

County of San Diego Health and Human Services Agency



Children, Youth & Families Behavioral Health Services *Systemwide Annual Report, FY 2015-16*

Children, Youth & Families Behavioral Health Services Systemwide Annual Report

Health and Human Services Agency

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Acknowledgments

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Children, Youth & Families Behavioral Health Services Systemwide Annual Report

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Introduction

San Diego County

The estimated population of San Diego County in 2015 (Source: SANDAG, accessed 3/8/17) was 3,263,848 residents, 724,274 (22%) of whom were under the age of 18. In 2015, the total Medi-Cal population for San Diego County was 867,872 residents, 348,509 (40%) of whom were ages 0-17 years.

Systemwide Annual Report

This report summarizes cumulative system demographics and clinical outcomes for children and adolescents served by the County of San Diego's, Health and Human Services Agency (HHSA), Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year (FY) 2015-16 (July 2015-June 2016). CYFBHS primarily serves children and adolescents ranging in age from 0 to 17 years old, with a small number of programs serving young adults ages 18 and older. This primary focus of this annual report is CYFBHS mental health services, with limited information on prevention, early intervention, and addiction treatment also available.

Children, Youth & Families Behavioral Health System of Care

The County of San Diego Behavioral Health Services operates a Children, Youth & Families Behavioral Health System of Care (CYFBHSOC). The CYFBHSOC is a comprehensive, integrated, community-based, culturally competent, family-centered, trauma informed, strength driven, and clinically sound structure for delivery of behavioral health and related supportive services to the children of San Diego County. The CYFBHSOC takes a broad approach, having evolved over time through the collaboration of its four strong sector partnerships: families and youth receiving services, public sector agencies, private providers, and the education system, with a recognition of the value of the faith-based communities. The multi-sector CYFBHSOC Council meets on a monthly basis to provide community oversight for the System of Care.

The Importance of Assessment

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

Introduction

Provider Systems

In FY 2015-16, CYFBHS served youth with severe behavioral health needs through two provider systems distributed throughout San Diego County: **Organizational Providers** and **Fee-for-Service Providers**. Organizational providers offer coordinated multidisciplinary services, while the Fee-for-Service system is comprised of over 800 individual practitioners throughout the community with a range of specialities.



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

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

Note: Discrepancies between service data in the FY 2015-16 Annual Report and the FY 2015-16 Databook for CYFBHS are due to differences in how the data are generated; by program modality for the Databook and by service code for the Annual Report.

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS)

Fiscal Year 2015-16

1. 17,301 youth received services through the San Diego County CYFBHS system, a 5.5% decrease from the 18,317 served in FY 2014-15.
2. 56% of clients were male. The proportion of females served continues to increase steadily over time; from 39% in FY 2011-12 to 44% in FY 2015-16.
3. 57% of clients were Hispanic, a slight increase from 56% in FY 2014-15. Race/ethnicity distribution was similar to the San Diego County youth Medi-Cal population.
4. 74% of youth served by CYFBHS lived in a family home or apartment at some point during FY 2015-16; this proportion has remained consistent over the past three fiscal years. Among the 0-5 population, 27% lived in a foster home during FY 2015-16; among the TAY population, 20% lived in a correctional facility.
5. The four most common diagnoses were stressor and adjustment disorders, depressive disorders, oppositional/conduct disorders, and attention deficit hyperactivity disorder (ADHD).
 - Fewer diagnoses were categorized as “Other/Excluded” in FY 2015-16 (6%) compared to FY 2014-15 (8%).
 - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
 - Rates of adjustment disorder were higher among the 0-5 population and the Fee-for-Service Outpatient population, as compared to CYFBHS systemwide averages.
 - Rates of depressive disorder were higher among the TAY population as compared to CYFBHS systemwide averages.
6. 1,188 (7%) clients had co-occurring substance abuse issues, defined as a dual diagnosis and/or involvement with Substance Use Disorder (SUD) services. This is comparable to 1,240 (7%) clients with substance abuse issues in FY 2014-15.
 - 871 (73%) clients with substance abuse issues were 16 years of age or older.
 - 501 (42%) clients with substance abuse issues also received treatment from SUD during the fiscal year.

Key Findings, continued

7. 15,372 (89%) clients had health coverage exclusively by Medi-Cal in FY 2015-16; an increase from 15,748 (86%) in FY 2014-15 and 14,920 (79%) in FY 2013-14.
8. Fewer clients received Day Services (4.3% as compared to 5.0% in FY 2014-15); however, average hours of Day Service per client increased by 11%, from 89.3 hours in FY 2014-15 to 99.0 hours in FY 2015-16.
9. 686 (4.0%) clients used Inpatient (IP) services in FY 2015-16, a slight decrease from 787 (4.3%) of clients in FY 2014-15.
 - 172 (25%) of 686 IP clients received multiple IP services within the fiscal year, an increase from 174 (22%) of 787 in FY 2014-15. The proportion of these clients re-admitted to IP services within 30 days of the previous IP discharge increased from 62 (36%) of 174 in FY 2014-15 to 66 (38%) of 172 in FY 2015-16.
10. 846 (4.9%) clients received services from the Emergency Screening Unit (ESU) in FY 2015-16, a small increase from 827 (4.5%) clients in FY 2014-15.
 - 141 (17%) of 846 ESU clients had multiple ESU visits within the fiscal year; no change from 139 (17%) of 827 in FY 2014-15. The proportion of these clients readmitted to ESU within 30 days of the previous ESU discharge decreased from 75 (54%) of 139 in FY 2014-15 to 68 (48%) of 141 in FY 2015-16.
11. Clients served by CYFBHS and another public service sector (Child Welfare Services, Probation, or Substance Use Disorder Services) were more likely to receive Day Services. They were more likely to be diagnosed with an Oppositional or Adjustment/Stressor Disorder, and were twice as likely to be African-American.
12. Clients experienced improvements in behavior, emotional well-being, and social competence following receipt of mental health services, as measured by the CAMS (Child and Adolescent Measurement System), the CFARS (Children's Functional Assessment Rating Scale), and the ECBI (Eyberg Child Behavior Inventory) assessment tools.

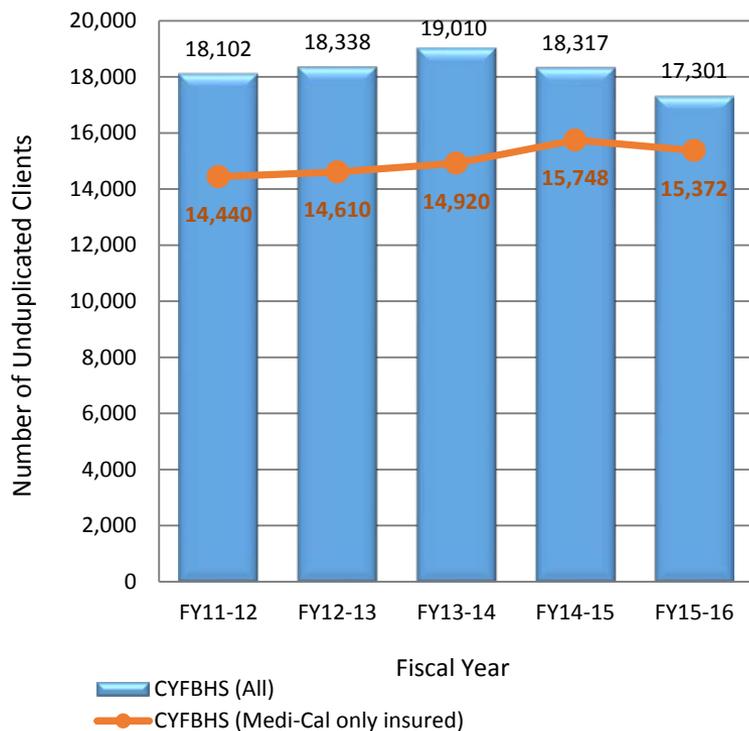
Who Are We Serving?

Starting January 1, 2015, Managed Care Health Plans began serving clients with mild to moderate level needs.

Number of Clients

❖ In FY 2015-16, CYFBHS delivered treatment services to more than 17,000 youth. Among those youth, more than 15,000 were insured exclusively by Medi-Cal.

Number of Clients Served



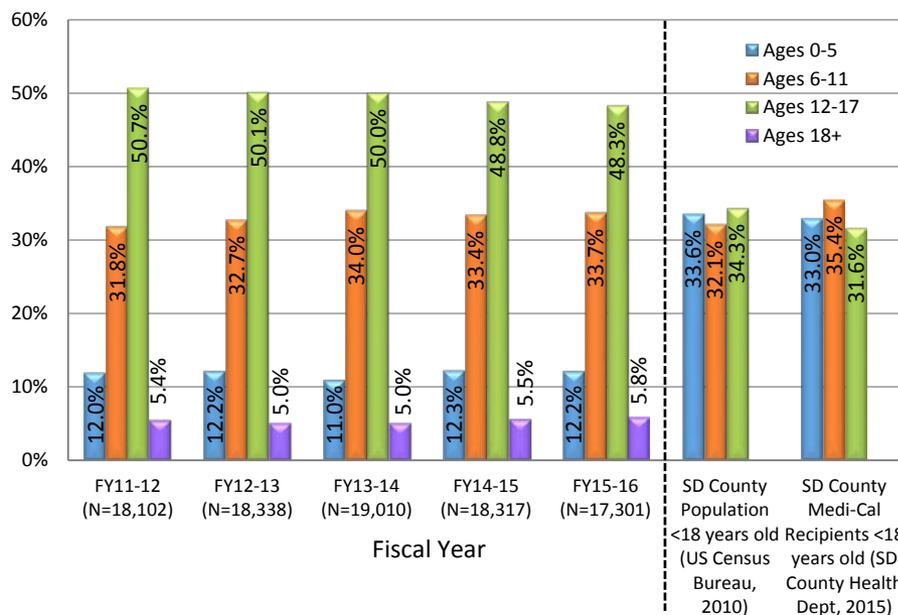
Age of Clients

❖ Adolescents (12-17 years) comprised nearly half of the CYFBHS population.

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

❖ Children ages 0-5 comprised 12% of the CYFBHS population.

Client Age Distribution*



*Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.

Who Are We Serving?

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

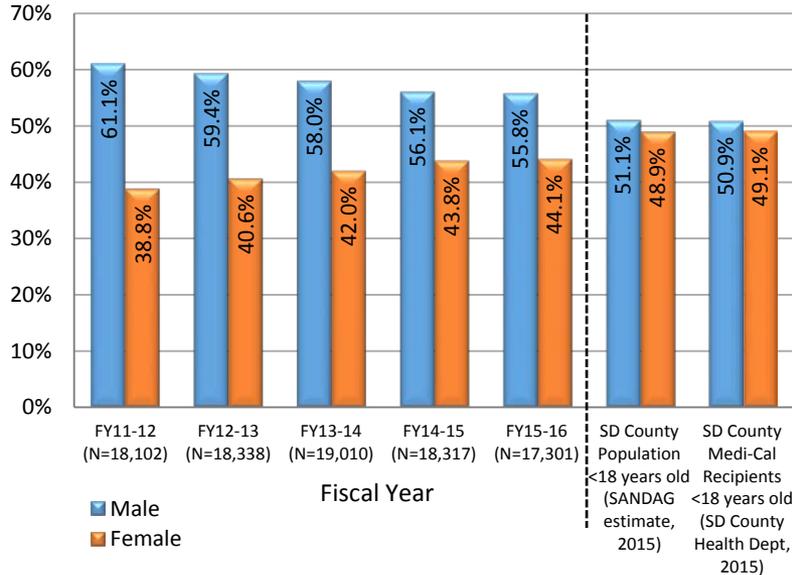
Client Gender

- ❖ 9,656 (56%) clients who received CYFBHS services in FY 2015-16 were male.
- ❖ The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- ❖ The gender gap has narrowed by half over the past four years.

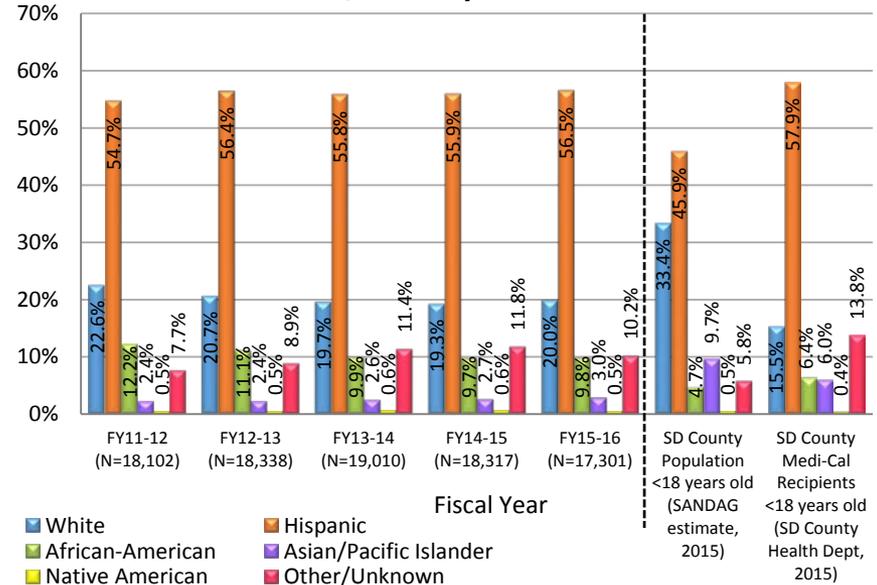
Client Race/Ethnicity

- ❖ 9,777 (57%) clients who received CYFBHS services in FY 2015-16 were identified as Hispanic.
- ❖ A larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were more comparable to the San Diego Medi-Cal youth population.

Client Gender Distribution*



Client Race/Ethnicity Distribution*

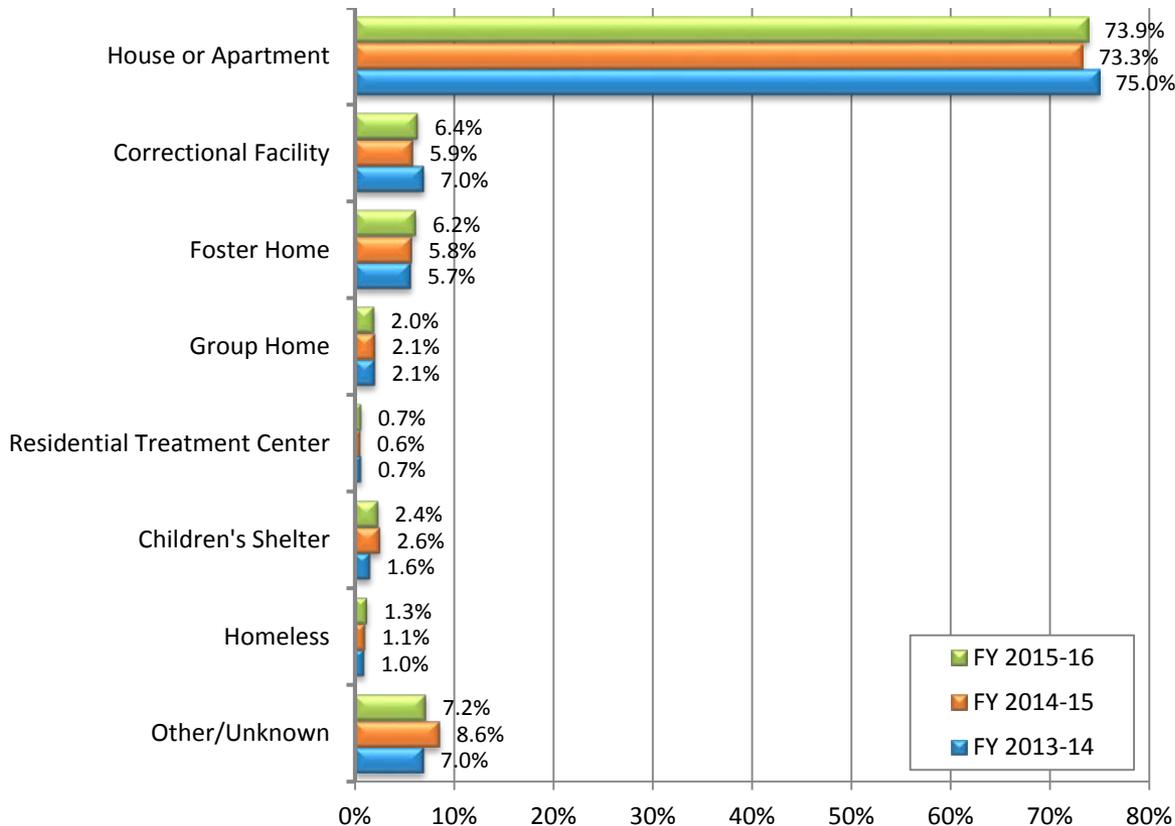


*Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.

Who Are We Serving?

Client Living Situation*

Seventy-four percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2015-16.

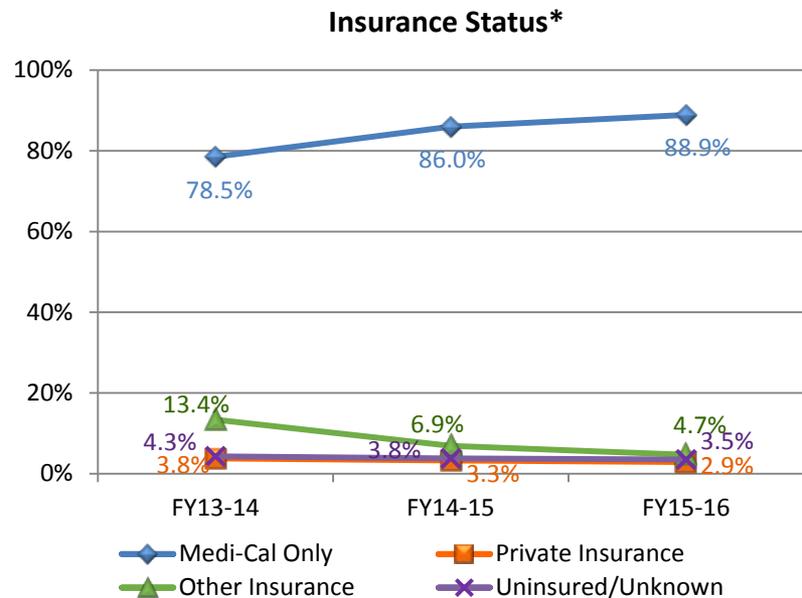


*Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.

Who Are We Serving?

Health Care Coverage

15,372 (88.9%) children and youth who received services from CYFBHS during FY 2015-16 were covered exclusively by Medi-Cal; a 10-percentage point increase from 79% in FY 2013-14.



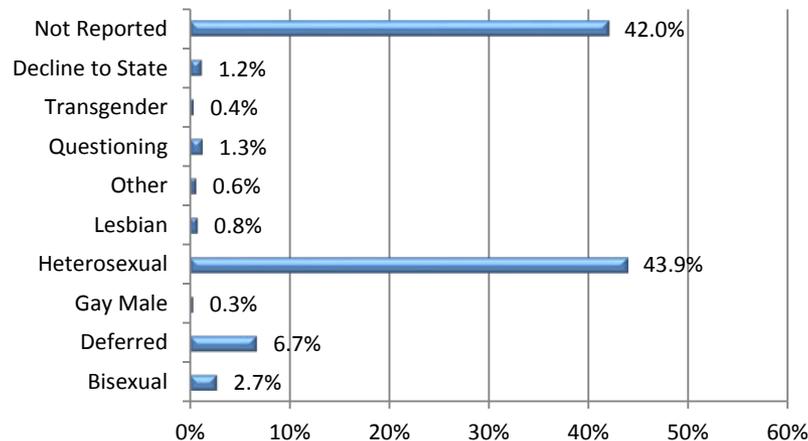
Primary Care Physician (PCP) Status*†

Of the 13,046 clients for whom PCP status was known, 12,204 (94%) had a PCP in FY 2015-16; an increase from 93% in FY 2014-15.

*Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.
 †Unknown category includes Fee-for-Service providers for whom data was not available.

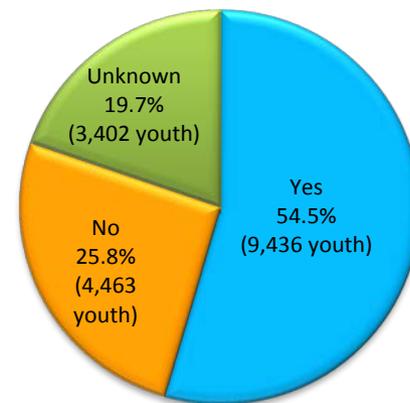
Sexual Orientation*†

Of 8,185 CYFBHS clients **age 13 or older**, 3,592 (44%) were reported to be heterosexual. Sexual orientation was unreported or deferred for 49% of the 13+ population.



History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 13,899 clients (80% of the CYFBHS population) in FY 2015-16; of these clients, 9,436 (68% of the 13,899 clients for whom this information was known) had a **history of trauma**.



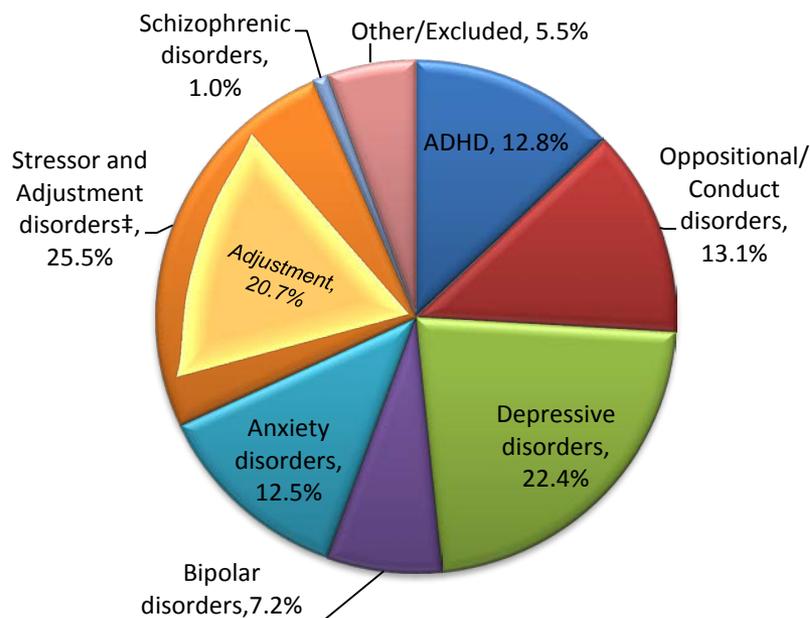
Who Are We Serving?

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

Primary Diagnosis (N=16,071)*†

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

- ❖ Stressor and Adjustment disorders (25.5%)
- ❖ Depressive disorders (22.4%)
- ❖ Oppositional/Conduct disorders (13.1%)
- ❖ ADHD (12.8%)



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2016; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.

‡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.

Co-occurring Substance Abuse

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

- 1,188 CYFBHS youth had a **co-occurring** substance abuse issue in FY 2015-16. This represents **6.9%** of the CYFBHS population, compared to 1,240 (6.8%) of 18,317 in FY 2014-15.
- 875 CYFBHS youth had a **dual diagnosis** in FY 2015-16. This represents **5%** of the CYFBHS population, and **74%** of the 1,188 CYFBHS youth with a co-occurring substance abuse issue. These youth may have received substance abuse counseling as part of their EPSDT mental health services.
- 501 CYFBHS youth received **services from SUD** in FY 2015-16. This represents **42%** of the 1,188 CYFBHS youth with a co-occurring substance abuse issue.
 - Of these 501 youth who received services from both CYFBHS and SUD, 188 (38%) were identified as having a dual diagnosis by their mental health provider.

Who Are We Serving?

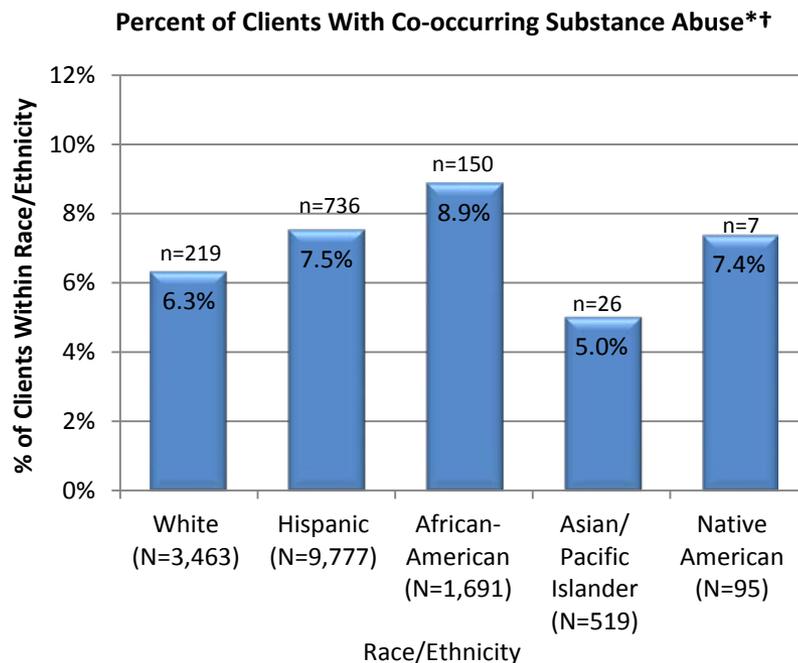
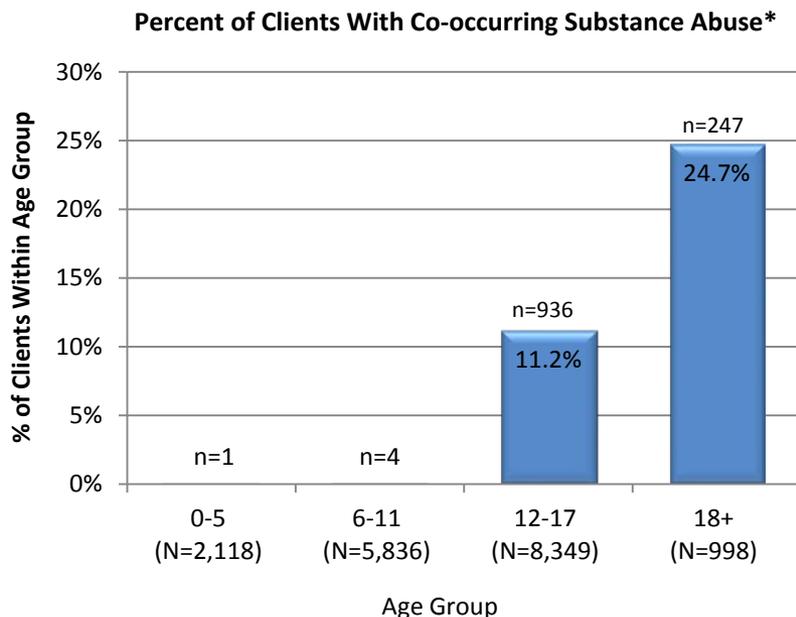
Seventy-nine percent of clients with a co-occurring substance abuse problem were ages 12-17 and the majority (62%) were Hispanic.

Co-occurring Substance Abuse—Age

Twenty-five percent of youth ages 18 and older, and 11% of youth ages 12-17, who received services from CYFBHS in FY 2015-16 were identified as having a substance abuse issue through a substance abuse diagnosis and/or enrollment in a SUD program.

Co-occurring Substance Abuse—Race/Ethnicity

African American youth served by CYFBHS had the highest proportion of co-occurring substance abuse (150 of 1,691 clients), while Asian/Pacific Islanders had the lowest proportion (26 of 519 clients).



*Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.

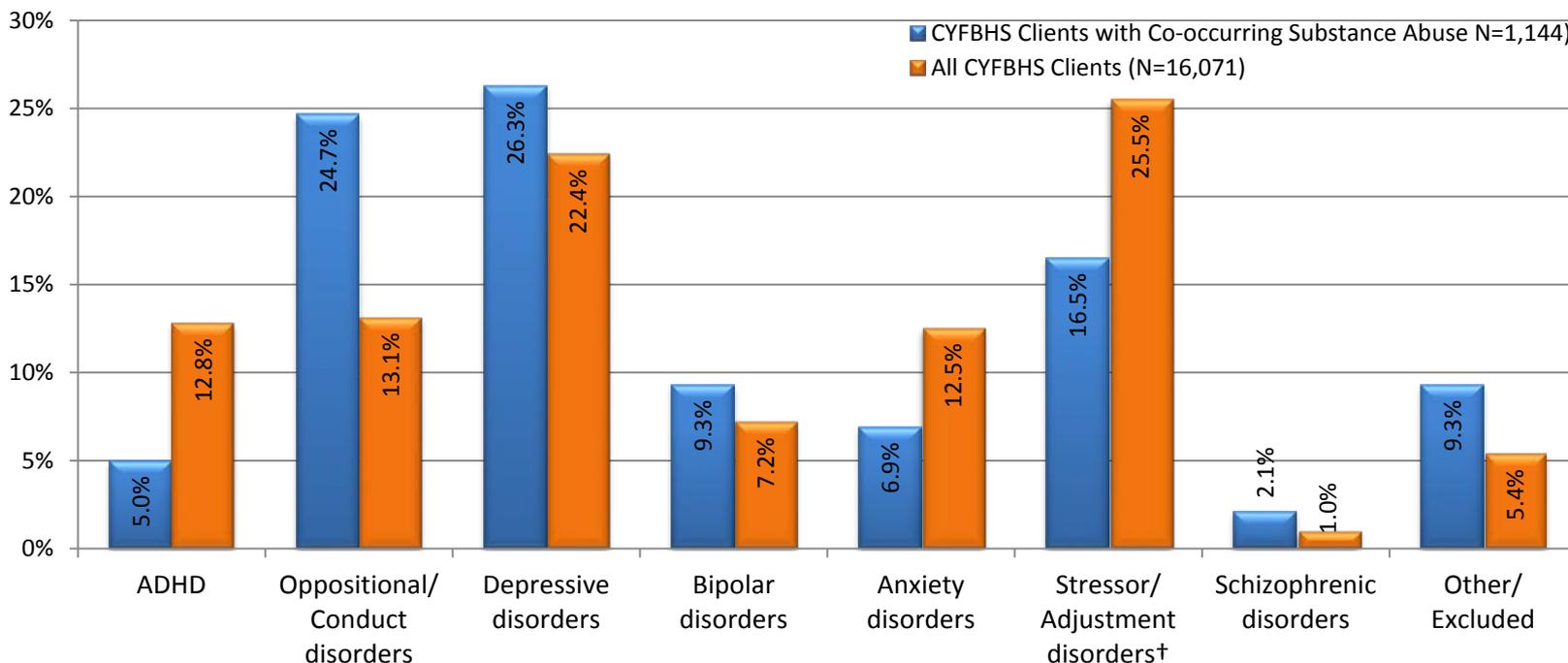
†Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?

Co-occurring Substance Abuse—Primary Diagnosis

Youth with co-occurring substance use problems were far more likely to have an Oppositional/Conduct disorder than youth in CYFBHS overall: 25% (282 of 1,144) vs. 13% (2,107 of 16,071), respectively. This pattern has been consistent over the past five years.

Primary Diagnosis*



*Percentages calculated within the number of clients with a valid diagnosis served by CYFBHS in FY 2015-16.

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

Who Are We Serving?

Fee-for-Service Outpatient Youth

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

FFS-OP Clients

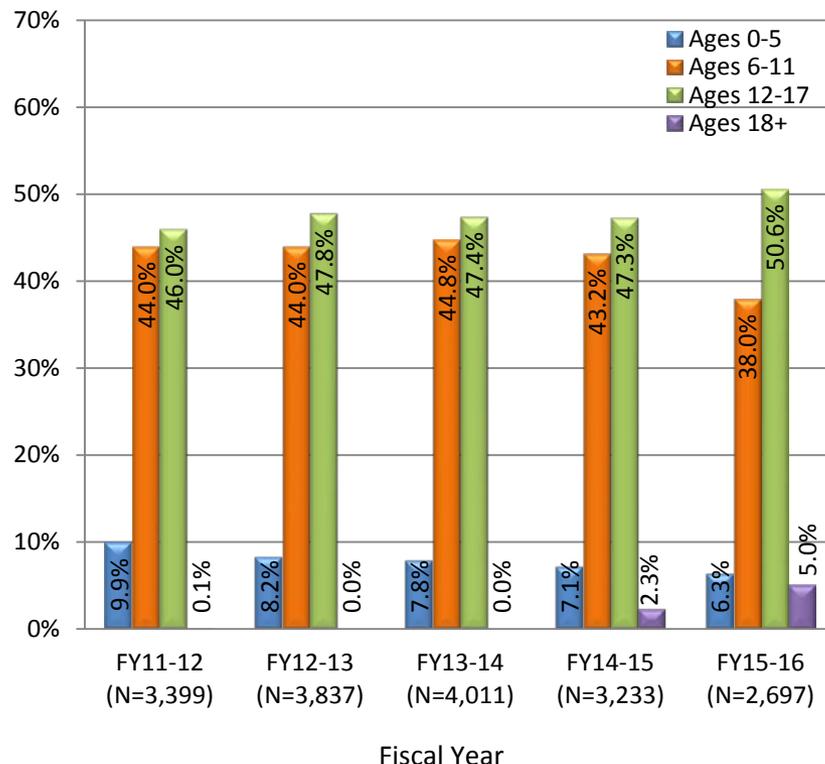
2,697 FFS-OP clients were served by CYFBHS in FY 2015-16.

- ❖ 1,364 (51%) FFS-OP clients served by CYFBHS were ages 12-17.
- ❖ The proportion of FFS-OP clients ages 12-17 served by CYFBHS has increased over the past five years, from 46% in FY 2011-12 to 51% in FY 2015-16.



Age of FFS-OP Clients

FFS-OP Age Distribution*



*Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2015-16.

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

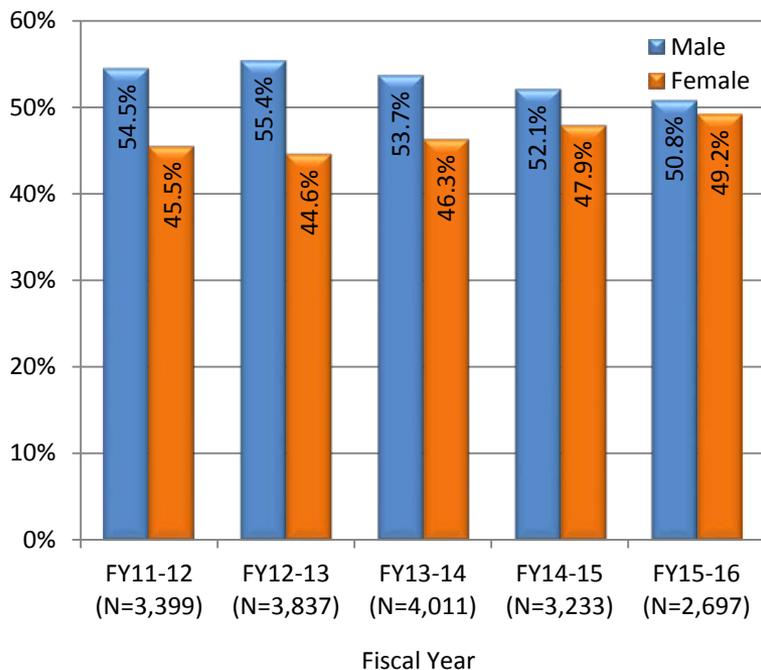
FFS-OP Client Gender

- ❖ 1,370 (51%) FFS-OP clients who received CYFBHS services in FY 2015-16 were male.
- ❖ The male to female client ratio of the FFS-OP population is more evenly distributed than the CYFBHS system as a whole.

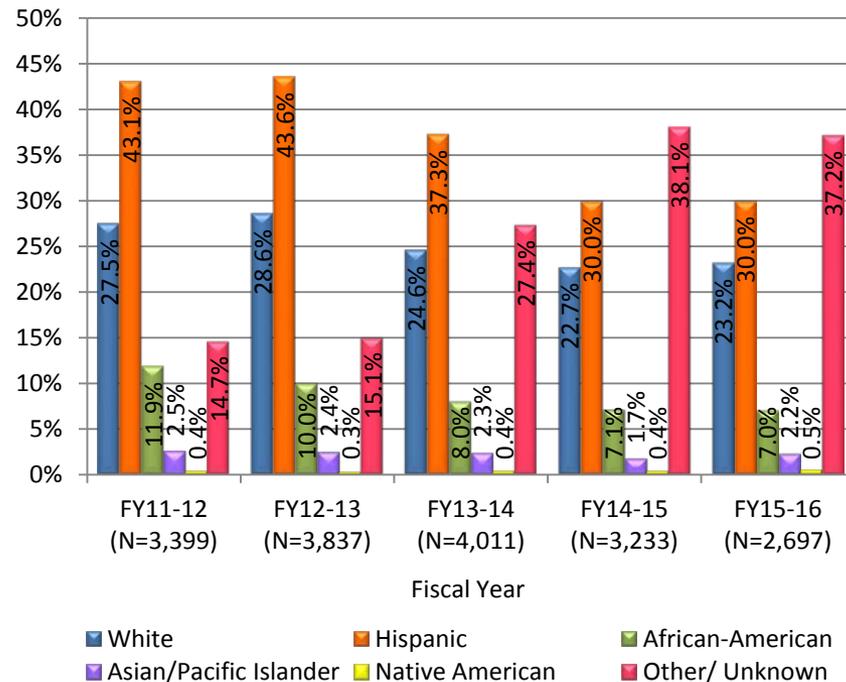
FFS-OP Client Race/Ethnicity

- ❖ 809 (30%) FFS-OP clients who received CYFBHS services in FY 2015-16 identified themselves as Hispanic.
- ❖ Race/ethnicity data were not reported for more than one-third of FFS-OP clients in FY 2015-16.

FFS-OP Gender Distribution*



FFS-OP Race/Ethnicity Distribution*



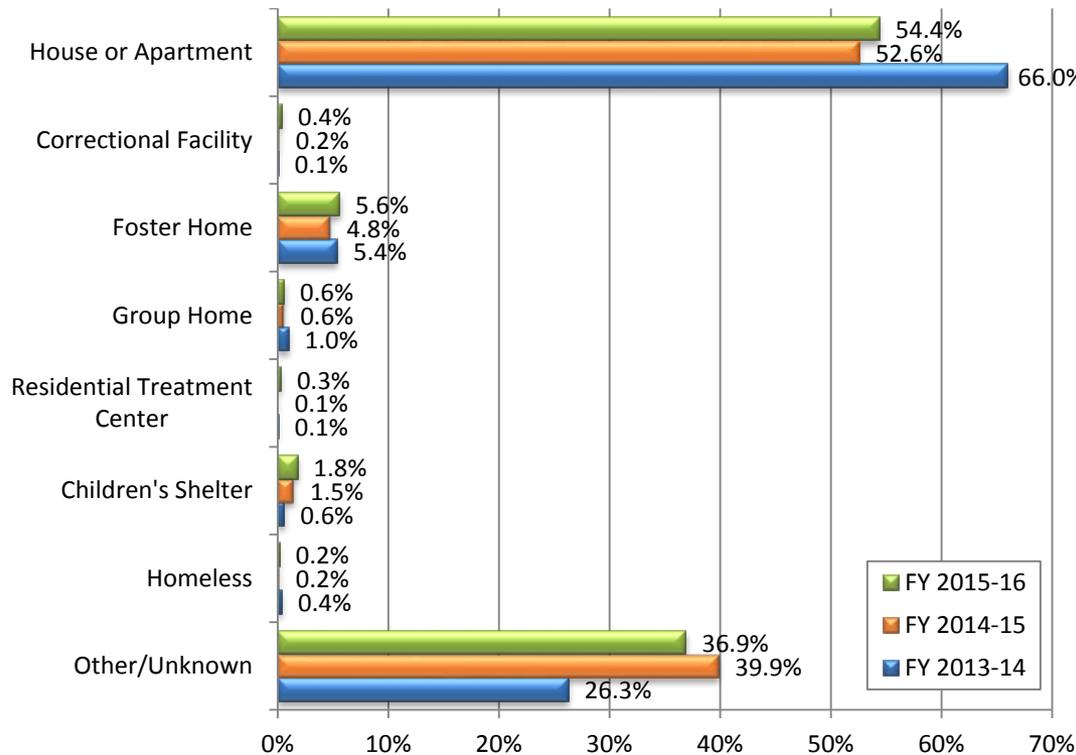
*Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2015-16.

Who Are We Serving?

Fee-for-Service Outpatient Youth

FFS-OP Client Living Situation*

1,467 (54%) FFS-OP clients served by CYFBHS lived in a family home or apartment at some point during FY 2015-16; 150 (6%) lived in a Foster Home. Living Situation was not reported for more than one-third of FFS-OP clients in FY 2015-16, this is higher than the systemwide average of 7% "Other/Unknown" in the same fiscal year.

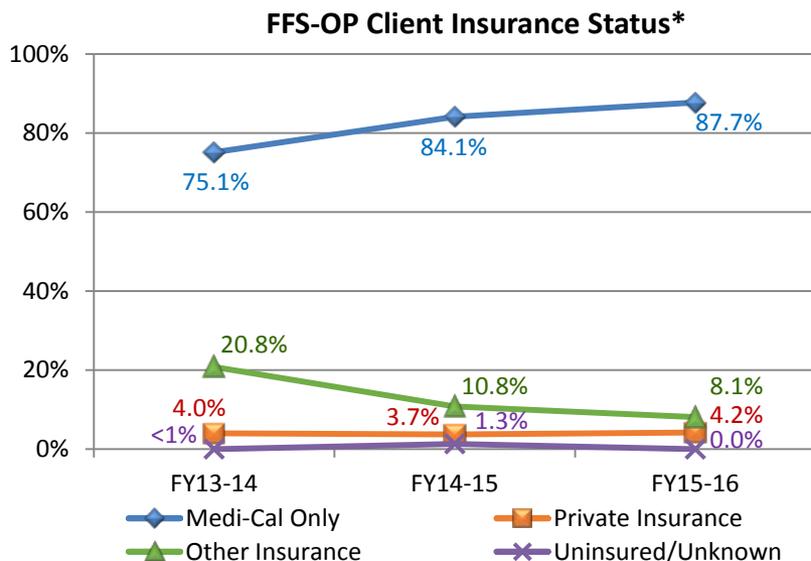


*Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2015-16.

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

2,364 (88%) FFS-OP clients who received services from CYFBHS during FY 2015-16 were covered exclusively by Medi-Cal; compared to 2,720 (84%) in FY 2014-15. By way of context, 89% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2015-16.

FFS-OP Health Care Coverage



*Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2015-16.

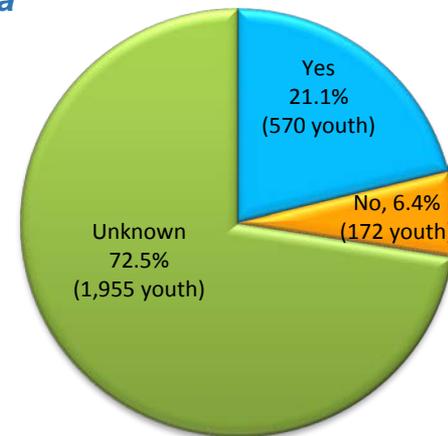
FFS-OP Primary Care Physician (PCP) Status*

Of the 293 FFS-OP clients for whom PCP status was known, 268 (91%) had a PCP in FY 2015-16; a decrease from 96% of FFS-OP clients in FY 2014-15. PCP status was not reported for 89% of FFS-OP clients in FY 2015-16.

*Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2015-16.

FFS-OP History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 742 clients (28% of the FFS-OP population) in FY 2015-16; of these clients, 570 (77% of the 742 clients for whom this information was known) had a **history of trauma**. History of trauma was not reported for nearly three-quarters of FFS-OP clients in FY 2015-16.

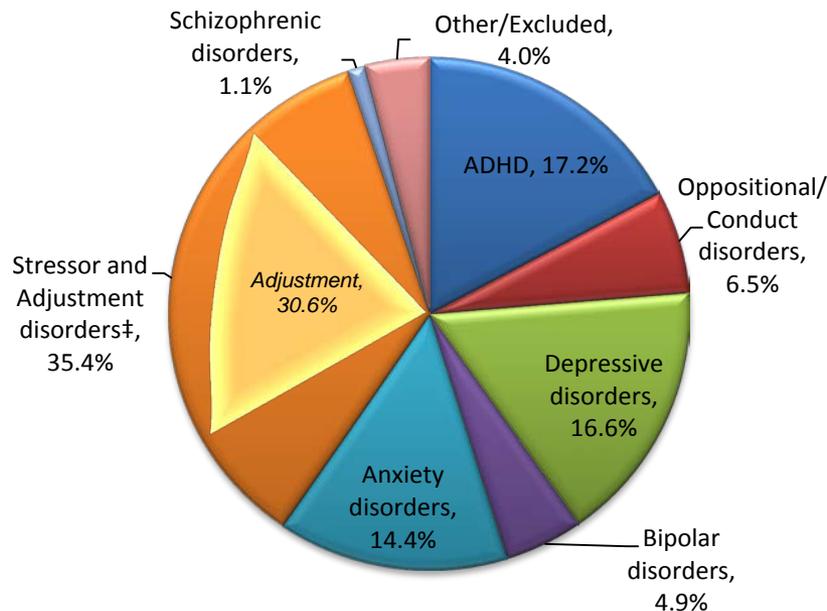


Who Are We Serving? Fee-for-Service Outpatient Youth

FFS-OP Primary Diagnosis (N=2,539)*†

The most common diagnoses among FFS-OP clients served by CYFBHS are:

- ❖ Stressor and Adjustment disorders (35.4%)
- ❖ ADHD (17.2%)
- ❖ Depressive disorders (16.6%)
- ❖ Anxiety disorders (14.4%)



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2016; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.

‡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.

FFS-OP Co-occurring Substance Abuse

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

- 41 of 2,697 FFS-OP youth had a **co-occurring** substance abuse issue in FY 2015-16. This represents **2%** of the FFS-OP population.
- 26 FFS-OP youth had a **dual diagnosis** in FY 2015-16. This represents **1%** of the FFS-OP population, and **63%** of the 41 FFS-OP youth with a co-occurring substance abuse issue. These youth may have received substance abuse counseling as part of their EPSDT mental health services.
- 16 FFS-OP youth received **services from SUD** in FY 2015-16. This represents **39%** of the 41 FFS-OP youth with a co-occurring substance abuse issue.
 - Of these 16 FFS-OP youth who received services from both CYFBHS and SUD, 1 (6%) was identified as having a dual diagnosis by their mental health provider.

Who Are We Serving? Age 0 – 5 Youth

Age 0–5 Youth

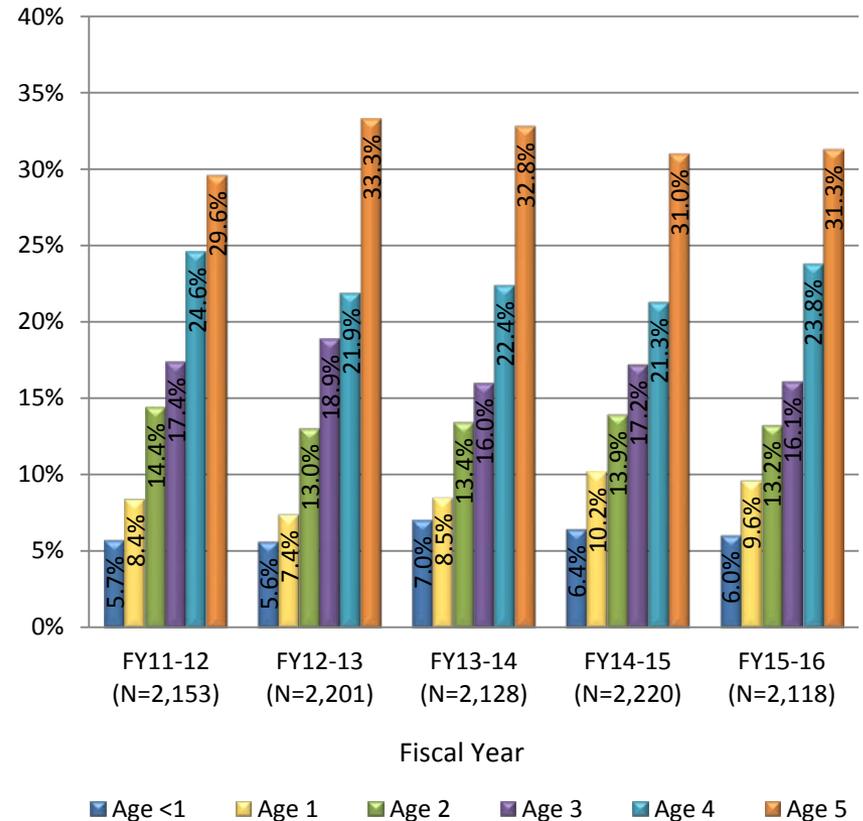
2,118 youth who were 0 to 5 years old were served by CYFBHS in FY 2015-16.

- ❖ 663 (31%) age 0-5 youth served by CYFBHS were age 5.
- ❖ The proportion of age 0-5 youth served by CYFBHS has remained relatively stable over the past five years.



Age Distribution of 0–5 Youth

0-5 Age Distribution*

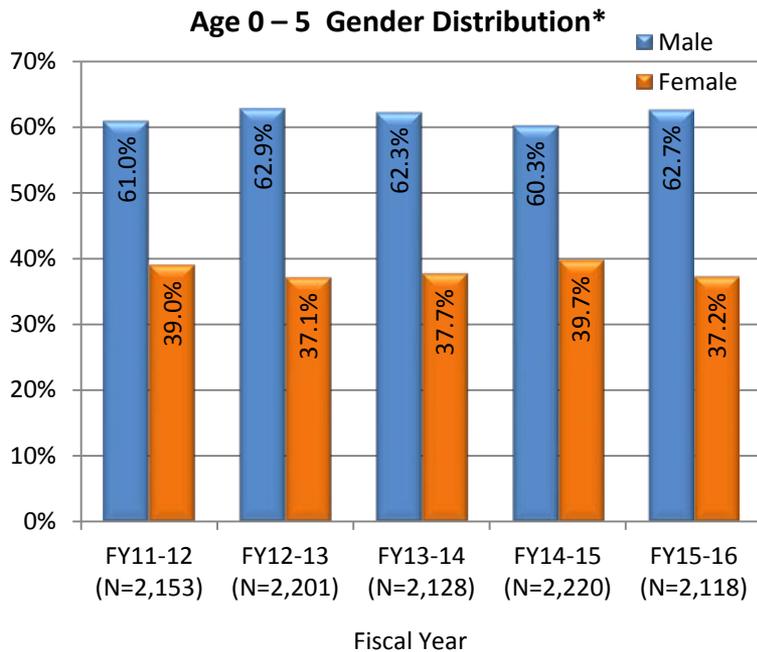


*Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2015-16.

Who Are We Serving? Age 0 – 5 Youth

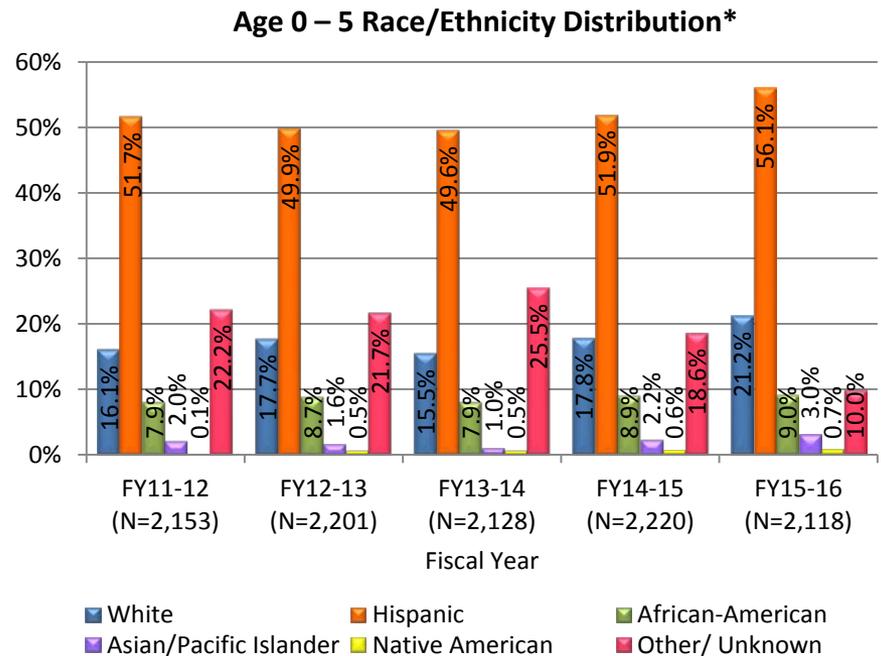
Age 0–5 Client Gender

- ❖ 1,327 (63%) age 0-5 clients who received CYFBHS services in FY 2015-16 were male.
- ❖ The gender gap of the 0-5 population is wider than the CYFBHS system as a whole.



Age 0–5 Client Race/Ethnicity

- ❖ 1,189 (56%) age 0-5 clients who received CYFBHS services in FY 2015-16 were identified as Hispanic.
- ❖ The distribution of race/ethnicity among age 0-5 clients in the CYFBHS system is similar to the distribution throughout the system as a whole.



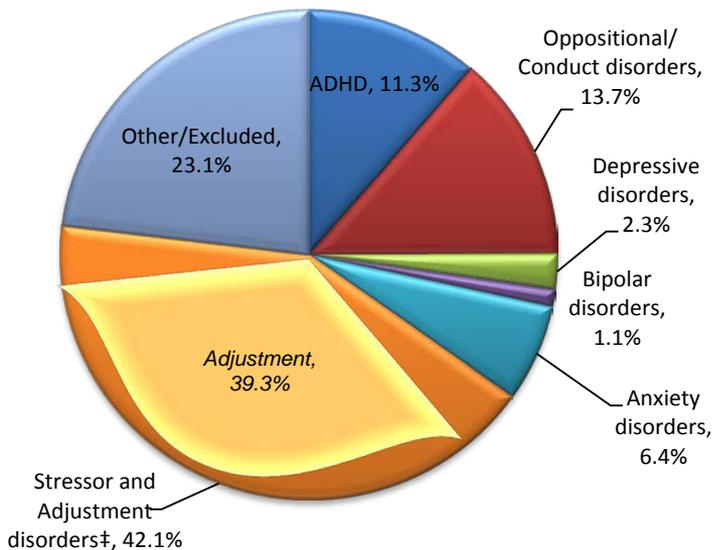
*Percentages calculated within the number of age 0-5 youth served by CYFBHS in FY 2015-16.

Who Are We Serving? Age 0 – 5 Youth

Age 0–5 Primary Diagnosis (N=1,482)*†

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

- ❖ Stressor and Adjustment disorders (42.1%)
- ❖ Oppositional/Conduct disorders (13.7%)
- ❖ ADHD (11.3%)



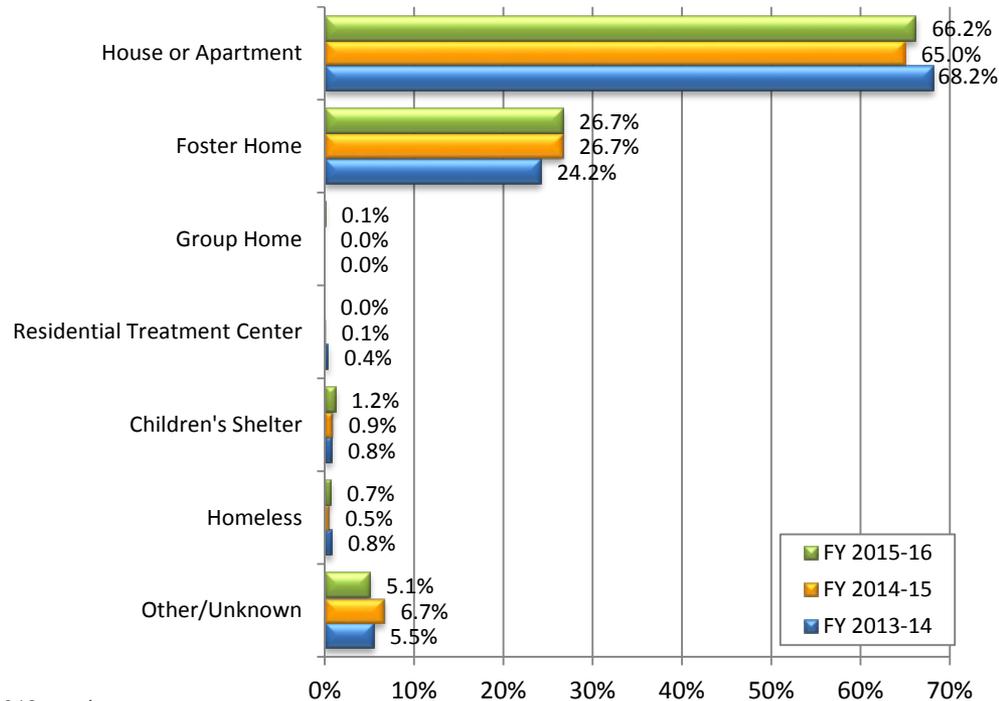
* Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2016; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded

† Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2015-16.

‡ 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.

Age 0–5 Client Living Situation*

1,402 (66%) age 0-5 clients served by CYFBHS lived in a family home or apartment at some point during FY 2015-16. 566 (27%) age 0-5 clients lived in a Foster Home; as compared to 6% systemwide.

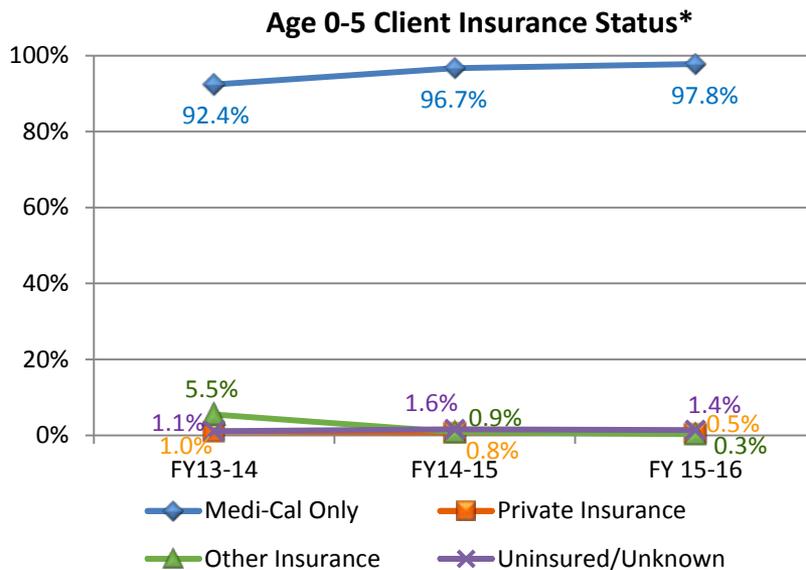


Who Are We Serving?

Age 0 – 5 Youth

2,072 (98%) age 0-5 clients who received services from CYFBHS during FY 2015-16 were covered exclusively by Medi-Cal; a continuous increase in percentage from 92% in FY 2013-14. By way of context, 89% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2015-16.

Age 0-5 Health Care Coverage



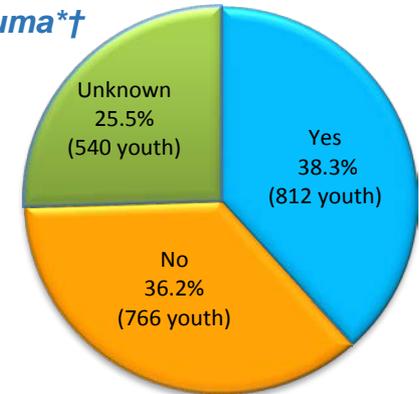
Age 0-5 Primary Care Physician (PCP) Status*†

Of the 1,528 age 0-5 clients for whom PCP status was known, 1,486 (97%) had a PCP in FY 2015-16; no change from 97% of age 0-5 clients in FY 2014-15.

*Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2015-16.
 †Unknown category includes Fee-for-Service providers for whom data was not available.

Age 0-5 History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 1,578 clients (75% of the age 0-5 population) in FY 2015-16; of these clients, 812 (51% of the 1,578 clients for whom this information was known) had a **history of trauma**.



Who Are We Serving? Transition Age Youth

Transition Age Youth

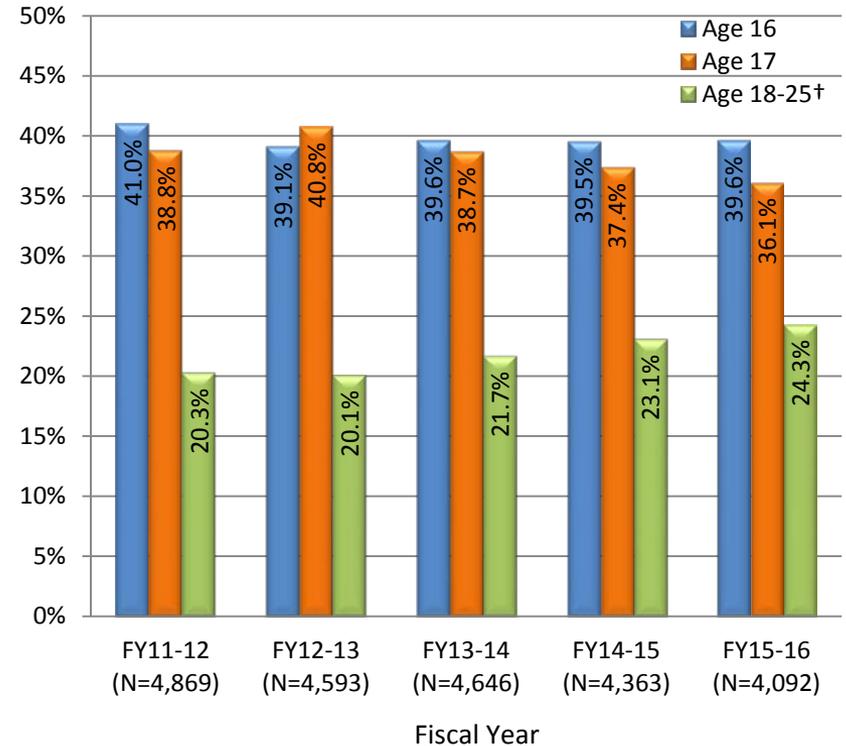
4,092 Transition Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served by CYFBHS in FY 2015-16, representing 24% of the total CYFBHS population.

- ❖ 3,097 (76%) TAY clients served by CYFBHS were ages 16-17.
- ❖ The proportion of TAY clients ages 18-25 served by CYFBHS has increased over the past five years, from 20% in FY 2011-12 to 24% in FY 2015-16.



Age of TAY Clients

TAY Age Distribution*



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2015-16.

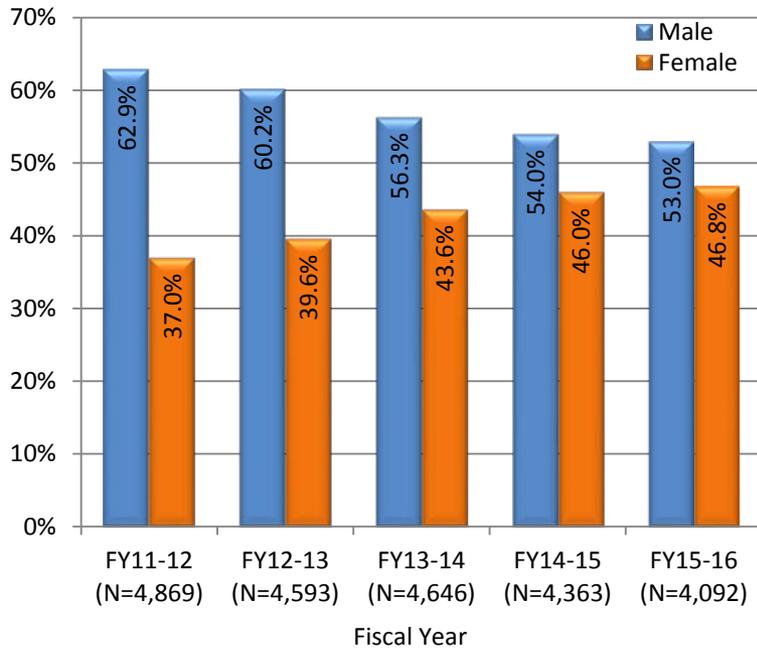
†On average, less than 1% of the TAY population in CYFBHS was over the age of 21.

Who Are We Serving? Transition Age Youth

TAY Client Gender

- ❖ 2,169 (53%) TAY clients who received CYFBHS services in FY 2015-16 were male.
- ❖ The gender gap of the TAY population has narrowed by more than half over the past five years, and the FY 2015-16 gender gap is narrower than the CYFBHS system as a whole.

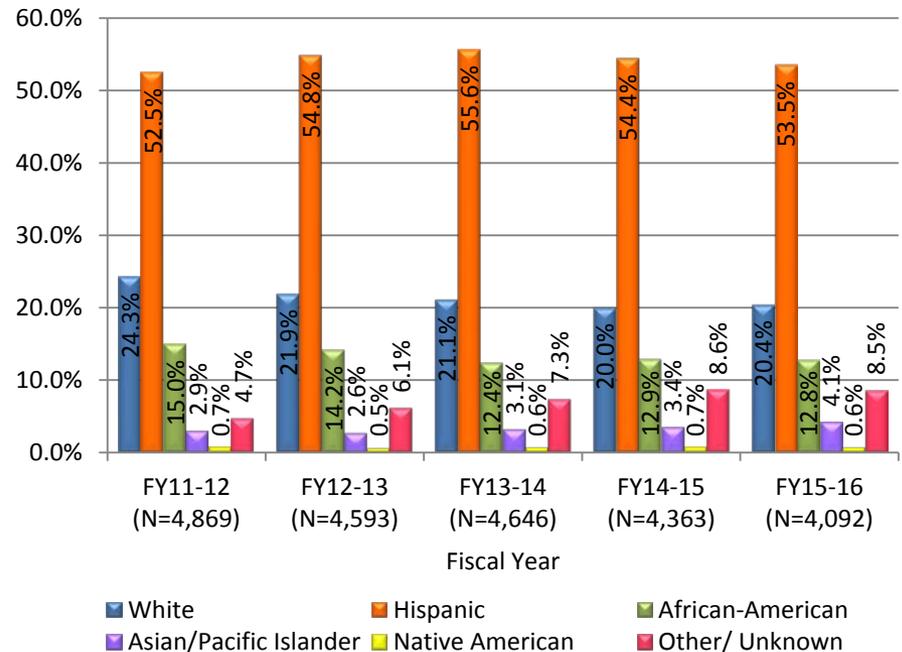
TAY Gender Distribution*



TAY Client Race/Ethnicity

- ❖ 2,188 (54%) TAY clients who received CYFBHS services in FY 2015-16 identified themselves as Hispanic.
- ❖ The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

TAY Race/Ethnicity Distribution*

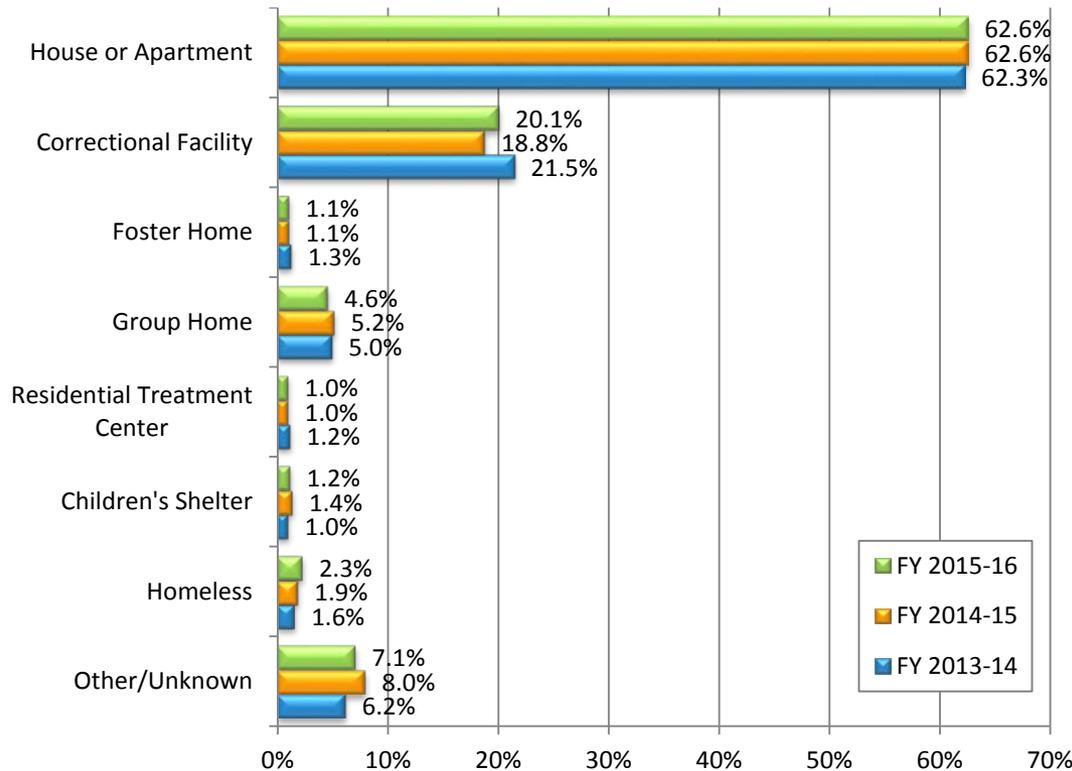


*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2015-16.

Who Are We Serving? Transition Age Youth

TAY Client Living Situation*

2,563 (63%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2015-16. 822 (20%) TAY clients lived in a Correctional Facility in FY 2015-16; as compared to 6% systemwide.

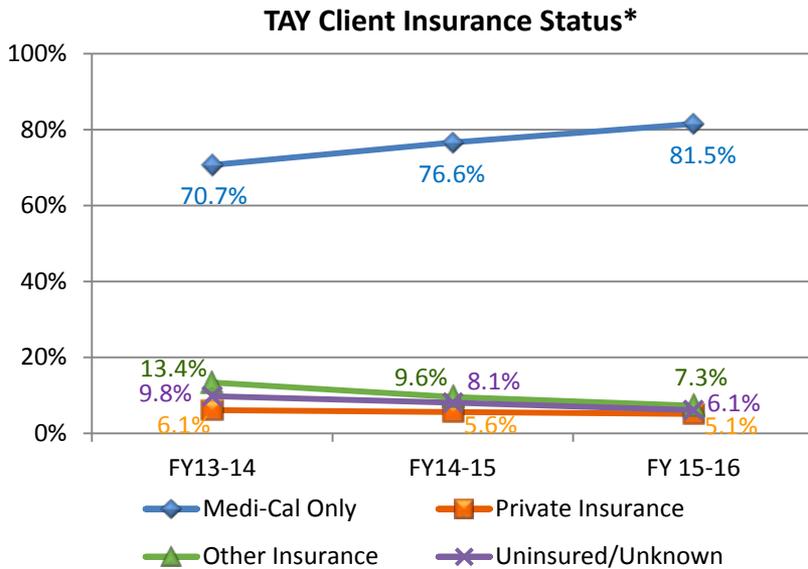


*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2015-16.

Who Are We Serving? Transition Age Youth

3,333 (82%) TAY clients who received services from CYFBHS during FY 2015-16 were covered exclusively by Medi-Cal; an increase from 3,342 (77%) in FY 2014-15. By way of context, 89% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2015-16.

TAY Health Care Coverage



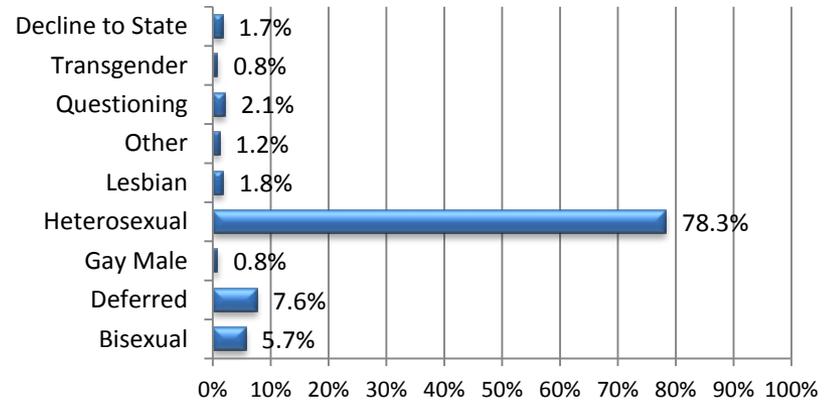
TAY Primary Care Physician (PCP) Status*†

Of the 3,048 TAY clients for whom PCP status was known, 2,737 (90%) had a PCP in FY 2015-16; an increase from 88% of TAY clients in FY 2014-15.

*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2015-16.
†Unknown category includes Fee-for-Service providers for whom data was not available.

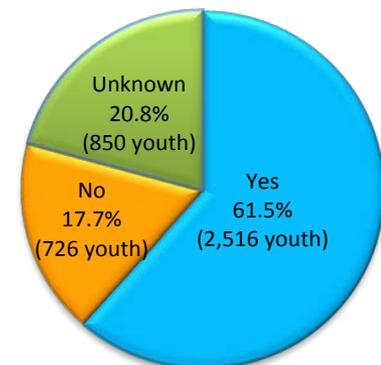
TAY Sexual Orientation*

1,975 (78%) TAY clients served by CYFBHS identified as heterosexual during FY 2015-16.



TAY History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 3,242 clients (79% of the TAY population) in FY 2015-16; of these clients, 2,516 (78% of the 3,242 clients for whom this information was known) had a **history of trauma**.

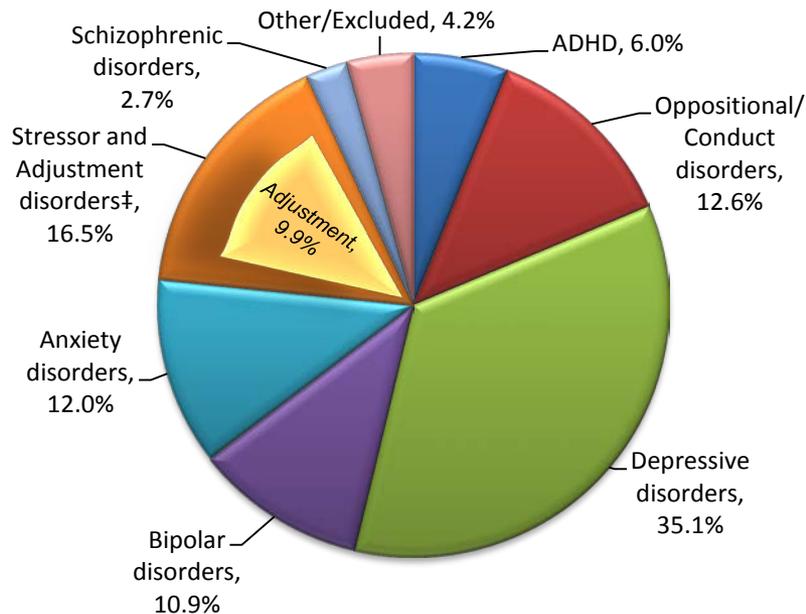


Who Are We Serving? Transition Age Youth

TAY Primary Diagnosis (N=3,861)*†

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

- ❖ Depressive disorders (35.1%)
- ❖ Stressor and Adjustment disorders (16.5%)
- ❖ Oppositional/Conduct disorders (12.6%)
- ❖ Anxiety disorders (12.0%)



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2015; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of clients served by CYFBHS in FY 2015-16.

‡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.

TAY Co-occurring Substance Abuse

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

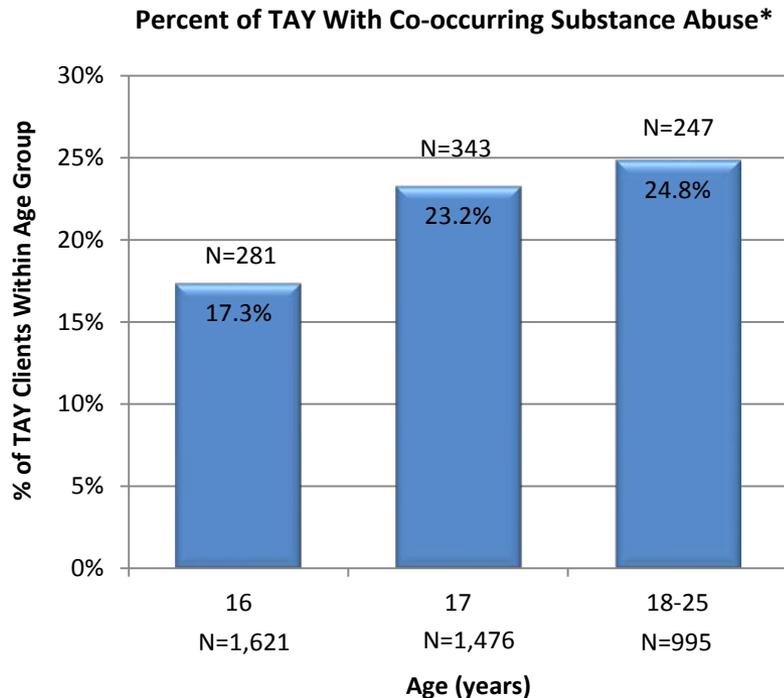
- 871 TAY clients had a **co-occurring** substance abuse issue in FY 2015-16. This represents **21%** of the TAY population.
- 649 TAY clients had a **dual diagnosis** in FY 2015-16. This represents **16%** of the TAY population, and **75%** of the 871 TAY clients with a co-occurring substance abuse issue. These youth may have received substance abuse counseling as part of their EPSDT mental health services.
- 356 TAY clients received **services from SUD** in FY 2015-16. This represents **41%** of the 871 TAY youth with a co-occurring substance abuse issue.
 - Of these 356 TAY clients who received services from both CYFBHS and SUD, 134 (38%) were identified as having a dual diagnosis by their mental health provider.

Who Are We Serving? Transition Age Youth

343 of 871 TAY clients (39%) with a co-occurring substance abuse problem were age 17; the majority (62%) were Hispanic.

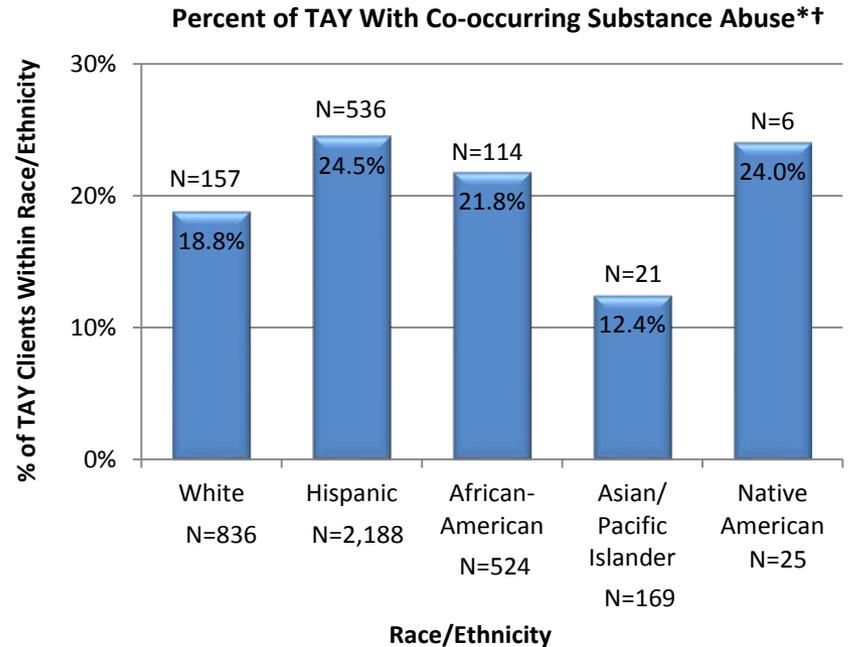
TAY Co-occurring Substance Abuse—Age

Eighteen percent of 16-year-olds and 23% of 17-year-olds who received services from the CYFBHS system were identified as having a substance abuse issue.



TAY Co-occurring Substance Abuse—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Hispanic TAY served by CYFBHS had the highest proportion of co-occurring substance abuse (536 of 2188 clients), while Asian/Pacific Islander TAY had the lowest proportion (21 of 169 clients).



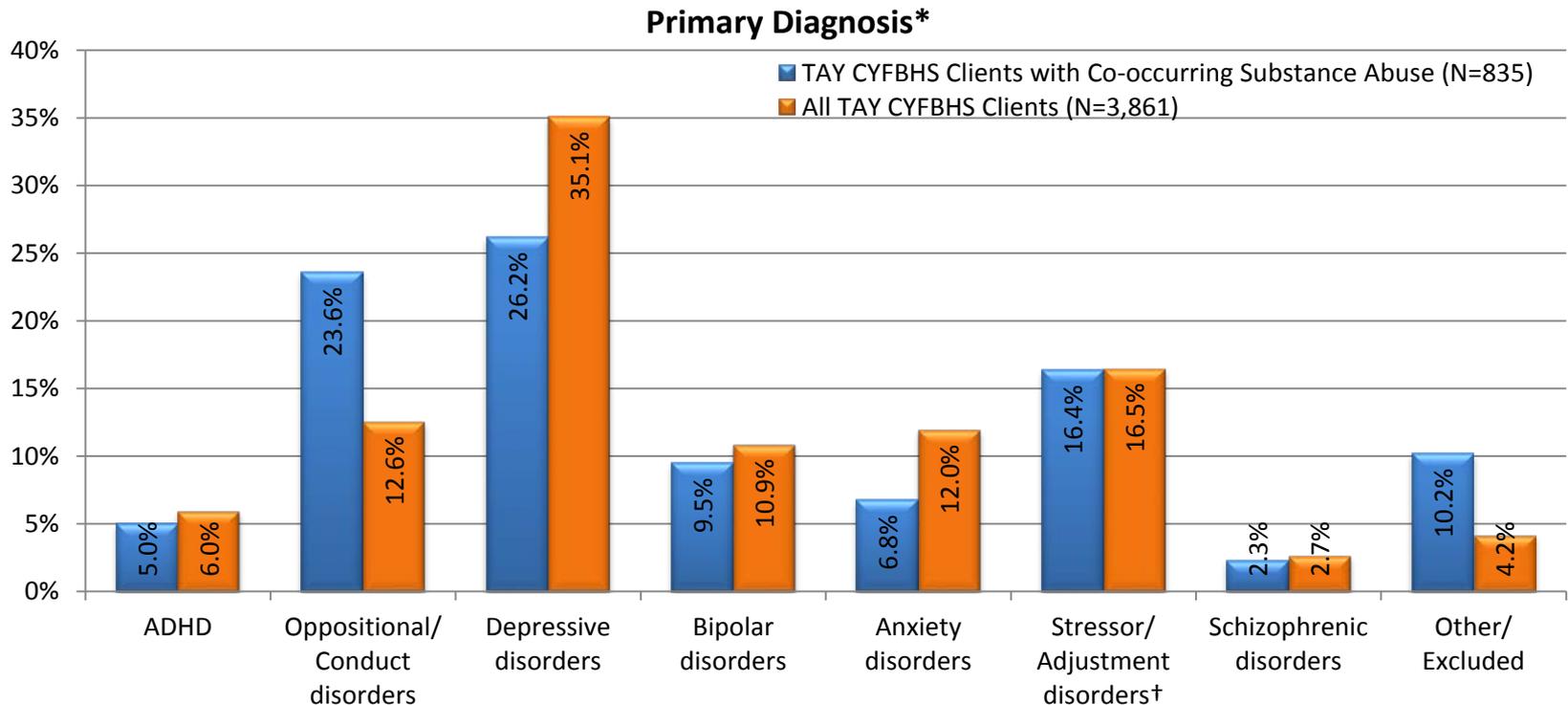
*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2015-16.

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

Who Are We Serving? Transition Age Youth

TAY Co-occurring Substance Abuse—Primary Diagnosis

TAY clients with co-occurring substance use problems were more likely to have an Oppositional/Conduct disorder than TAY in CYFBHS overall: 24% (197 of 835) vs. 13% (487 of 3,861), respectively.



*Percentages calculated within the number of TAY clients with a valid diagnosis served by CYFBHS in FY 2015-16.

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

Where Are We Serving?

CYFBHS serves clients in six HHSA regions.*

| Demographics by Region | Central | | East | | North Central | | North Coastal | | North Inland | | South | | Systemwide | |
|----------------------------------|---------|-----|-------|-----|---------------|-----|---------------|-----|--------------|-----|-------|-----|------------|------|
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Total Number of Clients†‡ | 2,684 | 16% | 2,282 | 13% | 5,500 | 32% | 1,753 | 10% | 2,974 | 17% | 2,946 | 17% | 17,301 | 100% |
| Age | | | | | | | | | | | | | | |
| Age 0-5 | 257 | 10% | 182 | 8% | 903 | 16% | 370 | 21% | 204 | 7% | 239 | 8% | 2,118 | 12% |
| Age 6-11 | 1,197 | 45% | 843 | 37% | 1,291 | 23% | 546 | 31% | 763 | 26% | 863 | 29% | 5,836 | 34% |
| Age 12-17 | 1,030 | 38% | 1,168 | 51% | 2,926 | 53% | 774 | 44% | 1,751 | 59% | 1,752 | 59% | 8,349 | 48% |
| Age 18+ | 200 | 7% | 89 | 4% | 380 | 7% | 63 | 4% | 256 | 9% | 92 | 3% | 998 | 6% |
| Gender | | | | | | | | | | | | | | |
| Female | 1,128 | 42% | 1,038 | 45% | 2,182 | 40% | 821 | 47% | 1,063 | 36% | 1,494 | 51% | 7,622 | 44% |
| Male | 1,554 | 58% | 1,242 | 54% | 3,314 | 60% | 919 | 52% | 1,910 | 64% | 1,451 | 49% | 9,656 | 56% |
| Other/Unknown | 2 | <1% | 2 | <1% | 4 | <1% | 13 | 1% | 1 | <1% | 1 | <1% | 23 | <1% |
| Race/Ethnicity | | | | | | | | | | | | | | |
| White | 334 | 12% | 700 | 31% | 1,118 | 20% | 436 | 26% | 664 | 22% | 405 | 14% | 3,463 | 20% |
| Hispanic | 1,808 | 67% | 1,094 | 48% | 3,074 | 56% | 991 | 59% | 1,783 | 60% | 2,144 | 73% | 9,777 | 57% |
| African-American | 315 | 12% | 282 | 12% | 788 | 14% | 132 | 8% | 337 | 11% | 229 | 8% | 1,691 | 10% |
| Asian/Pacific Islander | 152 | 6% | 43 | 2% | 189 | 3% | 46 | 3% | 57 | 2% | 77 | 3% | 519 | 3% |
| Native American | 12 | <1% | 12 | 1% | 28 | 1% | 7 | <1% | 21 | 1% | 17 | 1% | 95 | 1% |
| Other/Unknown | 63 | 2% | 151 | 7% | 294 | 5% | 82 | 5% | 112 | 4% | 74 | 3% | 1,756 | 10% |
| Most Common Diagnoses | | | | | | | | | | | | | | |
| Stressor & Adjustment Disorders | 603 | 23% | 573 | 25% | 1,199 | 24% | 317 | 21% | 575 | 21% | 576 | 20% | 4,102 | 26% |
| Depressive Disorders | 625 | 24% | 560 | 25% | 985 | 20% | 386 | 26% | 514 | 19% | 1,041 | 36% | 3,606 | 22% |
| Oppositional/Conduct Disorders | 410 | 16% | 334 | 15% | 850 | 17% | 119 | 8% | 577 | 21% | 286 | 10% | 2,107 | 13% |
| Anxiety Disorders | 302 | 12% | 259 | 11% | 476 | 10% | 246 | 16% | 310 | 11% | 304 | 11% | 2,007 | 12% |

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

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

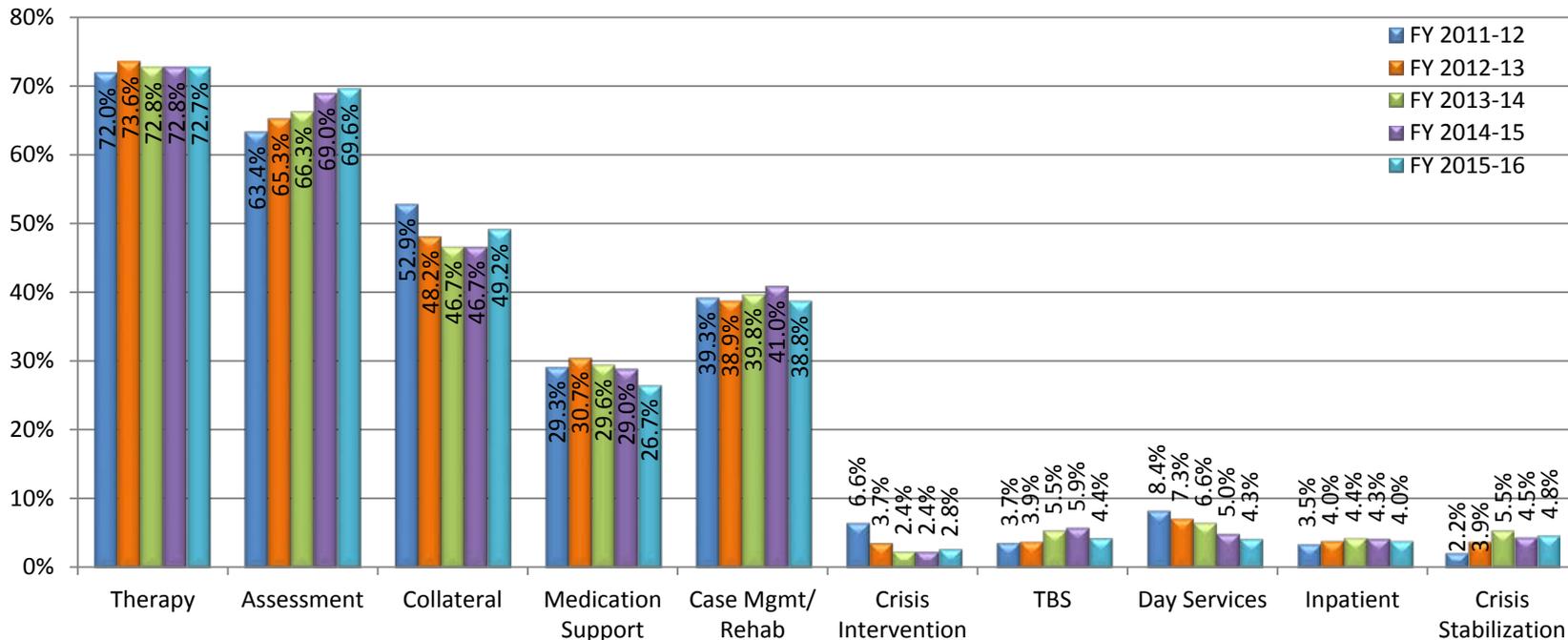
‡Fee-for-Service excluded.

What Kind of Services Are Being Used?

Types of Services Used

Children and youth may receive multiple services in the course of a year, and the amount and type of each service received can vary widely by client.

Percentage of Clients Receiving Each Type of Service*



- ❖ The percentage of clients receiving Day Services has declined steadily over the past five years.
- ❖ The percentage of clients receiving Assessment services has increased steadily over the past five 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.

What Kind of Services Are Being Used?

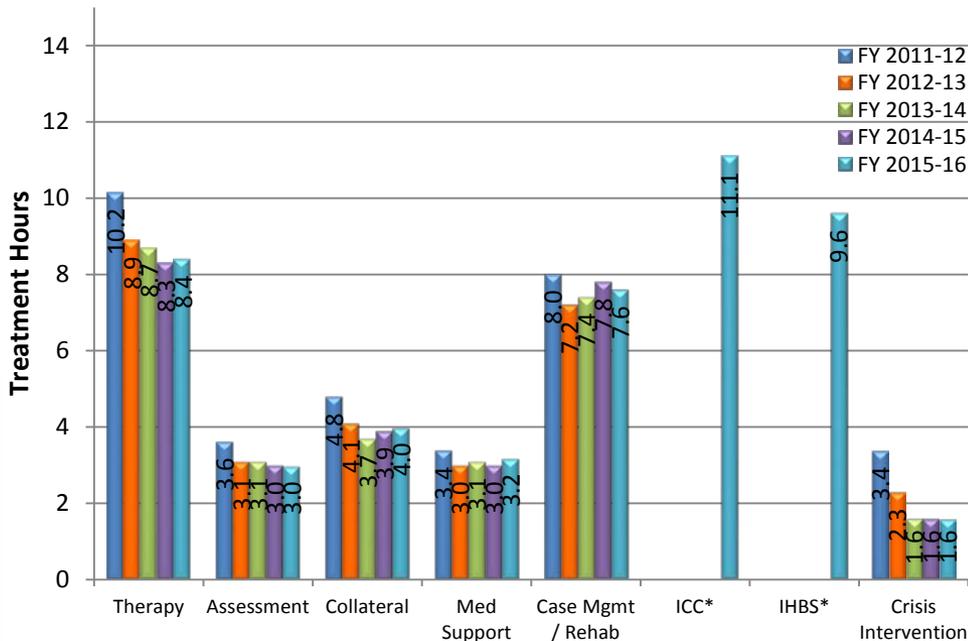
Outpatient Service Treatment Hours

On average, clients received **8.4 hours of Outpatient Therapy** in FY 2015-16, a slight increase from 8.3 hours in FY 2014-15. The overall decline in Outpatient Therapy treatment hours from FY 2011-12 is in alignment with CYFBHS implementation of the **Short-term Treatment Model (STTM)** in January 2010. Evidence of the effectiveness of this model can be found in the *CYFBHS Short-Term Model Evaluation* report, available upon request (see page 66 for contact information).

Service Treatment Days

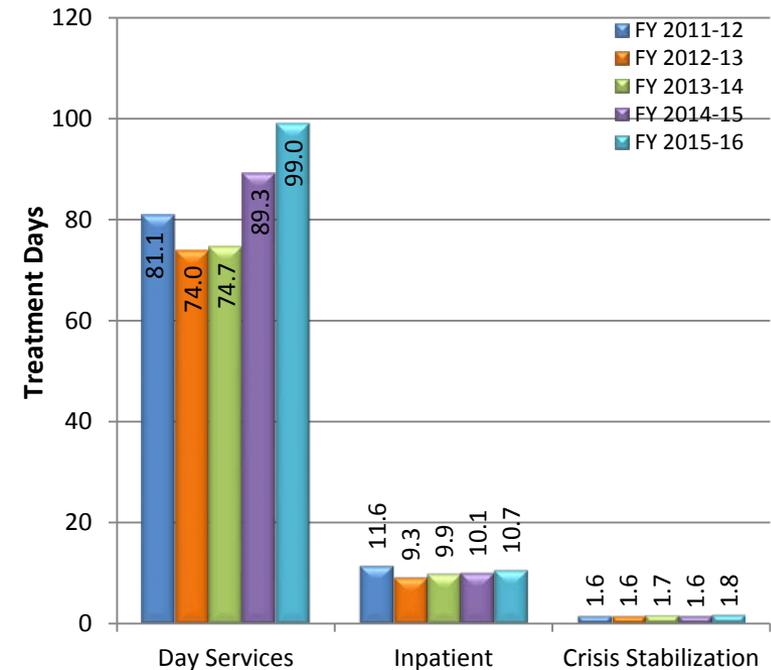
The mean number of **Day Services treatment days increased** nearly 10% as compared to FY 2014-15. Treatment days are calculated at the client level; since clients may have had more than one service episode during the fiscal year, the average may be higher than treatment days calculated at the episode level.

Average Number of Treatment Hours Per Client



*ICC and IHBS service hour reporting began in FY 2015-16.

Average Number of Treatment Days Per Client



What Kind of Services Are Being Used?

Service Use by Primary Diagnosis*

- ❖ Compared to CYFBHS systemwide averages, youth with **Depressive Disorder** diagnosis were more likely to receive Outpatient Crisis services, as well as Inpatient and Crisis Stabilization services.
- ❖ Youth with **ADHD** were twice as likely to receive Medication Support services, compared to the systemwide average.
- ❖ Youth with a **Schizophrenic Disorder** diagnosis were less likely than the CYFBHS average to receive Outpatient Therapy and Assessment services, and more likely to receive Case Management, Outpatient Crisis services, Inpatient, Day Treatment, and Crisis Stabilization Services.
- ❖ In FY 2015-16, 53% of youth with a Schizophrenic Disorder diagnosis received Outpatient Therapy services; this is a 12 percentage point decrease from 65% in FY 2014-15.

Service Use by Race/Ethnicity*

- ❖ Compared to CYFBHS systemwide averages, **Native American** clients were more likely to receive Inpatient Services and Medication Support.
- ❖ **African-American** clients were more likely than the CYFBHS average to use Case Management, Medication Support, and Day Treatment services.
- ❖ **White** clients were more likely to receive medication support than the systemwide youth average.
- ❖ **Asian/Pacific Islander** clients were less likely than the systemwide youth average to receive Outpatient Therapy services, and more likely to receive Crisis Stabilization services.
- ❖ In FY 2015-16, 5% of Asian/Pacific Islander youth received Inpatient services; this is a 4 percentage point decrease from 9% in FY 2014-15.

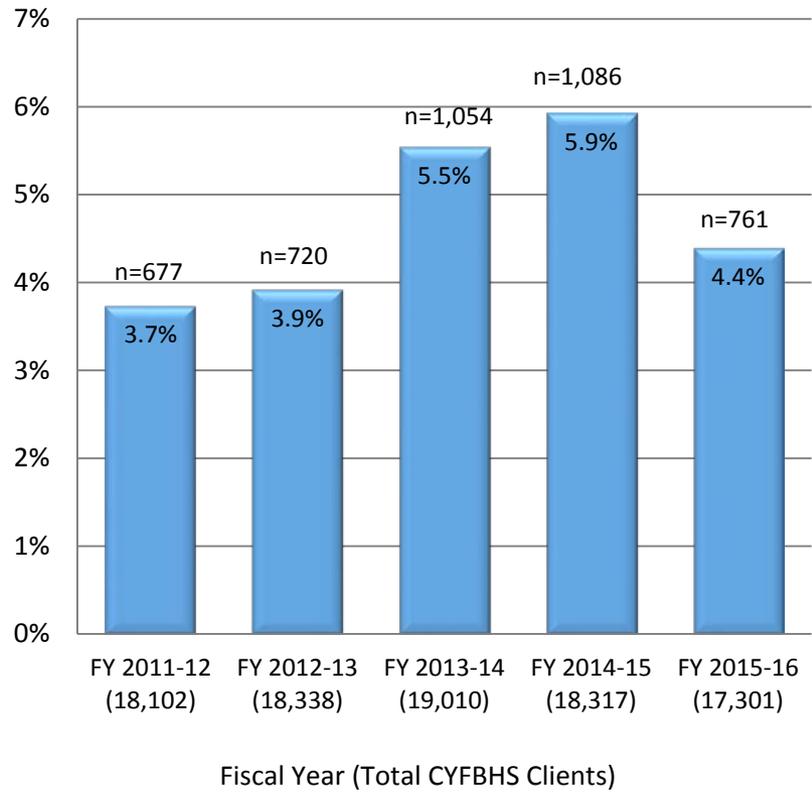
*Detailed service utilization tables available on request.

What Kind of Services Are Being Used?

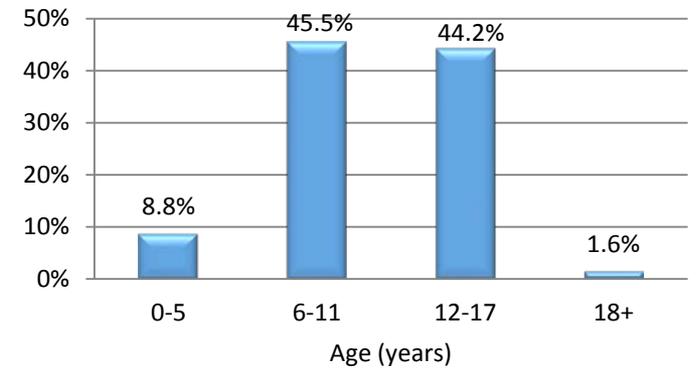
Therapeutic Behavioral Services (TBS)

TBS services are special intensive coaching services designed to help stabilize environments, or avoid the need for a more restrictive level of care. TBS services were initiated in CYFBHS in 2001. The proportion of clients receiving TBS services decreased from 5.9% (1,086) in FY 2014-15 to 4.4% (761) in FY 2015-16.

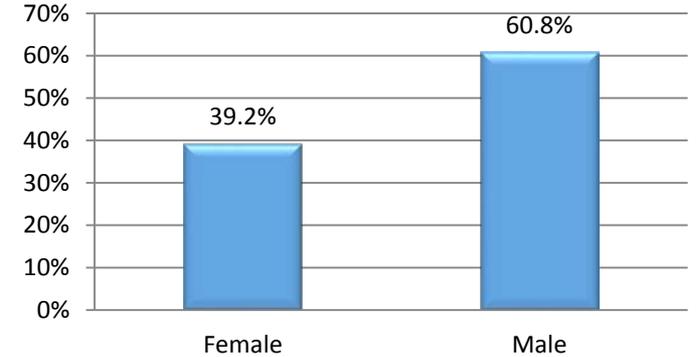
Clients Receiving TBS Services



TBS Client Age (N=761)*



TBS Client Gender (N=761)*

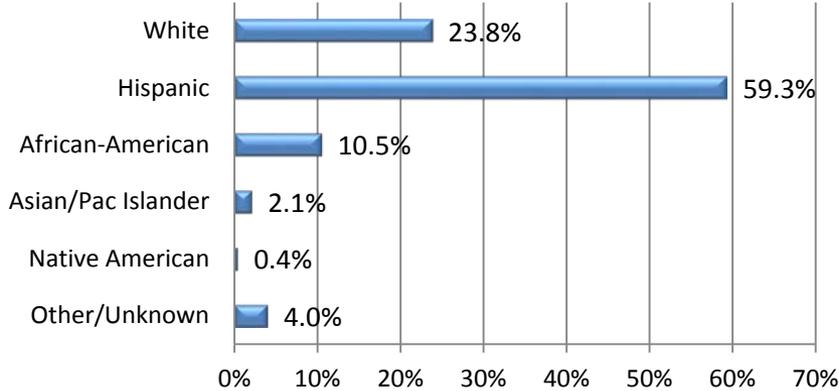


*Percentages calculated within the number of TBS clients served by CYFBHS in FY 2015-16.

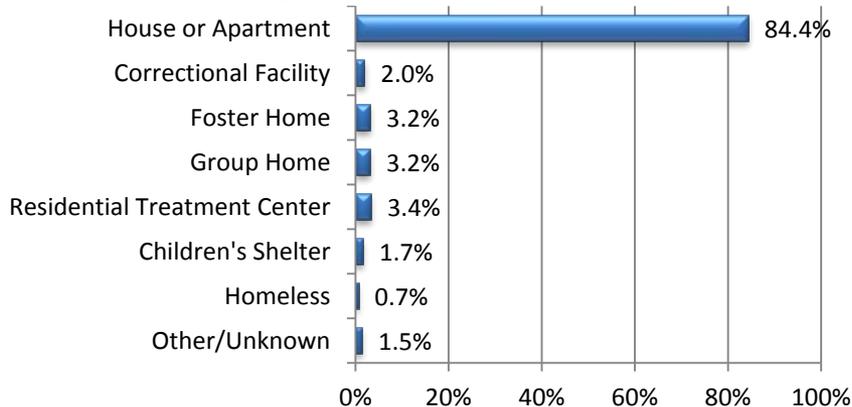
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Race/Ethnicity (N=761)*

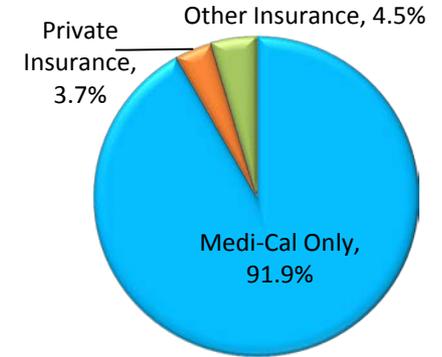


TBS Client Living Situation (N=761)*



TBS Client Health Care Coverage (N=761)*

699 (92%) clients who received TBS from CYFBHS during FY 2015-16 were covered exclusively by Medi-Cal.

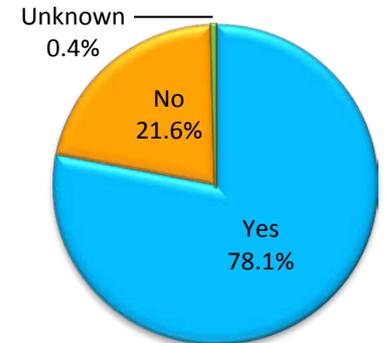


TBS Client Primary Care Physician (PCP) Status†

Of the 749 TBS clients for whom PCP status was known, 720 (96%) had a PCP in FY 2015-16.

TBS Client History of Trauma‡

Previous experience of **traumatic events** was reported by clinicians for 758 clients (almost 100% of the TBS population) in FY 2015-16; of these clients, 594 (51% of the 758 clients for whom this information was known) had a **history of trauma**.



*Percentages calculated within the number of TBS clients served by CYFBHS in FY 2015-16.

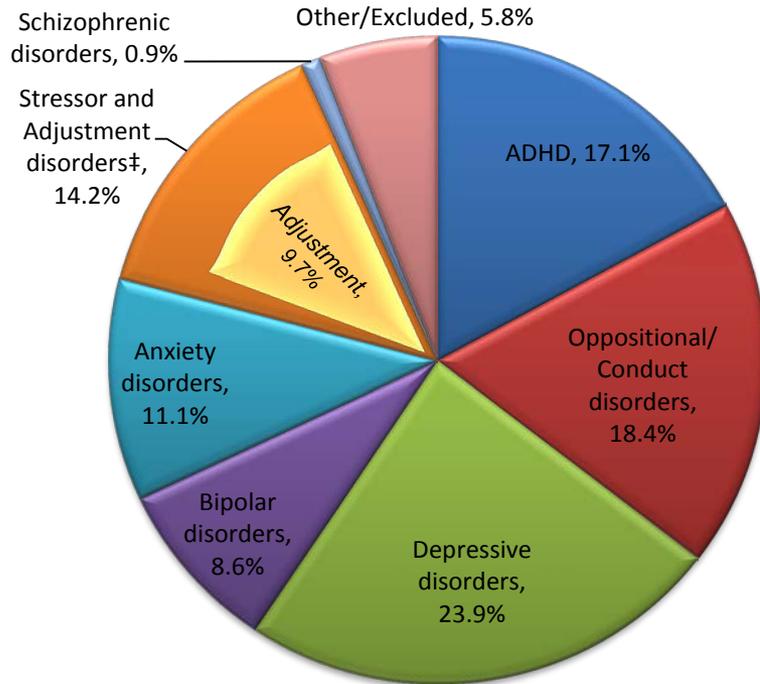
†Unknown category includes Fee-for-Service providers for whom data was not available.

What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Primary Diagnosis (N=756)*†

The most common diagnosis for TBS clients in FY 2015-16 was Depressive disorders. The rate of Stressor and Adjustment disorders was lower in the TBS population compared to the CYFBHS systemwide average.



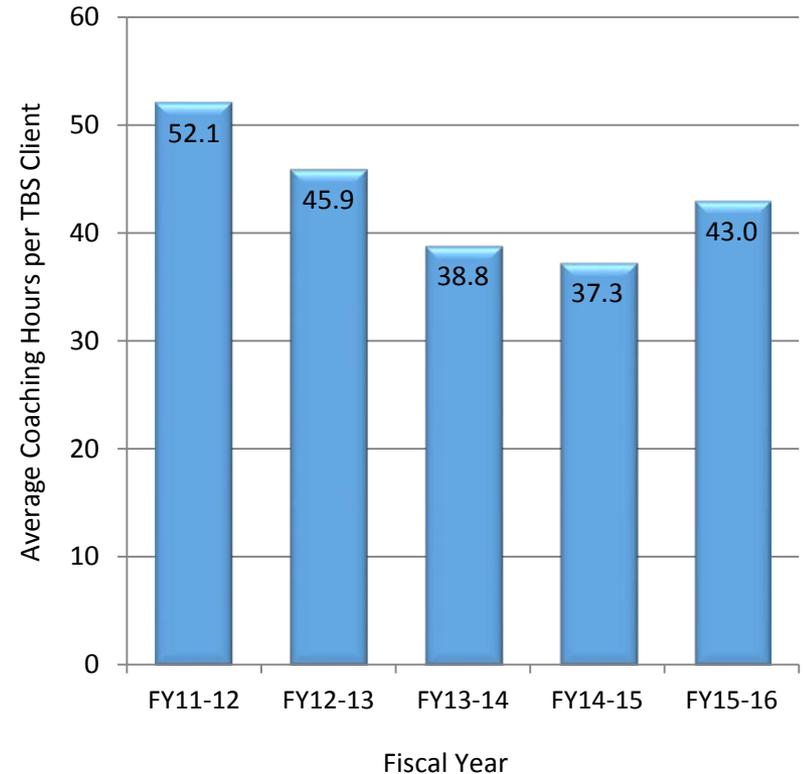
*Percentages calculated within the number of TBS clients served by CYFBHS in FY 2015-16.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2016; 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.

Coaching Hours for TBS Clients

The average number of coaching hours (identified by service code 47: "TBS Intervention") per TBS client increased from 37 hours in FY 2014-15 to 43 hours in FY 2015-16.

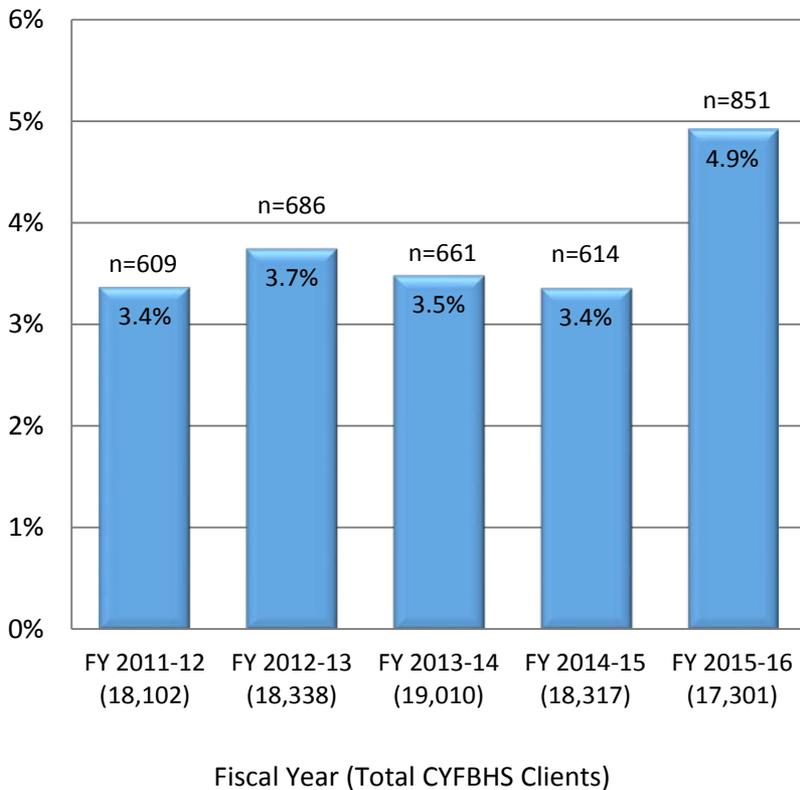


What Kind of Services Are Being Used?

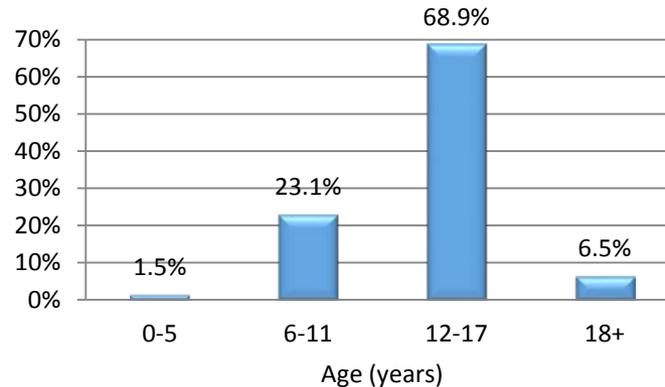
Wraparound Programs

Wraparound is a comprehensive and research-based treatment modality which partners mental health professionals with families for youth needing intensive supports in their home community. The proportion of clients receiving Wraparound services increased from 3.4% (614) in FY 2014-15 to 4.9% (851) in FY 2015-16.

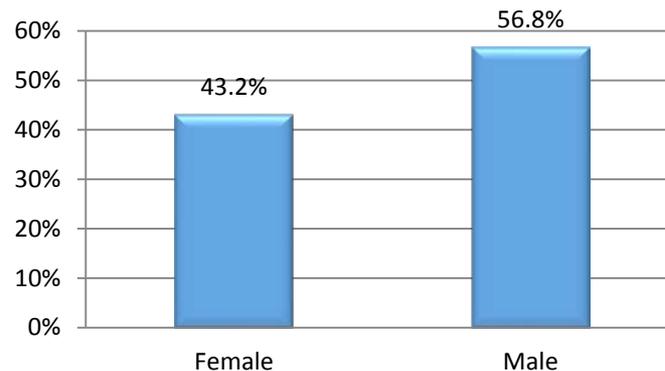
Clients in Wraparound Programs



Wraparound Program Clients Age (N=851)*



Wraparound Program Clients Gender (N=851)*

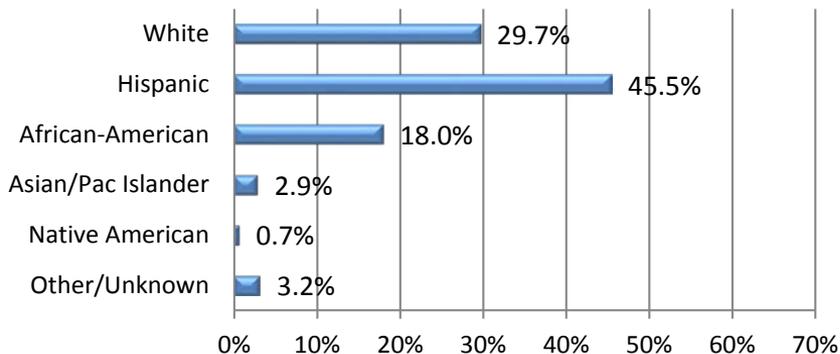


*Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2015-16.

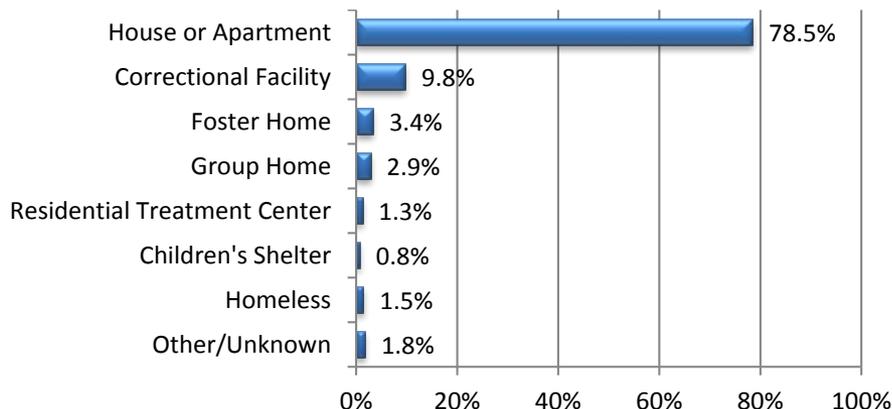
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=851)*

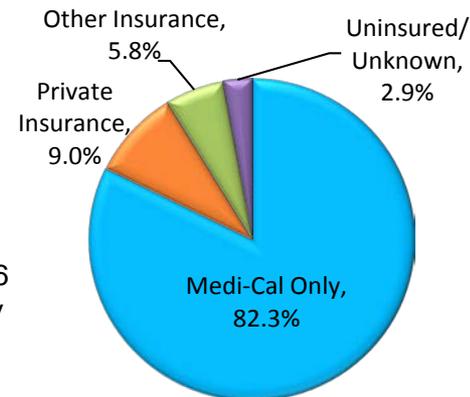


Wraparound Program Clients Living Situation (N=851)*



Wraparound Program Clients Health Care Coverage (N=851)*

700 (82%) clients who received services from Wraparound programs in CYFBHS during FY 2015-16 were covered exclusively by Medi-Cal.

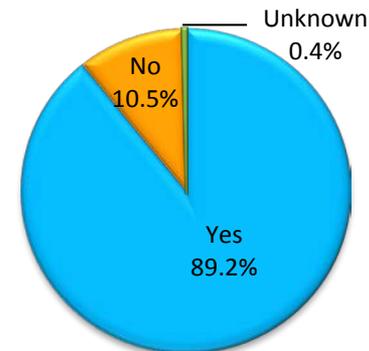


Wraparound Program Clients Primary Care Physician (PCP) Status†

Of the 838 clients in Wraparound programs for whom PCP status was known, 792 (95%) had a PCP in FY 2015-16.

Wraparound Program Clients History of Trauma‡

Previous experience of **traumatic events** was reported by clinicians for 848 clients (nearly 100% of the Wraparound population) in FY 2015-16; of these clients, 759 (90% of the 848 clients for whom this information was known) had a **history of trauma**.



*Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2015-16.

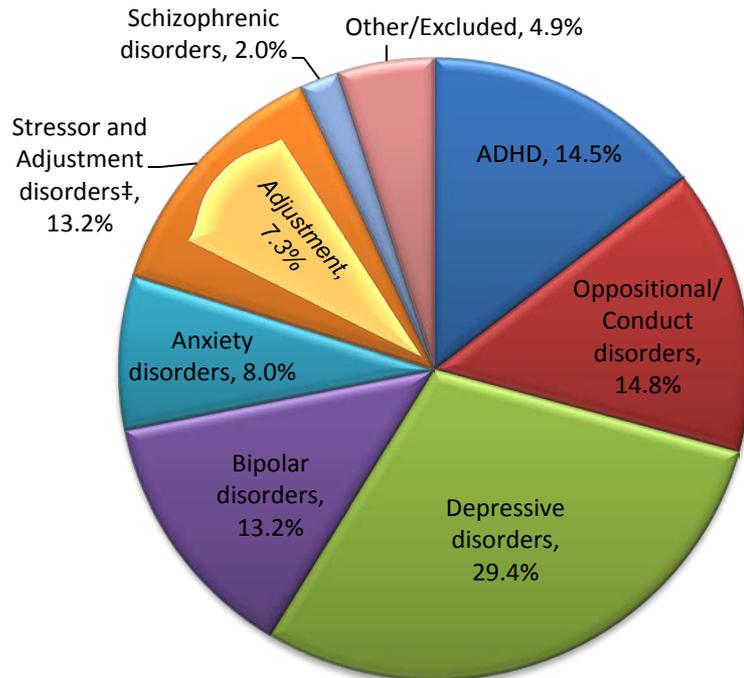
†Unknown category includes Fee-for-Service providers for whom data was not available.

What Kind of Services Are Being Used?

Wraparound Programs

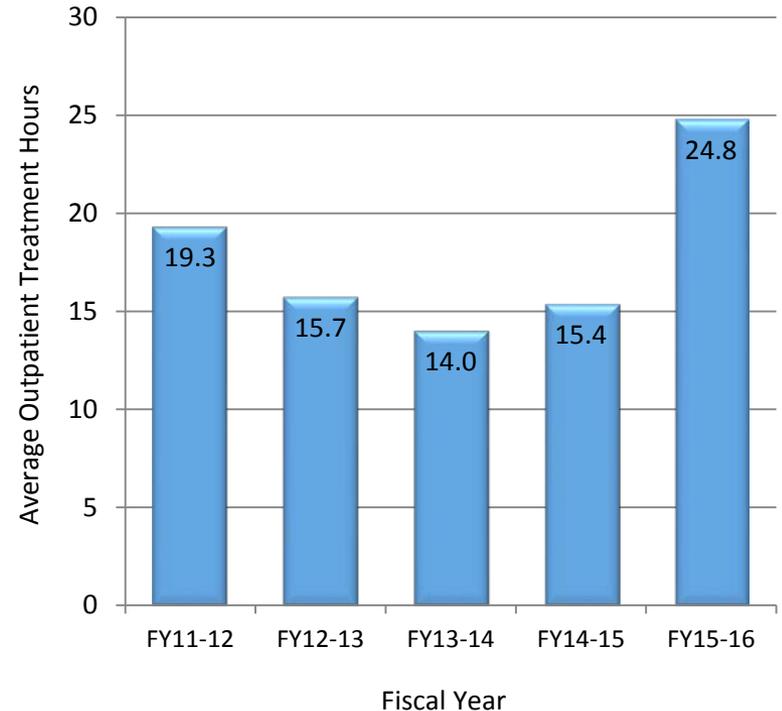
Wraparound Program Clients Primary Diagnosis (N=850)*†

The most common diagnosis for Wraparound Program clients in FY 2015-16 was Depressive disorders. The rate of Stressor and Adjustment disorders was lower in the Wraparound population compared to the CYFBHS systemwide average.



Outpatient Treatment Hours for Clients in Wraparound Programs

The average number of Outpatient hours for clients in Wraparound programs increased from 15 hours in FY 2014-15 to 25 hours in FY 2015-16.



*Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2015-16.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2016; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

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

What Kind of Services Are Being Used?

Pathways to Well-Being

The Core Practice Model

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

Continuum of Care Reform

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



What Kind of Services Are Being Used?

Pathways to Well-Being

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

Katie A. Class*†

| | FY 2013-14 | FY 2014-15 | FY 2015-16 |
|--|------------|------------|------------|
| Total Clients‡ with Open Assignment | 468 | 794 | 982 |

Katie A. Subclass*†

| | FY 2013-14 | FY 2014-15 | FY 2015-16 |
|--|------------|------------|------------|
| Total Clients‡ with Open Assignment | 795 | 1,027 | 973 |
| Pathways Service | | | |
| ICC | 628 | 795 | 748 |
| IHBS | 214 | 274 | 283 |

*Data Source: Pathways to Well-Being Enhanced Monthly YTD Report, CYFBHS

†Clients may be duplicated between Class and Subclass categories

‡Unduplicated Clients

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

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

As of 7/1/16, 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.

What Kind of Services Are Being Used?

Inpatient (IP) Services*

- ❖ 686 (4.0%) of 17,301 unduplicated clients used Inpatient services in FY 2015-16
 - A slight decrease from 787 (4.3%) of 18,317 in FY 2014-15
 - 86% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 61% Depressive disorders
 - 13% Bipolar disorders
 - 6% Stressor and Adjustment disorders
- ❖ 172 (25%) of 686 children receiving IP services had **more than one IP stay** in the fiscal year
 - An increase from 174 (22%) of 787 in FY 2014-15

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

Emergency Screening Unit (ESU) Services

- ❖ 846 (4.9%) of 17,301 unduplicated clients received services from ESU in FY 2015-16
 - A slight increase from 827 (4.5%) of 18,317 in FY 2014-15
 - 81% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 56% Depressive disorders
 - 14% Stressor and Adjustment disorders
 - 9% Bipolar disorders
- ❖ 141 (17%) of 846 children receiving services from ESU had **more than one ESU visit** in the fiscal year
 - No change from 139 (17%) of 827 in FY 2014-15

Crisis Outpatient Services

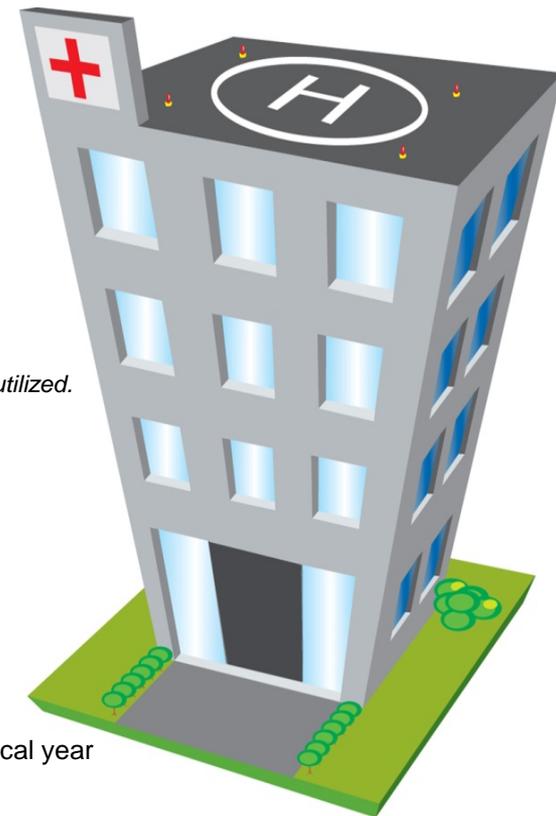
- ❖ 31 (<1%) of 17,301 unduplicated clients received Crisis Outpatient services in FY 2015-16
 - Crisis Outpatient services were comprised primarily of emergency medication management

Diversion†

- ❖ Of 1,139 ESU visits‡ in FY 2015-16, 922 (81%) were diverted from an IP admission within 24 hours.

†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (Client Services After Psychiatric Hospital Discharge Report (Nov 2016))

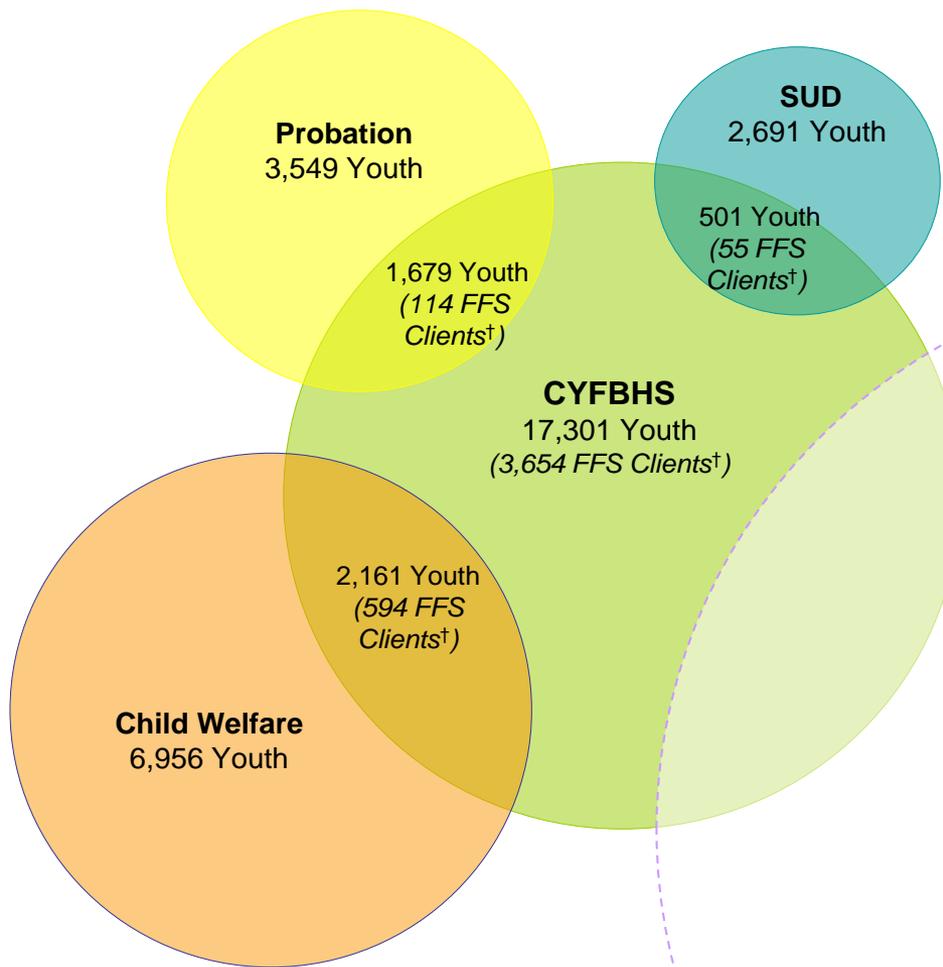
‡ESU visits include duplicated clients



What Kind of Services Are Being Used?

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

- ❖ The percentage of CYFBHS clients receiving services from the Child Welfare and Substance Use Disorder Treatment (SUD) sectors decreased in FY 2015-16;
- ❖ The percentage of CYFBHS clients receiving services from the Probation sector slightly increased.



*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.

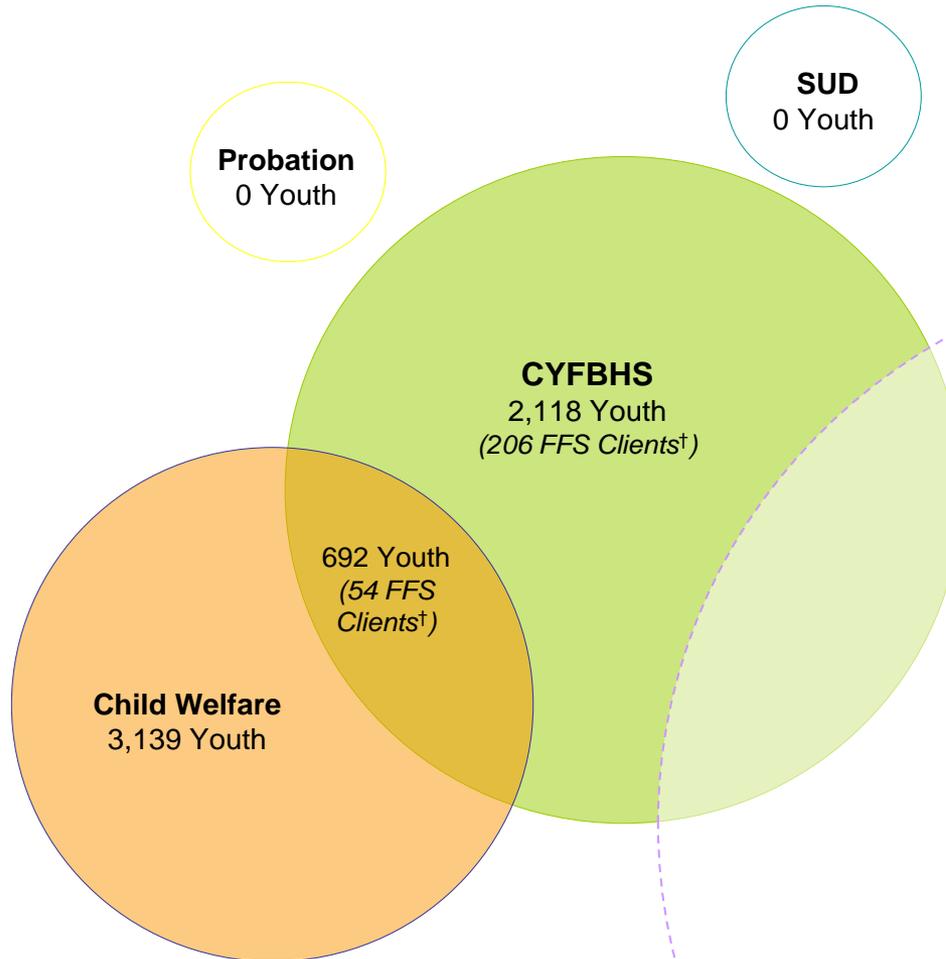
Special Education data were not available for FY 2015-16

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 0-5

❖ Among CYFBHS clients ages 0-5 who also received services from another public sector, the largest proportion received services from the Child Welfare sector.

❖ No age 0-5 CYFBHS clients were open to the Probation or SUD sectors.



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

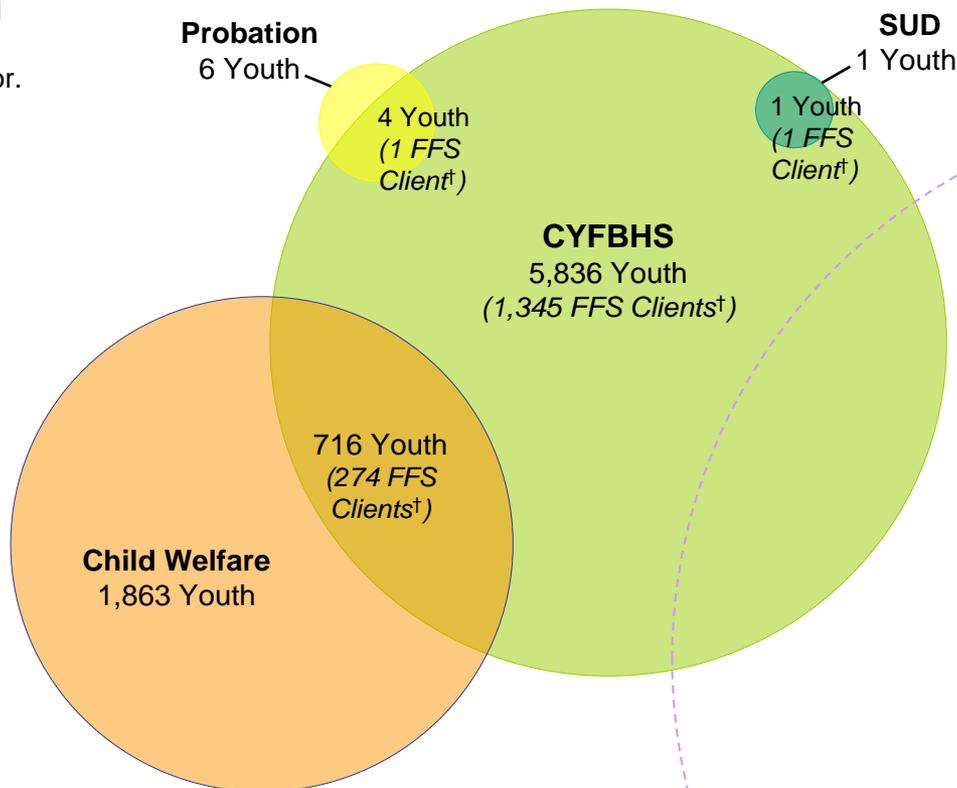
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

Special Education data were not available for FY 2015-16

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 6-11

❖ Among CYFBHS clients ages 6-11 who also received services from another public sector, the largest proportion received services from the Child Welfare sector.



Special Education data were not available for FY 2015-16

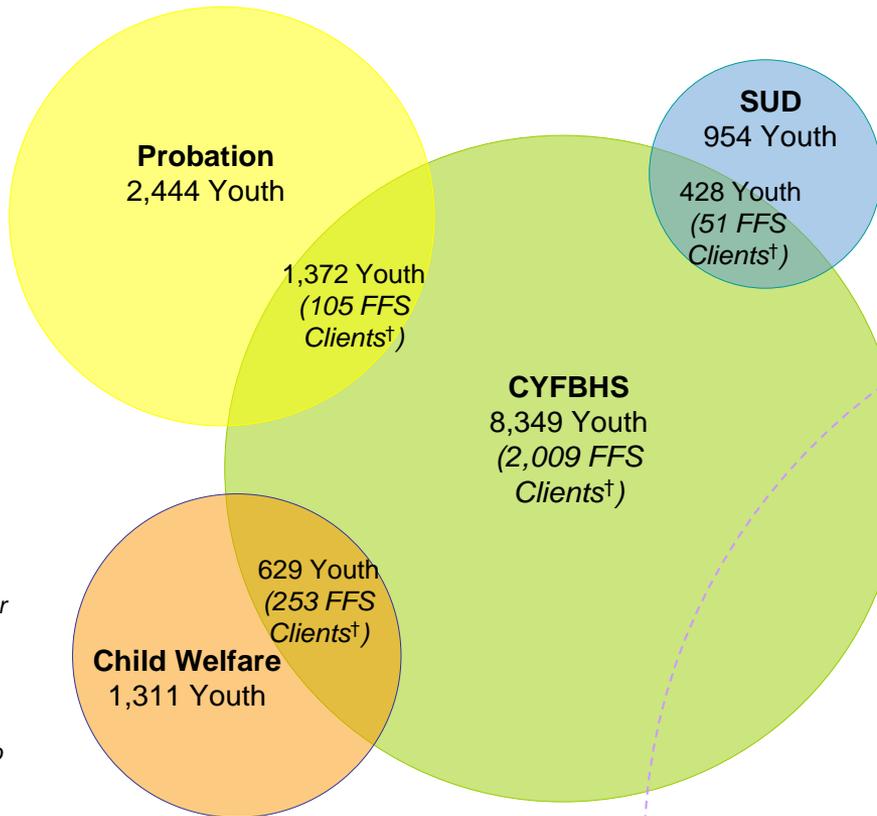
*Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.

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

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 12-17

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



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

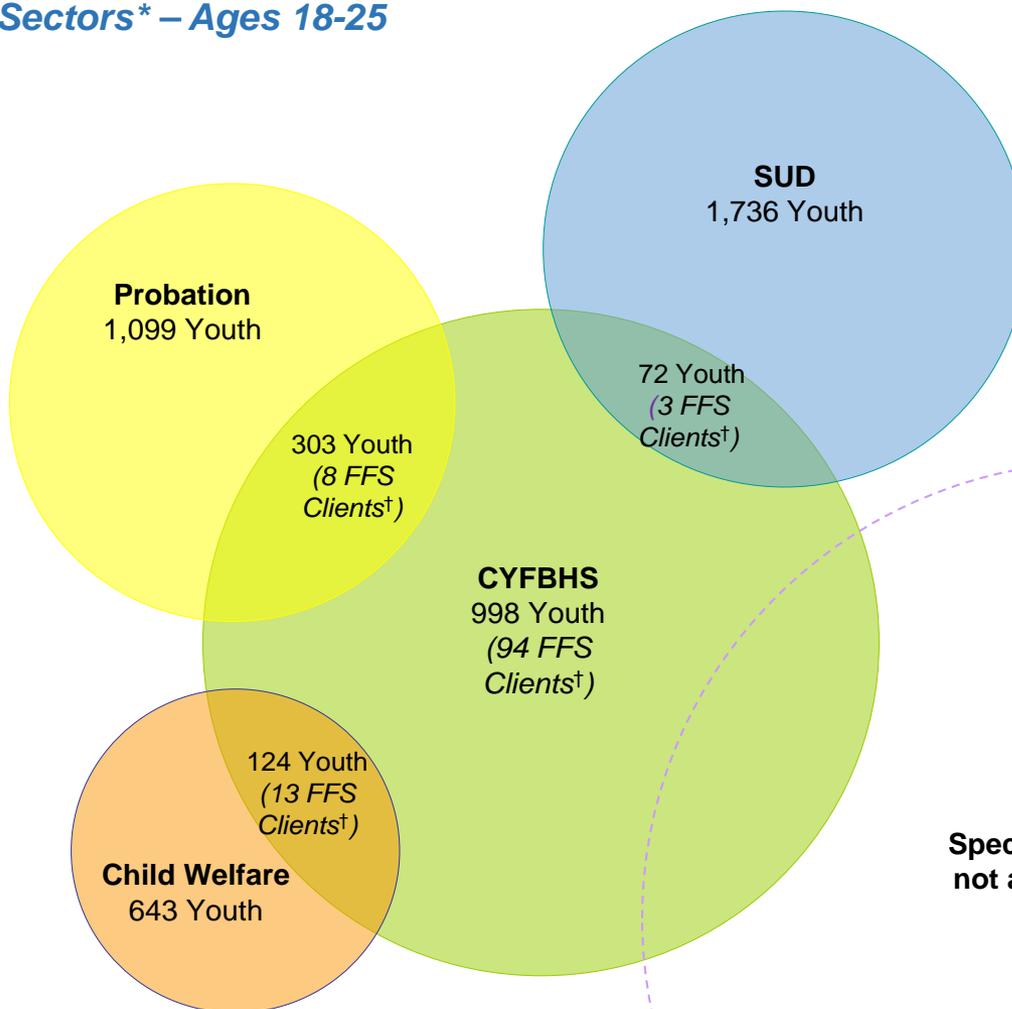
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

Special Education data were not available for FY 2015-16

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 18-25

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



Special Education data were not available for FY 2015-16

*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?

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

Compared to the total youth average in the CYFBHS system, youth who received services from **CYFBHS and any other public sector** in FY 2015-16 were more likely to be male, and were **three times as likely to receive Day Services**. Special Education service data were unavailable for FY 2015-16.

CYFBHS and Child Welfare Services (CWS)

- ❖ Youth who received services from both CYFBHS and **Child Welfare Services (CWS)** were three times as likely to be in the 0-5 age range than the overall CYFBHS system, were more likely to be female, and were less likely to be Hispanic, as compared to the CYFBHS average. They were nearly twice as likely to have a **Stressor and Adjustment disorder** as their primary diagnosis. On average, these youth received fewer Outpatient Therapy Services but more **Assessment Services** than overall youth in the system. CYFBHS-CWS youth were more than three times as likely to receive **Day Services** than the total youth system average. CYFBHS-CWS use of Case Management/Rehab Services (35%) and TBS Services (5%) decreased from FY 2014-15 (54% and 15%, respectively).

CYFBHS and Probation

- ❖ Youth who received services from both CYFBHS and **Probation** were most likely to be over the age of 12, male, and African-American, as compared to the CYFBHS system average. They were more likely to have an **Oppositional/Conduct disorder** as their primary diagnosis and were five times as likely to have a **dual diagnosis**. They were more likely to receive **Outpatient Case Management and Medication Support** services than the total youth system average, and less likely to receive Assessment or Collateral services. Additionally, these youth were more likely to receive **Day Services** but received less time on average in Day Services. More CYFBHS-Probation clients had a primary diagnosis of Adjustment/Stressor disorder (17%) in FY 2015-16, as compared to 12% in FY 2014-15.

CYFBHS and Substance Use Disorder (SUD) services

- ❖ Youth who received services from both CYFBHS and **Substance Use Disorder Services** were most likely to be over the age of 12, male, and Hispanic. Compared to the CYFBHS system average, CYFBHS-SUD youth were more likely to have a primary diagnosis of **Oppositional/Conduct disorder**; they were less likely on average to have ADHD or Stressor/Adjustment disorder as their primary diagnosis. These youth were more likely to receive **Case Management, Medication Support, and Day Services**, and less likely to receive Assessment or Collateral services. CYFBHS-SUD use of Day Services (14%) decreased from FY 2014-15 (24%).

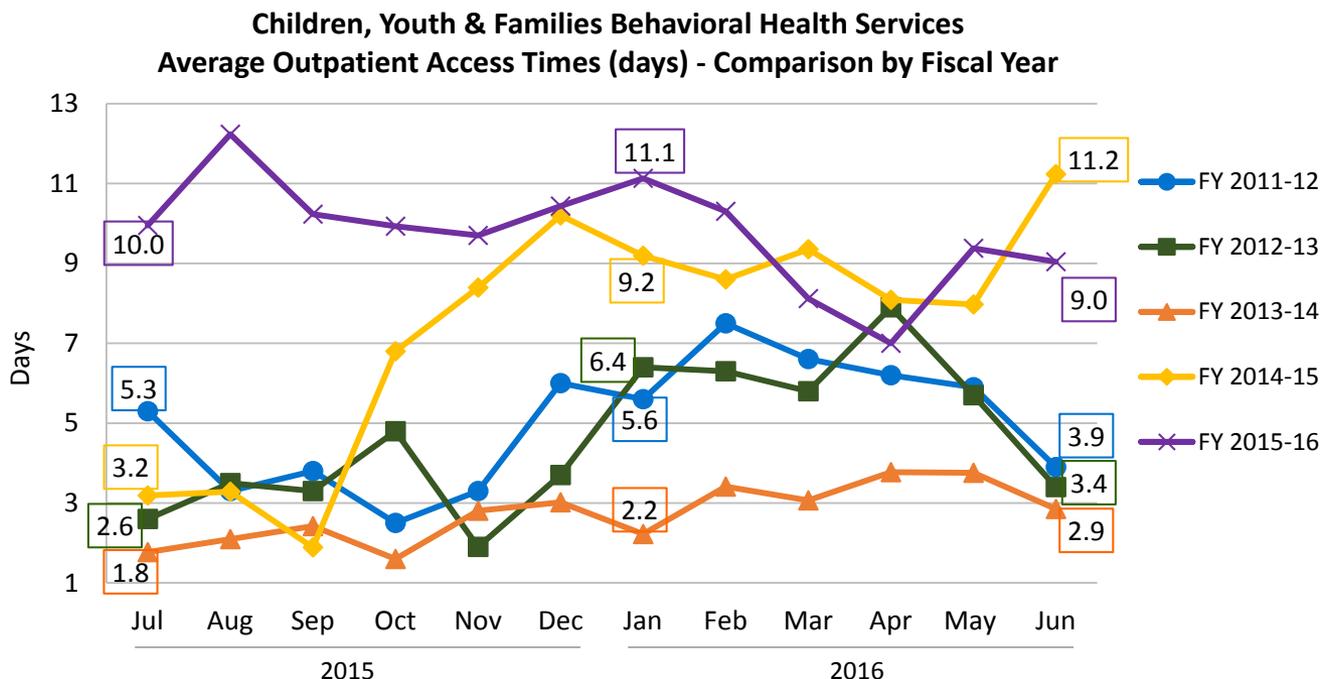
**Detailed service utilization tables are presented in the Report Appendices, available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.*

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 2015-16 children waited an average of **9.8 days** to access an outpatient appointment; an increase from the 7.3-day average wait reported in FY 2014-15. Average psychiatric assessment appointment access time was **22.9 days** in FY 2015-16.



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

Are Clients Getting Better?

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

Outcome Measures

- ❖ The Child and Adolescent Measurement System (CAMS), a measure of youth emotional and behavioral symptoms completed by youth and/or caregivers
- ❖ The Eyberg Child Behavior Inventory (ECBI), a measure of behavioral problems completed by caregivers of children enrolled in specialized programs for very young children
- ❖ The Children's Functional Assessment Rating Scale (CFARS), a measure of functioning completed by clinicians
- ❖ Inpatient and Emergency Screening Unit Readmission Rates



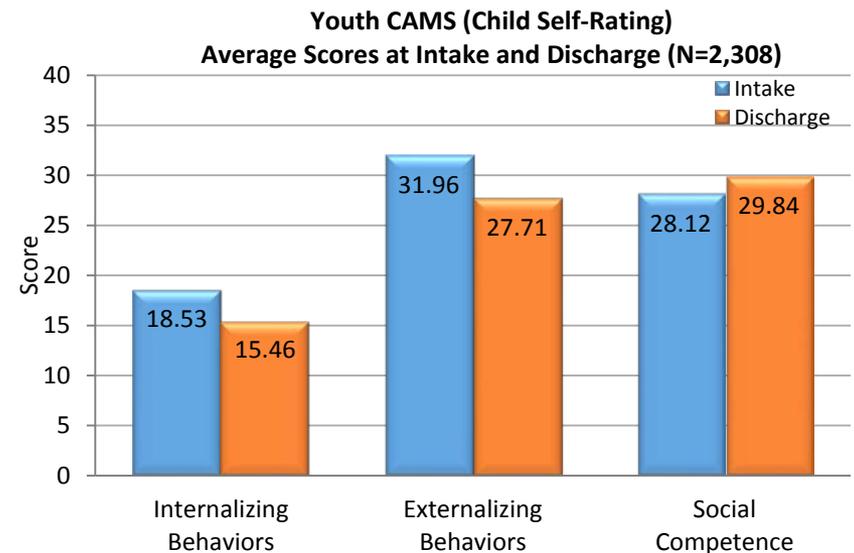
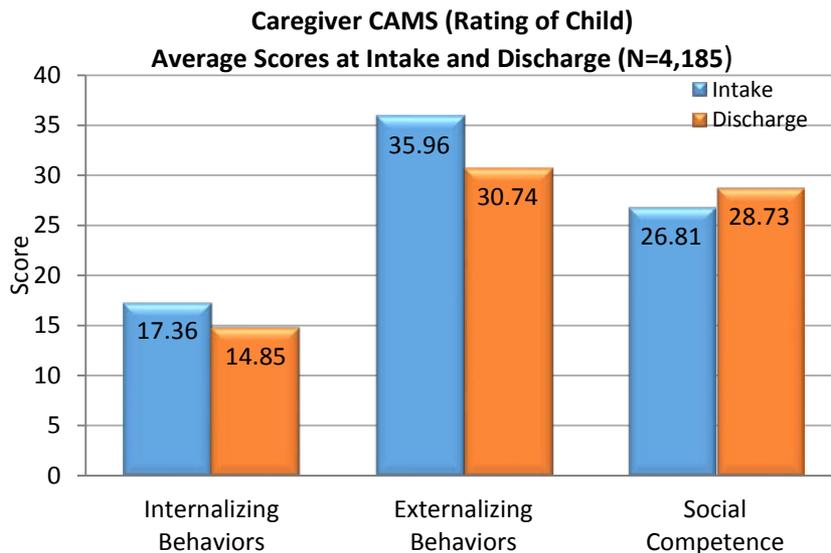
Are Clients Getting Better?

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

The CAMS measures a child's social competency, behavioral and emotional problems. In FY 2015-16, the CAMS was administered to all parents/caregivers, and to youth ages 11 and older, at intake, at utilization management/review (UM/UR), and at discharge. The CAMS was not administered in any inpatient setting.

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

CAMS scores were evaluated for youth discharged from services in FY 2015-16 who were in services at least two months and had less than two years between intake and discharge assessment, and who had both intake and discharge scores for all three scales (N = 4,185 Parent CAMS and N = 2,308 Youth CAMS). Scores revealed improvement in youth social competency, behavioral and emotional problems following receipt of CYFBHS services.



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

Are Clients Getting Better?

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

The ECBI assesses conduct problems, such as noncompliance, defiance, aggression, and impulsivity. In 2015-16, the ECBI was used in our system for children primarily between the ages of 2-5[†] who were enrolled in specialized programs for very young children. It is completed by the child's caregiver at intake, at utilization management/review (UM/UR), and at discharge. The ECBI was not administered in any inpatient setting.

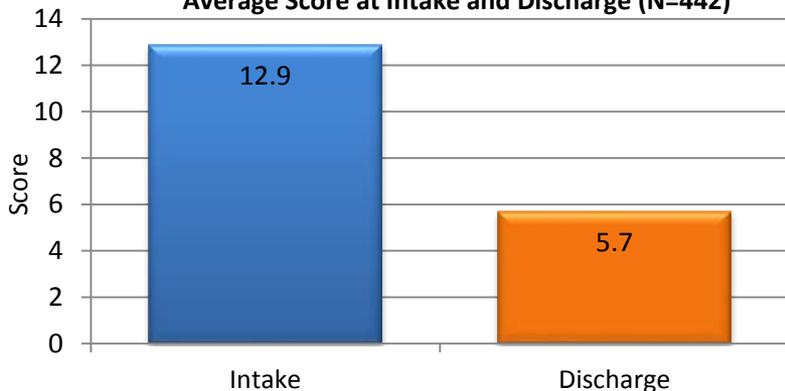
ECBI scores were evaluated for youth discharged from services in FY 2015-16 who had less than two years between intake and discharge assessment, and who had intake and discharge scores for both the Problem and the Intensity scale (N=442).

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



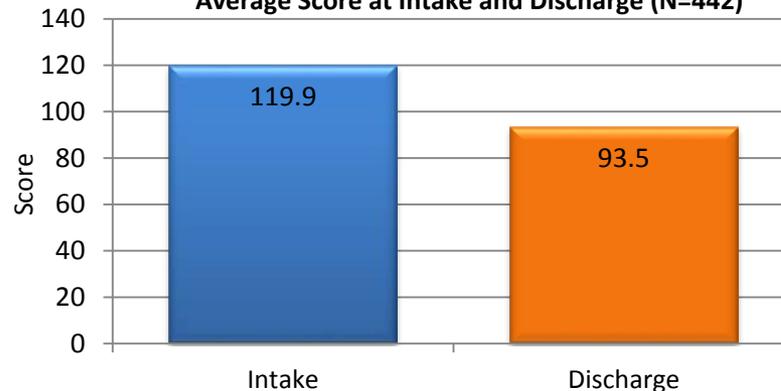
ECBI Problem Scale

Average Score at Intake and Discharge (N=442)



ECBI Intensity Scale

Average Score at Intake and Discharge (N=442)



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

†A minority (18%) of clients were ages 6+ years at intake.

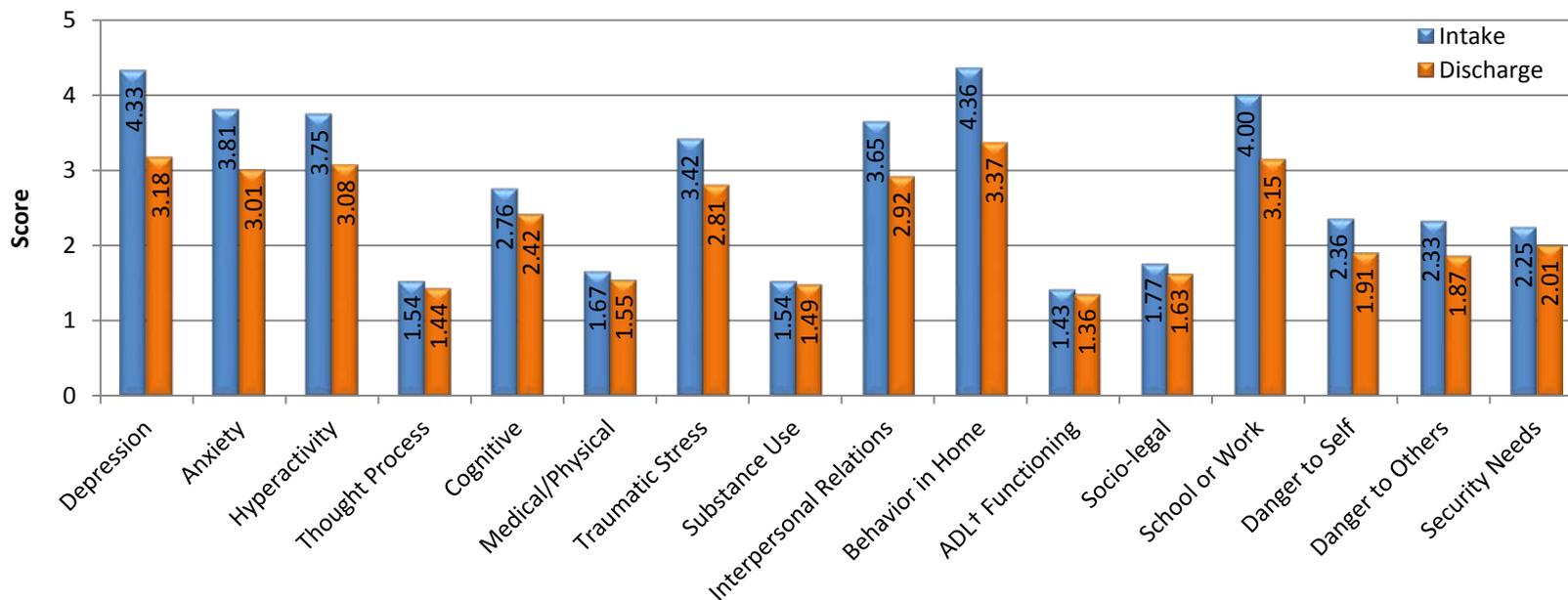
Are Clients Getting Better?

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

The Children’s Functional Assessment Rating Scale (CFARS) measures level of functioning on a scale of 1 to 9. In FY 2015-16, the CFARS was completed by clinicians at intake, at utilization management/review (UM/UR), and at discharge. The CFARS was not administered in any inpatient setting.

CFARS scores were evaluated for youth discharged from services in FY 2015-16 who were in services at least three weeks and had less than two years between intake and discharge assessment, and had both intake and discharge scores for every CFARS index (N=8,212).

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



*CFARS pre- to post- outcomes assessment comparisons were statistically significant. Effect sizes were variable depending on the measure item, ranging from no clinical change (e.g., ADL) to a moderate clinical change (e.g., Depression) in functioning.

†Activities of Daily Living

Are Clients Getting Better?

Readmission to High-Level Services

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

Inpatient (IP) Services*

- ❖ 172 (25%) of the 686 clients who received IP care had more than one IP episode (ranging from 2 to 11) in FY 2015-16.
 - Of the 172 clients with more than one IP episode, 66 (38%) were re-admitted to IP services within 30 days of the previous IP discharge—an **increase** from 36% (62 of 174) in FY 2014-15.

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

Emergency Screening Unit (ESU) Services

- ❖ 141 (17%) of the 846 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 7) in FY 2015-16.
 - Of the 141 clients with more than one ESU episode, 68 (48%) were re-admitted to services at the ESU within 30 days of the previous ESU discharge—a **decrease** from 54% (75 of 139) in FY 2014-15.

Diversion†

- ❖ Of 1,139 ESU visits‡ in FY 2015-16, 922 (81%) were diverted from an IP admission within 24 hours.

†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (Client Services After Psychiatric Hospital Discharge Report (Nov 2016))

‡ESU visits include duplicated clients



Are Clients Satisfied With Services?

The Youth Services Survey (YSS)—Satisfaction By Domain

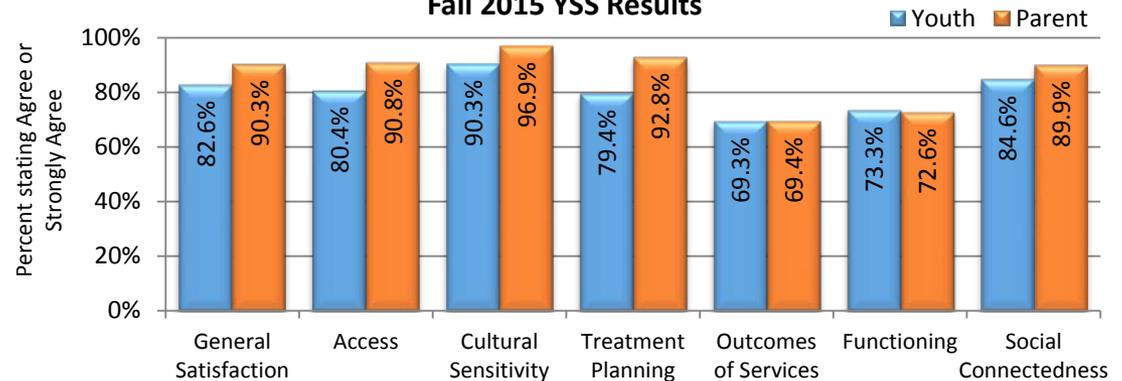
The Youth Services Survey (YSS) is a biennial state-mandated survey; in FY 2015-16 it was administered to clients during two 1-week periods: the first in November 2015 (3,385 completed surveys submitted) and the second in May 2016 (3,449 completed surveys submitted). The YSS is administered to all clients, ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. Youth and their parents reported their degree of satisfaction with mental health services received.

YSS Satisfaction questions were grouped into seven domains:

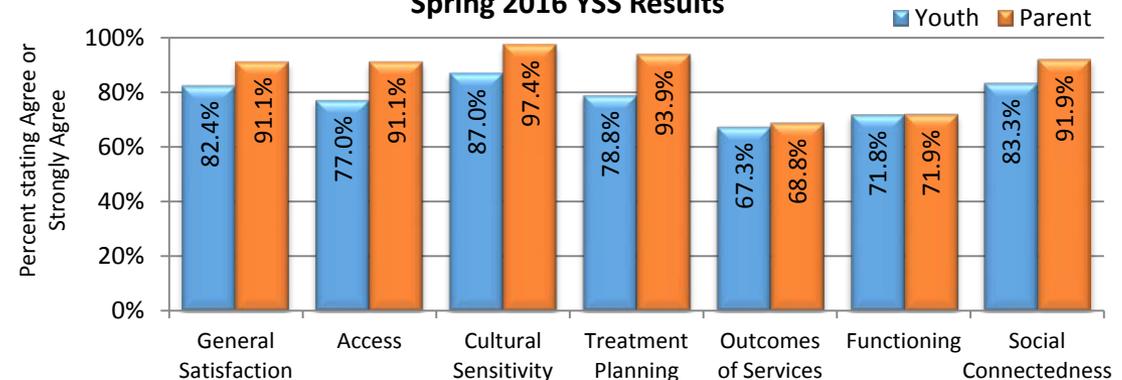
1. General Satisfaction
2. Perception of Access
3. Perception of Cultural Sensitivity
4. Perception of Participation in Treatment Planning
5. Perception of Outcomes of Services
6. Perception of Functioning
7. Perception of Social Connectedness

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

Fall 2015 YSS Results



Spring 2016 YSS Results

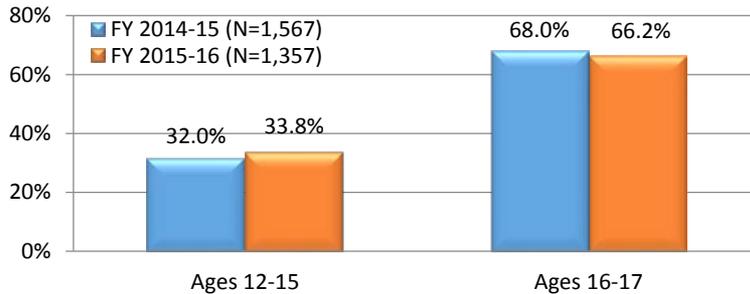


Full YSS Reports are available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.

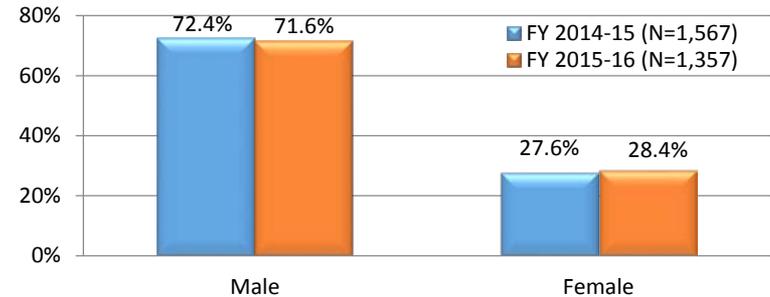
Substance Use Disorder Treatment (SUD) – Youth

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

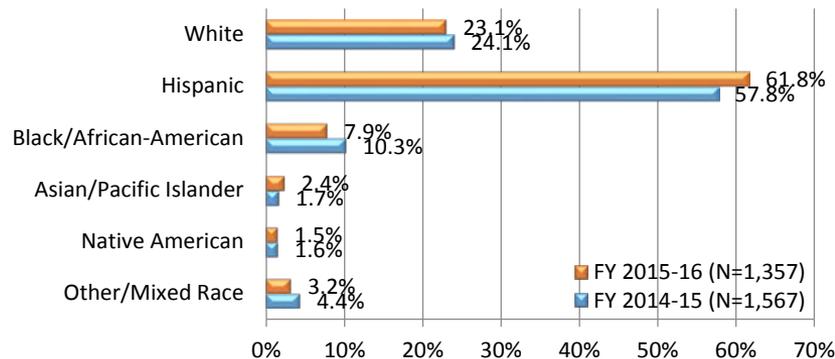
SUD Youth Client Age*†‡



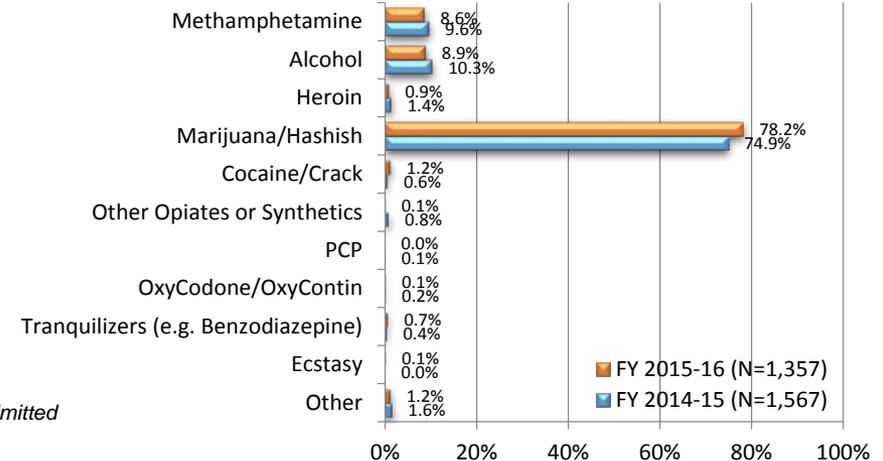
SUD Youth Client Gender*†‡



SUD Youth Client Race and Ethnicity*†‡



SUD Youth Client Primary Drug of Choice*†‡



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

†SUD client demographics are reported here for youth ages 12-17.

‡Data Source: SanWITS

Substance Use Disorder Treatment (SUD) – Youth

*Other SUD Services for Teens**

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

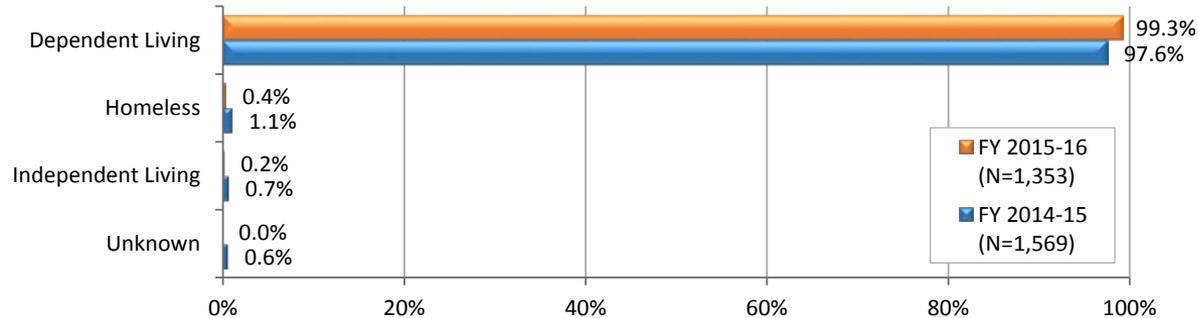


**Data for these SUD services are not captured in this report. For more information on SUD services in the System of Care, please refer to the Behavioral Health Outcomes Report at http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/BHS%20Outcomes%20Report_FINAL_102115.pdf.*

Substance Use Disorder Treatment (SUD)

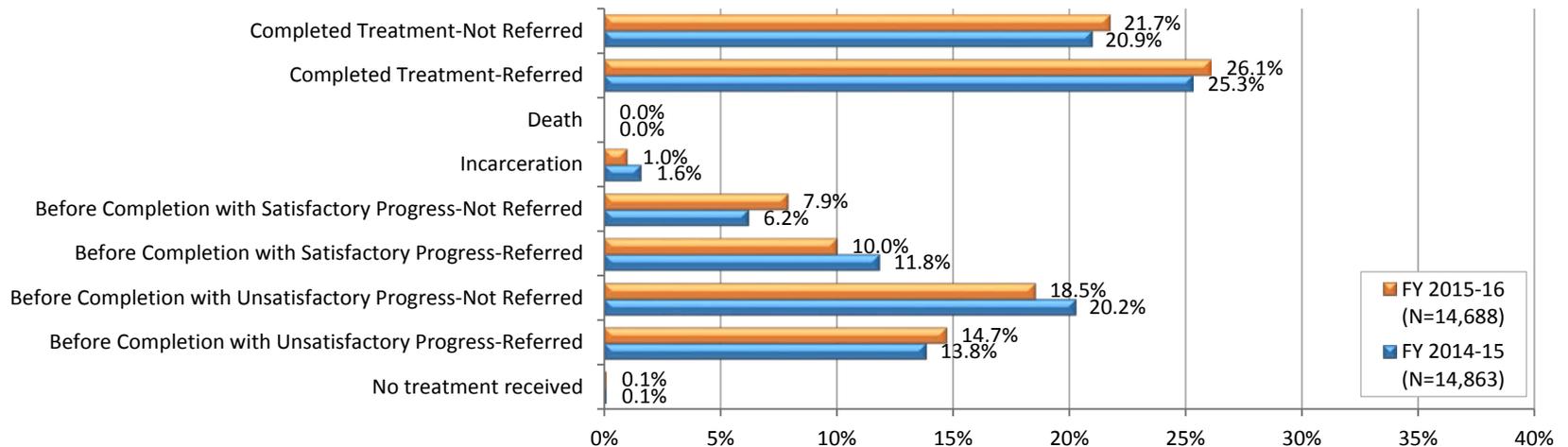
SUD Youth Client Living Situation*†

Less than 1% of SUD clients ages 12-17 were homeless during FY 2015-16.



SUD Adult/Youth Type of Discharge (N=14,863)*†‡

Almost half (48%) of SUD clients completed treatment at discharge in FY 2015-16.



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

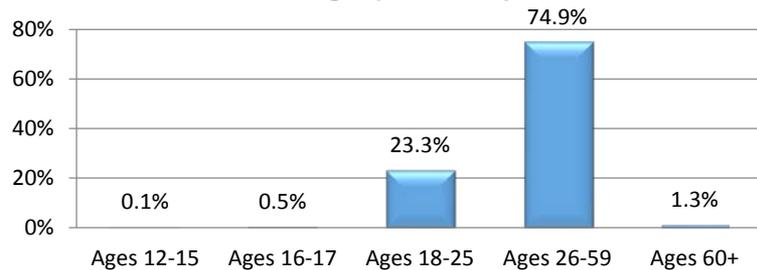
†Data Source: SanWITS

‡SUD discharge type is not broken down by age; therefore youth and adult data are reported together.

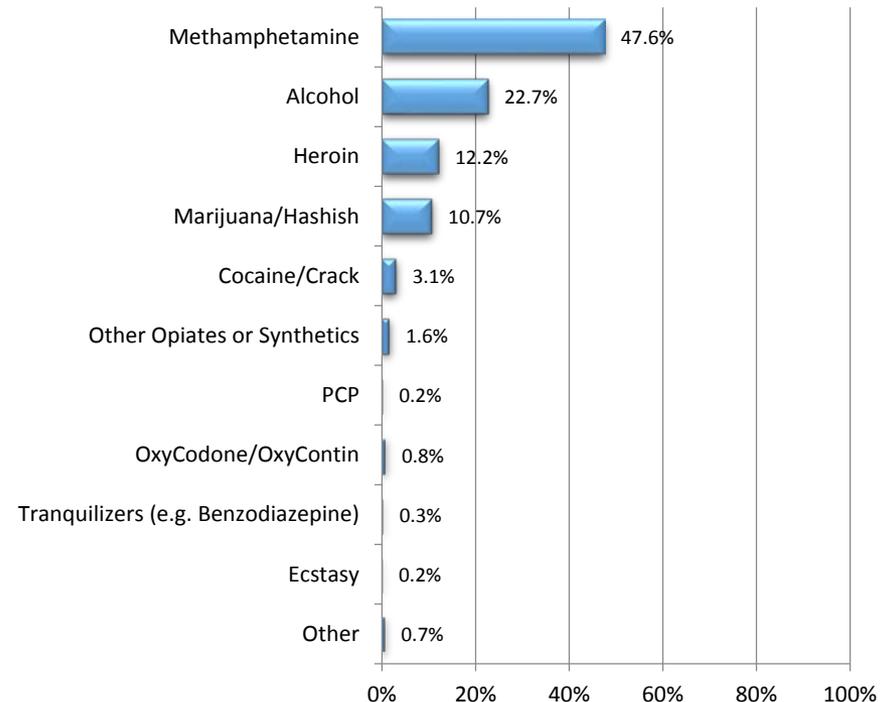
Substance Use Disorder Treatment (SUD) Perinatal Services

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

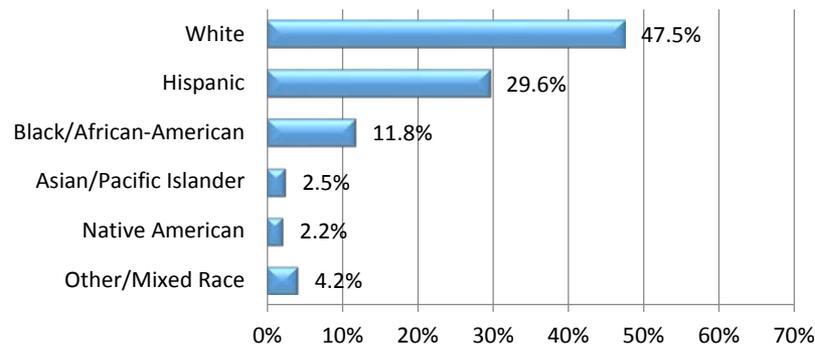
Perinatal SUD Client Age (N=1,759)*



Perinatal SUD Client Primary Drug of Choice (N=1,759)*



Perinatal SUD Client Race/Ethnicity (N=1,759)*

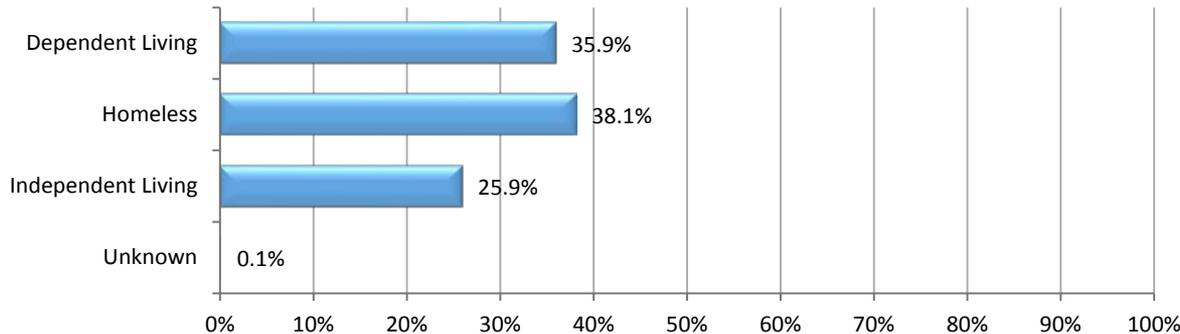


*Data Source: SanWITS

Substance Use Disorder Treatment (SUD) Perinatal Services

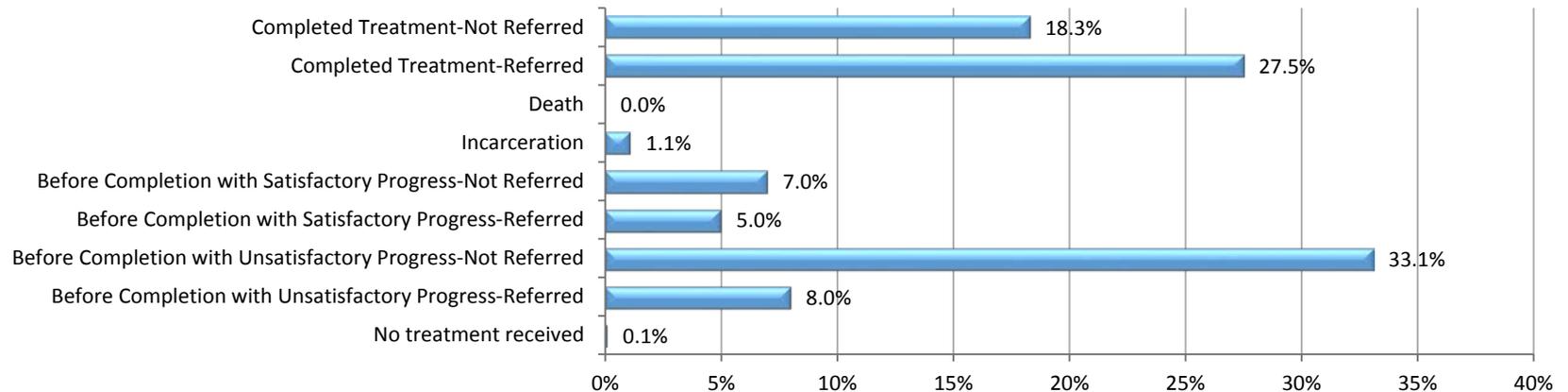
Perinatal SUD Client Living Situation (N=1,759)*

38% of Perinatal SUD clients were homeless during FY 2015-16.



Perinatal SUD Client Type of Discharge (N=2,255)*†

One-third of Perinatal SUD clients discharged before completion with unsatisfactory progress (not referred) in FY 2015-16.



*Data Source: SanWITS

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

Prevention & Early Intervention (PEI)

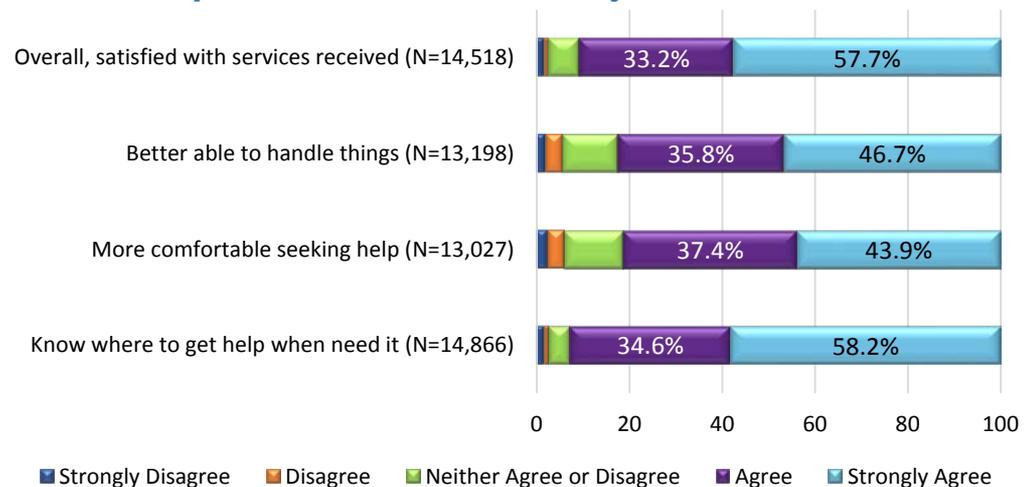
PEI Participant Demographics

| Age (years) | N | % | ▲ |
|----------------------------|---------------|-----|-----|
| 0-5 | 2,499 | 8% | 0% |
| 6-11 | 14,795 | 45% | 15% |
| 12-17 | 5,952 | 18% | 13% |
| 18-24 | 874 | 3% | 1% |
| 25-59 | 5,748 | 18% | 0% |
| 60 and older | 2,499 | 8% | 0% |
| Unknown/Missing | 14,795 | 45% | 15% |
| Gender | | | |
| Female | 17,361 | 53% | -2% |
| Male | 15,086 | 46% | 4% |
| Other/Unknown/Missing | 363 | 1% | -2% |
| Race (Census Categories) | | | |
| White | 7,723 | 24% | 3% |
| Black/African-American | 1,348 | 4% | 0% |
| Asian/Pacific Islander | 1,154 | 4% | 0% |
| Hispanic | 14,532 | 44% | -5% |
| Native American | 3,759 | 11% | 2% |
| Multiracial | 898 | 3% | 0% |
| Other Non-White | 1,117 | 3% | 0% |
| Unknown/Missing | 2,279 | 7% | -1% |
| Total in FY 2015-16 | 32,810 | | |

▲ = Percentage point change from previous fiscal year.

The Mental Health Services Act Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to offer programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The focus of these programs vary widely, from teaching caregivers how to cope with behavior challenges with young children to preventing youth suicide. PEI youth and family participants comprise a different population than youth and family clients served by CYFBHS treatment providers and are reported in detail separately (http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports).

PEI Participant Satisfaction Survey Results



Mental Health Service Act (MHSA) Components

Community Services and Supports

Community Services and Supports (CSS) enhance the systems of care for delivery of mental health services to seriously emotionally and behaviorally challenged children, youth, and their families. Full Service Partnership (FSP) programs provide a full array of services to clients and families embracing a “whatever it takes” approach to help stabilize the client and provide timely access to needed services for unserved and underserved children and youth. Other programs funded through CSS provide outreach and engagement countywide.

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

Prevention and Early Intervention Programs

MHSA Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 13 contractors to provide PEI services for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. Each contractor collects information on the demographics of their participants and participants’ satisfaction with the services provided. **PEI youth and family participants comprise a different population than youth and family served by CYFBHS treatment providers and are reported separately.** Nearly 33,000 participants were served by youth and family PEI programs in FY 2015-16; a decrease from 38,700 participants in FY 2014-15.

Innovations

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

MHSA Components

Workforce Education and Training

The intent of the Workforce Education and Training (WET) component is to remedy the shortage of qualified individuals within the public mental health workforce that provides services to address severe mental illnesses. WET strategies include recruitment of high school and community college students for mental health occupations, development of curriculum to increase knowledge and skills of the existing workforce, increase of the meaningful employment of consumers and their family members in the mental health system, and promotion of cultural and linguistic diversity in the public mental health workforce.

Capital Facilities and Technological Needs

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

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



Glossary of Terms

- **Assessment** includes intake diagnostic assessments and psychological testing.
- **Case management services** can be provided in conjunction with other services or they can be a stand-alone service that “connects” children, youth and families to the services they need, monitors their care, and oversees the components of care provided to the child and family.
- **Co-occurring Substance Abuse** is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with SUD.
- **Collateral services** include case consultations, teacher or other professional consultations, attendance at Individualized Education Program (IEP) meetings or any other conversations related to the client and treatment plan.
- **Crisis stabilization services** are short term and are provided by the Emergency Screening Unit (ESU) for children and adolescents throughout San Diego County. Services are available 24 hours / 7 days a week.
- **Day treatment services:**
 - Rehabilitative day treatment services* are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on skill building and behavioral adjustments.
 - Intensive day treatment services* are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on psychotherapy interventions.
- **Dual diagnosis** occurs when an individual has both a mental disorder and a substance abuse/dependency diagnosis.
- **Fee-for-Service providers** are primarily licensed **clinicians in private practice** who provide services to clients on a fee-for-service basis or through Medi-Cal coverage. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients. There are also two fee-for-service inpatient hospitals that provide services for children and adolescents in San Diego County (Aurora Hospital and Sharp Mesa Vista Hospital).
- **Full-service partnership (FSP)** programs are comprehensive programs funded by MHSA-CSS which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community.
- **Inpatient (IP) services** are delivered in psychiatric hospitals.

Glossary of Terms

- **Juvenile Forensic Services** are provided primarily in Probation institutions within San Diego County. Juvenile Forensic Services include assessment, individual therapy, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court (both dependents and delinquents). Services are provided throughout the County at sites including Juvenile Hall (Kearny Mesa and East Mesa) and Girls' Rehabilitation Facility, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett.
- **Medication services** include medication evaluations and follow-up services.
- **Organizational providers** are community-based agencies and county-operated sites that are either part of the Health & Human Services Agency (HHS) or have contracts with HHS to provide mental health treatment services to specified target populations. These clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g., school, home). Services are being delivered in more than 300 schools in 33 districts in San Diego County.
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.
- **Primary Diagnosis:** Primary Diagnosis was determined by identifying the last Priority 1 diagnosis assigned prior to the end of the current reporting period. **Excluded** diagnoses are those categorized as "excluded" by Title 9 (e.g., psychiatric disorders due to general medical conditions, autism, substance use disorders, learning disabilities). The **Other** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Reactive Attachment Disorder, elimination disorders, and eating disorders. Excluded and Other diagnoses were combined for reporting purposes. **Invalid** diagnoses were either missing or not a valid psychiatric diagnosis. Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses, the most recent DSM, and/or the most recent ICD. Only one primary diagnosis was indicated per client for these analyses. A Substance Use Disorder was assigned if a client had a priority 1 or 2 diagnosis that was substance related.
- **Therapeutic Behavioral Services (TBS)** include services conducted by paraprofessionals to assist youth in obtaining functional skills in the community, and are provided by programs with a TBS contract.
- **Therapy** includes individual and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18+) who received mental health services through CYFBHS providers.

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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 BHSQIPIT@sdcounty.ca.gov

The Child & Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly funded mental 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.