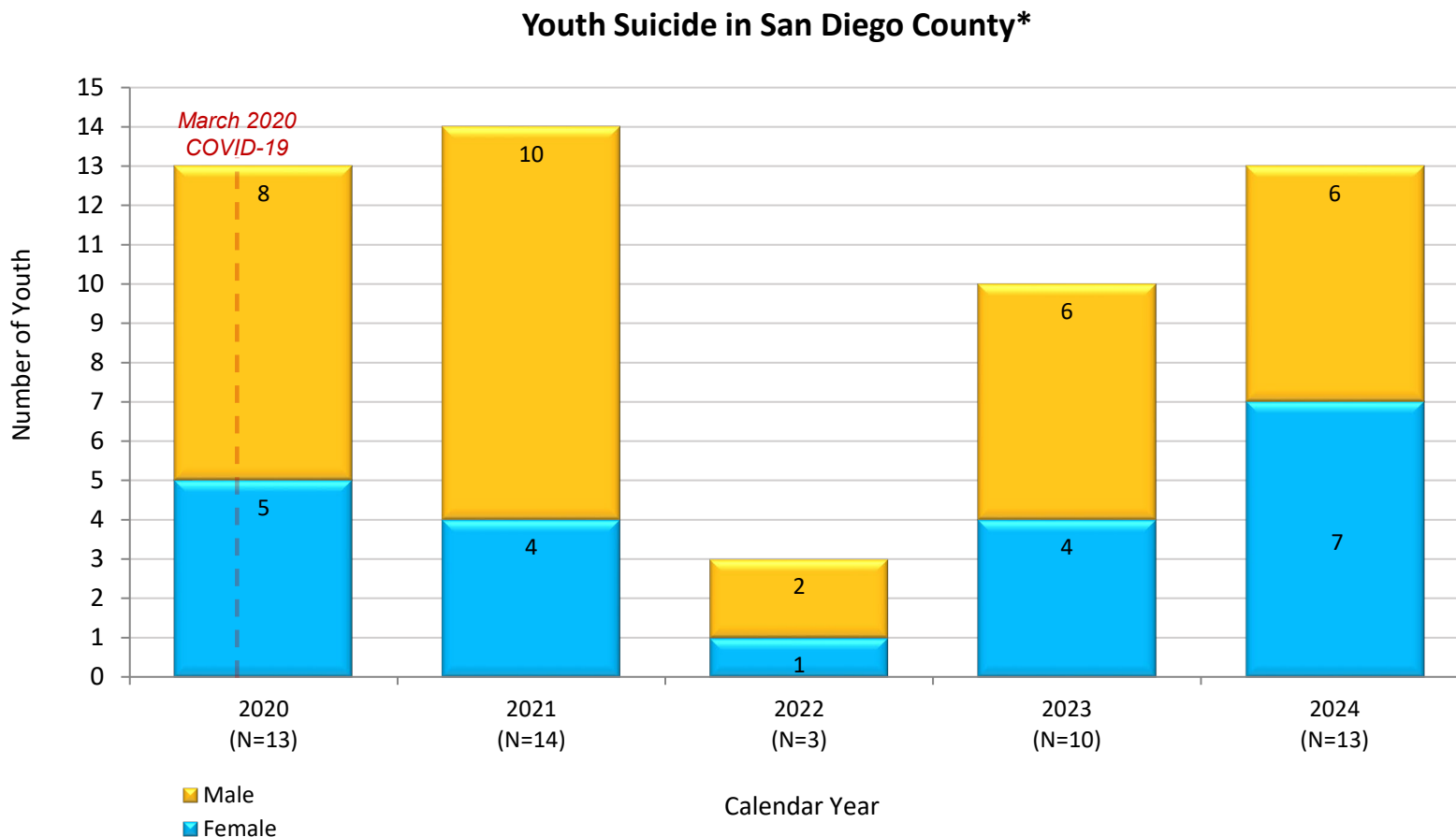
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.

§This graph contains weighted results.

Data Source: High School YRBS Data, <https://yrbs-explorer.services.cdc.gov/#/>, retrieved 3/12/2025

Youth Population Health Data

Youth Suicides in San Diego County



*Youth <18 years, manner of death ruled suicide

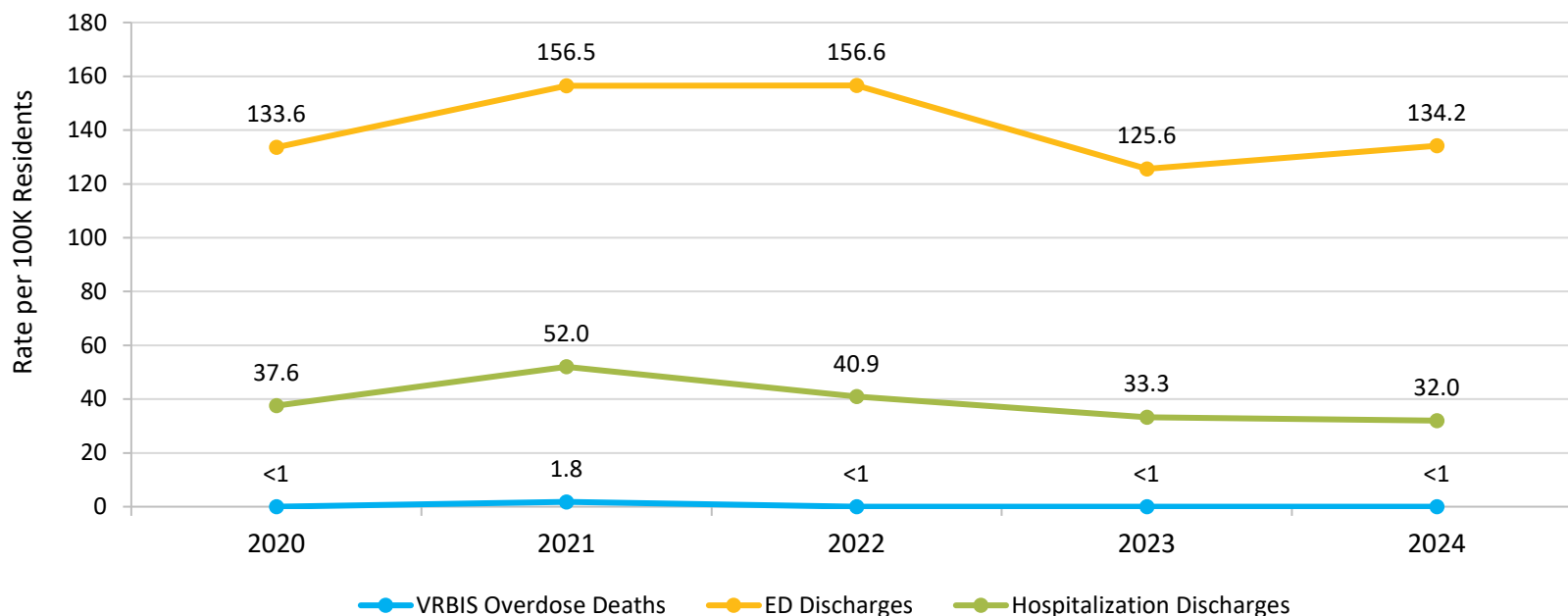
Data Source: San Diego County Medical Examiner, <https://internal-sandiegocounty.data.socrata.com/Safety/Medical-Examiner-Suicide-Cases-Annual-Comparison-/yv4-uxdi>, retrieved 5/4/2026

Youth Population Health Data

Drug Overdose Rates for Youth in San Diego County

As compared to 2023, rates of discharge following drug overdose among youth under the age of 18 increased in emergency departments (ED) and decreased in hospitals.

Rates of Death, ED Discharge, and Hospital Discharge due to Drug Overdose Among Youth <18 years old in San Diego County, 2020-2024*†‡



*Emergency department discharge and hospitalization rates are not unique values, may include duplicates (readmissions)

†Emergency department and hospitalization data includes San Diego County residents as well as those with missing zip codes treated in a San Diego County facility

‡Counts and rates <11 were suppressed to follow county suppression guidelines for reporting VRBIS death data.

Sources: California Department of Public Health, California Department of Health Care Access and Information (HCAI), Patient Discharge Data & Emergency Department Discharge Data, 2020-2024. California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2020-2024. (5/1/26)

Prepared by: County of San Diego, Health and Human Services Agency, Behavioral Health Services, Population Health Unit. 5/19/2026

NOTE: Methodology changed in 2025; these data all reflect current methodology

Key Findings

Behavioral Health Services for Children & Youth (BHS-CY)

Specialty Mental Health Services (SMHS)

Fiscal Year 2024-25

1. On September 1, 2024, San Diego County transitioned to the SmartCare management information system (MIS). Reporting for FY 2024-25 includes CCBH data from July-August merged with SmartCare data Sept-June. Due to differences in data collection and reporting between the two systems, data may not be directly comparable to previous years.
2. The COVID-19 pandemic began in March 2020. The federal Public Health Emergency (PHE) declaration ended in May 2023; as of 2024, COVID-19 is widely considered to have transitioned to the endemic phase. The long-term socioemotional impact of COVID-19 is vast, varied, and difficult to fully ascertain. Data presented here may not be directly comparable to previous or future years.
3. 11,860 youth received services through the San Diego County BHS-CY SMHS system, a 1% increase from 11,726 served in FY 2023-24. Total youth served has remained relatively stable across the past five years.
4. As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Overall, the gender gap among BHS-CY youth has lessened over time.
5. 66% of clients were Hispanic. As compared to the San Diego County estimated population in 2024, BHS-CY served a larger percentage of Hispanic and Black/African American clients, and a smaller percentage of White and Asian/Pacific Islander clients.
6. 79% of clients served by BHS-CY lived in a family home or apartment at some point during FY 2024-25.
 - 11% of children ages 0-5 lived in a foster home during FY 2024-25, as compared to 3% systemwide.
7. 10,838 (91%) clients had health coverage exclusively by Medi-Cal in FY 2024-25.

SMHS Key Findings, continued

8. 905 (14%) of 6,527 BHS-CY clients ages 12+ identified as LGBTQ+ in FY 2024-25, as compared to 1,440 (21%) of 6,748 in FY 2023-24. Gender identity and sexual orientation data were required fields in previous County data management systems; however, these are not required fields in SmartCare. The proportional decrease in LGBTQ+ clients served may be an artifact of this change and the attendant increase in missing data.
9. The four most common diagnostic categories were Stressor and Adjustment disorders, Depressive disorders, Anxiety disorders, and Attention Deficit Hyperactivity Disorder (ADHD).
 - Autism Spectrum Disorder (ASD) represents 5% of youth diagnoses in FY 2024-25. ASD is reported separately this year (previously rolled into “Other/Excluded”), reflecting its inclusion as a valid diagnosis in the BHS-CY system as of October 2019, as well as a broader awareness and increased identification of youth on the autism spectrum in the United States.^{1,2,3}
 - The rate of Depressive disorder diagnoses has decreased ten percentage points over the past five years, from 32% in FY 2020-21 to 22% in FY 2024-25. This aligns with broader national trends; SAMHSA epidemiological data reveal that the percentage of youth ages 12-17 who had a past year major depressive episode declined from 20.8% in 2021 to 15.4% in 2024.⁴
10. Co-occurring substance use issues among youth (ages 12+) was defined by multiple diagnostic tiers, involvement with the Substance Use Disorder (SUD) sector, and clinician-endorsed substance abuse questions on assessment forms. In FY 2024-25, 2,081 (32%) of 6,527 youth met these criteria for co-occurring substance use issues.
 - Youth with co-occurring substance use issues were more likely to have a Depressive or Bipolar disorder, and less likely to have ADHD or an Anxiety disorder, as compared to systemwide averages.
 - 301 (15%) clients with substance use issues also received treatment from the SUD system during the fiscal year.
 - 207 (69%) of these 301 clients receiving SUD services had a dual diagnosis in the MH system.
11. On average, youth clients received 19.4 hours of Outpatient Services in FY 2024-25, an increase from 18.1 hours in FY 2023-24.
12. The majority (87%) of clients active in FY 2024-25 entered the system via Outpatient services.

SMHS Key Findings, continued

13. Compared to systemwide averages, Black/African American and Multiracial youth were more than twice as likely to receive Residential services. White clients were more likely to receive Residential or Intensive Outpatient services. Hispanic clients were less likely to receive Residential, Intensive Outpatient, or Inpatient services.
14. 762 (6%) clients used Inpatient (IP) services in FY 2024-25, no change from 711 (6%) clients in FY 2023-24.
 - 228 (30%) of 762 IP clients received multiple IP services within the fiscal year, an increase from 188 (26%) of 711 in FY 2023-24.
15. 1,011 (9%) clients (inclusive of direct admits) received services from the Children & Youth Crisis Stabilization Unit (CYCSU) in FY 2024-25, as compared to 1,094 (9%) in FY 2023-24.
 - 284 (28%) of 1,011 clients had multiple CYCSU visits within the fiscal year; an increase from 258 (24%) of 1,094 in FY 2023-24.
 - Of 1,601 CYCSU visits in FY 2024-25, 1,095 (68%) were diverted from an IP admission; a slight increase from 1,137 (67%) of 1,693 in FY 2023-24.
16. The proportion of youth in the Child and Family Well-Being sector also receiving services from BHS-CY (30%, 960 of 3,189) increased slightly from 29% (1,013 of 3,494) in FY 2023-24.
17. The proportion of youth in the Substance Use Disorder sector also receiving services from BHS-CY (16%, 302 of 1,885) decreased slightly from 17% (286 of 1,715) in FY 2023-24.
18. The proportion of youth in Probation also receiving services from BHS-CY (44%, 677 of 1,541) decreased from 51% (767 of 1,495) in FY 2023-24.
19. As measured by Pediatric Symptom Checklist (PSC), 53% of caregivers reported reliable improvement in behavioral and emotional well-being following receipt of mental health services, as compared to 48% in FY 2023-24. 60% of caregivers reported clinically significant improvement in behavioral and emotional well-being following receipt of mental health services, as compared to 53% in FY 2023-24.
20. As measured by the Child and Adolescent Needs and Strengths (CANS) assessments the majority of clients experienced a reduction of at least one need from initial assessment to discharge on the Life Functioning, Risk Behaviors, and/or Behavioral and Emotional Needs domains.

Key Findings

Behavioral Health Services for Children & Youth (BHS-CY) Substance Use Disorder (SUD) Fiscal Year 2024-25

1. On September 1, 2024, San Diego County transitioned to the SmartCare management information system (MIS). Due to differences in data collection and reporting, data may not be directly comparable to previous years.
2. 731 youth (under 18 years of age) received services through the San Diego County BHS-CY SUD system, a 14% increase from 641 served in FY 2023-24, and a 12% increase from 655 served in FY 2022-23.
3. 57% of youth clients were male. The proportion of male to female youth served by SUD has remained relatively consistent across the past three years.
4. 50% of youth clients were Hispanic; a decline from FY 2023-24. As compared to the San Diego Medi-Cal estimated population in 2024, SUD served a larger percentage of Hispanic, Black/African American and Native American clients, and a smaller percentage of Asian/Pacific Islander clients and clients who endorsed more than one race.
5. The majority of SUD youth (67%) identified marijuana as their primary substance used, a decrease from 84% in FY 2023-24.
6. 2,454 clients received Perinatal SUD services in FY 2024-25, a 28% increase from 1,904 in FY 2023-24.
 - Perinatal SUD clients were most likely to be White and between the ages of 26-59.
 - The most common primary substances used among Perinatal SUD clients were methamphetamine (32%) and alcohol (25%).
7. Average length of treatment in Teen Programs was 95 days for Outpatient LOC (an increase from 93 days in FY 2023-24) and 24 days for Residential LOC (a decrease from 26 days in FY 2023-24). Among Perinatal Programs, average length of treatment was 77 days for Outpatient LOC (a decrease from 87 days in FY 2023-24) and 45 days for Residential LOC (a decrease from 63 days in FY 2023-24).

The **Mental Health Services** section of this report captures Specialty Mental Health Services (SMHS) data from treatment programs designed to primarily address the mental health needs of children and youth ages 0 to 21.

The **Substance Use Disorder** section of this report captures data from treatment programs designed to primarily address the substance use issues of youth and women, including pregnant/parenting women.

The **MHSA** section of this report captures data from prevention and early intervention programs designed to primarily address the mental health needs of children, youth and families.

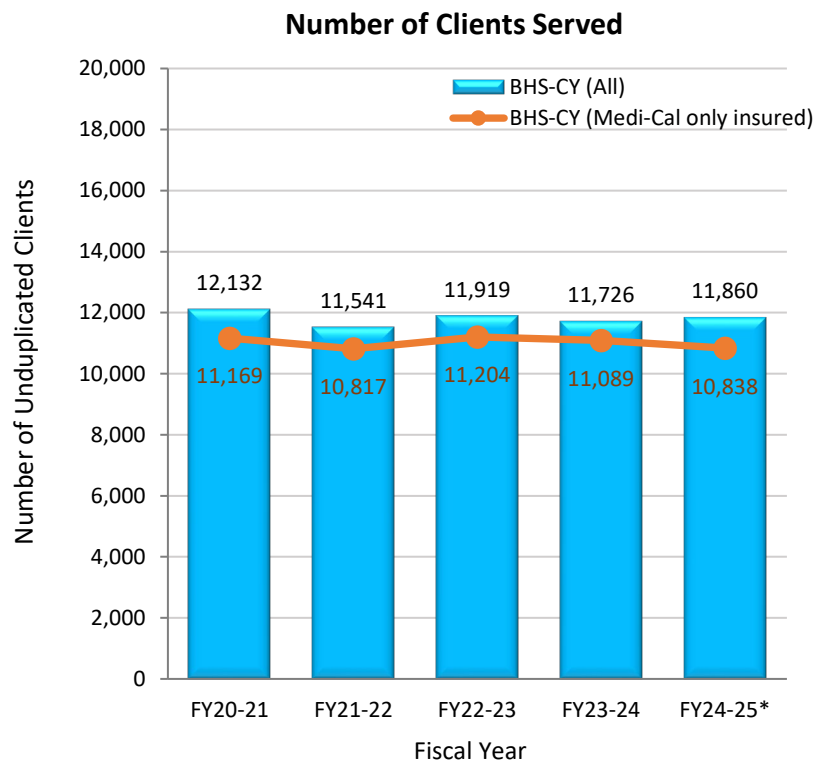
BHS-CY Mental Health Services

Who Are We Serving?

AB3632 was replaced by AB114 in FY 2011-12 and beginning July 1, 2012, educationally-related mental health services (ERMHS) transitioned to schools. In 2014, the Affordable Care Act (ACA) expanded the Medi-Cal eligible population primarily impacting adults. Starting January 1, 2015, Managed Care Health Plans began serving clients with mild to moderate level needs. In January 2023 under CalAIM, the medical necessity criteria were expanded.

Number of Clients

In FY 2024-25, BHS-CY delivered mental health treatment services to 11,860 youth. Among those youth, 10,838 were insured exclusively by Medi-Cal.

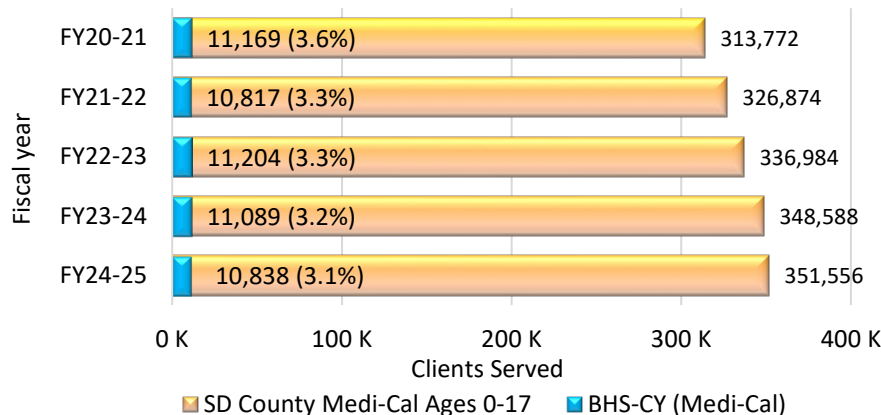


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Medi-Cal data are reported by calendar year.

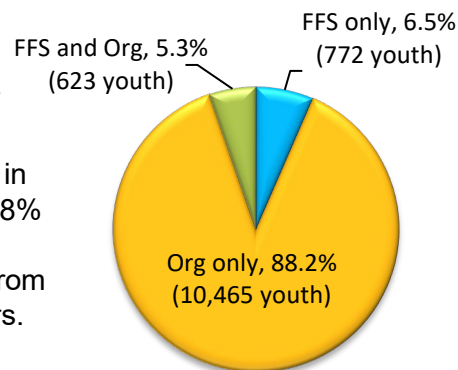
Number of Clients Within Medi-Cal Youth Population†

The proportion of Medi-Cal youth served by BHS-CY has declined in the past five years, from 3.6% in FY 2020-21 to 3.1% in FY 2024-25.



Service Provider Type

The majority (88%) of BHS-CY youth were served *only* by Organizational (Org) providers in FY 2024-25, no change from 88% in FY 2023-24. Seven percent received services exclusively from Fee-for-Service (FFS) providers.

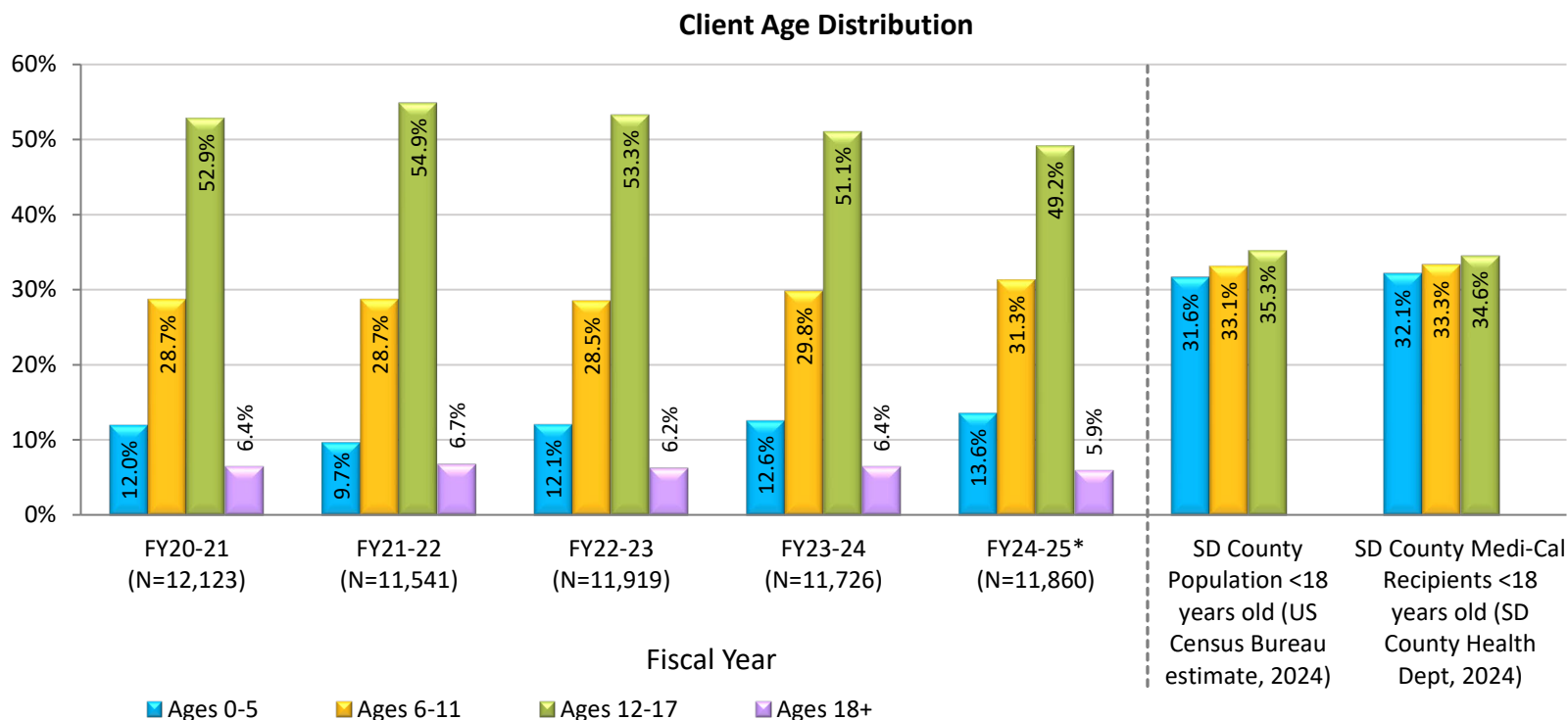


Who Are We Serving?

Nearly half of clients served were between the ages of 12 and 17 years, whereas the County youth population and County Medi-Cal youth population had a more even distribution across age ranges.

Age of Clients

- ❖ Adolescents (12-17 years) comprised 49% of the BHS-CY population.
- ❖ School-age clients (6-11 years) comprised 31% of the BHS-CY population.
- ❖ Children ages 0-5 comprised 14% of the BHS-CY population.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

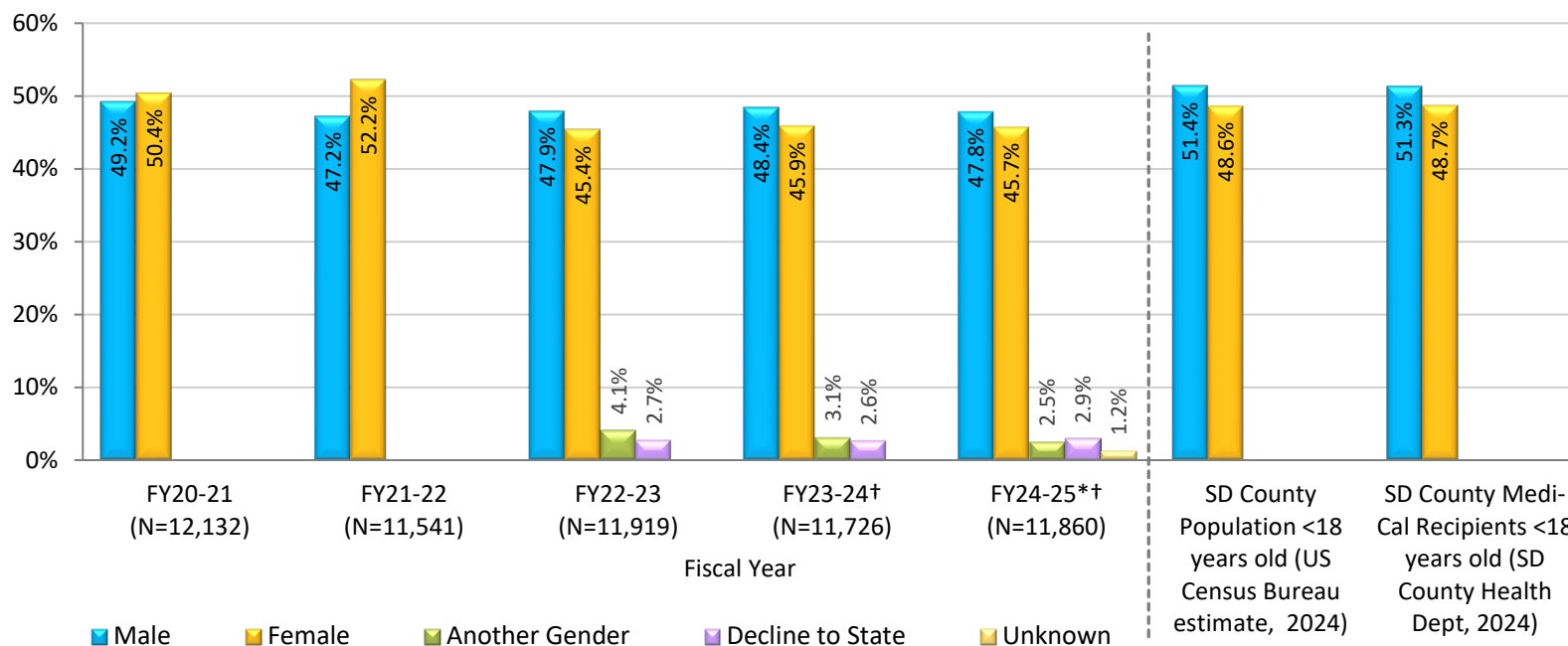
Who Are We Serving?

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

Client Gender

- ❖ 5,674 (48%) clients who received BHS-CY services in FY 2024-25 identified as male.
- ❖ In FY 2024-25, more male youth were served than female youth. During the first two full years of the COVID-19 pandemic, more females were served. Prior to the COVID-19 pandemic, the proportion of males served had been consistently greater since these data began to be tracked in 1996. The gender gap among BHS-CY youth has lessened over time.

Client Gender Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

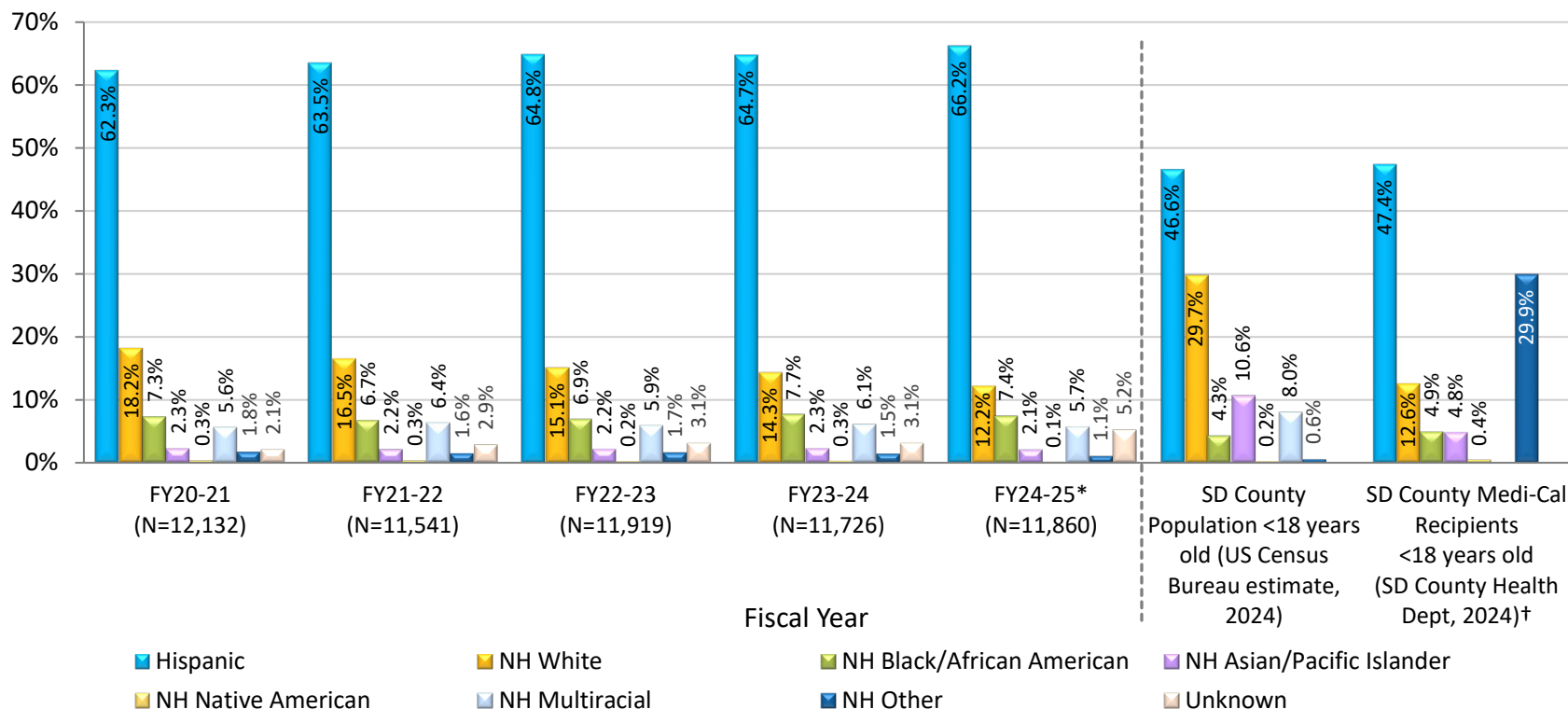
†Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.

Who Are We Serving?

Client Race/Ethnicity

- ❖ 7,846 (66%) clients who received BHS-CY services in FY 2024-25 were identified as Hispanic.
- ❖ A larger percentage of Hispanic and Black/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.

Client Race/Ethnicity Distribution



NH=Non-Hispanic

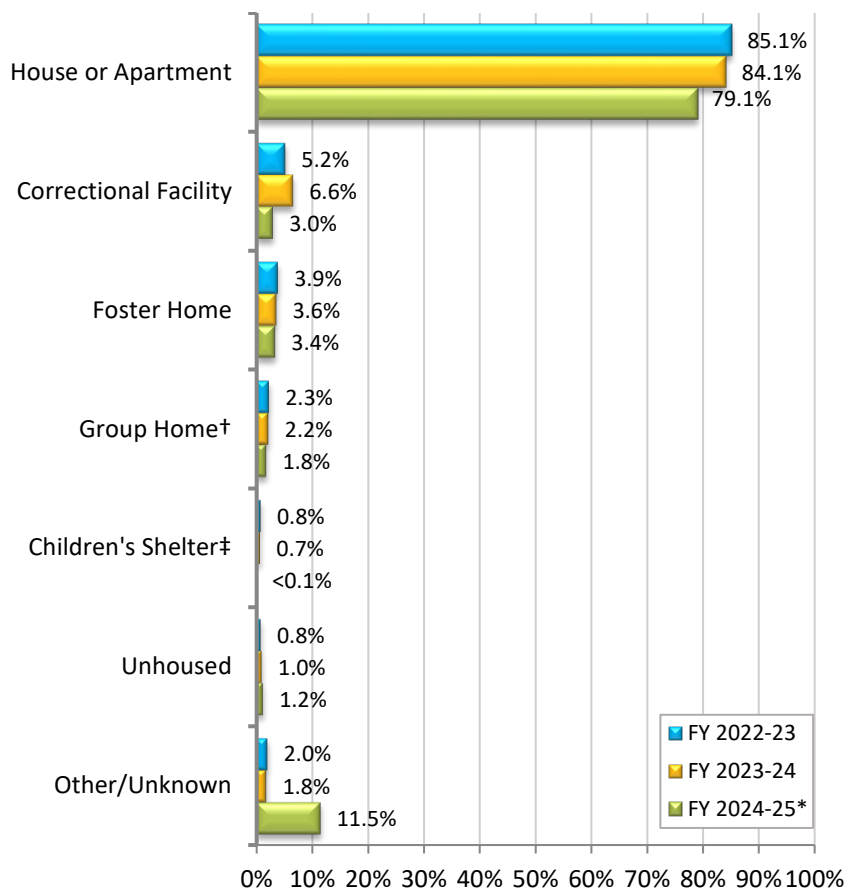
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Medi-Cal race/ethnicity data are not categorized by Hispanic/non-Hispanic; proportions may not be directly comparable to BHS-CY/Census data.

Who Are We Serving?

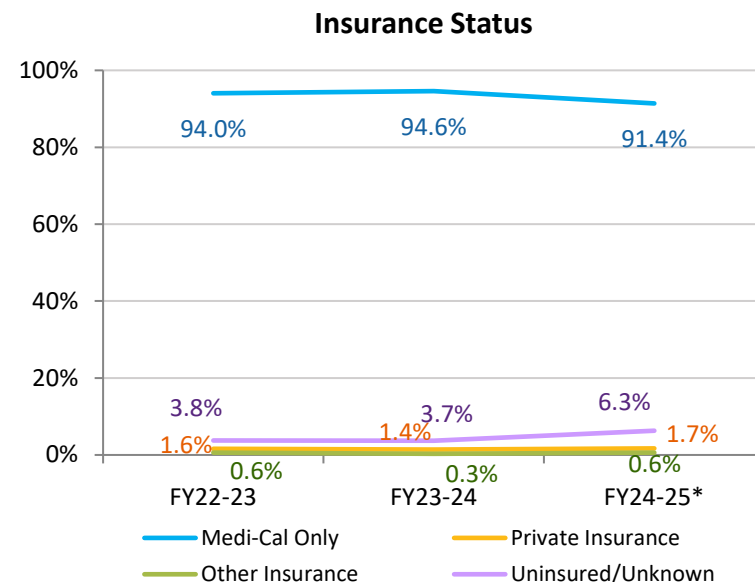
Client Living Situation

The majority of youth served by BHS-CY lived in a family home or apartment at some point during FY 2024-25.



Health Care Coverage

10,838 (91%) children and youth who received services from BHS-CY during FY 2024-25 were covered exclusively by Medi-Cal.



NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

Primary Care Physician (PCP) Status

6,048 (51%) clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

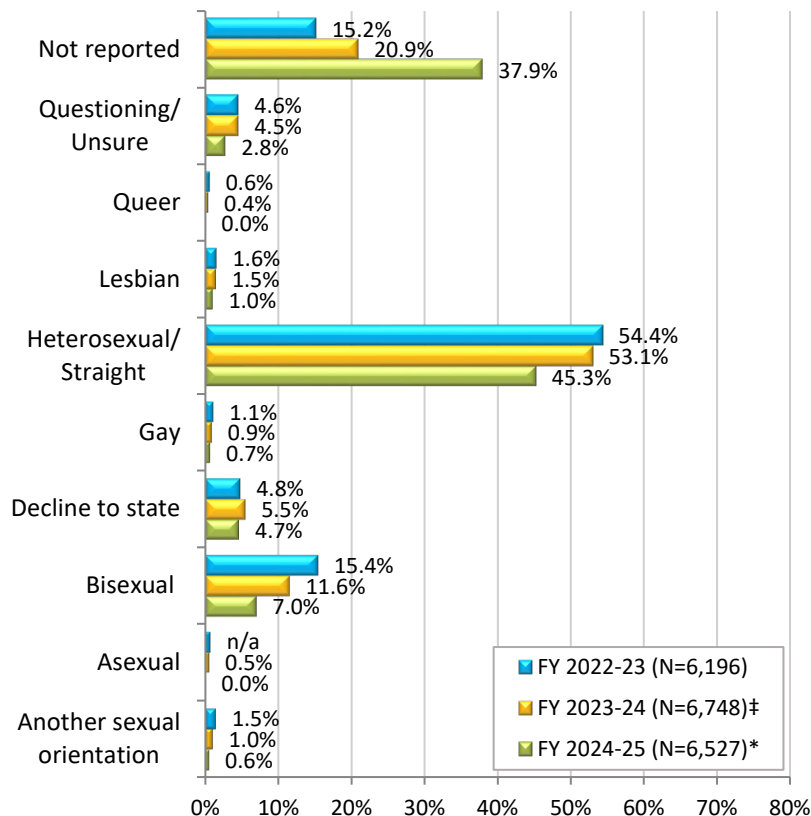
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?

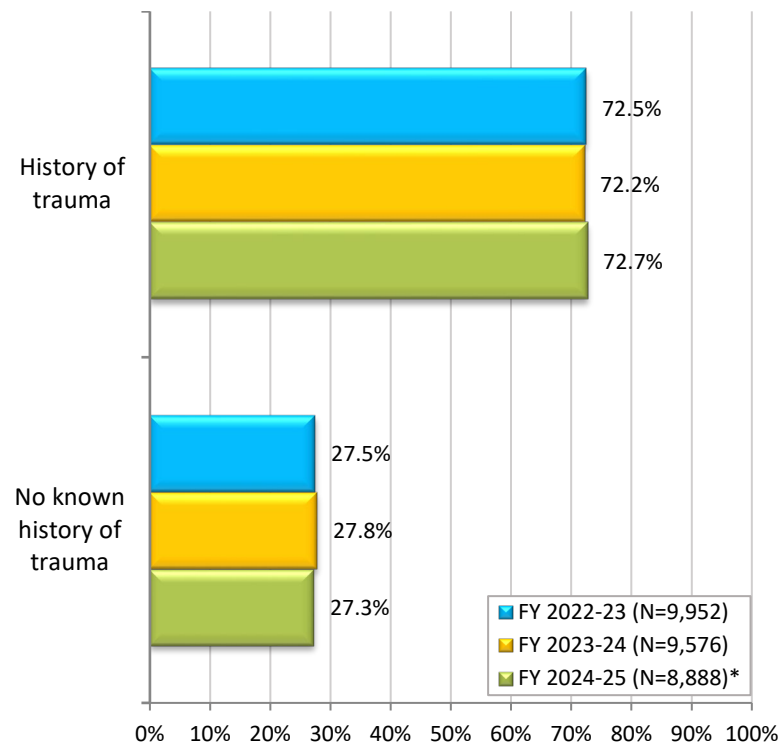
Sexual Orientation†

Of 6,527 BHS-CY clients **ages 12 or older**, 2,954 (45%) were reported to be heterosexual. Sexual orientation was unreported or declined to state for 43% of the 12+ population in FY 2024-25 (as compared to 26% in FY 2023-24).



History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 8,888 clients (75% of the BHS-CY population) in FY 2024-25; of these clients, 6,466 (73% of the 8,888 clients for whom this information was known) had a **history of trauma**. By comparison, 72% of clients in FY 2023-24 had a reported history of trauma.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

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

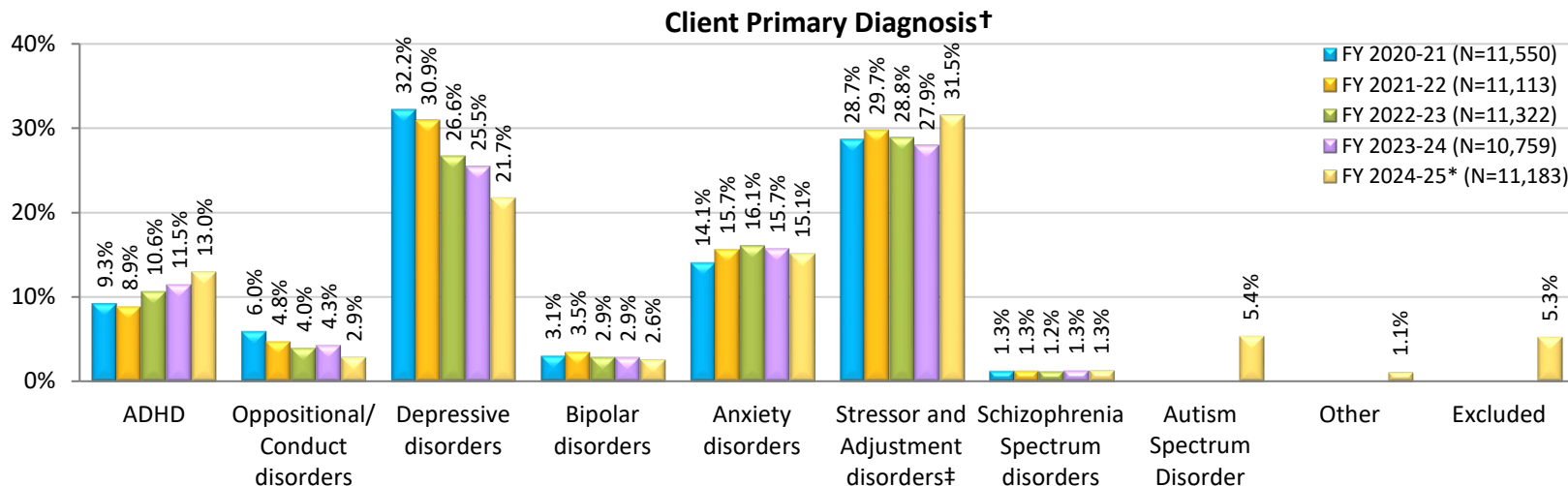
‡Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

Who Are We Serving?

Autism Spectrum Disorder (ASD) is reported separately this year (previously rolled into “Other/Excluded”); this reflects the broader awareness and increased identification of youth on the autism spectrum in the United States.^{1,2,3} **Other** and **Excluded** are also reported separately this year (previously combined) to more accurately reflect the distinct diagnoses within each group. Looking at the 5-year trend, the rate of **Depressive** disorder diagnoses decreased from 32% in FY 2020-21 to 22% in FY 2024-25. This aligns with broader national trends; SAMHSA epidemiological data reveal that the percentage of youth ages 12-17 who had a past year major depressive episode declined from 20.8% in 2021 to 15.4% in 2024.⁴ The rate of **ADHD** increased from 9% in FY 2020-21 to 13% in FY 2024-25.

Primary Diagnosis

The most common primary diagnoses among children and youth served by BHS-CY in FY 2024-25 were: Stressor and Adjustment disorders (n=3,525; 32%), Depressive disorders (n=2,432; 22%), and Anxiety disorders (n=1,693; 15%).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; 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.

¹Grosvenor, L. P., Croen, L. A., Lynch, F. L., Marafino, B. J., Maye, M., Penfold, R. B., ... & Ames, J. L. (2024). Autism diagnosis among US children and adults, 2011-2022. *JAMA Network Open*, 7(10), e2442218-e2442218.

²Zeidan, J., Fombonne, E., Scorch, J., Ibrahim, A., Durkin, M. S., Saxena, S., ... & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research*, 15(5), 778-790.

³Santomauro, D. F., Erskine, H. E., Herrera, A. M. M., Miller, P. A., Shadid, J., Hagins, H., ... & Sankararaman, S. (2025). The global epidemiology and health burden of the autism spectrum: findings from the Global Burden of Disease Study 2021. *The Lancet Psychiatry*, 12(2), 111-121.

⁴Substance Abuse and Mental Health Services Administration. (2025). Highlights for the 2024 National Survey on Drug Use and Health. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/sites/default/files/NSDUH%202024%20Annual%20Release/2024-nsduh-nnr-highlights.pdf>

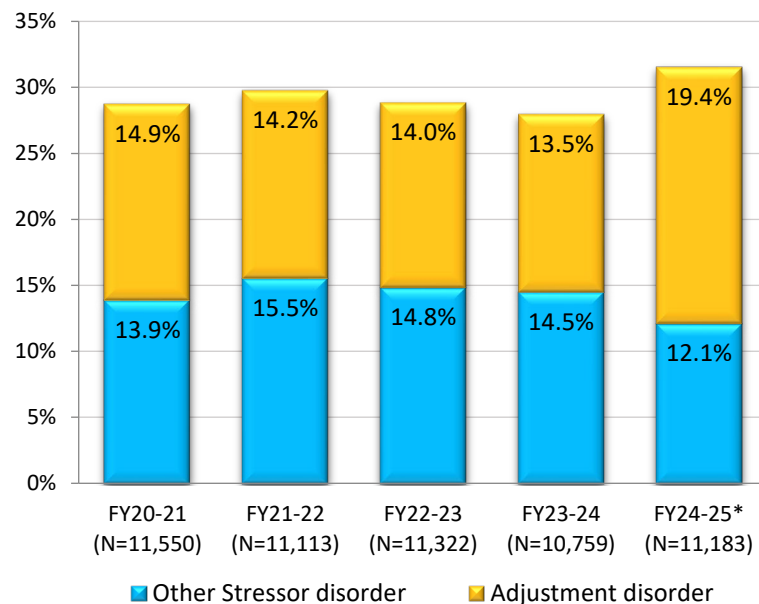
Who Are We Serving?

Thirty-two percent of BHS-CY youth ages 12+ were identified as having a co-occurring substance use issue; 36% of these youth also had a dual diagnosis in the MH system.

Stressor and Adjustment Disorders†

As of May 2013, 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. Within the Stressor and Adjustment disorder diagnostic category, the proportion of Adjustment disorder diagnoses increased in FY 2024-25, following a steady decline over the previous four years.

Clients with Stressor and Adjustment Disorders



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

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

Co-occurring Substance Use (12+ years)

In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the BHA or Client Services Information (CSI) assessment record. In FY 2024-25, 32% of BHS-CY youth **ages 12 and up** had a co-occurring substance use issue.

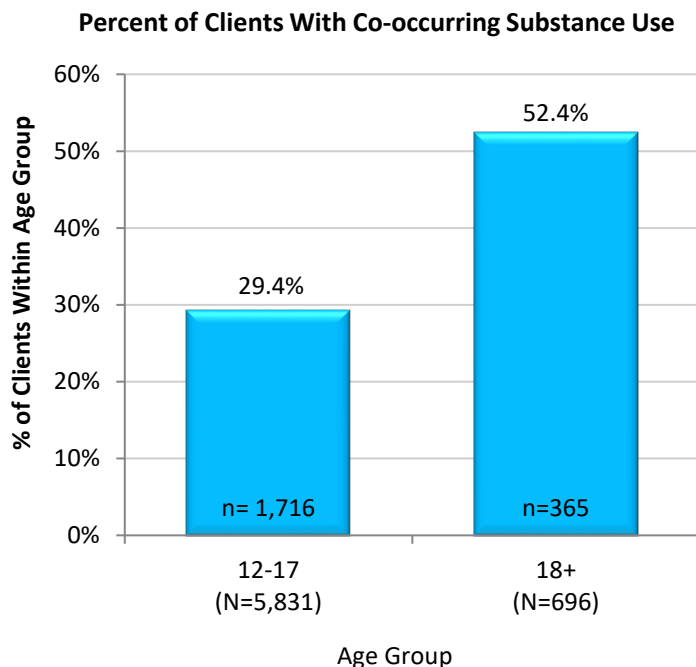
BHS-CY Youth	FY 2023-24 (12+) Percent (n of N)	FY 2024-25* (12+) Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	28% (1,919 of 6,748)	32% (2,081 of 6,527)
BHS-CY Youth with Co-occurring Substance Use Issue	FY 2023-24 (12+) Percent (n of N)	FY 2024-25* (12+) Percent (n of N)
Had dual diagnosis through mental health program‡	46% (890 of 1,919)	36% (739 of 2,081)
Received services from SUD program	15% (286 of 1,919)	15% (301 of 2,081)
BHS-CY youth who received services from SUD program who also had dual diagnosis	57% (164 of 286)	69% (207 of 301)

Who Are We Serving?

1,345 of 2,081 (65%) clients with a co-occurring substance use problem were Hispanic in FY 2024-25. This aligns with the race/ethnicity distribution of youth ages 12 and older in the BHS-CY system.

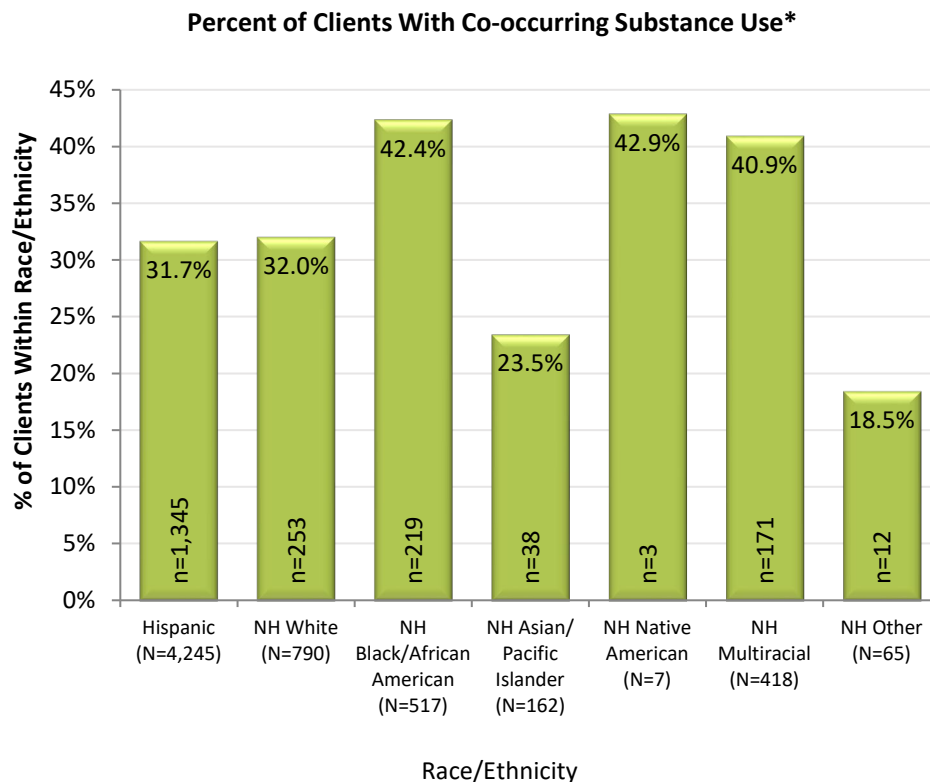
Co-occurring Substance Use—Age

More than half of BHS-CY youth ages 18 and older, and 26% of BHS-CY youth ages 12-17, were identified as having a co-occurring substance use issue (dual diagnosis, enrollment in an SUD program, and/or endorsement of substance abuse-related questions on the BHA or Client Services Information (CSI) assessment record.



Co-occurring Substance Use—Race/Ethnicity

The highest proportion of co-occurring substance use among youth ages 12+ served by BHS-CY were NH Black/African American (219 of 517 clients) and NH Native American (3 of 7 clients); Asian/Pacific Islanders had the lowest proportion (38 of 162 clients).



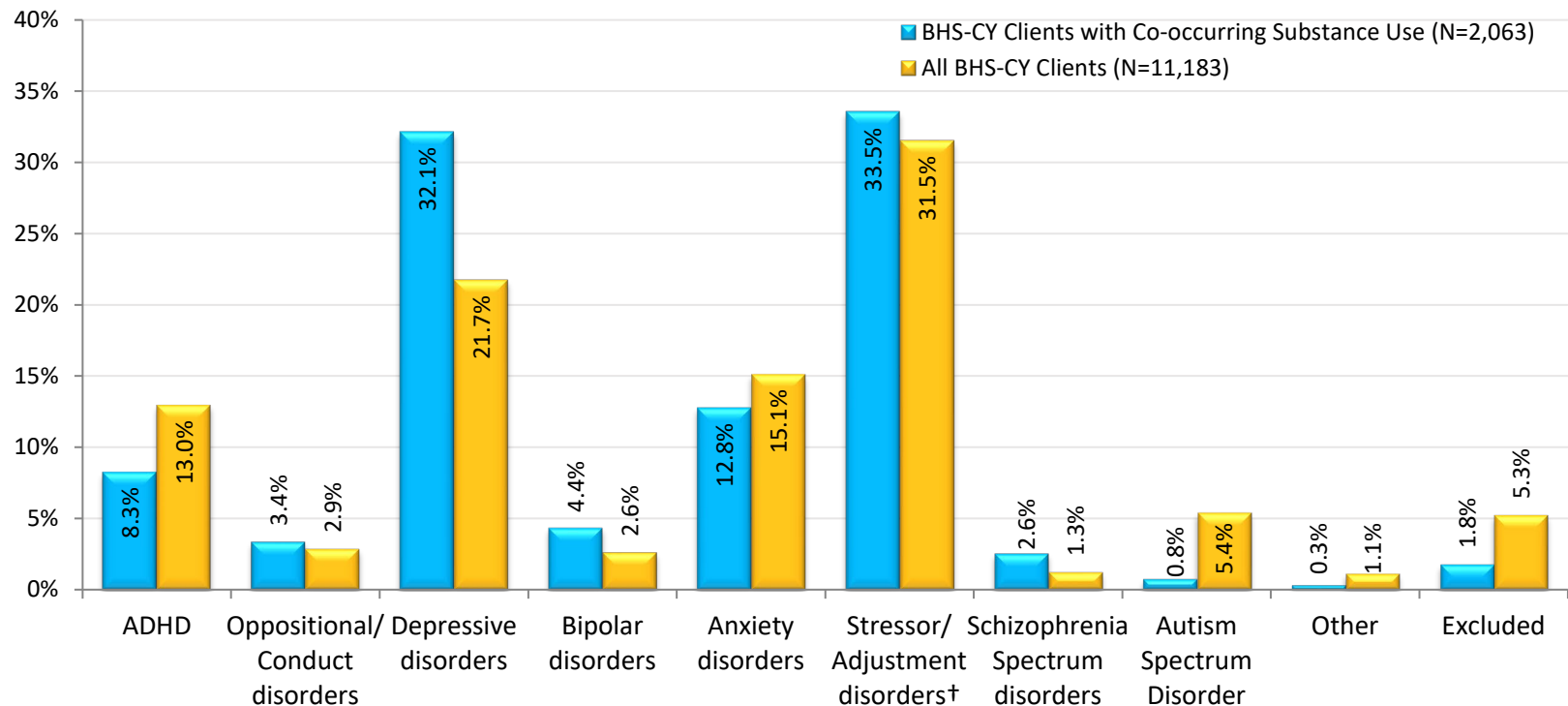
*Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?

Co-occurring Substance Use and Primary Diagnosis

Youth (ages 12+) with co-occurring substance use problems who received a valid diagnosis were most likely (34%) to be diagnosed with a Stressor/Adjustment disorder. These youth were more likely to have a diagnosis of Depressive or Bipolar disorder than youth in BHS-CY overall. Some research suggests that youth self-medicate for their mental health issues, leading to problematic substance use.⁵

Primary Diagnosis*



*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; 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.

⁵Broman, C. L., Wright, M. K., Broman, M. J., & Bista, S. (2019). Self-medication and substance use: A test of the hypothesis. *Journal of Child & Adolescent Substance Abuse*, 28(6), 494-504.

Who Are We Serving? Fee-for-Service Youth

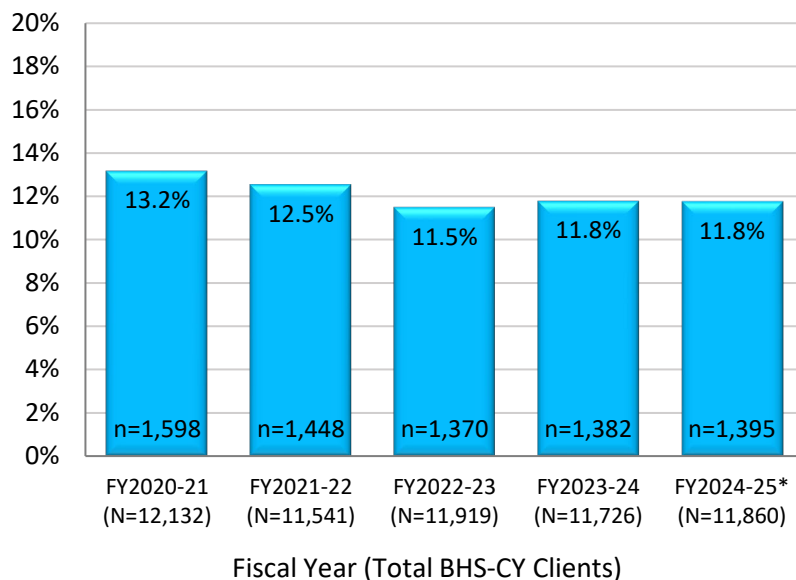
BHS-CY utilizes two provider systems: Organizational Providers and Fee-for-Service (FFS) Providers. This section focuses on clients who received any services from Fee-for-Service (FFS) providers during the fiscal year, even if they also received services from Organizational Provider programs.

FFS Youth Clients

1,395 youth clients were served by an FFS provider at some point in FY 2024-25.

❖ The proportion of clients served by FFS providers remained constant as compared to the previous fiscal year.

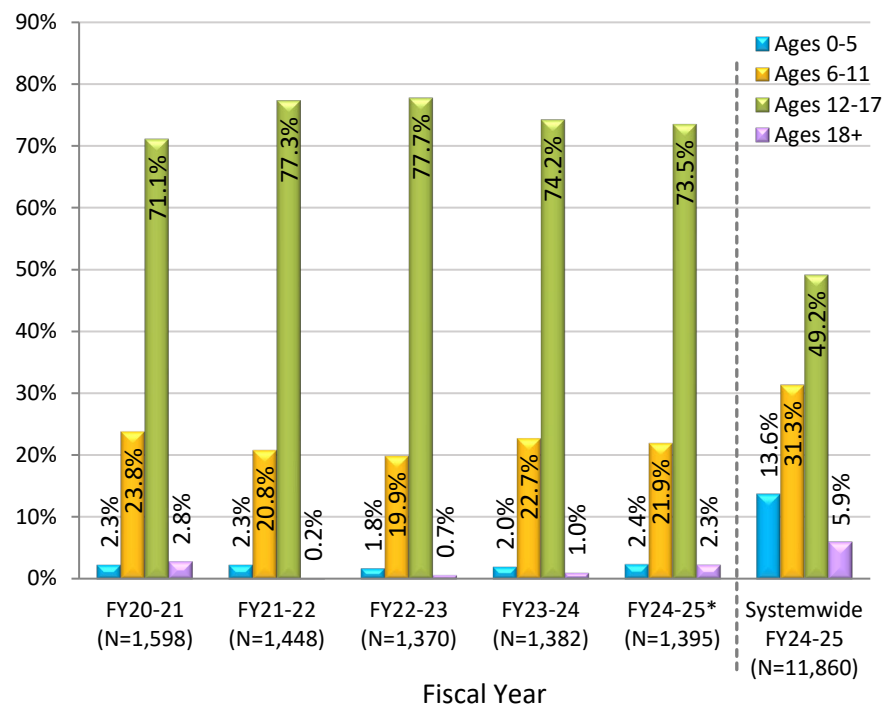
Number of FFS Clients Served



Age of FFS Youth Clients†

1,025 (74%) youth clients served by FFS providers in FY 2024-25 were ages 12-17.

FFS Age Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†As of FY 2021-22, Outpatient FFS clients ages 18+ are captured in the Adult/Older Adult system and are no longer reported in the FFS Youth section of this report; age distributions are not directly comparable to previous years.

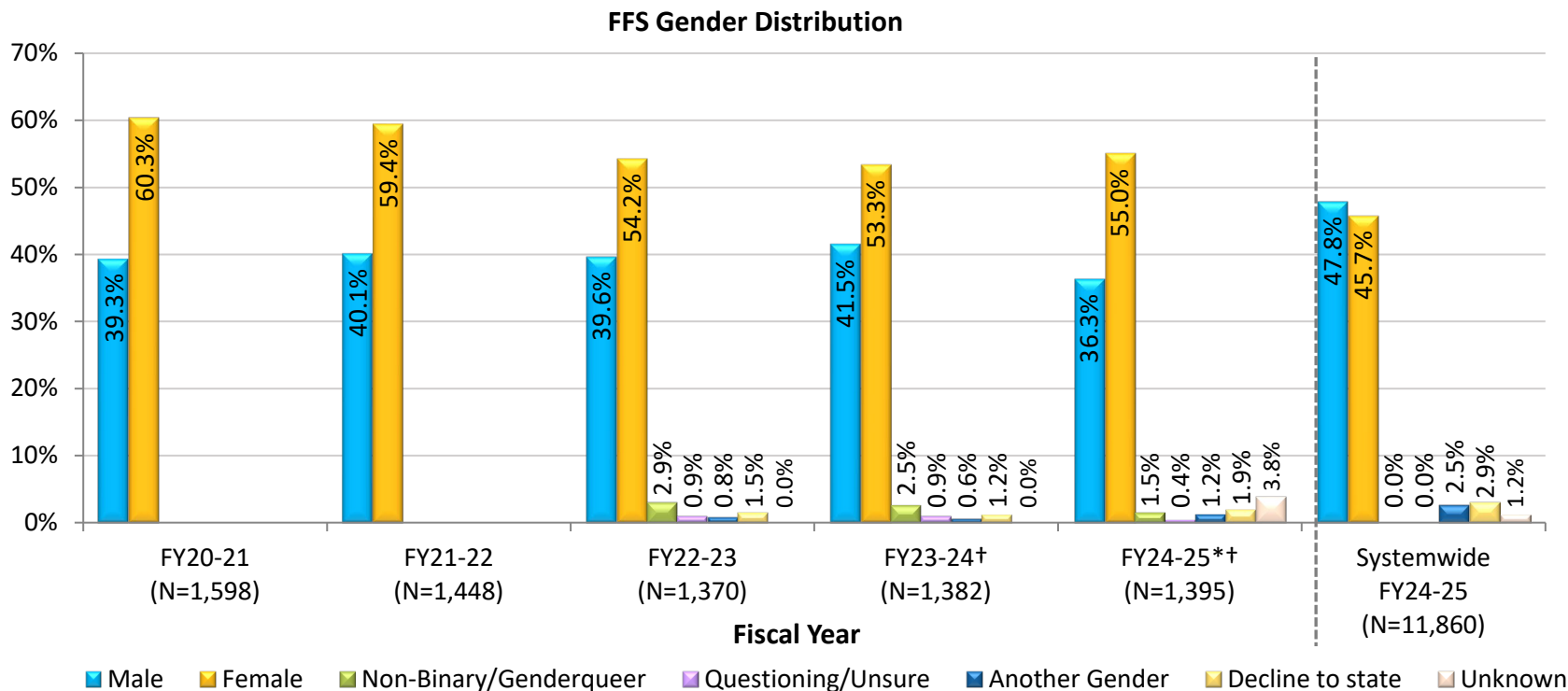
Who Are We Serving?

Fee-for-Service Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

FFS Youth Client Gender

767 (55%) youth clients served by FFS providers in FY 2024-25 were female; more females than males have been served by FFS providers over the past five years as compared to systemwide distributions.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

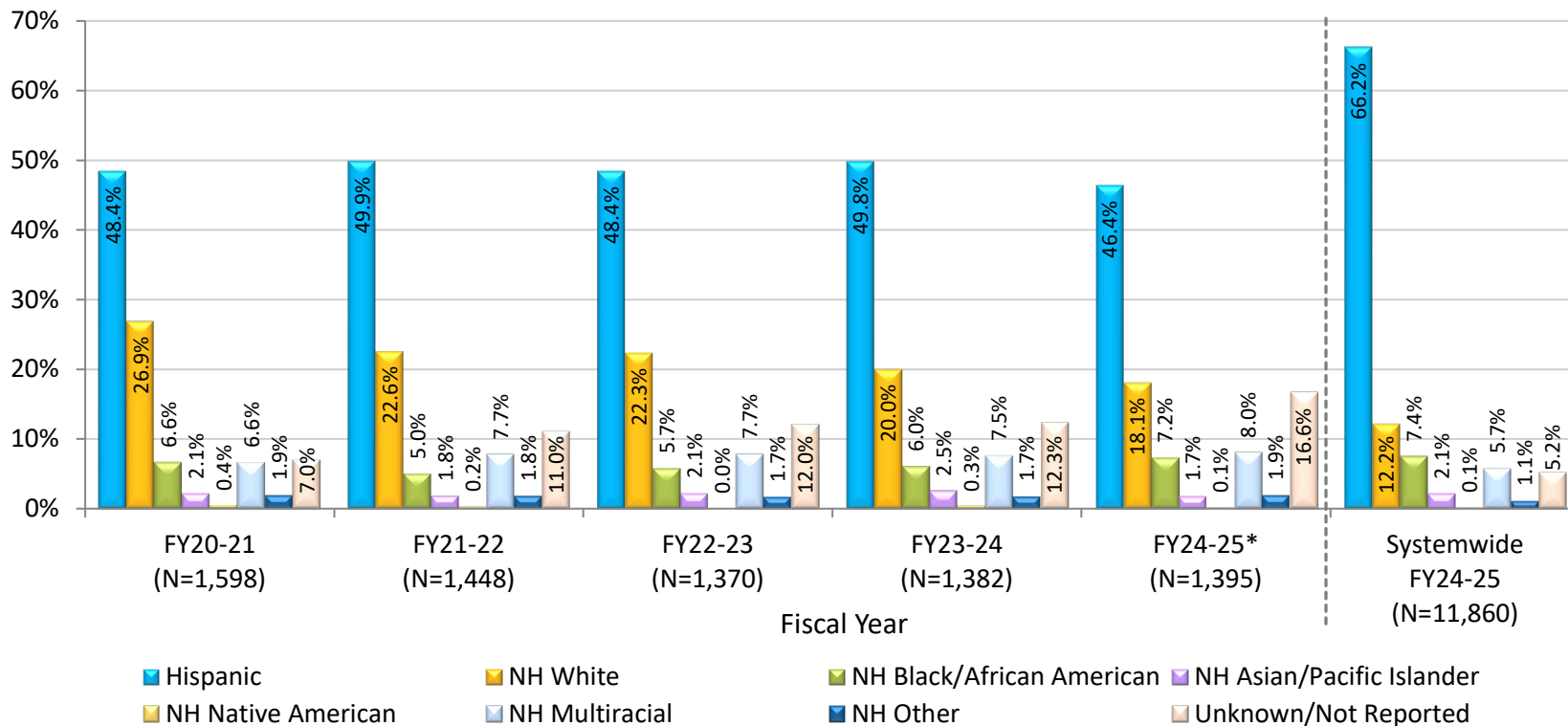
†Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.

Who Are We Serving? Fee-for-Service Youth

FFS Youth Client Race/Ethnicity

- ❖ Race/ethnicity data were not reported for 17% of youth clients who were served by FFS providers in FY 2024-25.
- ❖ 647 (46%) youth clients who were served by BHS-CY FFS providers in FY 2024-25 were identified as Hispanic.
- ❖ Proportionally, more White youth and fewer Hispanic youth were served by FFS providers compared to systemwide averages.

FFS Race/Ethnicity Distribution

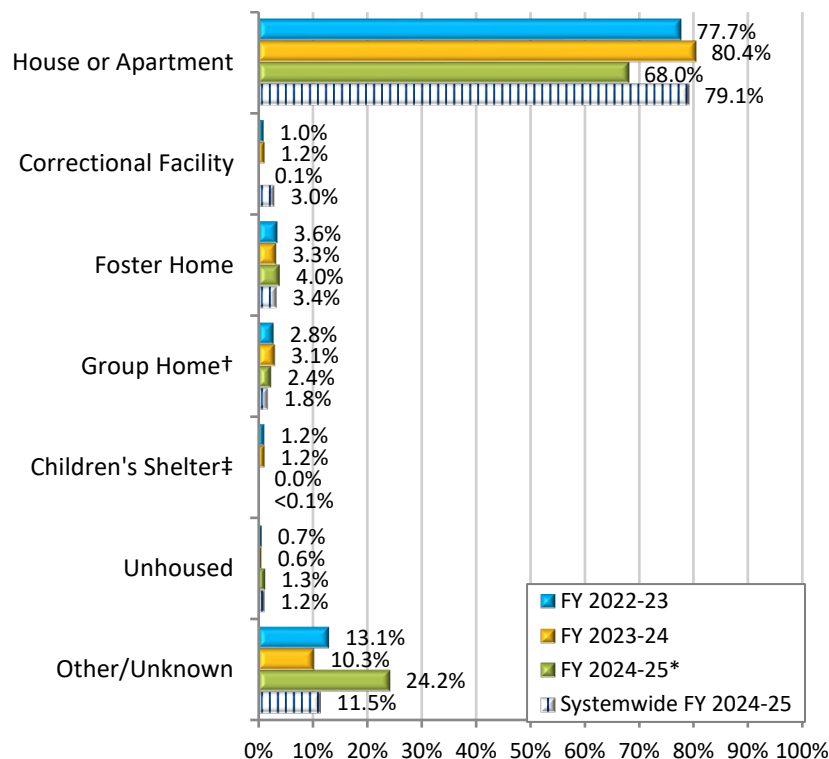


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

Who Are We Serving? Fee-for-Service Youth

FFS Youth Client Living Situation

Living Situation was not reported for 24% of youth clients who were served by FFS providers in FY 2024-25. 949 (68%) clients who were served by BHS-CY FFS providers lived in a family home or apartment at some point during FY 2024-25; 56 (4%) lived in a Foster Home.



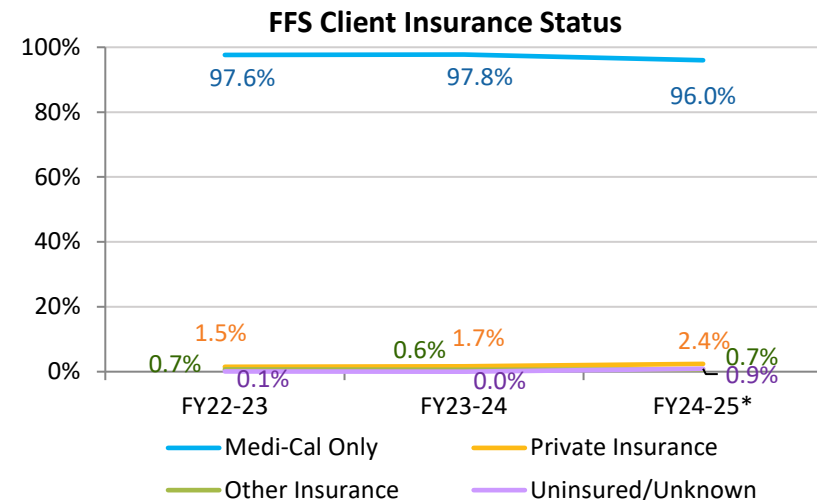
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

FFS Youth Client Health Care Coverage

1,339 (96%) youth clients who were served by FFS providers in FY 2024-25 were covered exclusively by Medi-Cal. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.



NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

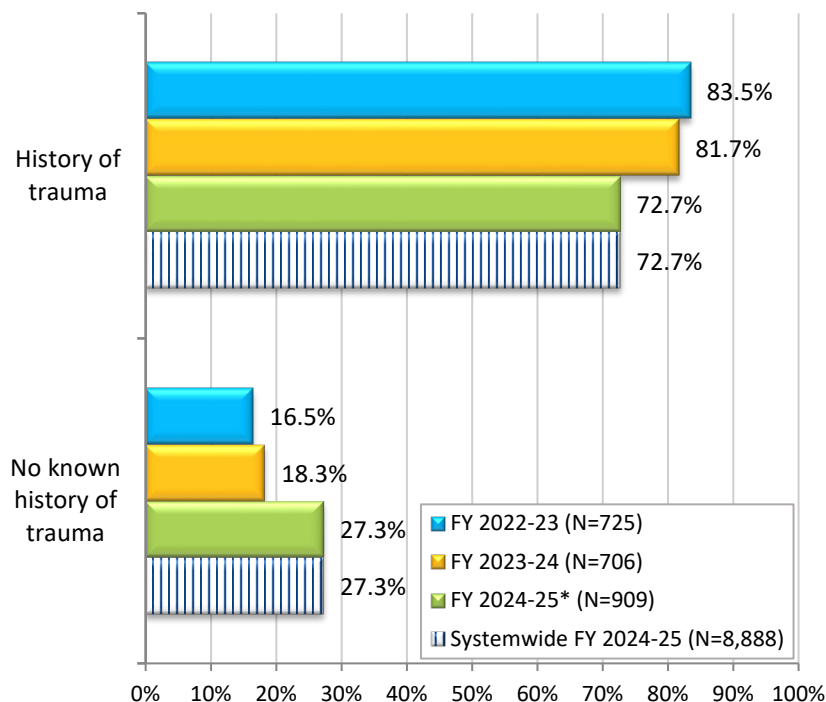
FFS Youth Client Primary Care Physician (PCP) Status

641 (46%) FFS clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

Who Are We Serving? Fee-for-Service Youth

FFS Youth Client History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 909 youth clients (65% of the FFS youth population) in FY 2024-25; of these 909 clients, 661 (73%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25. History of trauma was not reported for 35% of FFS youth clients in FY 2024-25.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Active FFS Providers in FY 2024-25

FFS Youth Service Provider Type (N=55)*†

Of 173 FFS Providers credentialed to provide services for youth, 55 (32%) actually provided services in FY 2024-25. 75% of active FFS providers for youth were Group Practice providers.

69% of youth clients served by FFS providers in FY 2024-25 were seen at Group Practice providers. These clients may have been seen by more than one provider during the fiscal year.

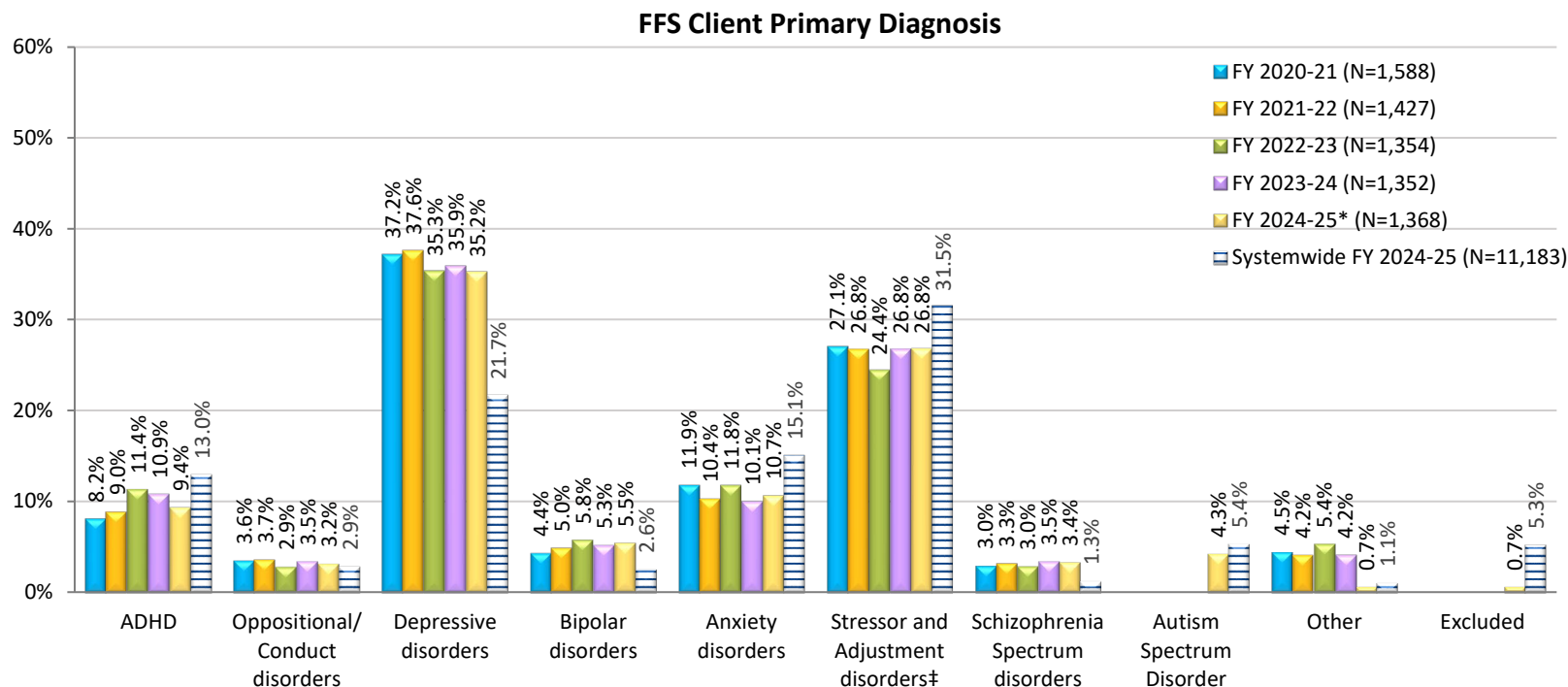
FFS Provider Type	Active Providers	Clients Served (duplicated)
Group Practice	41	69% (957 of 1,395)
Inpatient	10	33% (459 of 1,395)
LCSW	1	8% (104 of 1,395)
LMFT	1	7% (90 of 1,395)
Psychiatrist	1	3% (42 of 1,395)
Psychologist	1	2% (28 of 1,395)



Who Are We Serving? Fee-for-Service Youth

FFS Youth Client Primary Diagnosis*†

The most common primary diagnoses among children and youth served by FFS providers in FY 2024-25 were: Depressive disorders (n=482; 35%), Stressor and Adjustment disorders (n=367; 27%), Anxiety disorders (n=147; 11%), and ADHD (n=129; 9%).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

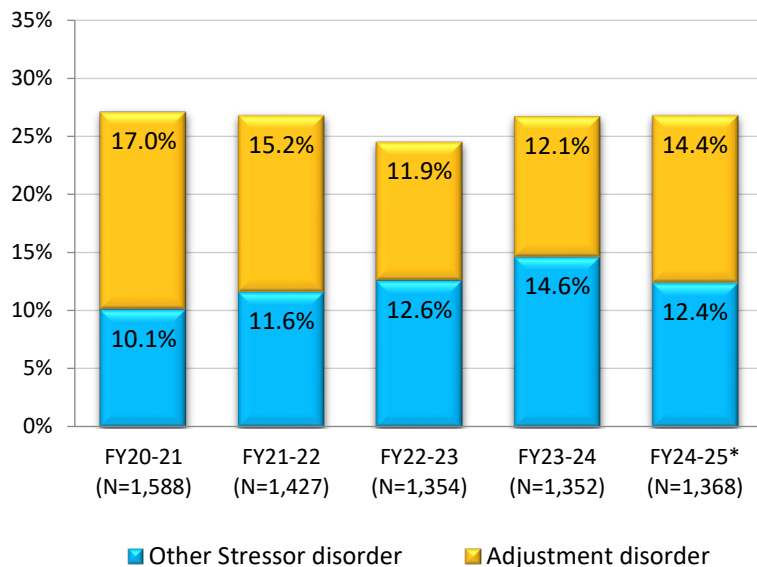
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving? Fee-for-Service Youth

FFS Stressor and Adjustment Disorders*†

As of May 2013, 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. The rate of Stressor disorder diagnosis among FFS clients has increased over the past five years, from 10% in FY 2020-21 to 12% in FY 2024-25. This is consistent with systemwide trending.

FFS Clients with Stressor and Adjustment Disorders



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

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

FFS Youth Client Co-occurring Substance Use (12+ years)

In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the BHA or Client Services Information (CSI) assessment record. In FY 2024-25, 22% of FFS youth clients **ages 12 and up** had a co-occurring substance use issue.

FY2024-25* BHS-CY Youth	FFS (12+) Percent (n of N)	Systemwide (12+) Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	22% (229 of 1,057)	32% (2,081 of 6,527)
BHS-CY Youth with Co-occurring Substance Use Issue	FFS (12+) Percent (n of N)	Systemwide (12+) Percent (n of N)
Had dual diagnosis through mental health program‡	52% (119 of 229)	36% (739 of 2,081)
Received services from SUD program	27% (61 of 229)	15% (301 of 2,081)
BHS-CY youth who received services from SUD program who also had dual diagnosis	66% (40 of 61)	69% (207 of 301)

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 Child and Family Well-Being (CFWB) 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.

Children as well as 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 June 30, 2025, there were 84 total unique contracted providers. 63 of the 84 providers had an active TERM client in FY 2024-25.

- ❖ 76 Treatment Providers (Therapy Services)
- ❖ 24 Evaluators (Evaluation Services)
- ❖ 1 Psychiatric Evaluator (Psych Eval Services)

Note: There is overlap between Treatment Providers and Evaluators

Who Are We Serving?

Fee-for-Service TERM Youth

TERM Evaluations

One of the services TERM providers deliver is psychological or psychiatric evaluation. Optum oversight is utilized to ensure that the rendering provider meets identified specialty criteria and that evaluations meet clinical standards. These data represent evaluations managed by the Optum TERM team.

- ❖ 16 providers administered 78 Child and Family Well-Being (CFWB) TERM evaluations for children and caregivers. The majority (43) of CFWB TERM evaluations were for caregivers. Three off-panel evaluations were administered.
- ❖ 17 providers administered 275 Probation TERM evaluations for youth.

CFWB TERM Evaluations			
	FY 2022-23	FY 2023-24	FY 2024-25
Referrals for Evaluations (Medi-Cal)	172 (57)	196 (76)	215 (134)
Total Evaluations	100	86	78
Unique Provider Count	18	18	16
Psychological Evaluations - Child	36	36	35
Psychiatric Evaluations - Child	1	0	0
Psychological Evaluations - Caregiver	62	48	43
Psychiatric Evaluations - Caregiver	1	2	0
Psychological Off-Panel Evaluations	1	2	3
Psychiatric Off-Panel Evaluations	1	1	0
Probation TERM Evaluations			
	FY 2022-23	FY 2023-24	FY 2024-25
Total Psychological Evaluations	306	324	273
Total Psychiatric Evaluations	3	0	2
Unique Provider Count	16	15	17
Juvenile Competency Evaluations	44	53	55

Data Source: TERM Statistics FY 2024-25 (Optum)

Who Are We Serving?

Fee-for-Service TERM Youth

TERM – Treatment Plan

Optum provides oversight and review of clinical treatment plans specific to CFWB-involved caregivers and dependents of the court who obtain outpatient treatment services through TERM panel providers. These data represent treatment plans that were reviewed by the Optum TERM team. Optum also appoints therapists and authorizes services for CFWB involved parents referred to groups that are outside the scope of Optum TERM quality oversight (Domestic Violence Offender, Child Sexual Abuse Offender, Child Physical Abuse). Data for those clients are not included below.

CFWB TERM Treatment Plans Reviewed			
	FY 2022-23	FY 2023-24	FY 2024-25
Total Initial Treatment Plans Reviewed	222	226	186
Unique Provider Count	63	64	57
Total Initial Treatment Plans Reviewed - Child	106	122	91
Total Initial Treatment Plans Reviewed - Caregiver	116	104	95
Total Initial Off Panel Treatment Plans Reviewed	5	11	24
CFWB TERM Domestic Violence (DV) Victims Group Treatment Plans Reviewed			
	FY 2022-23	FY 2023-24	FY 2024-25
Total Initial Treatment Plans Reviewed	126	106	111
Unique Provider Count	16	12	8
CFWB TERM Child Sexual Abuse Protection – Non-Protecting Parents (CSA-NPP) Group Treatment Plans Reviewed			
	FY 2022-23	FY 2023-24	FY 2024-25
Total Initial Treatment Plans Reviewed	23	11	13
Unique Provider Count	6	7	4

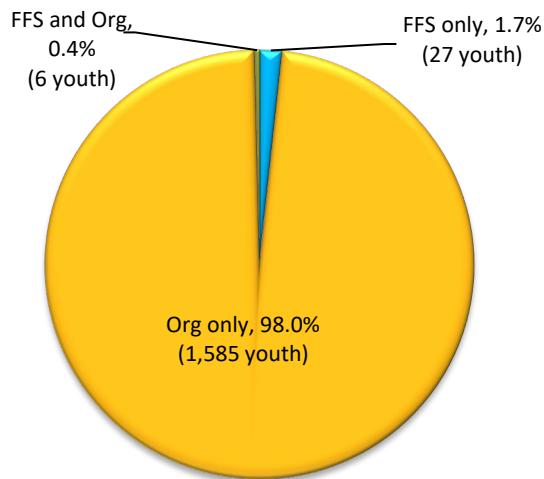
Data Source: TERM Statistics FY 2024-25 (Optum)

Who Are We Serving? Age 0 – 5 Youth

Age 0-5 Clients

1,618 youth (14%) served by BHS-CY in FY 2024-25 were 0 to 5 years old, as compared to 13% in FY 2023-24.

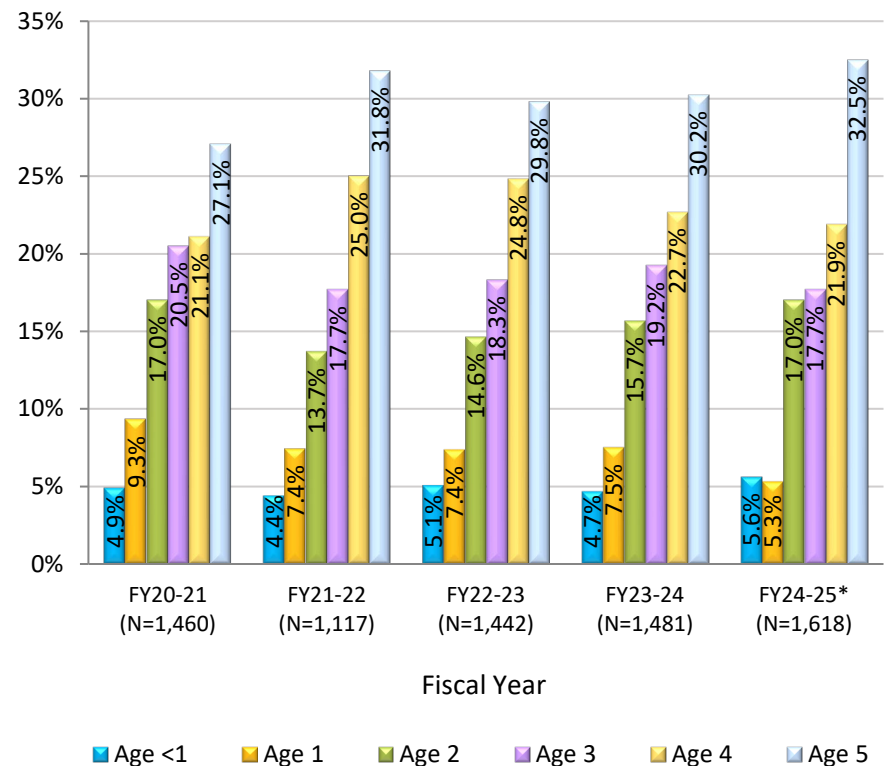
❖ The majority (98%) of 0-5 clients were served *only* by Org providers in FY 2024-25, as compared to 98% in FY 2023-24.



Age Distribution of 0-5 Clients

Of 1,618 youth ages 0-5 youth served by BHS-CY, 526 (33%) were age 5.

0-5 Age Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

Who Are We Serving?

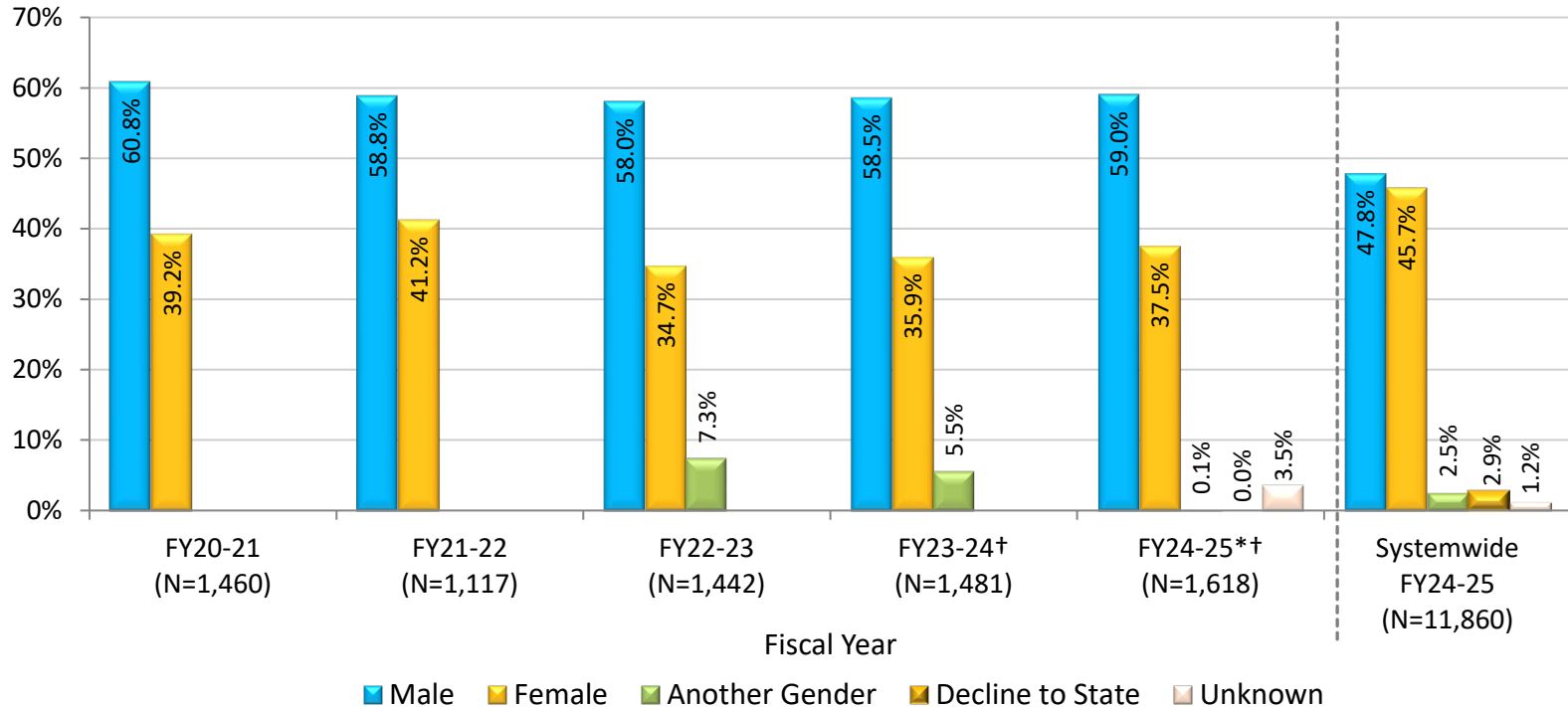
Age 0 – 5 Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

Age 0-5 Client Gender

954 (59%) age 0-5 clients who received BHS-CY services in FY 2024-25 were male. The gender gap of the 0-5 population has increased over the past year and remains wider than the BHS-CY system as a whole.

Age 0-5 Gender Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

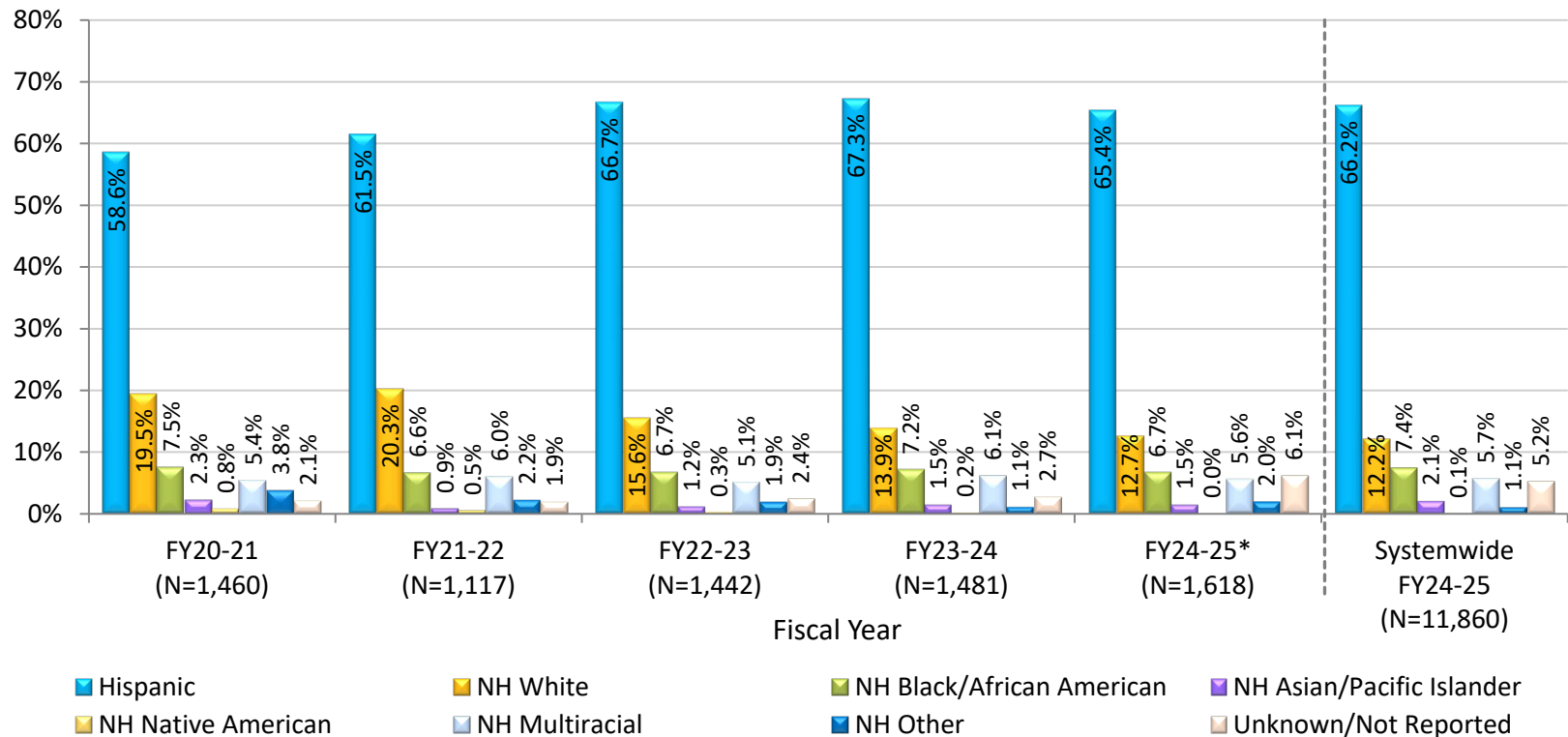
†Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.

Who Are We Serving? Age 0 – 5 Youth

Age 0-5 Client Race/Ethnicity

- ❖ 1,058 (65%) age 0-5 clients who received BHS-CY services in FY 2024-25 were identified as Hispanic.
- ❖ As compared to the BHS-CY system as a whole, a smaller proportion of Hispanic and Asian/Pacific Islander children ages 0-5 received services.

Age 0-5 Race/Ethnicity Distribution



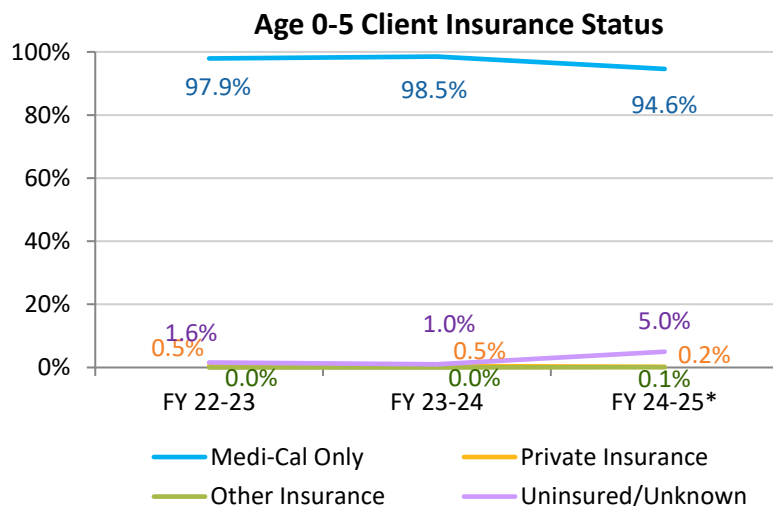
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

Who Are We Serving?

Age 0 – 5 Youth

1,531 (95%) age 0-5 clients who received services from BHS-CY during FY 2024-25 were covered exclusively by Medi-Cal. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.

Age 0-5 Health Care Coverage



NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

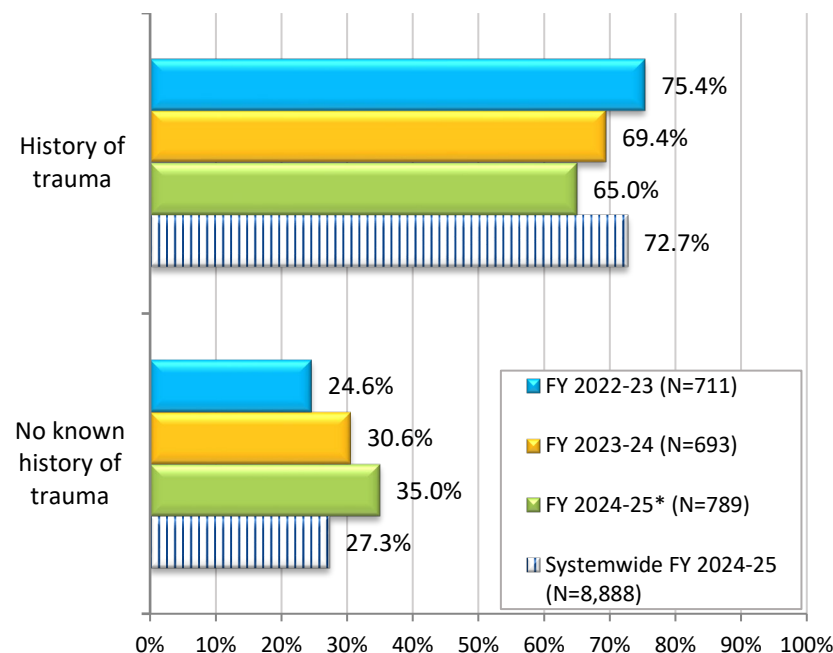
Age 0-5 Primary Care Physician (PCP) Status

501 (31%) Age 0-5 clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

Age 0-5 History of Trauma

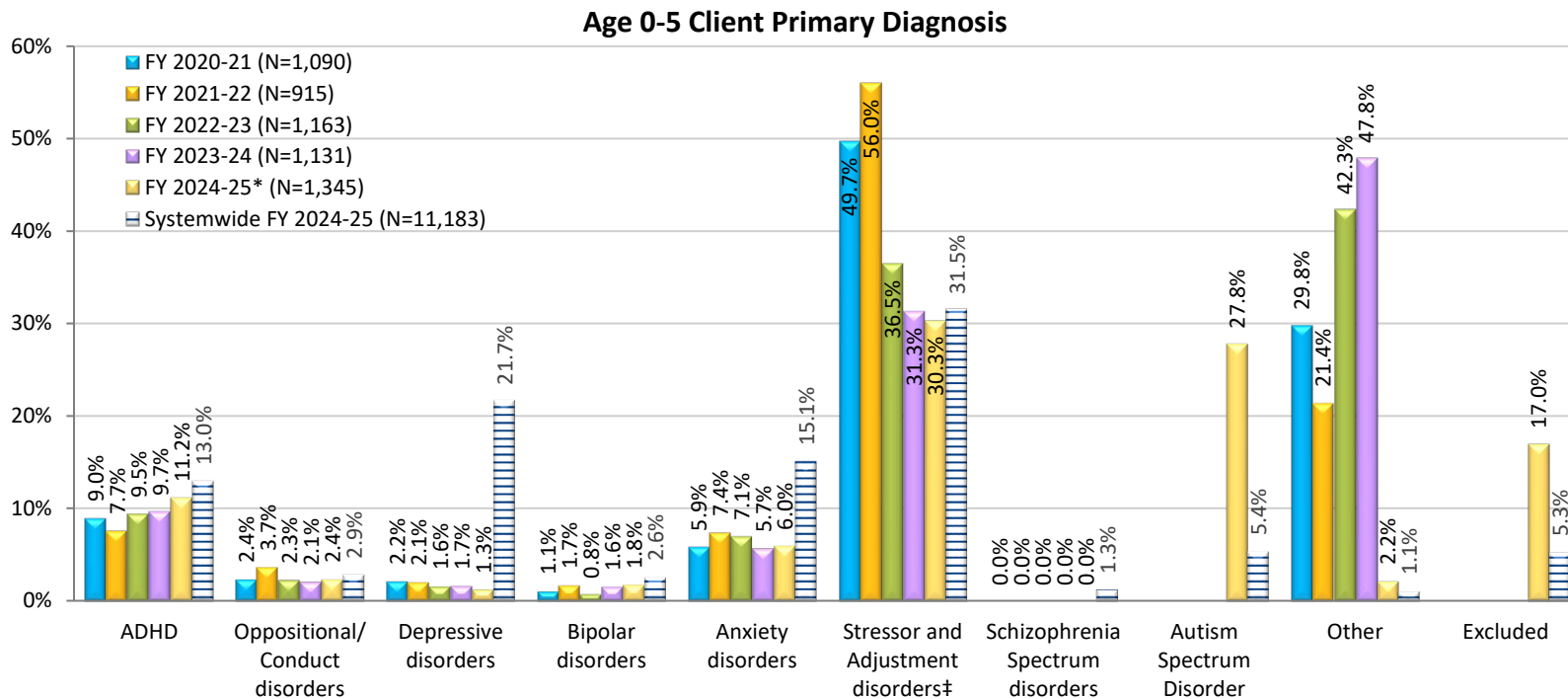
Previous experience of **traumatic events** was reported by clinicians for 789 clients (49% of the age 0-5 population) in FY 2024-25; of these 789 clients, 513 (65%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



Who Are We Serving? Age 0 – 5 Youth

Age 0-5 Primary Diagnosis*†

The most common primary diagnoses among age 0-5 clients served by BHS-CY in FY 2024-25 were: Stressor and Adjustment disorders (n=408; 30%), Autism Spectrum Disorder (n=374; 28%), Excluded (n=229; 17%) and ADHD (n=150; 11%).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; 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.

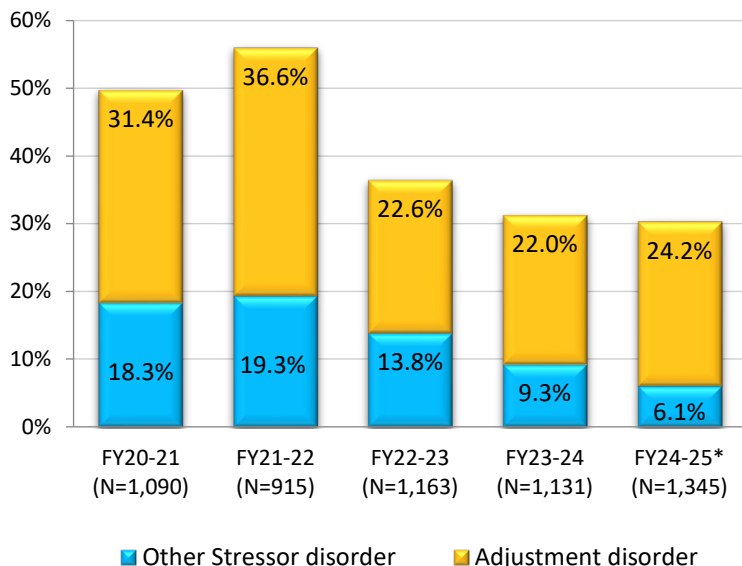
Who Are We Serving?

Age 0 – 5 Youth

Age 0-5 Stressor and Adjustment Disorders*†

As of May 2013, 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. The rate of Stressor disorder diagnosis among clients ages 0-5 has continued to decrease since FY 2021-22.

0-5 Clients with Stressor and Adjustment Disorders



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

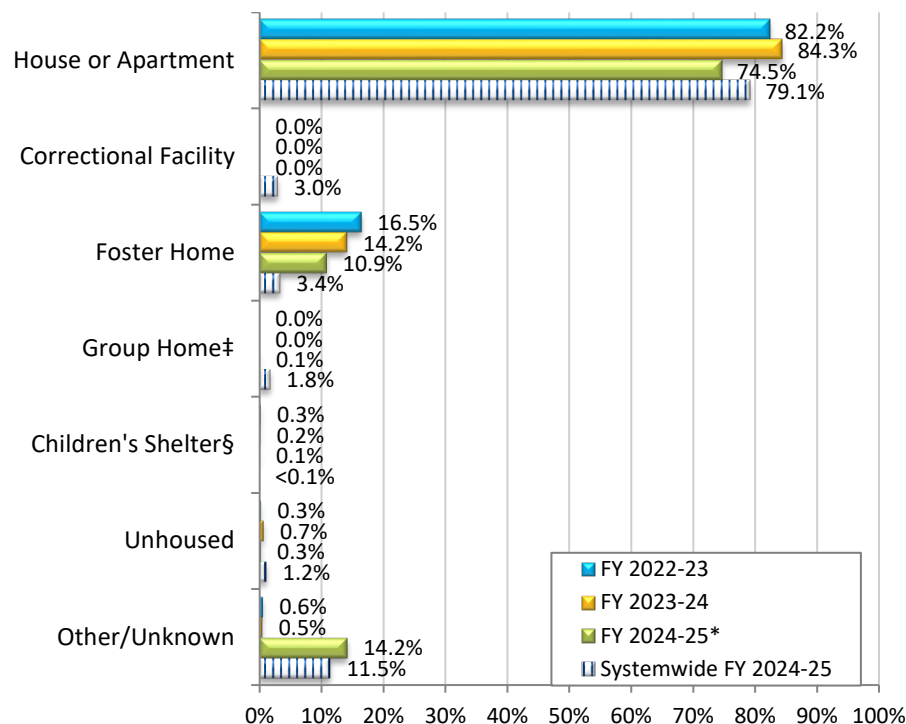
†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

§ The majority of Children's Shelter clients are served by Polinsky Children's Center.

Age 0-5 Client Living Situation

1,205 (75%) age 0-5 clients served by BHS-CY lived in a family home or apartment at some point during FY 2024-25. 176 (11%) age 0-5 clients lived in a Foster Home; as compared to 3% systemwide.

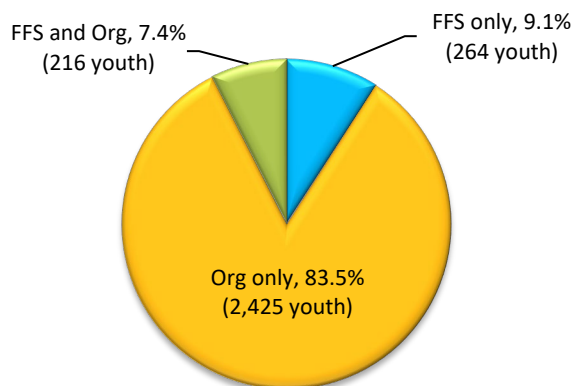


Who Are We Serving? Transition Age Youth

Transition Age Youth Clients

2,905 Transition Age Youth (TAY) clients, defined in the BHS-CY system as youth ages 16 to 25, were served in FY 2024-25, representing 25% of the total BHS-CY population. Similarly, TAY clients represented 26% of the BHS-CY population in FY 2023-24.

❖ The majority (84%) of TAY clients were served *only* by Org providers in FY 2024-25, a decrease from 86% in FY 2023-24.

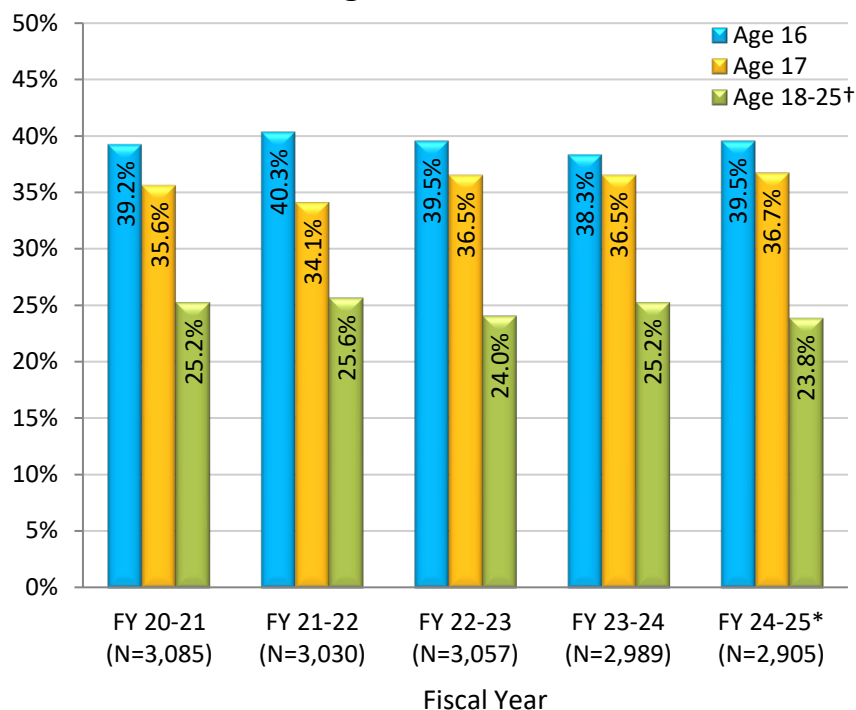


Age of TAY Clients

2,214 (76%) TAY clients served by BHS-CY were ages 16-17, as compared to 75% in FY 2023-24.

❖ The proportion of TAY clients ages 18-25 (24%) served by BHS-CY decreased from 25% in FY 2023-24.

TAY Age Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†On average, less than 1% of the TAY population in BHS-CY was over the age of 21.

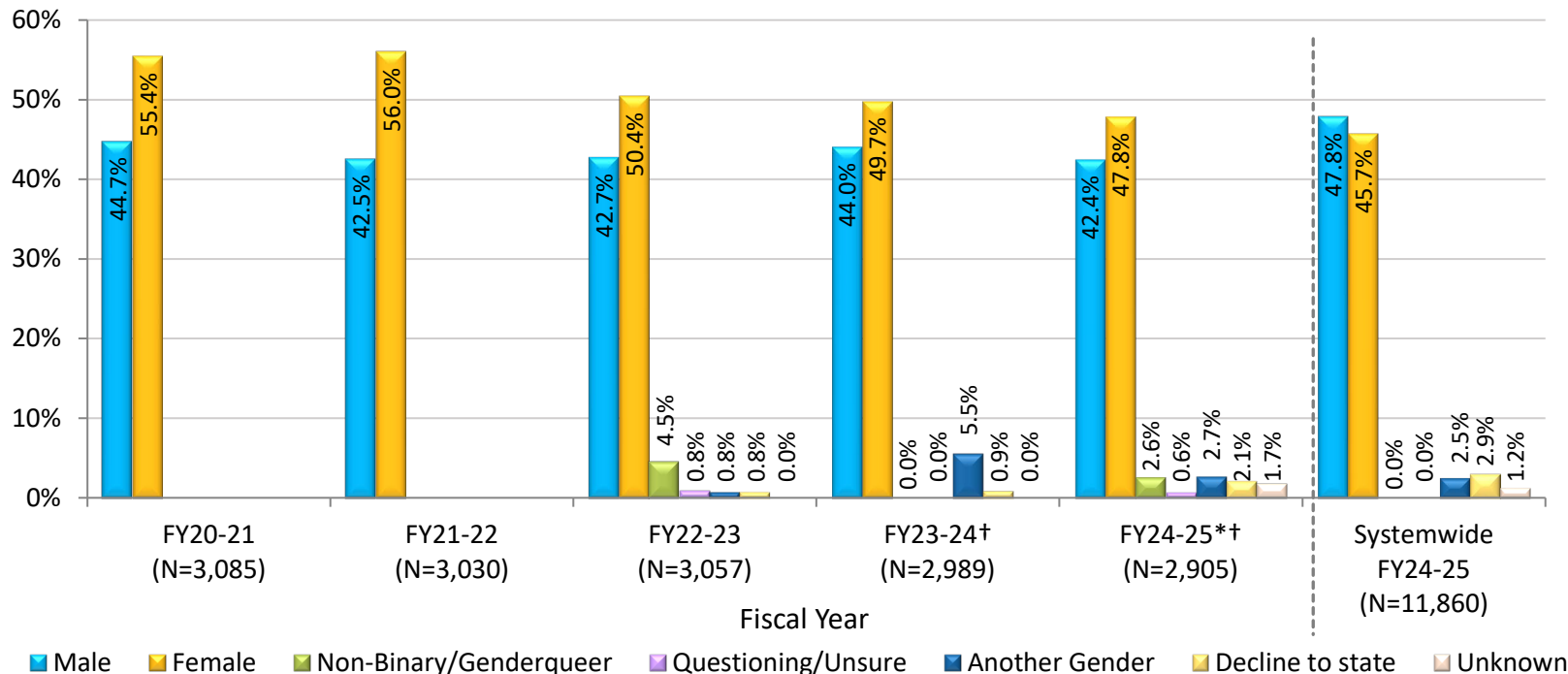
Who Are We Serving? Transition Age Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

TAY Client Gender

1,389 (48%) TAY clients who received BHS-CY services in FY 2024-25 were female. Trending over the past five years, the TAY population has been comprised of more females than males.

TAY Gender Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

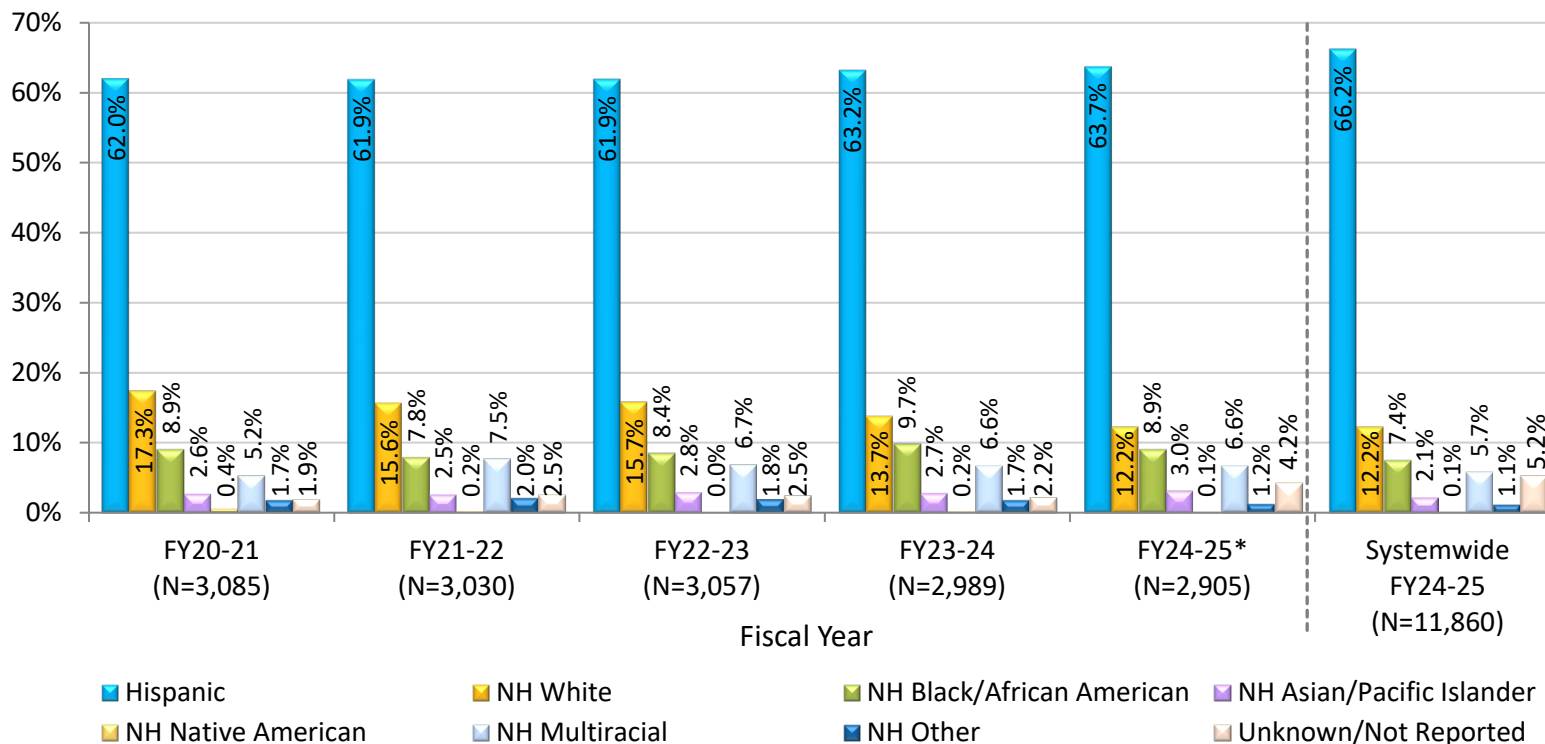
†Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.

Who Are We Serving? Transition Age Youth

TAY Client Race/Ethnicity

- ❖ 1,850 (64%) TAY clients who received BHS-CY services in FY 2024-25 were identified as Hispanic.
- ❖ The distribution of race/ethnicity among TAY clients in the BHS-CY system is similar to the distribution throughout the system as a whole.

TAY Race/Ethnicity Distribution

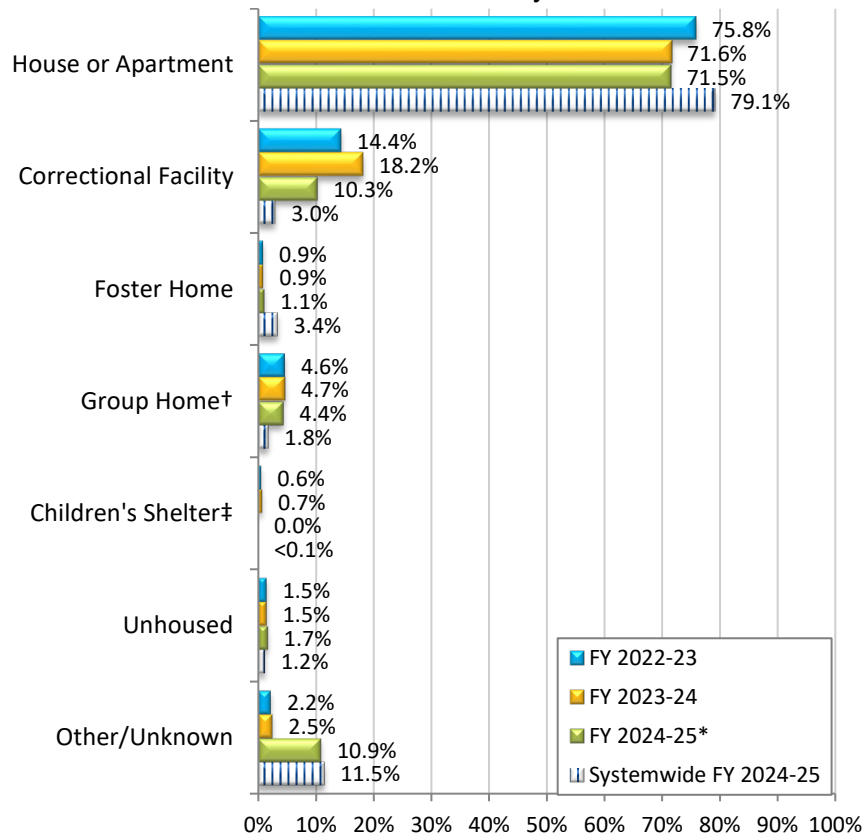


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

Who Are We Serving? Transition Age Youth

TAY Client Living Situation

2,078 (72%) TAY clients served by BHS-CY lived in a family home or apartment at some point during FY 2024-25. 299 (10%) TAY clients lived in a Correctional Facility in FY 2024-25.



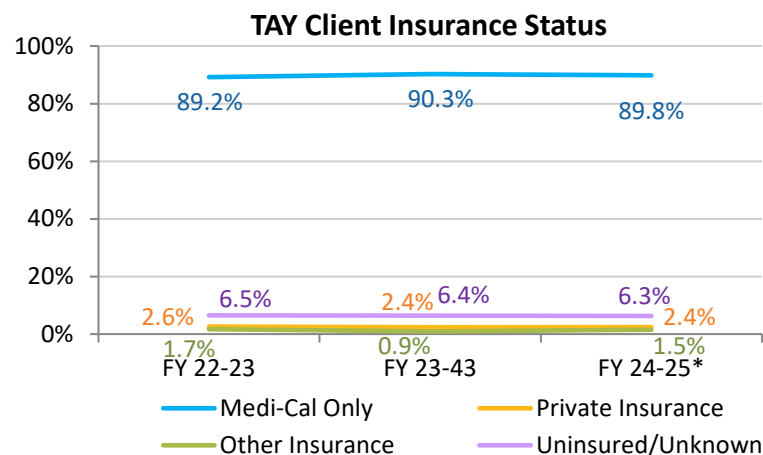
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

TAY Health Care Coverage

2,608 (90%) TAY clients who received services from BHS-CY during FY 2024-25 were covered exclusively by Medi-Cal. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.



NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

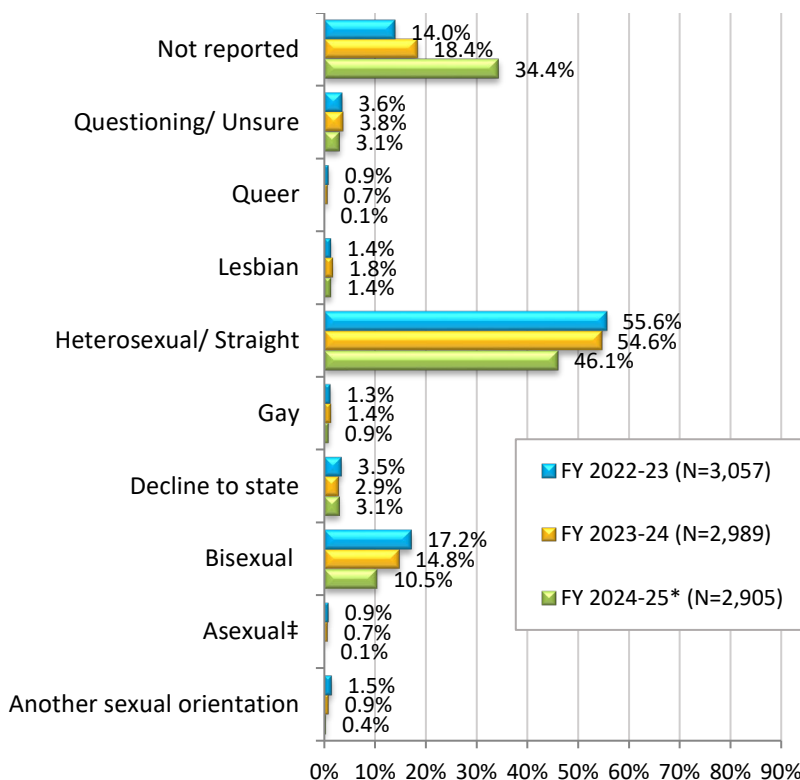
TAY Primary Care Physician (PCP) Status

1,694 (58%) TAY clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

Who Are We Serving? Transition Age Youth

TAY Sexual Orientation*†

1,340 (46%) TAY clients served by BHS-CY identified as heterosexual during FY 2024-25 (as compared to 55% in FY 2023-24). Sexual orientation was unreported or declined to state for 38% of the TAY population in FY 2024-25, as compared to 21% in FY 2023-24.



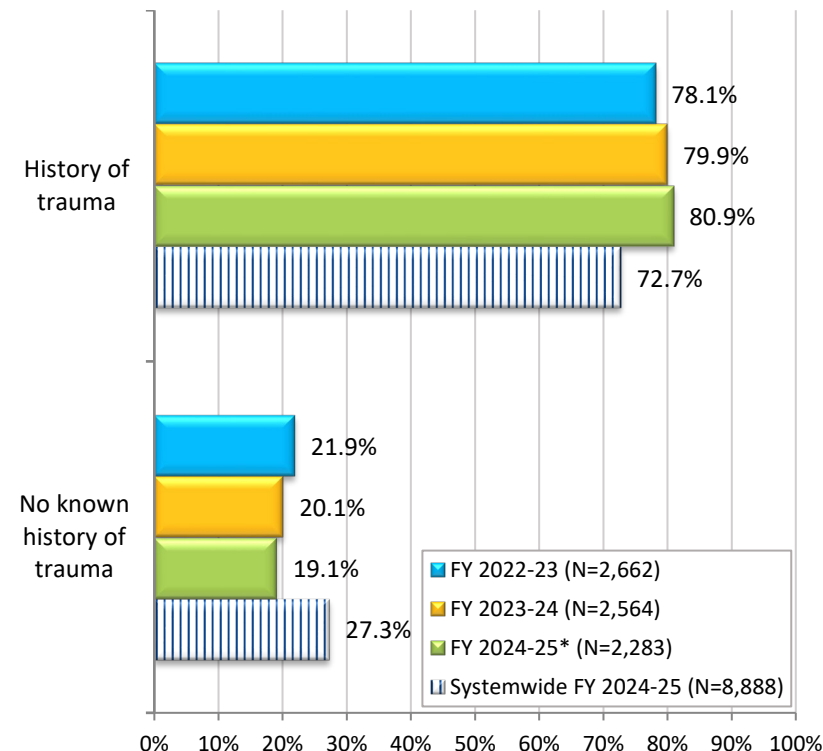
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

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

‡Asexual was added as a response option in FY 2021-22. Transgender is now classified with gender identity and has been excluded from historical data.

TAY History of Trauma

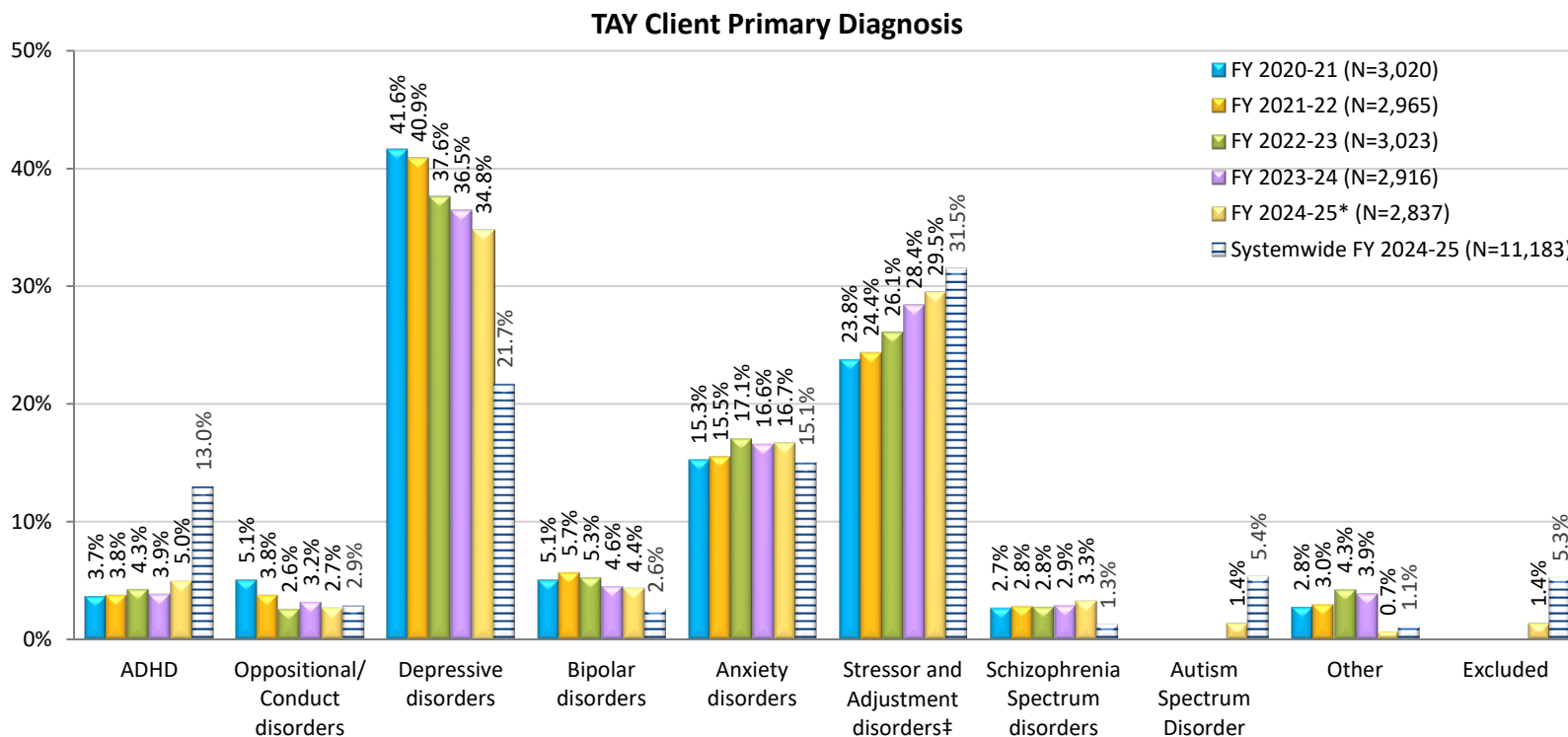
Previous experience of **traumatic events** was reported by clinicians for 2,283 clients (79% of the TAY population) in FY 2024-25; of these 2,283 clients, 1,847 (81%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



Who Are We Serving? Transition Age Youth

TAY Primary Diagnosis*†

The most common primary diagnoses among age TAY clients served by BHS-CY in FY 2024-25 were: Depressive disorders (n=987, 35%), Stressor and Adjustment disorders (n=838; 30%), and Anxiety disorders (n=474; 17%).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

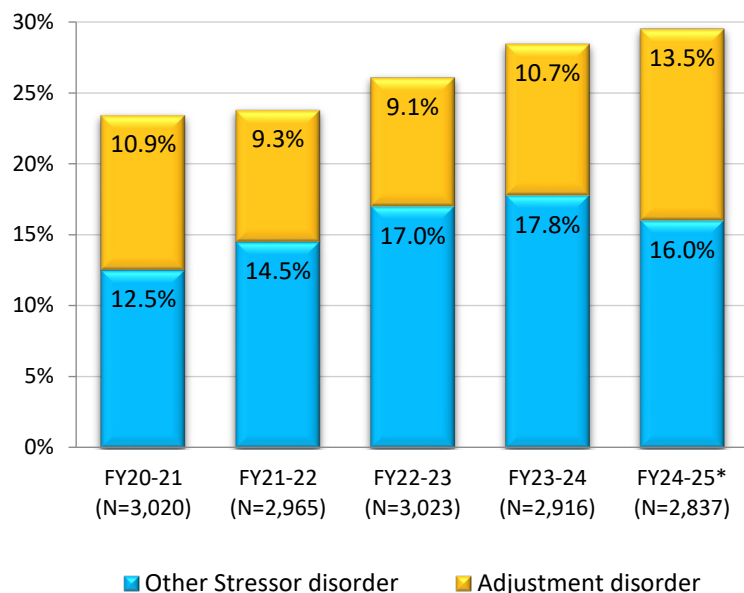
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving? Transition Age Youth

TAY Stressor and Adjustment Disorders*†

As of May 2013, 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. The rate of Adjustment disorder diagnosis among TAY clients has increased steadily over the past four years, from 9% in FY 2021-22 to 14% in FY 2024-25.

TAY Clients with Stressor and Adjustment Disorders



TAY Co-occurring Substance Use

In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the BHA or Client Services Information (CSI) assessment record. In FY 2024-25, 39% of TAY clients had a co-occurring substance use issue.

FY 2024-25* BHS-CY Youth	TAY Percent (n of N)	Systemwide (12+) Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	39% (1,132 of 2,905)	32% (2,081 of 6,527)
BHS-CY Youth with Co-occurring Substance Use Issue	TAY Percent (n of N)	Systemwide (12+) Percent (n of N)
Had dual diagnosis through mental health program‡	44% (500 of 1,132)	36% (739 of 2,081)
Received services from SUD program	14% (153 of 1,132)	15% (301 of 2,081)
BHS-CY youth who received services from SUD program who also had dual diagnosis	75% (114 of 153)	69% (207 of 301)

*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

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

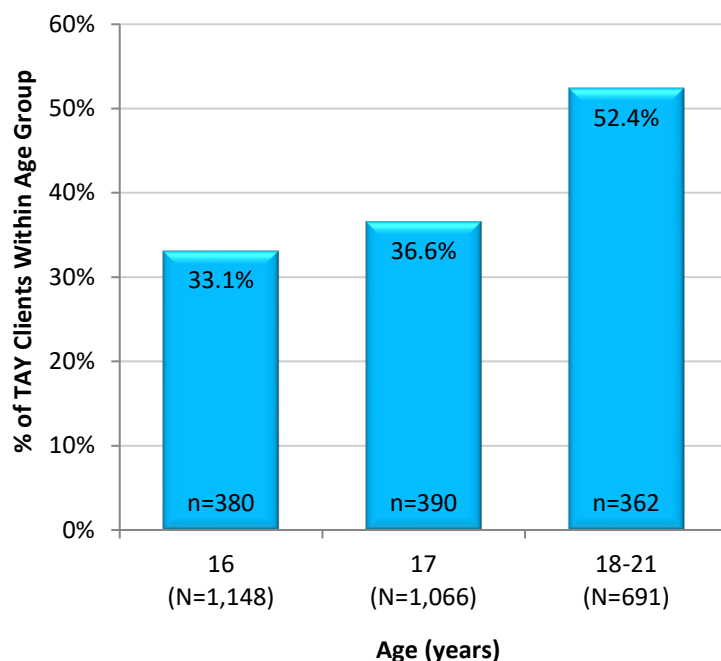
Who Are We Serving? Transition Age Youth

380 of 1,132 TAY clients (34%) with a co-occurring substance use problem were age 16. 726 of 1,132 (64%) TAY clients with a co-occurring substance use problem identified as Hispanic.

TAY Co-occurring Substance Use—Age

Approximately 36% of 16-year-olds and 37% of 17-year-olds who received services from the BHS-CY system were identified as having a substance use issue.

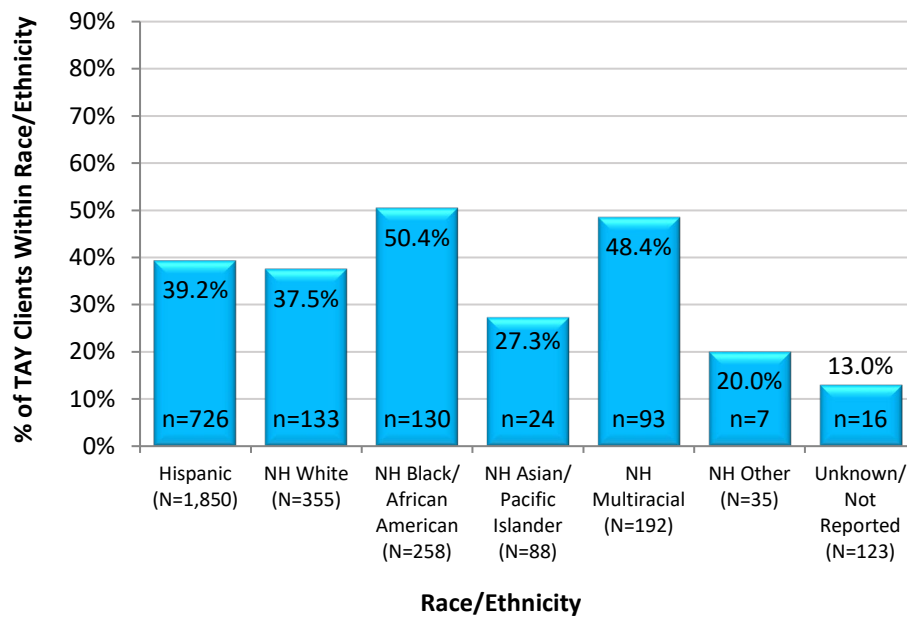
Percent of TAY With Co-occurring Substance Use



TAY Co-occurring Substance Use—Race/Ethnicity*

Among TAY clients for whom race/ethnicity was reported, Black/African American TAY served by BHS-CY had the highest proportion of co-occurring substance use (130 of 258 clients, 50%). TAY who selected an alternative race not listed had the lowest proportion (7 of 35 clients, 20%).

Percent of TAY With Co-occurring Substance Use

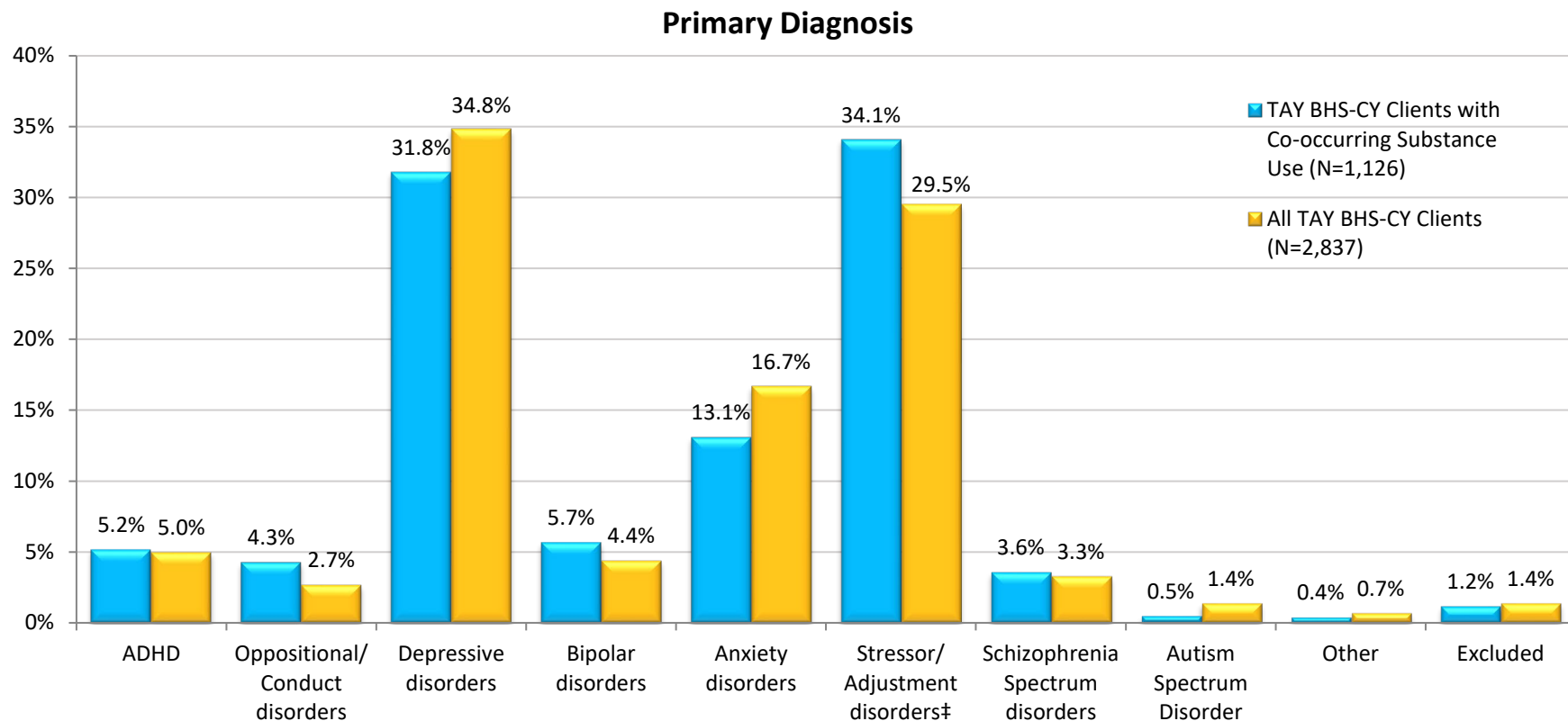


*Only three TAY clients were identified as Native American and are not included in these results.

Who Are We Serving? Transition Age Youth

TAY Co-occurring Substance Use and Primary Diagnosis*†

As compared to TAY clients overall, TAY clients with co-occurring substance use problems were less likely to have a Depressive or Anxiety disorder, and more likely to have an Oppositional/Conduct, Bipolar or Stressor/Adjustment disorder.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

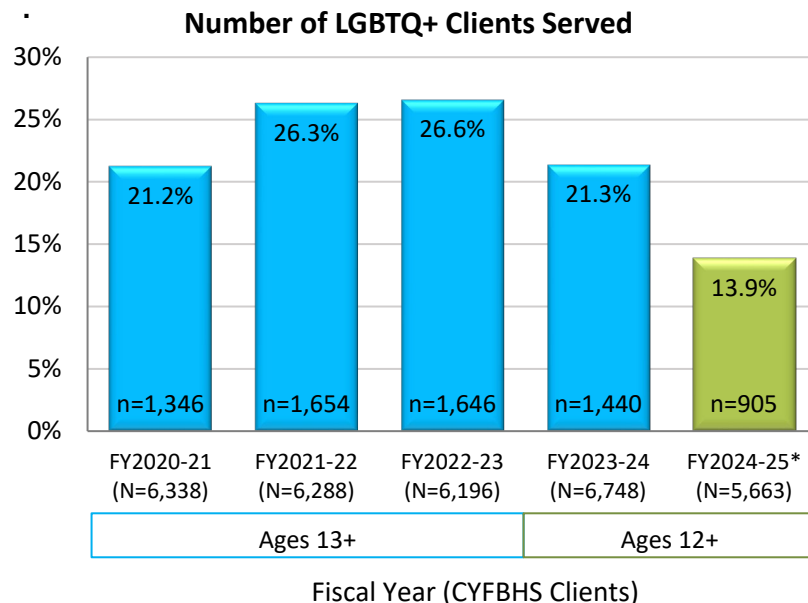
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving? LGBTQ+ Youth

LGBTQ+ Clients (12+ years)

905 LGBTQ+ youth (who identified as non-heterosexual or non-cisgender) ages 12 and up were served in FY 2024-25, representing 16% of 5,663 youth ages 12 and up in the BHS-CY population.

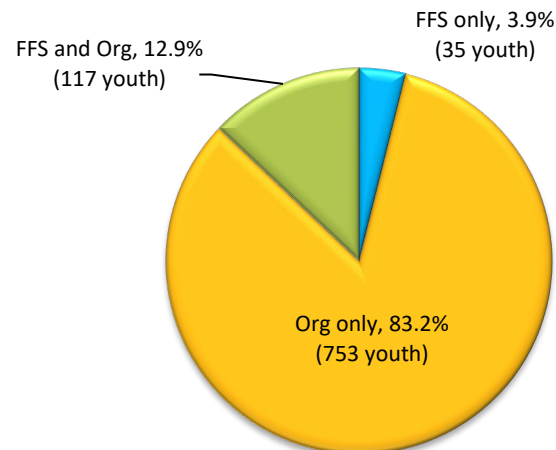
Gender identity and sexual orientation data were required fields in previous County data management systems; however, these are not required fields in SmartCare. The proportional decrease in LGBTQ+ clients served may be an artifact of this change and the attendant increase in missing data.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

LGBTQ+ Client Service Provider Type

The majority (83%) of LGBTQ+ clients were served *only* by Org providers in FY 2024-25.



Who Are We Serving?

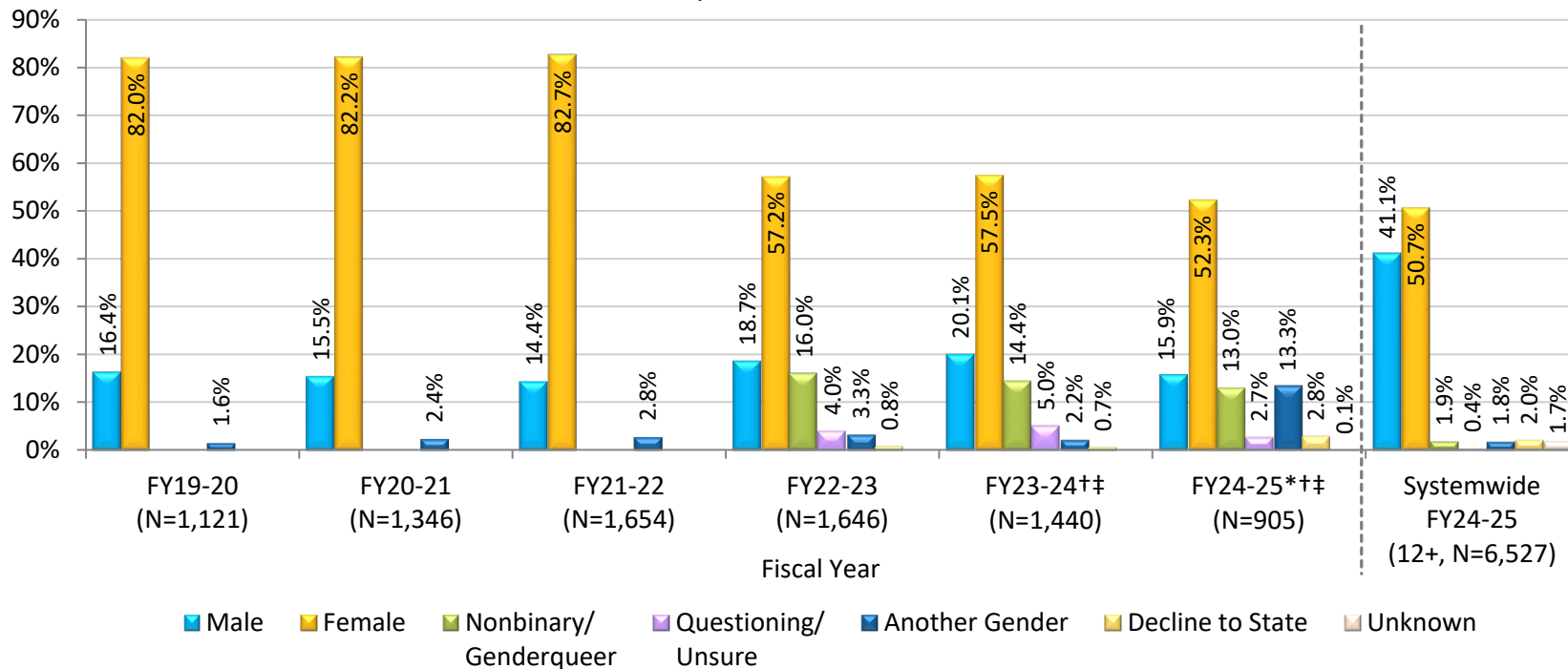
LGBTQ+ Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth's current identification, not sex assigned at birth.

LGBTQ+ Client Gender

473 (52%) LGBTQ+ clients who received BHS-CY services in FY 2024-25 identified as female; 118 (13%) identified as nonbinary or genderqueer.

LGBTQ+ Gender Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.

††Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

Who Are We Serving?

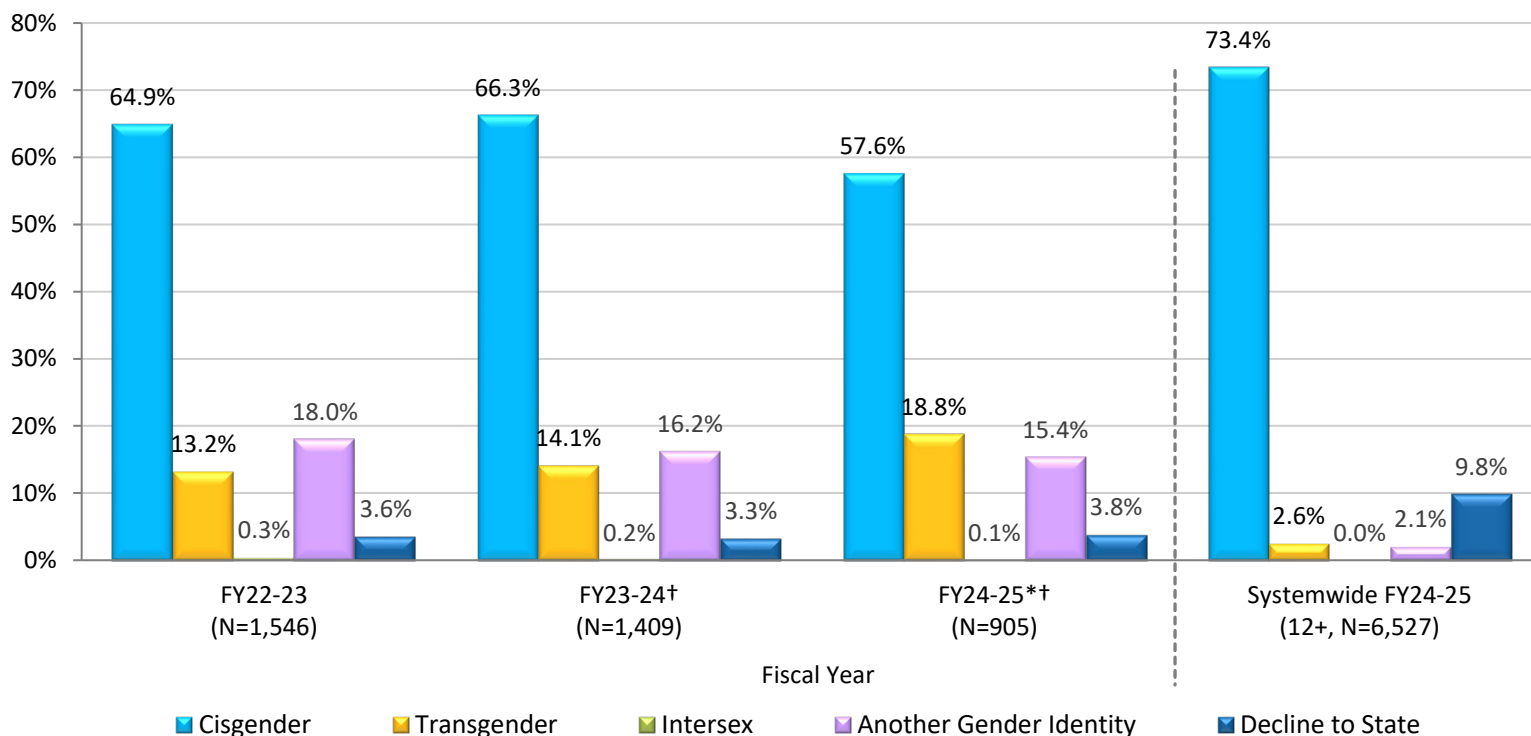
LGBTQ+ Youth

Gender reporting was expanded in FY 2022-23 to include self-reported gender identity.

LGBTQ+ Client Gender Identity

❖ 521 (58%) LGBTQ+ youth clients ages 12+ identified as cisgender and 170 (19%) identified as transgender.

LGBTQ+ Gender Identity Distribution



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

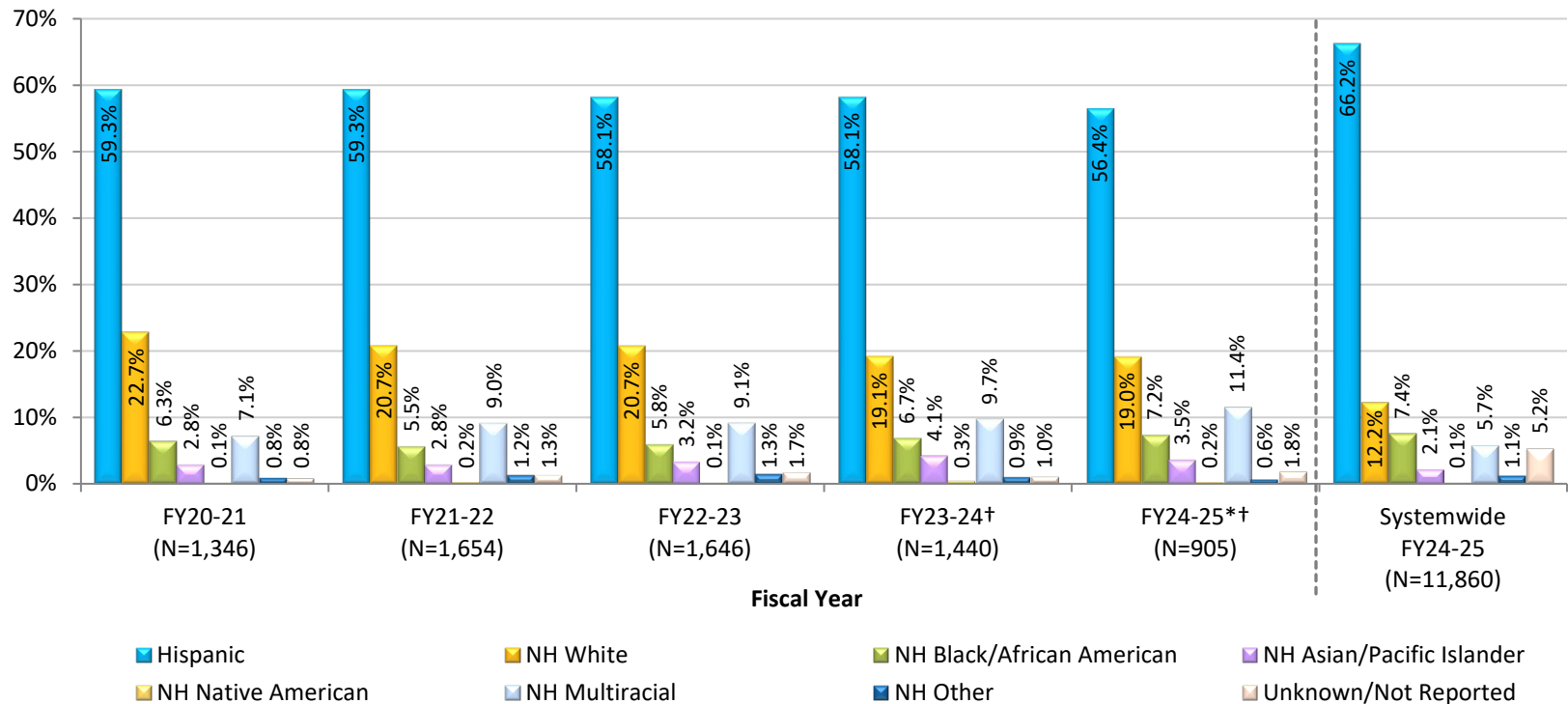
†Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

Who Are We Serving? LGBTQ+ Youth

LGBTQ+ Client Race/Ethnicity

- ❖ 510 (56%) LGBTQ+ clients who received BHS-CY services in FY 2024-25 were identified as Hispanic.
- ❖ More White, Asian, and Multiracial clients, and less Hispanic clients, identified as LGBTQ+ as compared to the BHS-CY systemwide averages.

LGBTQ+ Race/Ethnicity Distribution



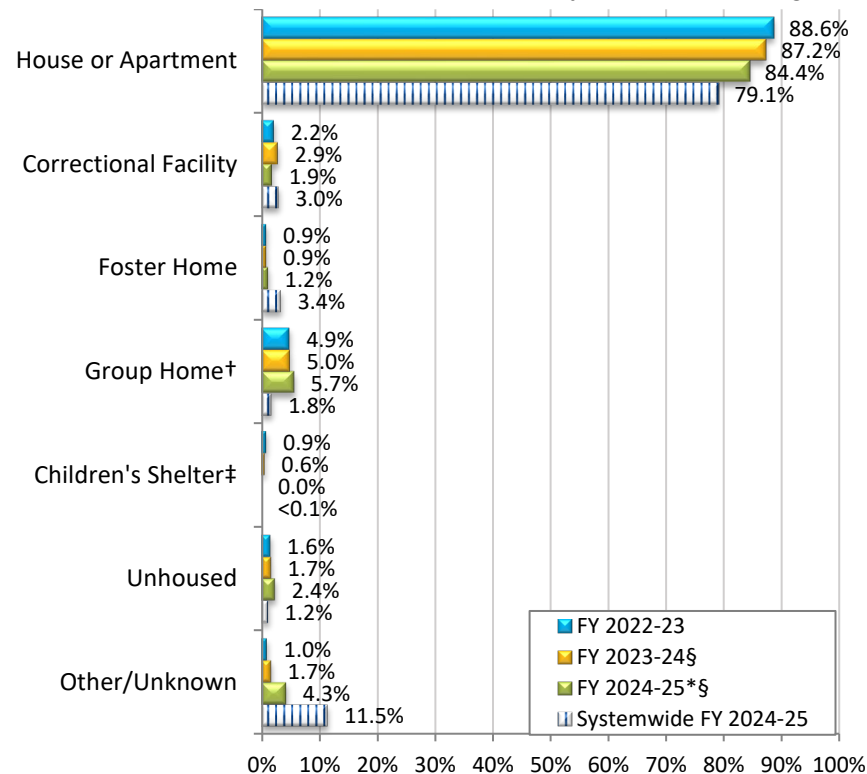
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

Who Are We Serving? LGBTQ+ Youth

LGBTQ+ Client Living Situation

764 (84%) LGBTQ+ clients served by BHS-CY lived in a family home or apartment at some point during FY 2024-25. 52 (6%) LGBTQ+ clients lived in a Group Home in FY 2024-25, more than three times the proportion of the BHS-CY systemwide average.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

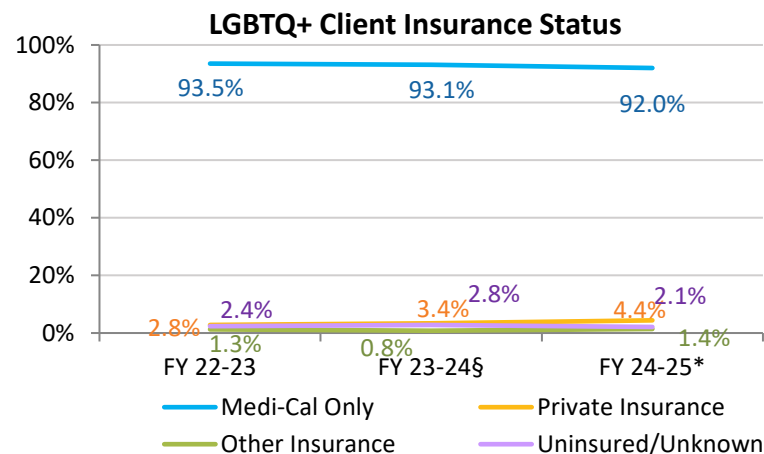
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

§Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

LGBTQ+ Health Care Coverage

833 (92%) LGBTQ+ clients who received services from BHS-CY during FY 2024-25 were covered exclusively by Medi-Cal. By comparison, 91% of BHS-CY clients systemwide that were covered exclusively by Medi-Cal in FY 2024-25.



NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

LGBTQ+ Primary Care Physician (PCP) Status

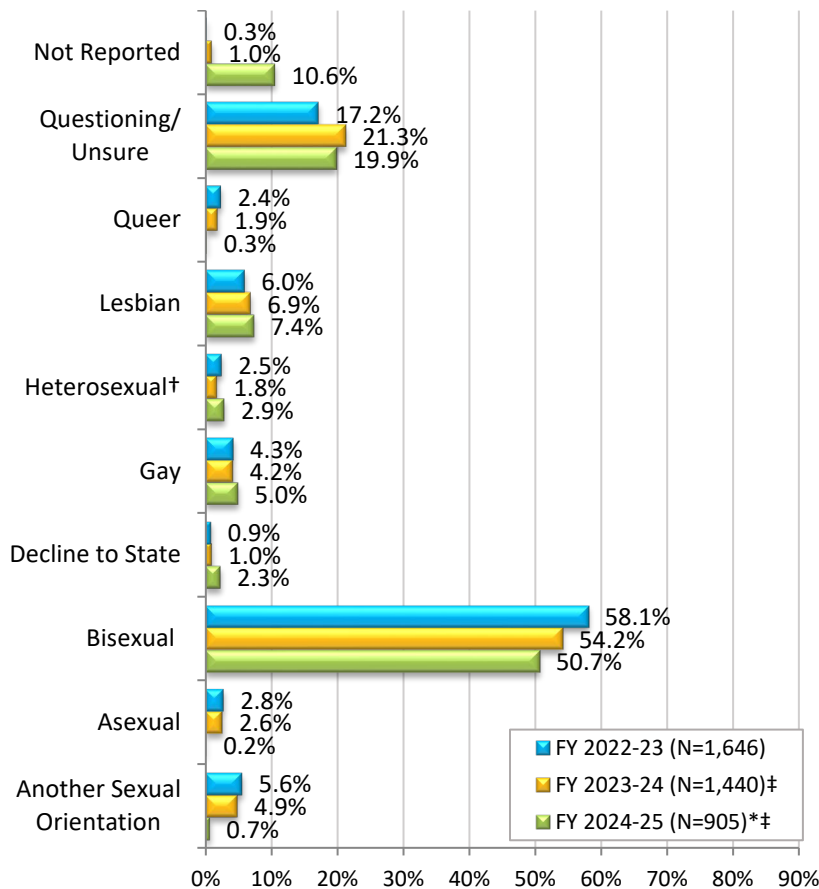
661 (73%) LGBTQ+ clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

Who Are We Serving?

LGBTQ+ Youth

LGBTQ+ Sexual Orientation

459 (51%) LGBTQ+ clients served by BHS-CY identified as bisexual during FY 2024-25.



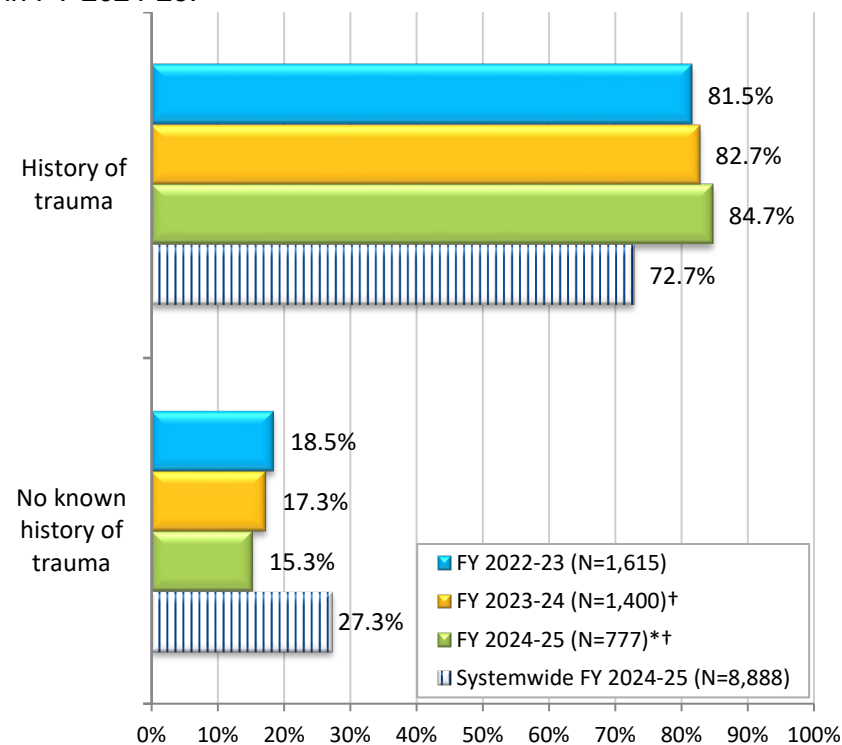
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Transgender is now classified with gender identity and has been excluded from historical data; some transgender clients identify as heterosexual.

‡Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

LGBTQ+ History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 777 clients (86% of the LGBTQ+ population) in FY 2024-25; of these 777 clients, 658 (85%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.

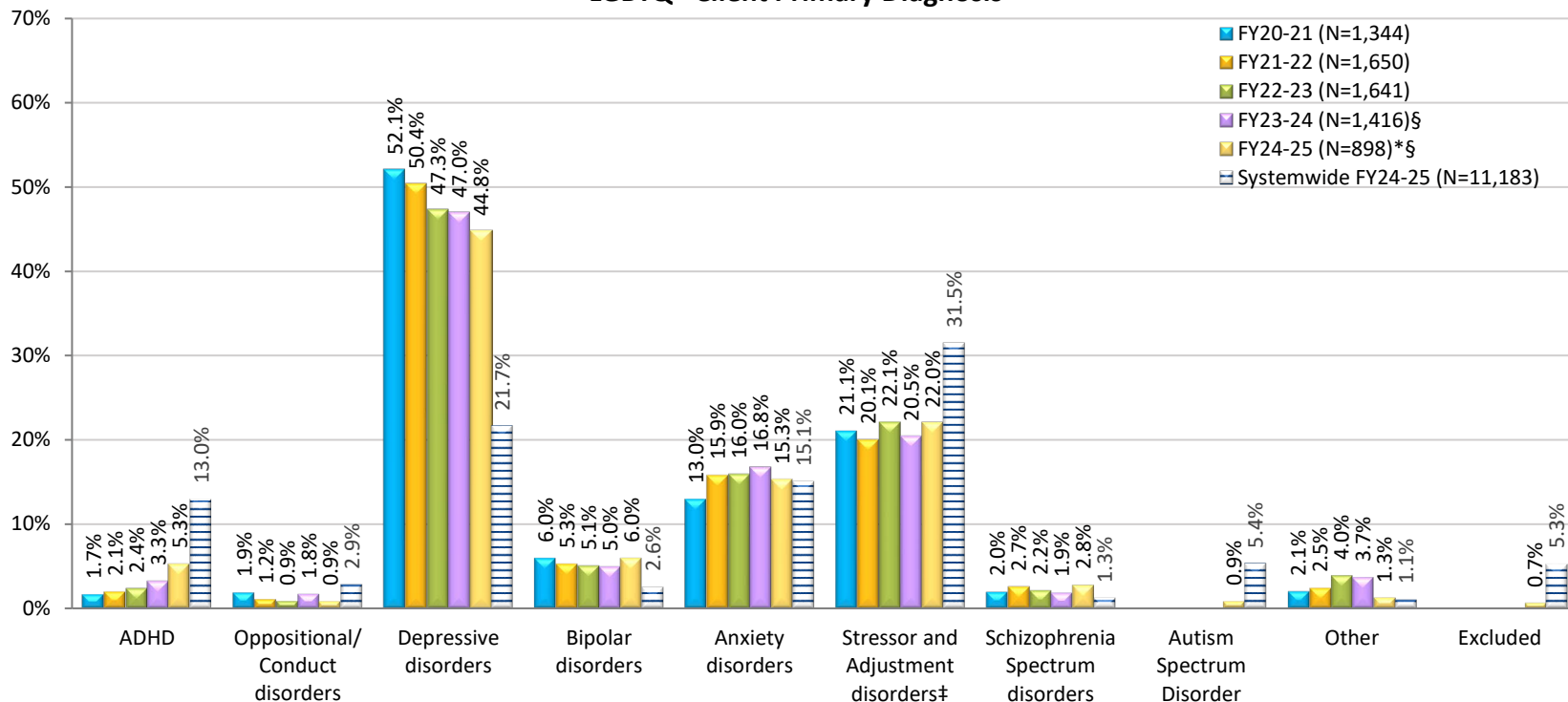


Who Are We Serving? LGBTQ+ Youth

LGBTQ+ Primary Diagnosis*†

The most common primary diagnoses among LGBTQ+ clients served by BHS-CY in FY 2024-25 were: Depressive disorders (n=402, 45%), Stressor and Adjustment disorders (n=198; 22%), and Anxiety disorders (n=137; 15%). Rates of Depressive disorder diagnoses were far greater than the BHS-CY systemwide average.

LGBTQ+ Client Primary Diagnosis



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; 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.

§Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

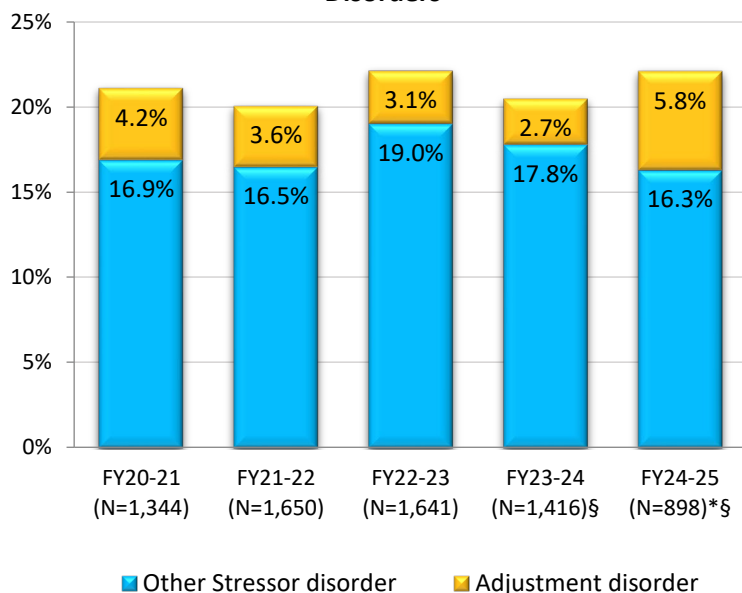
Who Are We Serving?

LGBTQ+ Youth

LGBTQ+ Stressor and Adjustment Disorders*†

As of May 2013, 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. The proportion of Stressor disorder diagnoses within the Stressor and Adjustment category has fluctuated over the past five years.

LGBTQ+ Clients with Stressor and Adjustment Disorders



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

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

§ Gender identity and sexual orientation data were expanded in 2023-24 to include age 12. Previous years were comprised of ages 13+ and may not be directly comparable.

LGBTQ+ Co-occurring Substance Use (12+ years)

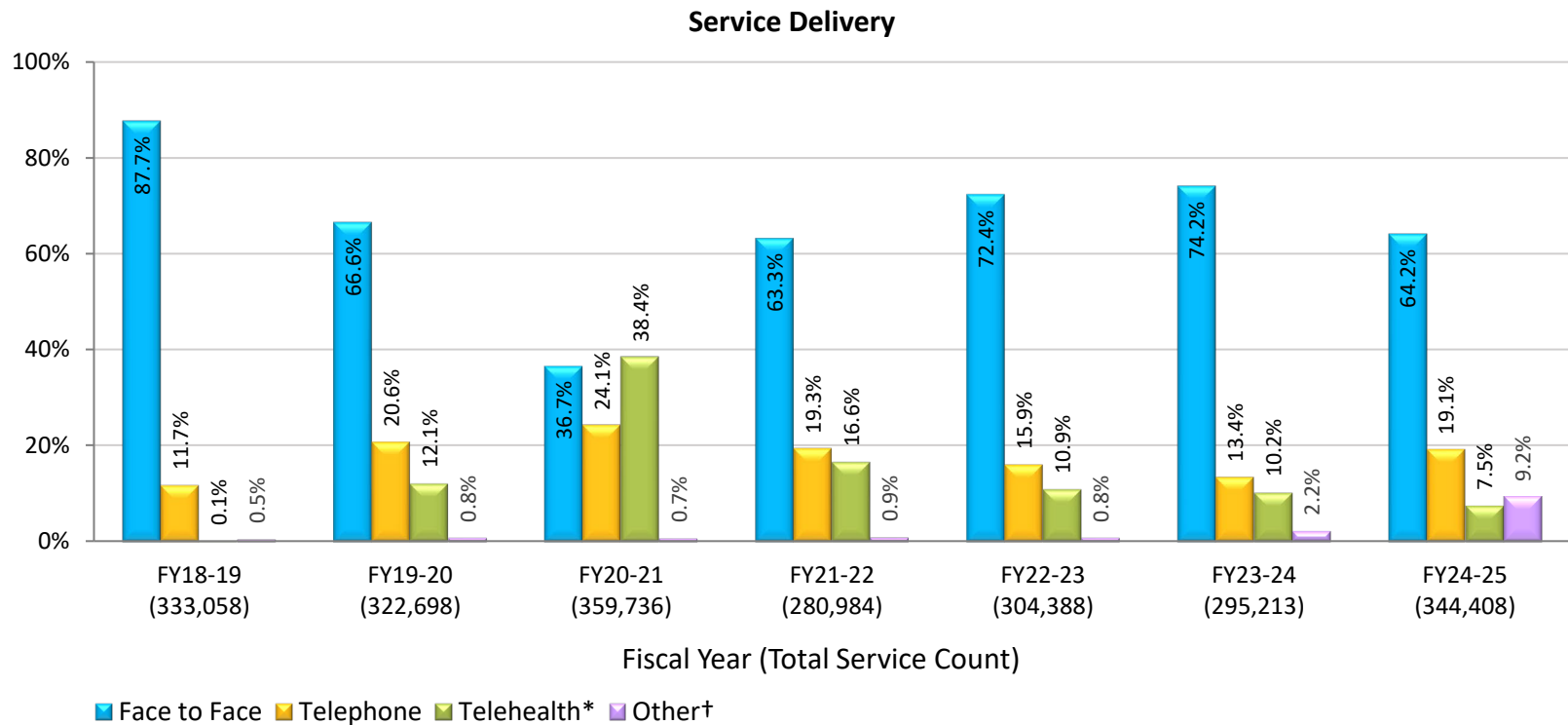
In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the BHA or Client Services Information (CSI) assessment record for clients ages 12+. In FY 2024-25, 44% of LGBTQ+ youth had a co-occurring substance use issue.

FY 2024-25* BHS-CY Youth	LGBTQ+ Percent (n of N)	Systemwide (12+) Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	44% (402 of 905)	32% (2,081 of 6,527)
BHS-CY Youth with Co-occurring Substance Use Issue	LGBTQ+ Percent (n of N)	Systemwide (12+) Percent (n of N)
Had dual diagnosis through mental health program‡	30% (119 of 402)	36% (739 of 2,081)
Received services from SUD program	9% (34 of 402)	15% (301 of 2,081)
BHS-CY youth who received services from SUD program who also had dual diagnosis	59% (20 of 34)	69% (207 of 301)

How Are We Serving?

Mode of Service Delivery

Mental health services are primarily delivered in person, on the phone, or via videoconference. Prior to the COVID-19 pandemic in March 2020, services were overwhelmingly delivered in person (88%) and less than one percent took place online. During the first full year of the pandemic in FY 2020-21, only 37% of services were in person, while 63% of interactions took place via call or video. In FY 2024-25, 64% of services were delivered face-to-face, while 27% were delivered by phone or online.



Services refer to outpatient billable contacts (e.g., therapy, case management, medication check, etc.) where the client and family or the client and family/legal guardian were contacted.

*Telehealth can include both video and telephone services.

†Other includes NULL, Correspondence, No Contact, PCIT international, TTY, and written.

Where Are We Serving?

In FY 2024-25, BHS-CY served 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†	2,870	24%	1,972	17%	1,204	10%	1,427	12%	2,052	17%	2,078	18%	11,860	100%
Age														
Age 0-5	287	10%	283	14%	175	15%	208	15%	280	14%	370	18%	1,618	14%
Age 6-11	1,049	37%	592	30%	346	29%	432	30%	567	28%	643	31%	3,715	31%
Age 12-17	1,369	48%	987	50%	607	50%	700	49%	1,095	53%	948	46%	5,831	49%
Age 18+	165	6%	110	6%	76	6%	87	6%	110	5%	117	6%	696	6%
Gender														
Female	1,302	45%	898	46%	563	47%	639	45%	988	48%	916	44%	5,416	46%
Male	1,398	49%	963	49%	577	48%	674	47%	919	45%	1,017	49%	5,674	48%
Other/Unknown	170	6%	111	6%	64	5%	114	8%	145	7%	145	7%	770	7%
Race/Ethnicity														
Hispanic	2,046	71%	1,068	54%	576	48%	957	67%	1,340	65%	1,699	82%	7,846	66%
NH White	113	4%	381	19%	227	19%	236	17%	359	18%	111	5%	1,451	12%
NH Black/African American	327	11%	167	9%	135	11%	55	4%	80	4%	87	4%	877	7%
NH Asian/Pacific Islander	64	2%	36	2%	62	5%	21	2%	32	2%	31	2%	249	2%
NH Native American	1	0%	3	0%	5	0%	2	0%	2	0%	3	0%	16	<1%
NH Multiracial	122	4%	152	8%	120	10%	75	5%	119	6%	72	4%	675	6%
Other/Unknown	197	7%	165	8%	79	7%	81	6%	120	6%	75	4%	746	6%
Most Common Diagnoses														
Total Valid Diagnoses	2,739	95%	1,825	93%	1,086	90%	1,352	95%	1,898	93%	2,000	96%	11,183	94%
Depressive Disorders	526	19%	374	21%	252	23%	311	23%	486	26%	423	21%	2,432	22%
Stressor & Adjustment Disorders	849	31%	626	34%	359	33%	386	29%	512	27%	714	36%	3,525	32%
Anxiety Disorders	416	15%	225	12%	166	15%	253	19%	334	18%	267	13%	1,693	15%
Attention Deficit Hyperactivity Disorders	328	12%	234	13%	148	14%	171	13%	264	14%	282	14%	1,451	13%

*Region identified by client 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.

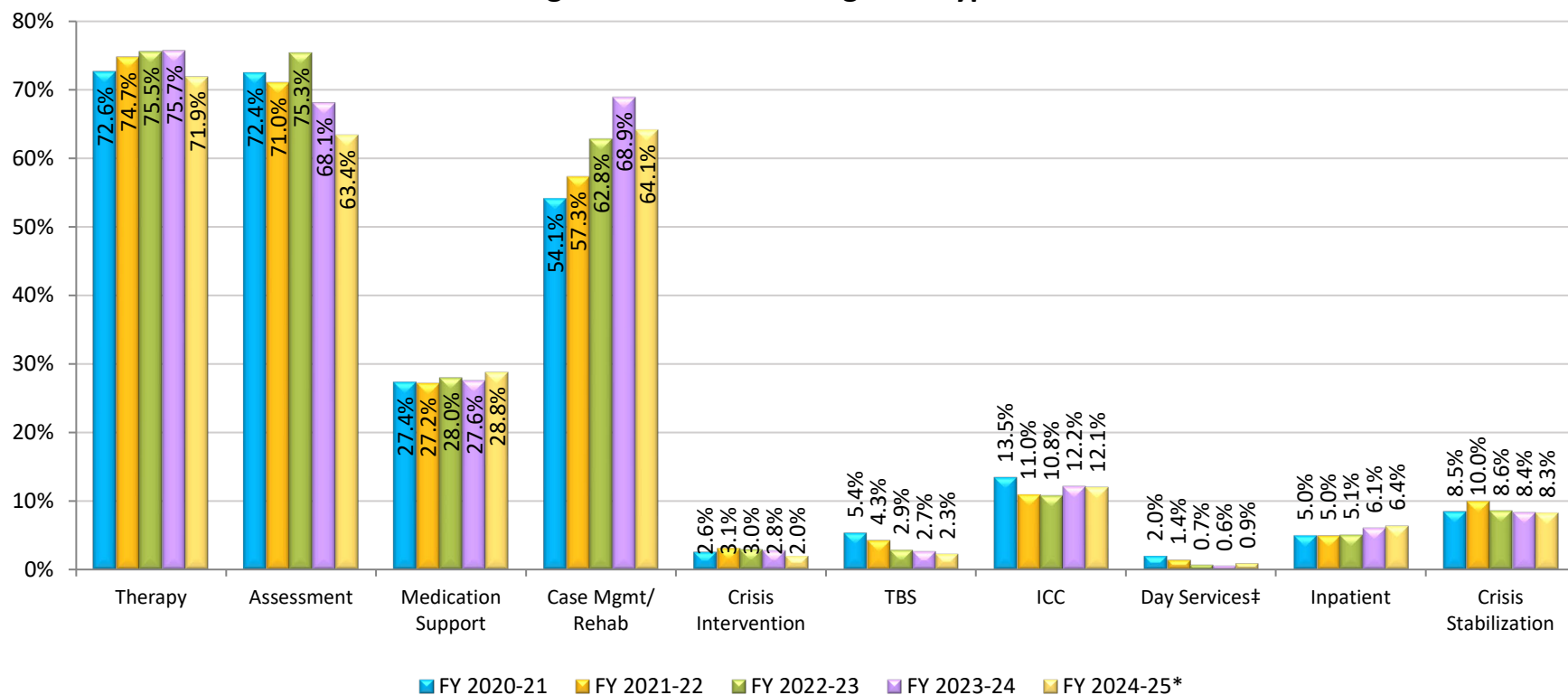
‡Systemwide includes unique clients only.

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. In FY 2024-25, Therapy, Assessment, and Case Management services were the highest utilized. Compared to the previous FY, the percentage of clients receiving Therapy, Assessment, and Case Management/Rehab declined. Other services were provided at roughly the same proportions as FY 2023-24.

Percentage of Clients Receiving Each Type of Service†



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

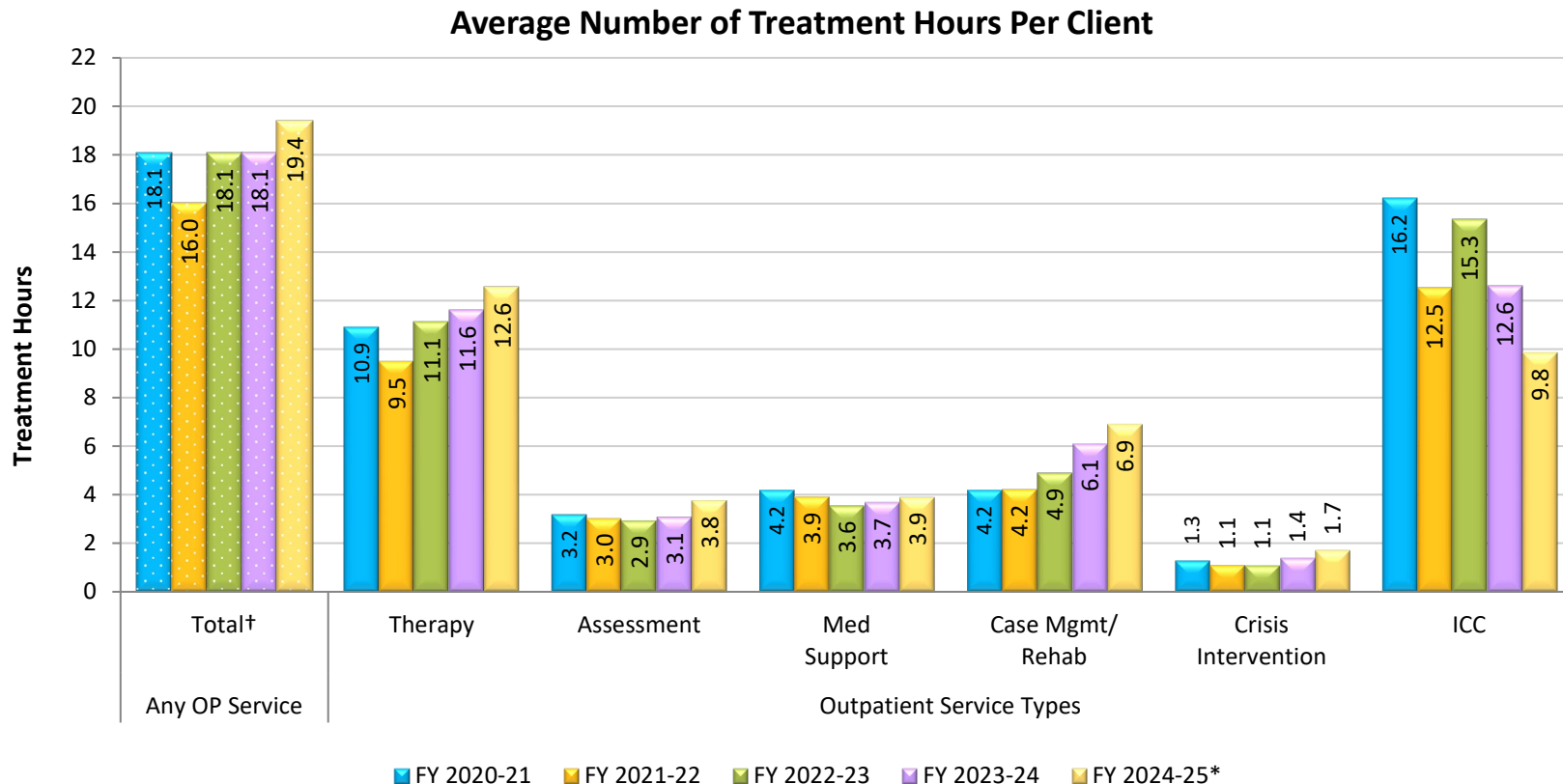
†These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.

‡In FY 2023-24, IOP (Intensive Outpatient Programs) and PHP (Partial Hospitalization Programs) were bundled with Day Services.

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

On average, clients received **19.4 hours of Outpatient Services** in FY 2024-25, an increase from 18.1 hours in FY 2023-24. As compared to the previous fiscal year, ICC service treatment hours decreased. All other outpatient service treatment hours increased.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.

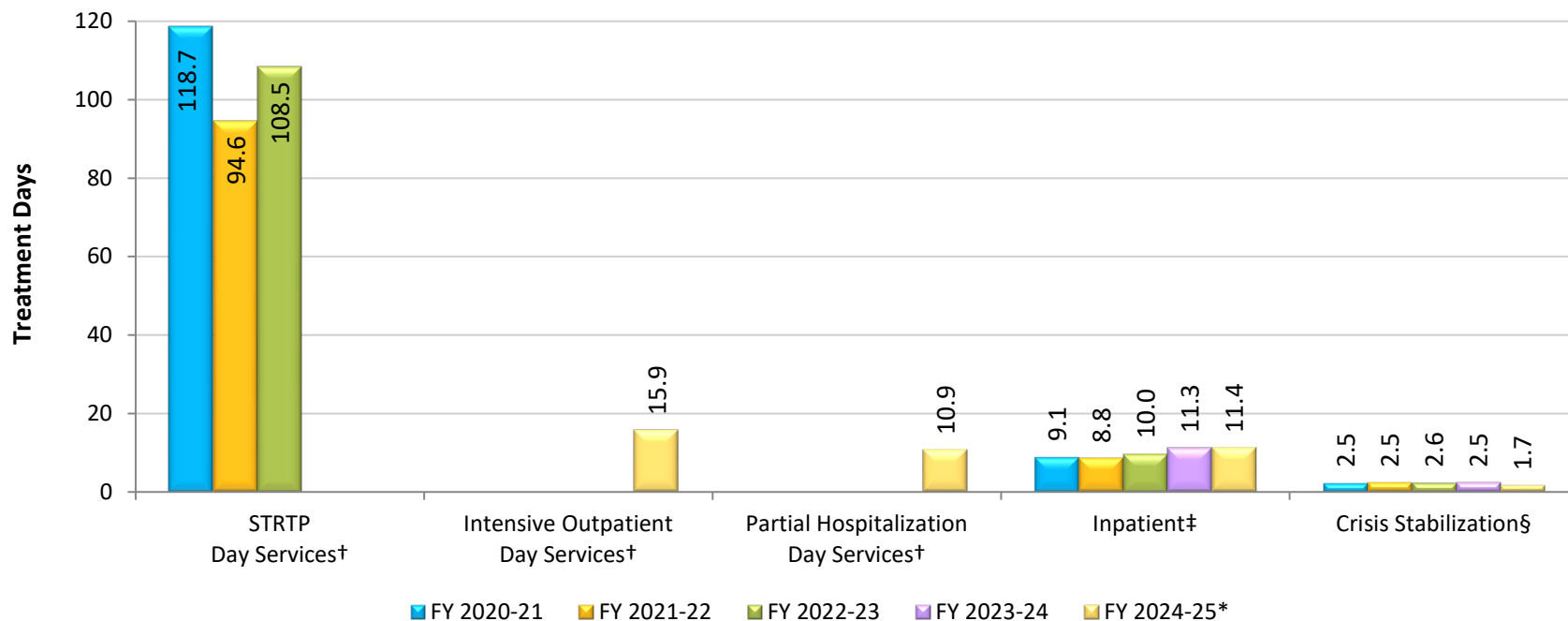
What Kind of Services Are Being Used?

Service Treatment Days

Day Services were unbundled in FY 2023-24; beginning in FY 2024-25 IOP and PHP service days are reported separately.

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.

Average Number of Treatment Days Per Client



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†In FY 2023-24, STRTP Day Services, IOP (Intensive Outpatient Programs), and PHP (Partial Hospitalization Programs) were unbundled.

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

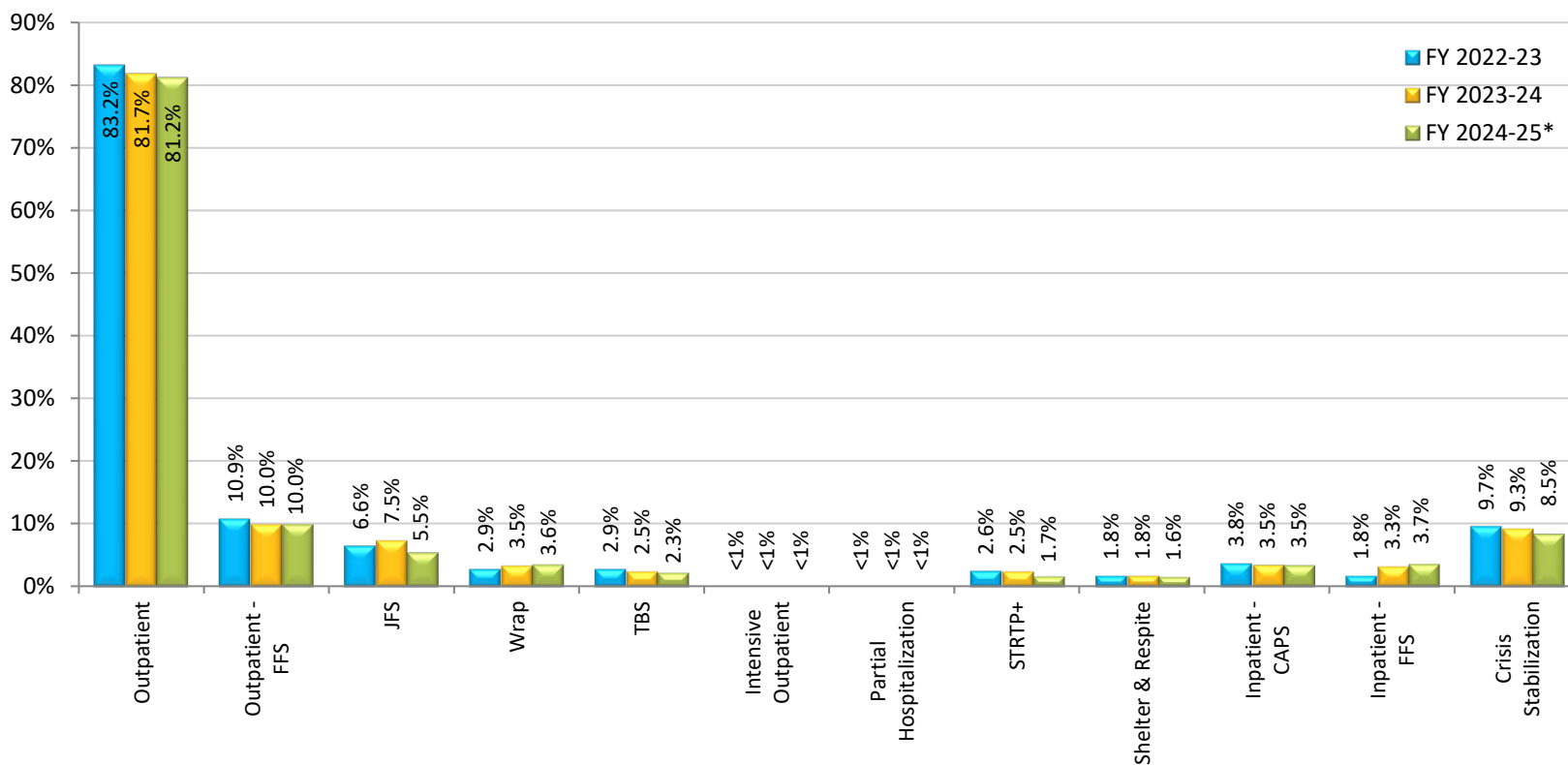
§Crisis Stabilization days may be artificially inflated due to emergency service discharge protocols.

What Kind of Services Are Being Used?

Level of Care (LOC)

There are several levels of treatment for youth receiving mental health services, based on need and severity. Children and youth may receive services across multiple LOCs in the course of a year.

Percentage of Clients Receiving Service in each Level of Care†



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

† Clients may have received services in more than one level of care.

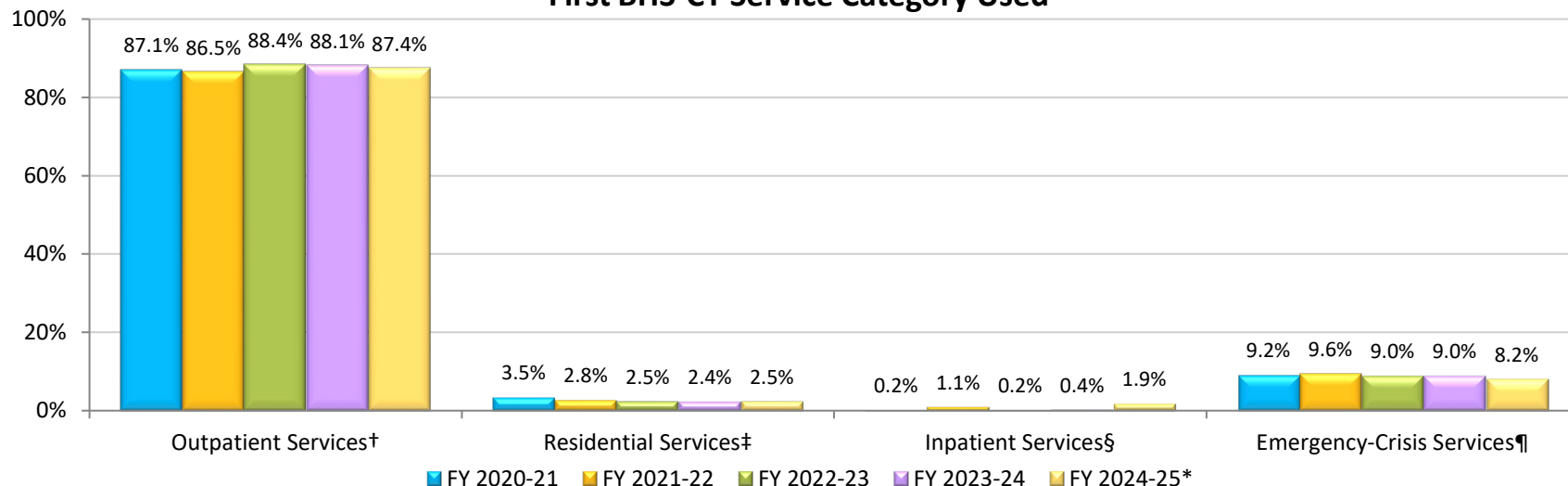
What Kind of Services Are Being Used?

First Service Ever Used by BHS-CY Clients

Individual levels of care are rolled up into five service categories: Outpatient, Intensive Day, Residential Services, Inpatient, and Emergency-Crisis. First service ever received in BHS-CY (from FY 2008-09) was calculated for unduplicated clients active in a given fiscal year. Due to the low number of clients entering the system via Intensive Day Services (<0.1%), they are not included in the chart below.

Trending data are complicated to interpret. Some of these clients received their first service more than 10 years ago, and many clinical and administrative changes have taken place in that period of time; for example, increase in PERT services and staffing beginning in FY 2016-17, introduction of MCRT services in January 2021, and ESU bed expansion in 2018.

First BHS-CY Service Category Used



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†In FY 2024-25, Outpatient Services included: Outpatient Contracted, Outpatient Fee-for-Service, Wraparound programs, Juvenile Forensic Service programs, and Therapeutic Behavioral Services programs.

‡In FY 2024-25, Residential Services included: Day Treatment, STRTP+ (Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, San Pasqual Academy) and Shelter & Respite.

§In FY 2024-25, Inpatient Services included: Inpatient Contracted programs and Inpatient Fee-for-Service programs.

¶In FY 2024-25, Emergency-Crisis services included: Crisis Stabilization, PERT, MCRT, and Urgent Outpatient services.

NOTE: Specific service types vary across fiscal years.

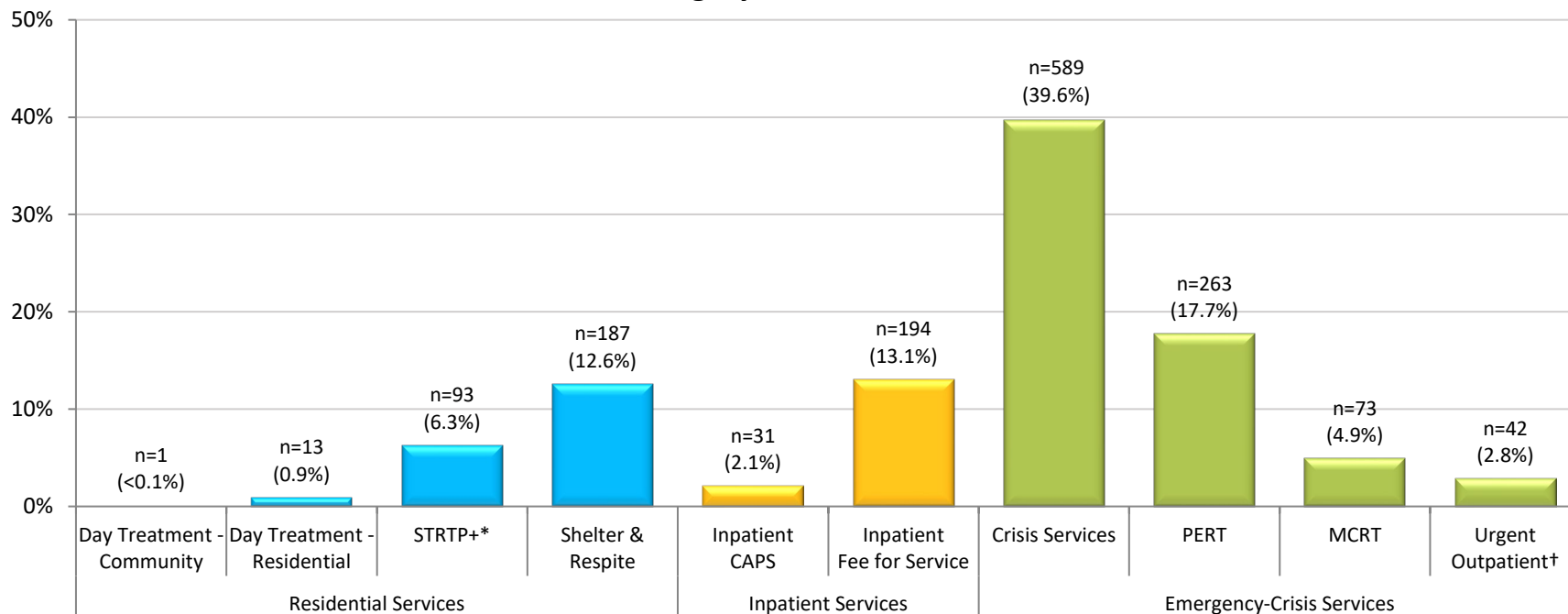
What Kind of Services Are Being Used?

First Service Ever Used by BHS-CY Clients Active in FY 2024-25—Intensive Services

First service ever received in BHS-CY (from FY 2008-09) was identified for all 11,860 youth in FY 2024-25; 1,486 (13%) entered the BHS-CY system by way of an intensive service; a slight increase from 1,387 (12%) of 11,678 in FY 2023-24.

967 (65%) of these 1,486 youth entered the system via Emergency-Crisis Services. More than half of the 967 youth whose first BHS-CY service was Emergency-Crisis were served by a Crisis Services program. Approximately one-quarter of these 967 youth entered BHS-CY via a PERT program.

First BHS-CY Service Category Used - Intensive Service Breakdown



Fiscal Year 2024-25 (N=1,486)

*STRTP+ includes: Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, and San Pasqual Academy.

†Urgent Outpatient services are limited to Emergency Medication Management Services.

What Kind of Services Are Being Used?

Average Length of Service (ALOS) by Level of Care

ALOS for Outpatient, Residential, and Emergency/Crisis service categories was calculated as average days from first service to last service for MH clients who completed a service episode during the fiscal year. Outpatient and Outpatient Fee for Service levels of care were limited to clients who had more than one service contact. ALOS for Inpatient service categories was calculated as average days from open to close for MH clients who completed a service episode.

Clients may have had multiple discharges across levels of care in the fiscal year.

Average Length of Service by Level of Care*						
Clients (duplicated)			ALOS (days)			
Outpatient Services	FY 2023-24	FY 2024-25	CHANGE (n)	FY 2023-24	FY 2024-25	CHANGE (days)
Outpatient	5,883	8,075	2,192	213.9	161.0	-52.9
Outpatient - Fee for Service	344	351	7	194.3	185.4	-8.9
Juvenile Forensic Services	798	626	-172	64.8	65.7	0.9
Wraparound	253	354	101	234.5	146.0	-88.5
Therapeutic Behavioral Services (TBS)	218	270	52	111.9	92.3	-19.6
Intensive Outpatient Services	FY 2023-24	FY 2024-25	CHANGE (n)	FY 2023-24	FY 2024-25	CHANGE (days)
Intensive Outpatient Programs	6	37	31	29.2	38.9	9.7
Partial Hospitalization Programs	15	103	88	16.9	15.8	-1.1
Residential Services	FY 2023-24	FY 2024-25	CHANGE (n)	FY 2023-24	FY 2024-25	CHANGE (days)
Short Term Residential Therapeutic Programs+	208	181	-27	129.3	127.0	-2.3
Shelter & Respite	194	185	-9	37.1	41.2	4.1
Inpatient Services	FY 2023-24	FY 2024-25	CHANGE (n)	FY 2023-24	FY 2024-25	CHANGE (days)
Inpatient - CAPS	410	408	-2	6.8	10.3	3.5
Inpatient - FFS	378	437	59	8.3	8.2	-0.1
Emergency/Crisis Services	FY 2023-24	FY 2024-25	CHANGE (n)	FY 2023-24	FY 2024-25	CHANGE (days)
Crisis Stabilization†	1,091	1,010	-81	1.7	1.6	-0.1

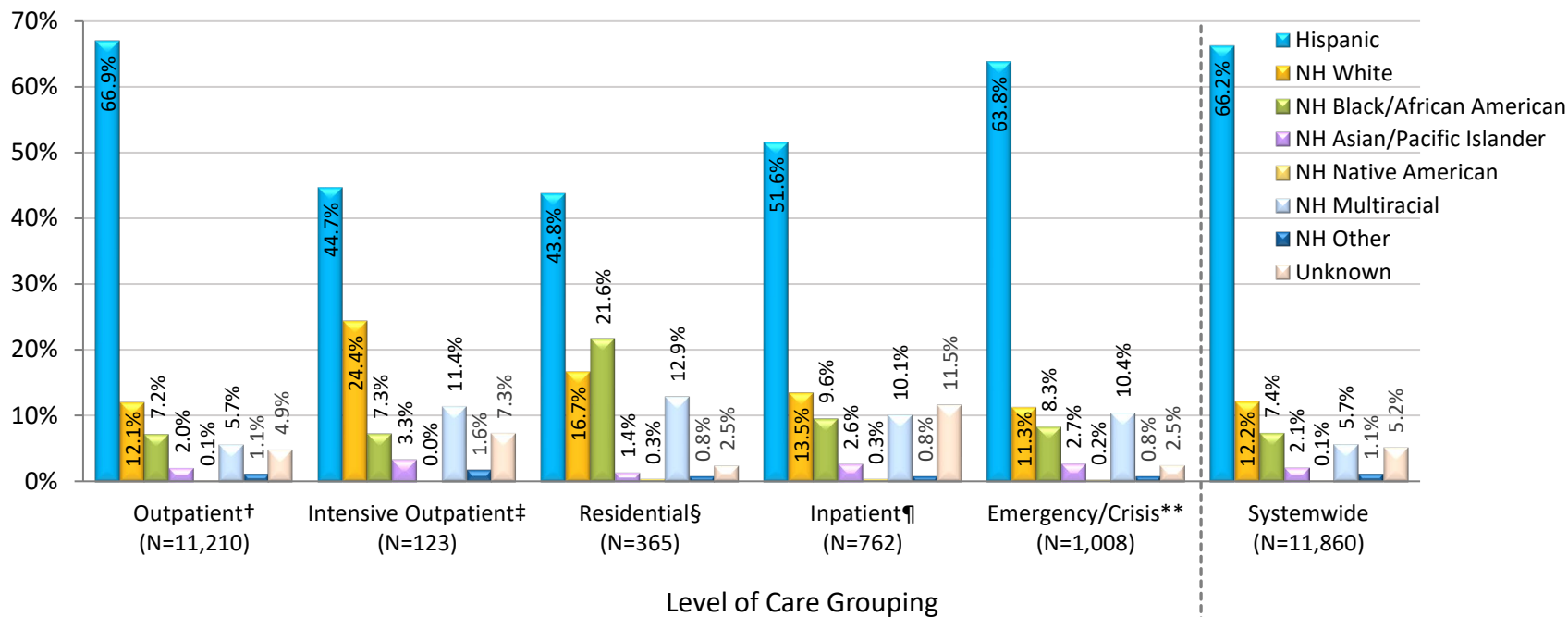
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Crisis Stabilization ALOS may be artificially inflated due to episodes remaining open until client is connected with an OP provider.

What Kind of Services Are Being Used?

Level of Care (LOC) Grouping by Client Race/Ethnicity*

Compared to systemwide averages in FY 2024-25, Black/African American and Multiracial youth were more than twice as likely to receive Residential services. White clients were more likely to receive Residential or Intensive Outpatient services. Hispanic clients were less likely to receive Residential, Intensive Outpatient, or Inpatient services. The proportional distribution of race/ethnicity in the Outpatient level of care was similar to the system as a whole.



NH=Non-Hispanic

*Clients may have received services in more than one level of care grouping.

†In FY 2024-25, Outpatient included: Outpatient Contracted, Outpatient Fee-for-Service, Wraparound programs, Juvenile Forensic Service programs, and Therapeutic Behavioral Services programs.

‡In FY 2024-25, Intensive Outpatient included Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP).

§In FY 2024-25, Residential included: Day Treatment, STRTP+ (Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, San Pasqual Academy) and Shelter & Respite.

¶In FY 2024-25, Inpatient included: Inpatient Contracted programs and Inpatient Fee-for-Service programs.

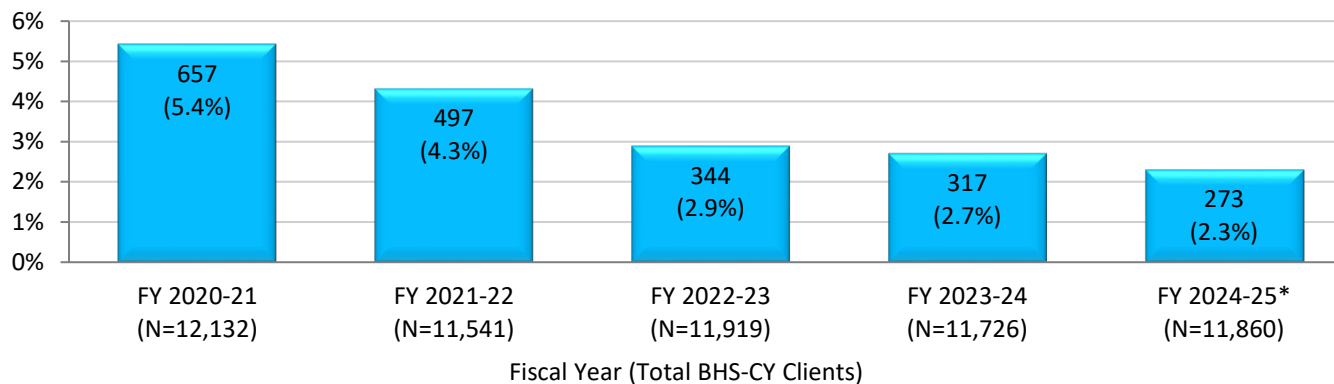
**In FY 2024-25, Emergency/Crisis included: Crisis Stabilization, PERT and MCRT services.

What Kind of Services Are Being Used?

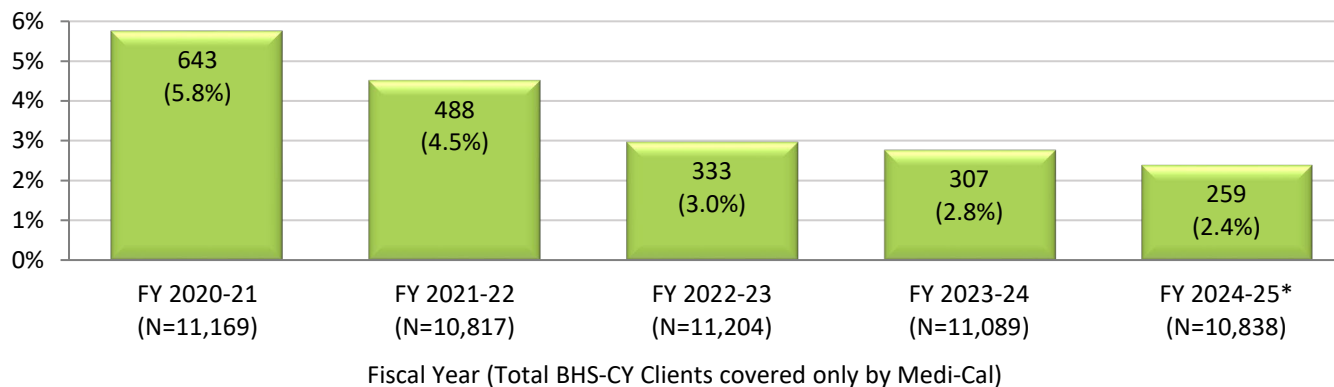
Therapeutic Behavioral Services (TBS)

TBS services are ancillary intensive coaching services designed to help stabilize environments or avoid the need for a more restrictive level of care. TBS services were initiated in BHS-CY in 2001 for Medi-Cal beneficiaries upon the establishment of the service in California following a class action settlement agreement.

TBS Clients within Systemwide BHS-CY Clients



Medi-Cal Only TBS Clients within Medi-Cal Only BHS-CY Clients



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

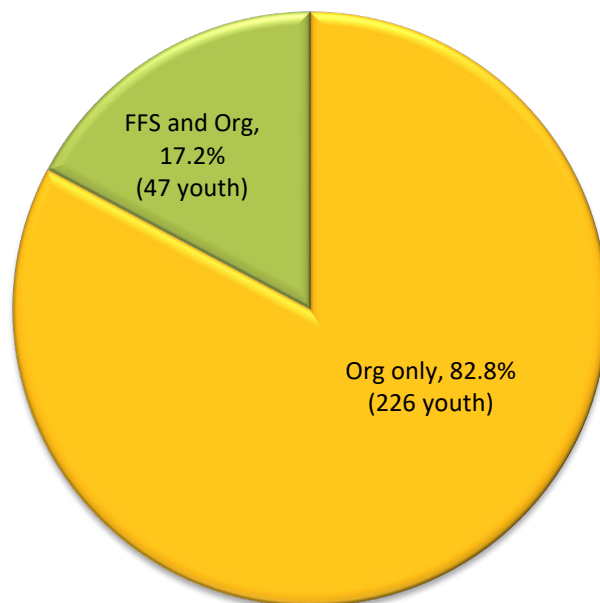
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

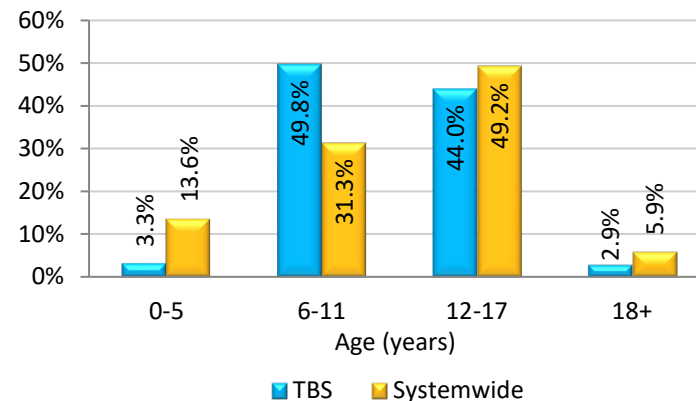
Clients receiving TBS services were younger and less likely to be female than the systemwide averages.

Service Provider Type

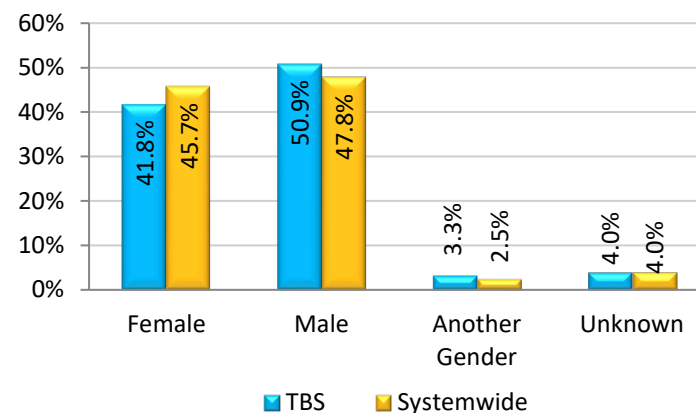
TBS requires a Specialty Mental Health Provider (SMHP). The majority (83%) of BHS-CY TBS clients were served *only* by Org providers in FY 2024-25. No TBS clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2023-24.



TBS Client Age (N=273)



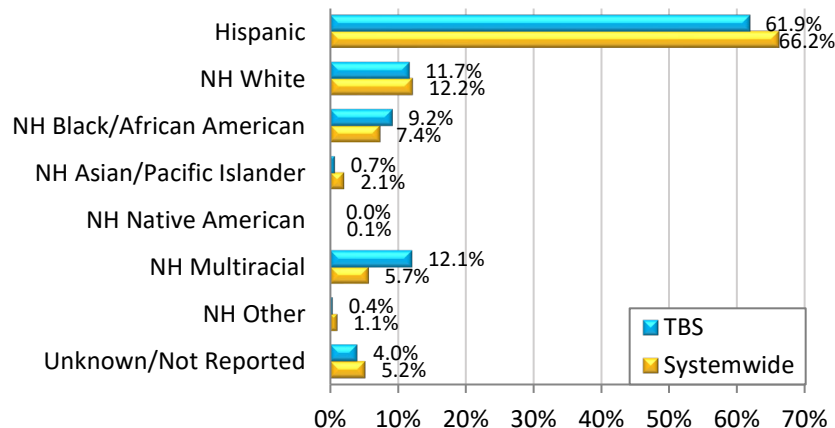
TBS Client Gender (N=273)



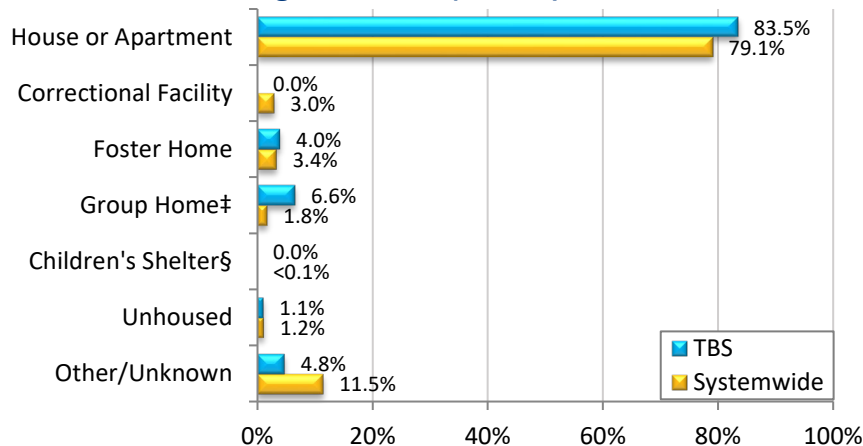
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Race/Ethnicity (N=273)



TBS Client Living Situation (N=273)*



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

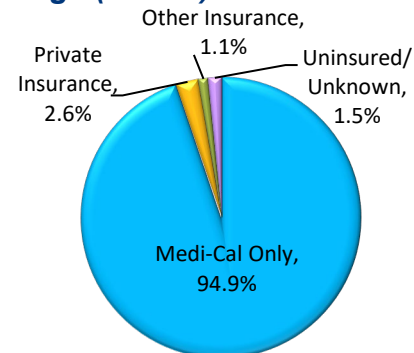
†Most recent living situation recorded in the fiscal year; TBS service may have preceded placement.

‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

§The majority of Children's Shelter clients are served by Polinsky Children's Center.

TBS Client Health Care Coverage (N=273)

259 (95%) clients who received TBS from BHS-CY during FY 2024-25 were covered exclusively by Medi-Cal, a decrease from 97% in FY 2023-24. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.

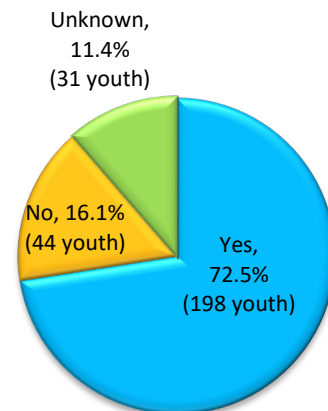


TBS Client Primary Care Physician (PCP) Status

221 (81%) TBS clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

TBS Client History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 242 clients (89% of the TBS population) in FY 2024-25; of these 242 clients, 198 (82%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



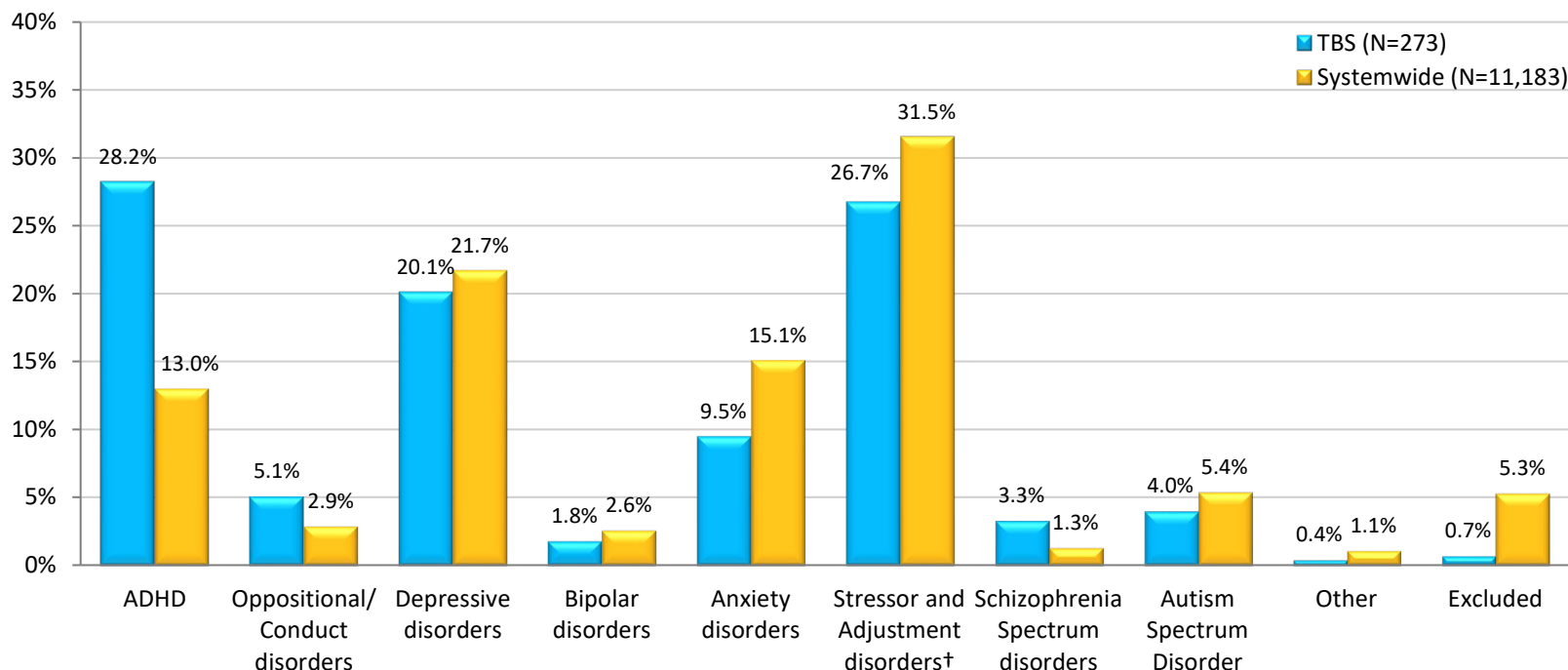
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Clients Primary Diagnosis*

The most common diagnosis for TBS clients in FY 2024-25 was ADHD (28%). TBS clients were more than twice as likely to have an ADHD diagnosis. TBS clients were less likely than the systemwide average to have an Anxiety disorder or Stressor/Adjustment disorder and more likely to have an Oppositional/Conduct disorder.

TBS Clients Primary Diagnosis*



*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; 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.

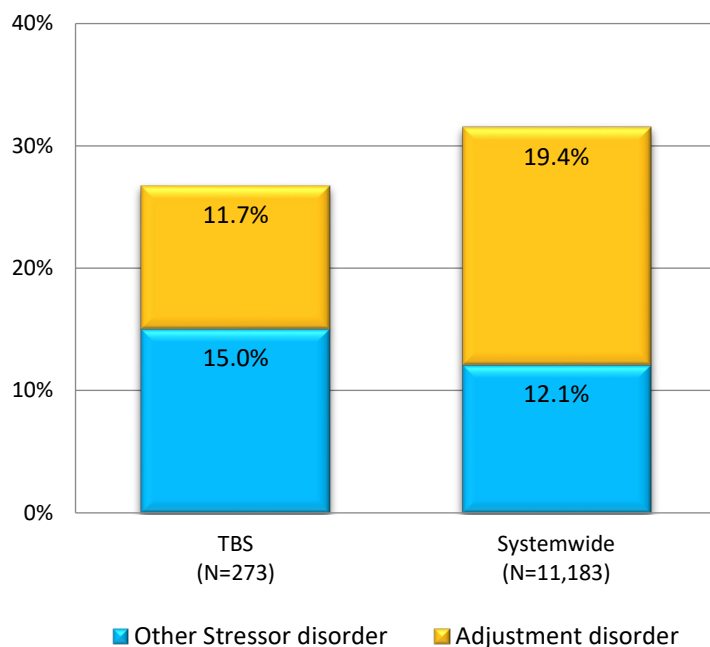
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Stressor and Adjustment Disorders†

As of May 2013, 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. The rate of Adjustment disorder diagnosis was proportionally less among TBS clients in FY 2024-25, as compared to BHS-CY overall.

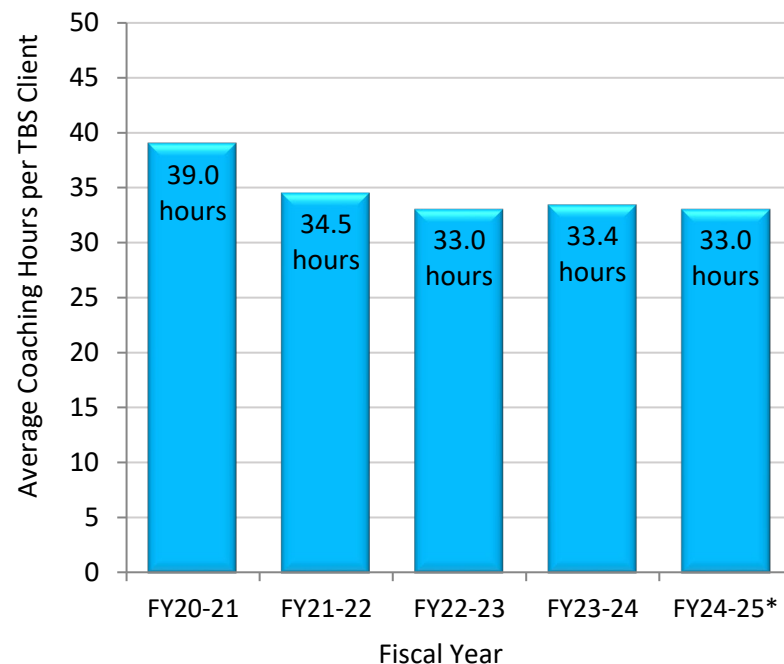
TBS Clients with Stressor and Adjustment Disorders



Coaching Hours for TBS Clients‡

265 (97%) of 273 TBS clients received coaching as part of their services. The average amount of coaching in FY 2024-25 was 33 hours per TBS client.

The ALOS for a TBS client discharging in FY 2024-25 was 92 days; by comparison, the ALOS for a TBS client discharging in FY 2023-24 was 112 days (see page 80).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

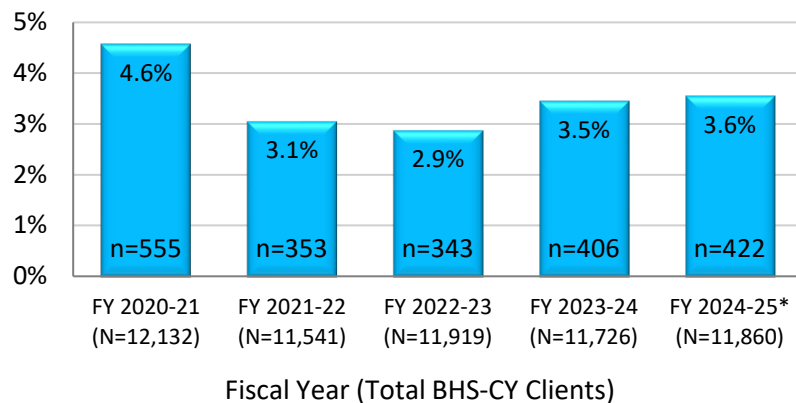
‡Coaching hours are identified by CPT code H2019: "Therapeutic Behavioral Services."

What Kind of Services Are Being Used?

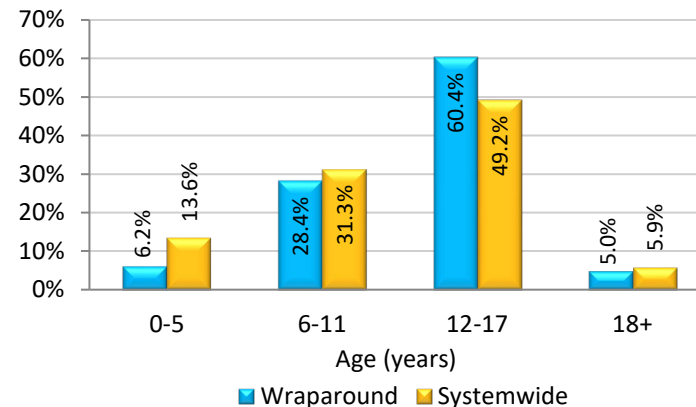
Wraparound Programs

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 majority (84%) of BHS-CY Wraparound clients were served *only* by Org providers in FY 2024-25. No Wraparound clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2023-24 and FY 2022-23. Wraparound clients were older than the systemwide averages.

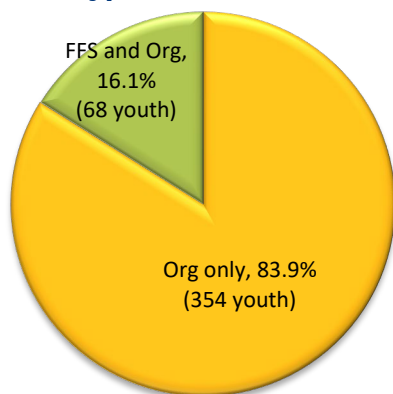
Clients in Wraparound Programs



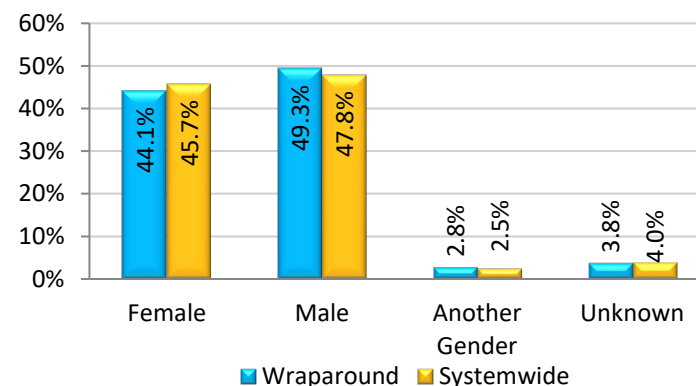
Wraparound Program Clients Age (N=422)



Service Provider Type



Wraparound Program Clients Gender (N=422)

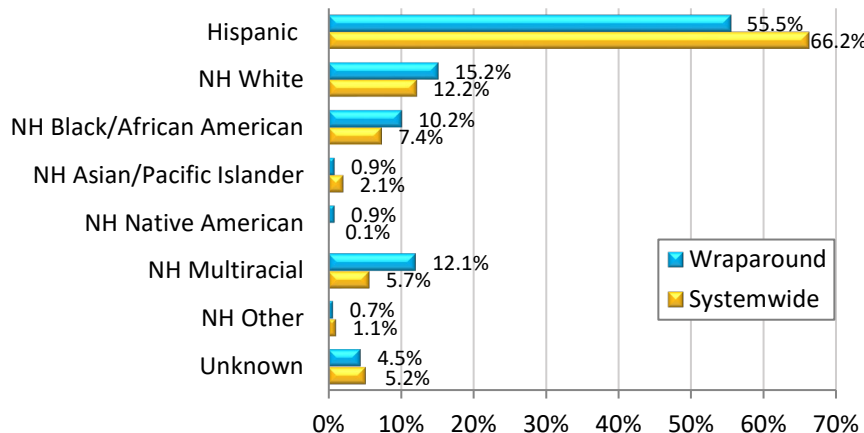


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

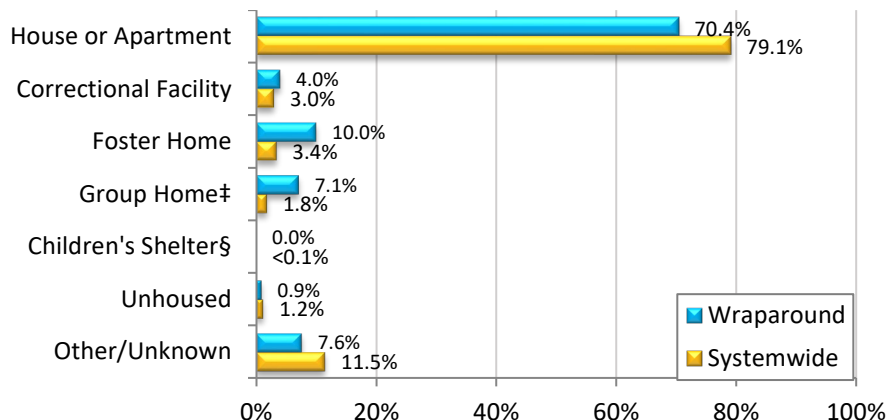
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=422)



Wraparound Program Clients Living Situation (N=422)*



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

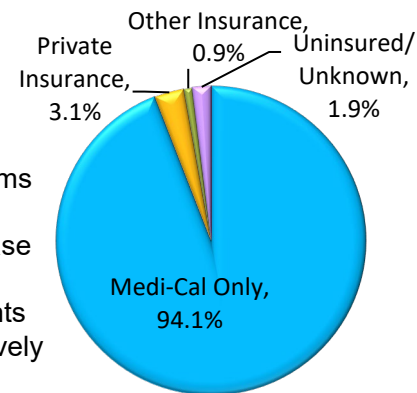
†Most recent living situation recorded in the fiscal year; Wraparound service may have preceded placement.

‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

§The majority of Children's Shelter clients are served by Polinsky Children's Center.

Wraparound Program Clients Health Care Coverage (N=422)

397 (94%) clients who received services from Wraparound programs during FY 2024-25 were covered exclusively by Medi-Cal, an increase from 92% in FY 2023-24. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.

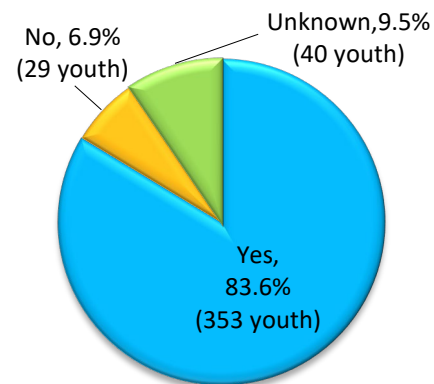


Wraparound Program Clients Primary Care Physician (PCP) Status

290 (69%) Wraparound clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

Wraparound Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 382 clients (91% of the Wraparound population) in FY 2024-25; of these 382 clients, 353 (92%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



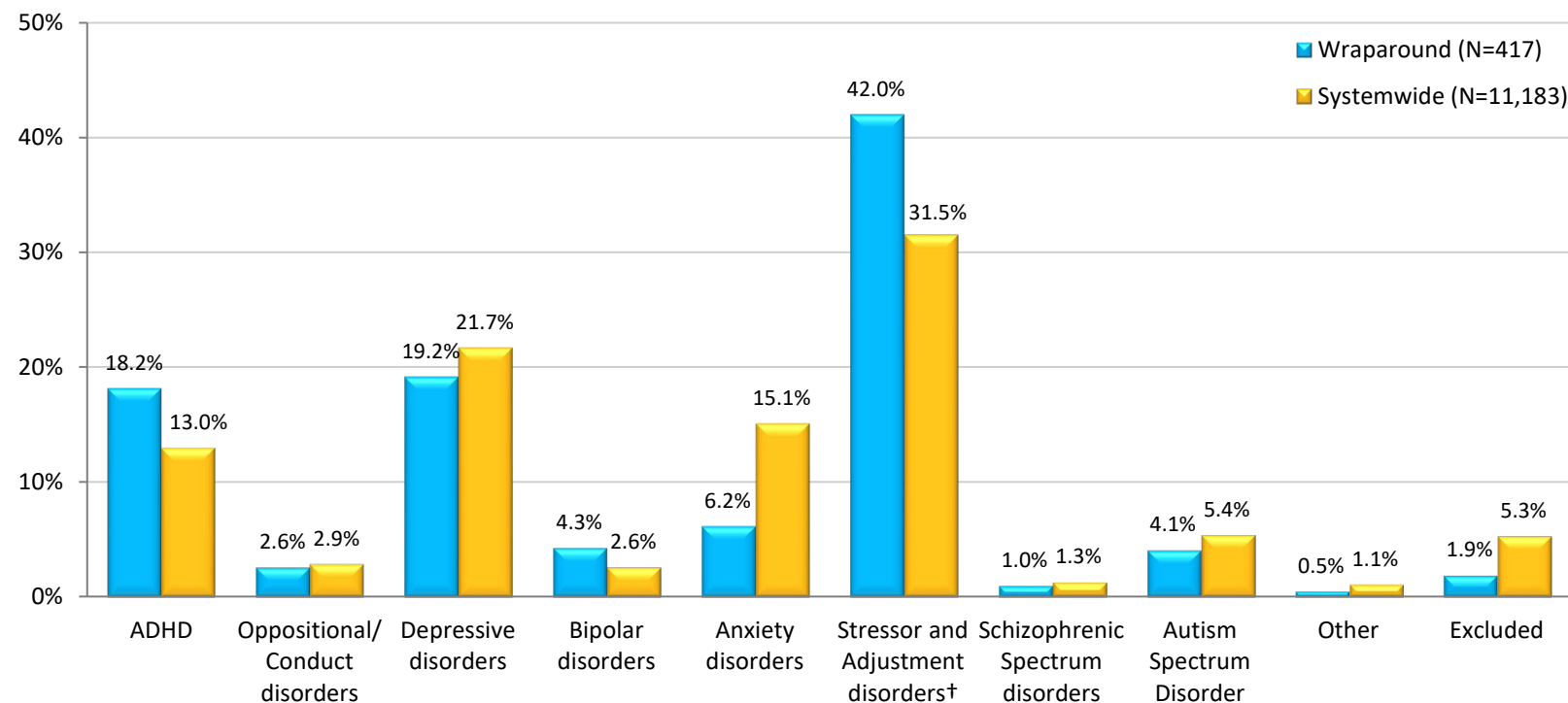
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Primary Diagnosis*

The most common diagnoses for Wraparound Program clients in FY 2024-25 were Stressor and Adjustment (42%) and Depressive disorders (19%). These clients were far less likely to have an Anxiety disorder, and more likely to have a Stressor and Adjustment or Bipolar disorder diagnosis as compared to BHS-CY clients overall.

Wraparound Program Client Primary Diagnosis*



*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

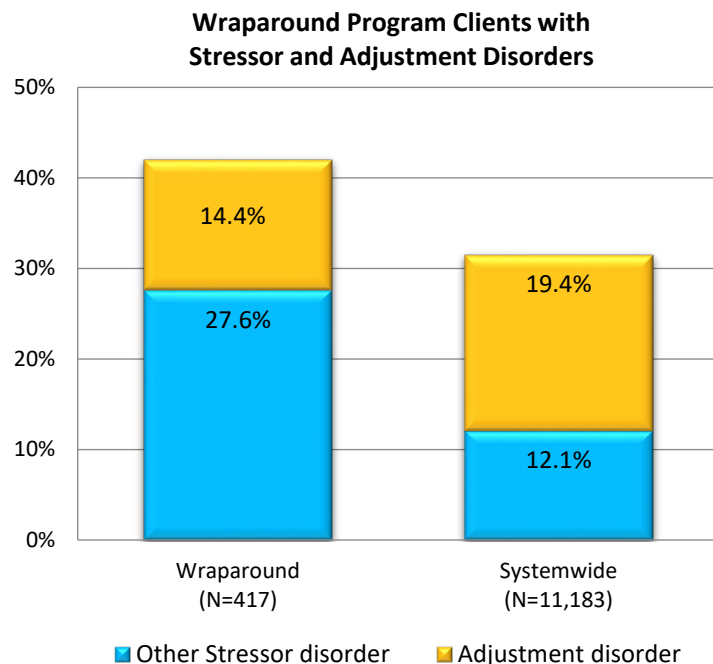
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Stressor and Adjustment Disorders*†

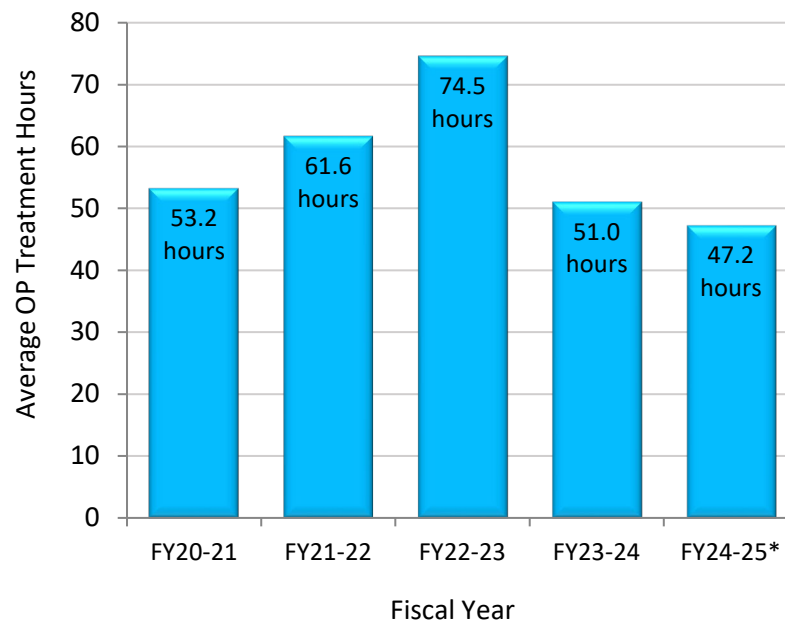
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among Wraparound Program clients in FY 2024-25, as compared to BHS-CY overall.



Outpatient Treatment Hours for Clients in Wraparound Programs‡

The average number of Outpatient hours for clients in Wraparound programs decreased, from 51 hours in FY 2023-24 to 47 hours in FY 2024-25.

The ALOS for a Wraparound Program client discharging in FY 2024-25 was 146 days; by comparison, the ALOS for Wraparound client discharging in FY 2023-24 was 235 days (see page 80).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

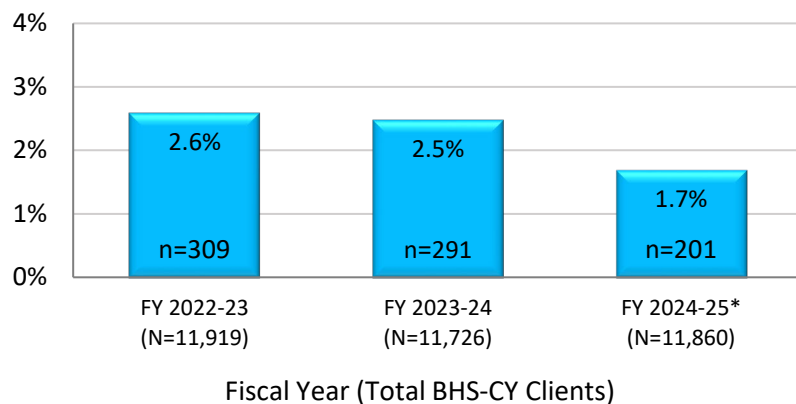
‡Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.

What Kind of Services Are Being Used?

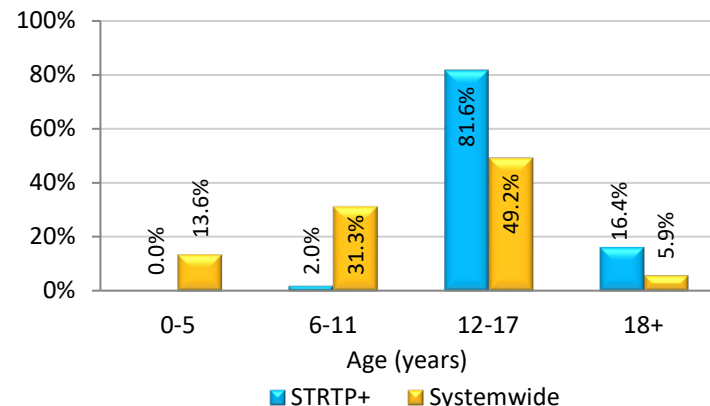
STRTP+ Programs

Short-Term Residential Therapeutic Programs Plus (STRTP+) is a level of care comprised of STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF), and San Pasqual Academy. These are residential settings where youth receive short-term intensive services in order to stabilize and return to a home-based family setting. STRTP+ was established as a BHS-CY LOC in FY 2020-21. The majority (84%) of STRTP+ clients were served *only* by Org providers in FY 2024-25.

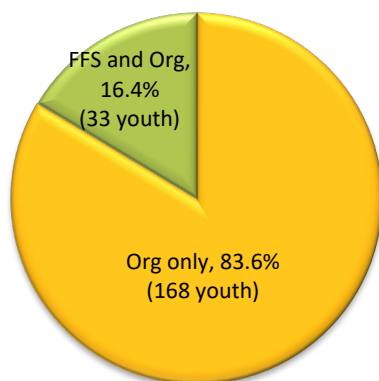
Clients in STRTP+ Programs



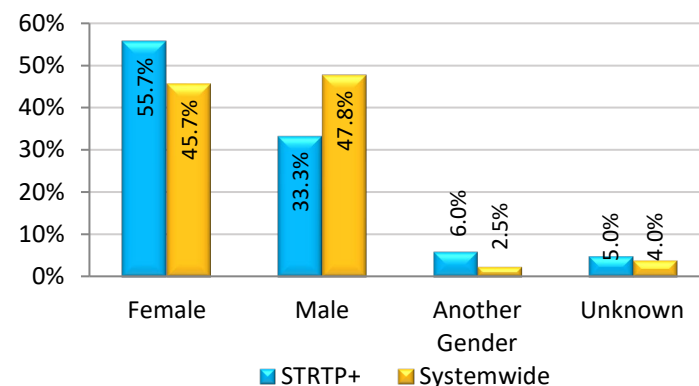
STRTP+ Program Clients Age (N=201)



Service Provider Type



STRTP+ Program Clients Gender (N=201)

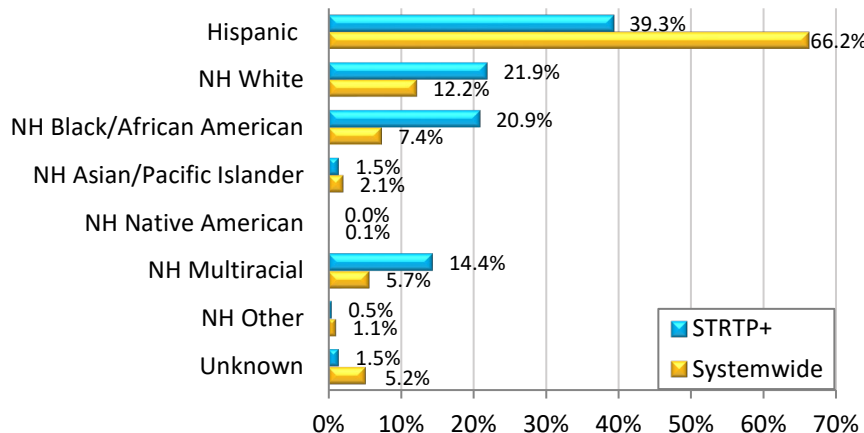


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

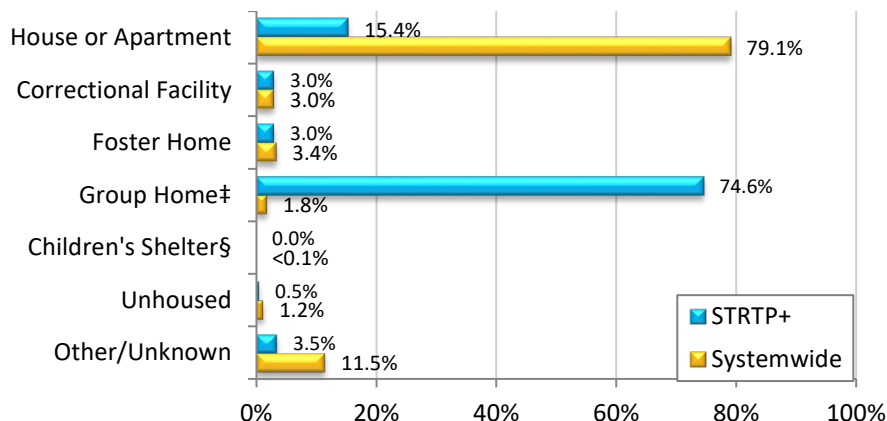
What Kind of Services Are Being Used?

STRTP+ Programs

STRTP+ Program Clients Race/Ethnicity (N=201)



STRTP+ Program Clients Living Situation (N=201)†



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

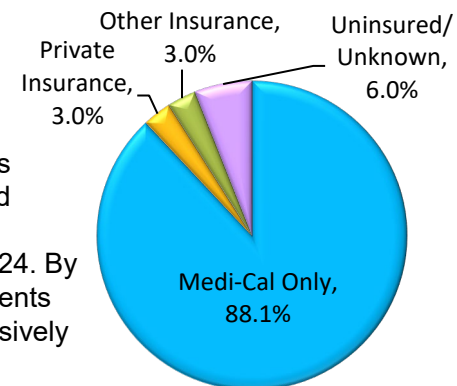
†Most recent living situation recorded in the fiscal year; Wraparound service may have preceded placement.

‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

§The majority of Children's Shelter clients are served by Polinsky Children's Center.

STRTP+ Program Clients Health Care Coverage (N=201)

177 (88%) clients who received services from STRTP+ programs during FY 2024-25 were covered exclusively by Medi-Cal a slight decrease from 89% in FY 2023-24. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.

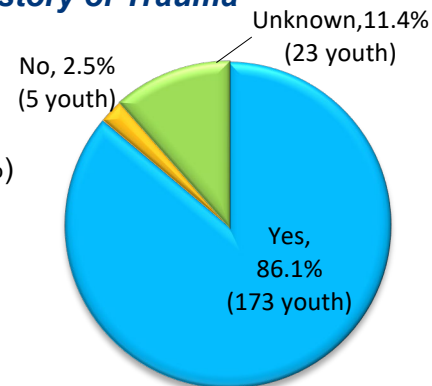


STRTP+ Program Clients Primary Care Physician (PCP) Status

148 (74%) STRTP+ clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

STRTP+ Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 178 clients (89% of the STRTP+ population) in FY 2024-25; of these 178 clients, 173 (97%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



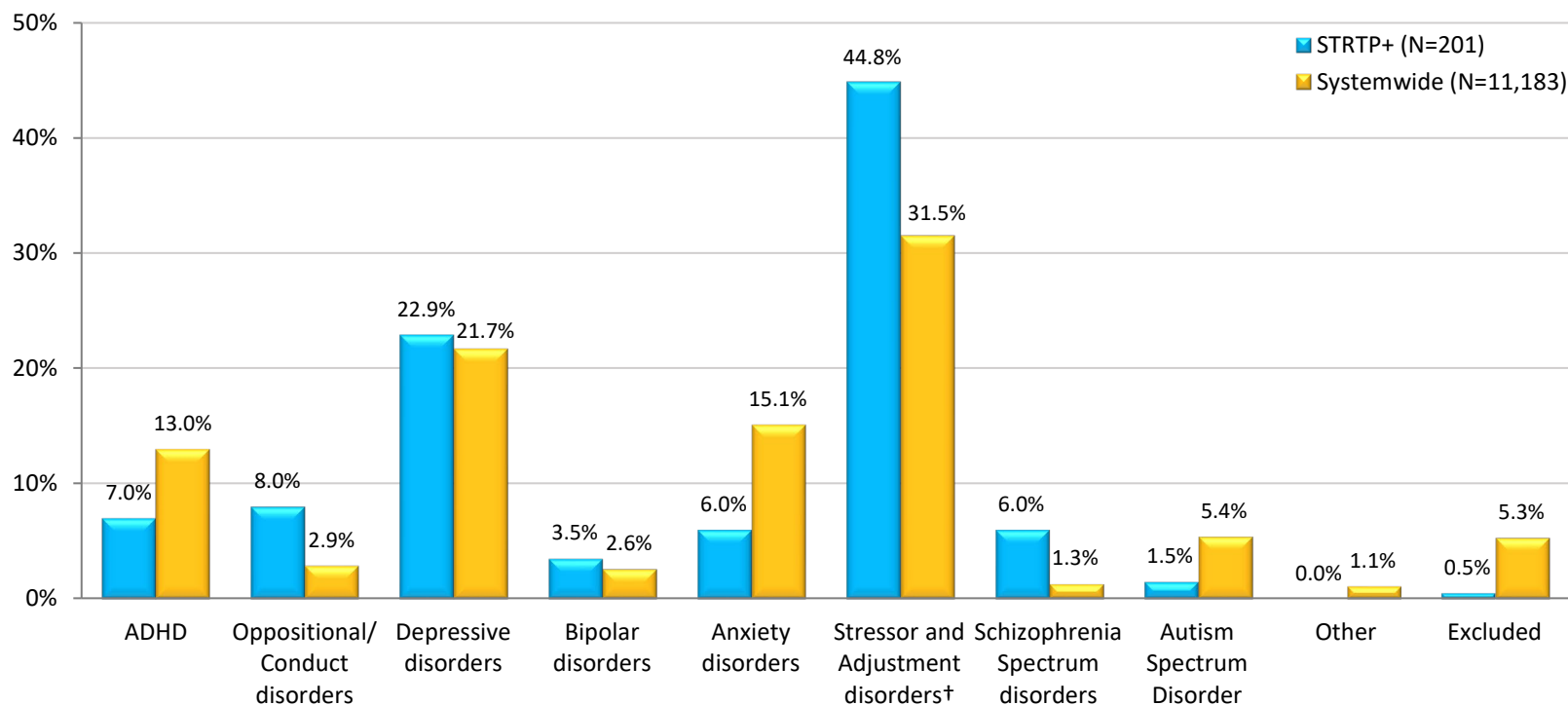
What Kind of Services Are Being Used?

STRTP+ Programs

STRTP+ Program Clients Primary Diagnosis*

The most common diagnoses for STRTP+ Program clients in FY 2024-25 were Stressor and Adjustment (45%) and Depressive disorders (23%). These clients were less likely to have an ADHD or Anxiety disorder, and more likely to have a Stressor and Adjustment, Oppositional/Conduct, or Schizophrenia Spectrum disorders, as compared to BHS-CY clients overall.

STRTP+ Program Client Primary Diagnosis*



*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

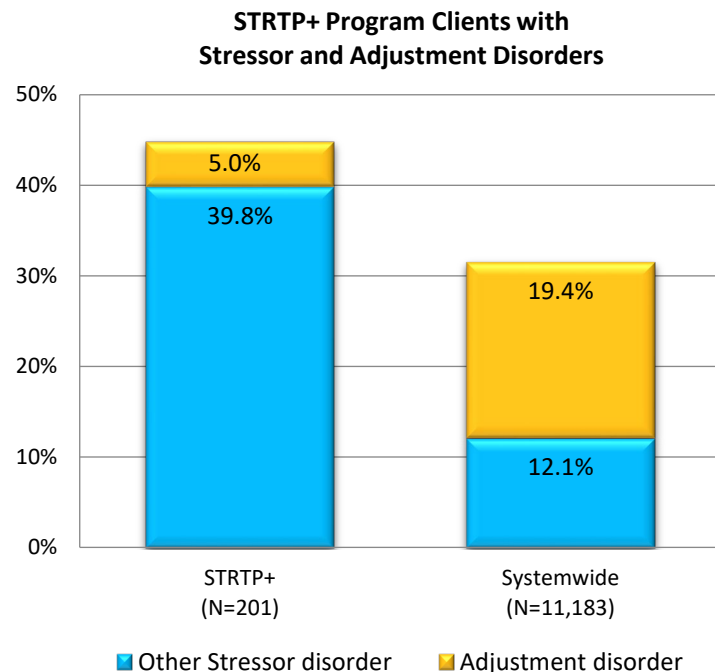
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

STRTP+ Programs

STRTP+ Program Clients Stressor and Adjustment Disorders†

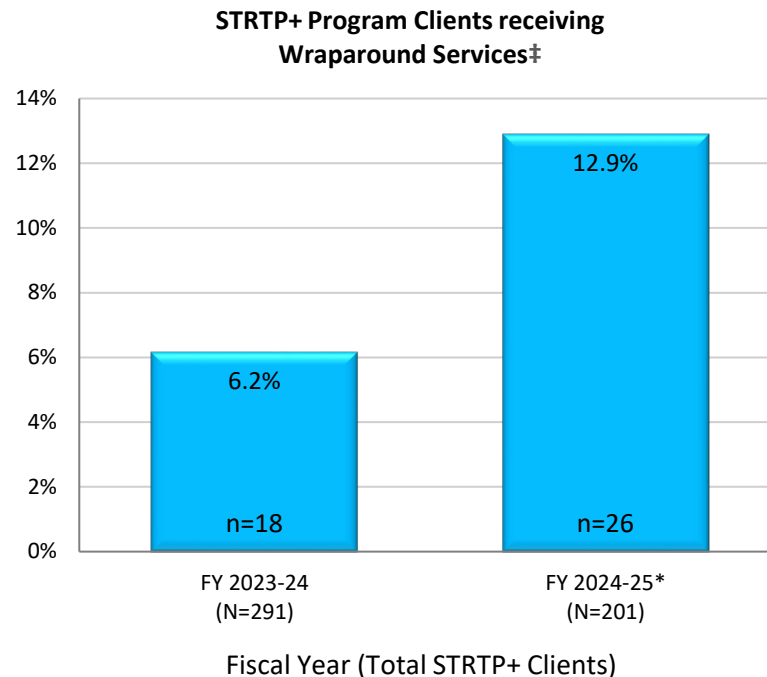
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among STRTP+ Program clients in FY 2024-25, as compared to BHS-CY overall.



Wraparound Connection for Clients in STRTP+ Programs

On 10/1/2021 the Qualified Individual Assessment for STRTP placements was launched with the minimum 6 month after care with high fidelity wraparound for youth transitioning out of STRTPs.

In FY 2024-25, 26 (13%) of STRTP+ clients also received Wraparound services at some point during the fiscal year, an increase from 6% in FY 2023-24.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

‡Wraparound service may have been prior, concurrent, or subsequent to STRTP+ episode.

What Kind of Services Are Being Used?

Pathways to Well-Being

The **Pathways to Well Being initiative**—formerly the “Katie A.” program—is a collaborative effort led by California’s Department of Health Care Services (DHCS) and the Department of Social Services (CDSS), which is locally managed by Behavioral Health Services (BHS) and Child and Family Well-Being (CFWB). A framework born from the Katie A. v. Bonta class-action settlement (approved in 2011), it ensures that children in foster care—or at risk of it—receive coordinated, community-based mental health services, notably:

- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS)
- Therapeutic Foster Care (TFC)

These services are available to youth under 21 covered by Medi Cal, provided they meet the medical necessity criteria under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. The **Integrated Core Practice Model (ICPM)** offers the state’s organizational standard for delivering trauma-informed, culturally relevant, and individualized services through Child & Family Teams (CFTs). This ensures a youth- and family-centered approach in service planning and provision.

The objective is to provide:

- Timely access to intensive mental health services in community, home, and foster care settings
- Enhanced coordination between child welfare, probation, and mental health systems
- Consistent use of tools like the Child and Adolescent Needs and Strengths (CANS) assessment to inform care planning and support outcome



What Kind of Services Are Being Used?

Pathways to Well-Being

Special Populations

On September 1, 2024, the County of San Diego launched SmartCare, a new Electronic Health Record platform utilized by multiple county behavioral health systems across California. SmartCare, in conjunction with CalMHSA have designated two populations of youth, labeled “Special Populations” to identify youth who are eligible to receive Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS).

Who is Receiving ICC & IHBS?

The County of San Diego Behavioral Health Services is looking at two populations of youth receiving ICC & IHBS services.

Special Population Katie A. ICC/IHBS

Clients receiving ICC and maybe receiving IHBS and meet the following criteria:

1. Youth who have an open case with CFWB
AND also
2. Youth who have a higher level of acuity; Two or more placement changes within 24 months or has been considered for, is receiving, or was recently discharged from the following: Crisis Stabilization Unit (CSU), Psychiatric Hospitalization, Placement in an Short Term Residential Therapeutic Placement (STRTP), Special Care Rate due to Behavioral Health needs, Therapeutic Behavioral Services (TBS), Wraparound, Comprehensive Assessment and Stabilization Services (CASS), Foster Family Agency Stabilization and Treatment (FFAST), and Intensive Services Foster Care (ISFC).

Special Population ICC/IHBS

Clients receiving ICC and maybe receiving IHBS who meet the following criteria:

1. Youth who have an open case with CFWB, but not eligible for Special Population Katie A. ICC/ IHBS (above as it relates to level of acuity)
OR
2. Non-CFWB involved youth.

What Kind of Services Are Being Used?

Pathways to Well-Being

Clients Receiving ICC/IHBS Services

Service	FY 2024-25 (September 1, 2024 – June 30, 2025)	
ICC	Total Unduplicated Clients who received ICC	1,317
	Katie A ICC/IHBS* Unduplicated Clients who received ICC	604
	ICC/IHBS† Unduplicated Clients who received ICC	781
IHBS	Total Unduplicated Clients who received IHBS	828
	Katie A ICC/IHBS* Total Unduplicated Clients who received IHBS	365
	ICC/IHBS† Total Unduplicated Clients who received IHBS	511

ICC- The BHP is obligated to provide ICC to all children and youth under the age of twenty- one (21) eligible for full scope Medi-Cal and who meet access criteria for these specialty mental health services. ICC is provided through collaboration between the members of a CFT. A Child and Family Team must be identified to provide ICC. ICC requires active, integrated, and collaborative participation by the provider and at least one member of the CFT. ICC is a service that is used for the identification and coordination of ancillary supports and systems which promote safety, permanency, and well-being. ICC services are offered to members with significant and complex functional impairment and/or whose treatment requires cross-agency collaboration.

IHBS- IHBS are individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community, and improving the child's or youth's family's ability to help the child or youth successfully function in the home and community. IHBS services are provided in alignment with the care plan for the client, and as referenced in the Integrated Core Practice Model (ICPM), informed by the Child and Family Team (CFT). IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet access criteria. requires prior authorization and must be provided in conjunction with ICC.

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.

*Katie A. ICC/IHBS was previously "Eligible for Enhanced Services"

†ICC/IHBS represents a new designation

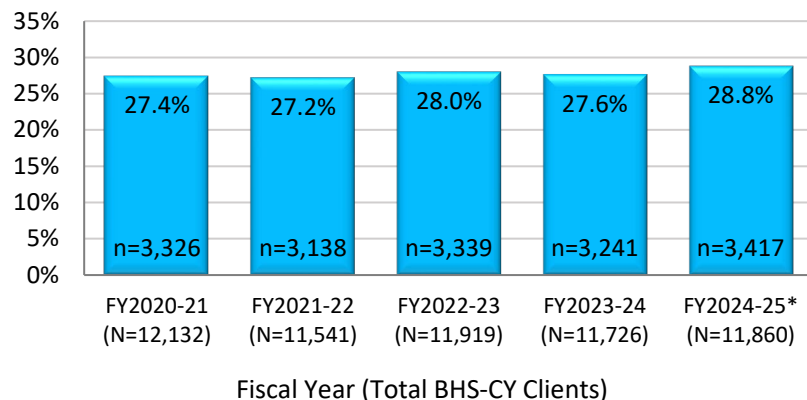
Data Source: Pathways to Well-Being Services Power BI Dashboard, SmartCare, BHS Data Science

What Kind of Services Are Being Used?

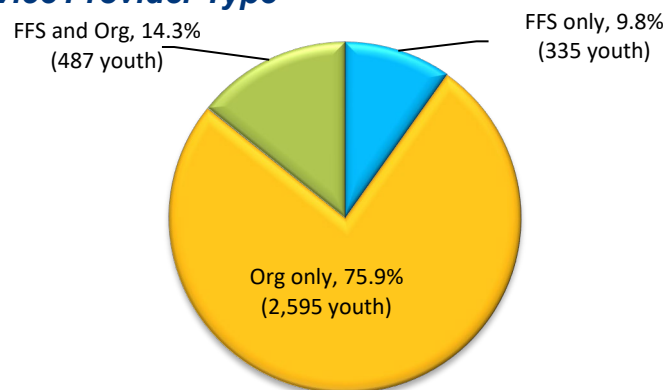
Medication Services†

BHS-CY provides medication services along with other services or as an independent service through the Fee-for-Service (FFS) network. The majority (76%) of these clients were served *only* by Org providers in FY 2024-25. In FY 2024-25, none of these 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 from BHS-CY



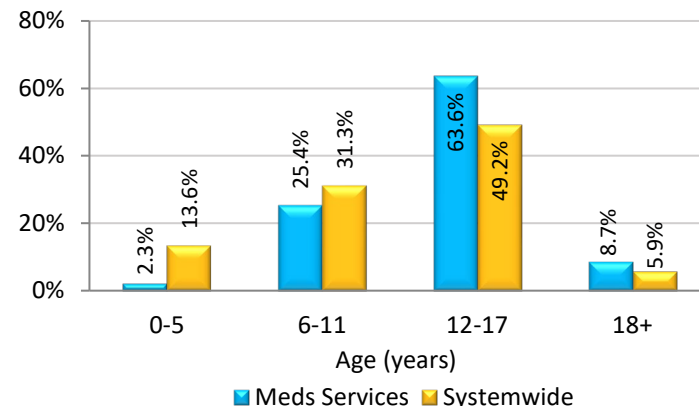
Service Provider Type



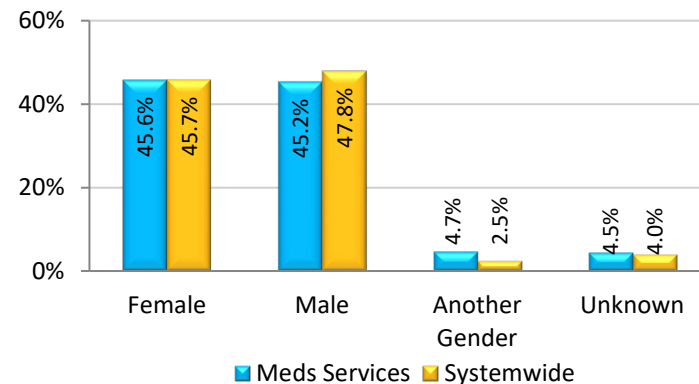
* Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years

† Some clients may receive medication services outside of the BHS-CY system.

Medication Services Clients Age (N=3,417)



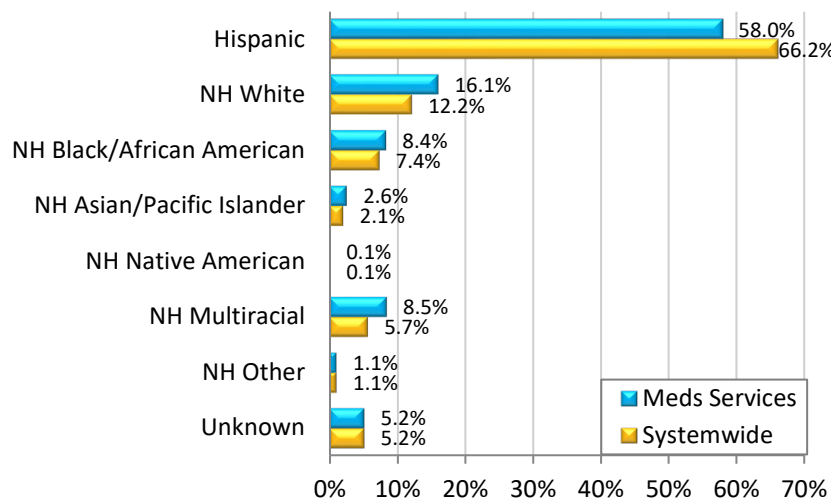
Medication Services Clients Gender (N=3,417)



What Kind of Services Are Being Used?

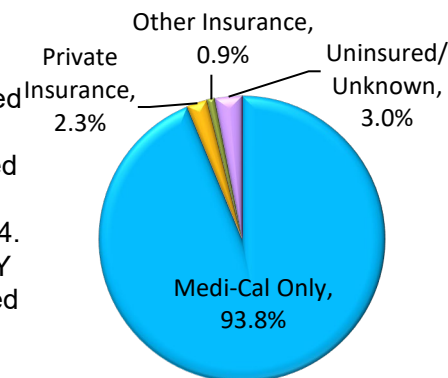
Medication Services*

Medication Services Clients Race/Ethnicity (N=3,417)



Medication Services Clients Health Care Coverage (N=3,417)

3,204 (94%) clients who received medication services in BHS-CY during FY 2024-25 were covered exclusively by Medi-Cal, no change from 94% in FY 2023-24. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.

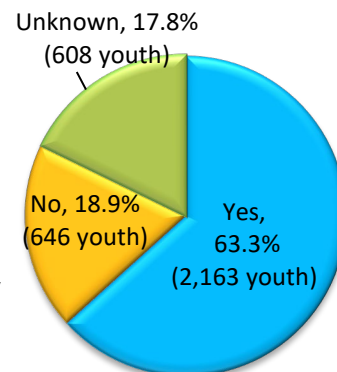


Medication Services Clients Primary Care Physician (PCP) Status

2,250 (66%) clients who received medication services were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

Medication Services Clients History of Traumat

Previous experience of **traumatic events** was reported by clinicians for 2,809 clients (82% of the medication services population) in FY 2024-25; of these 2,809 clients, 2,163 (77%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



*Some clients may receive medication services outside of the BHS-CY system.

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

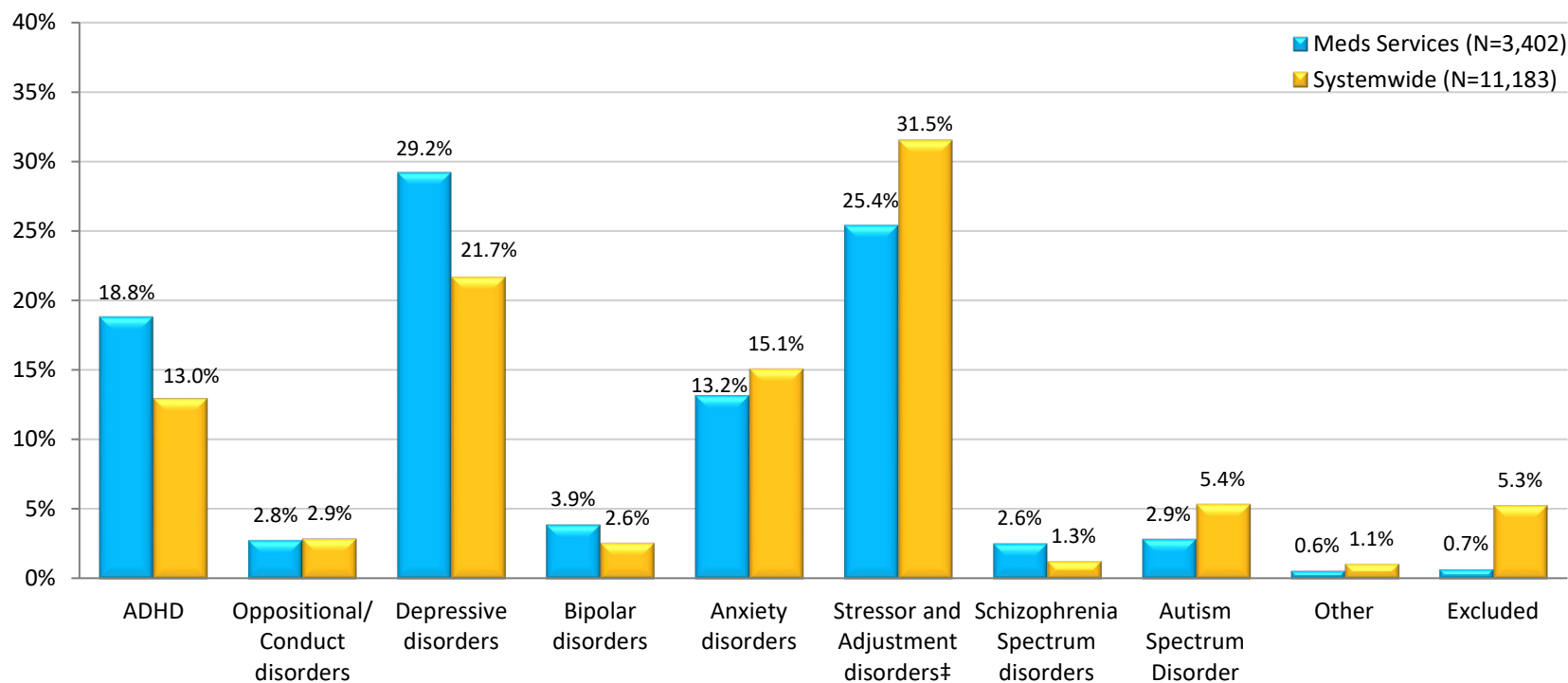
What Kind of Services Are Being Used?

Medication Services*

Medication Services Clients Primary Diagnosis†

The most common diagnoses for clients receiving Medication Services in FY 2024-25 were Depressive disorders (29%). These clients were more likely than BHS-CY clients overall to have ADHD, Depressive, Bipolar, or Schizophrenia Spectrum disorders. They were less likely to be diagnosed with Stressor/Adjustment, Autism Spectrum or Anxiety disorders.

Medication Services Client Primary Diagnosis



*Some clients may receive medication services outside of the BHS-CY system.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

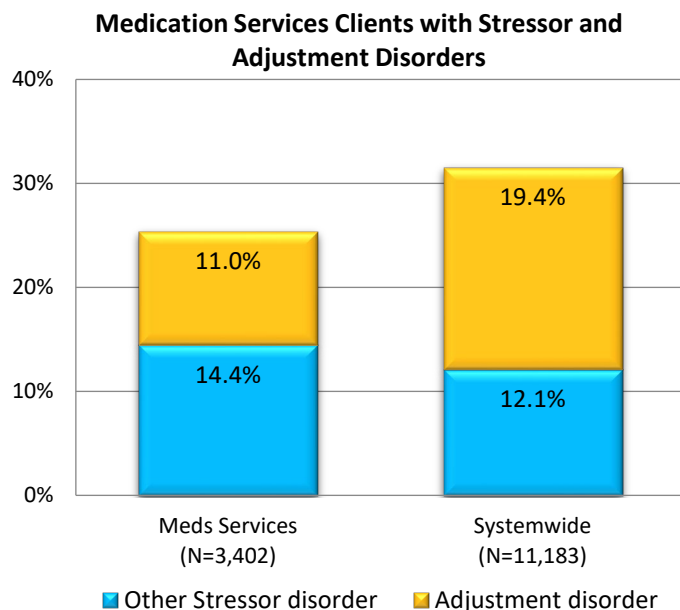
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Medication Services*

Medication Services Clients with Stressor and Adjustment Disorders†

As of May 2013, 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. The rate of Adjustment disorder diagnosis was proportionally less among clients receiving Medication Services in FY 2024-25, as compared to BHS-CY overall.



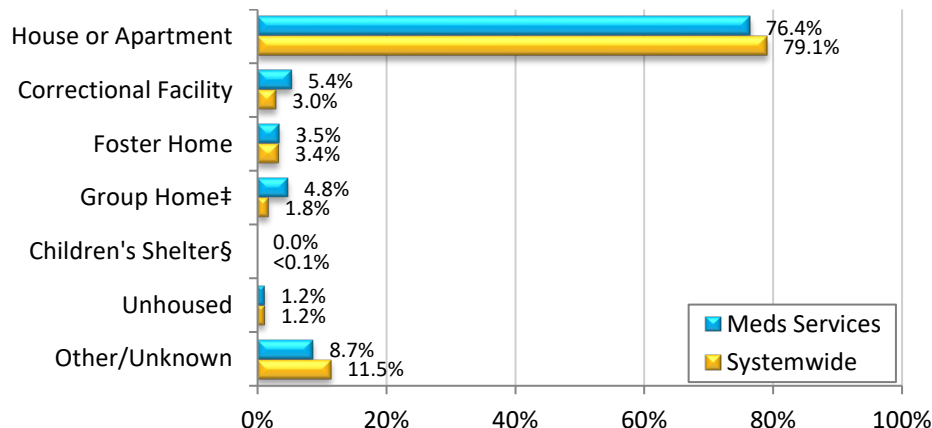
*Some clients may receive medication services outside of the BHS-CY system.

†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

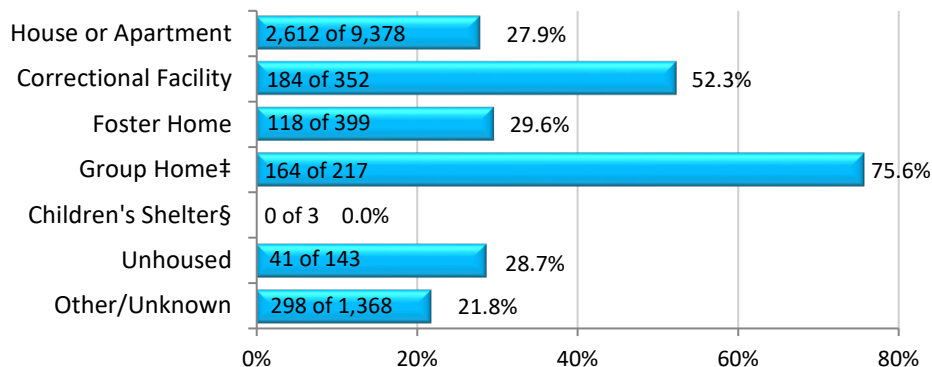
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

§The majority of Children's Shelter clients are served by Polinsky Children's Center.

Medication Services Clients Living Situation (N=3,417)



Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals for each Living Situation Category

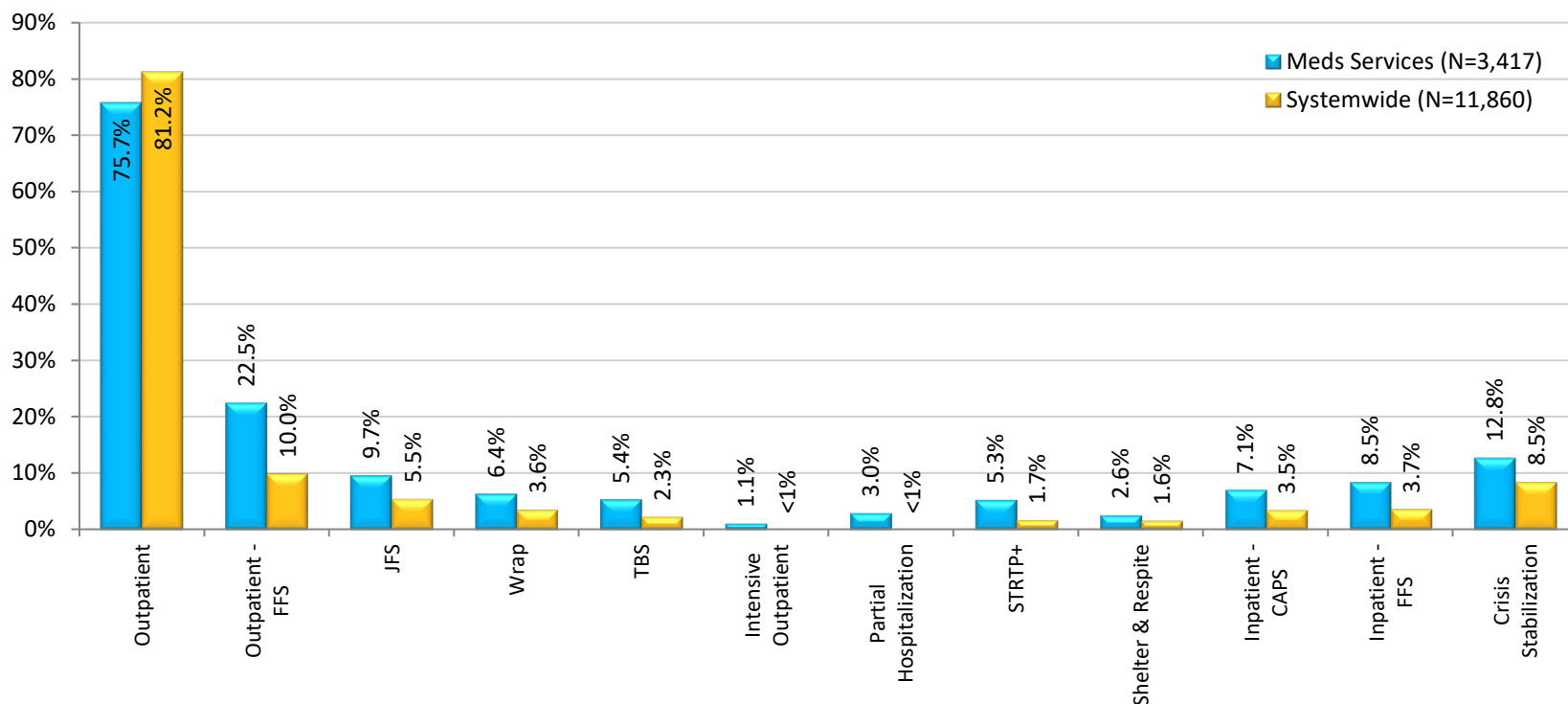
What Kind of Services Are Being Used?

Medication Services*

Level of Care (LOC)

There are several levels of treatment for youth receiving mental health services, based on need and severity. Children and youth may receive services across multiple LOCs in the course of a year. Clients receiving Medication Services were at least twice as likely to receive care in JFS, TBS, STRTP+, and Shelter & Respite LOCs as compared to systemwide averages.

Percentage of Medication Services Clients in each Level of Care†



*Some clients may receive medication services outside of the BHS-CY system.

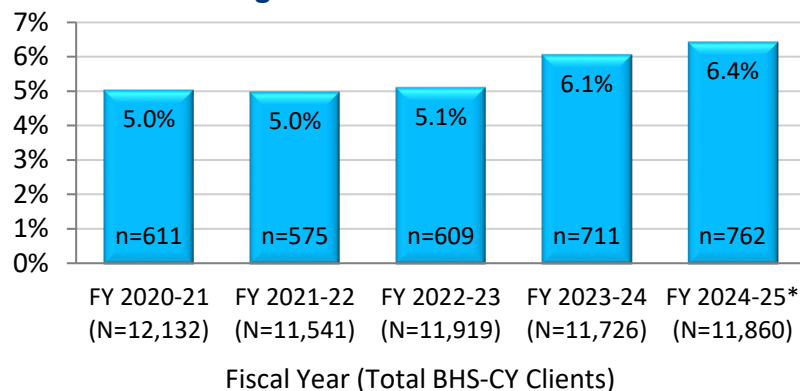
†Clients may have received services in more than one level of care.

What Kind of Services Are Being Used?

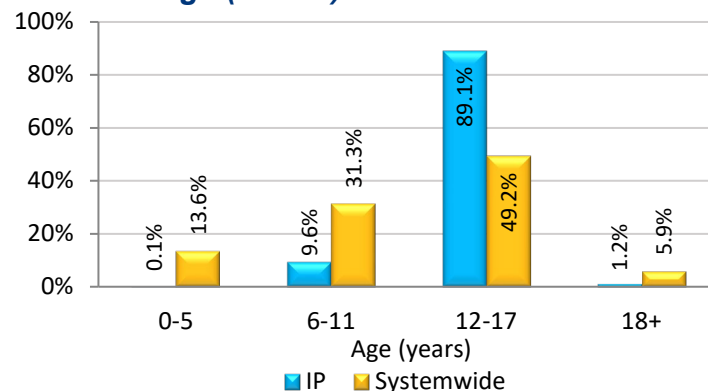
Inpatient (IP) Services

BHS-CY provides inpatient services to children and adolescents under age 18. The proportion of clients receiving IP services slightly increased from 6.1% (711) in FY 2023-24 to 6.4% (762) in FY 2024-25. The proportion of females receiving IP services is greater than the BHS-CY systemwide average. Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any Out-of-County hospitals utilized.

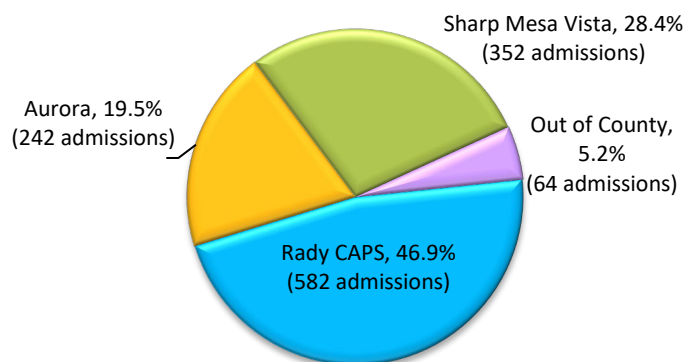
Clients Receiving IP Services



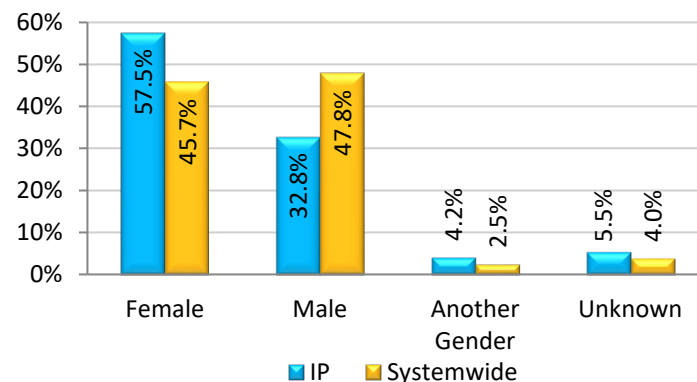
IP Clients Age (N=762)



Admissions by Provider (N=1,240)[†]



IP Clients Gender (N=762)



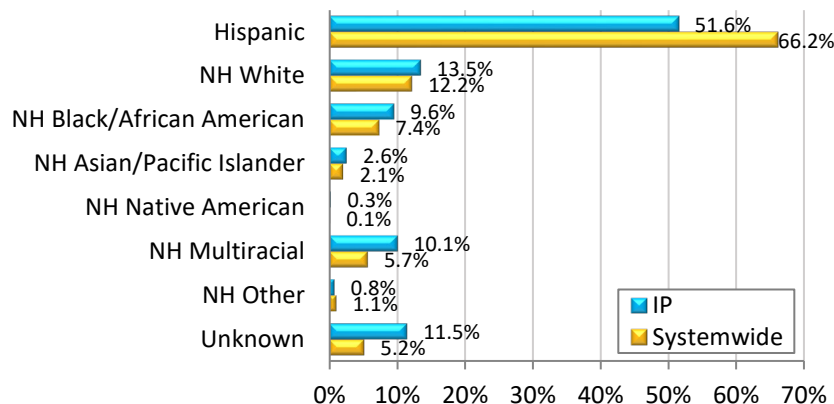
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

[†]Includes duplicated clients within and between providers.

What Kind of Services Are Being Used?

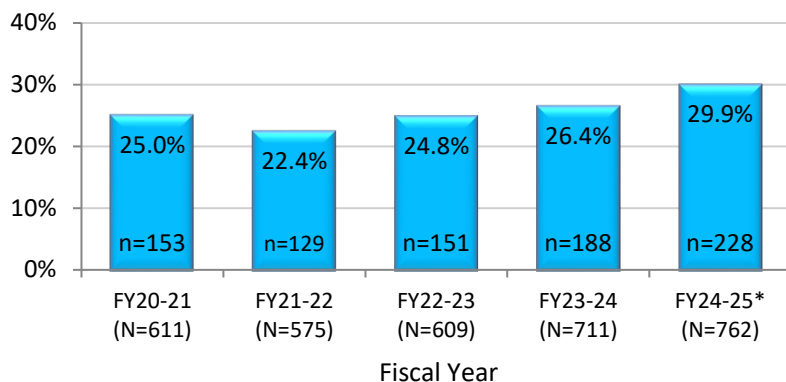
Inpatient (IP) Services

IP Clients Race/Ethnicity (N=762)



Recurring IP Episodes (Readmission)

228 (30%) of 762 children receiving IP services had more than one IP episode in FY 2024-25; an increase from 188 (26%) of 711 in FY 2023-24.

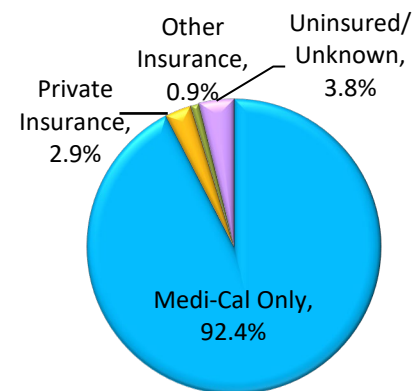


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

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

IP Clients Health Care Coverage (N=762)

704 (92%) BHS-CY clients who received IP services during FY 2024-25 were covered exclusively by Medi-Cal, lower than 95% in FY 2023-24. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.

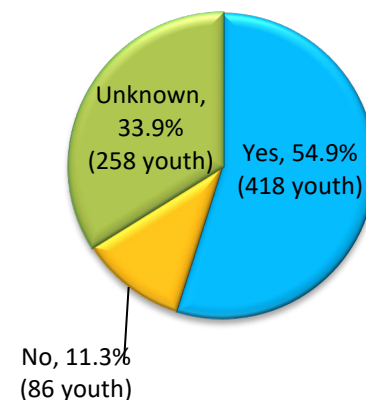


IP Clients Primary Care Physician (PCP) Status

322 (42%) IP clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

IP Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 504 clients (66% of the IP population) in FY 2024-25; of these 504 clients, 418 (83%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



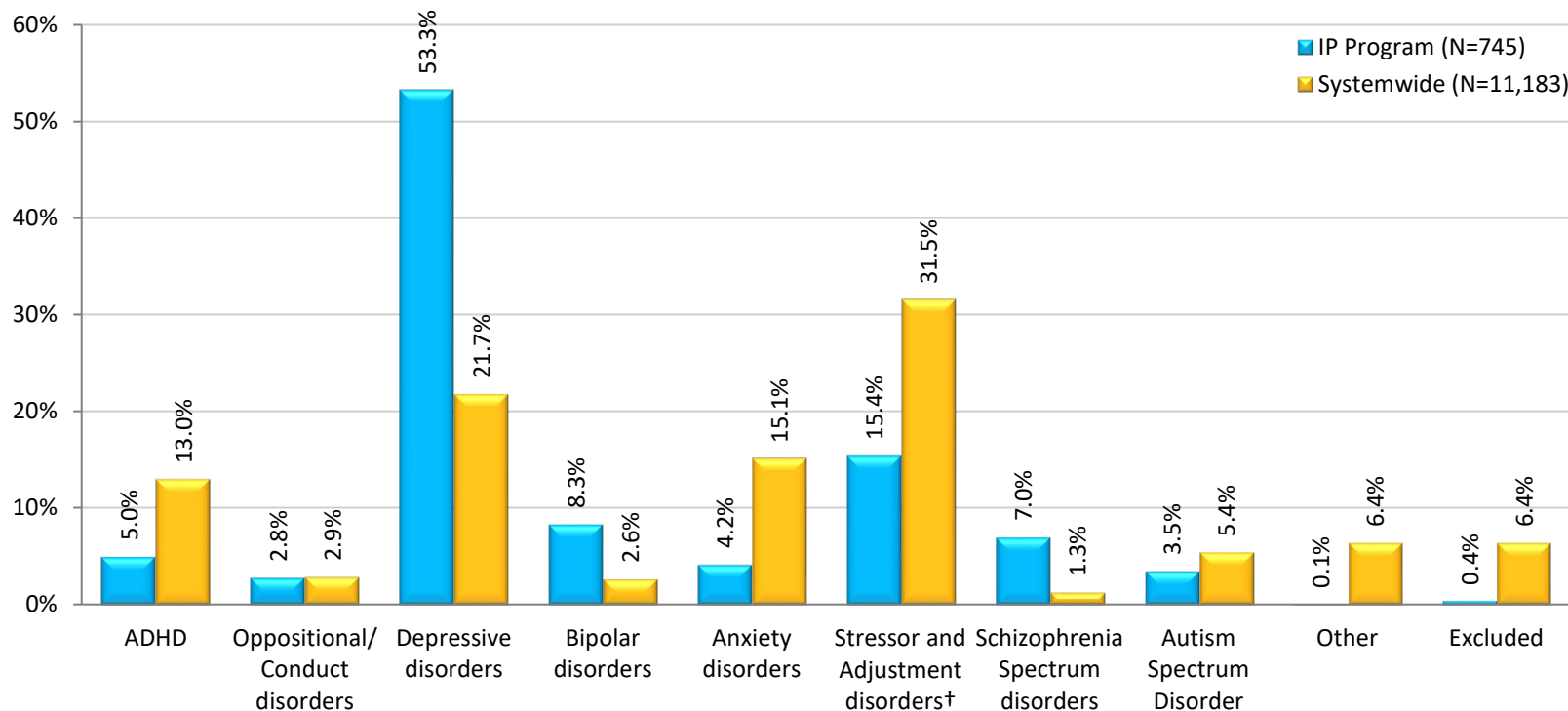
What Kind of Services Are Being Used?

Inpatient (IP) Services

IP Clients Primary Diagnosis*

The most common diagnosis for clients receiving IP services in FY 2024-25 was Depressive disorders (53%); no change from 53% in FY 2023-24 and much higher than the systemwide average of 22%. IP clients were less likely than BHS-CY clients overall to have ADHD, Anxiety, Autism Spectrum Disorder, or Stressor and Adjustment disorders. These youth were more likely to have a Depressive, Bipolar or Schizophrenia Spectrum disorder.

IP Client Primary Diagnosis*



*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

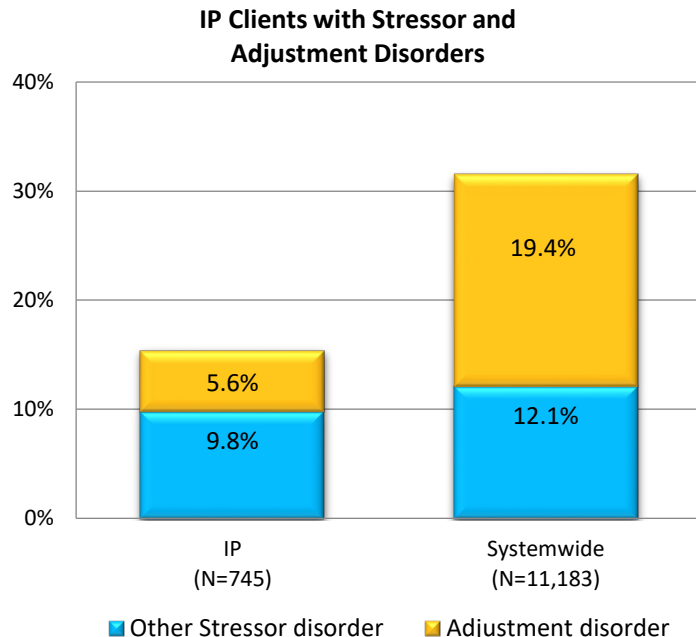
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

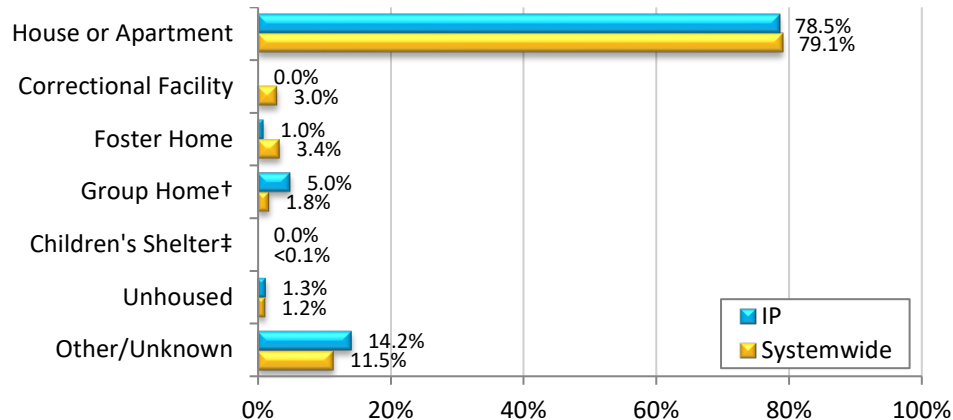
Inpatient (IP) Services

IP Clients with Stressor and Adjustment Disorders*

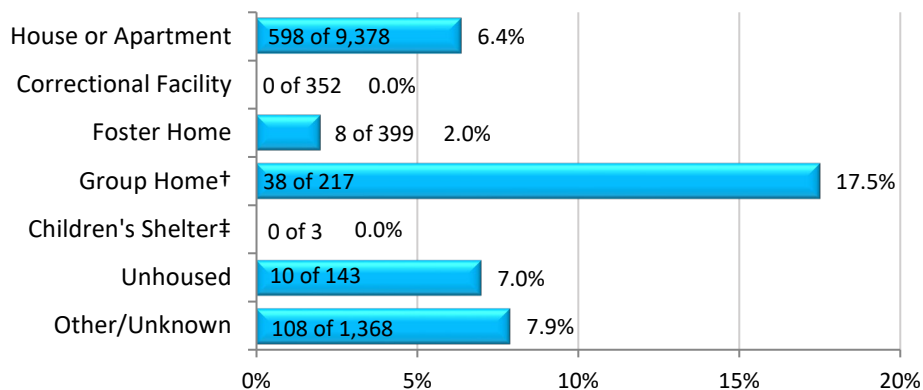
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving IP services in FY 2024-25 was much lower than BHS-CY overall.



IP Clients Living Situation (N=762)



IP Clients Within Living Situation



IP Clients Within Systemwide Totals for each Living Situation Category

*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?



*Psychiatric Emergency Response Team (PERT)**

The Psychiatric Emergency Response Team (PERT) provides emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement through phone calls from community members or in-field law enforcement request for emergency assistance.

- ❖ 1,115 youth under the age of 18 received PERT services in FY 2024-25, as compared to 1,125 in FY 2023-24.

*Mobile Crisis Response Teams (MCRT)**

In January 2021, the County of San Diego activated Mobile Crisis Response Teams (MCRT) as a service option for individuals experiencing a mental health or substance use crisis that does not include a threat of violence or a medical emergency.

- ❖ 1,068 youth under the age of 18 received MCRT services in FY 2024-25, as compared to 496 youth in FY 2023-24.
- ❖ This increase aligns with MCRT's ongoing expansion efforts, including broader community education and increased presence in previously underserved areas.



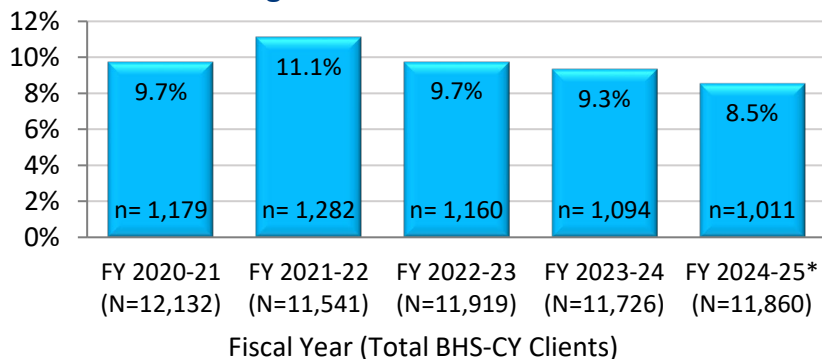
**These youth may have been served by Adult/Older Adult Behavioral Health Services providers*

What Kind of Services Are Being Used?

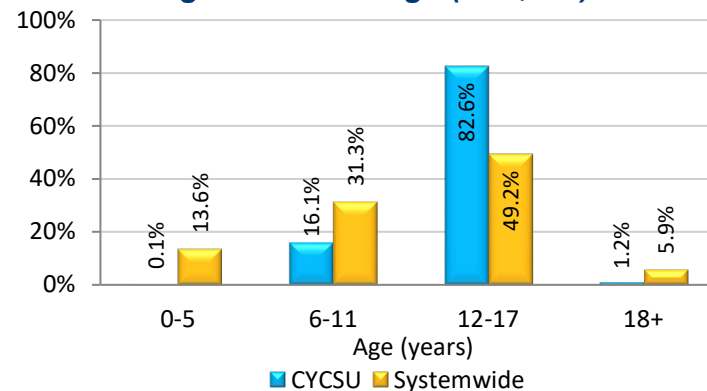
Children & Youth Crisis Stabilization Unit (CYCSU)

The Children & Youth Crisis Stabilization Unit (CYCSU) provides crisis stabilization to children and adolescents under age 18. BHS-CY expanded CYCSU capacity from 4 to 12 beds in January 2018. The proportion of clients receiving CYCSU services slightly decreased from 9.3% (1,094) in FY 2023-24 to 8.5% (1,011) in FY 2024-25. The proportion of females receiving CYCSU services is greater than the BHS-CY systemwide average.

Clients Receiving Services from CYCSU†

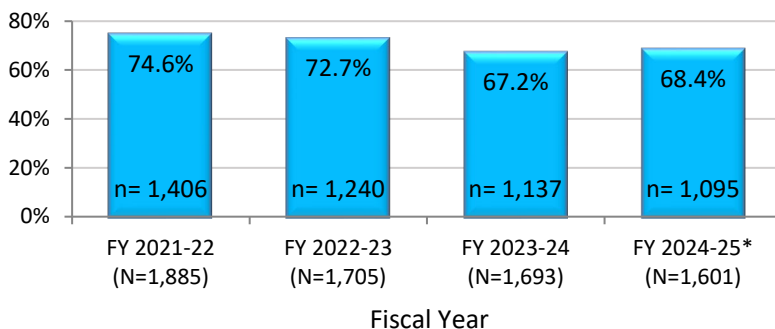


CYCSU Program Clients Age (N=1,011)†

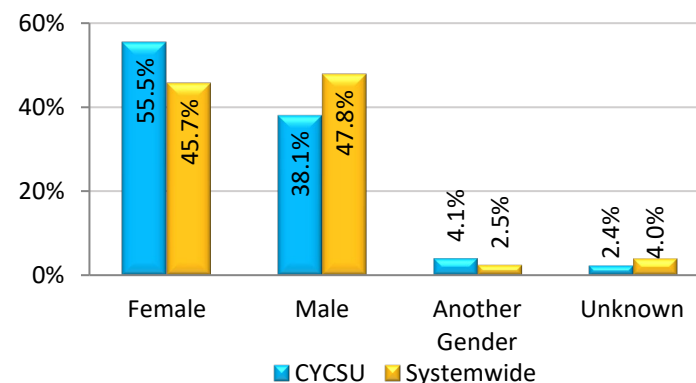


Diversion‡

Of 1,601 CYCSU visits§ in FY 2024-25, 1,095 (68%) were diverted from an IP admission.



CYCSU Program Clients Gender (N=1,011)†



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†CYCSU unduplicated client count includes direct admits.

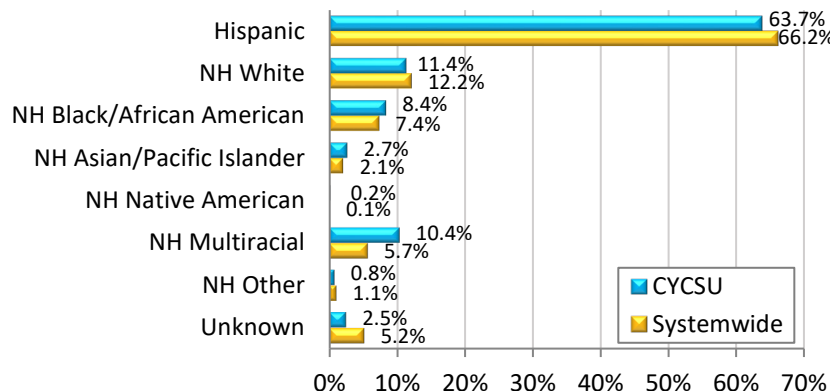
‡Data Source: OPTUM: CO 26-C ESU Emergency Screening Dashboard (3/11/2026)

§CYCSU visits include duplicated clients and direct admits.

What Kind of Services Are Being Used?

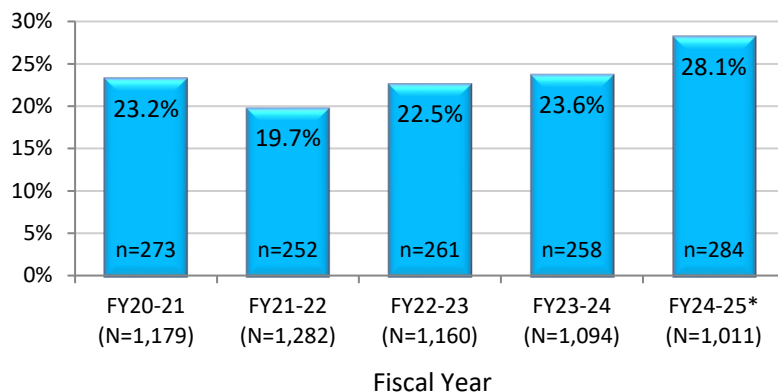
Children & Youth Crisis Stabilization Unit (CYCSU)

CYCSU Clients Race/Ethnicity (N=1,011)



Recurring CYCSU Visits (Readmission)

284 (28%) of 1,011 children receiving services from CYCSU had more than one CYCSU visit in FY 2024-25; an increase from 258 (24%) of 1,094 in FY 2023-24.

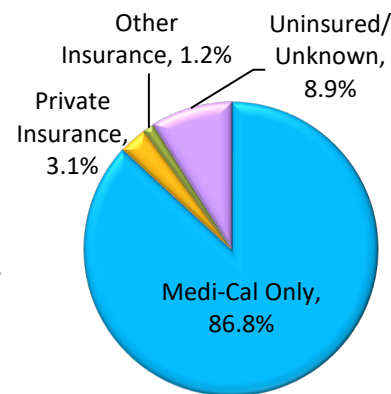


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

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

CYCSU Clients Health Care Coverage (N=1,011)

878 (87%) BHS-CY clients who received services from CYCSU during FY 2024-25 were covered exclusively by Medi-Cal, a slight decrease from 91% in FY 2023-24. By comparison, 91% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2024-25.

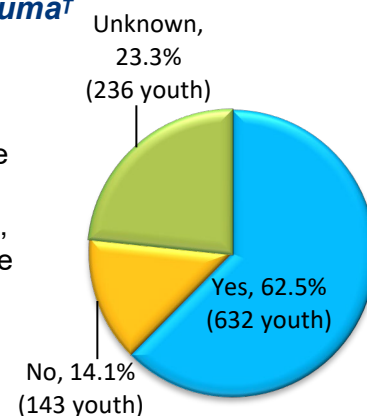


CYCSU Clients Primary Care Physician (PCP) Status

420 (42%) CYCSU clients were reported to have a Primary Care Physician in FY 2024-25. "No" is not a response option in SmartCare; therefore, status of remaining clients is unknown.

CYCSU Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 775 clients (77% of the CYCSU population) in FY 2024-25; of these 775 clients, 632 (82%) had a **history of trauma**. By comparison, 73% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2024-25.



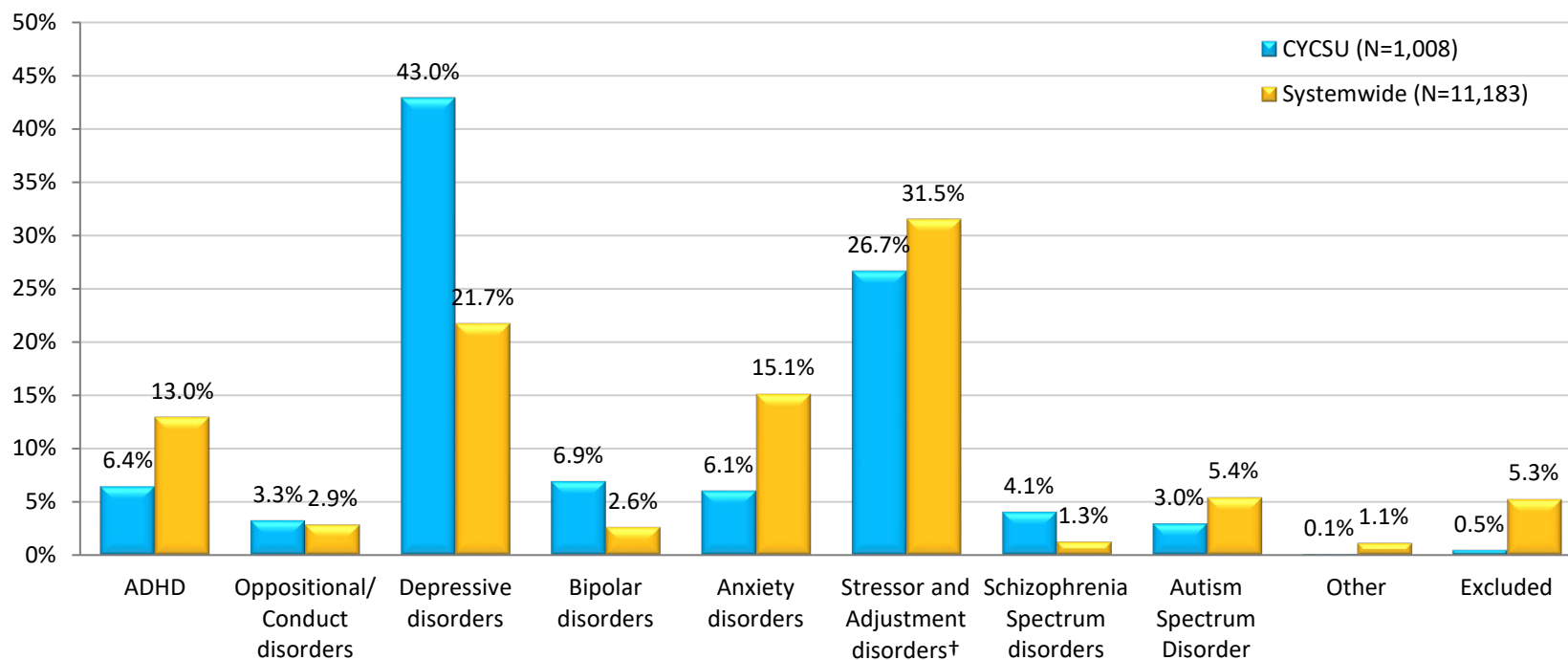
What Kind of Services Are Being Used?

Children & Youth Crisis Stabilization Unit (CYCSU)

CYCSU Clients Primary Diagnosis*

The most common diagnosis for clients receiving CYCSU program services in FY 2024-25 was Depressive disorders (43%); a decrease from 48% in FY 2023-24, and much higher than the systemwide average of 22%. The rate of Stressor/Adjustment disorder (27%) increased from 23% in FY 2023-24 and remained slightly less than the systemwide average of 32%. CYCSU clients were far less likely than BHS-CY clients overall to have ADHD, an Anxiety disorder, or Autism Spectrum Disorder, and more likely to have a Depressive, Bipolar or Schizophrenia Spectrum disorder.

CYCSU Client Primary Diagnosis*



*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; 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.

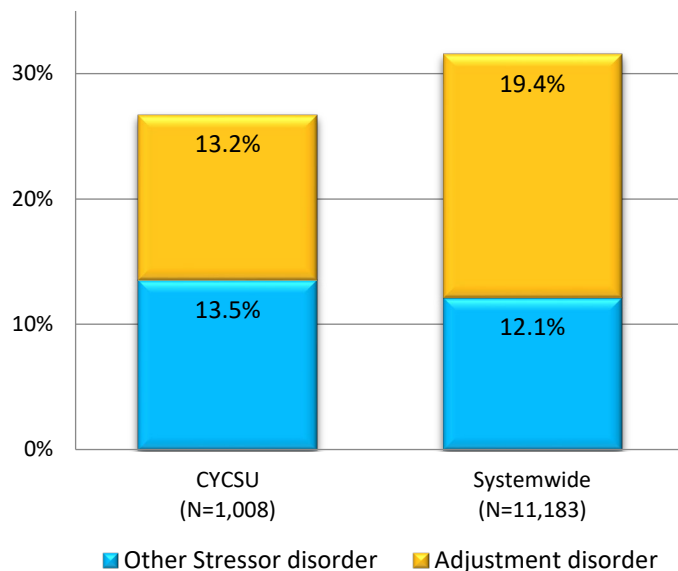
What Kind of Services Are Being Used?

Children & Youth Crisis Stabilization Unit (CYCSU)

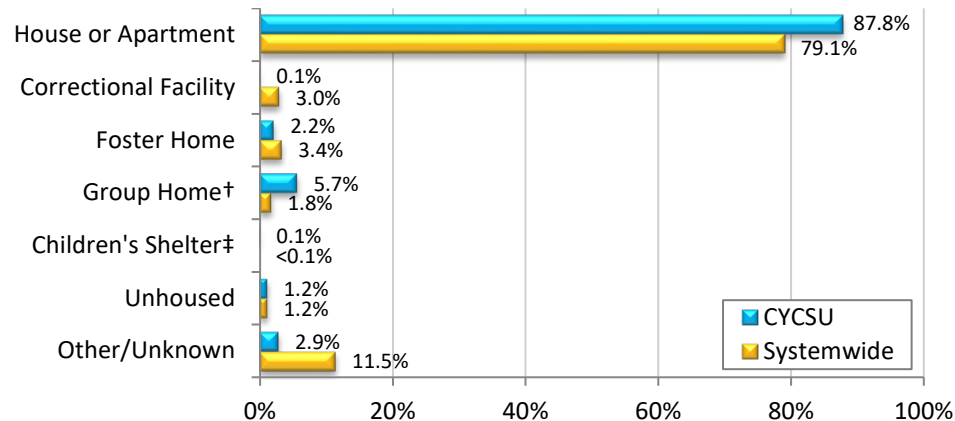
CYCSU Clients with Stressor and Adjustment Disorders*

As of May 2013, 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. The rate of Adjustment disorder diagnosis among clients receiving services in the CYCSU in FY 2024-25 was less than BHS-CY overall.

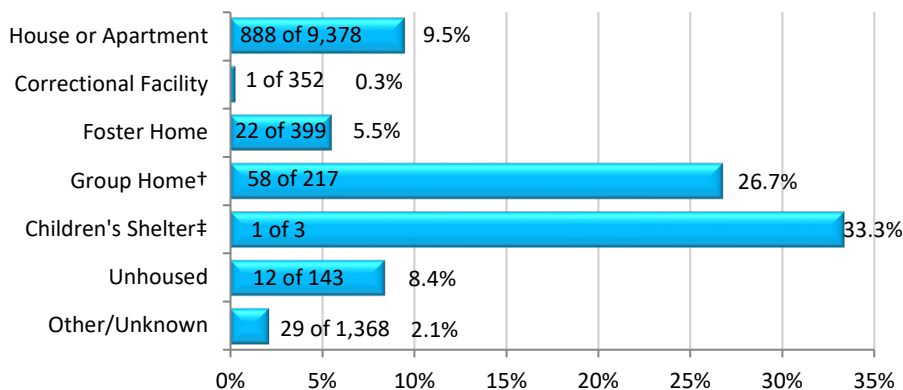
CYCSU Clients with Stressor and Adjustment Disorders



CYCSU Clients Living Situation (N=1,011)



CYCSU Clients Within Living Situation



CYCSU Clients Within Systemwide Totals for each Living Situation Category

*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2025; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.

‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

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

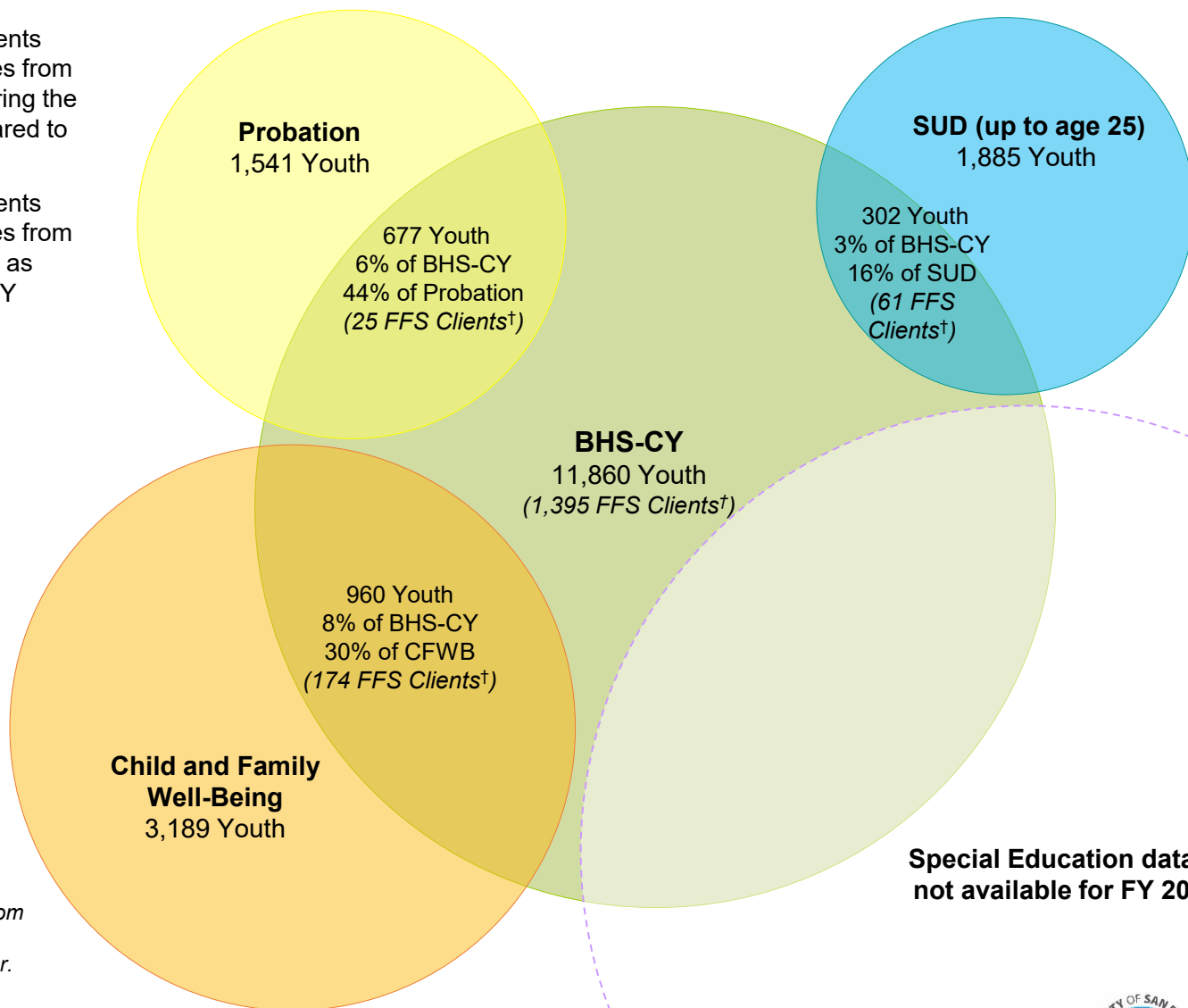
❖ 8% of BHS-CY clients also received services from the CFWB sector during the fiscal year, as compared to 9% in FY 2023-24.

❖ 6% of BHS-CY clients also received services from the Probation sector, as compared to 7% in FY 2023-24.

❖ 3% of BHS-CY clients also received services from the SUD sector during the fiscal year, as compared to 2% in FY 2023-24.

*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 2024-25

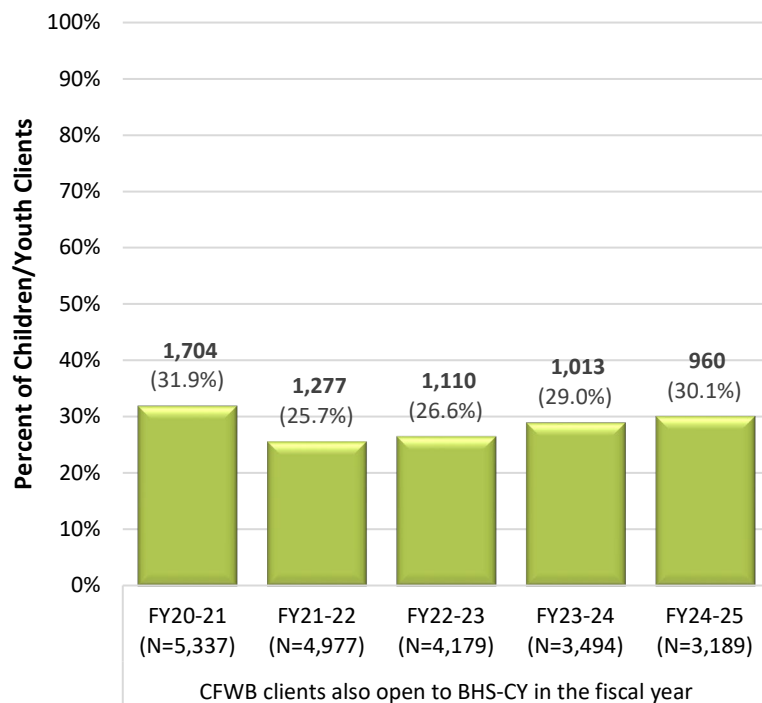
What Kind of Services Are Being Used?

Service Use by Children Involved in More than One Public Sector

BHS-CY and Child and Family Well-Being (n=960)

- ❖ The proportion of youth in CFWB also receiving services from BHS-CY (30%, n=960) increased by one percentage point as compared to FY 2023-24 (29%, n=1,013).

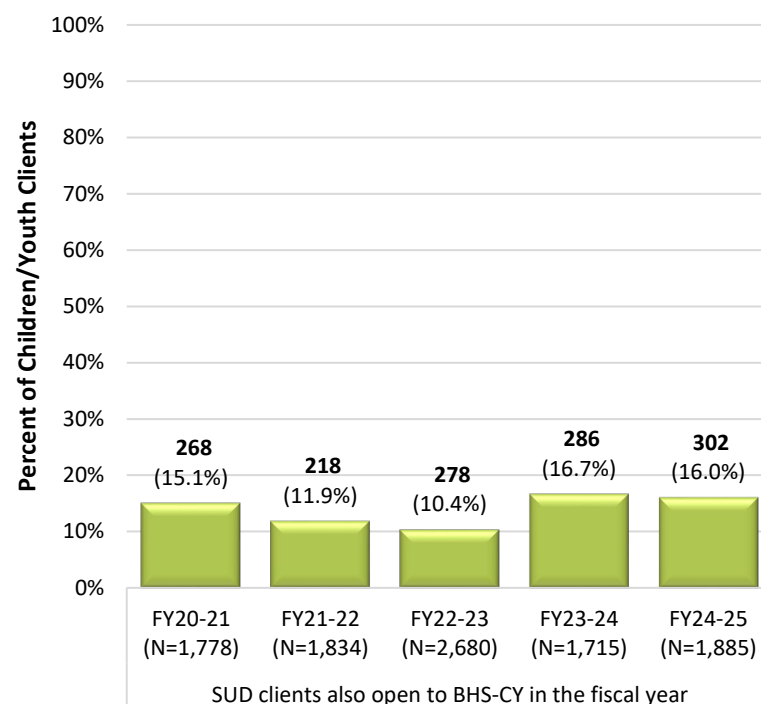
CFWB Sector - BHS-CY Penetration



BHS-CY and Substance Use Disorder (n=302)

- ❖ The proportion of youth up to age 25 in the SUD sector also receiving services from BHS-CY (16%, n=302) a slight decrease as compared to FY 2023-24 (17%, n=286).

SUD Sector - BHS-CY Penetration



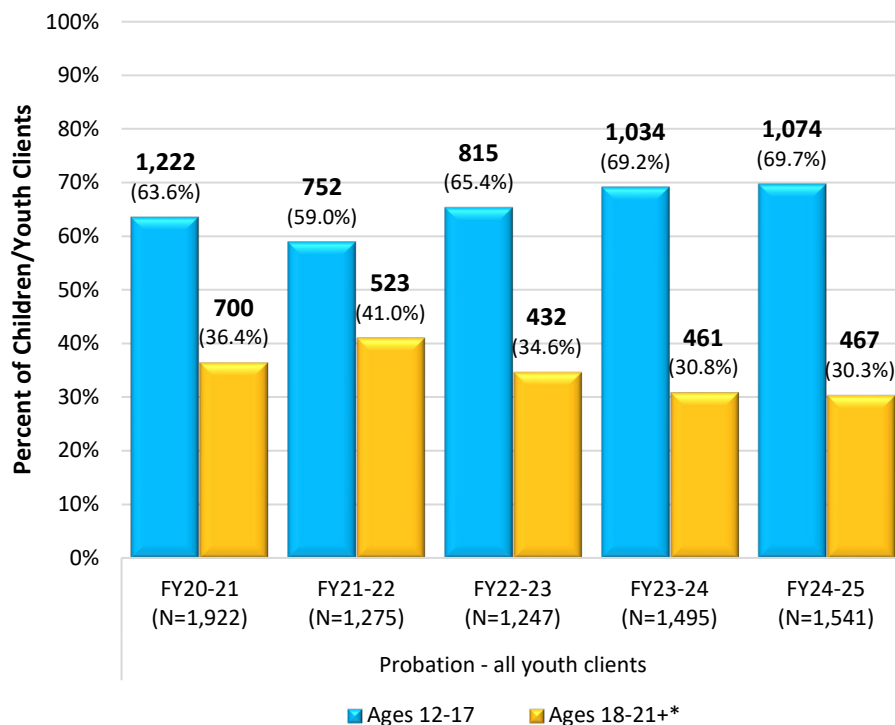
What Kind of Services Are Being Used?

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

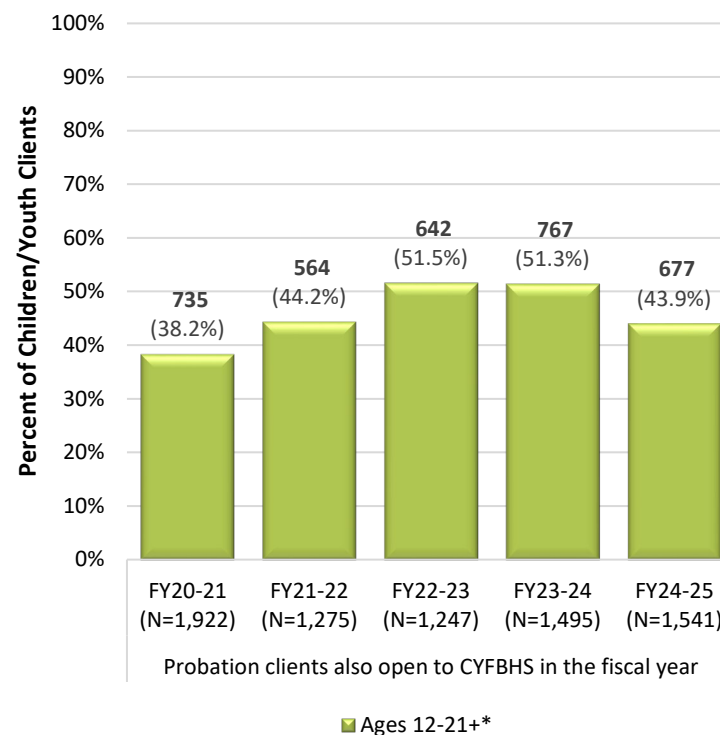
BHS-CY and Probation (n=677)

- ❖ The proportion of youth in Probation also receiving services from BHS-CY (44%, n=677) decreased seven percentage points as compared to FY 2023-24 (51%, n=767). Age distribution of youth in Probation has been relatively consistent over the past five years.

Probation Sector by Age Group



Probation Sector - BHS-CY Penetration



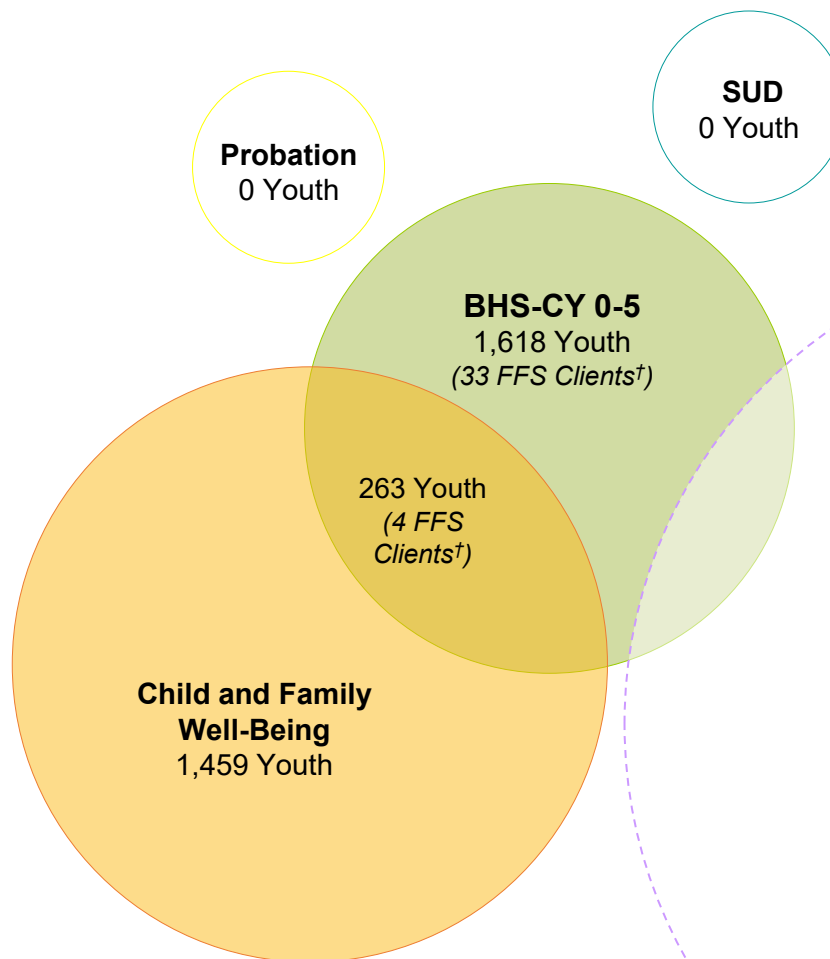
*Less than 0.1% of the youth Probation population was over the age of 21.

What Kind of Services Are Being Used?

BHS-CY and Other Sectors* – Ages 0-5

❖ 16% of BHS-CY clients ages 0-5 also received services from the CFWB sector during the fiscal year, as compared to 20% in FY 2023-24.

❖ No age 0-5 BHS-CY clients were open to the Probation or SUD sectors in FY 2024-25; this was also true in FY 2023-24.



**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.

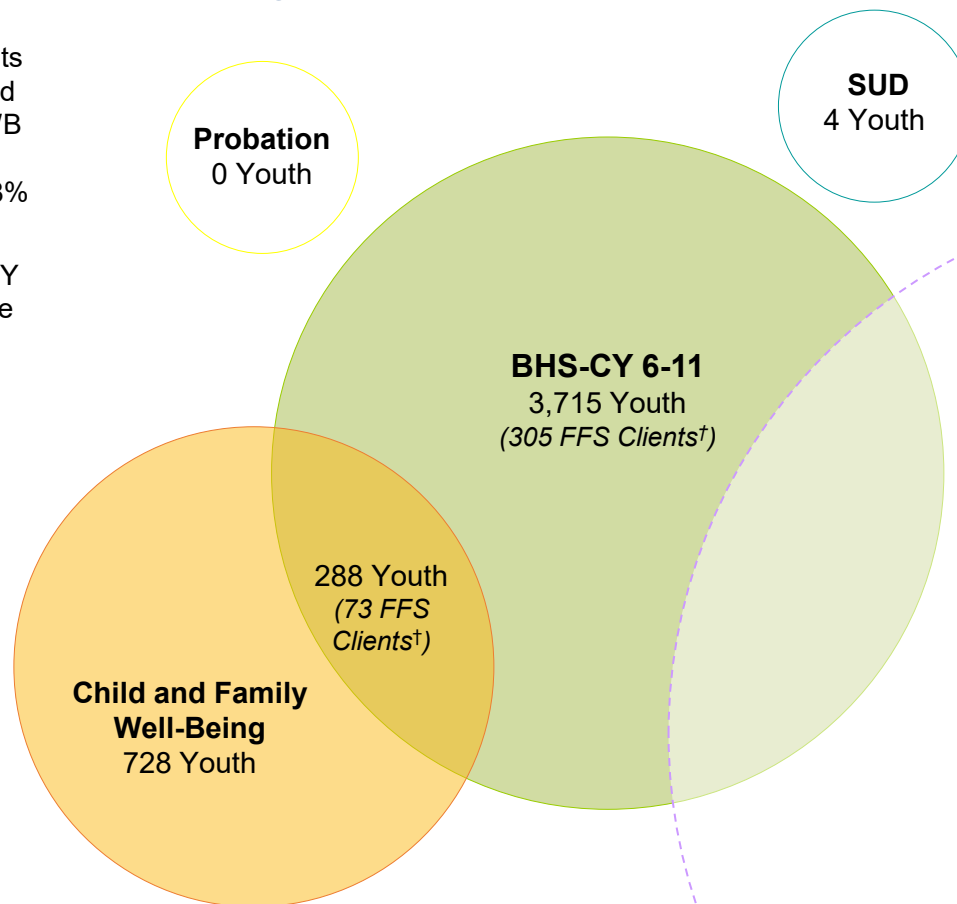
Special Education data were not available for FY 2024-25

What Kind of Services Are Being Used?

BHS-CY and Other Sectors* – Ages 6-11

❖ 8% of BHS-CY clients ages 6-11 also received services from the CFWB sector during the fiscal year, as compared to 8% in FY 2023-24.

❖ No age 6-11 BHS-CY clients were open to the Probation or SUD sectors in FY 2024-25; this was also true in FY 2023-24.



**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 2024-25

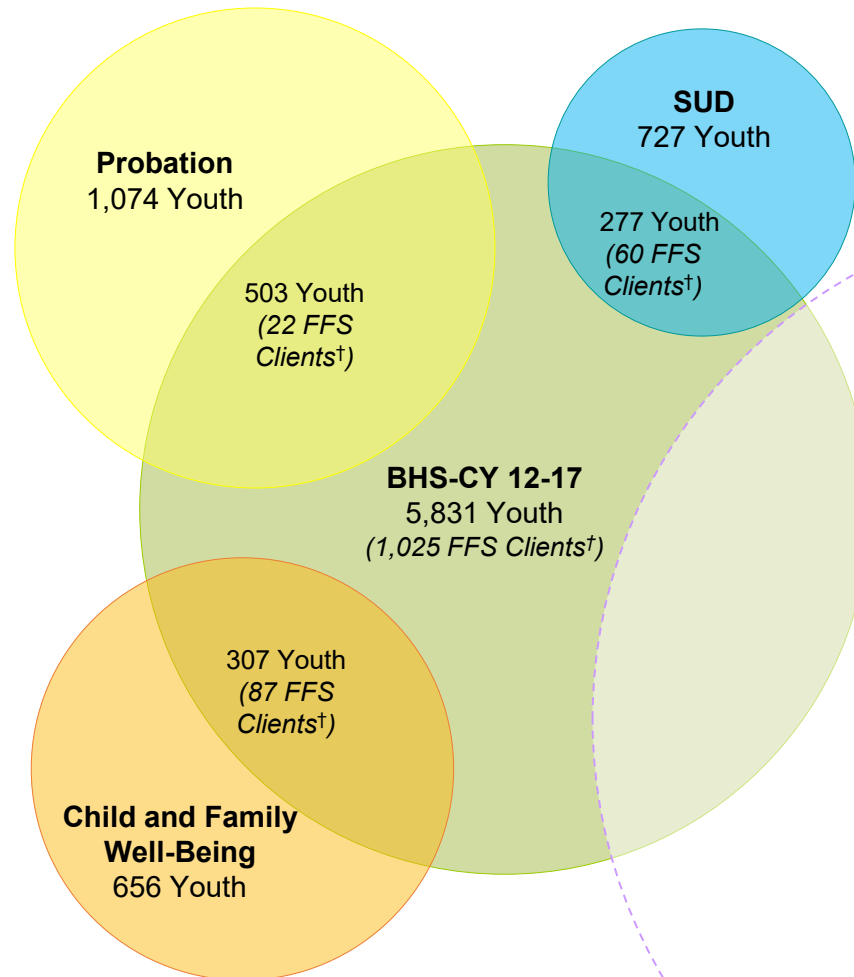
What Kind of Services Are Being Used?

BHS-CY and Other Sectors* – Ages 12-17

❖ 5% of BHS-CY clients ages 12-17 also received services from the CFWB sector during the fiscal year, as compared to 5% in FY 2023-24.

❖ 9% of BHS-CY clients ages 12-17 also received services from the Probation sector during the fiscal year, as compared to 10% in FY 2023-24.

❖ 5% of BHS-CY clients ages 12-17 also received services from the SUD sector during the fiscal year, as compared to 4% in FY 2023-24.



Special Education data were not available for FY 2024-25

**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?

BHS-CY and Other Sectors* – Ages 18-21+†

❖ 15% of BHS-CY clients ages 18-21 also received services from the CFWB sector during the fiscal year, as compared to 13% in FY 2023-24.

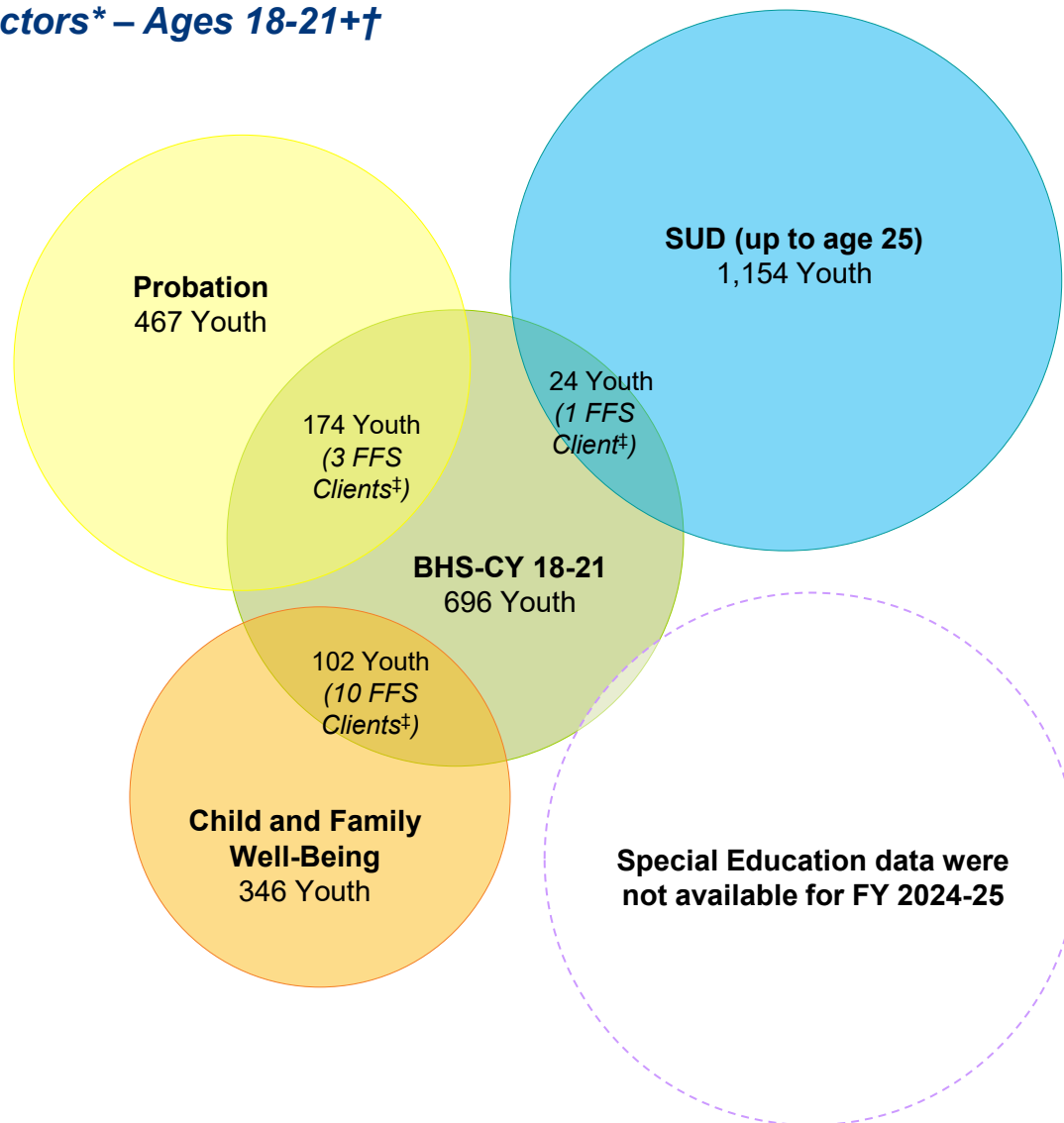
❖ 25% of BHS-CY clients ages 18-21 also received services from the Probation sector during the fiscal year, as compared to 25% in FY 2023-24.

❖ 3% of BHS-CY clients ages 18-21 also received services from the SUD sector during the fiscal year, as compared to 4% in FY 2023-24.

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

†Less than 0.01% of the BHS-CY population was over the age of 21.

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



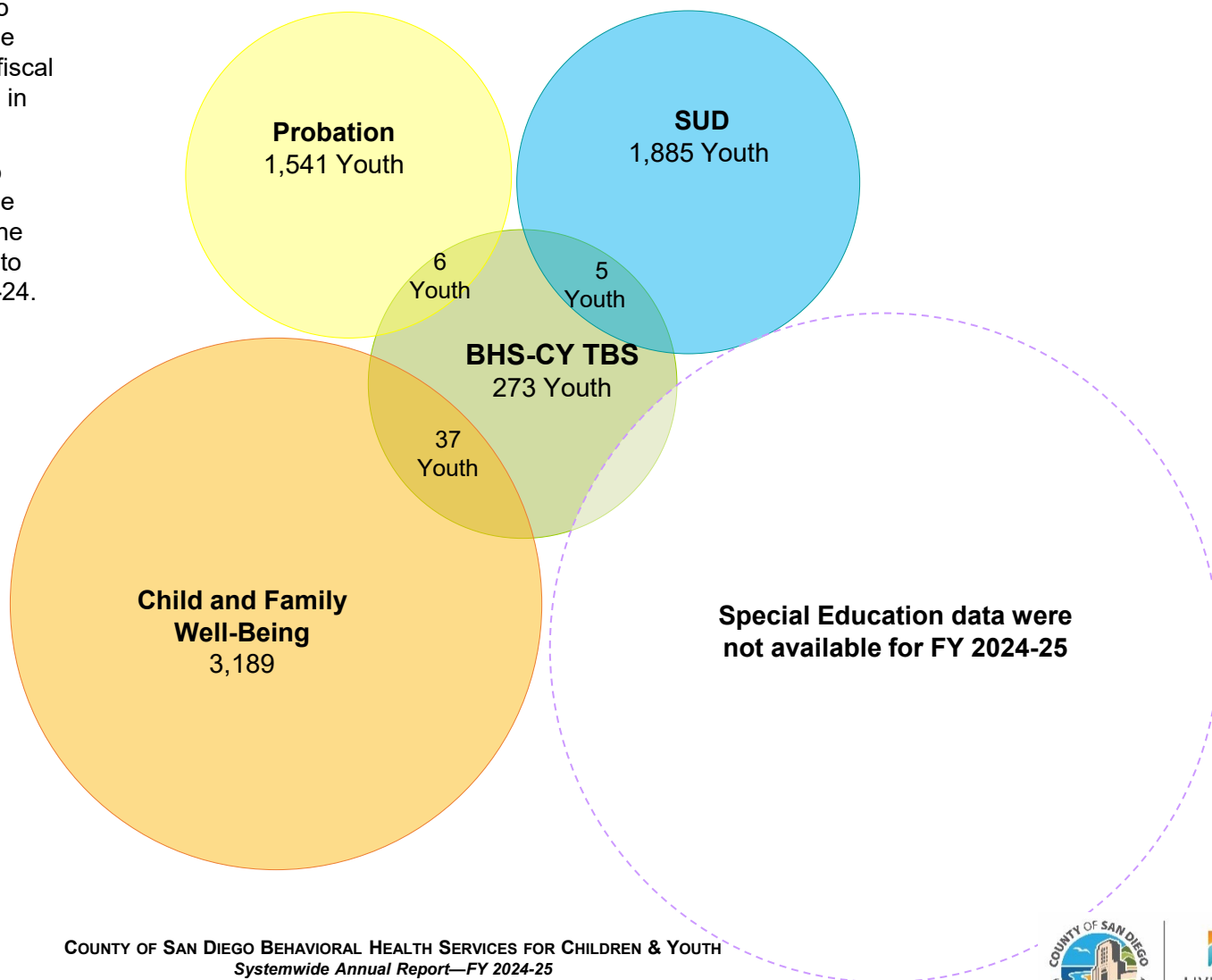
What Kind of Services Are Being Used?

*BHS-CY TBS Programs and Services From Other Sectors**

❖ 14% of TBS clients also received services from the CFWB sector during the fiscal year, as compared to 8% in FY 2023-24.

❖ 2% of TBS clients also received services from the Probation sector during the fiscal year, as compared to less than 1% in FY 2023-24.

❖ 2% of TBS clients also received services from the SUD sector during the fiscal year, as compared to 3% in FY 2023-24.



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

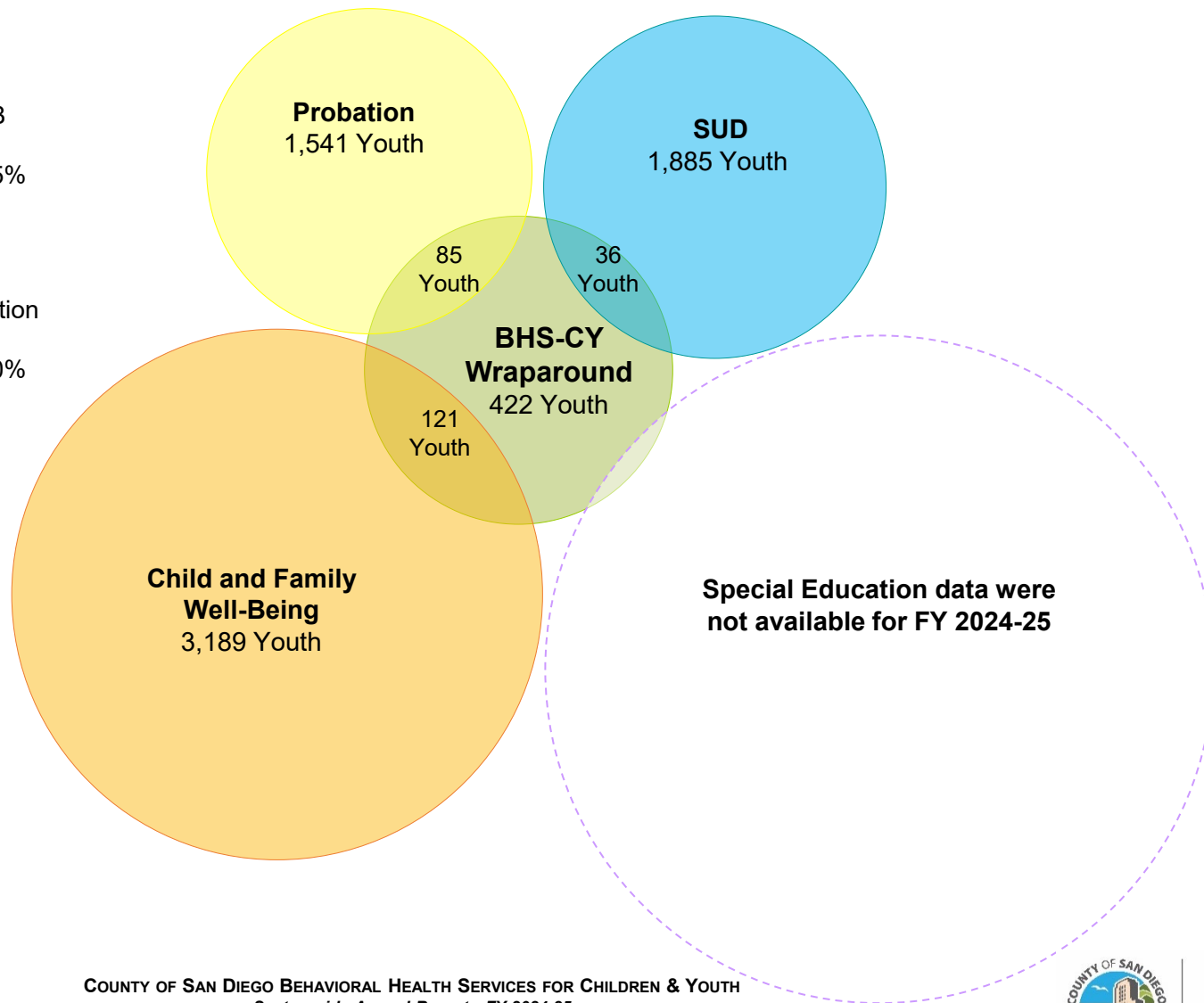
What Kind of Services Are Being Used?

*BHS-CY Wraparound Programs and Services From Other Sectors**

❖ 29% of Wraparound clients also received services from the CFWB sector during the fiscal year, as compared to 35% in FY 2023-24.

❖ 20% of Wraparound clients also received services from the Probation sector during the fiscal year, as compared to 20% in FY 2023-24.

❖ 9% of Wraparound clients also received services from the SUD sector during the fiscal year, as compared to 7% in FY 2023-24.



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

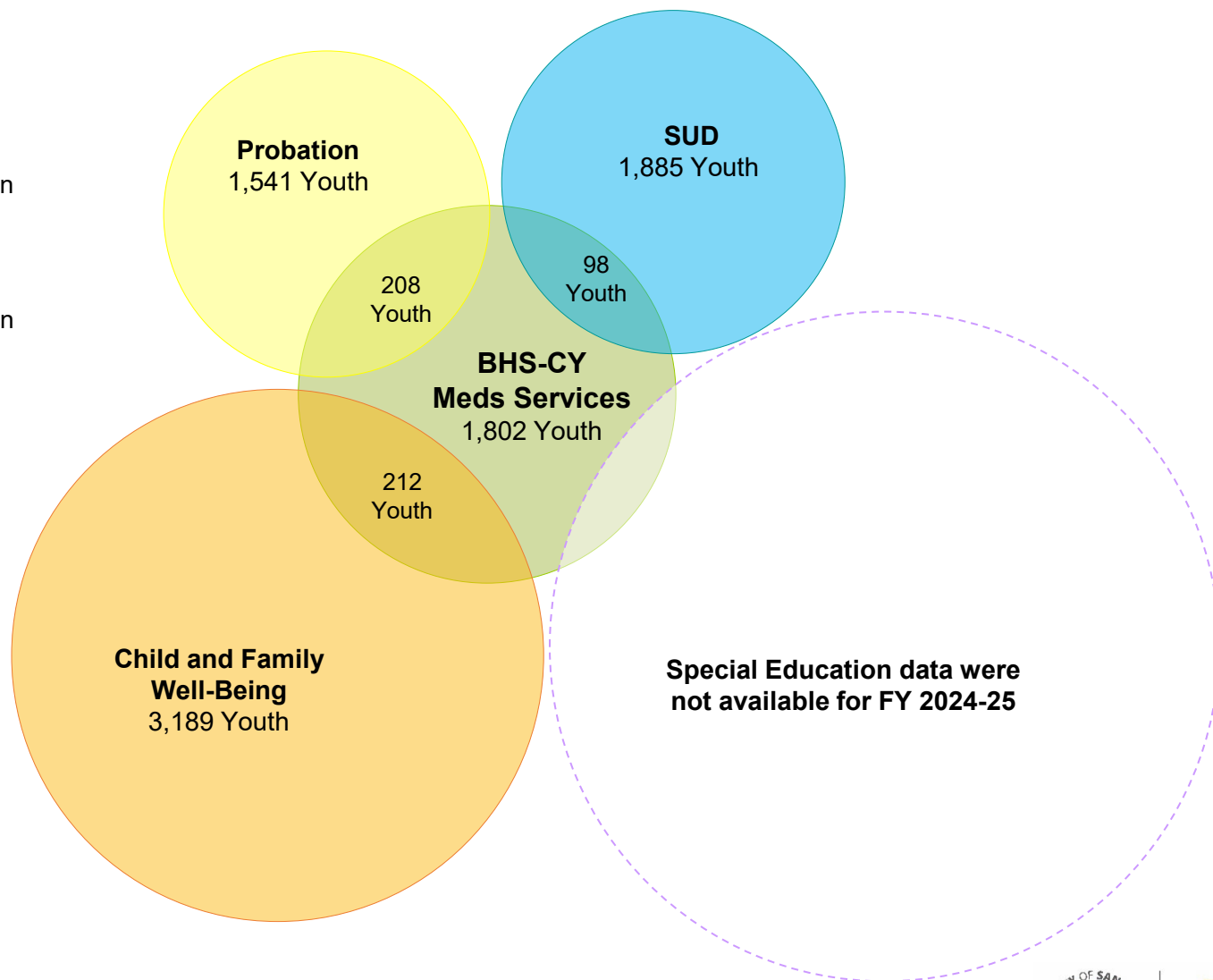
What Kind of Services Are Being Used?

BHS-CY Medication Services and Services From Other Sectors*

❖ 12% of Meds Services clients also received services from the CFWB sector during the fiscal year, as compared to 9% in FY 2023-24.

❖ 12% of Meds Services clients also received services from the Probation sector during the fiscal year, as compared to 14% in FY 2023-24.

❖ 5% of Meds Services clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2023-24.



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

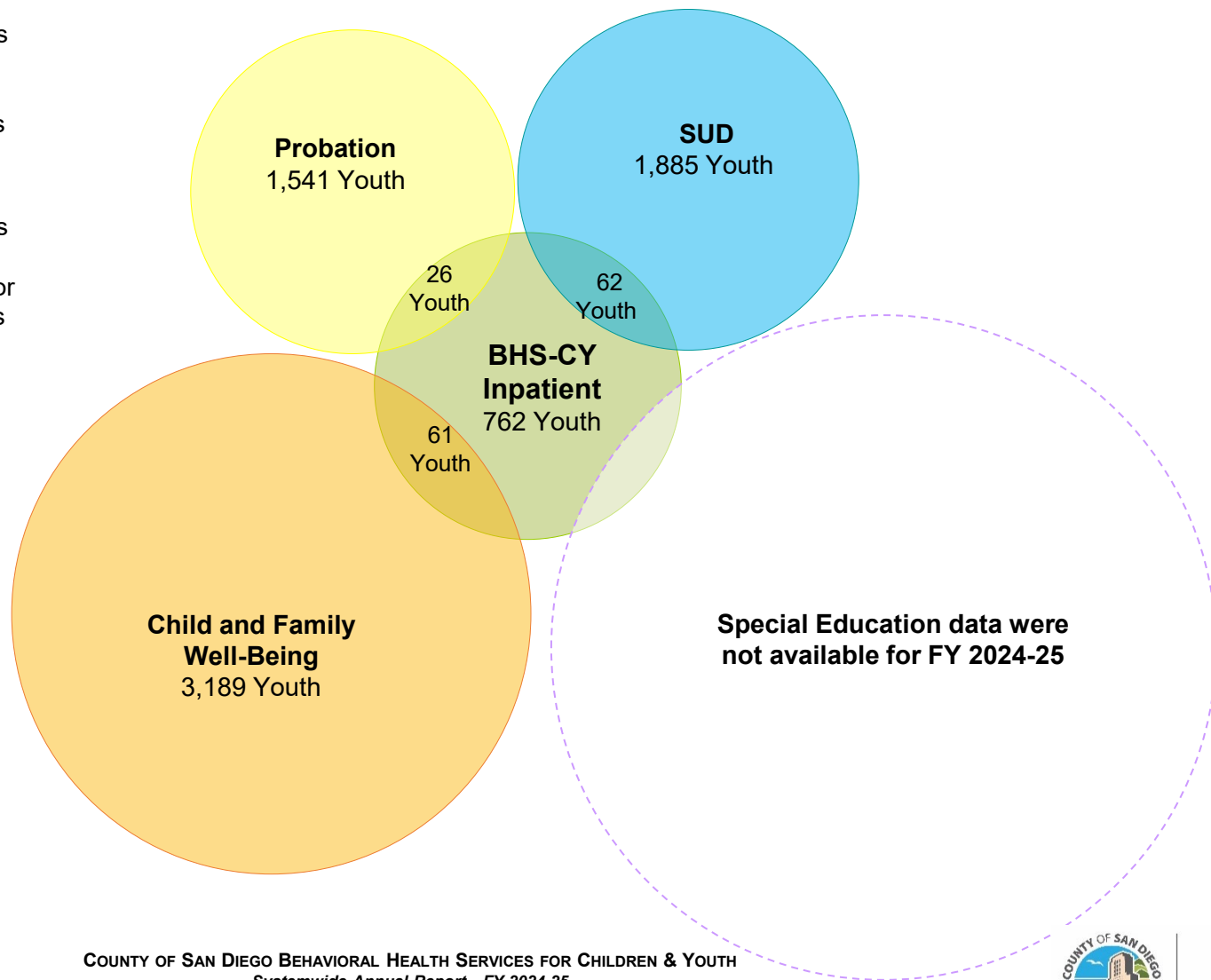
What Kind of Services Are Being Used?

*BHS-CY Inpatient Programs and Services From Other Sectors**

❖ 8% of Inpatient clients also received services from the CFWB sector during the fiscal year, as compared to 7% in FY 2023-24.

❖ 3% of Inpatient clients also received services from the Probation sector during the fiscal year, as compared to 4% in FY 2023-24.

❖ 8% of Inpatient clients also received services from the SUD sector during the fiscal year, as compared to 7% in FY 2023-24.



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

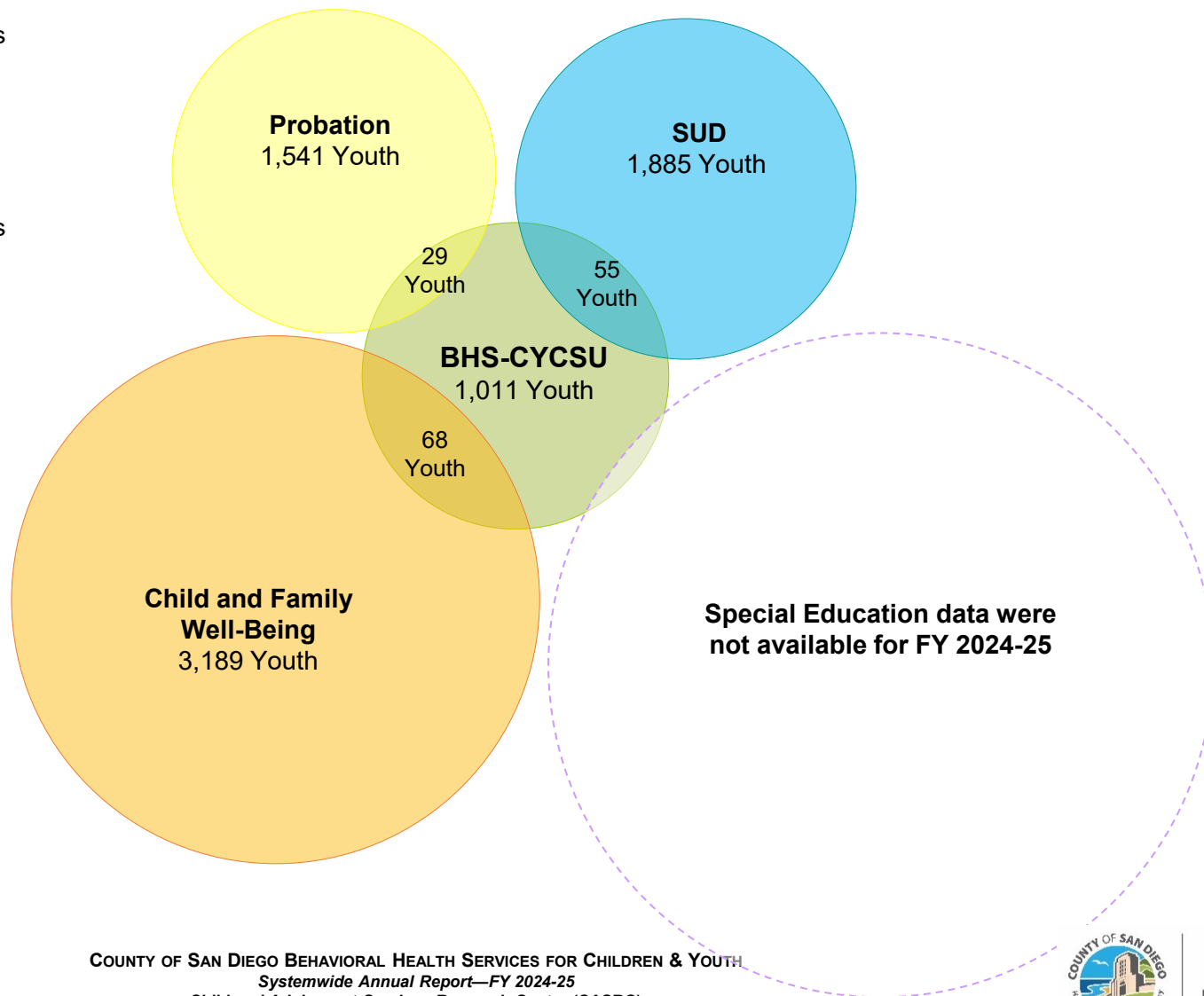
What Kind of Services Are Being Used?

Children & Youth Crisis Stabilization Unit (CYCSU) Program and Services From Other Sectors*

❖ 7% of CYCSU clients also received services from the CFWB sector during the fiscal year, as compared to 7% in FY 2023-24.

❖ 3% of CYCSU clients also received services from the Probation sector during the fiscal year, as compared to 3% in FY 2023-24.

❖ 5% of CYCSU clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2023-24.



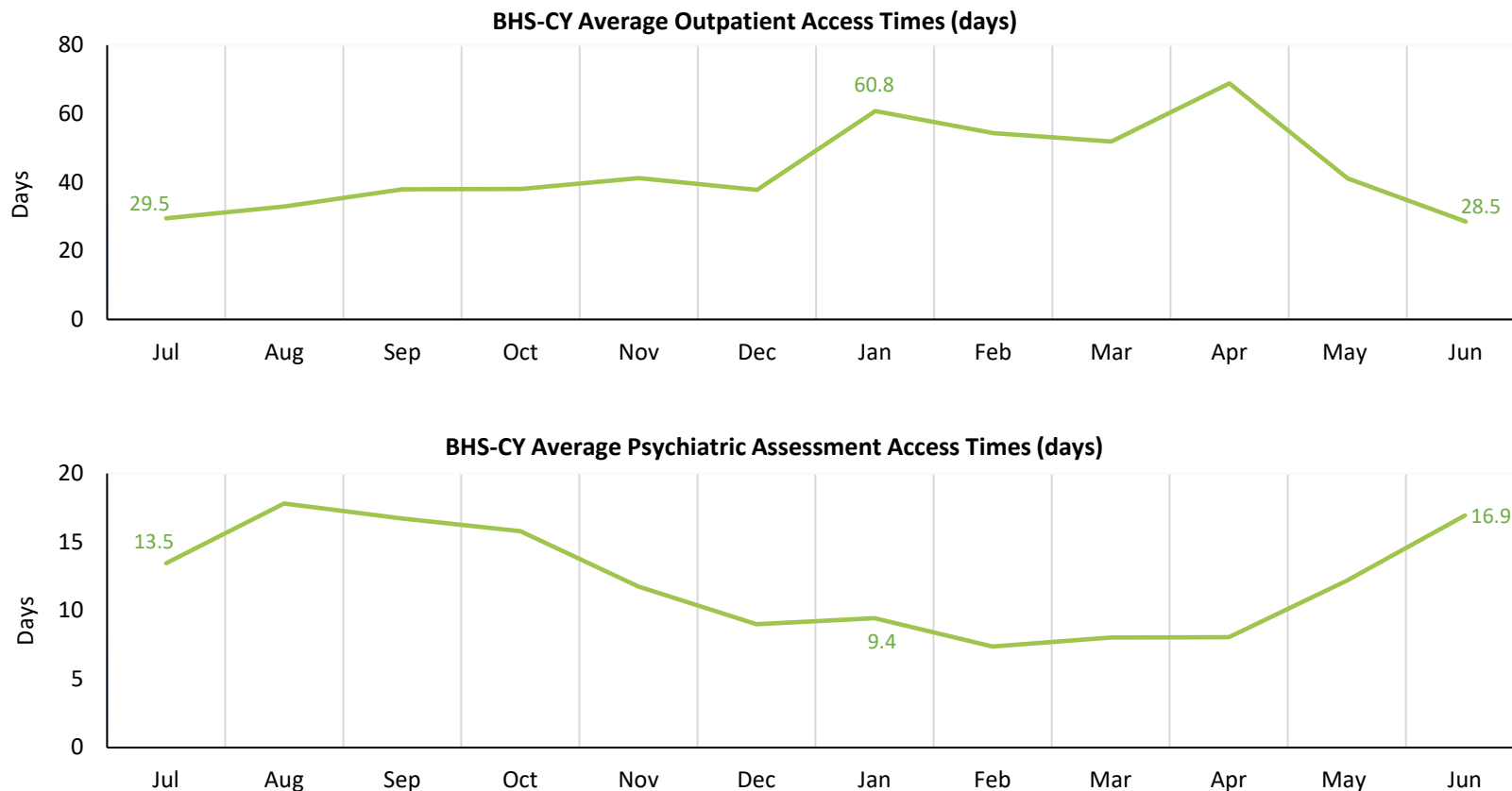
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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 2024-25, children waited an average of **43.5 business days** to access an outpatient appointment. Average psychiatric assessment appointment access time was **12.1 business days** in FY 2024-25. By way of context, DHCS access time standards are 10 business days for routine outpatient assessment and 15 business days for psychiatric assessment.



*Access time methodology changed significantly with the transition to SmartCare; data are not comparable to previous years.

Are Clients Getting Better?

Client outcomes are evaluated by measuring change on a standardized mental health assessment measure, communimetric tool, and reviewing rates of high-level service use. New measures were implemented in FY 2018-19 to align with California mandates.

Outcome Measures

- ❖ The Pediatric Symptom Checklist (PSC), a measure of youth emotional and behavioral problems completed by youth ages 11 to 18, and/or caregivers of youth ages 3 to 18.
- ❖ The Child and Adolescent Needs and Strengths (CANS), a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21.
- ❖ Inpatient (IP) Readmission Rates
- ❖ Children & Youth Crisis Stabilization Unit (CYCSU) Readmission Rates
- ❖ Goals Met at Discharge



Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) Results

The PSC measures a child's behavioral and emotional problems. In FY 2024-25, the PSC was typically administered at intake, every 6 months, and at discharge to parents/caregivers of youth ages 3 to 18. The PSC was not administered in any inpatient setting.

PSC scores were evaluated for youth with a discharge measure dated in FY 2024-25 who had both initial assessment and discharge scores completed. Improvement on the PSC is evaluated three ways:

❖ *Amount of Improvement*

Percentage of all clients who reported an increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction). This reflects the amount of change youth and their caregivers report from intake to discharge on the symptoms evaluated by the PSC. Amount of improvement was calculated using Cohen's d effect size.

❖ *Reliable Improvement*

Percentage of all clients who had at least a 6-point reduction on the PSC total scale score. Reliable improvement was defined by the developers and means that the clients improved by a statistically reliable amount.

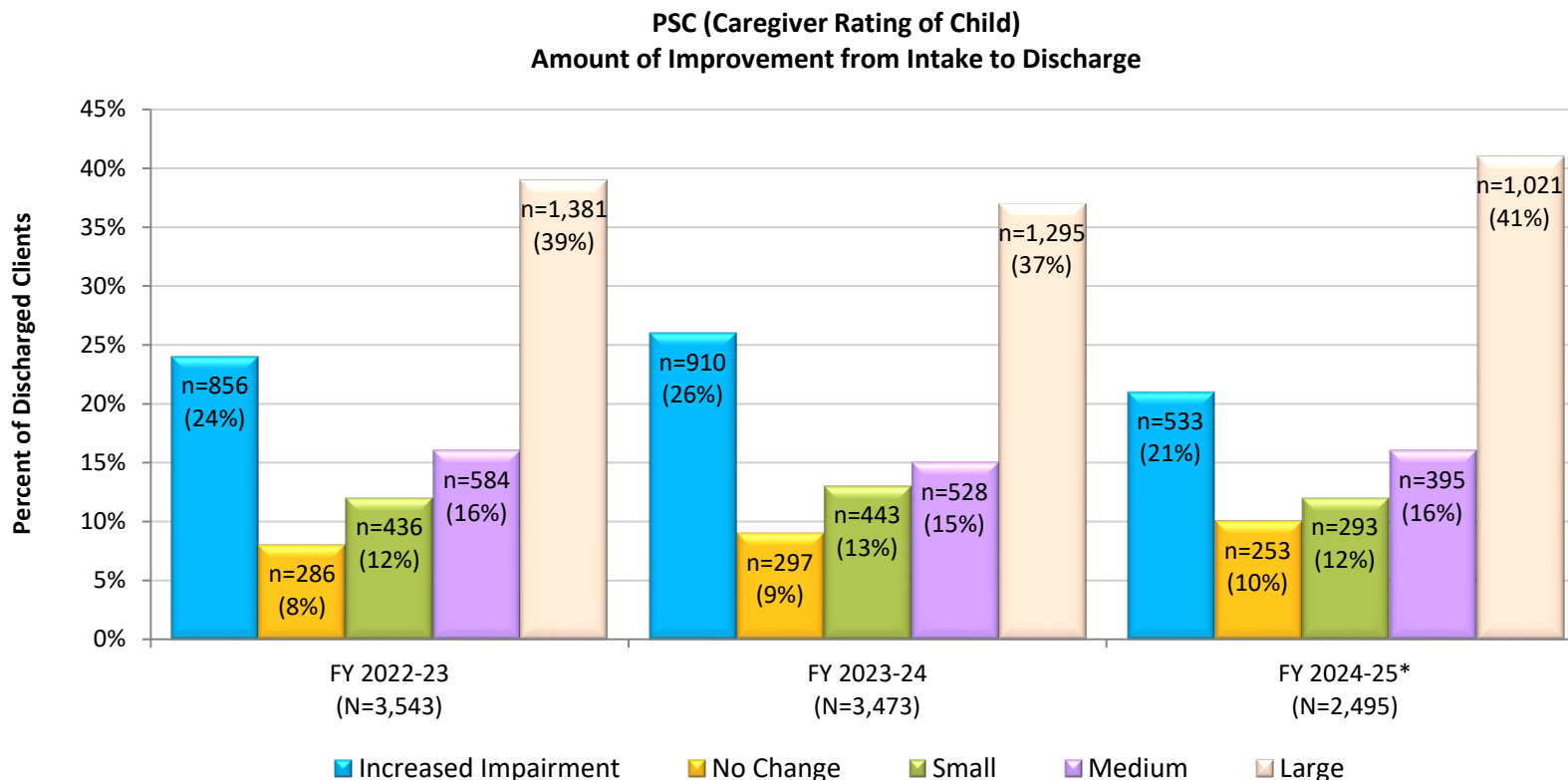
❖ *Clinically Significant Improvement*

Percentage of clients who started above the clinical cutoff on at least one of the three subscales or total scale score at intake and ended below the cutoff at discharge. Additionally, these clients must have had at least a 6-point reduction on the PSC total scale score. Clinically significant improvement was defined by the measures' developers and means that treatment had a noticeable genuine effect on clients' daily life and that clients are now functioning like non-impaired youth.

Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Amount of Improvement

Amount of improvement on the PSC was evaluated for eligible youth with a discharge measure dated in FY 2024-25 who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).



**Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.*

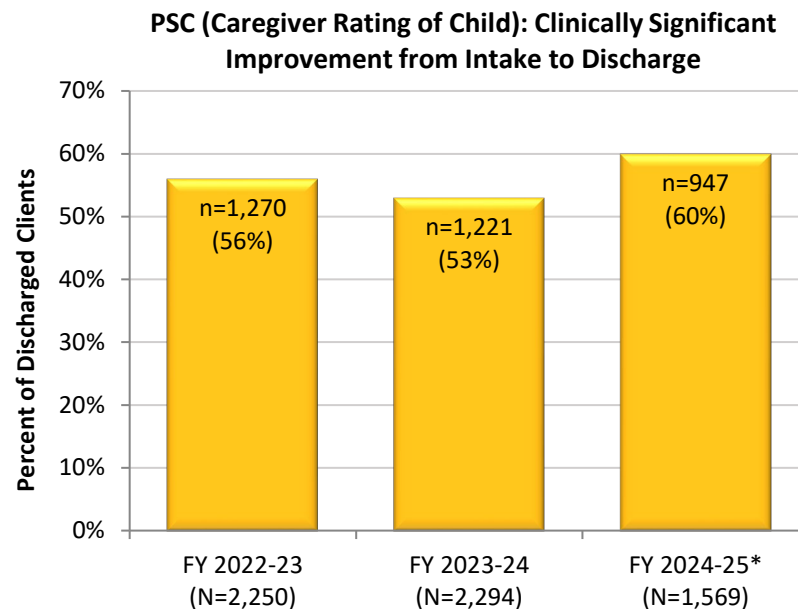
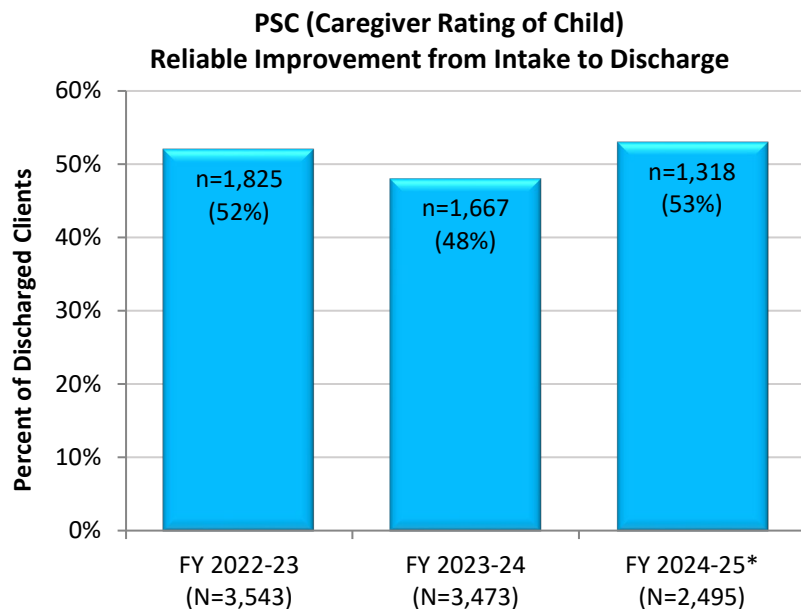
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Reliable & Clinically Significant Improvement

Reliable improvement as measured by the PSC (6+ point improvement on the total scale score) was evaluated for eligible youth with a discharge measure dated in FY 2024-25 who had both initial assessment and discharge scores completed. Fifty-three percent of caregivers reported reliable improvement in FY 2024-25.

By way of context, 33% of clients at Mass General reliably improved after 3 months of treatment.⁶

Clinically significant improvement as measured by the PSC (6+ point improvement on at least one of the three subscales or the total scale score *and* crossing the clinical cutoff threshold) was evaluated for eligible youth discharged from services in FY 2024-25 who were **above the clinical cutoff** at initial assessment and had both initial assessment and discharge scores completed. Sixty percent of caregivers reported clinically significant improvement in FY 2024-25. By way of context, 23% of parents surveyed at Mass General reported clinically significant improvement at 3 months.⁶



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

⁶Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. *Clinical Child Psychology and Psychiatry*, 20(1), 39-52.

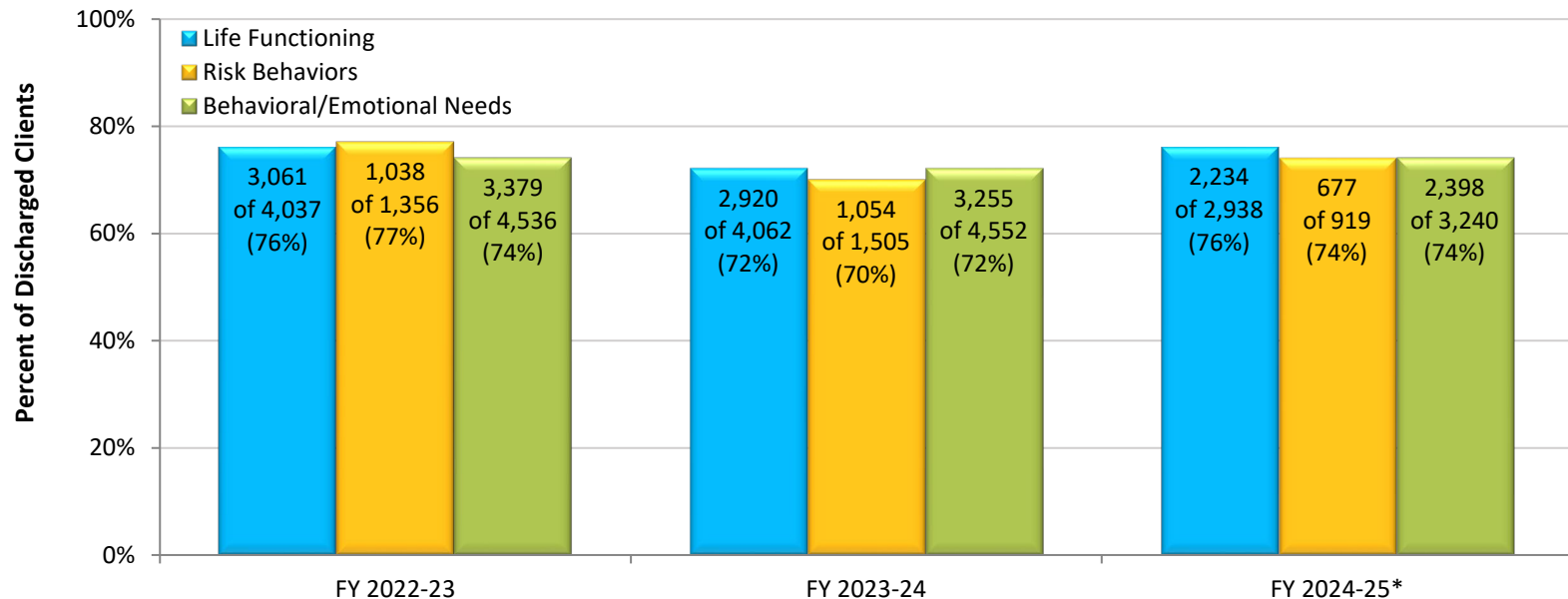
Are Clients Getting Better?

Child and Adolescent Needs and Strengths (CANS) – Progress at Discharge

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. CANS progress at discharge was evaluated for eligible youth with a discharge measure dated in FY 2024-25 who had at least one need at initial assessment, and who had both initial assessment and discharge scores completed.

Progress on the CANS is defined as a reduction of at least one need from initial assessment to discharge on the CANS domains: Life Functioning, Risk Behaviors, and/or Child Behavioral and Emotional needs (i.e., moving from a '2' or '3' at initial assessment to a '0' or '1' on the same item at the discharge assessment).

CANS Progress from Intake to Discharge†



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Progress is measured for each domain independently, based on the number of youth for whom a need was identified within the domain.

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*

- ❖ 228 (30%) of the 762 clients who received IP care had more than one IP episode (ranging from 1 to 11) in FY 2024-25—an **increase** from 26% (188 of 711) in FY 2023-24.
 - Of the 228 clients with more than one IP episode, 115 (50%) were re-admitted for IP services within 30 days of the previous IP discharge—a **decrease** from 58% (109 of 188) in FY 2023-24.

Children & Youth Crisis Stabilization Unit (CYCSU) Services

- ❖ 284 (29%) of the 1,011 clients who received care from CYCSU had more than one CYCSU episode (ranging from 2 to 18) in FY 2024-25—an **increase** from 24% (258 of 1,094) in FY 2023-24.
 - Of the 284 clients with more than one CYCSU episode, 224 (79%) were re-admitted to the CYCSU within 30 days of the previous CYCSU discharge—an **increase** from 49% (127 of 258) in FY 2023-24.

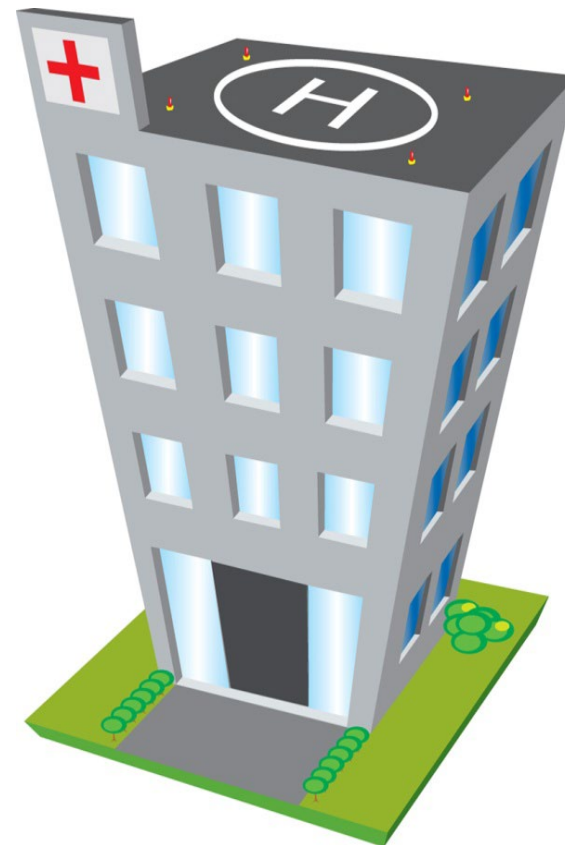
Diversion†

- ❖ Of 1,601 CYCSU visits‡ in FY 2024-25, 1,095 (68%) were diverted from an IP admission—a slight **increase** from 67% (1,137 of 1,693) in FY 2023-24.

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

†Data Source: OPTUM: CO 26-C ESU Emergency Screening Dashboard (3/11/2026)

‡CYCSU visits include duplicated clients



Are Clients Satisfied With Services?

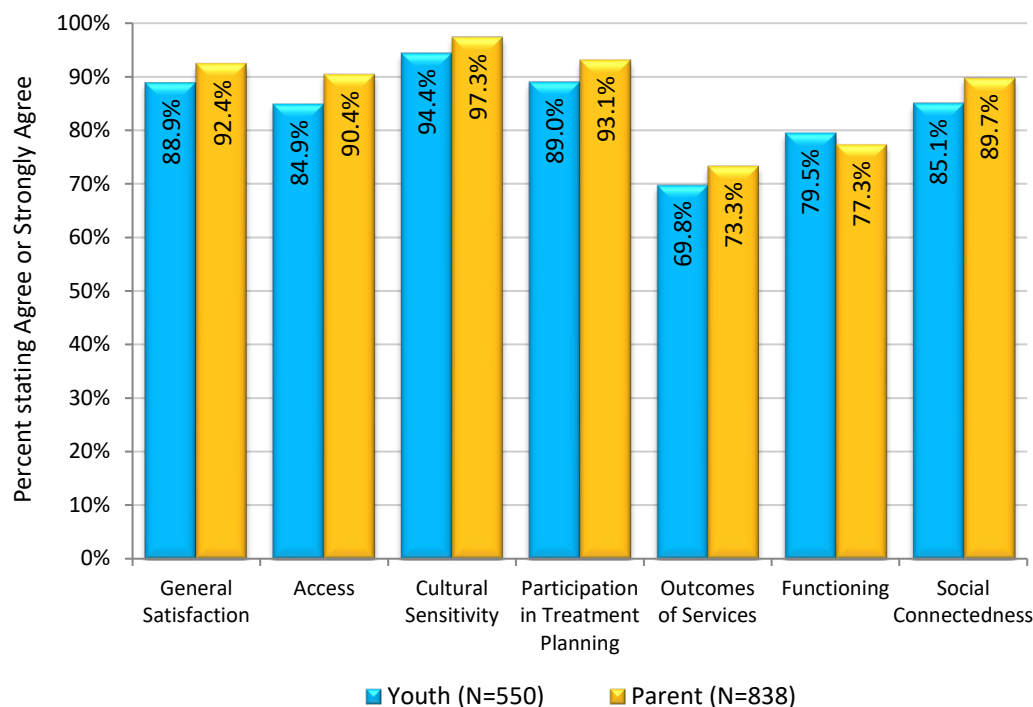
The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a state-mandated survey administered to mental health clients ages 13 and older, as well as the parents/caregivers of youth receiving services regardless of age. Youth and their caregivers report their degree of satisfaction with mental health services received. In FY 2024-25 the YSS was administered to clients during one 1-week period in May 2025; data from 1,388 completed surveys 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.
 - ❖ Parents and youth were least satisfied with the *Outcomes of Services* domain.
 - ❖ Youth were less satisfied than parents on every domain except *Perception of Functioning*.
 - ❖ The greatest disparity between youth and parents was found in the *Participation of Access* domain.

May 2025 YSS Results



NOTE: Not every youth/caregiver completed responses for every 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.

BHS-CY Substance Use Disorder

Substance Use Disorder (SUD)

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. BHS-CY SUD programs serve adolescents and women, including pregnant/parenting women, who are using substances or have co-occurring mental health disorders. Services include Outpatient and Residential Treatment, Withdrawal Management, Case Management, programs for Justice-Involved individuals, Specialized Services including Medication-Assisted Treatment (MAT), and Ancillary Services (i.e., HIV/Hepatitis C counseling and testing, TB testing). These strength-based, trauma-informed, culturally competent SUD treatment services involve the family unit in the recovery processes within a safe and sober environment.

The Drug Medi-Cal Organized Delivery System (DMC-ODS)

San Diego County implemented DMC-ODS on July 1, 2018. The DMC-ODS provides California counties the opportunity to expand access to high-quality care for Medi-Cal enrollees with substance use disorders (SUD). Counties participating in the DMC-ODS are required to provide access to a continuum of SUD benefits modeled after the American Society of Addiction Medicine (ASAM) Criteria. Through the DMC-ODS, eligible enrollees have timely access to the care and services they need for a sustainable and successful recovery.

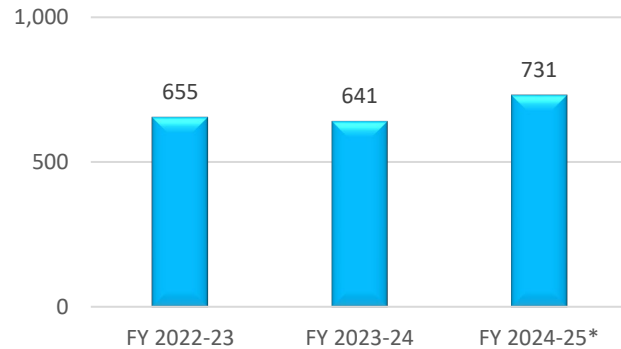
ASAM Criteria

The ASAM Criteria is a proven model in the SUD field, and is the most widely used and comprehensive set of guidelines for assessing patient needs and optimizing placement into SUD treatment. The ASAM Criteria provides a consensus-based model of placement criteria and matches an individual's severity of substance use and related conditions with the most beneficial level of treatment. Counties implementing the DMC-ODS are required to use the ASAM Criteria to ensure that eligible beneficiaries have access to the SUD services that best align with their treatment needs.

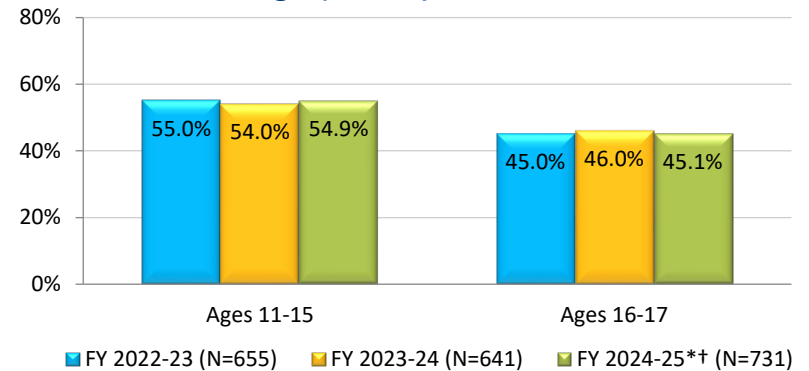
Substance Use Disorder (SUD) – Youth

Substance Use Disorder (SUD) programs provided services to 731 unduplicated youth under the age of 18 in FY 2024-25. This represents a 14% increase in services provided from FY 2023-24.

Number of SUD Youth Clients Served (N=731)†

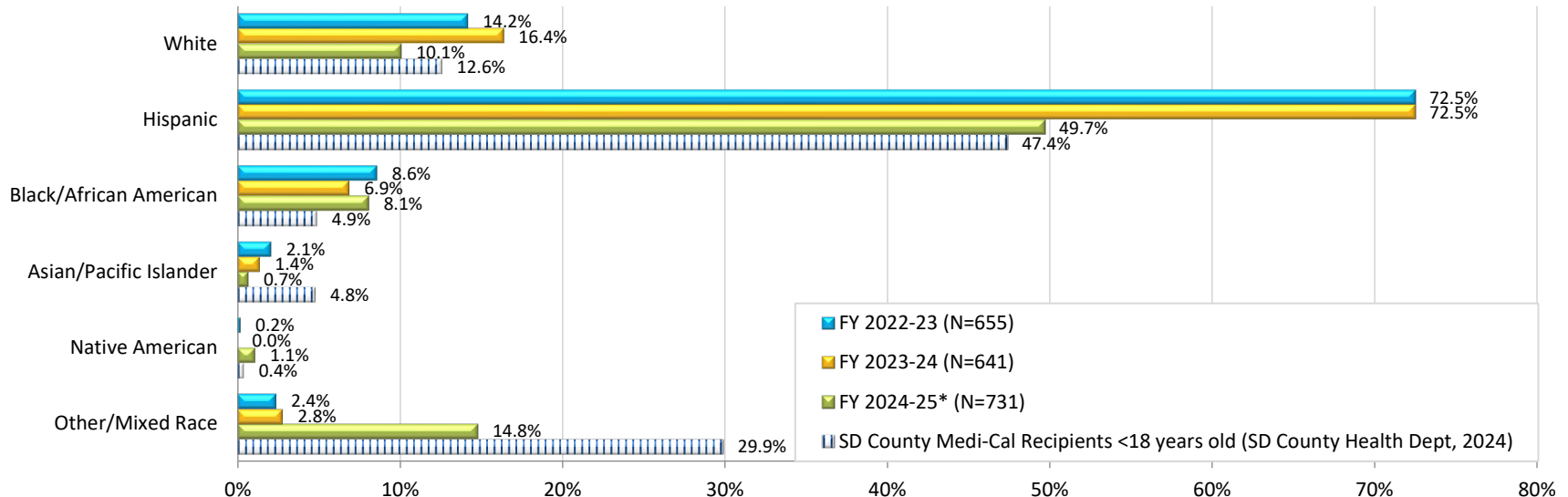


SUD Youth Client Age (N=731)†



*Data range for FY 2024-25 was expanded to ages 9-15.

SUD Youth Client Race and Ethnicity (N=731)†

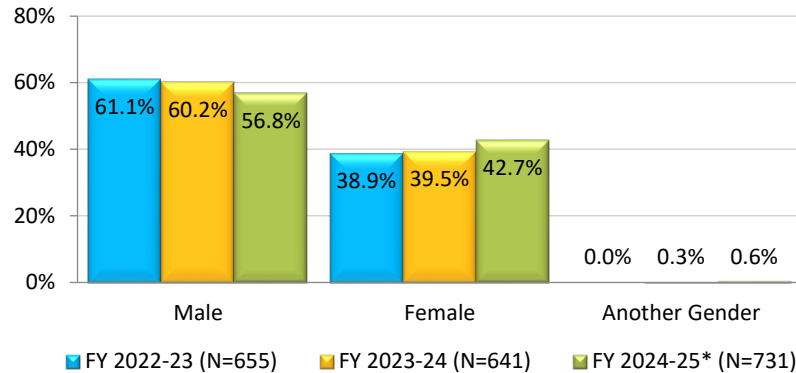


*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Data Source: SanWITS and SmartCare

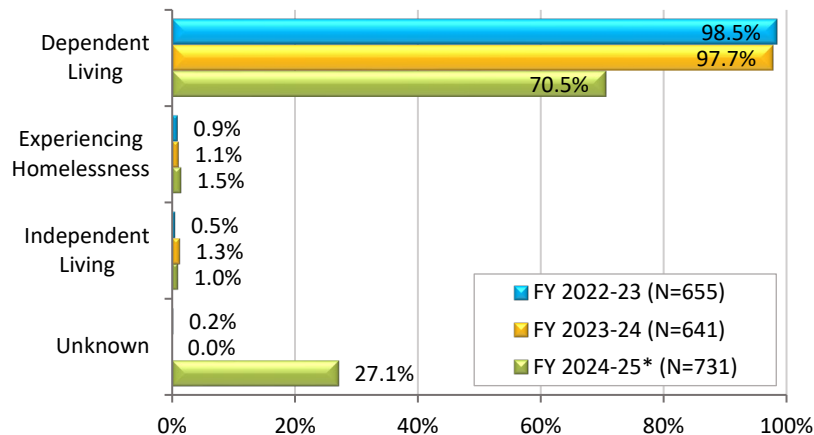
Substance Use Disorder (SUD) – Youth

SUD Youth Client Gender (N=731)†

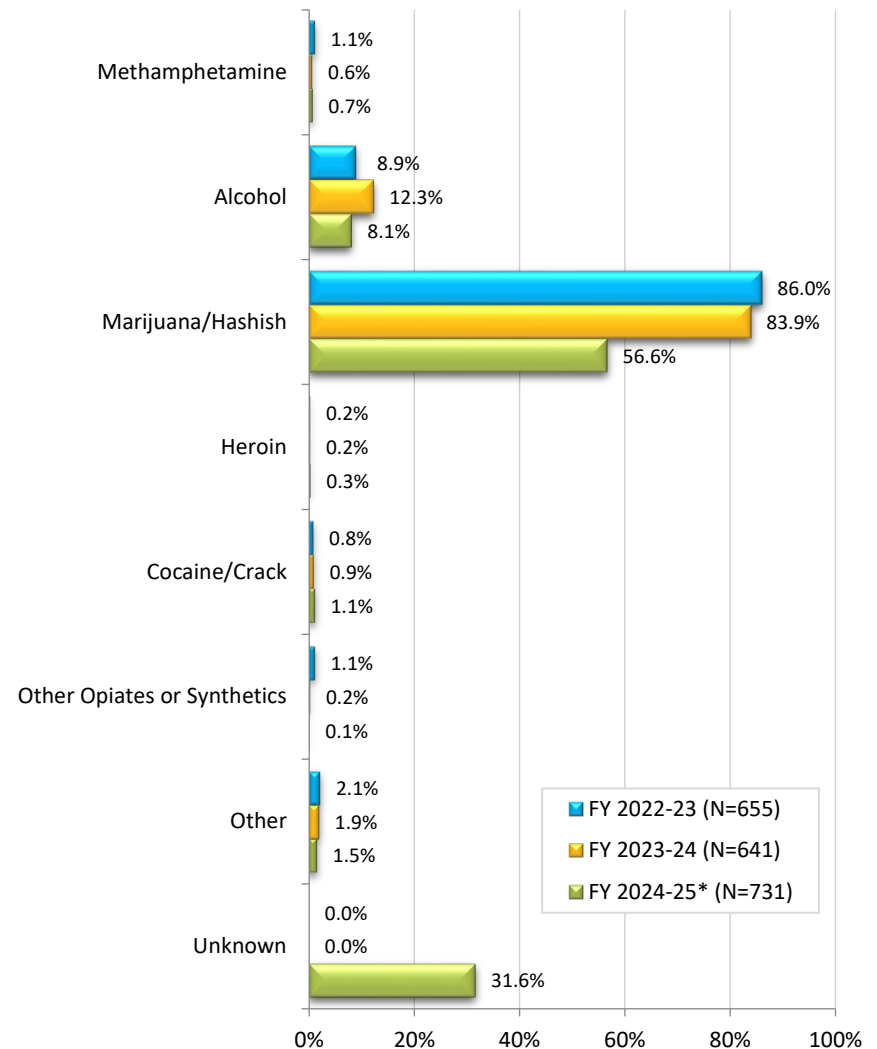


SUD Youth Client Living Situation (N=731)†

While the proportion of youth living as dependents with family has remained the high, there was a slight increase in clients experiencing homelessness in FY 2024-25.



SUD Youth Client Primary Substance Used (N=731)†



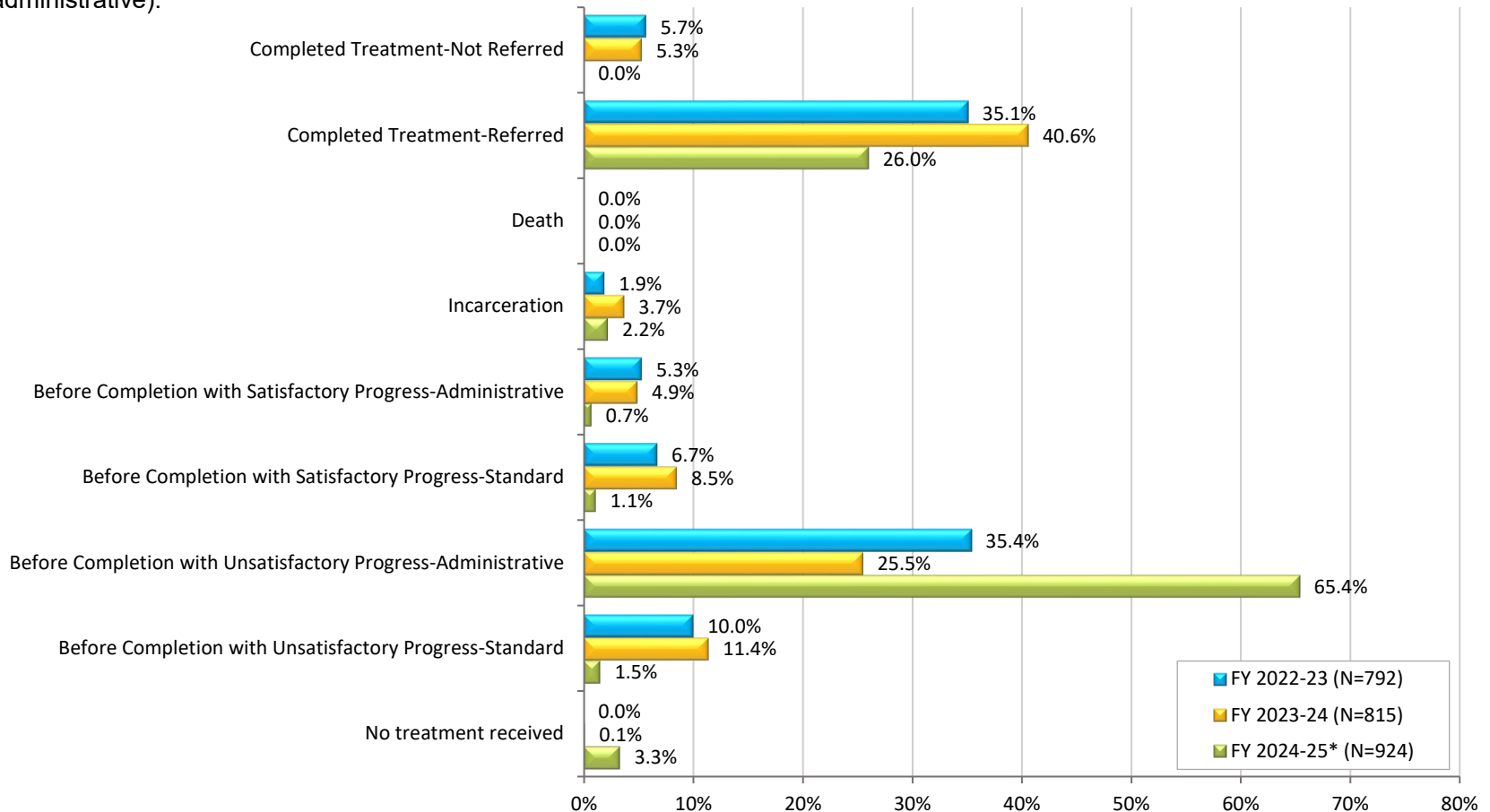
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Data Source: SanWITS and SmartCare

Substance Use Disorder (SUD) – Youth

SUD Youth Client Type of Discharge (N=924)†‡§

The most common SUD youth discharge type in FY 2024-25 was discharge before treatment completion with unsatisfactory progress (administrative).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

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

‡Data Source: SanWITS and SmartCare

§Discharge status definitions are available in the CalOMS Tx Data Collection Guide:

https://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Substance Use Disorder (SUD) – Youth

Other SUD Services for Teens

Behavioral Health Services provides Teen Recovery Center (TRC) services to youth ages 12 through 17. TRC services are age-appropriate substance use treatment services for adolescents and their families in outpatient treatment settings that include school sites. There are 7 TRC regional sites with 2 or more school sites per region, offering group and individual therapy, co-occurring disorder services, life skills and introduction to prosocial activities, tobacco cessation, and trauma-informed care to help adolescents recover in a safe and supportive, alcohol and other drug-free environment. The System of Care also offers residential SUD treatment services as well as Medication Assisted Treatment (MAT) services.



What Kind of Services Are Being Used?

Youth Receiving SUD Services and Services From Other Sectors*

❖ 38% of SUD youth clients also received services from BHS-CY Mental Health in FY 2024-25, as compared to 37% in FY 2023-24.

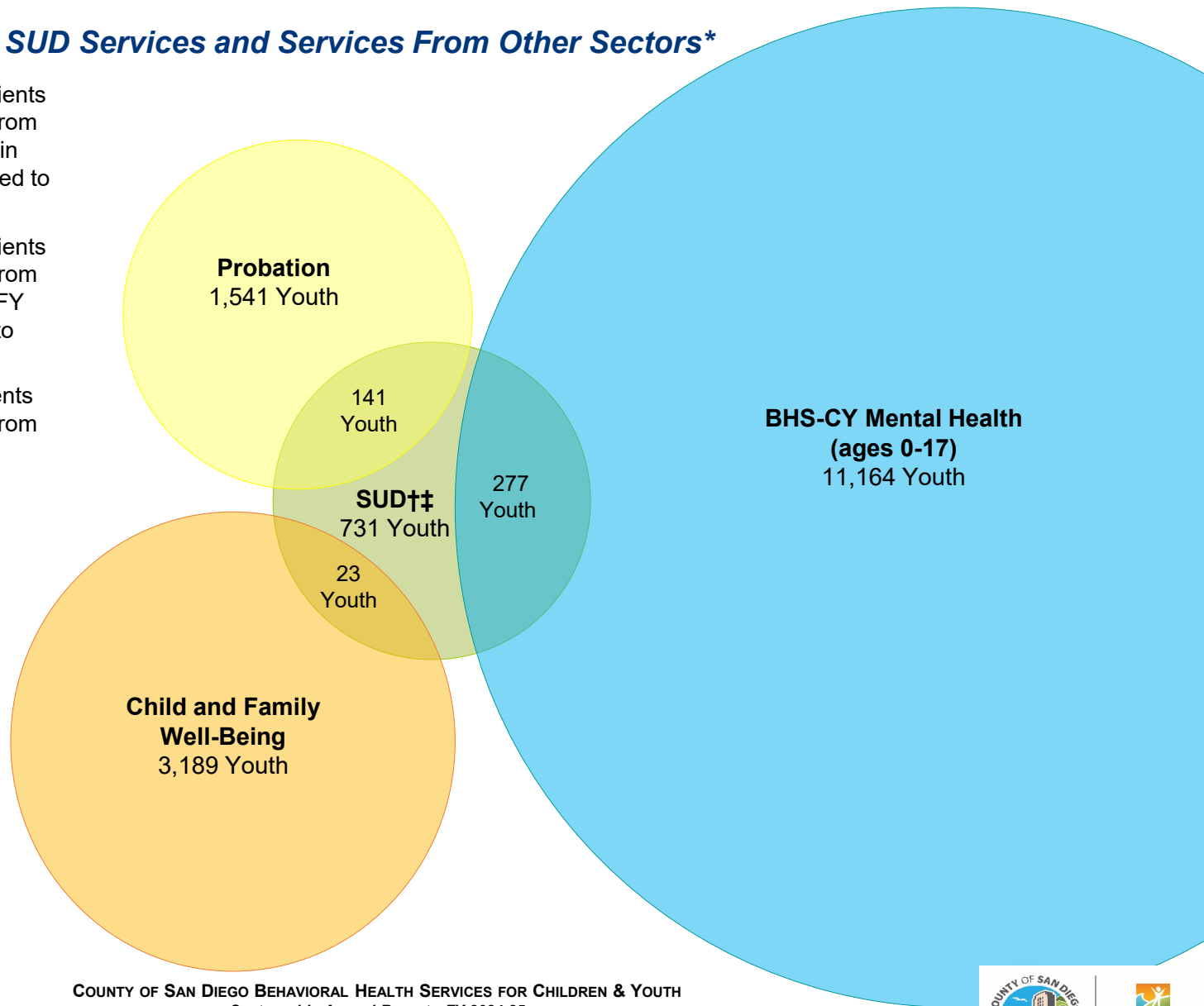
❖ 19% of SUD youth clients also received services from the Probation sector in FY 2024-25, as compared to 19% in FY 2023-24.

❖ 3% of SUD youth clients also received services from the CFWB sector, as compared to 2% in FY 2023-24.

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

†SUD Youth in this section are limited to 0-17 years of age, thus client counts will be discrepant with the MH sections of this report.

‡Age is captured differently for cross-sector matching purposes, thus the number of unique clients may not match the BHS-CY SUD section total.



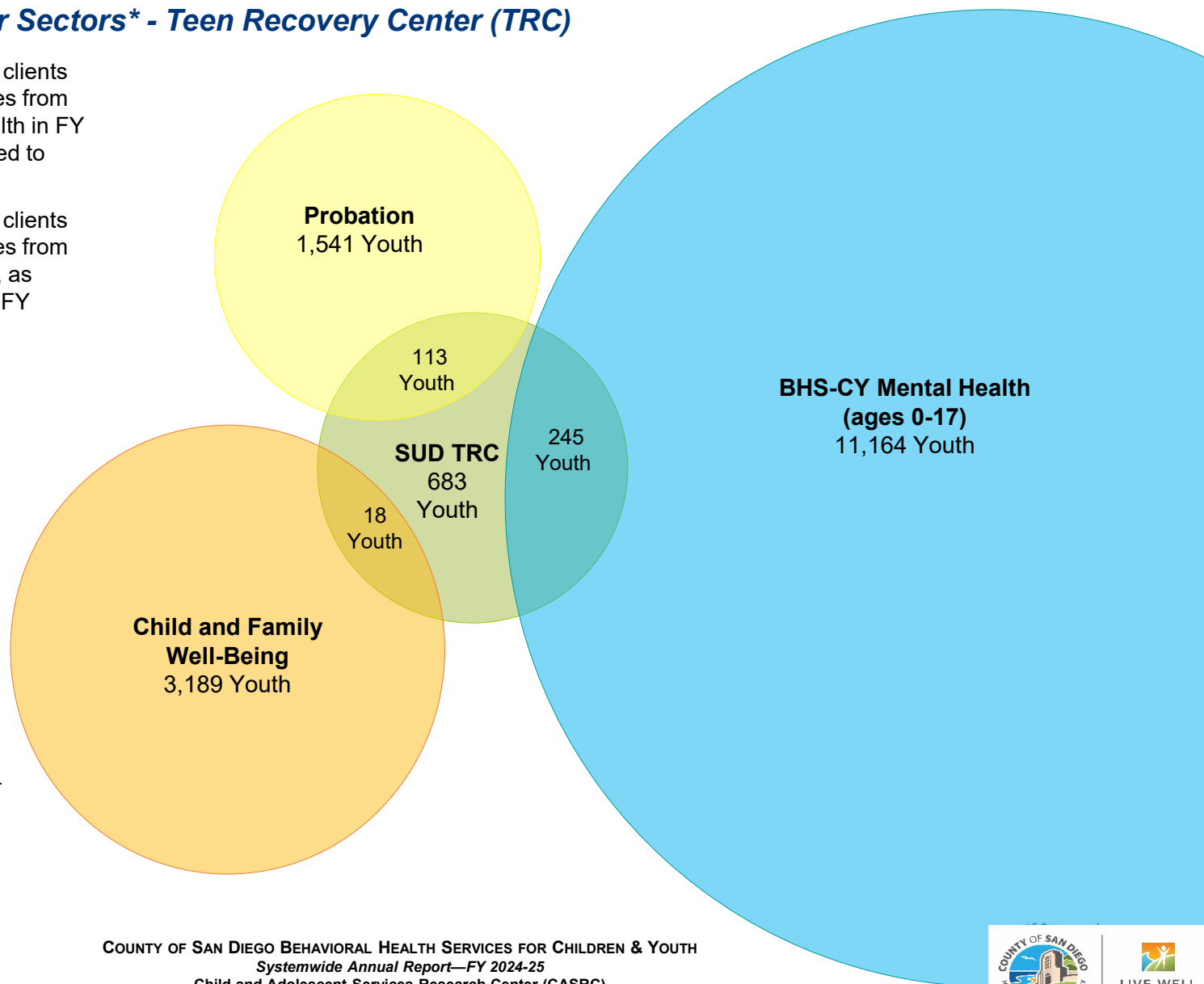
What Kind of Services Are Being Used?

SUD and Other Sectors - Teen Recovery Center (TRC)*

❖ 36% of SUD TRC clients also received services from BHS-CY Mental Health in FY 2024-25, as compared to 37% in FY 2023-24.

❖ 17% of SUD TRC clients also received services from the Probation sector, as compared to 19% in FY 2023-24.

❖ 3% of SUD TRC clients also received services from the CFWB sector, as compared to 2% in FY 2023-24.



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

What Kind of Services Are Being Used?

SUD and Other Sectors - SUD Adolescent Residential*

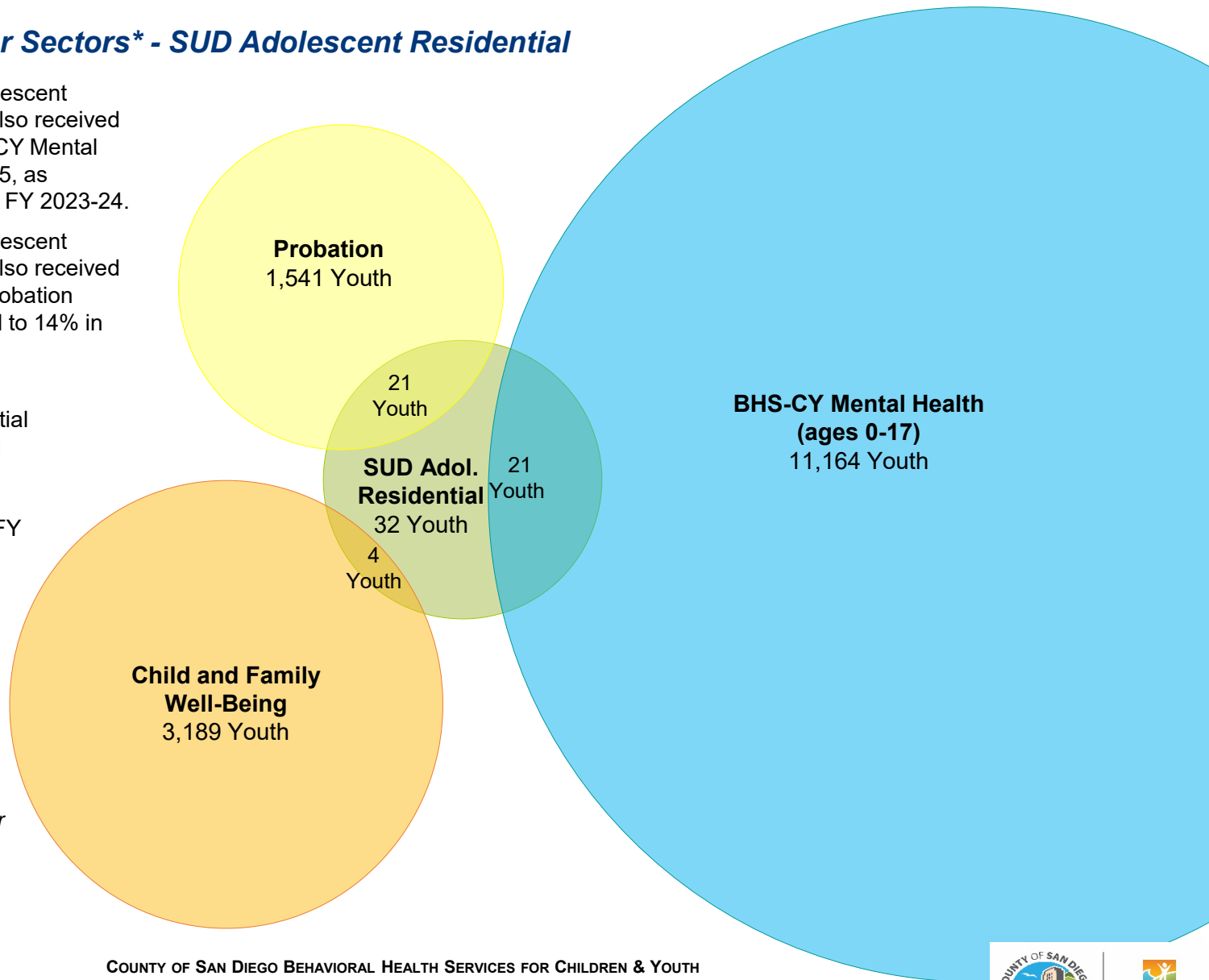
❖ 66% of SUD Adolescent Residential clients also received services from BHS-CY Mental Health in FY 2024-25, as compared to 22% in FY 2023-24.

❖ 65% of SUD Adolescent Residential clients also received services from the Probation sector, as compared to 14% in FY 2023-24.

❖ 13% of SUD Adolescent Residential clients also received services from the CFWB sector, as compared to 2% in FY 2023-24.

Due to the very small number of clients, these data are difficult to reliably interpret.

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



Substance Use Disorder (SUD)

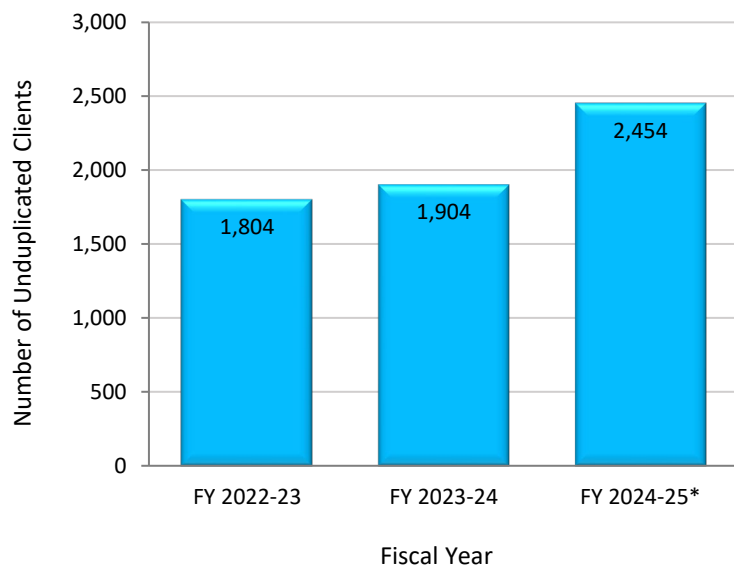
Perinatal Services

The County of San Diego has a Perinatal System of Care that provides a wide array of gender-responsive, trauma-informed SUD treatment services to meet the needs of women and teens, including those who are pregnant and/or parenting. Perinatal SUD treatment is available throughout the county and includes: residential treatment for women and their children, perinatal withdrawal management, outpatient services for women and teens, and intensive field-based perinatal case management services to high risk pregnant women or teens.

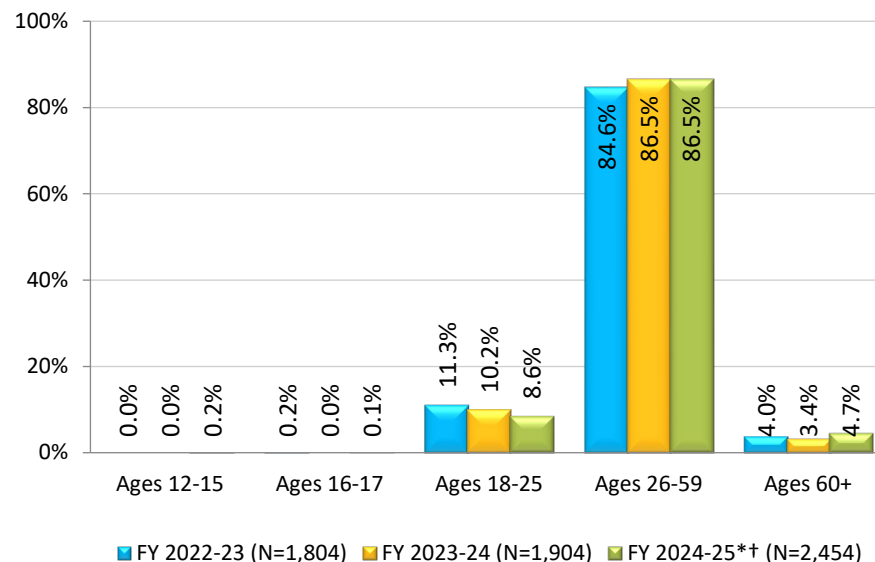
The Perinatal SUD treatment programs support the additional needs of mothers through parenting classes, behavioral health screening and intervention for children, life skills, healthy relationships, recovery groups, education, transportation, care coordination, linkage and coordination with physical healthcare providers, peer support, and onsite childcare. Perinatal women have priority admission into any county funded SUD program.

Perinatal SUD programs provided services to 2,454 unduplicated perinatal women and teens in FY 2024-25.

Number of Perinatal SUD Clients Served (N=2,454)‡



Perinatal SUD Client Age (N=2,454)‡



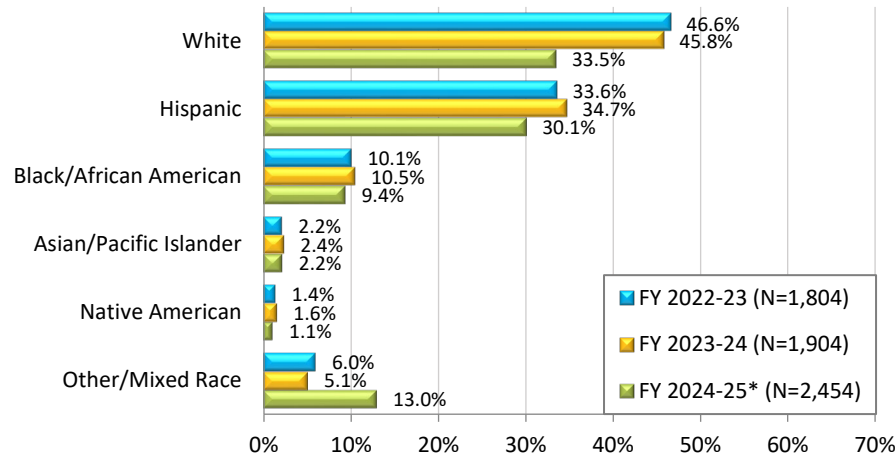
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Data range for FY 2024-25 was expanded to ages 9-15.

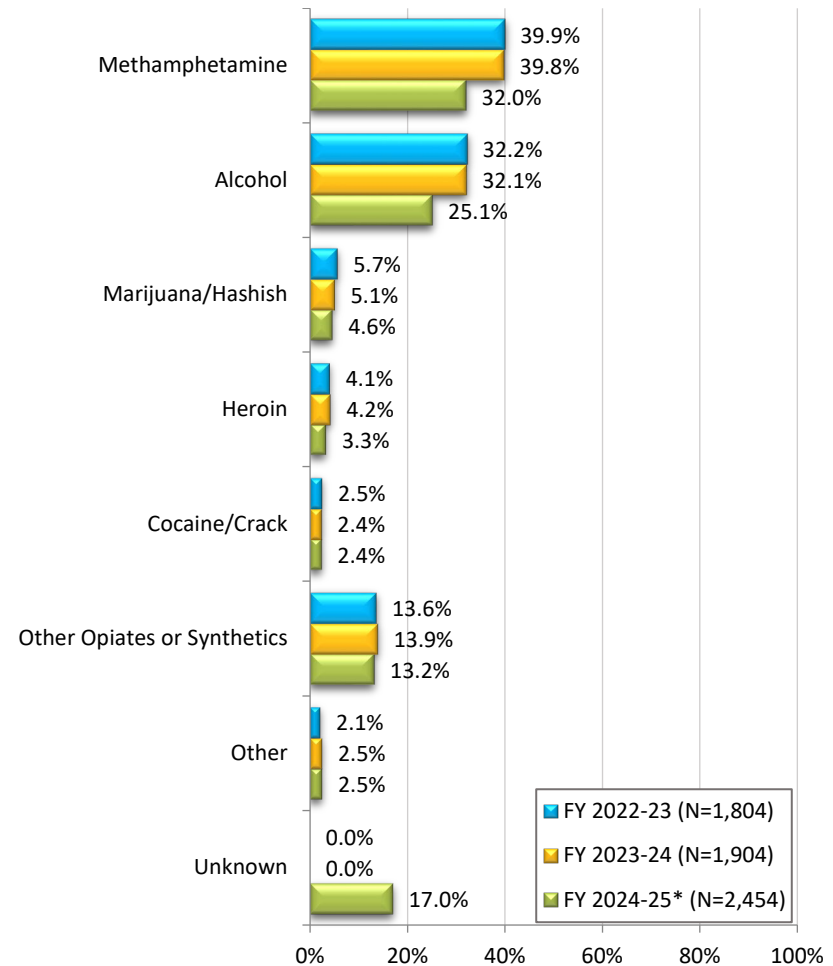
‡Data Source: SanWITS and SmartCare

Substance Use Disorder (SUD) Perinatal Services

Perinatal SUD Client Race/Ethnicity (N=2,454)†

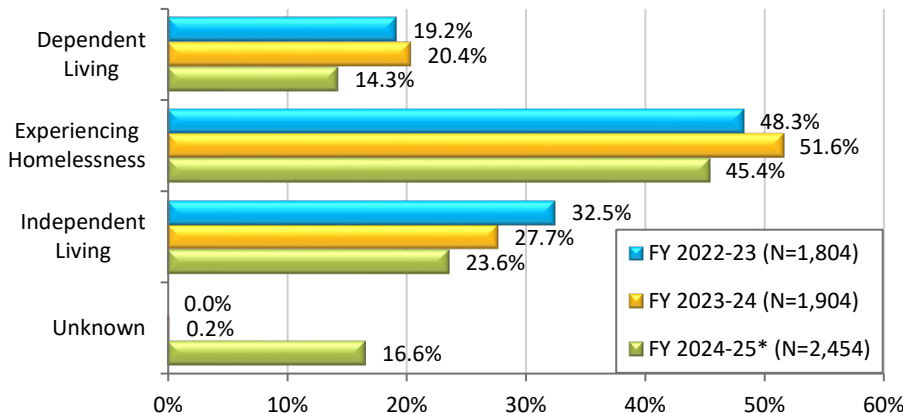


Perinatal SUD Client Primary Substance Used (N=2,454)†



Perinatal SUD Client Living Situation (N=2,454)†

45% of Perinatal SUD clients were experiencing homelessness during FY 2023-24.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

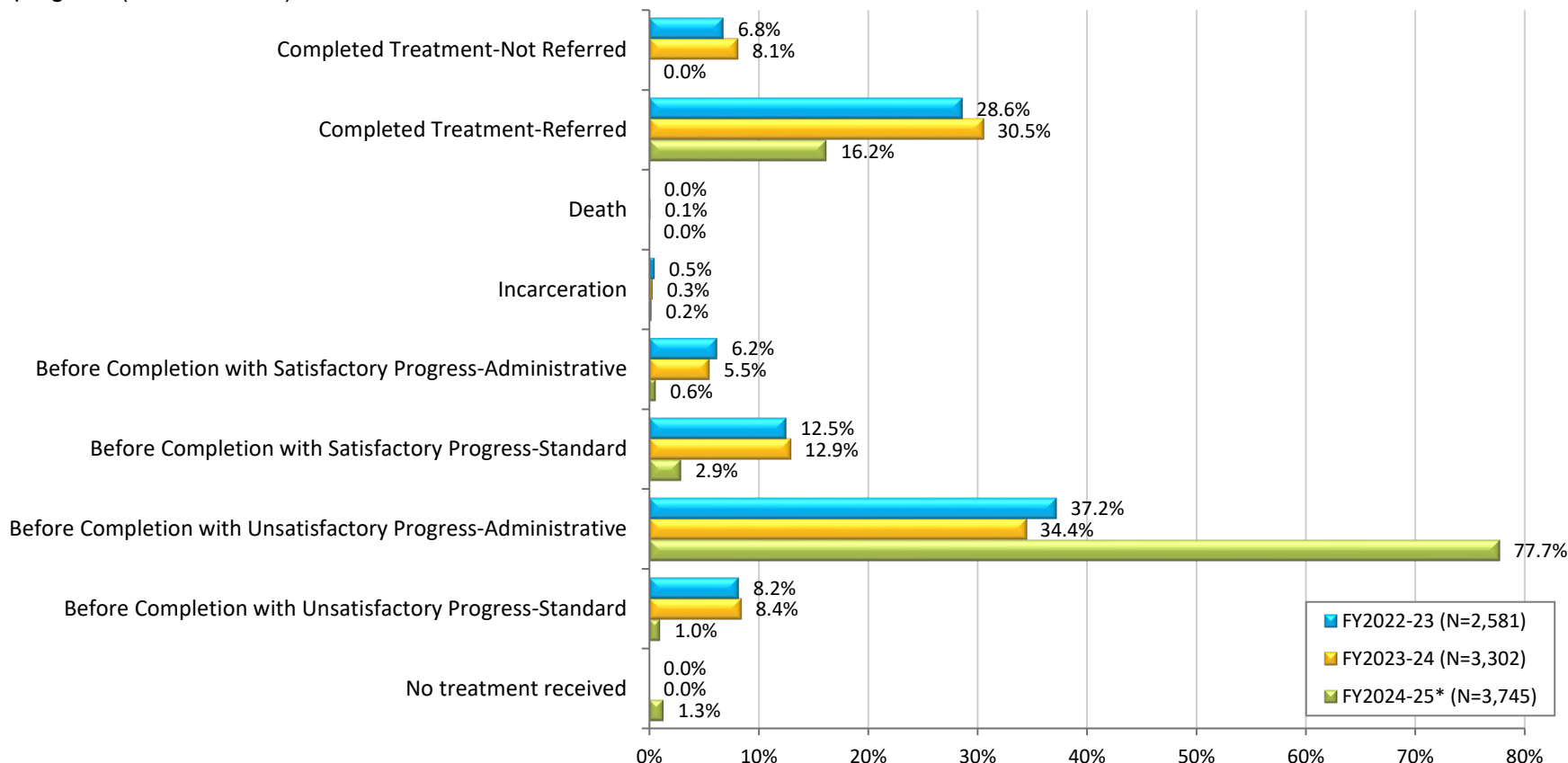
†Data Source: SanWITS and SmartCare

Substance Use Disorder (SUD)

Perinatal Services

Perinatal SUD Client Type of Discharge (N=3,745)†‡§

The most common Perinatal SUD discharge type in FY 2024-25 was discharge before treatment completion with unsatisfactory progress (administrative).



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Data Source: SanWITS and SmartCare

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

§Discharge status definitions are available in the CalOMS Tx Data Collection Guide:

https://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Are Clients Satisfied With Services?

The Youth Treatment Perception Survey (TPS)—Satisfaction By Domain

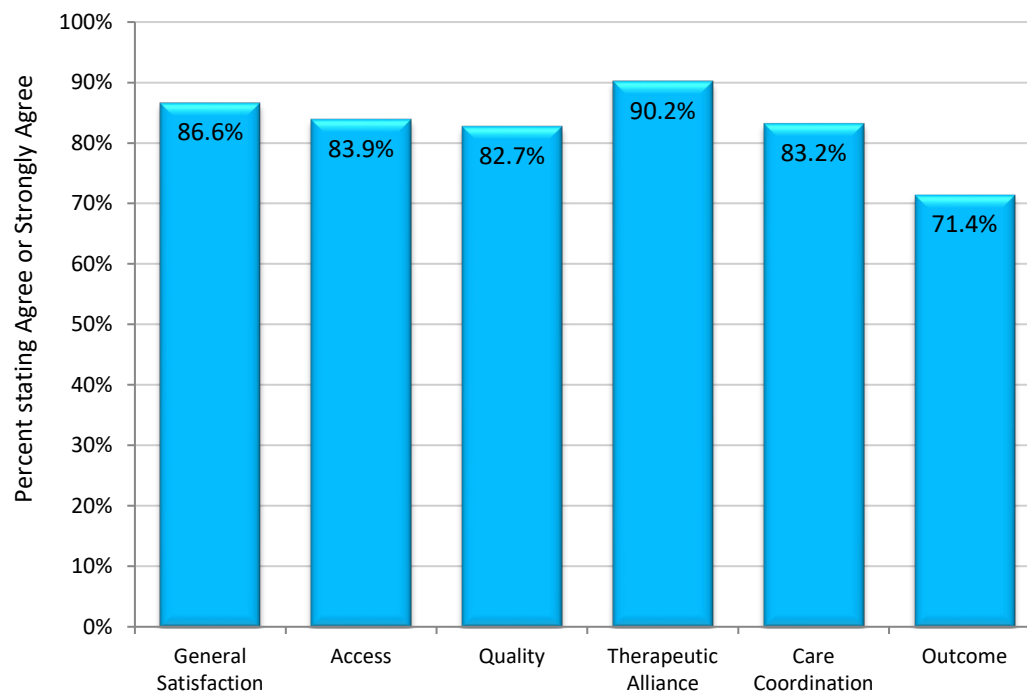
The Youth Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client 18 years old or younger served by a Substance Use Disorder (SUD) Teen Recovery Center (TRC) program. Youth clients report their degree of satisfaction with SUD services received. In FY 2024-25 the TPS was administered in October 2024. Data from 124 completed surveys were analyzed.

Individual items on the Youth TPS were grouped into six domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Quality
4. Perception of Therapeutic Alliance
5. Perception of Care Coordination
6. Perception of Outcome

- ❖ Youth clients were most satisfied with the *Therapeutic Alliance* domain.
- ❖ Youth clients were least satisfied on the *Outcome* domain.

Fall 2024 TPS Results (N=124)



NOTE: Not every youth completed responses for every domain.

Are Clients Satisfied With Services?

The Treatment Perception Survey (TPS)—Satisfaction By Domain

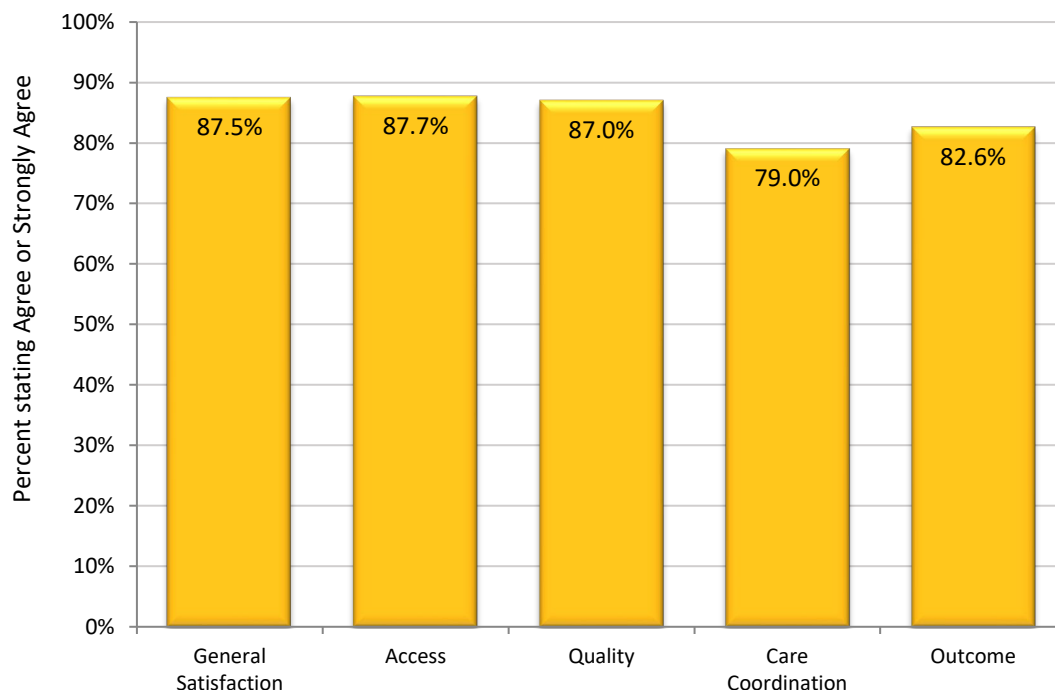
The Adult Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client served by a Substance Use Disorder (SUD) Perinatal or Adult program. Clients report their degree of satisfaction with SUD services received. In FY 2024-25 the TPS was administered in October 2024. Data from 339 completed surveys collected at Perinatal SUD programs were analyzed.

Individual items on the TPS were grouped into five domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Quality
4. Perception of Care Coordination
5. Perception of Outcome

- ❖ Perinatal clients were most satisfied with the *Access* domain.
- ❖ Perinatal clients were least satisfied on the *Care Coordination* domain.

Perinatal SUD Programs: Fall 2024 TPS Results (N=339)



NOTE: Not every client completed responses for every domain.

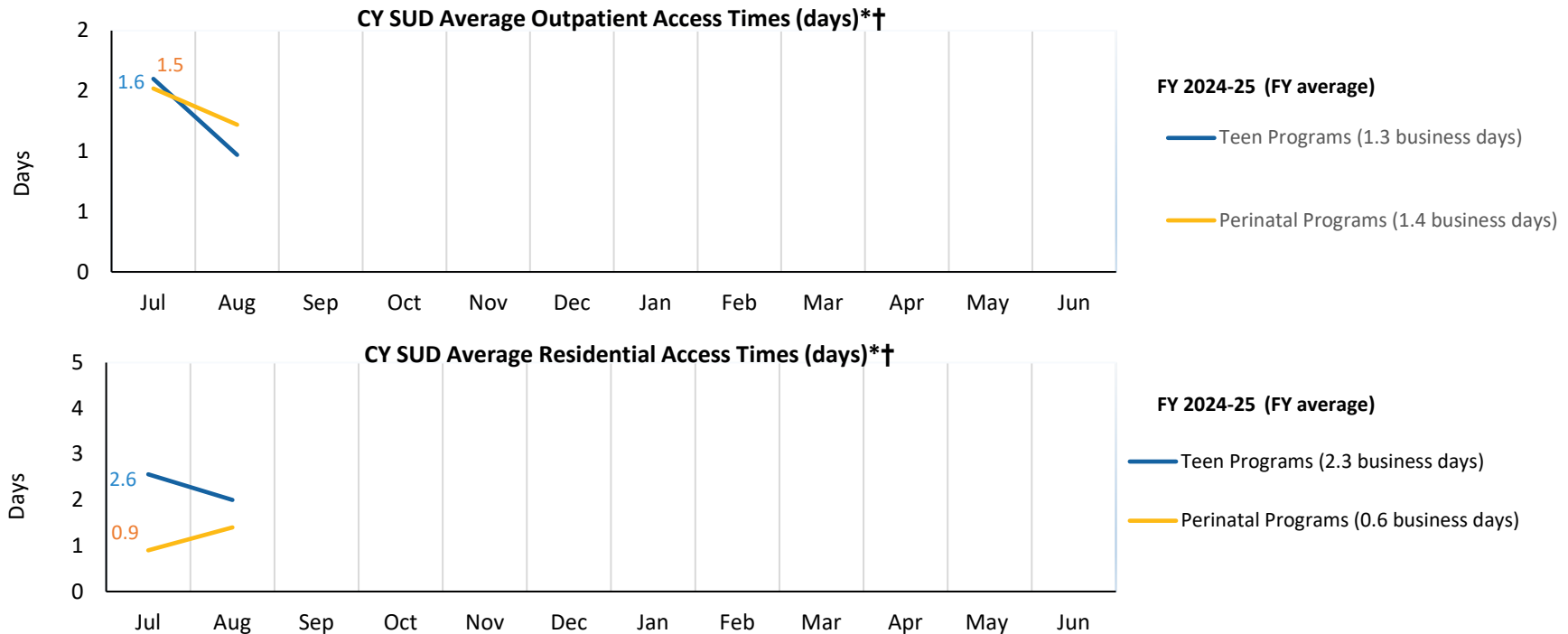
How Quickly Can SUD Clients Access Services?

Access Time

Access time for SUD services is calculated from Initial Request to First Offered Intake/Screening Appointment. DMC-ODS access time standards are 10 business days for outpatient services and 24 hours for residential authorization only.

In FY 2024-25, youth in SUD **Teen** programs waited an average of **1.3 business days** for outpatient services, a slight decrease from 1.7 business days in FY 2023-24. Average wait times for residential services was **2.3 business days**, an increase from 1.4 business days in FY 2023-24.

In FY 2024-25, clients in SUD **Perinatal** programs waited an average of **1.4 business days**, a decrease from 2.1 business days in FY 2023-24. Average wait times for residential services was **0.6 business days**, a slight decrease from 0.7 business days in FY 2023-24.



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

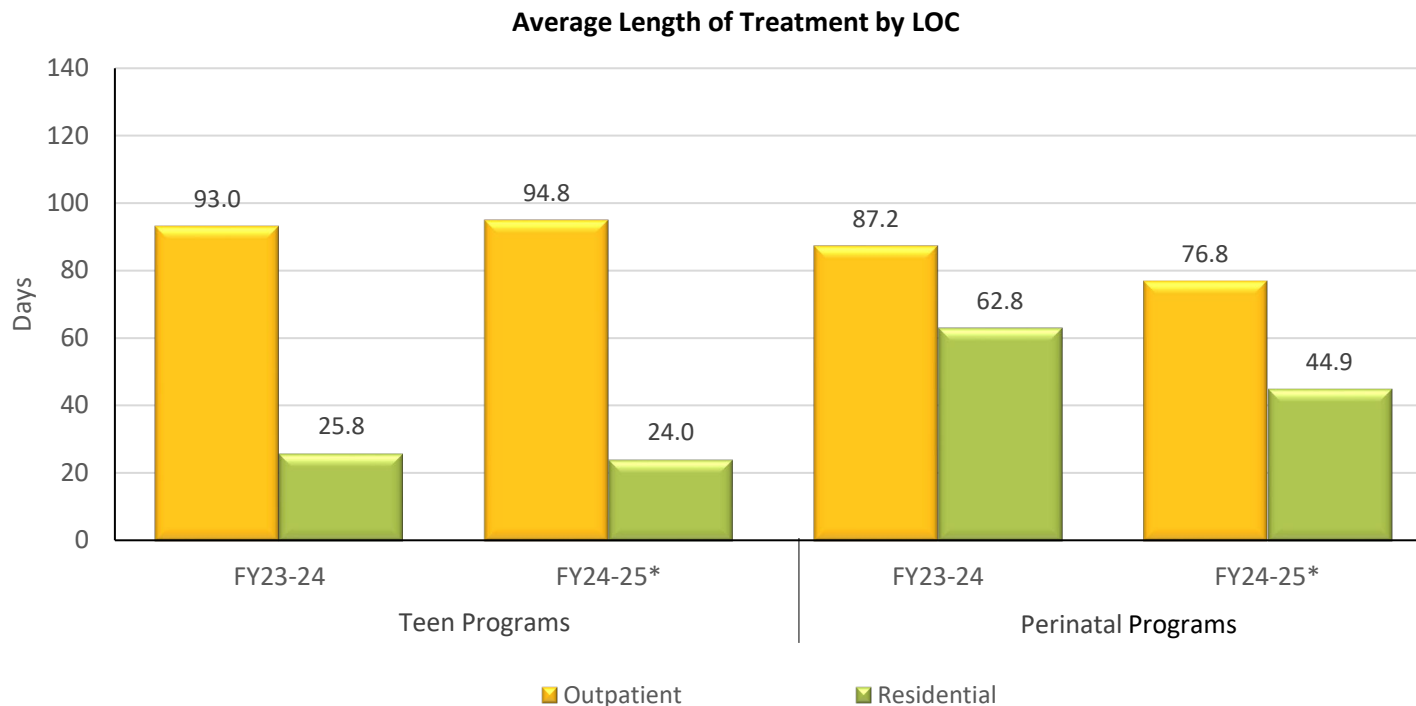
†Data presented were available for two months only.

Substance Use Disorder (SUD)

Level of Care (LOC) and Modalities

There are two levels of care for SUD, *Outpatient* and *Residential*, with service modalities at different levels of intensity within these levels of care based on the American Society of Addiction Medicine (ASAM). The Outpatient level of care has two modalities: *Outpatient Services* (OS – ASAM Level 1) and *Intensive Outpatient Services* (IOS – ASAM Level 2.1). The Residential level of care has three service modalities: *Residential 3.1* (ASAM Level 3.1) *Residential 3.5* (ASAM Level 3.5), and *Withdrawal Management 3.2* (ASAM 3.2).

Average Length of Treatment†



*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

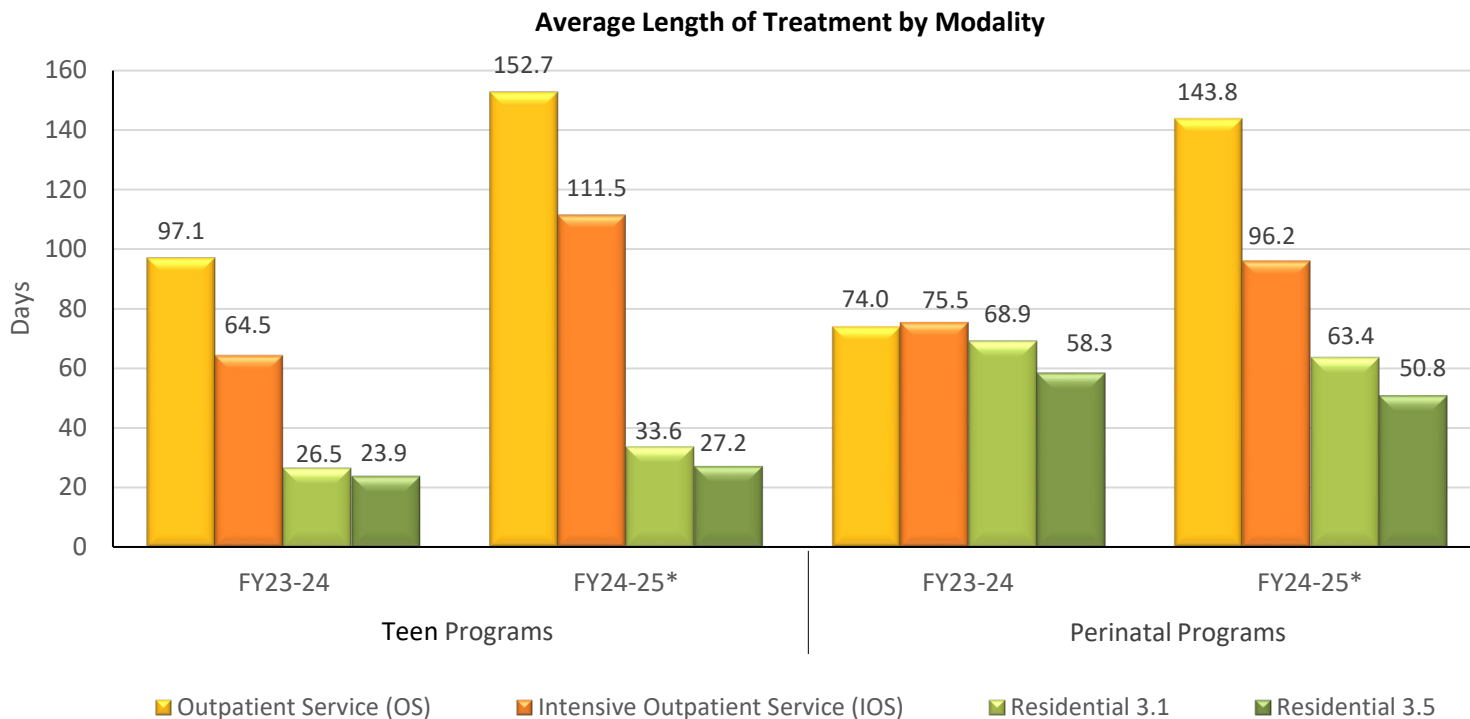
†Clients may be served in multiple levels of care or modalities.

Substance Use Disorder (SUD)

Level of Care (LOC) and Modalities

There are two levels of care for SUD, *Outpatient* and *Residential*, with service modalities at different levels of intensity within these levels of care based on the American Society of Addiction Medicine (ASAM). The Outpatient level of care has two modalities: *Outpatient Services* (OS – ASAM Level 1) and *Intensive Outpatient Services* (IOS – ASAM Level 2.1). The Residential level of care has three service modalities: *Residential 3.1* (ASAM Level 3.1) *Residential 3.5* (ASAM Level 3.5), and *Withdrawal Management* 3.2 (ASAM 3.2).

Average Length of Treatment Continued†



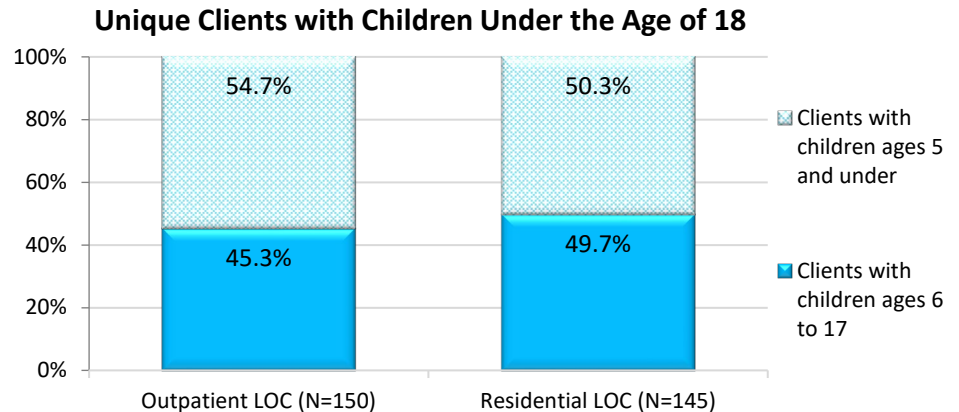
*Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.

†Clients may be served in multiple levels of care or modalities.

Substance Use Disorder (SUD) Level of Care (LOC) and Modalities

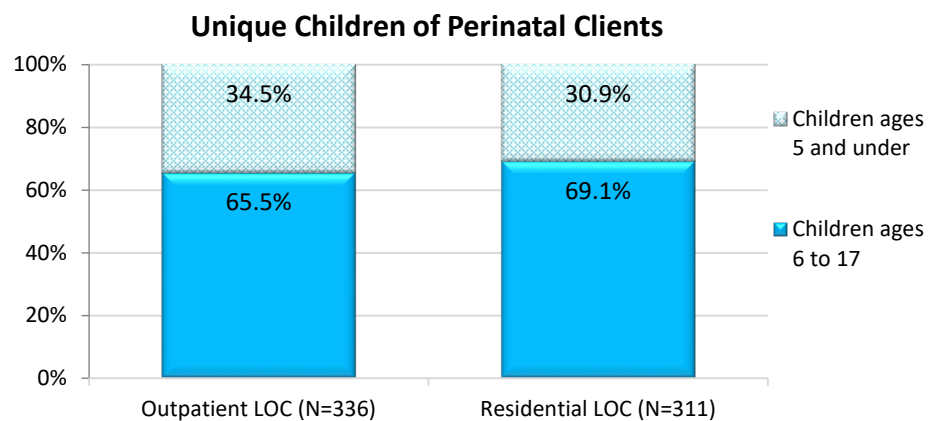
Perinatal Services: Clients with Children in FY 2024-25*

LOC	Modality	Number of Clients w/ Children	
		0 to 18	5 and under†
Outpatient	OS	120	77
	IOS	101	47
Residential	RES 3.1	83	34
	RES 3.5	101	58



Perinatal Services: Children of Clients in FY 2024-25*

LOC	Modality	Number of Children	
		0 to 18	5 and under†
Outpatient	OS	283	118
	IOS	236	66
Residential	RES 3.1	172	44
	RES 3.5	209	77



*Totals include clients who received services in more than one level of care and/or modality during the fiscal year.

†The number of children age 5 and younger is a subset of the number of children under 18.

Substance Use Disorder (SUD) Level of Care (LOC) and Modalities

*CY SUD unique clients within LOC/Modality**

Unique clients by LOC (FY 2024-25)	CYF SUD Programs	Perinatal	Teens
Outpatient	746	540	206
Residential	628	597	31

Unique clients by Modality (FY 2024-25)	CYF SUD Programs	Perinatal	Teens
Outpatient Services (OS)	317	161	156
Intensive Outpatient Services (IOS)	172	148	24
Residential 3.1 (RES 3.1)	144	127	17
Residential 3.5 (RES 3.5)	209	204	5

**Totals include clients who received services in more than one level of care and/or modality during the fiscal year.*

BHS-CY MHSA

Mental Health Service Act (MHSA) Components

Community Services and Supports

Community Services and Supports (CSS) provides an integrated delivery of systems of care of mental health services to seriously emotionally disturbed (SED) children and youth, and adults and older adults with serious mental illness (SMI). CSS contains four service categories:

- ❖ Full Service Partnership (FSP) – provides wraparound services (mental health services and supports a person's needs to reach his or her goals). **FSP programs are reported separately as a group and by provider.**
- ❖ General System Development (SD) – improve mental health services and supports for people who receive mental health services.
- ❖ Outreach and Engagement (OE) – reach out to people who may need services but are not getting them.
- ❖ Housing Program – finances the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families, especially individuals with mental illness who are experiencing homelessness and their families.

Innovations

The goal of INN programs is to develop and implement promising and proven practices to increase access to mental healthcare. INN programs are defined as novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning rather than a primary focus on providing a service. INN programs are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. INN promotes recovery and resilience, reduces disparities in mental health services and outcomes and leads to learning that advances mental health in California in the directions articulated by the MHSA.

The INN component allows counties the opportunity to “try out” new approaches that can inform current and future mental health practices. **Innovations are reported separately.**



MHSA Components, continued

Workforce Education and Training (WET)

The WET component addresses the shortage of qualified, culturally diverse individuals providing services in the County's Public Behavioral Health System. The system includes community-based organizations and individuals in small group practices who provide publicly funded behavioral health services, along with County Behavioral Health Services (BHS) operated programs. All education, training and workforce development programs and activities contribute to developing and maintaining a culturally and linguistically competent workforce, including individuals with lived experience, who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes.

WET has five categories:

- ❖ Workforce Staffing Support
- ❖ Training and Technical Assistance
- ❖ Mental Health Career Pathway Programs
- ❖ Residency and Internship Programs
- ❖ Financial Incentive Programs

Capital Facilities and Technological Needs (CFTN)

The CF component works towards the creation of facilities that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. The TN objective is to improve the infrastructure of California's mental health system. TN projects demonstrate the ability to serve and support the MHSA objectives through cost effective and efficient improvements to data processing and communication.

TN has two primary goals: 1) Increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings, and 2) Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

To learn more about the MHSA, visit https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html

MHSA Components, continued

Prevention and Early Intervention (PEI) Programs

PEI supports the design of programs to prevent mental illness from becoming severe and disabling, with an emphasis on improving timely access to services to underserved populations. PEI services promote wellness and healthy living choices that foster resiliency for the broader community. PEI targets children and families at risk of developing issues and those that do not meet threshold criteria for receiving mental health services.

In FY 2024-25, San Diego County funded 21 programs 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. **PEI youth and family participants comprise a different population than youth and family served by BHS-CY treatment providers**; a demographic summary is reported here, detailed findings are reported separately.

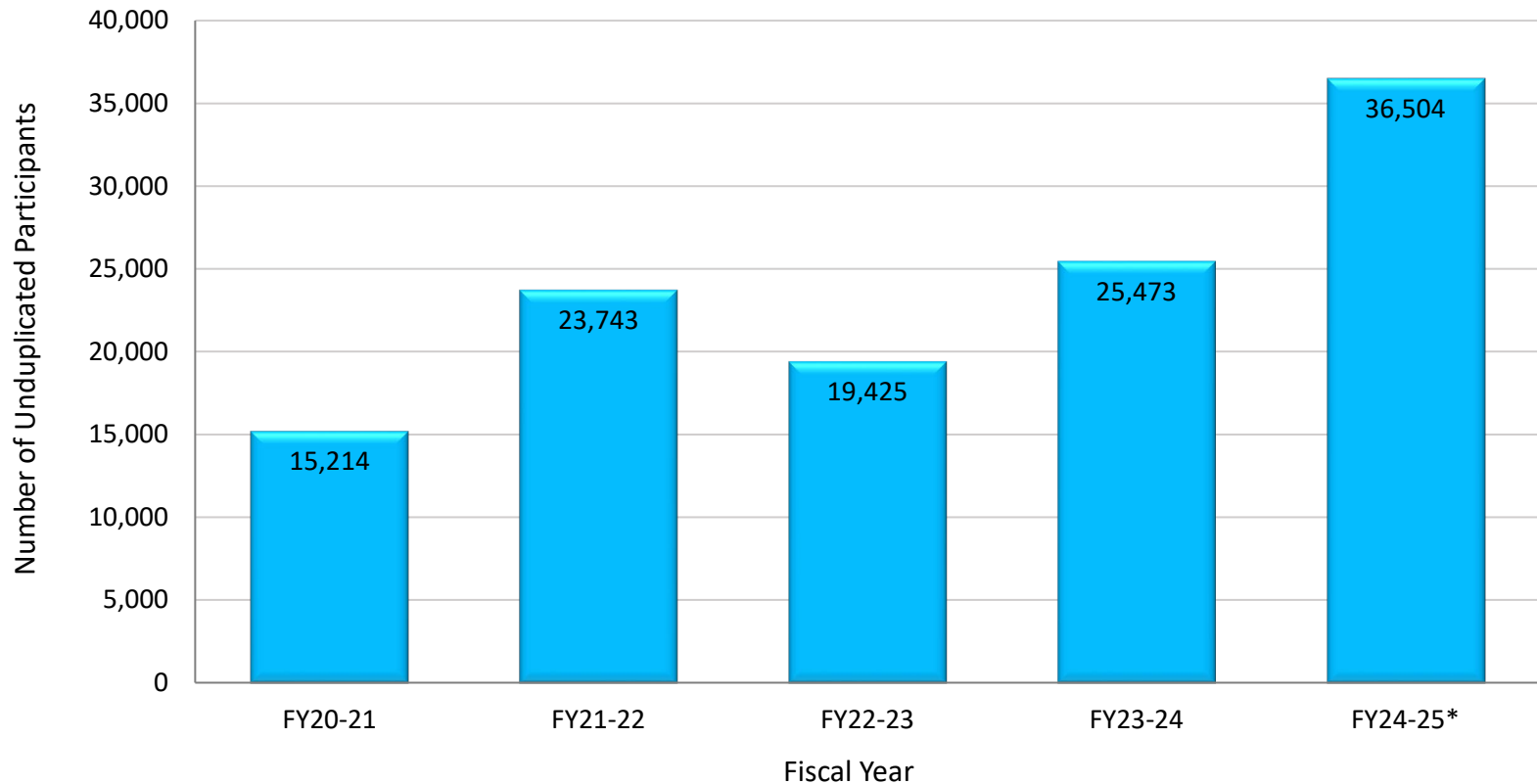
(http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports)

CYF PEI Program Names – FY 2024-25
Come Play Outside Program
Community Violence Response Team
Community Services for Families
Positive Parenting Program (Triple P)
Early Intervention for Prevention of Psychosis- KickStart
Dream Weaver Consortium: Indian Health Council Program
Dream Weaver Consortium: Southern Indian Health Council Program
Dream Weaver Consortium: San Diego American Indian Health Center
School Based Prevention and Early Intervention Program: East Region
School Based Prevention and Early Intervention Program: North Coastal Region
School Based Prevention and Early Intervention Program: North Inland Region
School Based Prevention and Early Intervention Program: South Region
School Based Prevention and Early Intervention Program: Central & Southeastern Regions
School Based Prevention and Early Intervention Program: Central & North Central Region
Screening to Care: North Inland/Poway
Screening to Care: Central
Screening to Care: South
Screening to Care: East
Screening to Care: North Coastal
School Based Suicide Prevention and Early Intervention- HERE Now Program
Youth and Family Support Services (YFSS)

MHSA Components, continued

More than 36,000 youth and family PEI participants were served in FY 2024-25. PEI participant count can vary widely from year to year. 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.

CYF PEI Number of Participants Served



**Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous years.*

MHSA Components, continued

BHS-CY PEI Participant Demographics (N=36,504)

Age (years)	N	%	▲
0-15	23,607	65%	3%
16-25	3,434	9%	0%
26-59	5,586	15%	-3%
60 and older	214	<1%	-1%
Prefer not to answer	1,688	5%	-1%
Unknown/Missing	1,975	5%	0%
Gender	N	%	▲
Female	15,324	42%	-2%
Male	10,555	29%	-1%
Prefer not to answer	2,134	6%	5
Another Gender Identity/ Unknown/Missing	8,491	23%	-1%

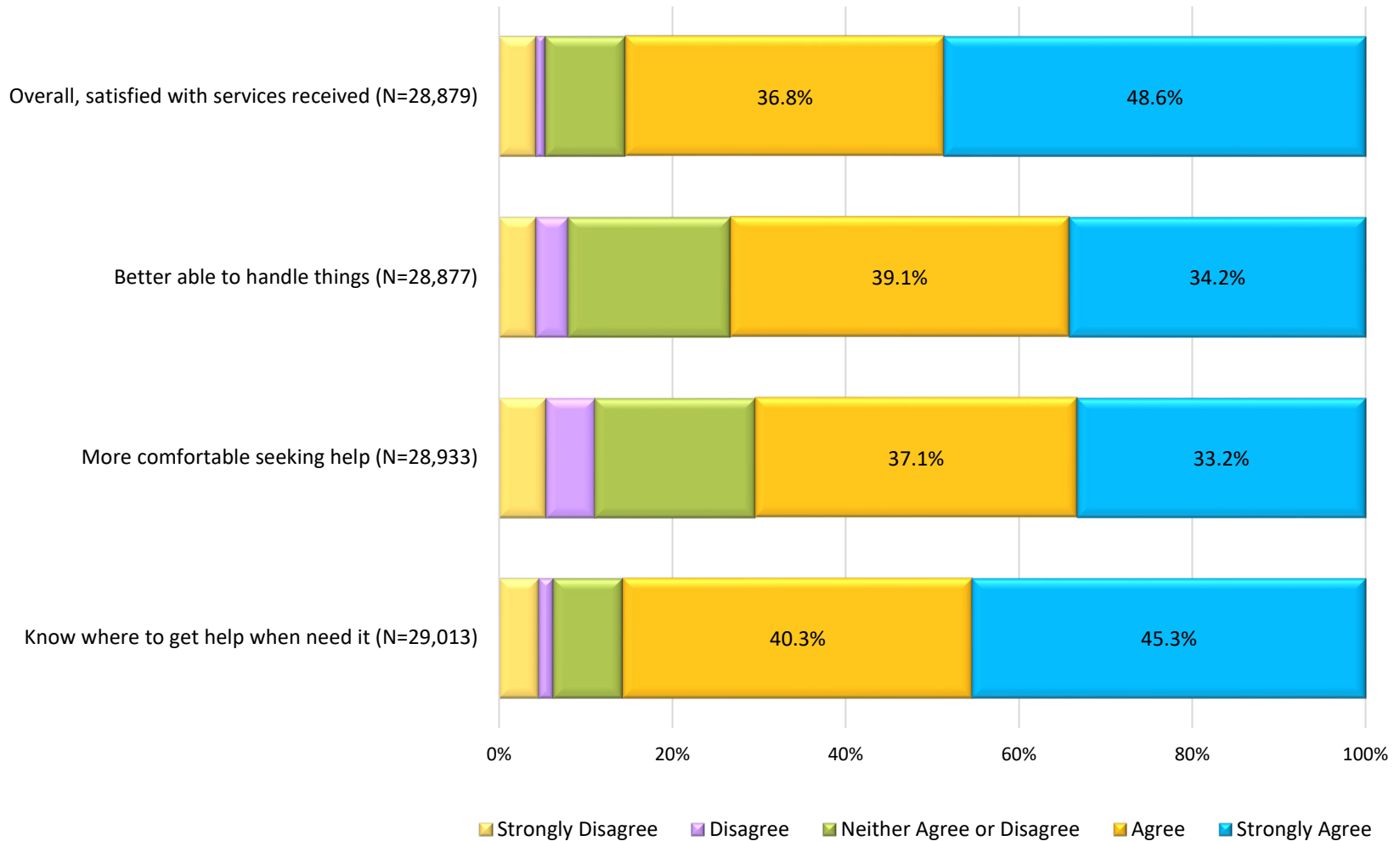
Race	N	%	▲
White	7,862	22%	-2%
Black/African-American	2,066	6%	0%
Asian	2,585	7%	-2%
Pacific Islander	185	<1%	-1%
American Indian/Alaska Native	553	2%	1%
Multiracial	2,384	7%	-1%
Other	651	2%	-1%
Prefer not to answer	1,655	5%	3%
Unknown/Missing*	18,563	51%	4%
Ethnicity	N	%	▲
Hispanic or Latino	15,727	43%	-1%
Non-Hispanic or Non-Latino	10,872	30%	-2%
More than one ethnicity	4,763	13%	-4%
Other	257	<1%	-1%
Prefer not to answer	1,655	5%	3%
Missing	3,230	9%	4%

▲ = Percentage point change from previous fiscal year.

*The unknown/missing category includes clients who only endorsed being Hispanic/Latino and did not indicate a racial category.

MHSA Components, continued

BHS-CY 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 Use** is operationally defined as a dual diagnosis and/or involvement with SUD and/or endorsement of any of the following substance abuse-related items on a BHS Behavioral Health Assessment (BHA) form: “Does client have a co-occurring condition;” “Recommendation for further substance use treatment;” “Stages of Change: Substance Use Recovery” (Active or Maintenance response).
- **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 Services** are designed to provide alternatives to 24-hour care and supplement other modes of treatment and residential services. These service functions are the following: (a) Day Care Intensive Services, (b) Day Care Habilitative Services, (c) Vocational Services, (d) Socialization Services

NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.

- **Diversion** occurs when successful crisis stabilization precludes acute psychiatric hospitalization. The design of ESU crisis stabilization services is to divert the need for hospitalization as well as, facilitate admission to inpatient psychiatric care as needed or provide appropriate referrals and linkage to community resources.
- **Dual diagnosis** occurs when an individual has both a valid mental health disorder diagnosis and an active 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).

Glossary of Terms

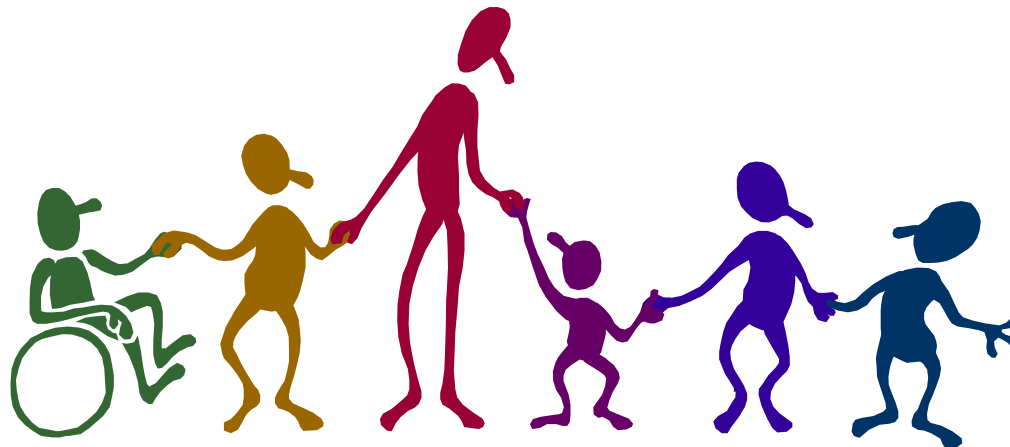
- **Full-service partnership (FSP)** programs are comprehensive programs funded by MHSA-CSS which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community.
- **Inpatient (IP) services** are delivered in psychiatric hospitals.
- **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.
- **Intensive Outpatient Programs (IOP)** are outpatient programs that offer specialty mental health services to youth who would benefit from time-limited intensive programming. Typically offered for roughly six weeks, the program serves a cohort of youth with similar clinical needs. IOP is a part-time program which youth attend a few times a week after school hours.
- **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 Urban Camp.
- **Medication services** include medication evaluations and follow-up services.
- **Mobile Crisis Response Teams (MCRT)** are a service option for individuals experiencing a mental health or substance use crisis. MCRTs are comprised of licensed mental health clinicians, case managers, and peer support specialists who can respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies.
- **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).
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.

Glossary of Terms

- **Partial Hospitalization Programs (PHP)** are outpatient programs that offer specialty mental health services to youth who would benefit from time-limited intensive programming. Typically offered for roughly two weeks, the program serves a cohort of youth with similar clinical needs. PHP is a full-day program, Monday through Friday.
- **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, 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 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. One primary diagnosis was indicated per client for these analyses.
- **The Psychiatric Emergency Response Team (PERT)** provides emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement through phone calls from community members or in-field law enforcement request for emergency assistance. PERT pairs licensed mental health clinicians with uniformed law enforcement officers/deputies. PERT evaluates the situation, assesses the individual's mental health condition and needs, and, if appropriate, transports individual to a hospital or other treatment center, or refers them to a community-based resource or treatment facility.
- **Short-Term Residential Therapeutic Programs (STRTP)** are residential settings where youth receive short-term intensive services in order to stabilize and return to a home-based family setting.
- **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, family, and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18+) who received mental health services through BHS-CY providers.

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- ¹Grosvenor, L. P., Croen, L. A., Lynch, F. L., Marafino, B. J., Maye, M., Penfold, R. B., ... & Ames, J. L. (2024). Autism diagnosis among US children and adults, 2011-2022. *JAMA Network Open*, 7(10), e2442218-e2442218.
- ²Zeidan, J., Fombonne, E., Scora, J., Ibrahim, A., Durkin, M. S., Saxena, S., ... & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research*, 15(5), 778-790.
- ³Santomauro, D. F., Erskine, H. E., Herrera, A. M. M., Miller, P. A., Shadid, J., Hagins, H., ... & Sankararaman, S. (2025). The global epidemiology and health burden of the autism spectrum: findings from the Global Burden of Disease Study 2021. *The Lancet Psychiatry*, 12(2), 111-121.
- ⁴Substance Abuse and Mental Health Services Administration. (2025). *Highlights for the 2024 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services.
<https://www.samhsa.gov/data/sites/default/files/NSDUH%202024%20Annual%20Release/2024-nsduh-nnr-highlights.pdf>
- ⁵Broman, C. L., Wright, M. K., Broman, M. J., & Bista, S. (2019). Self-medication-and substance use: A test of the hypothesis. *Journal of Child & Adolescent Substance Abuse*, 28(6), 494-504.
- ⁶Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. *Clinical Child Psychology and Psychiatry*, 20(1), 39-52.



Contact Us

Questions or comments about this report can be directed to:

Amy E. Chadwick, M.S.

Coordinator, System of Care Evaluation project

Child & Adolescent Services Research Center (CASRC)

Telephone: (619) 543-7700 x90110

Email: aechadwick@health.ucsd.edu

Questions for County of San Diego Behavioral Health Services can be directed to:

Population Health Unit

Behavioral Health Services

County of San Diego Health & Human Services Agency

Email: bhspophealth.hhsa@sdcounty.ca.gov



This report is available electronically in the Technical Resource Library at:

http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html

or in hard copy from bhspophealth.hhsa@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.

Appendices

Appendix A:

BHS-CY Performance Dashboards

Q1#

Mental Health Performance Dashboard - CY



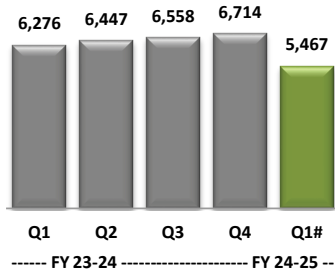
FY 2024-25

County of San Diego Behavioral Health Services

Children & Youth

Client Counts

Clients Served



5,467 Clients Served in Q1# (-18.6%)

94 Katie A. Class (-16.8%)

358 Katie A. Subclass (-10.5%)

Access

Mental Health

Average Access Times*

Psychiatric

2

Urgent Assessments (Hours)

9

11

Routine Assessments (Days)

11

Mental Health

Average Access Times†
By Known Language

Psychiatric

11

English (980 inquiries)

11

8

Spanish (121 inquiries)

9

12

Not Reported (4 inquiries)

24

1

Other Non-English (3 inquiries)

1

NA‡

Arabic (1 inquiries)

6

*Urgent assessments reported in hours, routine assessments reported in business days.

†Access Times for routine assessments, prioritized by number of inquiries.

‡ = No service inquiries.

Utilization by Program Type

Mental Health Services

N

%

▲

Emergency/Crisis

199

4%

-1%

Inpatient

154

3%

-1%

Juvenile Forensic Services

389

7%

0%

Outpatient

4,732

87%

-1%

Shelter and Respite

53

1%

0%

Short-Term Residential Therapeutic Program+†

116

2%

0%

Therapeutic Behavioral Services

124

2%

0%

Wraparound

210

4%

1%

Inpatient Discharges (<18 years; N=184)

N

%

▲

Without Readmission

156

85%

1%

30 Day Readmission

28

15%

-1%

7 Day Connection to Services

67

36%

-2%

30 Day Connection to Services

79

43%

-10%

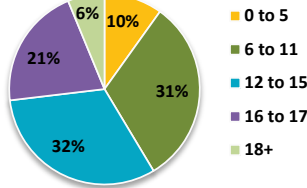
▲ = Percentage point change from previous quarter.

*Clients may have been seen in more than one Program in the quarter.

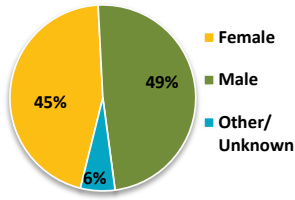
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

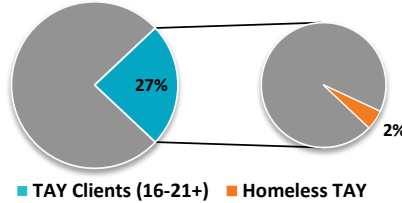
Age



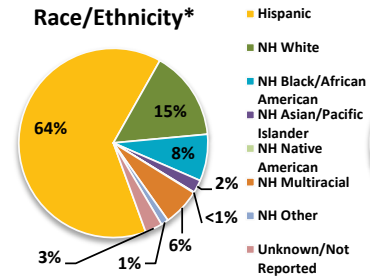
Gender



Client Population

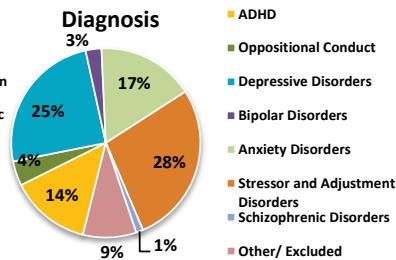


Race/Ethnicity*

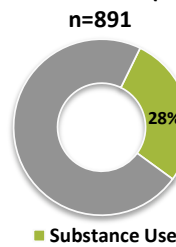


*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)



Quality of Life

Client Indicator

▲

92% Attend School

0%

95% Are Insured by Medi-Cal†

0%

98% Are Housed

0%

94% Have a Primary Care Physician

1%

54% of Youth Reported Improvement in
Their Feelings and Behavior After Treatment

3%

48% of Caregivers Reported Improvement in
Youth Feelings and Behavior After Treatment

3%

▲ = Percentage point change from previous quarter.

†Excludes clients receiving other types of insurance.

BHS Performance Dashboard Report | Source: HSRC & CASRC
BHS-CY Data Sources: 1) CCBH (July-August) 10/2024 2) CYF mHOMS: PSC (July-August) 9/2024 3) SDBHS : Q1 (July-August) FY 2024-25 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q1 FY 2024-25 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.
#Due to the September 1, 2024 transition from CCBH and CYF mHOMS to SmartCare, data in this report are limited to July-August 2024 and may not be directly comparable to previous quarters.

Report Date: 12/12/2024

Q2

Mental Health Performance Dashboard - CY

FY 2024-25

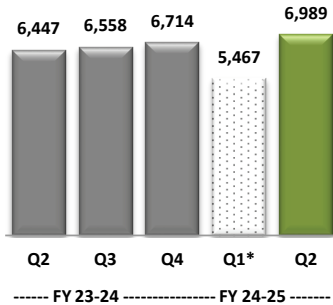
County of San Diego Behavioral Health Services

Children & Youth



Client Counts

Clients Served



6,989 Clients Served in Q2 (N/A)

396 Katie A. Status (N/A)

*July-August only. September data unavailable.

Access

Mental Health

Average Access Times*

Psychiatric

2

Urgent Assessments (Hours)

NA‡

20

Routine Assessments (Days)

12

Mental Health

Average Access Times†
By Known Language

Psychiatric

19

English (876 inquiries)

11

22

Spanish (124 inquiries)

10

16

Other Non-English (4 inquiries)

NA‡

NA‡

Mandarin (3 inquiries)

3

3

Vietnamese (2 inquiries)

NA‡

*Urgent assessments reported in hours, routine assessments reported in business days.

†Access Times for routine assessments, prioritized by number of inquiries.

‡ = No service inquiries.

Utilization by Program Type*

Mental Health Services

N % ▲

Emergency/Crisis

300 4% 0%

Inpatient

223 3% 0%

Juvenile Forensic Services

391 6% -1%

Outpatient

6,151 88% 1%

Shelter and Respite

59 1% 0%

Short-Term Residential Therapeutic Program+†

119 2% 0%

Therapeutic Behavioral Services

135 2% 0%

Wraparound

217 3% -1%

Inpatient Discharges (<18 years; N=243)

N % ▲

Without Readmission

209 86% 1%

30 Day Readmission

34 14% -1%

7 Day Connection to Services

112 46% 10%

30 Day Connection to Services

153 63% 20%

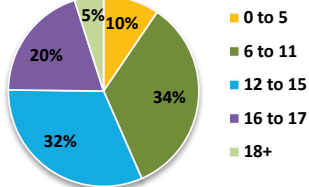
▲ = Percentage point change from previous quarter.

*Clients may have been seen in more than one Program in the quarter.

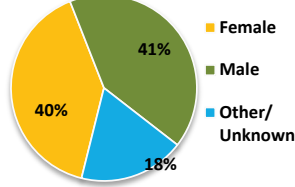
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

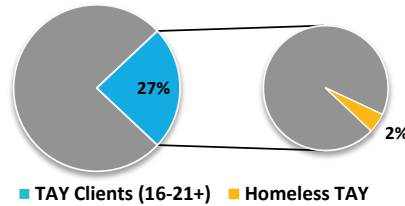
Age



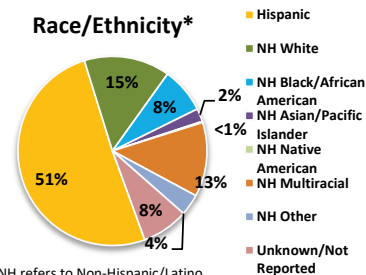
Gender



Client Population



Race/Ethnicity*



*NH refers to Non-Hispanic/Latino

†Data unavailable for Q2 due to SmartCare transition.

Diagnosis†

Substance Use (12+)*

BHS Performance Dashboard Report | Source: HSRC & CASRC
 BHS-CY Data Sources: 1) SmartCare 5/2025; 2) SDBHS Q2 FY 2024-25 Access Time Analysis; 3) SDBHS Q2 FY 2024-25 Client Services After Psychiatric Hospital Discharge
 NOTE: Due to the transition from CCBH to SmartCare on 9/1/2025, data in FY 2024-25 may not be directly comparable to previous quarters or years.
 NOTE: Percentages may not add up to 100% due to rounding.

Quality of Life

Client Indicator

▲

Attend School

*

84% Are Insured by Medi-Cal†

‡

99% Are Housed

1%

52% Reported a Primary Care Physician

‡

31% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment

‡

42% of Clinicians Reported at Least One Resolved Behavioral or Emotional Need in Youth After Treatment

‡

▲ = Percentage point change from previous quarter.

*Data unavailable for Q2 due to SmartCare transition.

†Excludes clients receiving other types of insurance.

‡Due to differences in data collection and database architecture, these outcomes are not comparable to Q1.

Report Date: 5/27/2025

Q3

Mental Health Performance Dashboard - CY

FY 2024-25

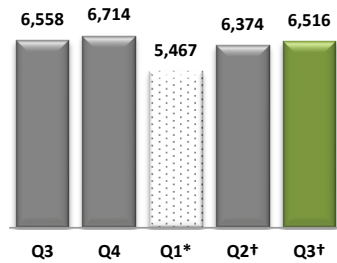
County of San Diego Behavioral Health Services

Children & Youth



Client Counts

Clients Served



--- FY 23-24 ----- FY 24-25 -----

6,516 Clients Served in Q3 (+2.2%)

457 Katie A. Status (+16.0%)

*July-August only. September data unavailable.

†Excludes Fee-for-Service only clients.

Access

Mental Health

Average Access Times*

Psychiatric

5.4

Urgent Assessments (Hours)

NA‡

12.9

Routine Assessments (Days)

8.8

Mental Health

Average Access Times† By Known Language

Psychiatric

12

English (1,183 inquiries)

9

7

Spanish (173 inquiries)

8

1

Other Non-English (4 inquiries)

7

1

Mandarin (3 inquiries)

5

24

Cambodian (2 inquiries)

NA‡

*Urgent assessments reported in hours, routine assessments reported in business days.

†Access Times for routine assessments, prioritized by number of inquiries.

‡ = No service inquiries.

Utilization by Program Type*

Mental Health Services

N

%

▲

Emergency/Crisis

304

5%

1%

Inpatient

128

2%

-1%

Juvenile Forensic Services

114

2%

-5%

Outpatient

5,962

91%

4%

Shelter and Respite

77

1%

0%

Short-Term Residential Therapeutic Program†

101

2%

0%

Therapeutic Behavioral Services

135

2%

0%

Wraparound

260

4%

0%

Inpatient Discharges (<18 years; N=253)

N

%

▲

Without Readmission

202

80%

-6%

30 Day Readmission

51

20%

6%

7 Day Connection to Services

154

61%

15%

30 Day Connection to Services

188

74%

11%

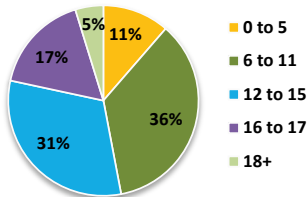
▲ = Percentage point change from previous quarter.

*Clients may have been seen in more than one Program in the quarter.

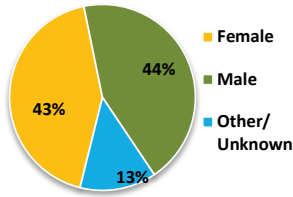
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

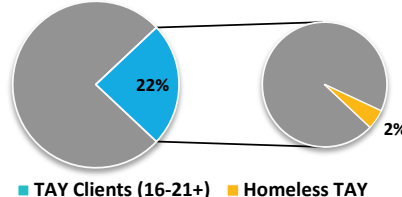
Age



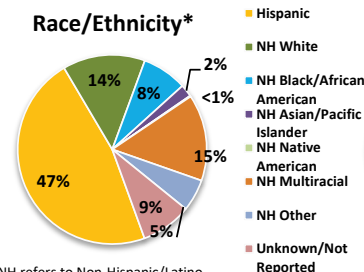
Gender



Client Population



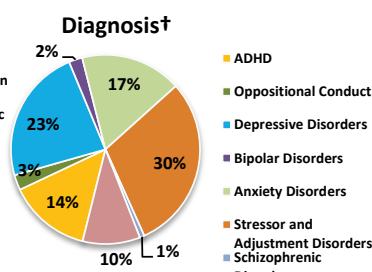
Race/Ethnicity*



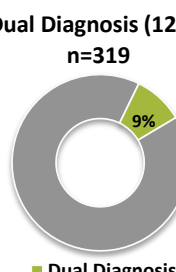
*NH refers to Non-Hispanic/Latino

†Data unavailable for Q2 due to SmartCare transition.

Diagnosis†



Dual Diagnosis (12+)†



Quality of Life

Client Indicator

▲

Attend School

*

89% Are Insured by Medi-Cal†

6%

99% Are Housed

0%

56% Reported a Primary Care Physician

6%

54% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment

-1%

80% of Clinicians Reported at Least One Resolved Behavioral or Emotional Need in Youth After Treatment

4%

▲ = Percentage point change from previous quarter.

*Data unavailable for Q3 due to SmartCare transition.

†Excludes clients receiving other types of insurance.

‡Due to differences in data collection and database architecture, these outcomes are not comparable to Q1.

BHS Performance Dashboard Report | Source: HSRC & CASRC

BHS-CY Data Sources: 1) SmartCare 5/2025; 2) SDBHS Q2 FY 2024-25 Access Time Analysis; 3) SDBHS Q2 FY 2024-25 Client Services After Psychiatric Hospital Discharge

NOTE: Due to the transition from CCBH to SmartCare on 9/1/2025, data in FY 2024-25 may not be directly comparable to previous quarters or years.

NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 6/13/2025

Q4

Mental Health Performance Dashboard - CY

FY 2024-25

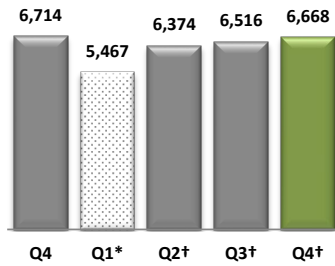
County of San Diego Behavioral Health Services

Children & Youth



Client Counts

Clients Served



-- FY 23-24 ----- FY 24-25 -----

6,668 Clients Served in Q3 (+2.3%)

462 Katie A. Status (+1.1%)

*July-August only. September data unavailable.

†Excludes Fee-for-Service only clients.

Access

Mental Health

Average Access Times*

Psychiatric

2.0

Urgent Assessments (Hours)

NA‡

15.4

Routine Assessments (Days)

8.2

Mental Health

Average Access Times† By Known Language

Psychiatric

16

English (717 inquiries)

7

13

Spanish (91 inquiries)

17

32

French (2 inquiries)

NA‡

110

Polish (1 inquiries)

NA‡

2

Portuguese (1 inquiries)

NA‡

*Urgent assessments reported in hours, routine assessments reported in business days.

†Access Times for routine assessments, prioritized by number of inquiries.

‡ = No service inquiries.

Utilization by Program Type*

Mental Health Services

N % ▲

Emergency/Crisis

302

5%

0%

Inpatient

126

2%

0%

Juvenile Forensic Services

164

2%

0%

Outpatient

5,999

90%

-1%

Shelter and Respite

81

1%

0%

Short-Term Residential Therapeutic Program†

113

2%

0%

Therapeutic Behavioral Services

105

2%

0%

Wraparound

252

4%

0%

Inpatient Discharges (<18 years; N=228)

N % ▲

Without Readmission

182

80%

0%

30 Day Readmission

46

20%

0%

7 Day Connection to Services

106

46%

-15%

30 Day Connection to Services

145

64%

-10%

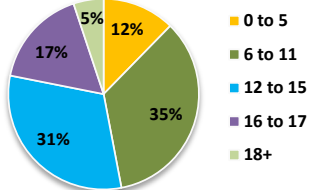
▲ = Percentage point change from previous quarter.

*Clients may have been seen in more than one Program in the quarter.

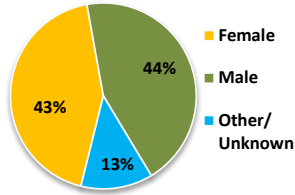
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

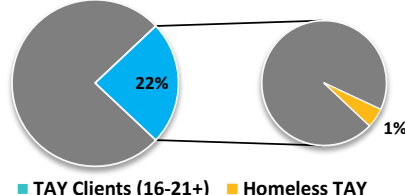
Age



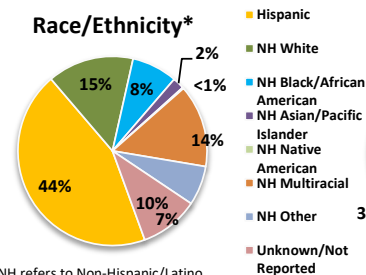
Gender



Client Population



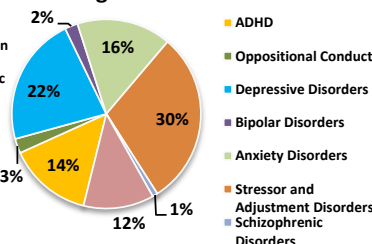
Race/Ethnicity*



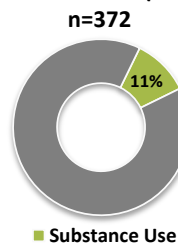
*NH refers to Non-Hispanic/Latino

†Data unavailable for Q2 due to SmartCare transition.

Diagnosis†



Substance Use (12+)†



Quality of Life

Client Indicator

▲

Attend School

*

88% Are Insured by Medi-Cal†

-1%

99% Are Housed

0%

35% Reported a Primary Care Physician‡

-21%

53% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment

-1%

77% of Clinicians Reported at Least One Resolved Behavioral or Emotional Need in Youth After Treatment

-3%

▲ = Percentage point change from previous quarter.

*Data unavailable for Q4 due to SmartCare transition.

†Excludes clients receiving other types of insurance.

‡Due to differences in data collection and database architecture, these outcomes are not comparable to CCBH data.

BHS Performance Dashboard Report | Source: HSRC & CASRC

BHS-CY Data Sources: 1) SmartCare 7/2025; 2) SDBHS Q4 FY 2024-25 Access Time Analysis; 3) SDBHS Q4 FY 2024-25 Client Services After Psychiatric Hospital Discharge

NOTE: Due to the transition from CCBH to SmartCare on 9/1/2024, data in FY 2024-25 may not be directly comparable to previous quarters or years.

NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 9/17/2025

Appendices

Appendix B:

BHS-CY Special Populations Report

FY 2024-25

Special Populations Report - BHS-CY



County of San Diego Behavioral Health Services

Children & Youth

Unhoused (1% n=143)

LOC	%	CY%
Outpatient Services	85%	95%
JFS	2%	5%
Wraparound	3%	4%
TBS	2%	2%
Residential	19%	3%
Emergency/Crisis	8%	8%
Inpatient	7%	6%
Intensive Outpatient	0%	1%

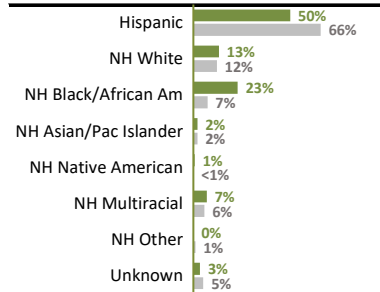
Insurance	%	CY%
Medi-Cal Only	90%	91%
Any Private Insurance	2%	2%
Other	1%	1%
Uninsured/Unknown	7%	6%

Living Arrangement	%
Unhoused	85%
Temporary Shelter	15%

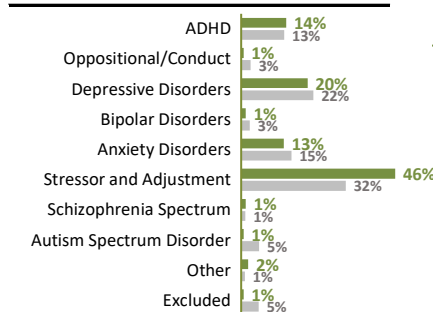
UNHOUSED

BHS-CY

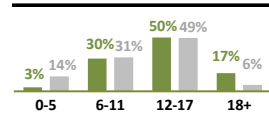
Race/Ethnicity*



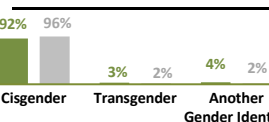
Diagnosis



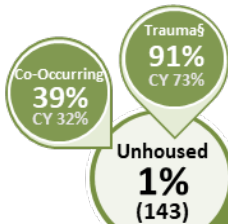
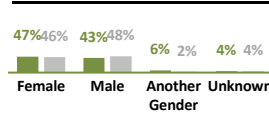
Age



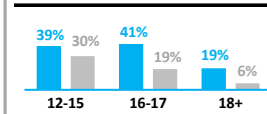
Gender Identity†



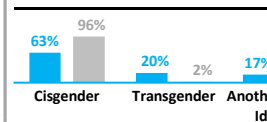
Gender‡



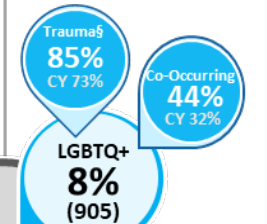
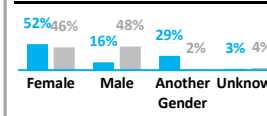
Age



Gender Identity†



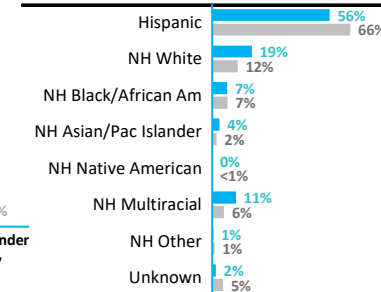
Gender‡



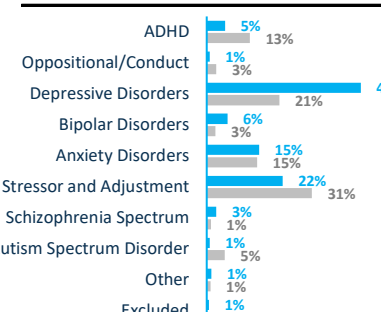
LGBTQ+

LGBTQ+ (8% n=905)

Race/Ethnicity*



Diagnosis



LOC	%	CY%
Outpatient Services	93%	95%
JFS	3%	5%
Wraparound	5%	4%
TBS	3%	2%
Residential	7%	3%
Emergency/Crisis	15%	8%
Inpatient	14%	6%
Intensive Outpatient	4%	1%

Insurance	%	CY%
Medi-Cal Only	92%	91%
Any Private Insurance	4%	2%
Other	1%	1%
Uninsured/Unknown	2%	6%

Orientation	12-15	16-17	18+
Lesbian	7%	7%	9%
Gay	5%	6%	3%
Bisexual/Pansexual	43%	53%	61%
Queer	0%	1%	1%
Asexual	0%	0%	1%
Questioning/Unsure	26%	18%	13%
Other¶	4%	3%	1%

Probation & BHS-CY (6% n=677)

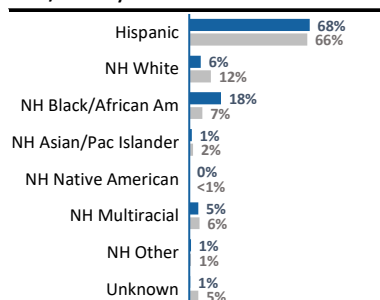
PROBATION/BHS-CY

LOC	%	CY%
Outpatient Services	98%	95%
JFS	79%	5%
Wraparound	13%	4%
TBS	1%	2%
Residential	8%	3%
Emergency/Crisis	4%	8%
Inpatient	4%	6%
Intensive Outpatient	<1%	1%

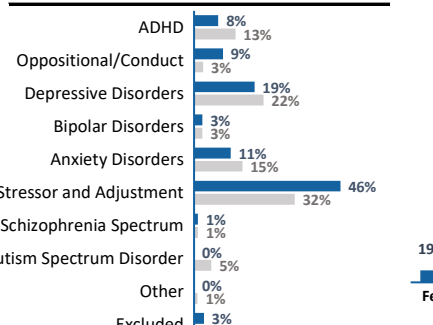
Insurance	%	CY%
Medi-Cal Only	85%	91%
Any Private Insurance	2%	2%
Other	1%	1%
Uninsured/Unknown	11%	6%

Living Arrangement	%	CY%
House or Apartment	36%	79%
Correctional Facility	44%	3%
Foster Home	<1%	3%
Group Home	5%	2%
Children's Shelter	0%	<1%
Unhoused	1%	1%
Other	5%	2%

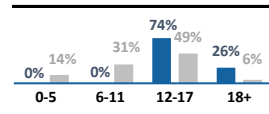
Race/Ethnicity*



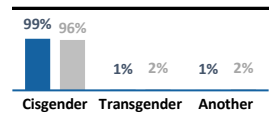
Diagnosis



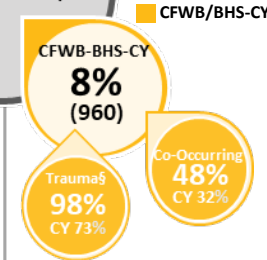
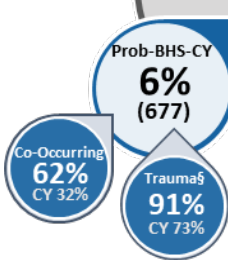
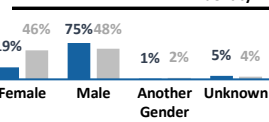
Age



Gender Identity†



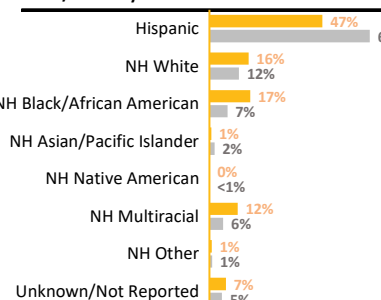
Gender‡



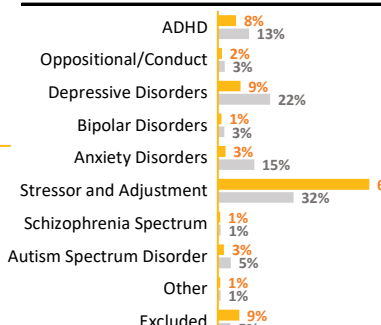
CFWB/BHS-CY

Child and Family Well-Being & BHS-CY (8% n=960)

Race/Ethnicity*



Diagnosis



LOC	%	CY%
Outpatient	94%	95%
JFS	3%	5%
Wraparound	13%	4%
TBS	4%	2%
Residential	22%	3%
Emergency/Crisis	7%	8%
Inpatient	5%	6%
Intensive Outpatient	<1%	1%

Insurance	%	CY%
Medi-Cal Only	91%	91%
Any Private Insurance	1%	2%
Other	1%	1%
Uninsured/Unknown	7%	6%

Living Arrangement	%	CY%
House or Apartment	35%	79%
Correctional Facility	1%	3%
Foster Home	31%	3%
Group Home	9%	2%
Children's Shelter	<1%	<1%
Unhoused	4%	1%
Other	7%	2%

*NH refers to Non-Hispanic/Latino.

†Gender Identity is whether clients are transgender or cisgender or another gender identity; excludes clients for whom gender identity was unknown.

‡Gender is how clients currently identify as male/female/another gender, not sex assigned at birth.

§Excludes clients for whom history of trauma was unknown.

¶Other sexuality includes heterosexual.

Please note: This report is limited to Mental Health Services clients. Due to the 9/1/2024 transition to SmartCare, data may not be comparable to previous years.

Report Date: 3/18/2026

CASRC (AEC, CB)

Data Sources: CCBH 1/2025, CFWB, Probation 10/2025, SmartCare 11/2025, SmartCare CSI 1/2026

County of San Diego Behavioral Health Services

Key Findings

Unhoused (1% n=143)

- Only 143 youth experiencing homelessness were served in the BHS-CY system in FY 2024-25. These data should be interpreted with caution due to the very small number.
- Youth experiencing homelessness were more likely than the BHS-CY systemwide averages to be over the age of 18, and have a stressor/adjustment disorder diagnosis.
- Ninety-one percent of youth experiencing homelessness were reported to have a history of trauma, as compared to 73% systemwide.
- Youth experiencing homelessness were more likely to receive residential services.
- Trending over 3 years, youth experiencing homelessness have comprised approximately 1% of the BHS-CY population.

LGBTQ+ (8% n=905)

- Sexual orientation and gender identity are currently evaluated only for youth ages 12 and up.
- LGBTQ+ youth were more likely to identify as female (52%) and another gender (29%) than the BHS-CY systemwide average. Males comprised 16% of this population.
- LGBTQ+ youth were more likely to receive services in emergency/crisis, inpatient, and intensive outpatient levels of care.
- Forty-four percent of LGBTQ+ youth were diagnosed with a depressive disorder, as compared to 21% in the BHS-CY systemwide average.
- Forty-four percent of LGBTQ+ youth ages 12+ were identified as having a co-occurring substance use issue, as compared to 32% systemwide.

BHS-CY
N = 11,860

Probation & BHS-CY (6% n=677)

- Youth open to both the Probation and BHS-CY sectors were more likely than the BHS-CY systemwide averages to be older (18+), male, and NH Black/African American.
- These youth were three times as likely to be diagnosed with an oppositional/conduct disorder, and also more likely to receive a stressor/adjustment disorder diagnosis, as compared to the BHS-CY systemwide averages.
- Youth open to both the Probation and BHS-CY sectors were the primary utilizers of outpatient Juvenile Forensic Services.
- Sixty-two percent of youth ages 12+ open to both the Probation and BHS-CY sectors were identified as having a co-occurring substance use issue, as compared to 32% systemwide.

Child and Family Well-Being & BHS-CY (8% n=960)

- Youth open to both the Child and Family Well-Being and BHS-CY sectors were more likely to be younger and less likely to be Hispanic, as compared to BHS-CY systemwide averages.
- These youth were most likely to have a diagnosis of stressor/adjustment disorder.
- Youth open to both the Child Welfare and BHS-CY sectors were more likely to receive residential services than any other BHS-CY Special Population.
- These youth were more likely than any other BHS-CY Special Population to have experienced trauma.
- Forty-eight percent of youth ages 12+ open to both the Child Welfare and BHS-CY sectors were identified as having a co-occurring substance use issue, as compared to 32% systemwide.

3-Year Trend

Special Populations Report - BHS-CY

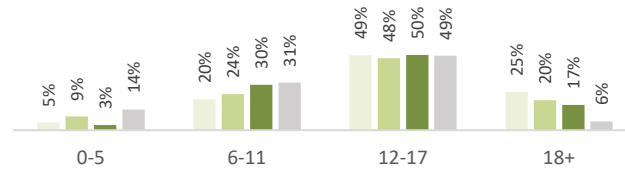


County of San Diego Behavioral Health Services

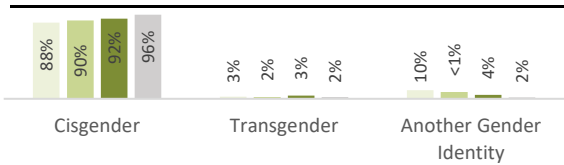
Legend: FY 2022-23 (n=99) FY 2023-24 (n=122) FY 2024-25 (n=143) Systemwide FY 2024-25 (n=11,860)

Unhoused

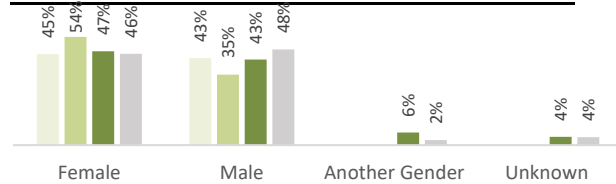
Age



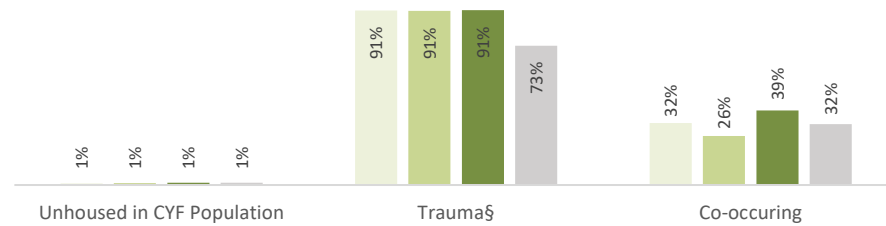
Gender Identity†



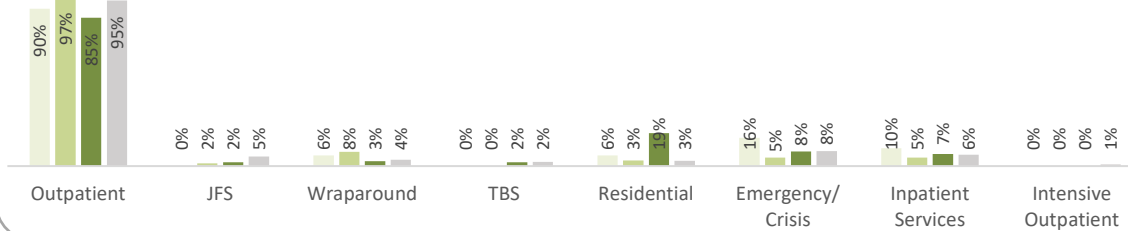
Gender‡



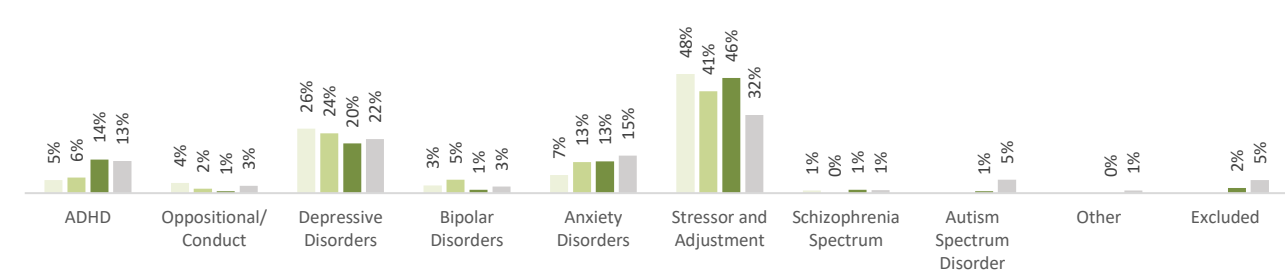
Special Population Characteristics



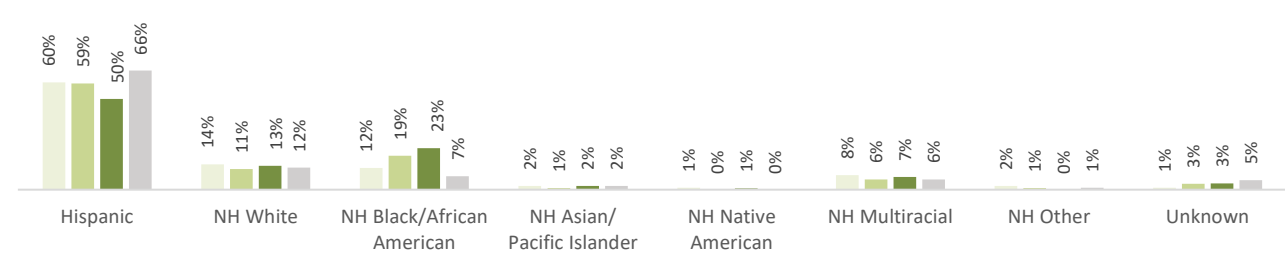
LOC



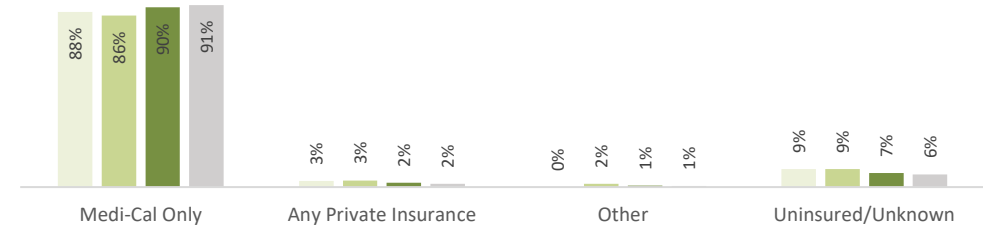
Diagnosis*



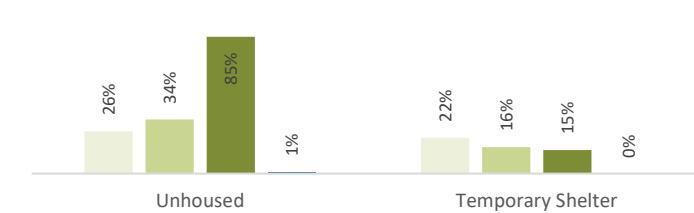
Race/Ethnicity**



Insurance



Living Arrangement



*Autism Spectrum Disorder was added in FY24-25 and Other and Excluded were split, making those data not comparable to previous years.

**NH refers to Non-Hispanic/Latino.

†Gender Identity is whether clients are transgender or cisgender or another gender identity; excludes clients for whom gender identity was unknown.

‡Gender is how clients currently identify as male/female/another gender, not sex assigned at birth.

§Excludes clients for whom history of trauma was unknown.

Please note: This report is limited to Mental Health Services clients. Due to the 9/1/2024 transition to SmartCare, data may not be comparable to previous years.

Report Date: 3/18/2026

CASRC (AEC, CB)

Data Sources: CCBH 1/2025, SmartCare 11/2025, SmartCare CSI 1/2026

3-Year Trend

Special Populations Report - BHS-CY

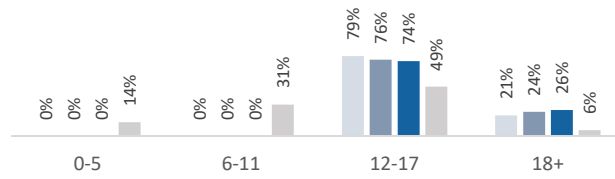


County of San Diego Behavioral Health Services

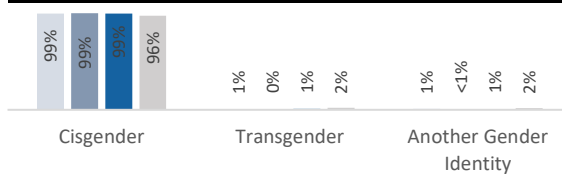
Legend: FY 2022-23 (n=642) FY 2023-24 (n=767) FY 2024-25 (n=677) FY 2024-25 Systemwide (n=11,860)

Probation

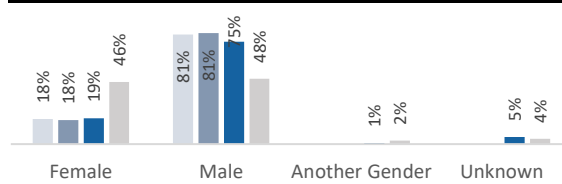
Age



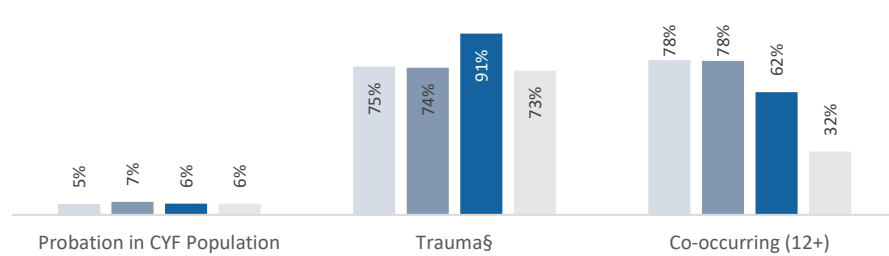
Gender Identity†



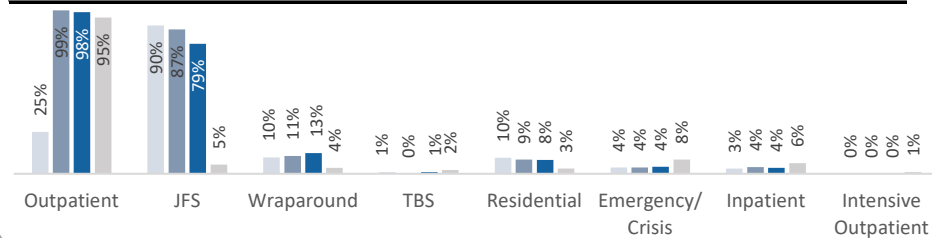
Gender‡



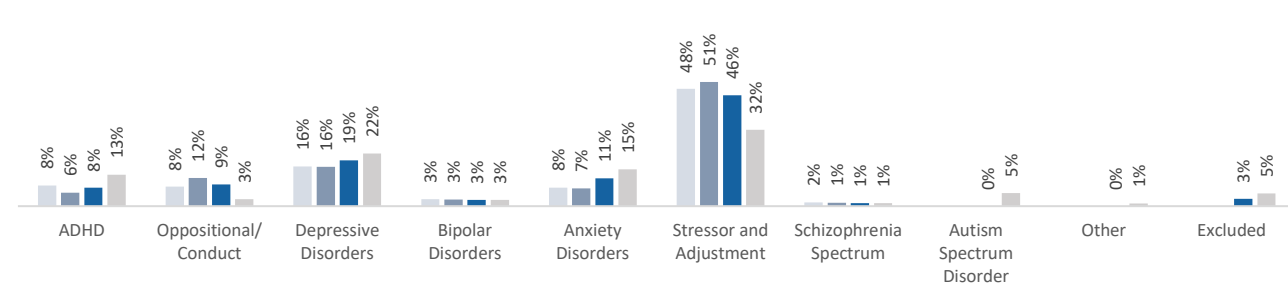
Special Population Characteristics



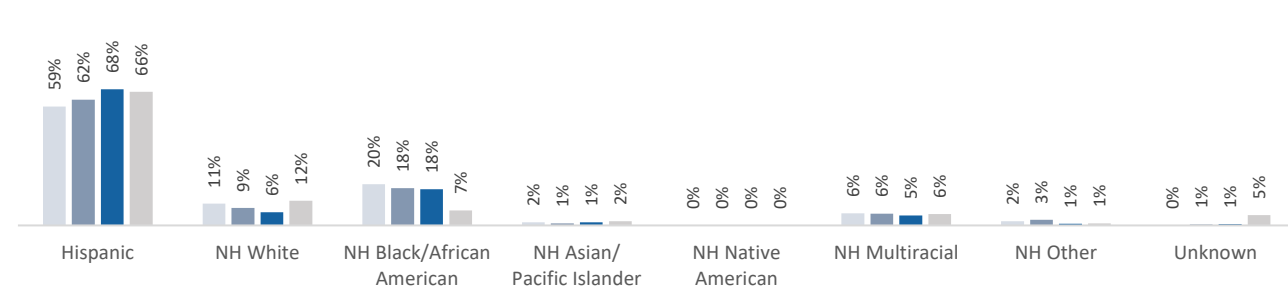
LOC



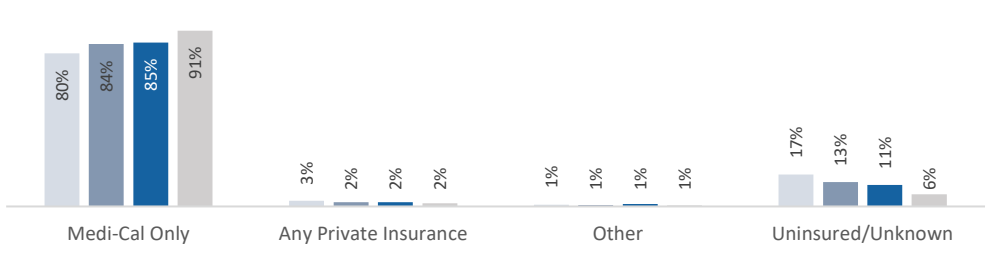
Diagnosis*



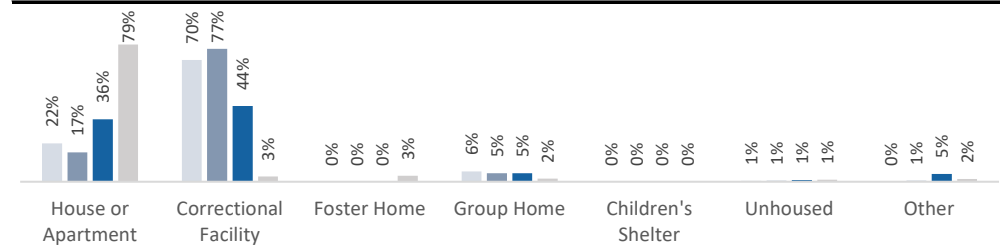
Race/Ethnicity**



Insurance



Living Arrangement



*Autism Spectrum Disorder was added in FY24-25 and Other and Excluded were split, making those data not comparable to previous years.

**NH refers to Non-Hispanic/Latino.

†Gender Identity is whether clients are transgender or cisgender or another gender identity; excludes clients for whom gender identity was unknown.

‡Gender is how clients currently identify as male/female/another gender, not sex assigned at birth.

§Excludes clients for whom history of trauma was unknown.

Please note: This report is limited to Mental Health Services clients. Due to the 9/1/2024 transition to SmartCare, data may not be comparable to previous years.

Report Date: 3/18/2026

CASRC (AEC, CB)

Data Sources: CCBH 1/2025, Probation 10/2025, SmartCare 11/2025, SmartCare CSI 1/2026

3-Year Trend

Special Populations Report - BHS-CY

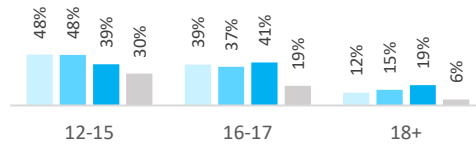


County of San Diego Behavioral Health Services

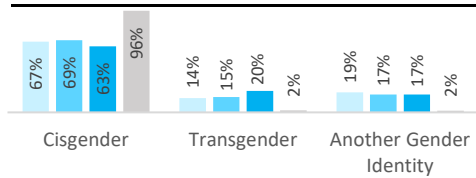
Legend: FY 2022-23 (n=1,646) FY 2023-24 # (n=1,440) FY 2024-25 # (n=905) FY 2024-25 Systemwide (n=11,860)

LGBTQ+

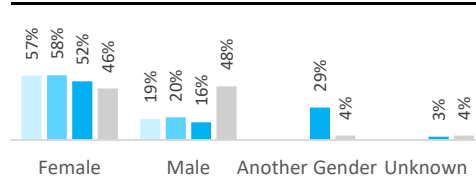
Age



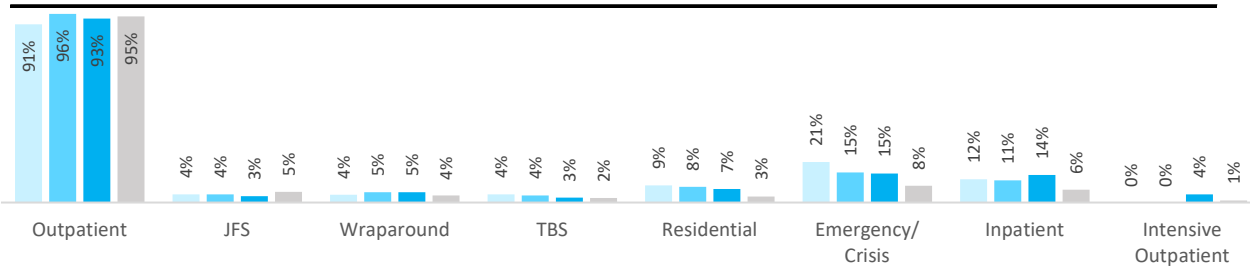
Gender Identity†



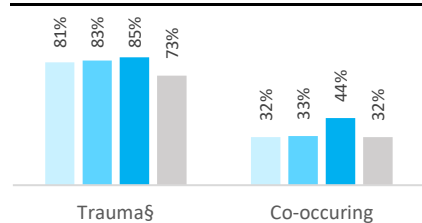
Gender‡



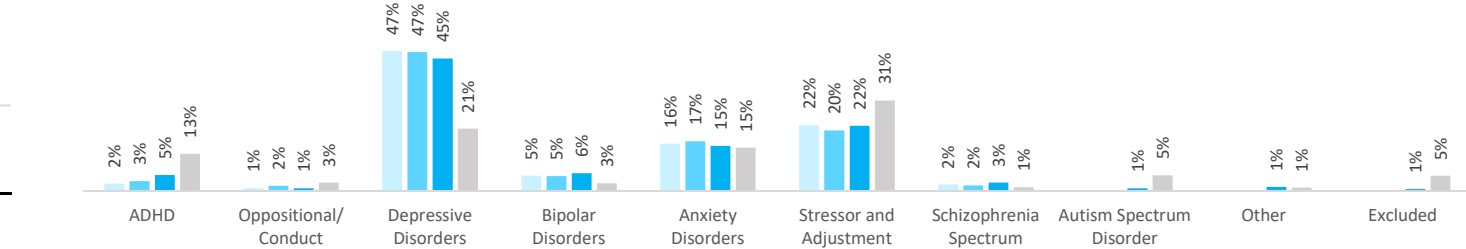
LOC



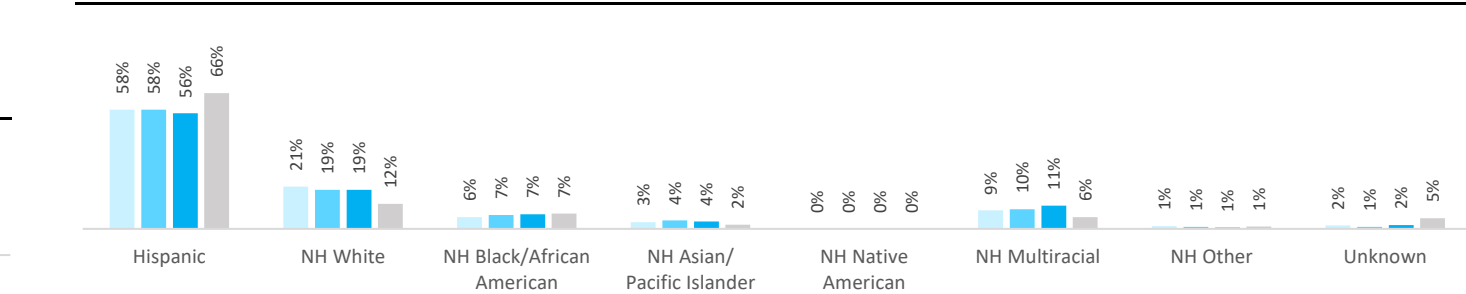
Special Population Characteristics



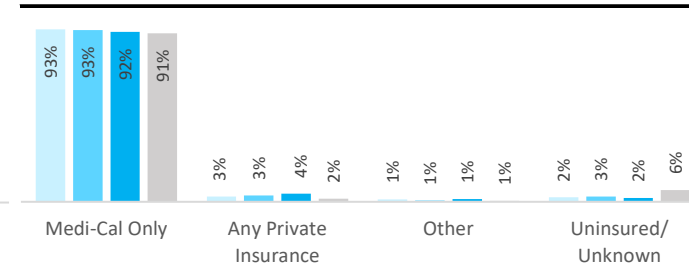
Diagnosis*



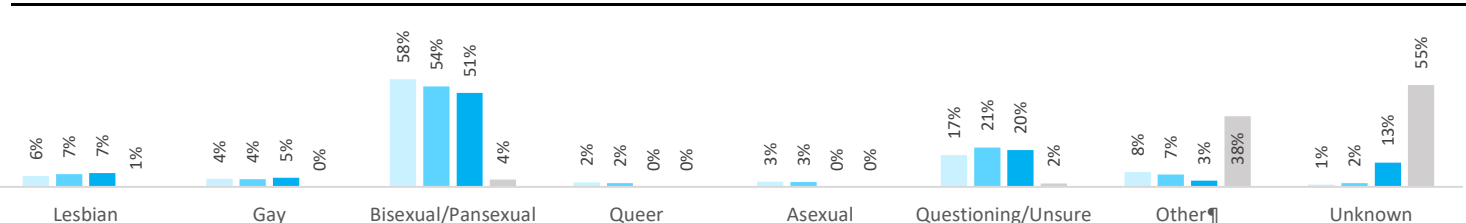
Race/Ethnicity**



Insurance



Orientation



*Autism Spectrum Disorder was added in FY24-25 and Other and Excluded were split, making those data not comparable to previous years.

**NH refers to Non-Hispanic/Latino.

The LGBTQ+ youth population was expanded in 2023-24 to include age 12. Previous years were comprised of age 13+ and may not be directly comparable.

†Gender Identity is whether clients are transgender or cisgender or another gender identity; excludes clients for whom gender identity was unknown.

‡Gender is how clients currently identify as male/female/another gender, not sex assigned at birth.

§Excludes clients for whom history of trauma was unknown.

¶Other sexuality includes heterosexual.

Please note: This report is limited to Mental Health Services clients. Due to the 9/1/2024 transition to SmartCare, data may not be comparable to previous years.

Report Date: 3/18/2026

CASRC (AEC, CB)

Data Source: CCBH 1/2025, SmartCare 11/2025, SmartCare CSI 1/2026

3-Year Trend

Special Populations Report - BHS-CY

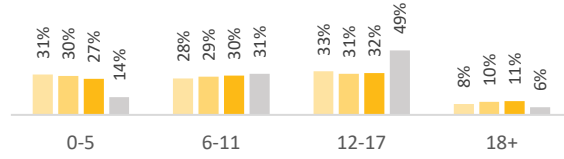


County of San Diego Behavioral Health Services

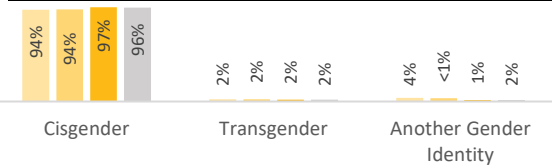
Legend: FY 2022-23 (n=1,110) FY 2023-24 (n=1,013) FY 2024-25 (n=960) FY 2024-25 Systemwide (n=11,860)

Child and Family Well-Being & BHS-CY

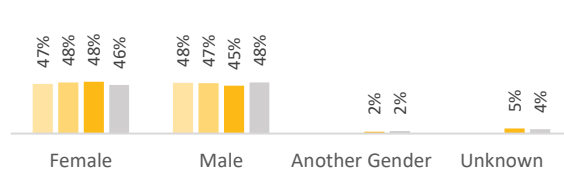
Age



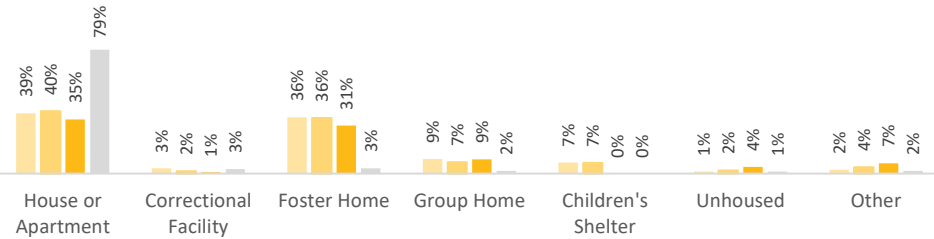
Gender Identity†



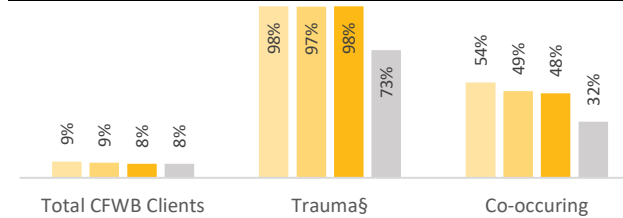
Gender‡



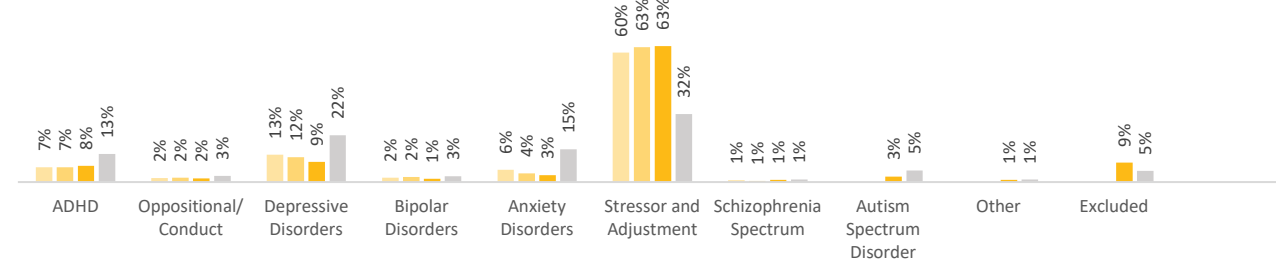
Living Arrangement



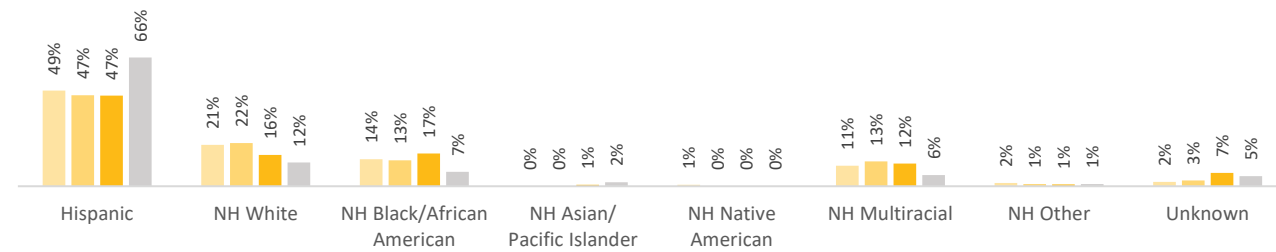
Special Population Characteristics



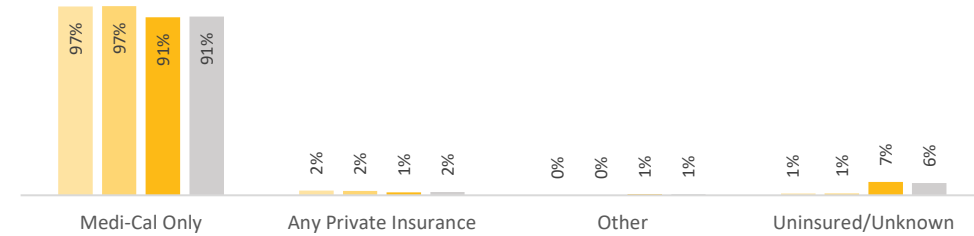
Diagnosis*



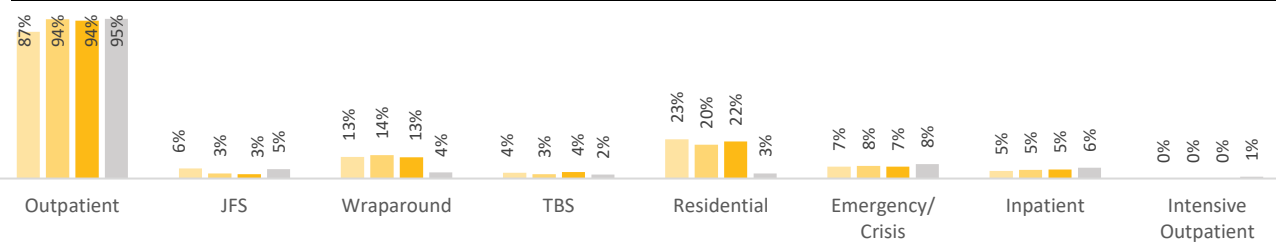
Race/Ethnicity**



Insurance



LOC



*Autism Spectrum Disorder was added in FY24-25 and Other and Excluded were split, making those data not comparable to previous years.

**NH refers to Non-Hispanic/Latino.

†Gender Identity is whether clients are transgender or cisgender or another gender identity; excludes clients for whom gender identity was unknown.

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Please note: This report is limited to Mental Health Services clients. Due to the 9/1/2024 transition to SmartCare, data may not be comparable to previous years.

Report Date: 3/18/2026

CASRC (AEC, CB)

Data Sources: CCBH 1/2025, CFWB 10/2025, SmartCare 11/2025, SmartCare CSI 1/2026

Appendices

Appendix C:

BHS-CY Areas of Influence Report

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH

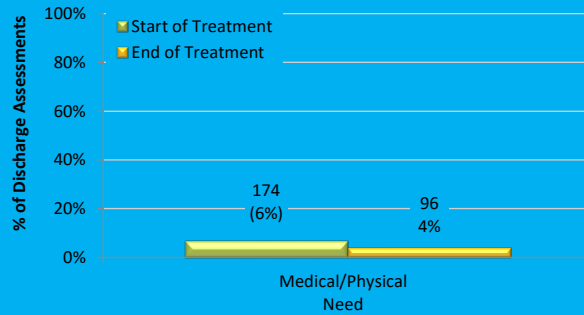
LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2024-25

Progress on the LWSD Areas of Influence was measured for youth with discharge assessments in SmartCare between September 2024 and June 2025. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.

NOTE: July-August data were unavailable due to the data management transition from CYF mHOMS to SmartCare.

HEALTH (N=2,728)

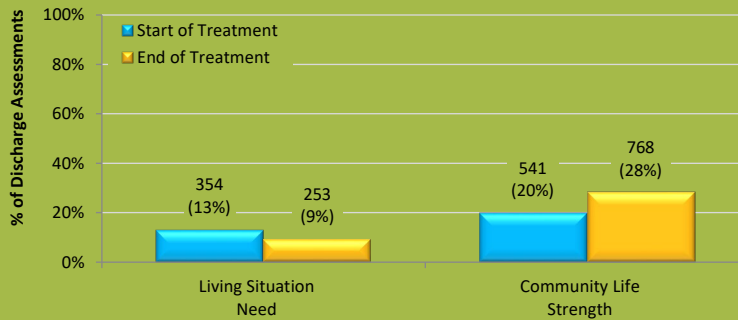
Physical Activity
Connection to Health Home
Healthy Food
Immunizations



[CANS items](#)
Medical/Physical Need



[CANS items](#)
Living Situation Need
Community Life Strength

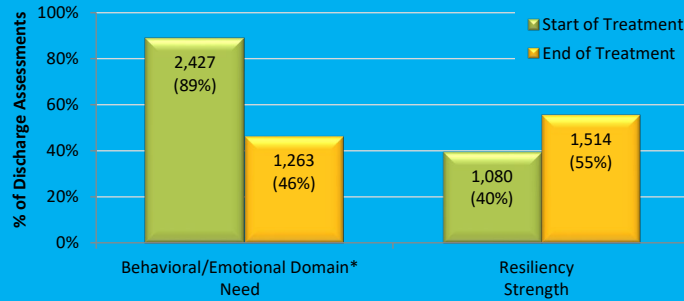


COMMUNITY (N=2,728)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

STANDARD OF LIVING (N=2,728)

Access to Healthcare
Access to Behavioral Health Services

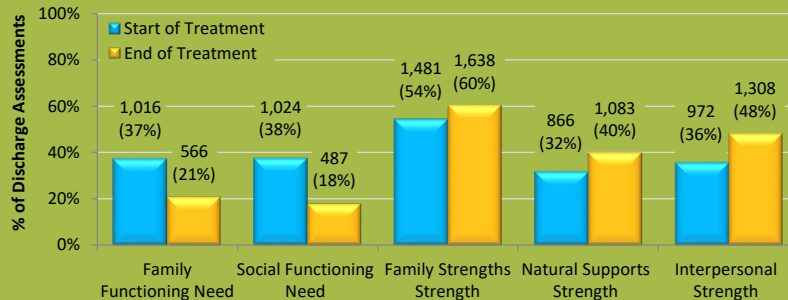


[CANS items](#)
Behavioral/Emotional Need
Resiliency Strength

*This Domain is comprised of 9 individual behavioral and emotional needs



[CANS items](#)
Family & Social Functioning Needs
Family Strength
Interpersonal Strength
Natural Supports Strength

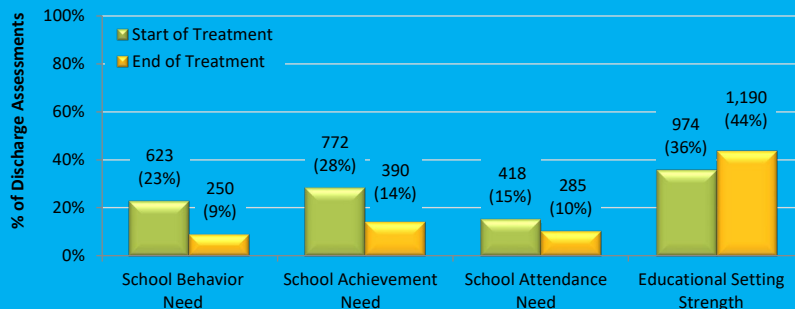


SOCIAL (N=2,728)

Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N=2,728)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions



[CANS items](#)
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

NOTE: Outcomes data transitioned to SmartCare 9/1/2024. Due to changes in data collection and database architecture, FY 2024-25 is considered a development year.