Mental Health Services

Substance Use Disorder

MHSA

County of San Diego
Health and Human Services Agency

Children, Youth & Families Behavioral Health Services

Systemwide Annual Report, FY 2017-18

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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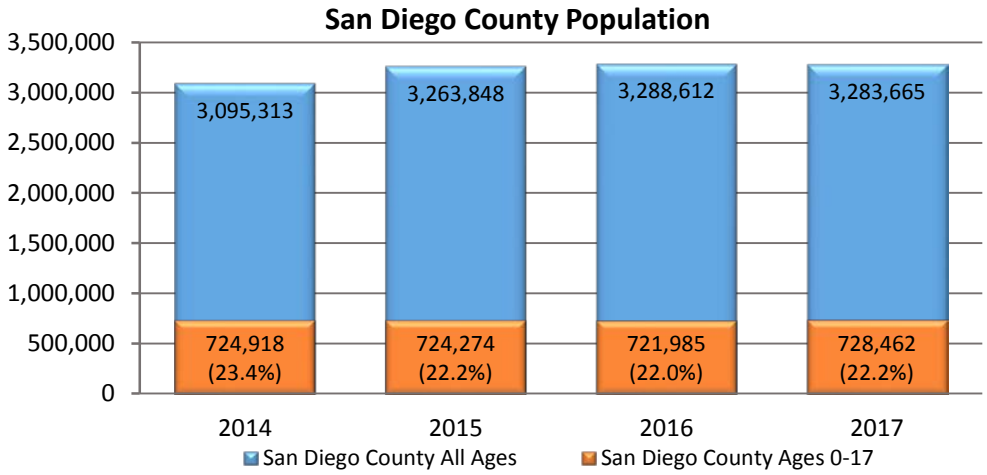
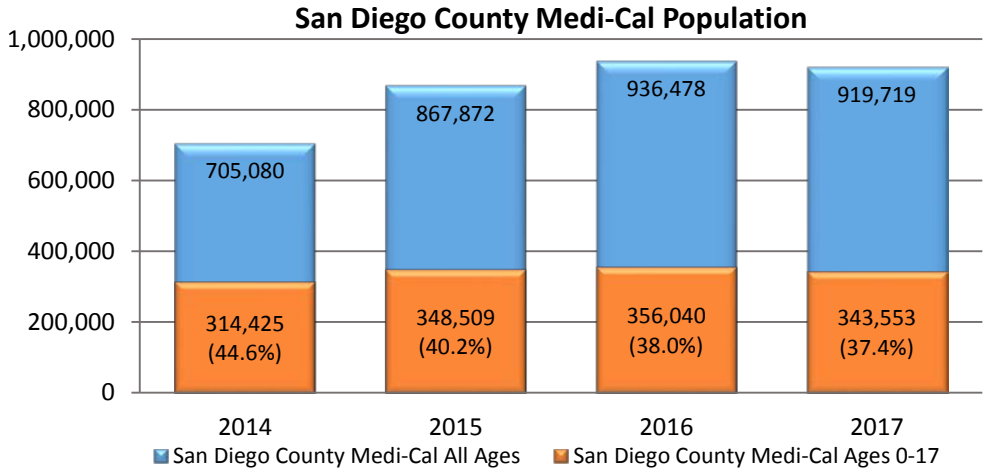
COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Introduction

San Diego County

The estimated population of San Diego County in 2017 (Source: US Census Bureau estimate, accessed 3/26/19) was 3,283,665 residents, 728,462 (22%) of whom were under the age of 18. In 2017, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 3/25/19) was 919,719 residents, 343,553 (37%) of whom were ages 0-17 years.





Introduction

Systemwide Annual Report

This report summarizes cumulative system demographics and clinical outcomes for children and adolescents served by the County of San Diego's, Health and Human Services Agency (HHSA), Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year (FY) 2017-18 (July 2017 – June 2018). CYFBHS System of Care serves children and youth up to age 21. The primary focus of this annual report is CYFBHS mental health services, with limited information also available on prevention, early intervention, and addiction treatment.

Children, Youth & Families Behavioral Health System of Care

The County of San Diego Behavioral Health Services operates a Children, Youth & Families Behavioral Health System of Care (CYFBHSOC). The CYFBHSOC takes a broad approach, having evolved over time through the collaboration of its four strong sector partnerships: families and youth receiving services, public sector agencies, private providers, and the education system, with a recognition of the value of the faith-based communities. Information about CYFBHSOC is available at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children.html. The multi-sector CYFBHSOC Council meets on a monthly basis to provide and obtain community input for the System of Care with the goal of advancing the system. The System of Care Council information is located at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html.

Live Well San Diego

The County of San Diego Health and Human Services Agency supports the *Live Well San Diego* Vision of Building Better Health, Living Safely, and Thriving. *Live Well San Diego*, developed in 2010 by the County of San Diego, is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHSA partners and contractors, to the extent, feasible, are expected to advance the Vision. Information about *Live Well San Diego* is available at: http://www.livewellsd.org/.

The Importance of Assessment

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

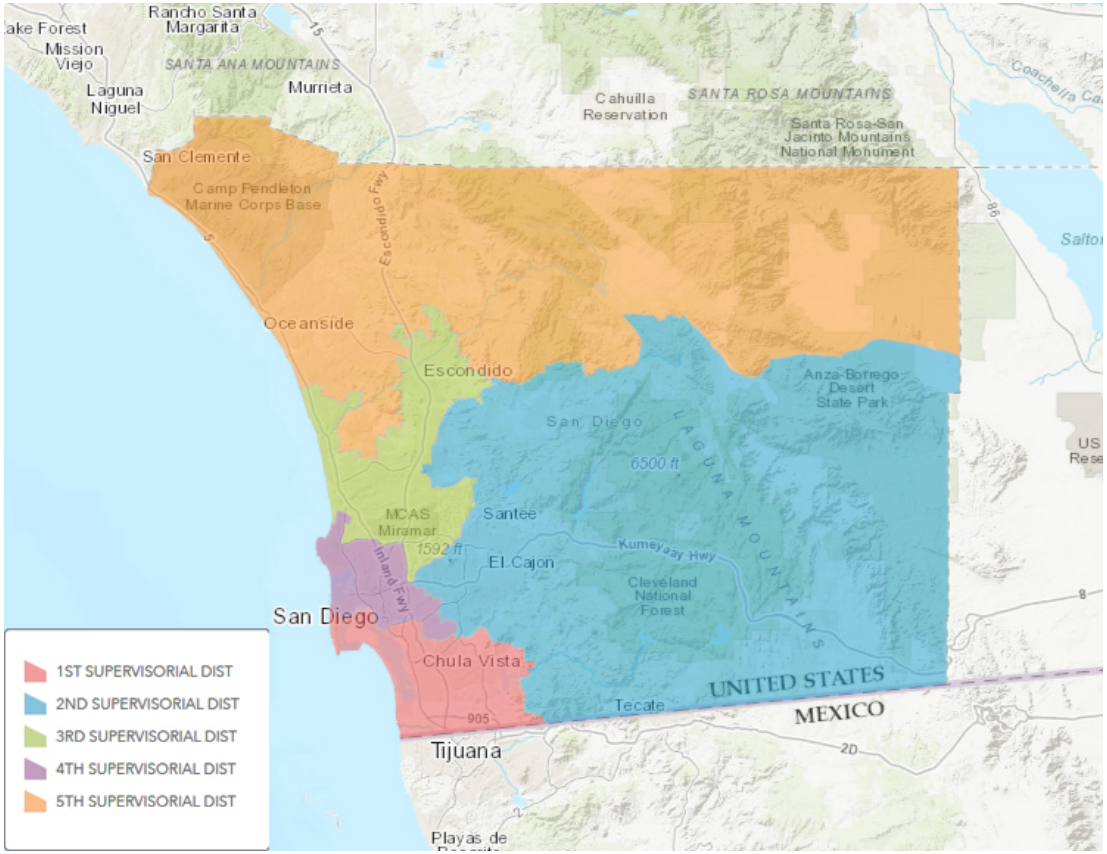
Ten-Year Roadmap

In July 2016, the Board of Supervisors accepted HHSA Ten-Year Roadmap for Behavioral Health Services. The Roadmap outlines a strategic plan which seeks to address the most serious behavioral health issues affecting San Diego County over the next 10 years. The Roadmap is updated annually to incorporate new priorities and now includes 12 priority areas of focus, including Children and Youth Population. More information about the Roadmap is available at: https://www.sandiegocounty.gov/hhsa/programs/bhs/.

Introduction

Provider Systems

In FY 2017-18, CYFBHS served children and youth with serious emotional disturbance (SED) through two provider systems distributed throughout San Diego County: **Organizational Providers** and **Fee-for-Service (FFS) Providers**. Organizational providers offer coordinated multidisciplinary services, while the FFS system is comprised of nearly 400 individual practitioners throughout the community with a wide range of specialties; 231 FFS providers specialize in services for children and youth.



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

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

Note: *Discrepancies between service data in the FY 2017-18 Annual Report and the FY 2017-18 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 2017-18

1. 15,430 youth received services through the San Diego County CYFBHS system, a 3% decrease from the 15,839 served in FY 2016-17.

2. 55% of clients were male. The proportion of females served continues to increase steadily over time; from 42% in FY 2013-14 to 45% in FY 2017-18.

3. 60% of clients were Hispanic; this proportion has increased steadily from 56% in FY 2014-15. The number of CYFBHS Hispanic clients was also higher than San Diego County youth Hispanic population (46%) in FY 2017-18. Race/ethnicity distribution was more comparable to the San Diego County youth Medi-Cal population (54% Hispanic).

4. 79% of youth served by CYFBHS lived in a family home or apartment at some point during FY 2017-18; this proportion has increased steadily over the past three fiscal years and is likely connected to Continuum of Care Reform efforts.
   - Among the 0-5 population, 23% lived in a foster home during FY 2017-18.
   - Among the TAY population, 21% lived in a correctional facility during FY 2017-18.

5. The four most common diagnostic categories were depressive disorders, stressor and adjustment disorders, anxiety disorders, and attention deficit hyperactivity disorder (ADHD).
   - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
   - Rates of adjustment disorder decreased systemwide, from 18% in FY 2016-17 to 15% in FY 2017-18. Adjustment disorder diagnoses were higher among the 0-5 population and the Fee-for-Service Outpatient population, as compared to CYFBHS systemwide averages.
   - Rates of depressive disorders have increased over the past three years, and were higher among the TAY population as compared to systemwide averages.

Key Findings, continued

6. 937 (6%) clients had co-occurring substance use issues, defined as a dual diagnosis and/or involvement with the Substance Use Disorder (SUD) system. This is comparable to 1,015 (6%) clients with substance use issues in FY 2016-17.
    - 676 (72%) clients with substance use issues were 16 years of age or older.
    - 441 (47%) clients with substance use issues also received treatment from the SUD system during the fiscal year.
7. 14,057 (91%) clients had health coverage exclusively by Medi-Cal in FY 2017-18; a proportional increase from 14,292 (90%) in FY 2016-17 and 15,372 (89%) in FY 2015-16.
8. The proportion of clients receiving Day Services has decreased by nearly half over the past five years, from 7% in FY 2013-14 to 3% in FY 2017-18. The decrease correlates with the systemwide shift to an Outpatient treatment modality within Residential programs; exploring best service delivery under the context of Continuum of Care reform.
9. The proportion of clients receiving Assessment (74%), Case Management (48%), and Crisis Stabilization (6%) services increased from the previous fiscal year.
10. Clients who received services from Wraparound programs were more likely than the systemwide averages to be White or African-American and less likely to be Hispanic. Average Outpatient service hours for clients in Wraparound programs increased from 45.2 hours in FY 2016-17 to 58.0 hours in FY 2017-18. This correlates with the expansion of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all eligible CYFBHS clients.
11. Clients who received Medication services were more likely than the systemwide averages to be White and less likely to be Hispanic. Clients receiving Medication services were also more likely to have lived in a correctional facility than the CYFBHS systemwide averages.

Key Findings, continued

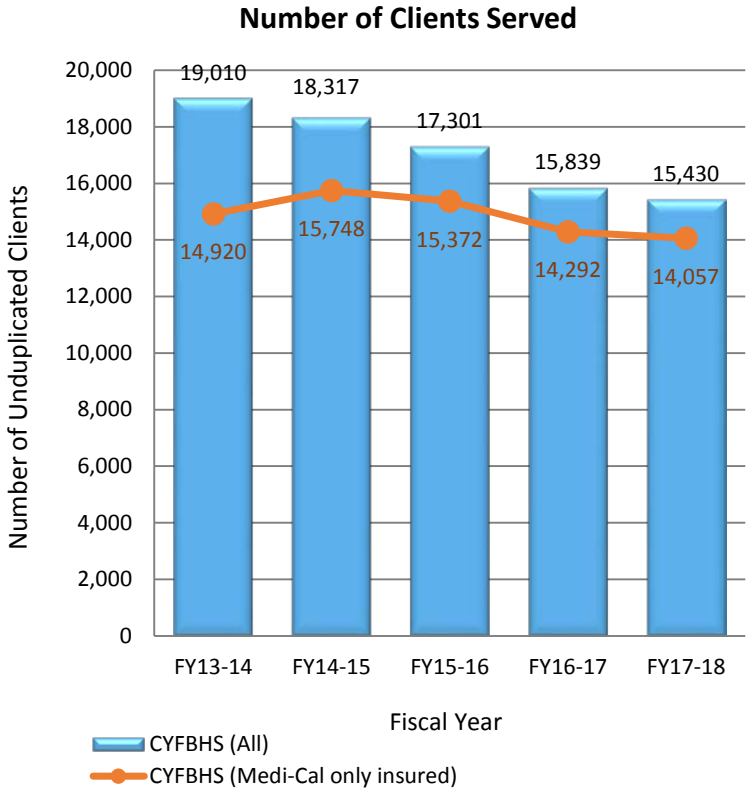
12. 622 (4%) clients used Inpatient (IP) services in FY 2017-18, a decrease from 806 (5%) clients in FY 2016-17.
    - 134 (22%) of 622 IP clients received multiple IP services within the fiscal year, a proportional decrease from 182 (23%) of 806 in FY 2016-17.
        - The proportion of these clients readmitted to IP services within 30 days of the previous IP discharge increased from 66 (36%) of 182 in FY 2016-17 to 58 (43%) of 134 in FY 2017-18.
13. 1,090 (7%) clients received services from the Emergency Screening Unit (ESU) in FY 2017-18, as compared to 809 (5%) clients in FY 2016-17. The increase is aligned with a system expansion in January 2018, which increased Crisis Stabilization beds from 4 to 12.
    - 199 (18%) of 1,090 ESU clients had multiple ESU visits within the fiscal year; an increase from 94 (12%) of 809 in FY 2016-17.
        - The proportion of these clients readmitted to ESU within 30 days of the previous ESU discharge increased from 28 (30%) of 94 in FY 2016-17 to 85 (43%) of 199 in FY 2017-18.
    - Of 1,512 ESU visits within the fiscal year, 1,151 (76%) were diverted from an IP admission within 24 hours.
14. Clients served by CYFBHS and another public service sector (Child Welfare Services, Probation, or Substance Use Disorder system) were nearly four times more likely to receive Day Services. They were more likely to be male, African-American, and have a primary diagnosis of an Adjustment/Stressor disorder.
15. Clients experienced improvements in behavior, emotional well-being, and social competence following receipt of mental health services, as measured by the CAMS (Child and Adolescent Measurement System), the CFARS (Children's Functional Assessment Rating Scale), and the ECBI (Eyberg Child Behavior Inventory) assessment tools. Intake and discharge score comparisons from 3,765 Parent CAMS, 2,264 Youth CAMS, 541 ECBI and 8,437 CFARS revealed improvements across all measures.

Who Are We Serving?

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

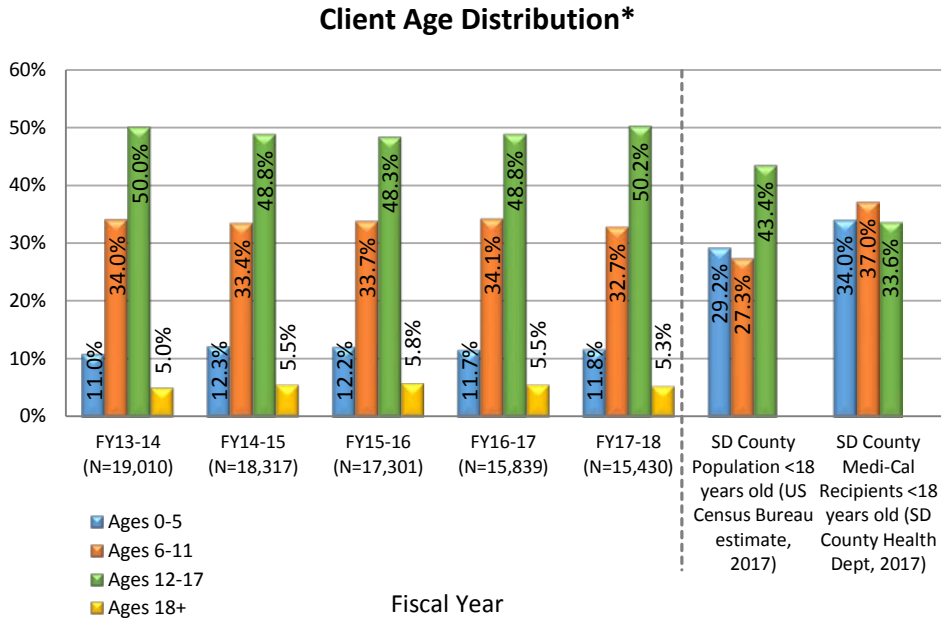
Number of Clients

- In FY 2017-18, CYFBHS delivered treatment services to more than 15,000 youth. Among those youth, more than 14,000 were insured exclusively by Medi-Cal.



Age of Clients

- Adolescents (12-17 years) comprised 50% of the CYFBHS population.
- School-age clients (6-11 years) comprised 33% of the CYFBHS population.
- Children ages 0-5 comprised 12% of the CYFBHS population.



**Percentages calculated within the number of clients served by CYFBHS in FY 2017-18.*

Who Are We Serving?

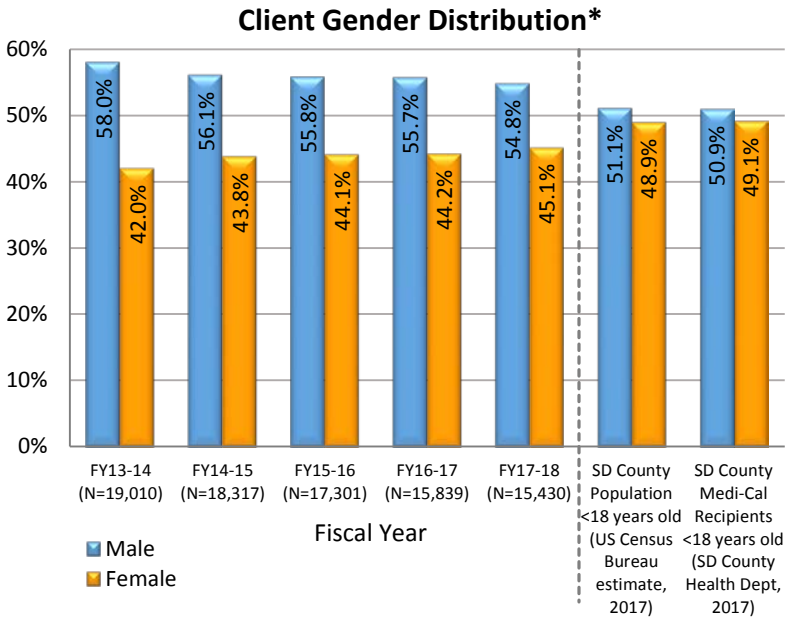
Fifty-five percent of clients were male, whereas the County youth population was more evenly divided between males and females. The majority of clients were of Hispanic ethnicity.

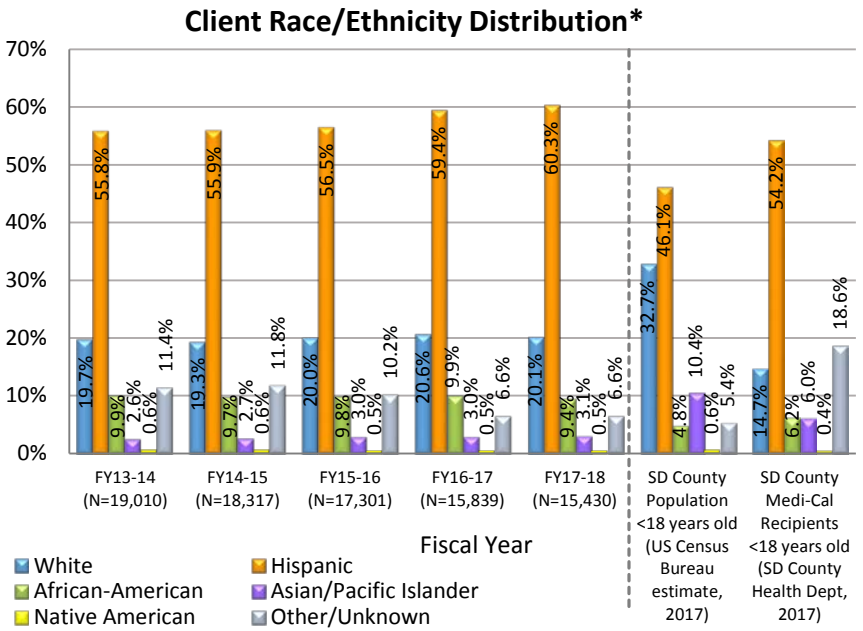
Client Gender

- 8,454 (55%) clients who received CYFBHS services in FY 2016-17 were male.
- The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- The gender gap has narrowed by half over the past four years.

Client Race/Ethnicity

- 9,307 (60%) clients who received CYFBHS services in FY 2017-18 were identified as Hispanic.
- A larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were more comparable to the San Diego Medi-Cal youth population.



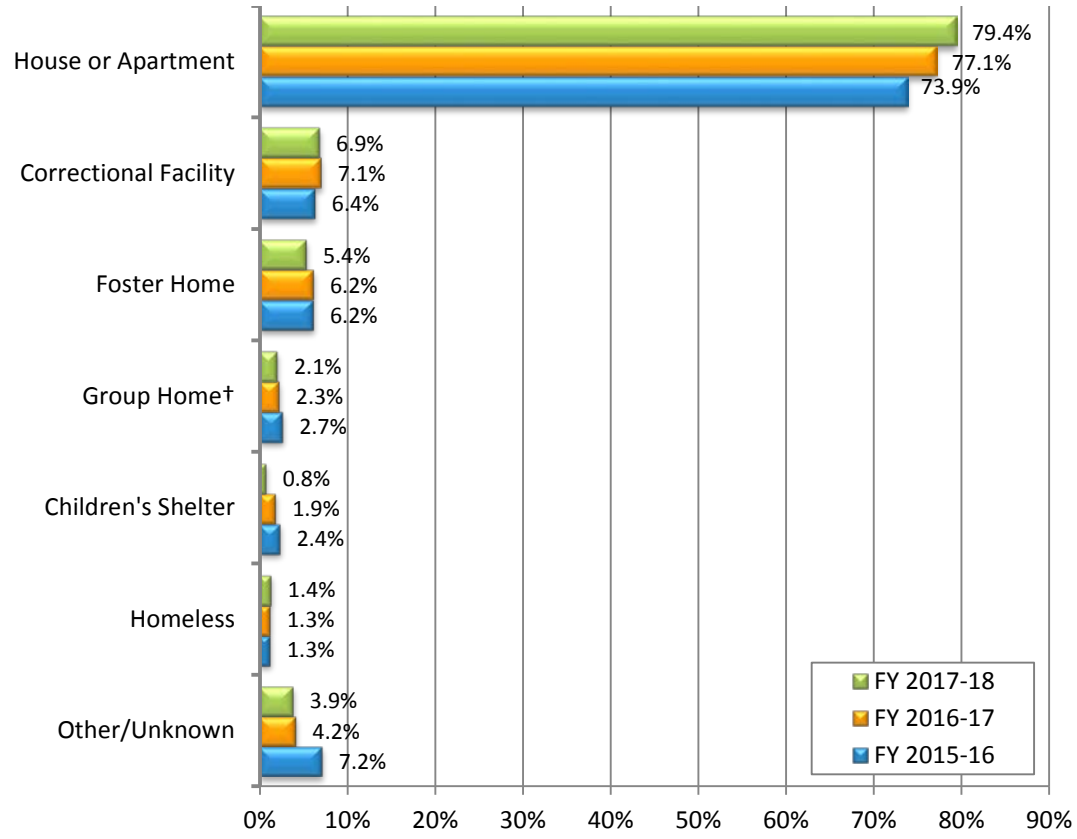


**Percentages calculated within the number of clients served by CYFBHS in FY 2017-18.*

Who Are We Serving?

*Client Living Situation**

Seventy-nine percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2017-18.

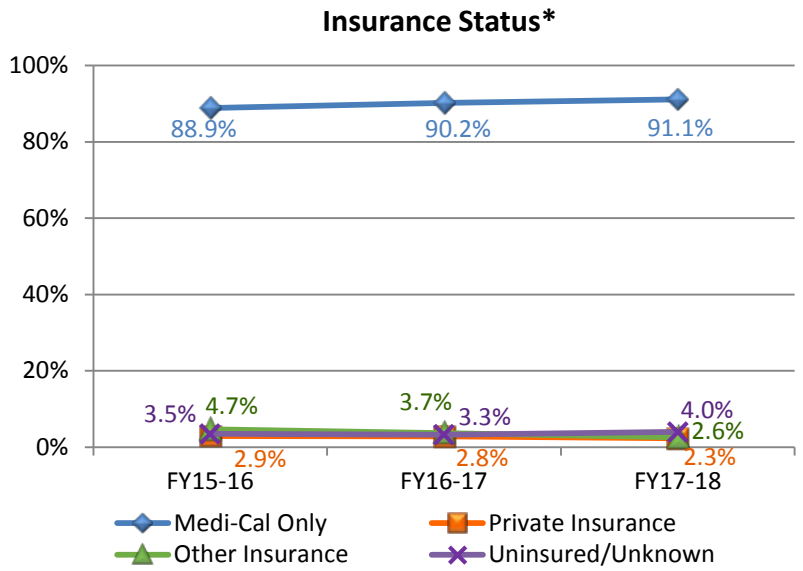


**Percentages calculated within the number of clients served by CYFBHS in FY 2017-18.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

Who Are We Serving?

Health Care Coverage

14,057 (91%) children and youth who received services from CYFBHS during FY 2017-18 were covered exclusively by Medi-Cal; a 2-percentage point increase from 89% in FY 2015-16.



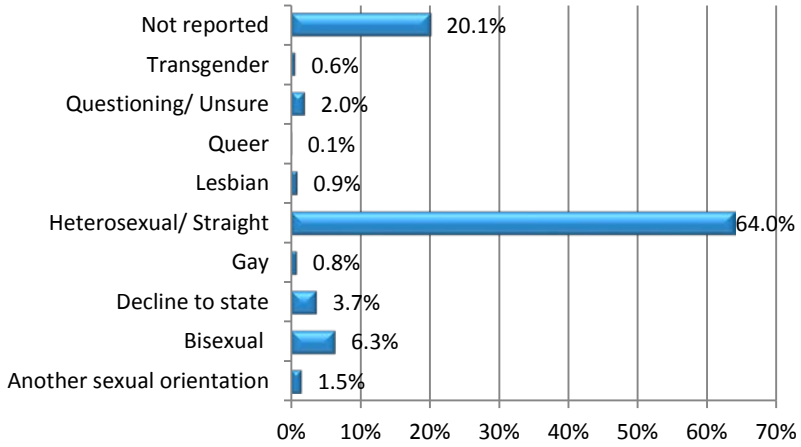
NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

Primary Care Physician (PCP) Status*†

Of the 12,455 clients for whom PCP status was known, 11,696 (94%) had a PCP in FY 2017-18; no change from FY 2016-17.

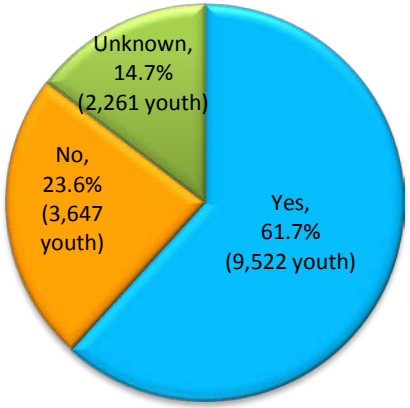
Sexual Orientation*†

Of 7,459 CYFBHS clients **age 13 or older**, 4,774 (64%) were reported to be heterosexual. Sexual orientation was unreported or declined to state for 24% of the 13+ population.



History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 13,169 clients (85% of the CYFBHS population) in FY 2017-18; of these clients, 9,522 (72% of the 13,169 clients for whom this information was known) had a **history of trauma**.



*Percentages calculated within the number of clients served by CYFBHS in FY 2017-18.
†Unknown category includes Fee-for-Service providers for whom data were not available.

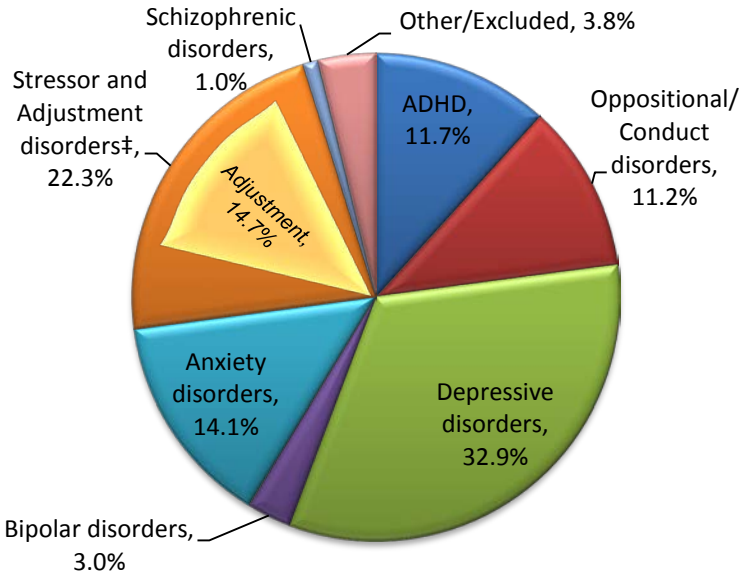
Who Are We Serving?

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

Primary Diagnosis (n=14,395)†*

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

- Depressive disorders (n=4,732; 32.9%)
- Stressor and Adjustment disorders (n=3,209; 22.3%)
- Anxiety disorders (n=2,036; 14.1%)
- ADHD (n=1,689 11.7%)



Co-occurring Substance Use

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

FY 2017-18 CYFBHS Youth	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	**6% (937 of 15,430)**
Had dual diagnosis through mental health program§	4% (643 of 15,430)
CYFBHS Youth with Co-occurring Substance Use Issue	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	69% (643 of 937)
Received services from SUD program	47% (441 of 937)
CYFBHS youth who received services from SUD program who also had dual diagnosis	33% (147 of 441)

**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of clients served by CYFBHS in FY 2017-18.

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

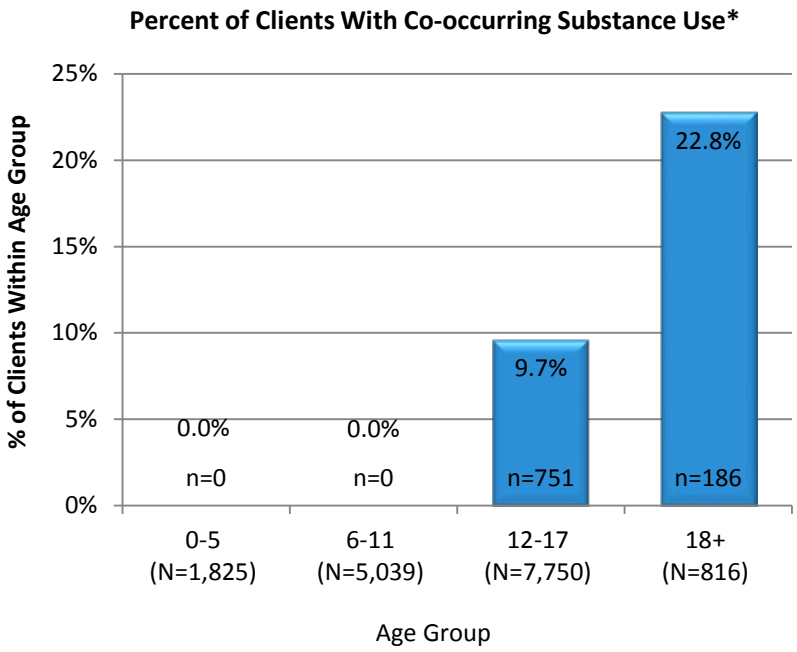
§ These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?

751 of 937 clients (80%) with a co-occurring substance use problem were ages 12-17; 582 of 937 (62%) were Hispanic.

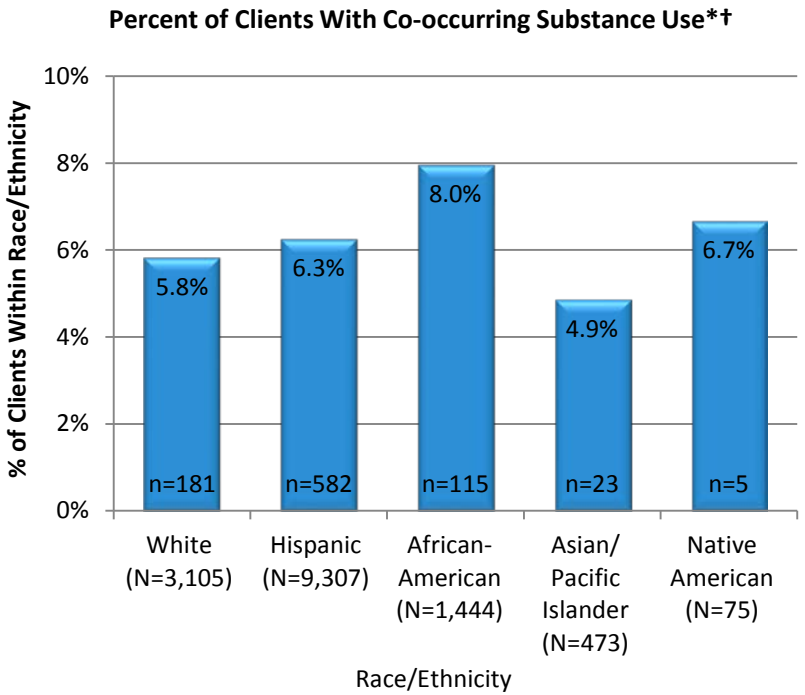
Co-occurring Substance Use—Age

Twenty-three percent of youth ages 18 and older, and 10% of youth ages 12-17, who received services from CYFBHS in FY 2017-18 were identified as having a substance use issue through a substance use diagnosis and/or enrollment in a SUD program.



Co-occurring Substance Use—Race/Ethnicity

African American youth served by CYFBHS had the highest proportion of co-occurring substance use (115 of 1,444 clients), while Asian/Pacific Islanders had the lowest proportion (23 of 473 clients).

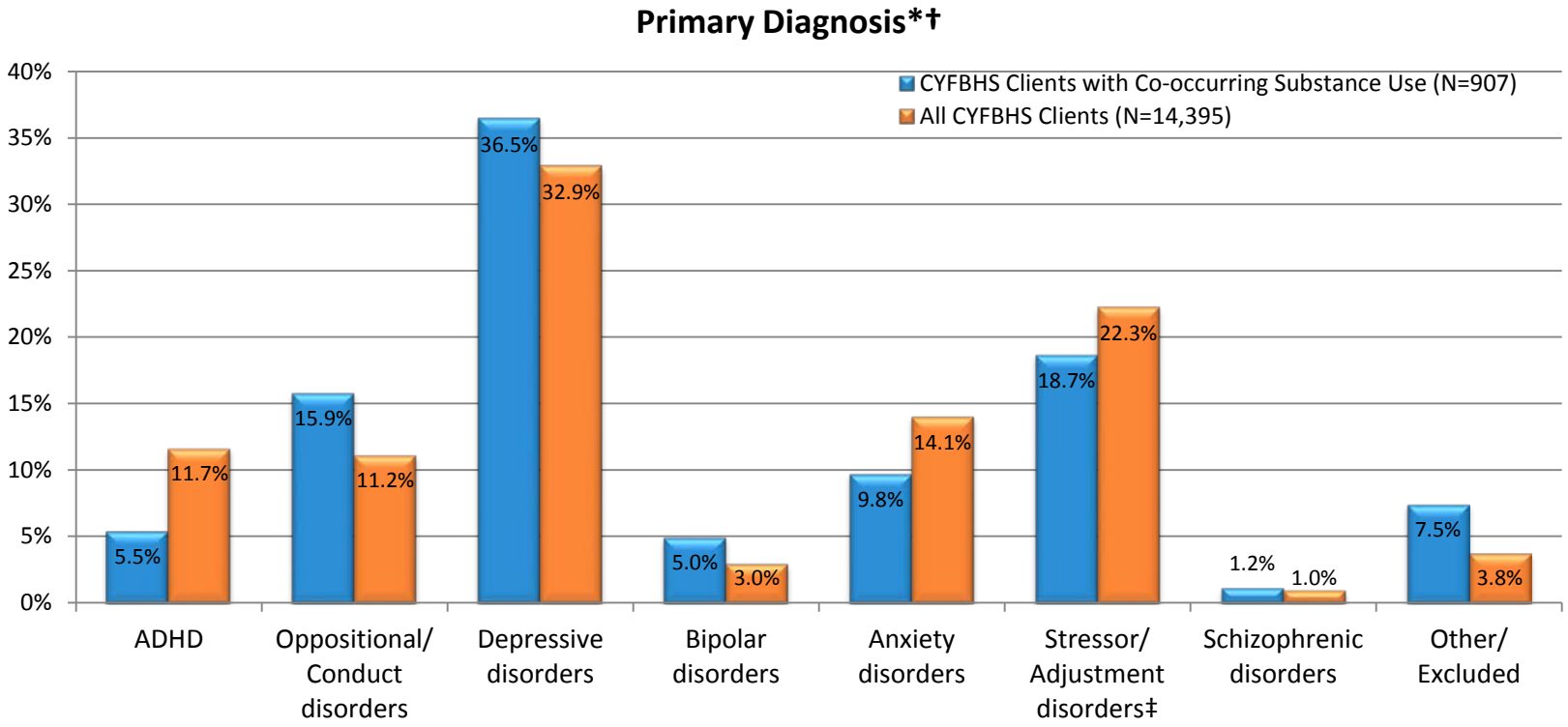


**Percentages calculated within the number of clients served by CYFBHS in FY 2017-18.*
†Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?

Co-occurring Substance Use and Primary Diagnosis

Youth with co-occurring substance use problems who received a valid diagnosis were far more likely to have an Oppositional/Conduct disorder than youth in CYFBHS overall: 16% (144 of 907) vs. 11% (1,609 of 14,395), respectively. This pattern has been consistent over the past five years.



**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of clients served by CYFBHS in FY 2017-18.

‡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 (N=671) are not included in these analyses.

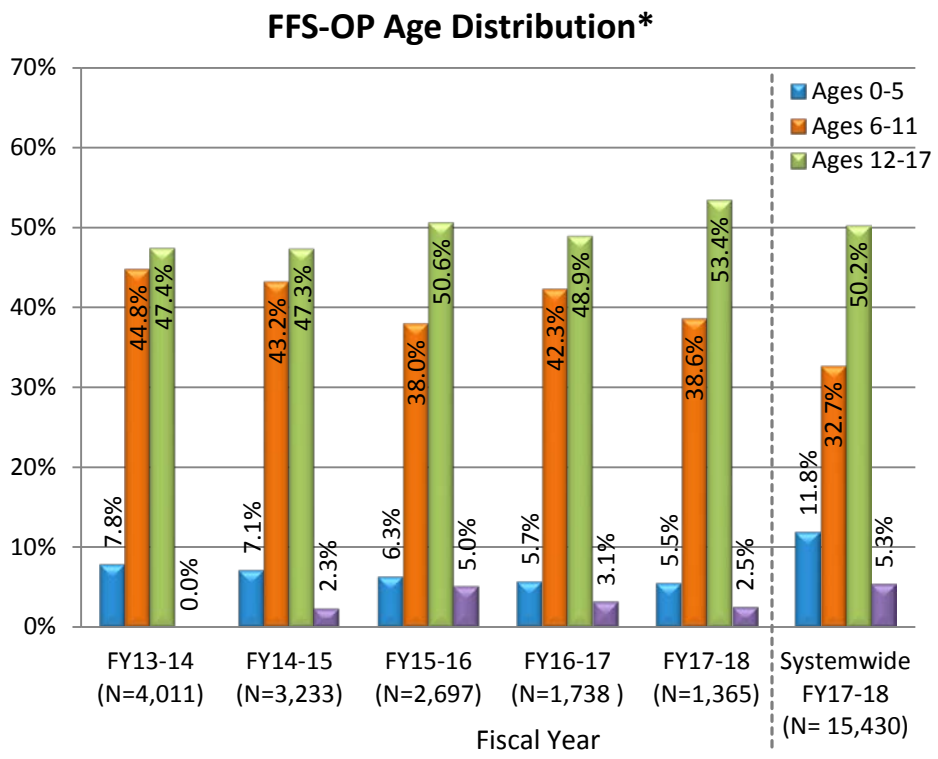
CYFBHS FFS-OP providers for these clients were comprised of 50 MFTs, 43 Group Practices, 35 Psychologists, 19 LCSWs, 12 Psychiatrists, and 1 LPCC.

FFS-OP Clients

1,365 CYFBHS clients were served only by FFS-OP providers in FY 2017-18.

- The proportion of clients served *only* by FFS-OP providers decreased from 1,738 (11%) of 15,839 in FY 2016-17 to 1,365 (9%) of 15,430 in FY 2017-18.
- 729 (53%) clients served only by FFS-OP providers in CYFBHS were ages 12-17.

Age of FFS-OP Clients



**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2017-18.*

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

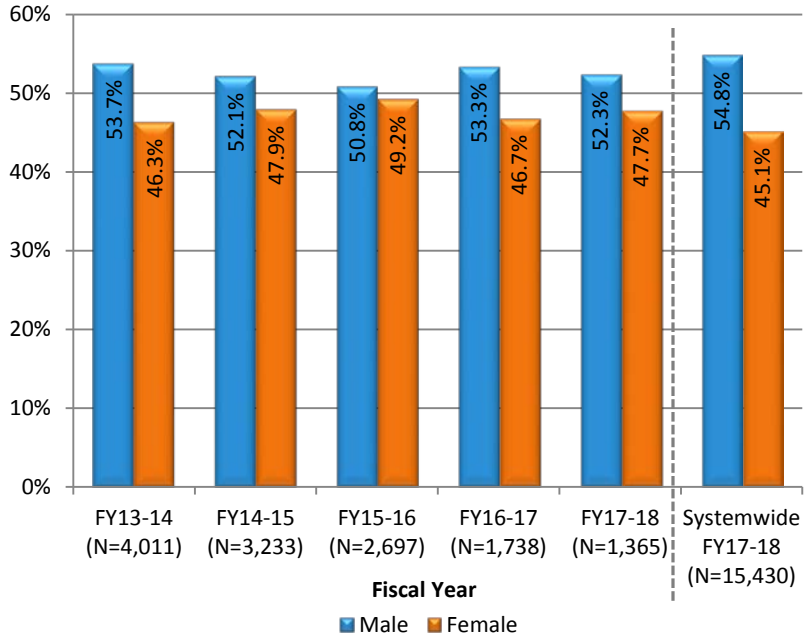
FFS-OP Client Gender

- 714 (52%) clients served only by CYFBHS FFS-OP providers in FY 2017-18 were male.
- The male to female client ratio of the FFS-OP population is more evenly distributed than the CYFBHS system as a whole.

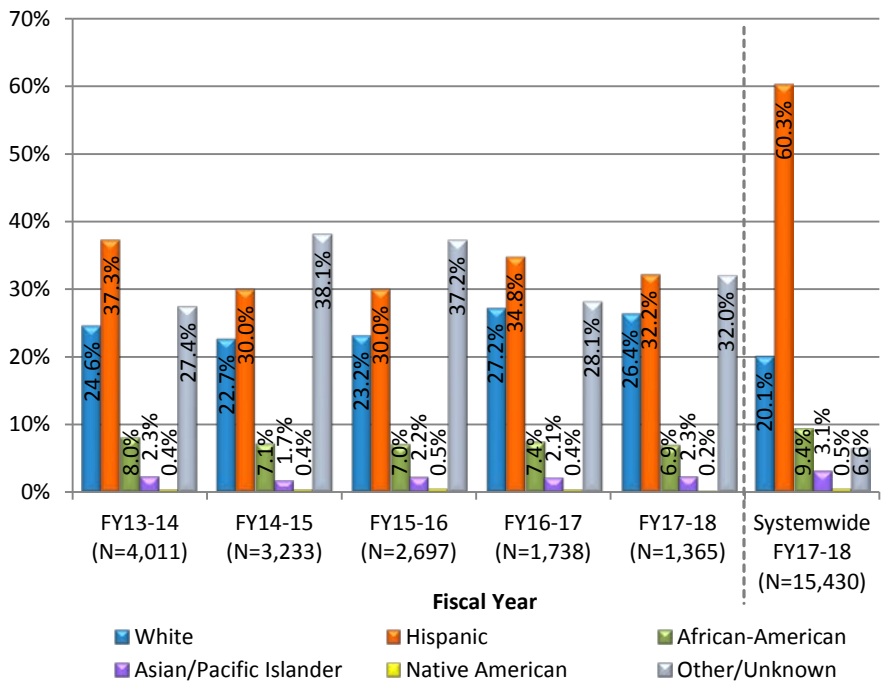
FFS-OP Client Race/Ethnicity

- Race/ethnicity data were not reported for nearly one-third of clients who were served only by CYFBHS FFS-OP providers in FY 2017-18.
- 440 (32%) clients who were served only by CYFBHS FFS-OP providers in FY 2017-18 identified themselves as Hispanic.

FFS-OP Gender Distribution*



FFS-OP Race/Ethnicity Distribution*

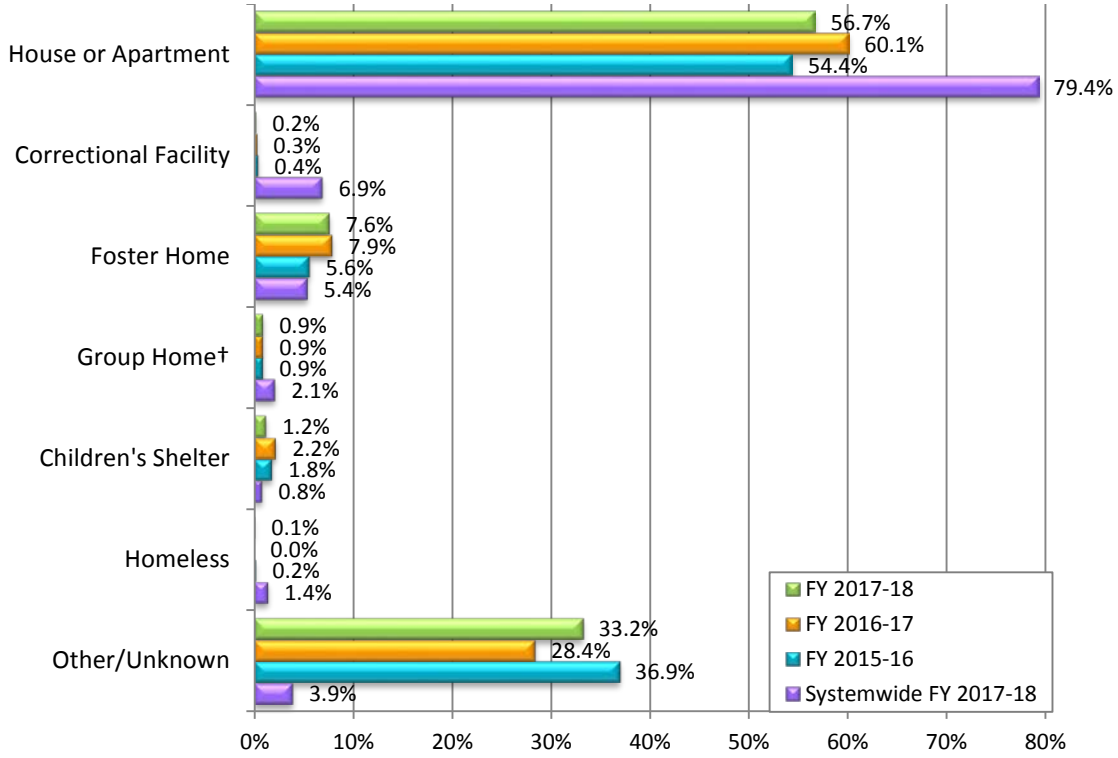


**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2017-18.*

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

*FFS-OP Client Living Situation**

Living Situation was not reported for nearly one-third of clients who were served only by CYFBHS FFS-OP providers in FY 2017-18, higher than the systemwide average of 4% "Other/Unknown" in the same fiscal year. 774 (57%) clients who were served only by CYFBHS FFS-OP providers lived in a family home or apartment at some point during FY 2017-18; 104 (8%) lived in a Foster Home.

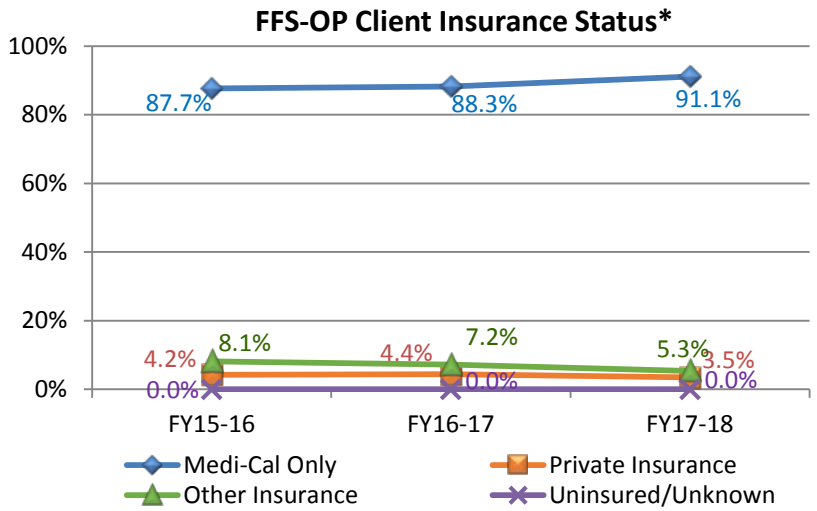


**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2017-18.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

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

FFS-OP Health Care Coverage

1,244 (91%) clients who were served only by CYFBHS FFS-OP providers in FY 2017-18 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2017-18.



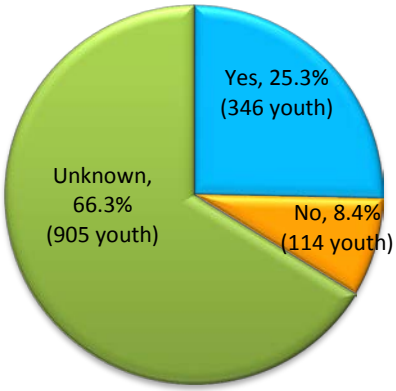
NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

FFS-OP Primary Care Physician (PCP) Status*

Of the 113 FFS-OP clients for whom PCP status was known, 105 (93%) had a PCP in FY 2017-18; a decrease from 95% of FFS-OP clients in FY 2016-17 and slightly less than the 94% of CYFBHS clients systemwide in FY 2017-18. PCP status was not reported for 92% of FFS-OP clients in FY 2017-18.

FFS-OP History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 460 clients (34% of the FFS-OP population) in FY 2017-18; of these clients, 346 (75% of the 460 clients for whom this information was known) had a **history of trauma**. History of trauma was not reported for two-thirds of FFS-OP clients in FY 2017-18. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2017-18.



FFS-OP Provider Type*

580 (42%) clients who were served only by CYFBHS FFS-OP providers in FY 2017-18 were seen at Group Practice providers. These clients may have been seen by more than one provider during the fiscal year.

Provider Type	FFS-OP clients (duplicated)
Group Practice	42% (580 of 1,365)
Psychiatrist	24% (323 of 1,365)
MFT	17% (235 of 1,365)
LCSW	13% (171 of 1,365)
Psychologist	10% (135 of 1,365)
LPCC	<1% (4 of 1,365)

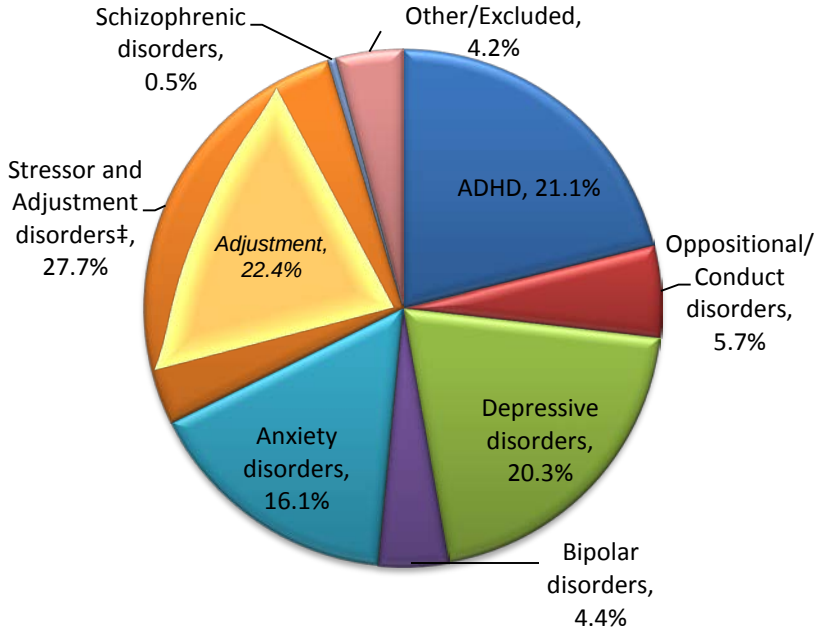
**Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2017-18.*

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

FFS-OP Primary Diagnosis (n=1,323)†*

The most common diagnoses among clients served only by FFS-OP providers in FY 2017-18 are:

- Stressor and Adjustment disorders (n=366; 27.7%)
- ADHD (n=279; 21.1%)
- Depressive disorders (n=269; 20.3%)
- Anxiety disorders (n=213; 16.1%)



FFS-OP Co-occurring Substance Use

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

FY 2017-18 CYFBHS Youth	FFS-OP Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	**1% (9 of 1,365)**	**6% (937 of 15,430)**
Had dual diagnosis through mental health program§	<1% (1 of 1,365)	4% (643 of 15,430)
CYFBHS Youth with Co-occurring Substance Use Issue	**FFS-OP Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	11% (1 of 9)	69% (643 of 937)
Received services from SUD program	89% (8 of 9)	47% (441 of 937)
CYFBHS youth who received services from SUD program who also had dual diagnosis	0% (0 of 8)	33% (147 of 441)

**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of FFS-OP clients served by CYFBHS in FY 2017-18.

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

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

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

Treatment and Evaluation Resource Management (TERM)

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

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

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

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

How Many TERM Providers are on the Network?

As of June 30, 2018, there were 160 total unique providers contracted.

- 130 Treatment Providers (Therapy Services)
- 28 Evaluators (Evaluation Services)
- 1 Psychiatric Evaluator (Psych Eval Services)

Note: There is overlap between Treatment Providers and Evaluators

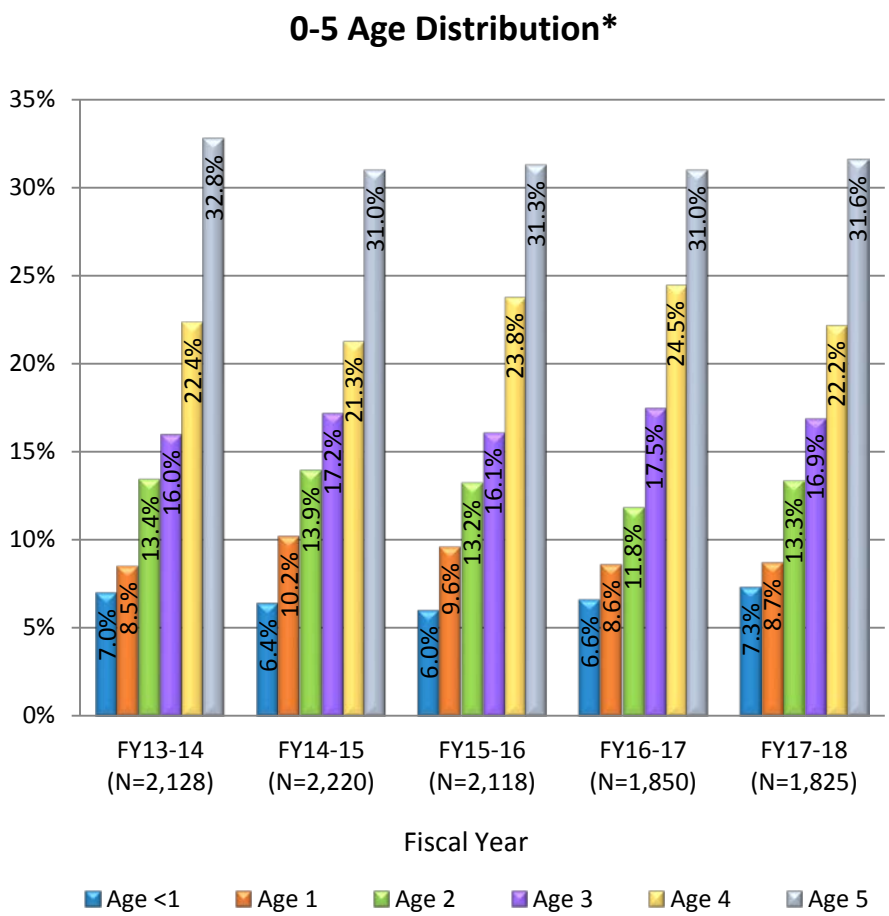
Who Are We Serving?
Age 0 – 5 Youth

Age 0–5 Youth

1,825 youth who were 0 through 5 years old were served by CYFBHS in FY 2017-18.

- 577 (32%) age 0-5 youth served by CYFBHS were age 5.
- The proportion of age 0-5 youth served by CYFBHS has remained relatively stable over the past five years.

Age Distribution of 0–5 Youth



**Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2017-18.*

Who Are We Serving?
Age 0 – 5 Youth

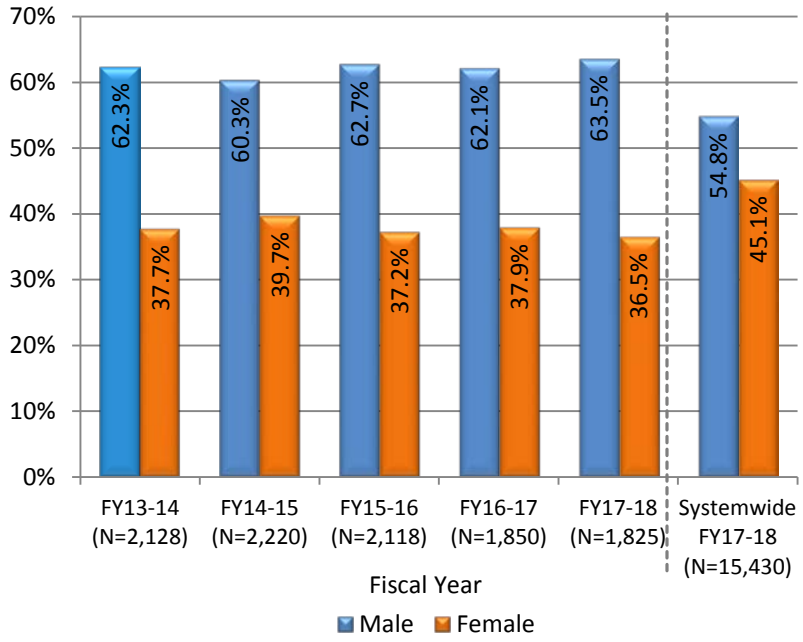
Age 0–5 Client Gender

- 1,159 (64%) age 0-5 clients who received CYFBHS services in FY 2017-18 were male.
- The gender gap of the 0-5 population is wider than the CYFBHS system as a whole.

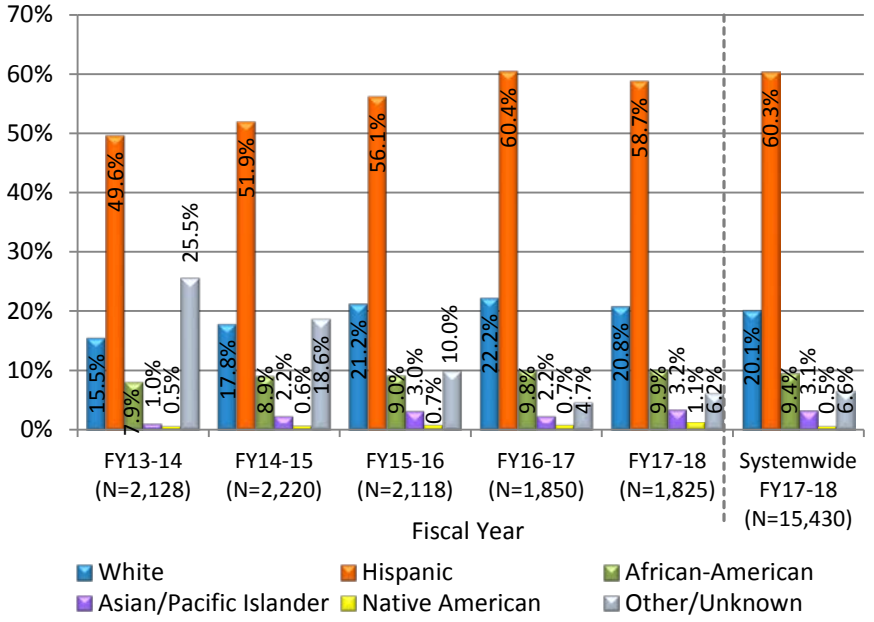
Age 0–5 Client Race/Ethnicity

- 1,072 (59%) age 0-5 clients who received CYFBHS services in FY 2017-18 were identified as Hispanic.
- The distribution of race/ethnicity among age 0-5 clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

Age 0 – 5 Gender Distribution*



Age 0 – 5 Race/Ethnicity Distribution*

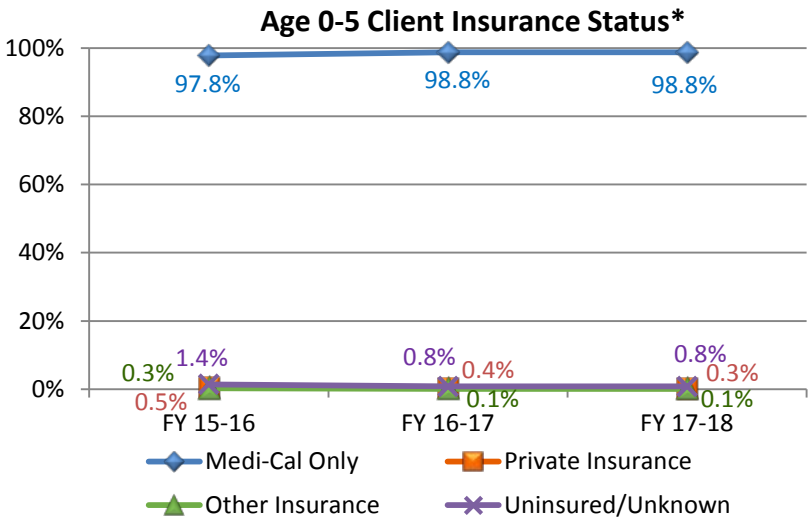


**Percentages calculated within the number of age 0-5 youth served by CYFBHS in FY 2017-18.*

Who Are We Serving?
Age 0 – 5 Youth

1,803 (99%) age 0-5 clients who received services from CYFBHS during FY 2017-18 were covered exclusively by Medi-Cal; a slight increase from 98% in FY 2015-16. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2017-18.

Age 0-5 Health Care Coverage

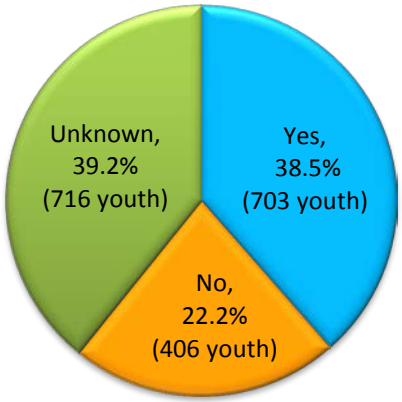


NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

Age 0-5 History of Trauma†*

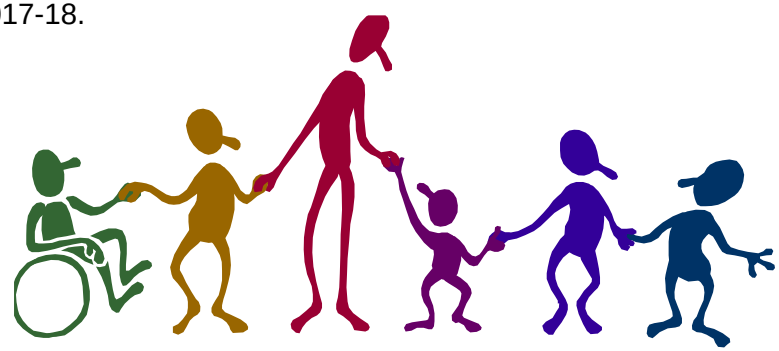
Previous experience of **traumatic events** was reported by clinicians for 1,109 clients (61% of the age 0-5 population) in FY 2017-18; of these clients, 703 (63% of the 1,109 clients for whom this information was known) had a **history of trauma**.

By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2017-18.



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

Of the 1,061 age 0-5 clients for whom PCP status was known, 1,032 (97%) had a PCP in FY 2017-18; an increase from 96% of age 0-5 clients in FY 2016-17. By comparison, 94% of CYFBHS clients systemwide had a PCP in FY 2017-18.



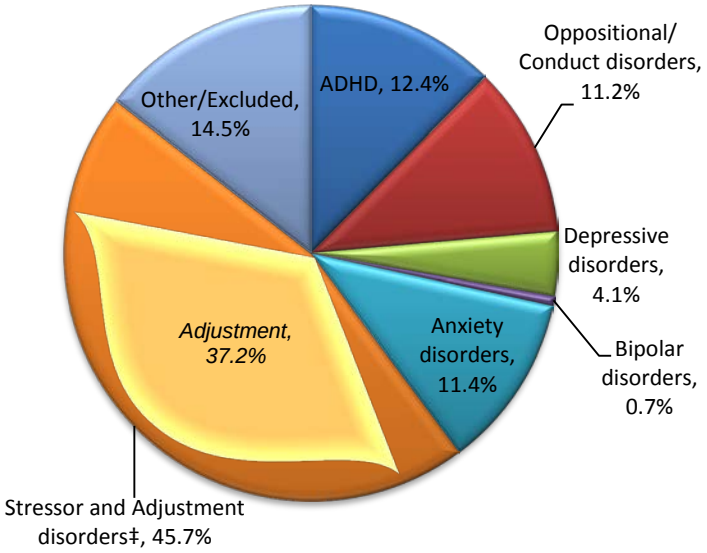
**Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2017-18.*
†Unknown category includes Fee-for-Service providers for whom data were not available.

Who Are We Serving?
Age 0 – 5 Youth

Age 0–5 Primary Diagnosis (n=1,211)†*

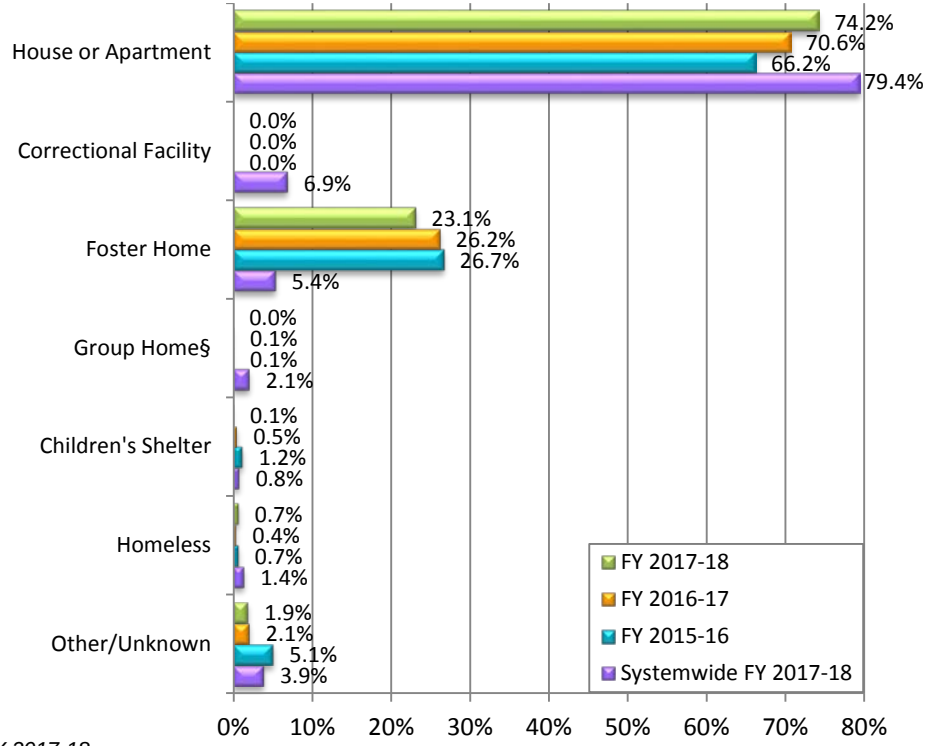
The most common diagnoses among age 0-5 clients served by CYFBHS are:

- Stressor and Adjustment disorders (n=554; 45.7%)
- ADHD (n=150; 12.4%)
- Anxiety disorders (n=138; 11.4%)



Age 0–5 Client Living Situation†

1,355 (74%) age 0-5 clients served by CYFBHS lived in a family home or apartment at some point during FY 2017-18. 421 (23%) age 0-5 clients lived in a Foster Home; as compared to 5% systemwide.



**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; 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 2017-18.

‡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.

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

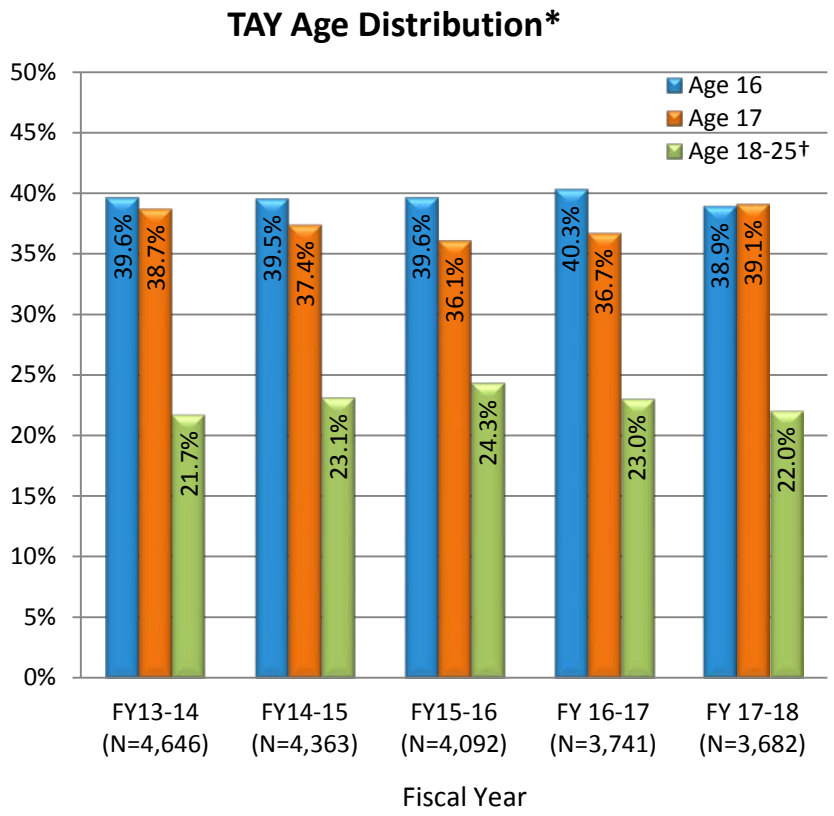
Who Are We Serving?
Transition Age Youth

Transition Age Youth

3,682 Transition Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served by CYFBHS in FY 2017-18, representing 24% of the total CYFBHS population.

- 2,872 (78%) TAY clients served by CYFBHS were ages 16-17.
- The proportion of TAY clients ages 18-25 served by CYFBHS decreased from 23% in FY 2016-17 to 22% in FY 2017-18.

Age of TAY Clients



**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2017-18.*
†On average, less than 1% of the TAY population in CYFBHS was over the age of 21.

Who Are We Serving?
Transition Age Youth

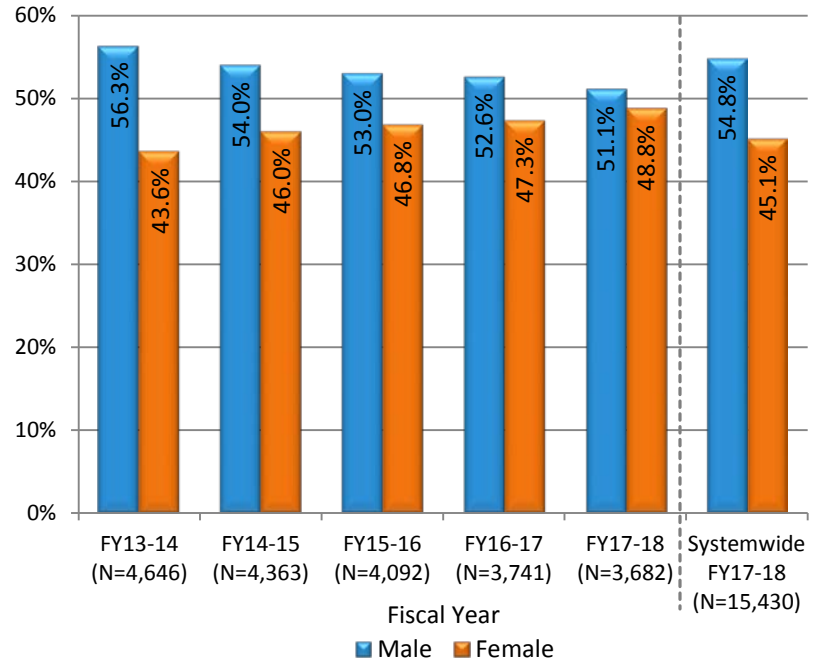
TAY Client Gender

- 1,881 (51%) TAY clients who received CYFBHS services in FY 2017-18 were male.
- The gender gap of the TAY population has narrowed by more than half over the past five years, and the FY 2017-18 gender gap is narrower than the CYFBHS system as a whole.

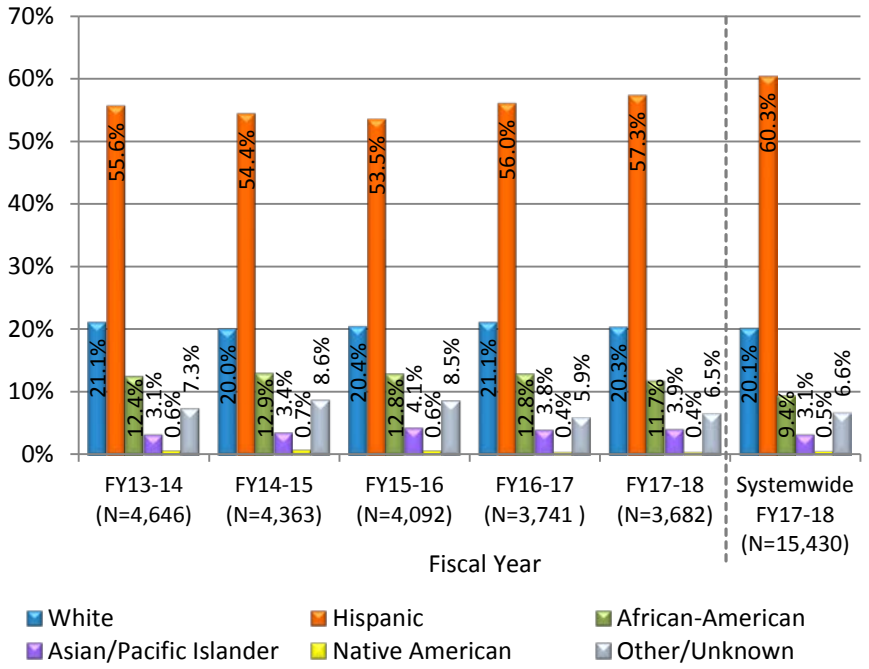
TAY Client Race/Ethnicity

- 2,109 (57%) TAY clients who received CYFBHS services in FY 2017-18 identified themselves as Hispanic.
- The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

TAY Gender Distribution*



TAY Race/Ethnicity Distribution*

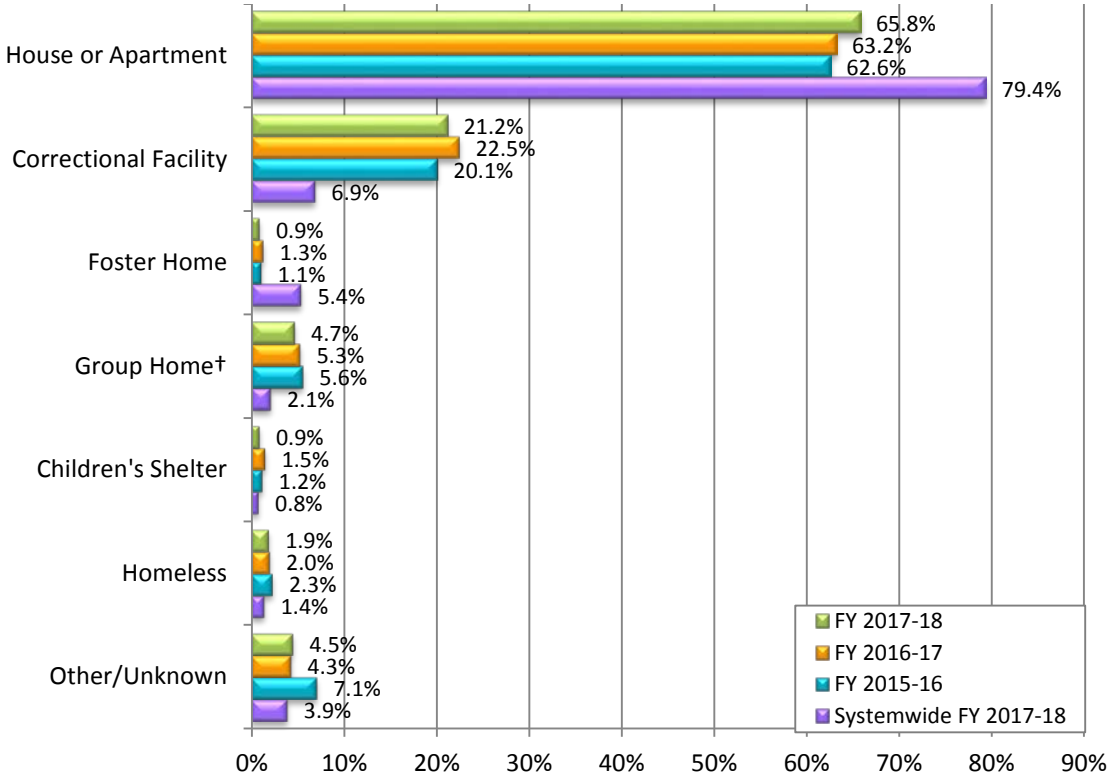


**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2017-18.*

Who Are We Serving?
Transition Age Youth

*TAY Client Living Situation**

2,422 (66%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2017-18. 782 (21%) TAY clients lived in a Correctional Facility in FY 2017-18, triple the systemwide average of 7%.

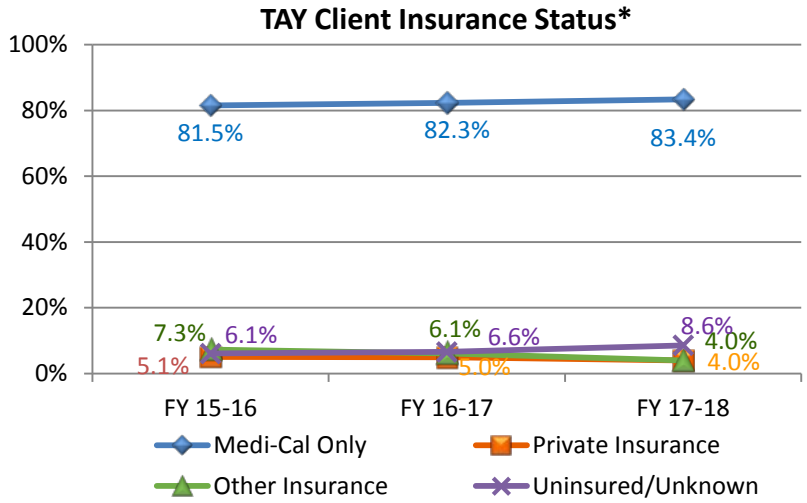


**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2017-18.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

Who Are We Serving?
Transition Age Youth

TAY Health Care Coverage

3,069 (83%) TAY clients who received services from CYFBHS during FY 2017-18 were covered exclusively by Medi-Cal; a slight increase from 3,080 (82%) in FY 2016-17. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2017-18.



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

TAY Primary Care Physician (PCP) Status*†

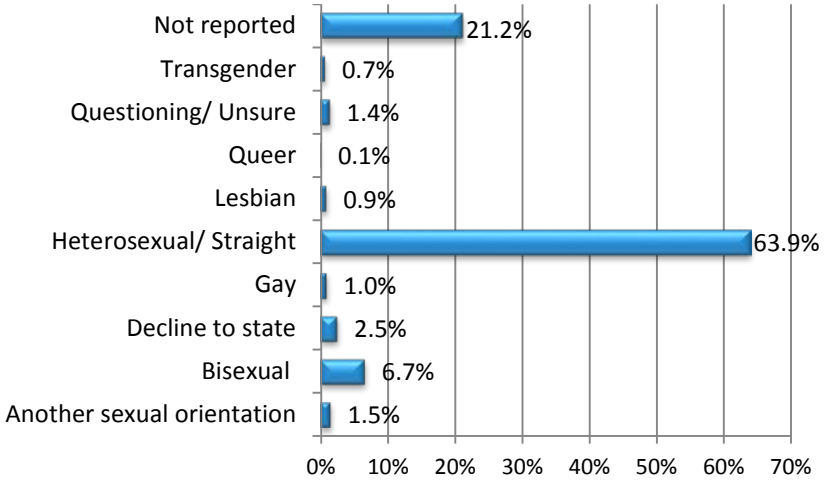
Of the 2,954 TAY clients for whom PCP status was known, 2,670 (90%) had a PCP in FY 2017-18, no change from the 90% of TAY clients in FY 2016-17. By comparison, 94% of CYFBHS clients systemwide had a PCP in FY 2017-18.

**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2017-18.*

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

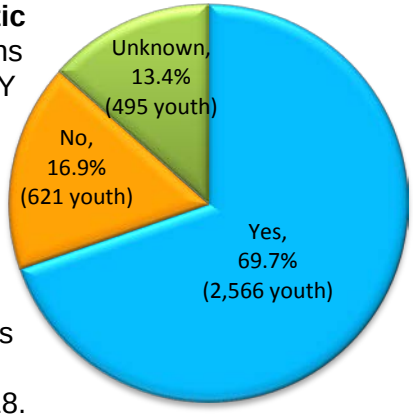
TAY Sexual Orientation*

2,354 (64%) TAY clients served by CYFBHS identified as heterosexual during FY 2017-18. Sexual orientation was unreported or declined to state for 24% of the TAY population.



TAY History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 3,187 clients (87% of the TAY population) in FY 2017-18; of these clients, 2,566 (81% of the 3,187 clients for whom this information was known) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2017-18.

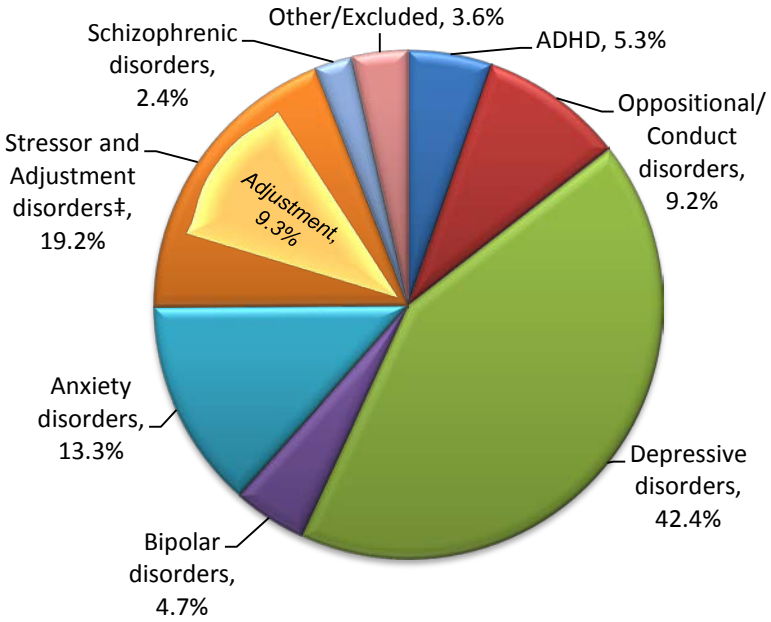


Who Are We Serving?
Transition Age Youth

TAY Primary Diagnosis (n=3,557)†*

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

- Depressive disorders (n=1,508; 42.4%)
- Stressor and Adjustment disorders (n=682; 19.2%)
- Anxiety disorders (n=474; 13.3%)
- Oppositional/Conduct disorders (n=326; 9.2%)



TAY Co-occurring Substance Use

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

FY 2017-18 CYFBHS Youth	TAY Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	**18% (676 of 3,682)**	**6% (937 of 15,430)**
Had dual diagnosis through mental health program§	13% (477 of 3,682)	4% (643 of 15,430)
CYFBHS Youth with Co-occurring Substance Use Issue	**TAY Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	71% (477 of 676)	69% (643 of 937)
Received services from SUD program	46% (313 of 676)	47% (441 of 937)
CYFBHS youth who received services from SUD program who also had dual diagnosis	36% (114 of 313)	33% (147 of 441)

**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of TAY clients served by CYFBHS in FY 2017-18.

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

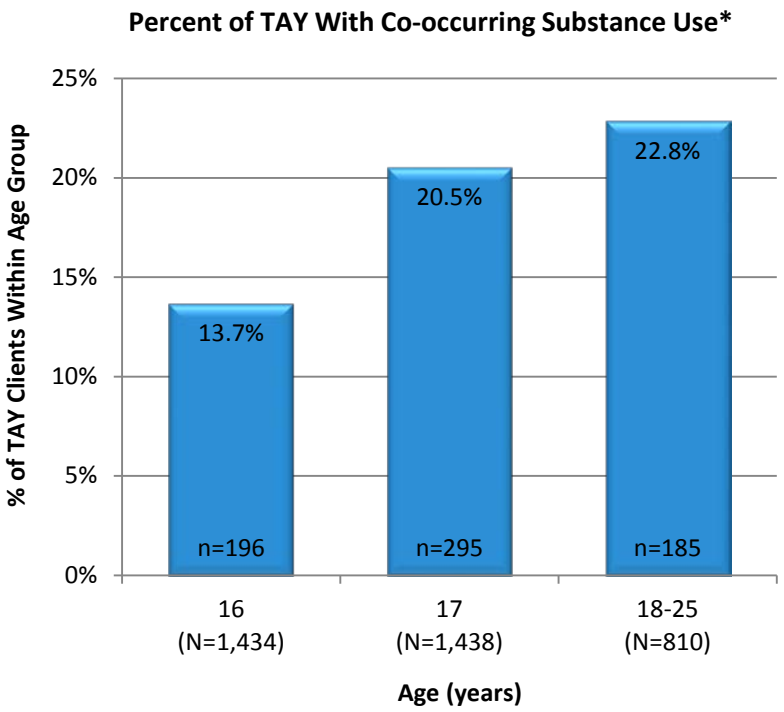
§ These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?
Transition Age Youth

196 of 676 TAY clients (29%) with a co-occurring substance use problem were age 16; the majority (61%) were Hispanic.

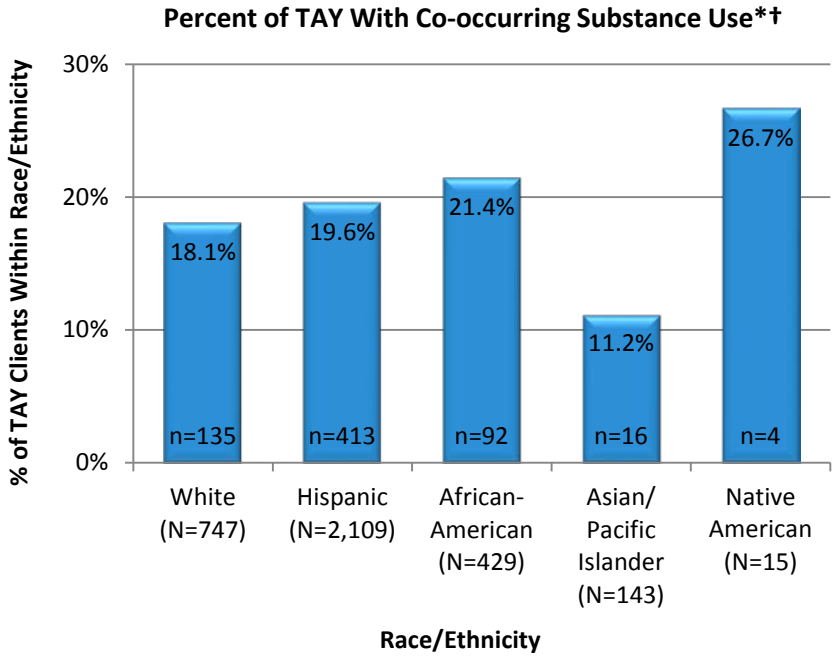
TAY Co-occurring Substance Use—Age

Fourteen percent of 16-year-olds and 21% of 17-year-olds who received services from the CYFBHS system were identified as having a substance use issue.



TAY Co-occurring Substance Use—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Hispanic TAY served by CYFBHS had the highest proportion of co-occurring substance use (413 of 2,109 clients), while Asian/Pacific Islander TAY had the lowest proportion (16 of 143 clients).

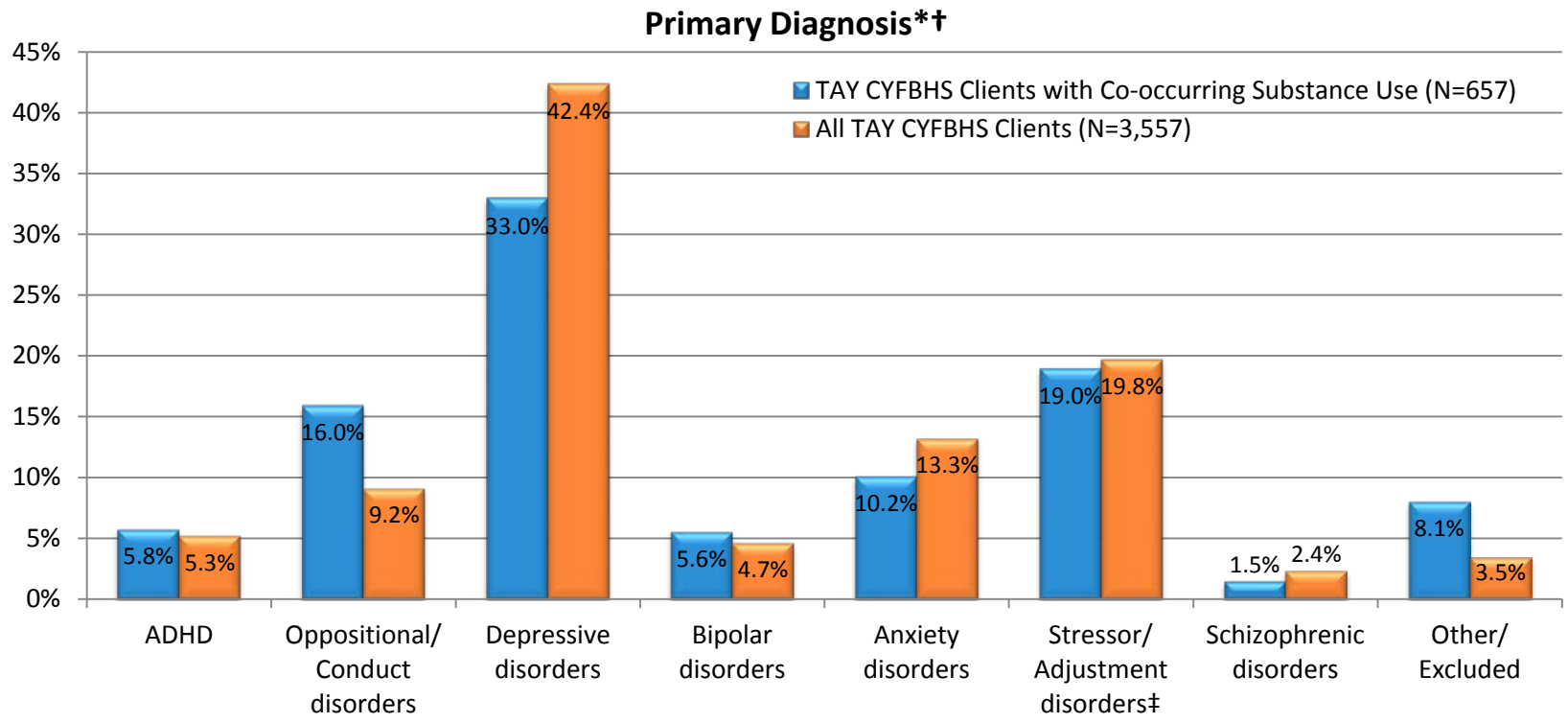


**Percentages calculated within the number of TAY clients served by CYFBHS in FY 2017-18.*
†Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?
Transition Age Youth

TAY Co-occurring Substance Use and Primary Diagnosis

TAY clients with co-occurring substance use problems were more likely to have an Oppositional/Conduct disorder than TAY in CYFBHS overall: 16% (105 of 657) vs. 9% (326 of 3,557), respectively.



**Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

†Percentages calculated within the number of TAY clients served by CYFBHS in FY 2017-18.

‡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†‡	*2,907*	**17%**	*2,182*	**13%**	*5,352*	**31%**	*1,337*	**8%**	*1,899*	**11%**	*3,576*	**21%**	*15,430*	**100%**
Age														
Age 0-5	*168*	**6%**	*135*	**6%**	*903*	**17%**	*209*	**16%**	*195*	**10%**	*317*	**9%**	*1,825*	**12%**
Age 6-11	*1,156*	**40%**	*789*	**36%**	*1,124*	**21%**	*485*	**36%**	*735*	**39%**	*921*	**26%**	*5,039*	**33%**
Age 12-17	*1,413*	**49%**	*1,147*	**53%**	*2,945*	**55%**	*616*	**46%**	*882*	**46%**	*2,208*	**62%**	*7,750*	**50%**
Age 18+	*170*	**6%**	*111*	**5%**	*380*	**7%**	*27*	**2%**	*87*	**5%**	*130*	**4%**	*816*	**5%**
Gender														
Female	*1,276*	**44%**	*943*	**43%**	*2,132*	**40%**	*667*	**50%**	*923*	**49%**	*1,667*	**47%**	*6,964*	**45%**
Male	*1,624*	**56%**	*1,239*	**57%**	*3,218*	**60%**	*670*	**50%**	*975*	**51%**	*1,904*	**53%**	*8,454*	**55%**
Other/Unknown	*7*	**<1%**	*0*	**0%**	*2*	**<1%**	*0*	**0%**	*1*	**<1%**	*5*	**<1%**	*12*	**<1%**
Race/Ethnicity														
White	*413*	**14%**	*641*	**29%**	*1,142*	**21%**	*377*	**28%**	*416*	**22%**	*482*	**14%**	*3,105*	**20%**
Hispanic	*1,946*	**67%**	*1,064*	**49%**	*3,021*	**56%**	*815*	**61%**	*1,275*	**67%**	*2,587*	**72%**	*9,307*	**60%**
African-American	*316*	**11%**	*277*	**13%**	*753*	**14%**	*49*	**4%**	*117*	**6%**	*298*	**8%**	*1,444*	**9%**
Asian/Pacific Islander	*145*	**5%**	*32*	**2%**	*196*	**4%**	*34*	**3%**	*20*	**1%**	*98*	**3%**	*473*	**3%**
Native American	*4*	**<1%**	*14*	**1%**	*31*	**1%**	*7*	**1%**	*15*	**1%**	*16*	**<1%**	*75*	**1%**
Other/Unknown	*83*	**3%**	*154*	**7%**	*209*	**4%**	*55*	**4%**	*56*	**3%**	*95*	**3%**	*1,024*	**7%**
Most Common Diagnoses														
Total Valid Diagnoses	*2,802*	**96%**	*2,137*	**98%**	*4,792*	**90%**	*1,177*	**88%**	*1,827*	**96%**	*3,474*	**97%**	*14,395*	**93%**
Depressive Disorders	*966*	**35%**	*657*	**31%**	*1,486*	**31%**	*429*	**36%**	*578*	**32%**	*1,482*	**43%**	*4,732*	**33%**
Stressor & Adjustment Disorders	*535*	**19%**	*511*	**24%**	*1,073*	**22%**	*243*	**21%**	*434*	**24%**	*672*	**19%**	*3,209*	**22%**
Anxiety Disorders	*358*	**13%**	*250*	**12%**	*552*	**12%**	*249*	**21%**	*260*	**14%**	*406*	**12%**	*2,036*	**14%**
Attention Deficit Hyperactivity Disorders	*322*	**12%**	*265*	**12%**	*501*	**11%**	*113*	**10%**	*282*	**15%**	*257*	**7%**	*1,689*	**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.
§Systemwide includes unique clients only.

Where Are We Serving?
School Site Services

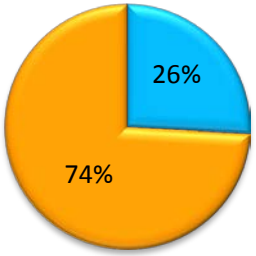
Benefits of Providing School Site Treatment

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

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

4,072 (26%) of 15,430 CYF clients served during FY 2017-18 received at least one school site service.

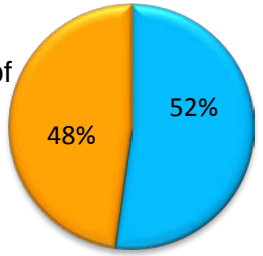
Of these 4,072 clients, 3,989 (98%) received at least one school site *treatment* service, and 83 (2%) received at least one *non-treatment* service.



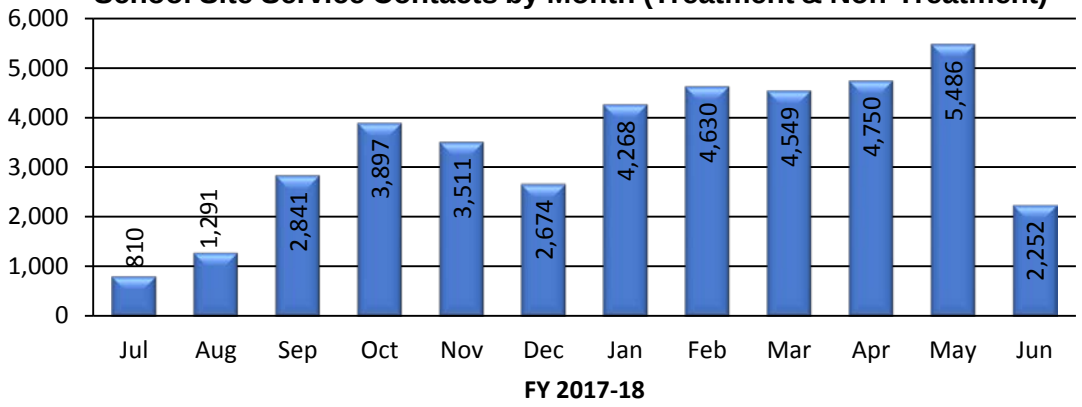
*Mental Health Treatment Services Provided in 49% of Schools.**

408 of 782 schools (52%) in the County of San Diego had at least one school site treatment service during FY 2017-18.

Non-treatment services were provided at 17 additional schools.



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



Average Number of School Site Service Contacts Per Schools Based Client During FY 2017-18* = 10

10

**Source: CA Department of Education, FY 2017-18*

Where Are We Serving?
School Site Services

*Number of Unique Clients by School Site, FY 2017-18 (N = 4,072)**

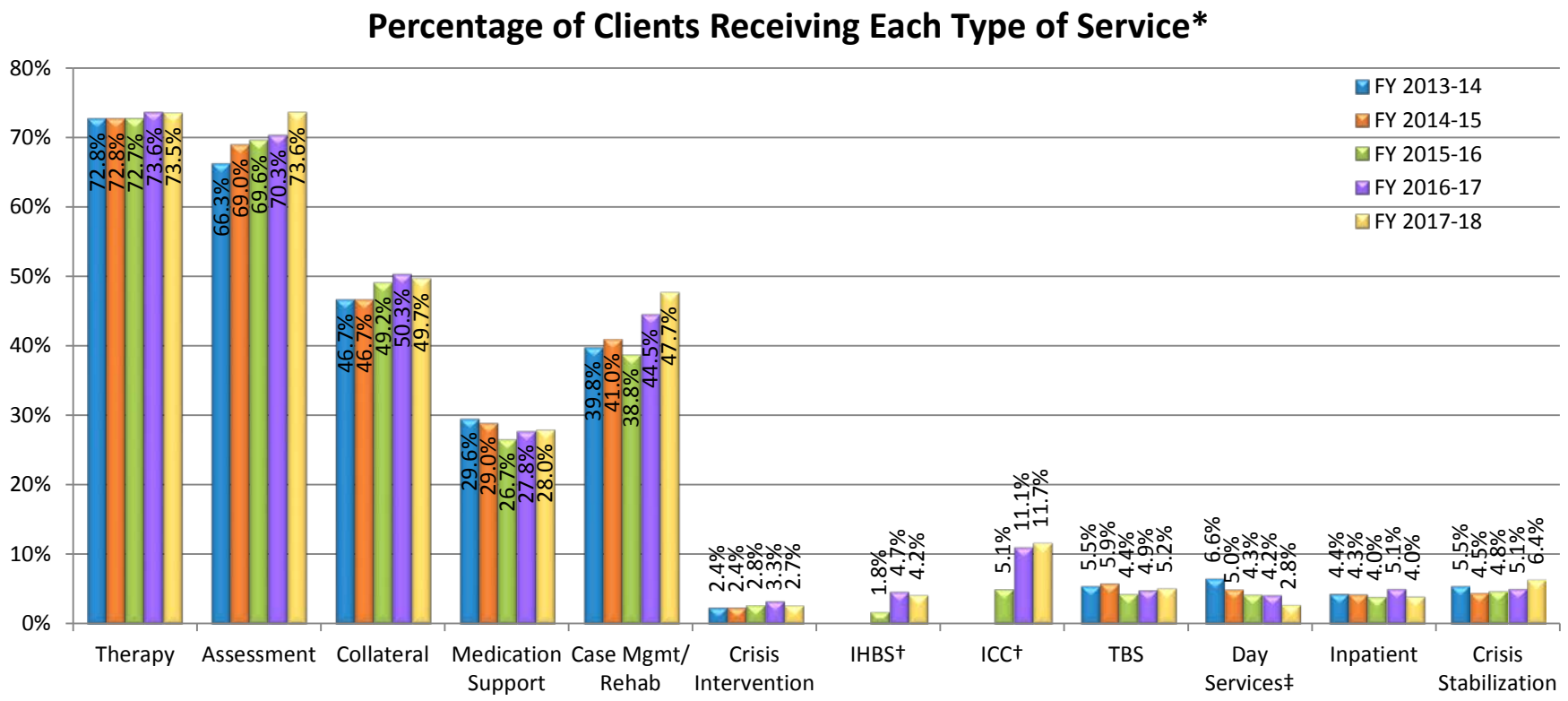
School District/Site	N	%	School District/Site	N	%
Borrego Springs Unified School District	11	0.3%	National School District	74	1.8%
Cajon Valley Union School District	117	2.9%	Oceanside Unified School District	179	4.4%
Cardiff School District	2	0.0%	Poway Unified School District	7	0.2%
Carlsbad Unified School District	2	0.0%	Ramona Unified School District	166	4.1%
Chula Vista Elementary School District	22	0.5%	San Diego Unified School District	1,718	42.2%
Encinitas Union School District	23	0.6%	San Dieguito Union High School District	5	0.1%
Escondido Union School District	269	6.6%	San Marcos Unified School District	68	1.7%
Escondido Union High School District	64	1.6%	San Ysidro School District	40	1.0%
Fallbrook Union Elementary School District	95	2.3%	Santee School District	64	1.6%
Fallbrook Union High School District	34	0.8%	South Bay Union School District	31	0.8%
Grossmont Union High School District	166	4.1%	Sweetwater Union High School District	73	1.8%
Jamul-Dulzura Union School District	4	0.1%	Valley Center-Pauma Unified School District	14	0.3%
Julian Union School District	29	0.7%	Vista Unified School District	289	7.1%
Julian Union High School District	5	0.1%	Warner Unified School District	5	0.1%
La Mesa-Spring Valley School District	178	4.4%	San Diego County Office of Education	243	6.0%
Lakeside Union School District	24	0.6%	Preschool	88	2.2%
Lemon Grove School District	16	0.4%	Private and Other	73	1.8%
Mountain Empire Unified School District	22	0.5%	Not In School	1	0.0%

**Source: CA Department of Education, FY 2017-18*

What Kind of Services Are Being Used?

Types of Services Used

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

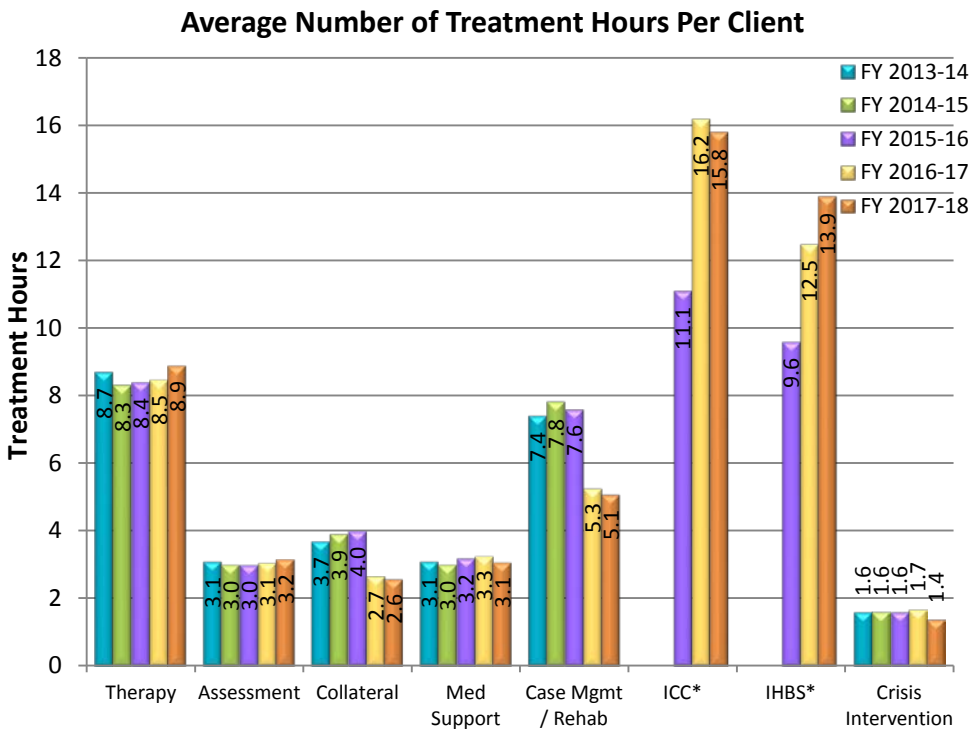


**These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being; service data became available in FY 2015-16. In FY 2016-17, ICC and IHBS services were expanded to all eligible CYFBHS clients.
‡In FY 2017-18, day services further unbundled from day services to outpatient services.

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

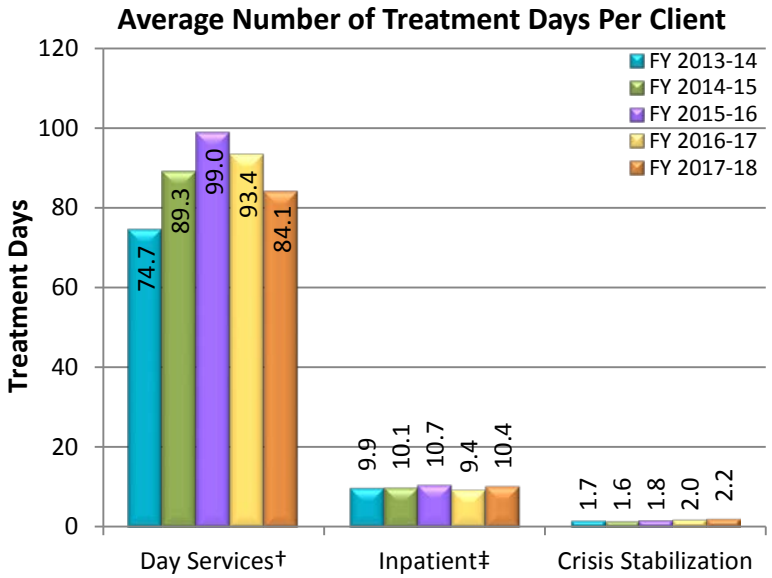
On average, clients received **8.9 hours of Outpatient Therapy** in FY 2017-18, a slight increase from 8.5 hours in FY 2016-17. Compared to FY 2015-16, average Case Management and Collateral service treatment hours have declined by more than 30% as the hours of ICC and IHBS increased.



Service Treatment Days

The average number of **Day Services treatment days decreased 10%** as compared to FY 2016-17. Day Services are services designed to provide alternatives to 24–hour care and supplement other modes of treatment and residential service.

Treatment days are calculated at the client level; since clients may have had more than one service episode during the fiscal year, the average may be higher than treatment days calculated at the episode level.



**IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being; service data became available in FY 2015-16. In FY 2016-17, ICC and IHBS services were expanded to all eligible CYFBHS clients.*
†In FY 2017-18, day services further unbundled from day services to outpatient services.
‡Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.

What Kind of Services Are Being Used?

*Service Use by Primary Diagnosis**

- Compared to CYFBHS systemwide averages, youth with Depressive Disorder diagnosis were more likely to receive Outpatient Crisis services, as well as intensive Inpatient and Crisis Stabilization services.
- Youth with a Stressor and Adjustment Disorder diagnosis were more likely to receive Intensive Care Coordination (ICC) services, and less likely to receive Medication services, compared to the systemwide average.
- Youth with an Anxiety Disorder were more likely than the CYFBHS average to receive Outpatient Therapy services and less likely to use any intensive services.
- Youth with ADHD were more likely to receive Medication Support services and less likely to receive Inpatient services and Crisis Stabilization, compared to the systemwide average.
- Youth with an Oppositional/Conduct Disorder were more likely than the CYFBHS average to receive Day Treatment services and Outpatient Therapy services.
- Compared to CYFBHS systemwide averages, youth with a Bipolar Disorder were more likely to receive Medication, Intensive Home Based Service (IHBS), and ICC services, as well as all intensive services (Inpatient, Day Treatment, and Crisis Stabilization).
- Youth with a Schizophrenic Disorder diagnosis were more likely than the CYFBHS average to receive all outpatient service types except Therapy, Assessment, and Collateral services. These youth were the highest utilizers of all intensive services (Inpatient, Day Treatment, and Crisis Stabilization).

**Detailed service utilization tables available on request.*

What Kind of Services Are Being Used?

*Service Use by Race/Ethnicity**

- Hispanic clients (n=9,307) were more likely than any other racial/ethnic group to receive Case Management services .
- White clients (n=3,105) were more likely than any other racial/ethnic group to receive TBS services.
- African-American (n=1,444) clients were more likely than any other racial/ethnic group to receive Medication Support services. These youth were more likely than the CYFBHS average to use ICC services and nearly three times as likely to receive Day Treatment services. They were less likely to receive Assessment services.
- Asian/Pacific Islander clients (n=473) were less likely than any other racial/ethnic group to receive TBS, IHBS, or ICC services. These youth were more likely than the CYFBHS average to receive Crisis Stabilization services.
- Native American clients (n=75) were more likely than any other racial/ethnic group to receive Assessment, IHBS, and ICC services, and were more likely than the CYFBHS systemwide averages to receive intensive Crisis Stabilization services. These clients were least likely to receive Outpatient Therapy or Medication services, compared to any other racial/ethnic group. It is important to note that the small number of Native American clients means the data are not necessarily representative.

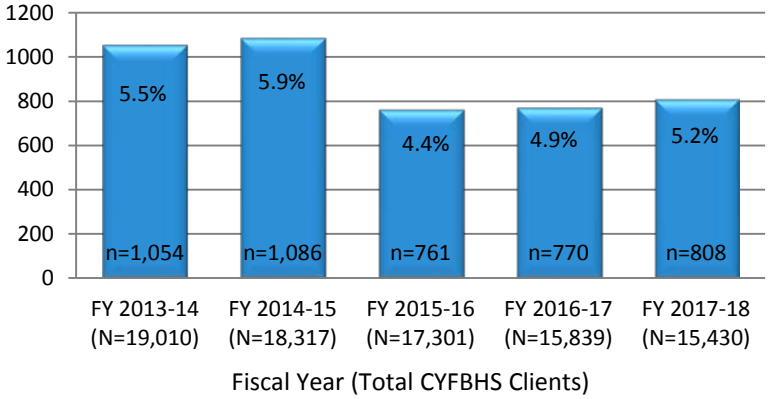
**Detailed service utilization tables available on request.*

What Kind of Services Are Being Used?

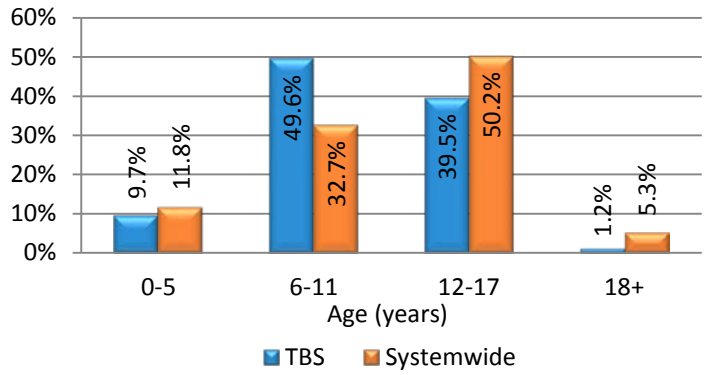
Therapeutic Behavioral Services (TBS)

TBS services are ancillary intensive coaching services designed to help stabilize environments, or avoid the need for a more restrictive level of care. TBS services were initiated in CYFBHS in 2001 for Medi-Cal beneficiaries. Clients receiving TBS services were younger and less likely to be female than the systemwide averages. The proportion of clients receiving TBS services increased from 4.9% (770) in FY 2016-17 to 5.2% (808) in FY 2017-18.

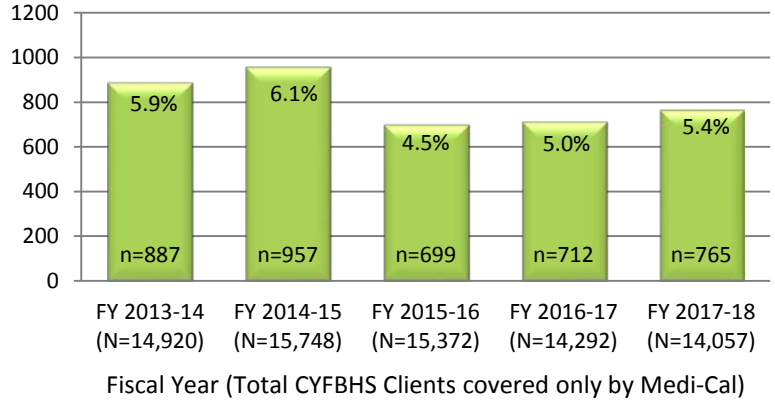
TBS Clients within Systemwide CYFBHS Clients



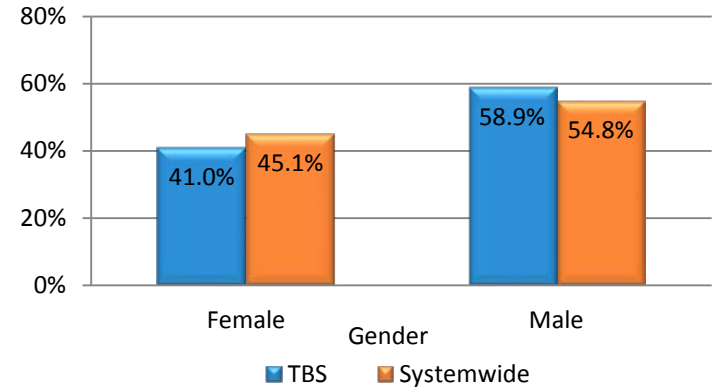
*TBS Client Age (N=808)**



Medi-Cal Only TBS Clients within Medi-Cal Only CYFBHS Clients



*TBS Client Gender (N=808)**

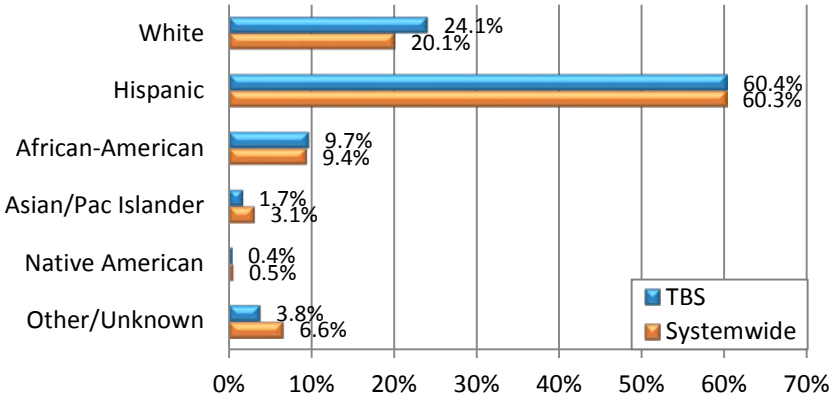


**Percentages calculated within the number of TBS clients served by CYFBHS in FY 2017-18.*

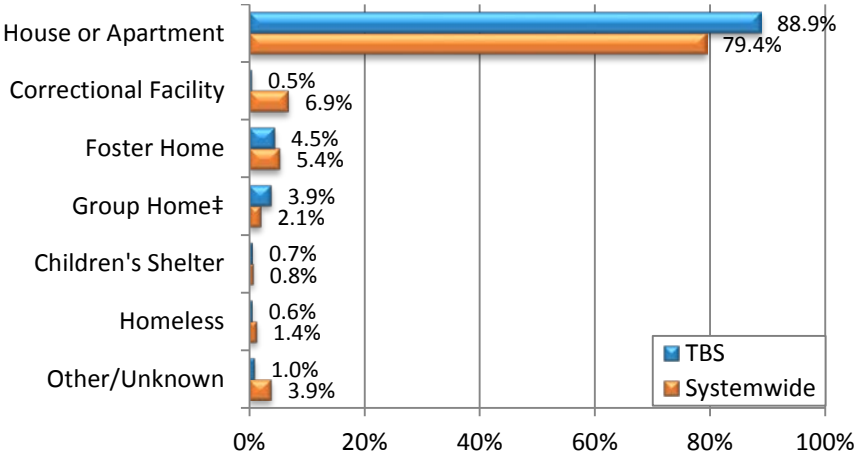
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

*TBS Client Race/Ethnicity (N=808)**

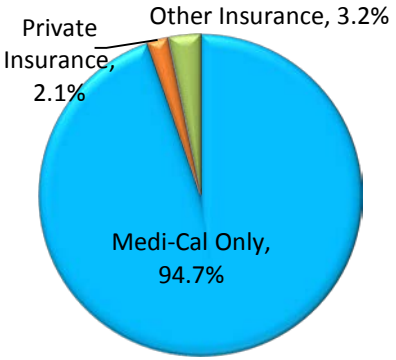


*TBS Client Living Situation (N=808)**



*TBS Client Health Care Coverage (N=808)**

765 (95%) clients who received TBS from CYFBHS during FY 2016-17 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2017-18.

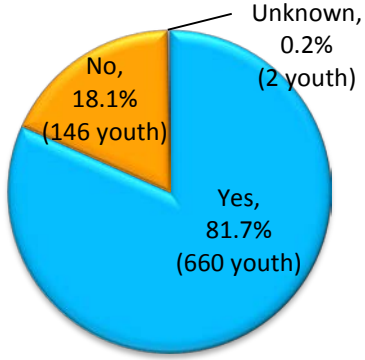


TBS Client Primary Care Physician (PCP) Status†

Of the 796 TBS clients for whom PCP status was known, 769 (97%) had a PCP in FY 2017-18. By comparison, 92% of CYFBHS clients systemwide had a PCP in FY 2017-18.

TBS Client History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 806 clients (almost 100% of the TBS population) in FY 2017-18; of these clients, 660 (82% of the 806 clients for whom this information was known) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2017-18.



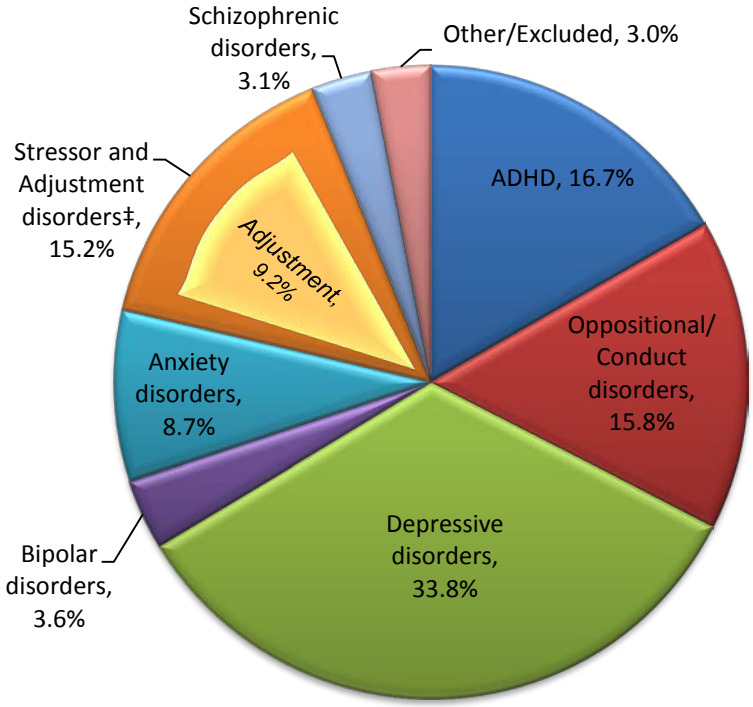
**Percentages calculated within the number of TBS clients served by CYFBHS in FY 2017-18.*
†Unknown category includes Fee-for-Service providers for whom data were not available.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

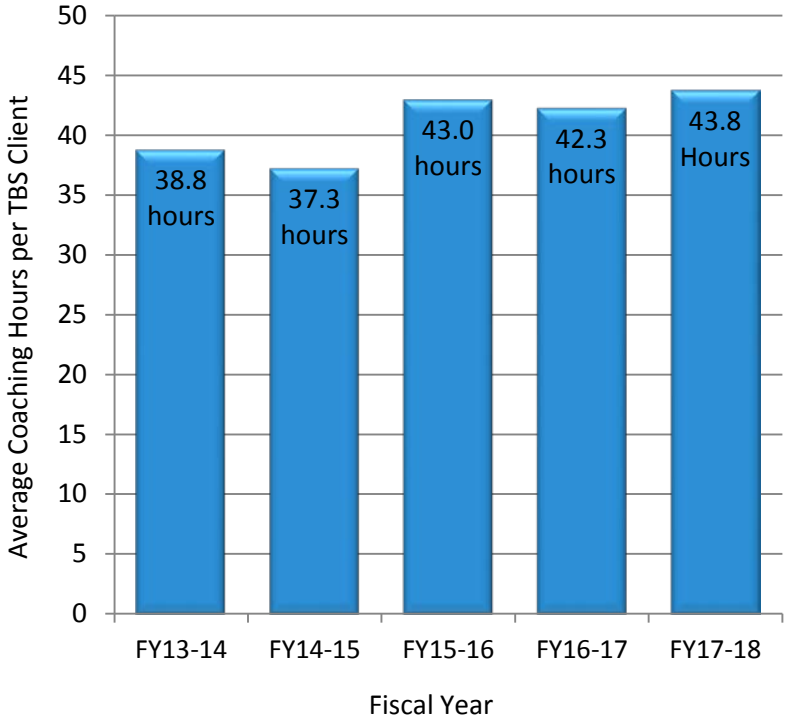
TBS Client Primary Diagnosis (n=802)†*

The most common diagnosis for TBS clients in FY 2017-18 was Depressive disorders. The rate of Stressor and Adjustment disorders was lower in the TBS population compared to the CYFBHS systemwide average of 22%.



Coaching Hours for TBS Clients

The average number of coaching hours (identified by service code 47: "TBS Intervention") per TBS client increased slightly from FY 2016-17 to FY 2017-18.



**Percentages calculated within the number of TBS clients served by CYFBHS in FY 2017-18.*

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

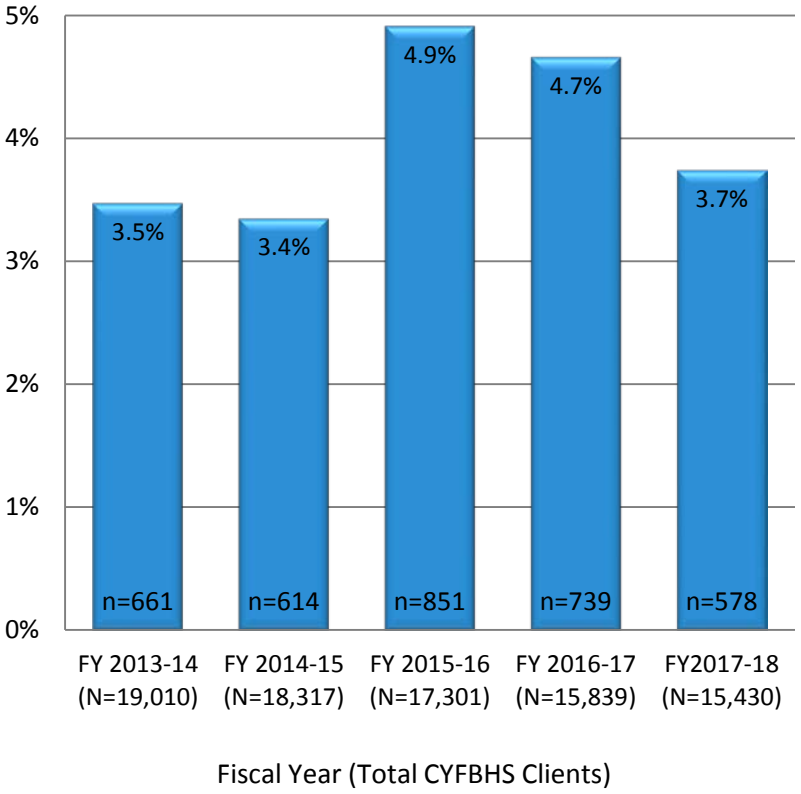
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

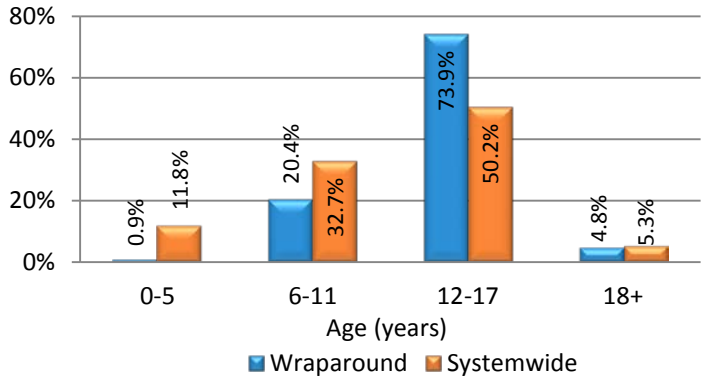
Wraparound Programs

Wraparound is a comprehensive and research-based treatment modality which partners mental health professionals with families for youth needing intensive supports in their home community. The proportion of clients receiving Wraparound services decreased from FY 2016-17 to FY 2017-18. Wraparound clients were older and more likely to be female than the systemwide averages.

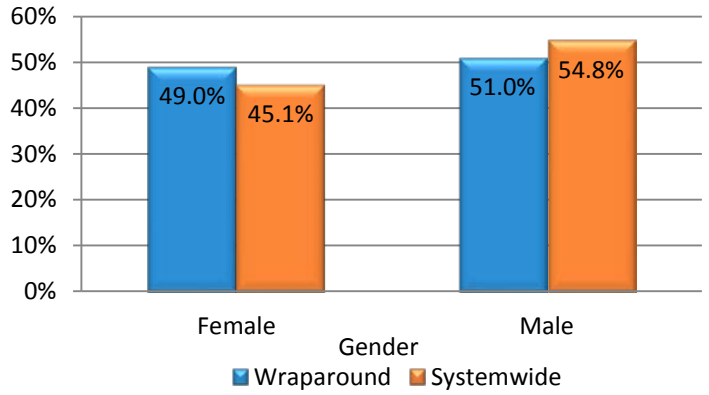
Clients in Wraparound Programs



Wraparound Program Clients Age (N=578)*



Wraparound Program Clients Gender (N=578)*

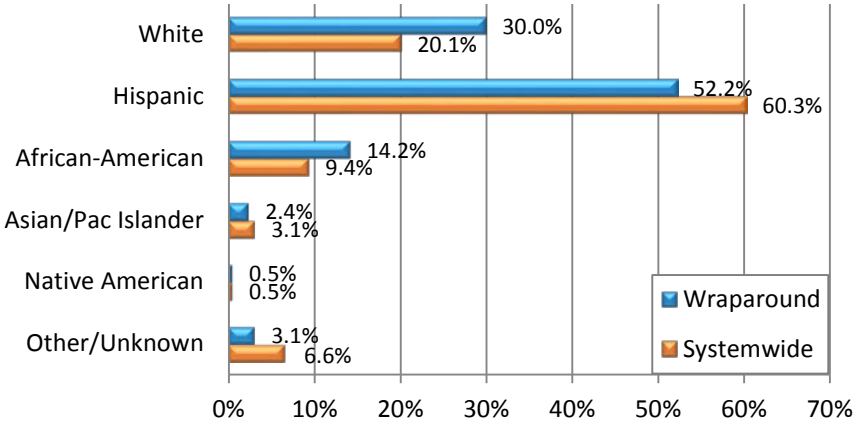


**Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2017-18.*

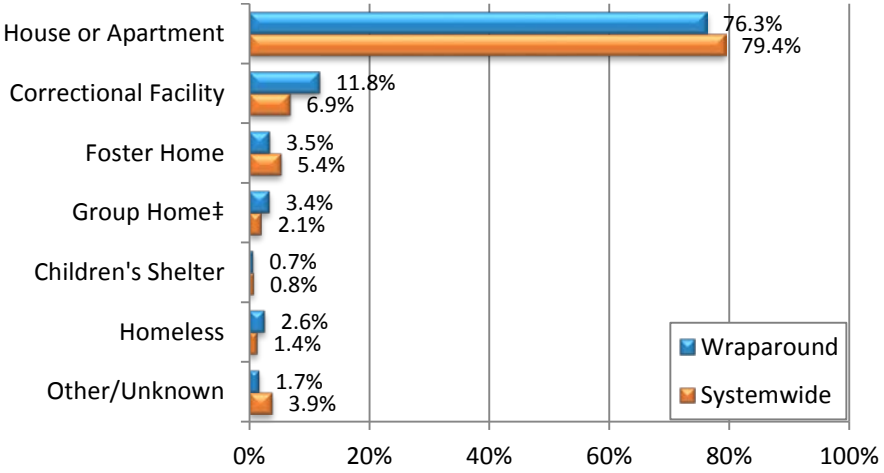
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=578)*

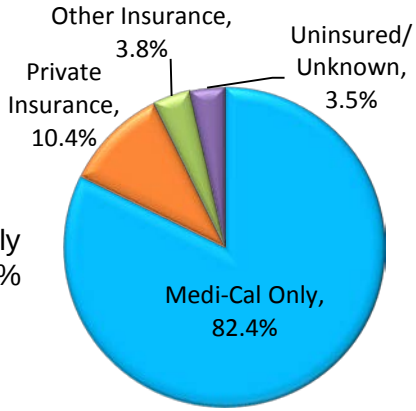


Wraparound Program Clients Living Situation (N=578)*



Wraparound Program Clients Health Care Coverage (N=578)*

476 (82%) clients who received services from Wraparound programs in CYFBHS during FY 2017-18 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2017-18.

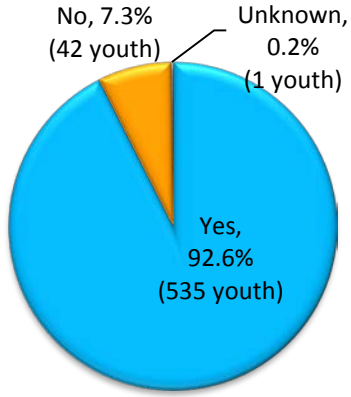


Wraparound Program Clients Primary Care Physician (PCP) Status†

Of the 564 clients in Wraparound programs for whom PCP status was known, 539 (96%) had a PCP in FY 2017-18. By comparison, 92% of CYFBHS clients systemwide had a PCP in FY 2017-18.

Wraparound Program Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 577 clients (almost 100% of the Wraparound population) in FY 2017-18; of these clients, 535 (93% of the 578 clients for whom this information was known) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2017-18.



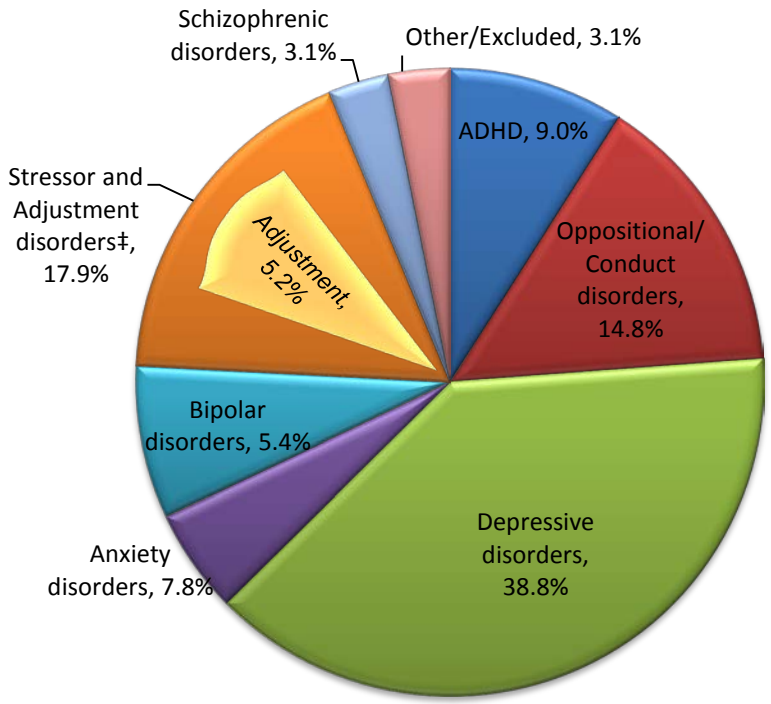
**Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2017-18.*
†Unknown category includes Fee-for-Service providers for whom data were not available.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

What Kind of Services Are Being Used?

Wraparound Programs

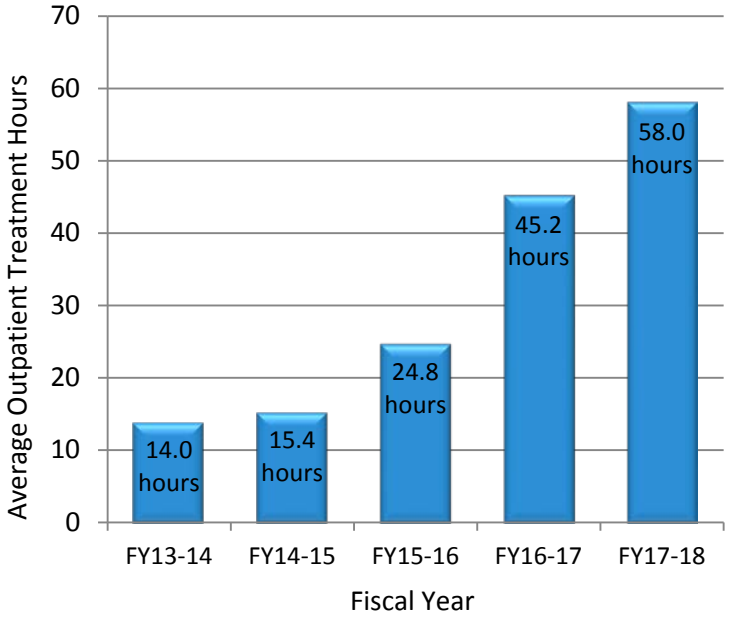
Wraparound Program Clients Primary Diagnosis (n=575)*†

The most common diagnosis for Wraparound Program clients in FY 2017-18 was Depressive disorders. The rate of Stressor and Adjustment disorders was lower in the Wraparound population compared to the CYFBHS systemwide average of 22%.



Outpatient Treatment Hours for Clients in Wraparound Programs

The average number of Outpatient hours for clients in Wraparound programs has increased in the past five years, from 14 hours in FY 2013-14 to 58 hours in FY 2017-18. This correlates with the expansion of ICC and IHBS services to all eligible CYFBHS clients and utilization of Child and Family Teams under Pathways to Well-Being (August 2013).



Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2017-18.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

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

What Kind of Services Are Being Used?

Pathways to Well-Being

The Integrated Core Practice Model

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

Continuum of Care Reform

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

What Kind of Services Are Being Used?

Pathways to Well-Being

Pathways to Well-Being is the County of San Diego's joint partnership between Behavioral Health Services (BHS) and Child Welfare Services (CWS), dedicated to collaboration in order to ensure safety, the promotion of a permanent living situation known as permanency, and well-being for youth in, or at imminent risk of placement in, foster care. Under this initiative, all youth entering the Child Welfare System are screened for mental health needs to receive appropriate services and support. Aligning with the Integrated Core Practice Model, the purpose of Pathways to Well-Being is to enhance the delivery of children's services through a collaborative team of mental health providers, CWS social workers, Probation, parent and youth partners, other system partners, and the youth and family. The Child and Family Team identifies the strengths and needs of the family and support system in order to develop service plans that are tailored to the unique needs of the child and family. BHS, CWS, Probation, and family and youth partners work together to support a shared vision of the Pathways to Well-Being. **Pathways Eligible** clients include youth with an open child welfare case who meet medical necessity criteria. **Enhanced Services** clients include youth with an open child welfare case who meet medical necessity criteria AND have full scope Medi-Cal AND meet at least one of the following criteria: two or more placement changes within the last 24 months due to behavioral health needs AND/OR are currently being considered for, receiving, or are recently discharged from more intensive behavioral health services.

Pathways Eligible*†

	FY 2015-16	FY 2016-17	FY 2017-18
Total Clients‡ with Open Assignment	982	1,060	774

Eligible for Enhanced Services*†

	FY 2015-16	FY 2016-17	FY 2017-18
Total Clients‡ with Open Assignment	973	896	819
Pathways Service			
ICC	748	697	593
IHBS	283	258	211

**Data Source: Pathways to Well-Being Enhanced Monthly YTD Report, CYFBHS*
†Clients may be duplicated between Class and Subclass categories
‡Unduplicated Clients
NOTE: Pathways Eligible was previously Katie A class; Eligible for Enhanced Services was previously Katie A Subclass.

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

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

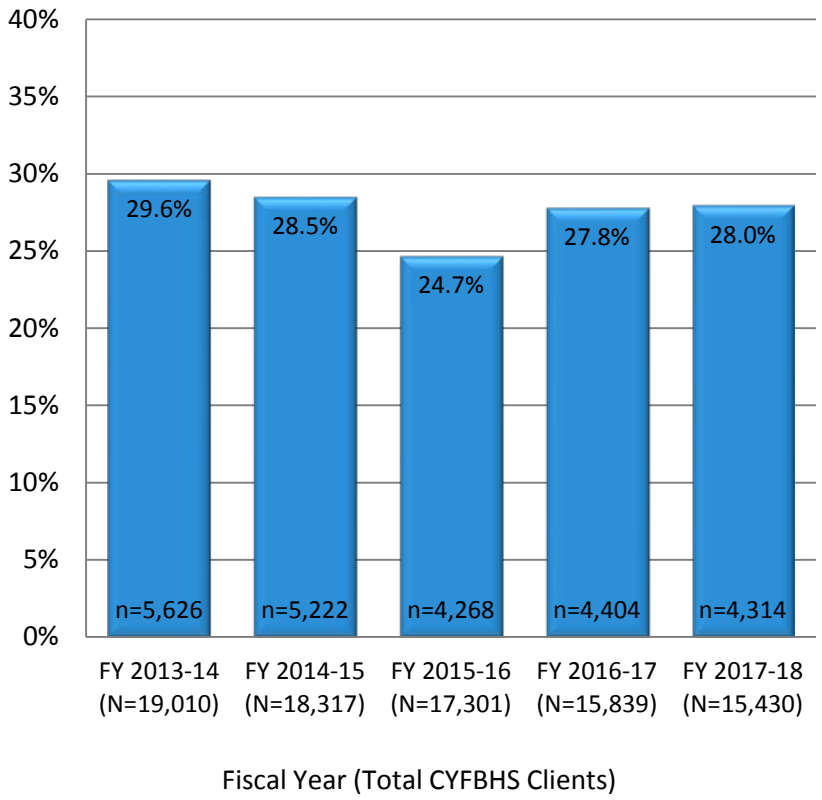
Locally, ICC and IHBS were launched in August 2013. As of 7/1/2016, the state expanded ICC and IHBS services to be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services.

What Kind of Services Are Being Used?

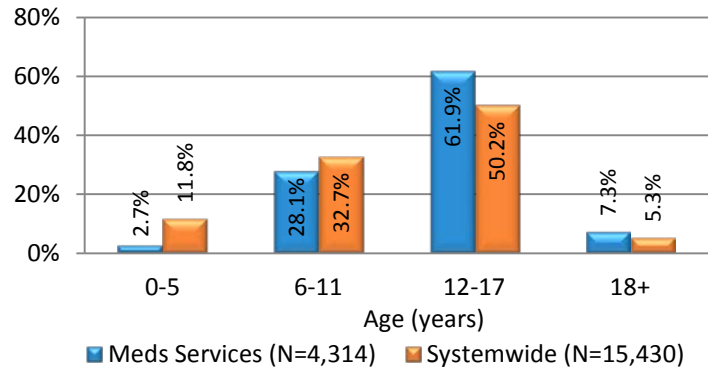
Medication Services

CYFBHS provides medication services along with other services or as an independent service through the Fee-for-Service (FFS) network. In FY 2017-18, only 290 (2%) of 15,430 clients received medication services with no other concurrent services. This section summarizes demographics and client data for all children and youth who received any medication services during the fiscal year.

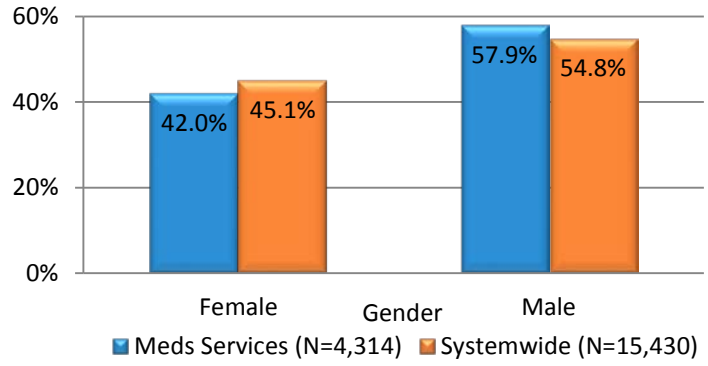
Clients Receiving Medication Services



Medication Services Clients Age (N=4,314)*



Medication Services Clients Gender (N=4,314)*

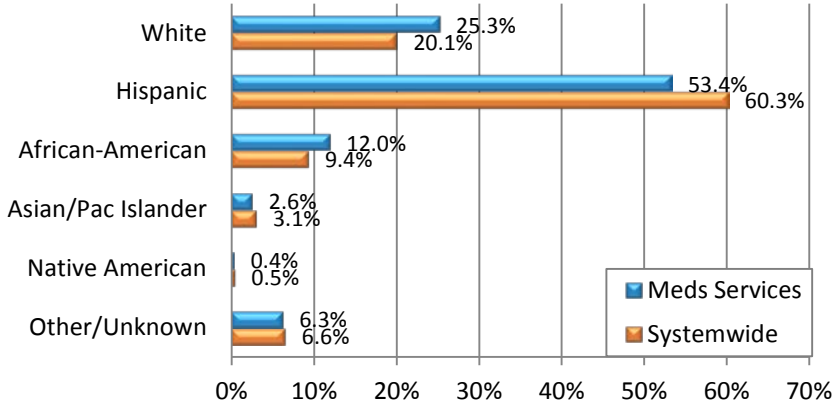


**Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2017-18.*

What Kind of Services Are Being Used?

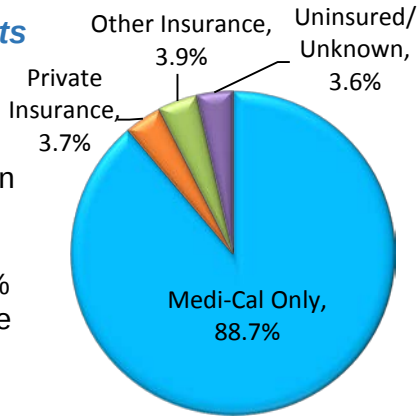
Medication Services

Medication Services Clients Race/Ethnicity (N=4,314)*



Medication Services Clients Health Care Coverage (N=4,314)*

3,827 (89%) clients who received medication services in CYFBHS during FY 2017-18 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2017-18.

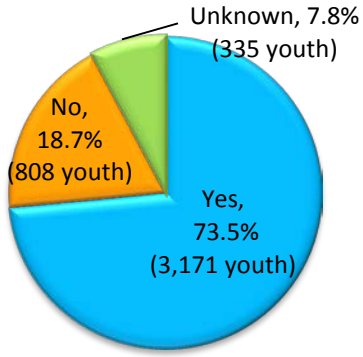


Medication Services Clients Primary Care Physician (PCP) Status†

Of the 3,767 clients who received medication services for whom PCP status was known, 3,546 (94%) had a PCP in FY 2017-18. By comparison, 92% of CYFBHS clients systemwide had a PCP in FY 2017-18.

Medication Services Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 3,979 clients (92% of the medication services population) in FY 2017-18; of these clients, 3,171 (80% of the 3,979 clients for whom this information was known) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2017-18.



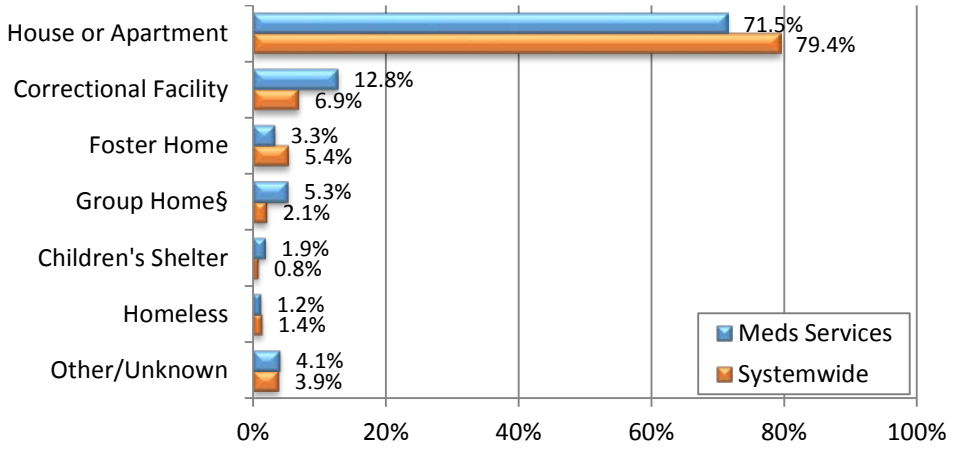
Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2017-18.

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

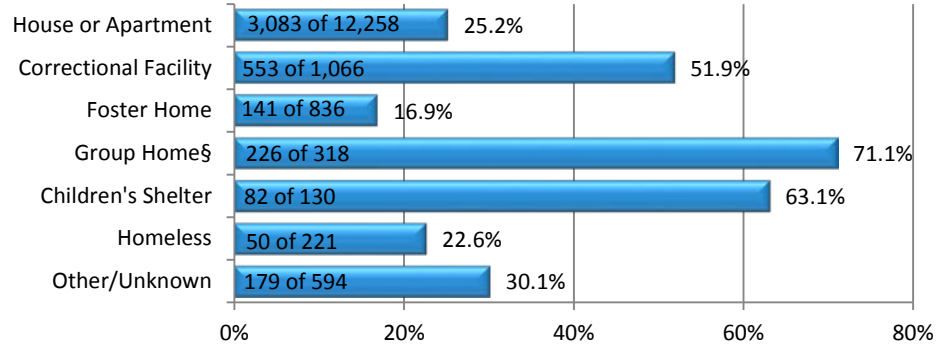
What Kind of Services Are Being Used?

Medication Services

Medication Services Clients Living Situation (N=4,314)*



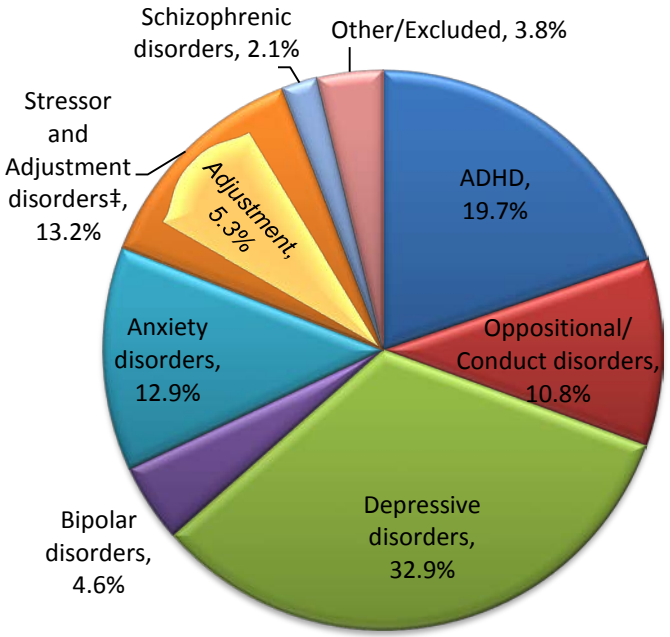
Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals for each Living Situation Category

Medication Services Clients Primary Diagnosis (n=4,284)*†

The most common diagnosis for Medication Services clients in FY 2017-18 was Depressive disorders. The rate of ADHD diagnosis was more than the CYFBHS systemwide average of 12%, and the rate of Stressor and Adjustment disorders was less than the CYFBHS systemwide average of 22%.



Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2017-18.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

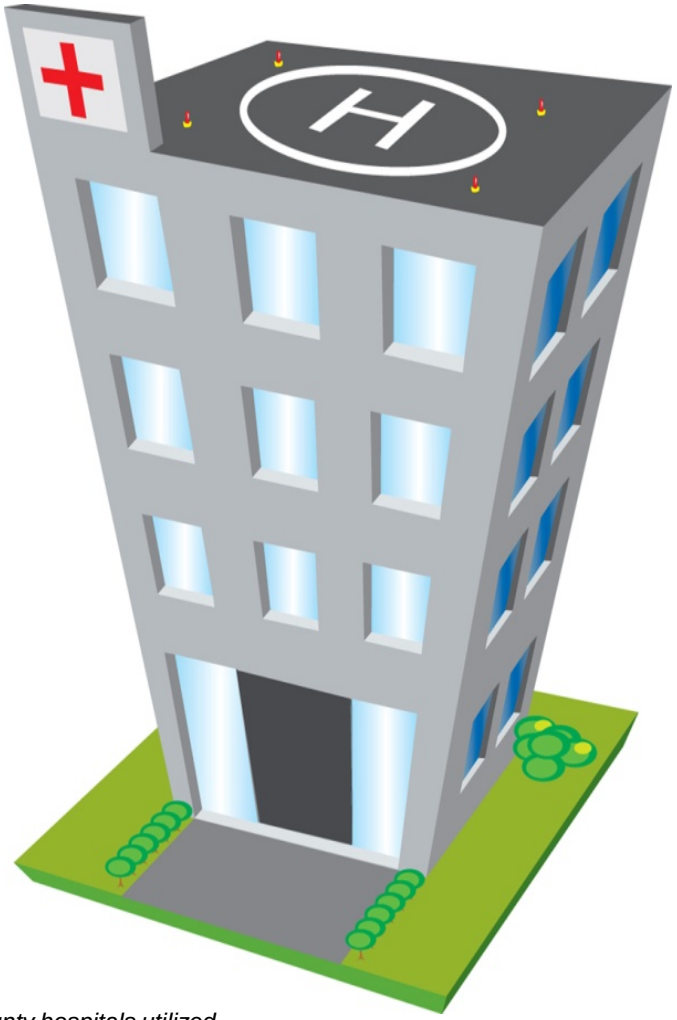
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

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

What Kind of Services Are Being Used?

*Inpatient (IP) Services (N=622)**

- 622 (4.0%) of 15,430 unduplicated clients used Inpatient services in FY 2017-18
  - A decrease from 806 (5.1%) of 15,839 in FY 2016-17
  - 87% of these clients were ages 12-17
- Top 4 primary diagnoses
  - 60% Depressive disorders
  - 13% Stressor and Adjustment disorders
  - 8% Schizophrenia and Other Psychotic disorders
  - 6% Bipolar disorders
- 134 (22%) of 622 children receiving IP services had **more than one IP stay** in the fiscal year
  - A decrease from 182 (23%) of 806 in FY 2016-17



Urgent Outpatient Services (N=485)

- 485 (3.1%) of 15,430 unduplicated clients received Urgent Outpatient services in FY 2017-18
- Urgent Outpatient Programs†
  - Emergency Medication Management: 127 (26%) of 485 clients
  - CIR‡ Team—Vista: 184 (38%) of 485 clients
  - CIR‡ Team—Escondido: 174 (36%) of 485 clients

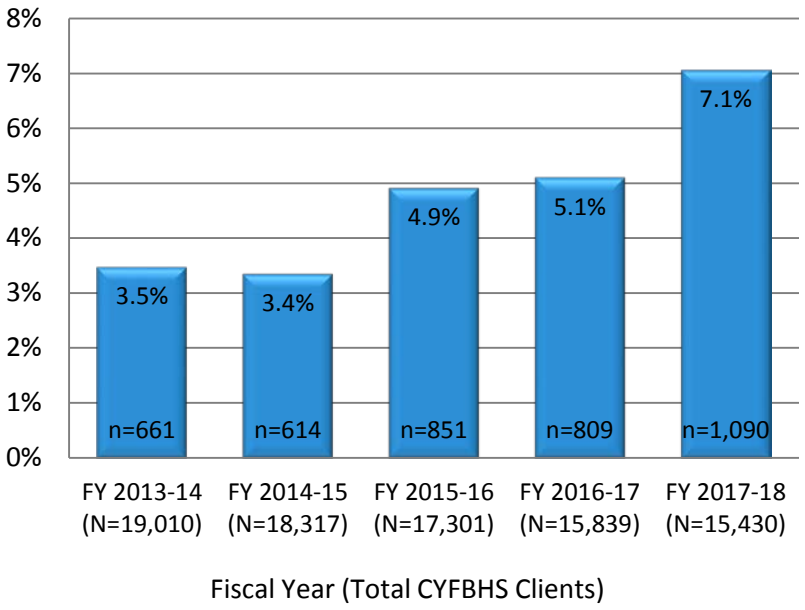
**Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.*
†Clients may have been seen at more than one Urgent Outpatient program within the fiscal year.
‡CIR=New Alternatives Inc. North County Crisis, Intervention and Response Team

What Kind of Services Are Being Used?

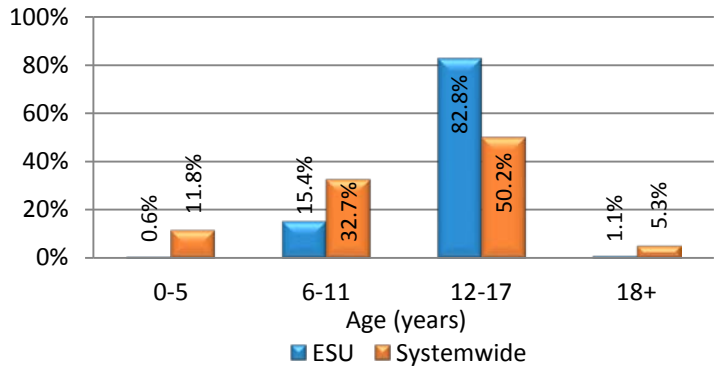
Emergency Screening Unit (ESU)

The Emergency Screening Unit (ESU) provides crisis stabilization to children and adolescents under age 18. CYFBHS expanded ESU capacity from 4 to 12 beds in January 2018. The proportion of clients receiving ESU services increased from 5.1% (809) in FY 2016-17 to 7.1% (1,090) in FY 2017-18. The proportion of females receiving ESU services is greater than the CYFBHS systemwide average.

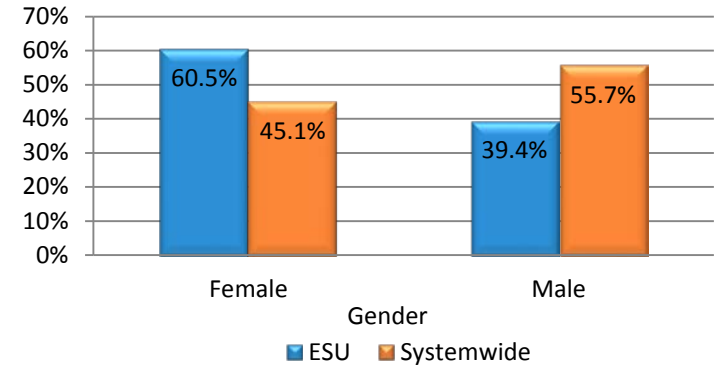
Clients Receiving Services from ESU



*ESU Program Clients Age (N=1,090)**



*ESU Program Clients Gender (N=1,090)**



Diversion†

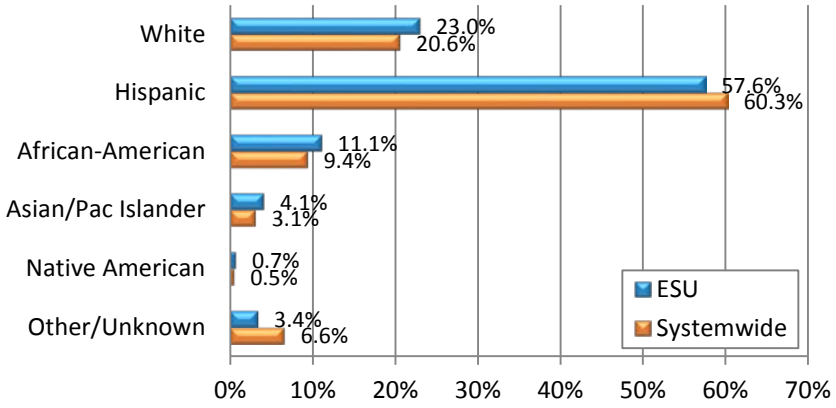
Of 1,512 ESU visits‡ in FY 2017-18, 1,151 (76%) were diverted from an IP admission within 24 hours.

**Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2017-18.*
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (Client Services After Psychiatric Hospital Discharge Report, Jan 2019)
‡ESU visits include duplicated clients and exclude direct admits.

What Kind of Services Are Being Used?

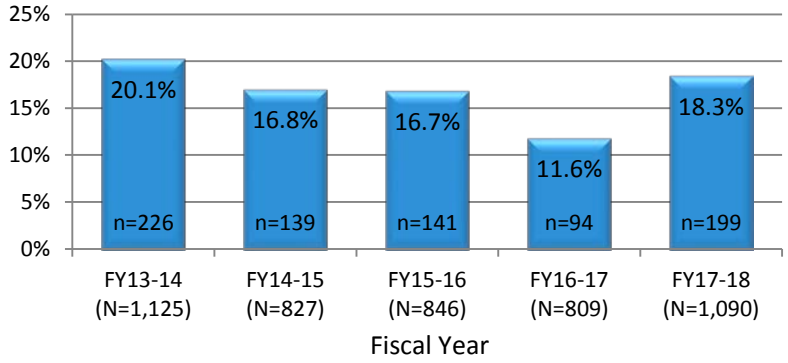
Emergency Screening Unit (ESU)

ESU Clients Race/Ethnicity (N=1,090)*



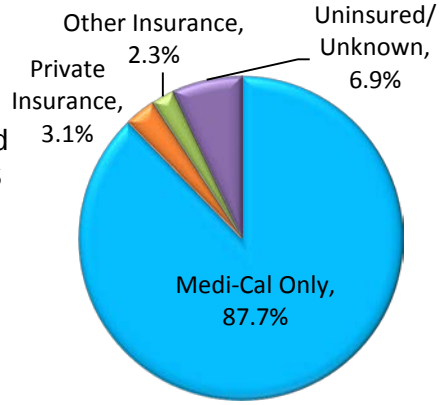
Recurring ESU Visits (Readmission)

199 (18%) of 1,090 children receiving services from ESU had more than one ESU visit in FY 2017-18; an increase from 94 (12%) of 809 in FY 2016-17.



ESU Clients Health Care Coverage (N=809)*

956 (88%) clients who received services from ESU in CYFBHS during FY 2017-18 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2017-18.

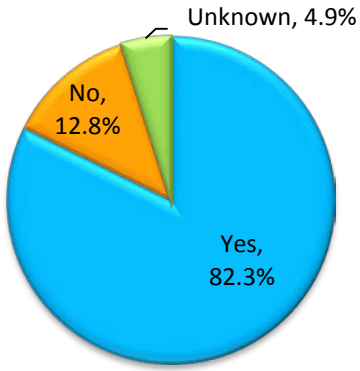


ESU Clients Primary Care Physician (PCP) Status†

Of the 1,000 ESU clients for whom PCP status was known, 917 (92%) had a PCP in FY 2017-18. By comparison, 92% of CYFBHS clients systemwide had a PCP in FY 2017-18.

ESU Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 1,037 clients (95% of the ESU population) in FY 2017-18; of these clients, 897 (86% of the 1,037 clients for whom this information was known) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2017-18.

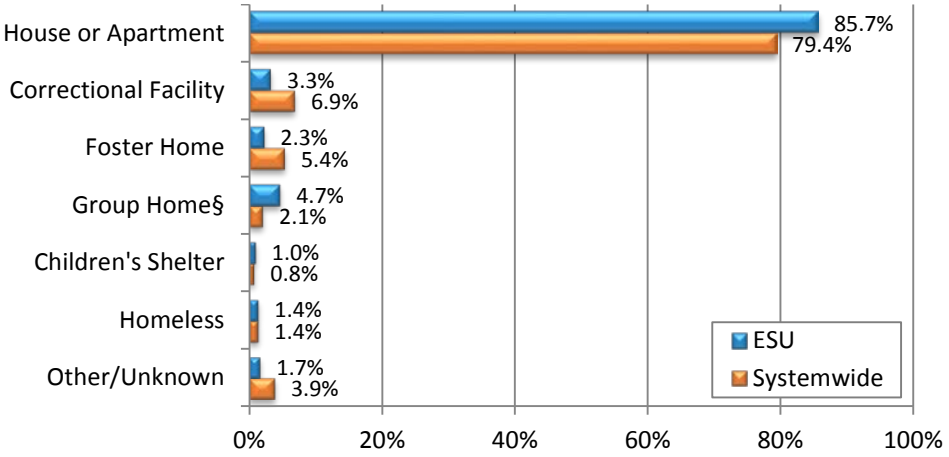


**Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2017-18.*
†Unknown category includes Fee-for-Service providers for whom data were not available.

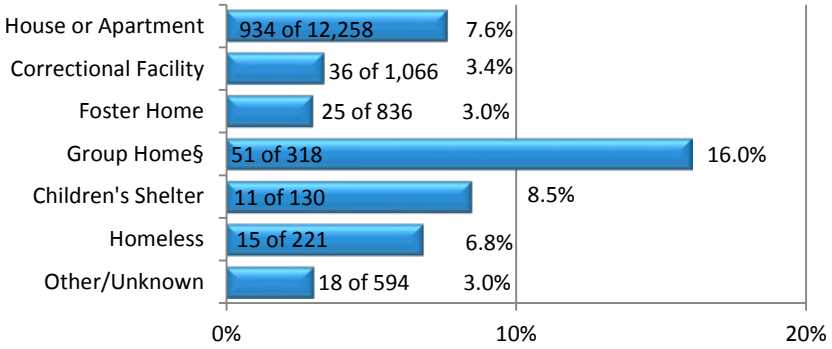
What Kind of Services Are Being Used?

Emergency Screening Unit (ESU)

*ESU Clients Living Situation (N=1,090)**



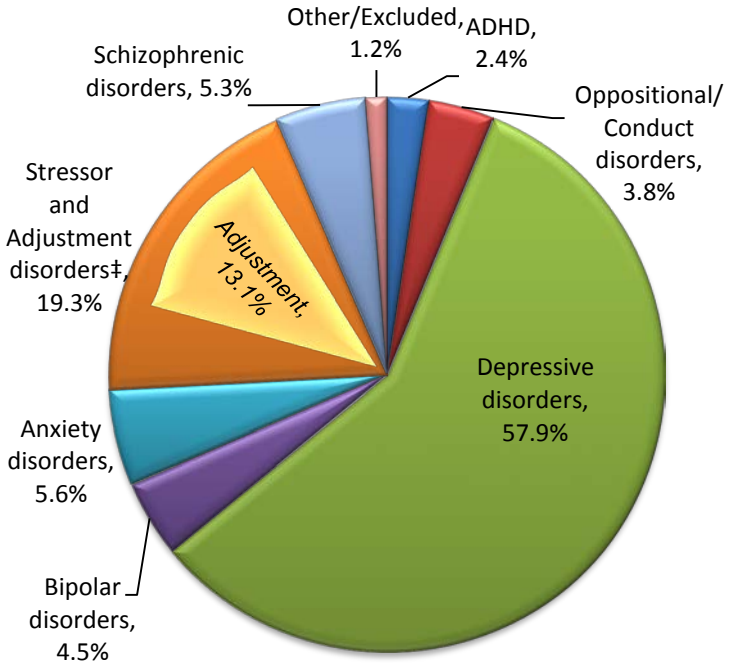
ESU Clients Within Living Situation



ESU Clients Within Systemwide Totals for each Living Situation Category

ESU Clients Primary Diagnosis (n=809)†*

The most common diagnosis for ESU clients in FY 2017-18 was Depressive disorders (58%); nearly double the CYFBHS systemwide average of 33%. The rate of ADHD, Anxiety disorders, and Opposition/Conduct disorders were much lower in the ESU population compared to systemwide averages.



**Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2017-18.*
†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2018; 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.
§Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

What Kind of Services Are Being Used?

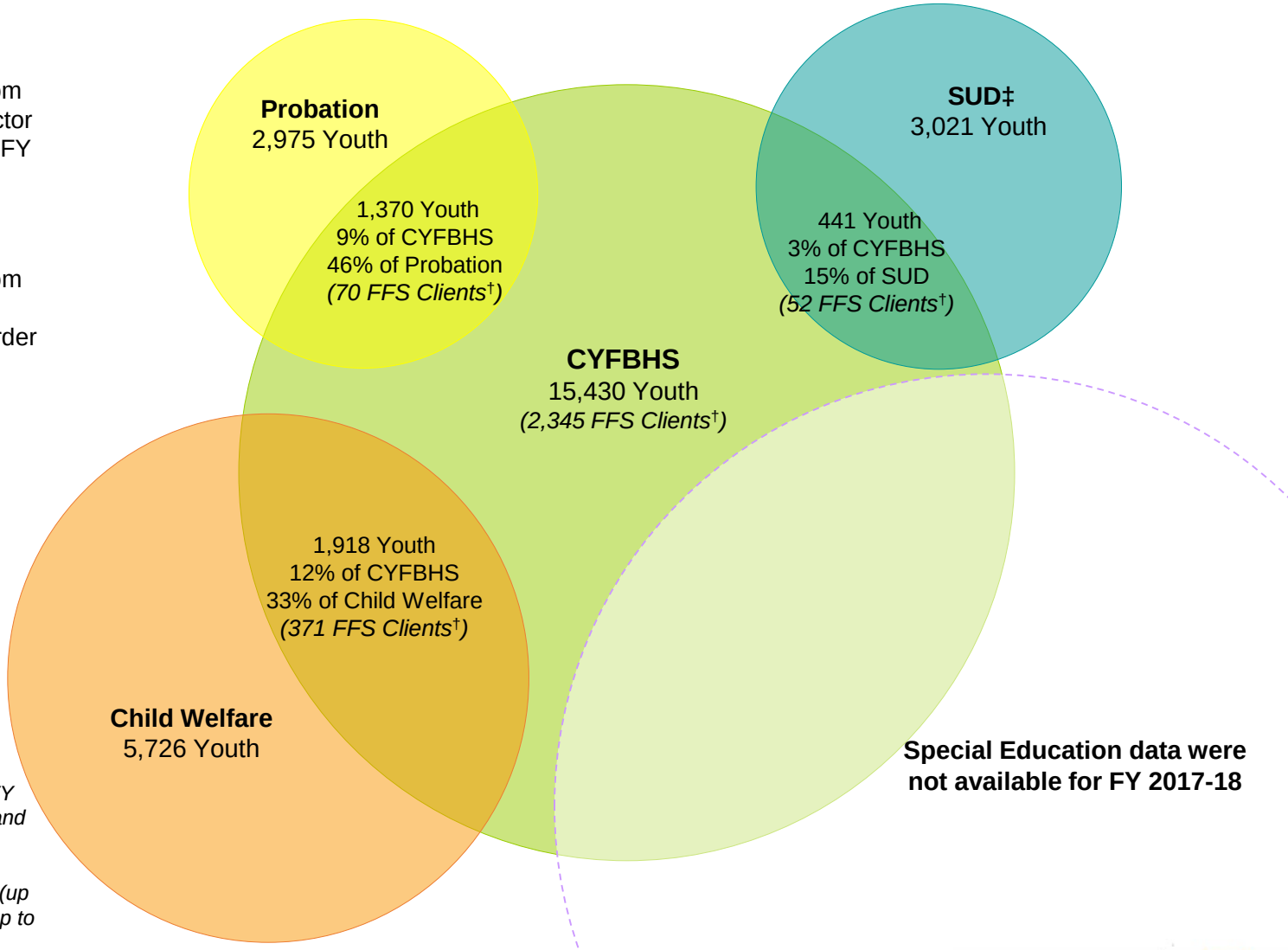
*Children and Youth Receiving Behavioral Health Services and Services From Other Sectors**

- The percentage of CYFBHS clients receiving services from the Child Welfare sector decreased slightly in FY 2017-18.
- The percentage of CYFBHS clients receiving services from the Probation and Substance Use Disorder (SUD) sectors was comparable to the previous fiscal year.

**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.

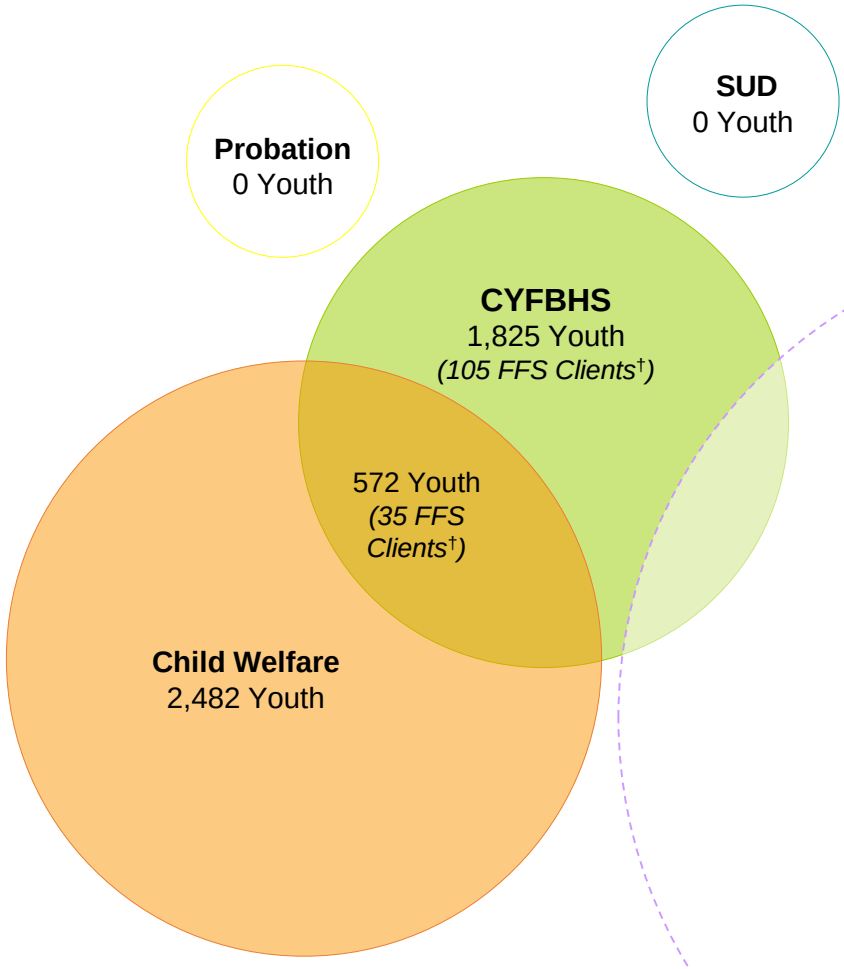
‡Discrepancies between SUD client count in the FY 2017-18 Annual Report and the FY 2017-18 SUD Databook are due to differences in age range (up to 25 in Annual Report, up to 21 in Databook) and calculation of age.



What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 0-5*

- Nearly one-third of CYFBHS clients ages 0-5 also received services from the Child Welfare sector during the fiscal year.
- No age 0-5 CYFBHS clients were open to the Probation or SUD sectors in FY 2017-18.



Special Education data were not available for FY 2017-18

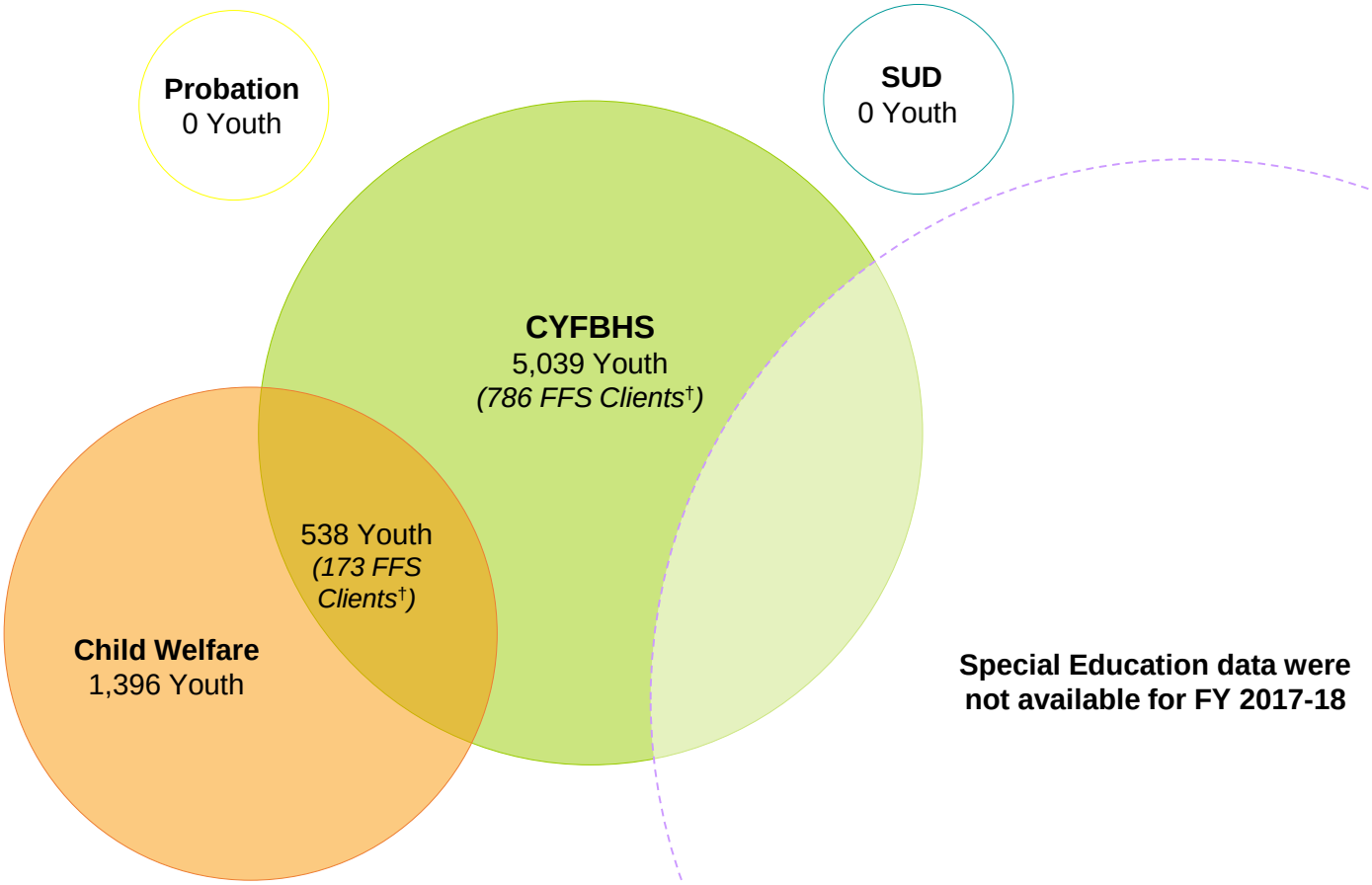
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 6-11*

❖ Among CYFBHS clients ages 6-11 who also received services from another public sector in FY 2017-18 the majority received those services from the Child Welfare sector.



Special Education data were not available for FY 2017-18

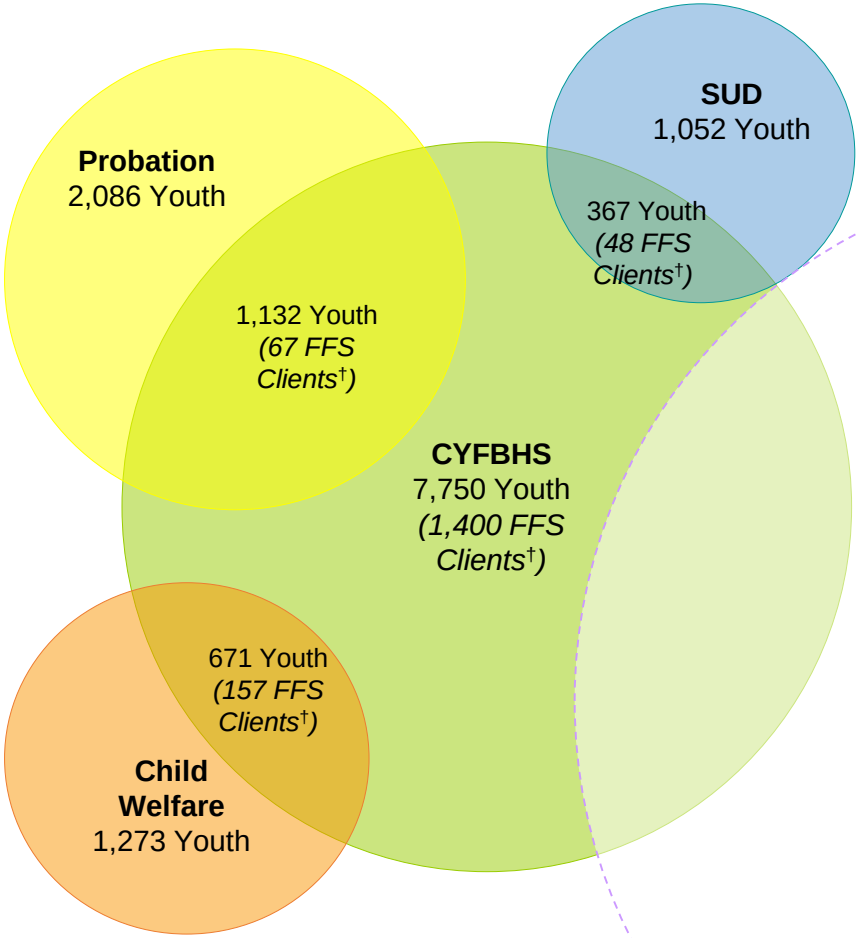
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 12-17*

❖ Among CYFBHS clients ages 12-17 who also received services from another public sector in FY 2017-18, 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.*

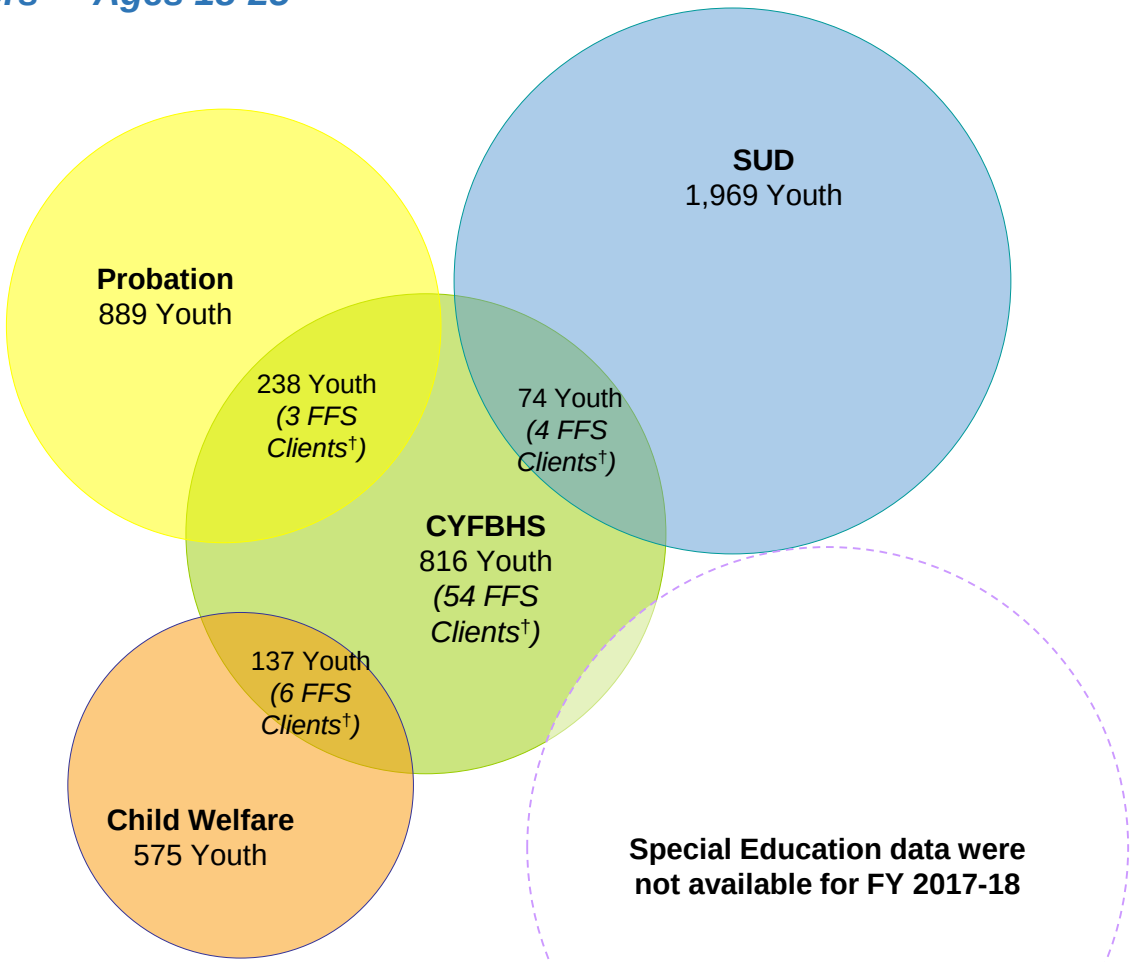
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

Special Education data were not available for FY 2017-18

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 18-25*

❖ Among CYFBHS clients ages 18-25 who also received services from another public sector in FY 2017-18, the largest proportion received services from the Probation sector.



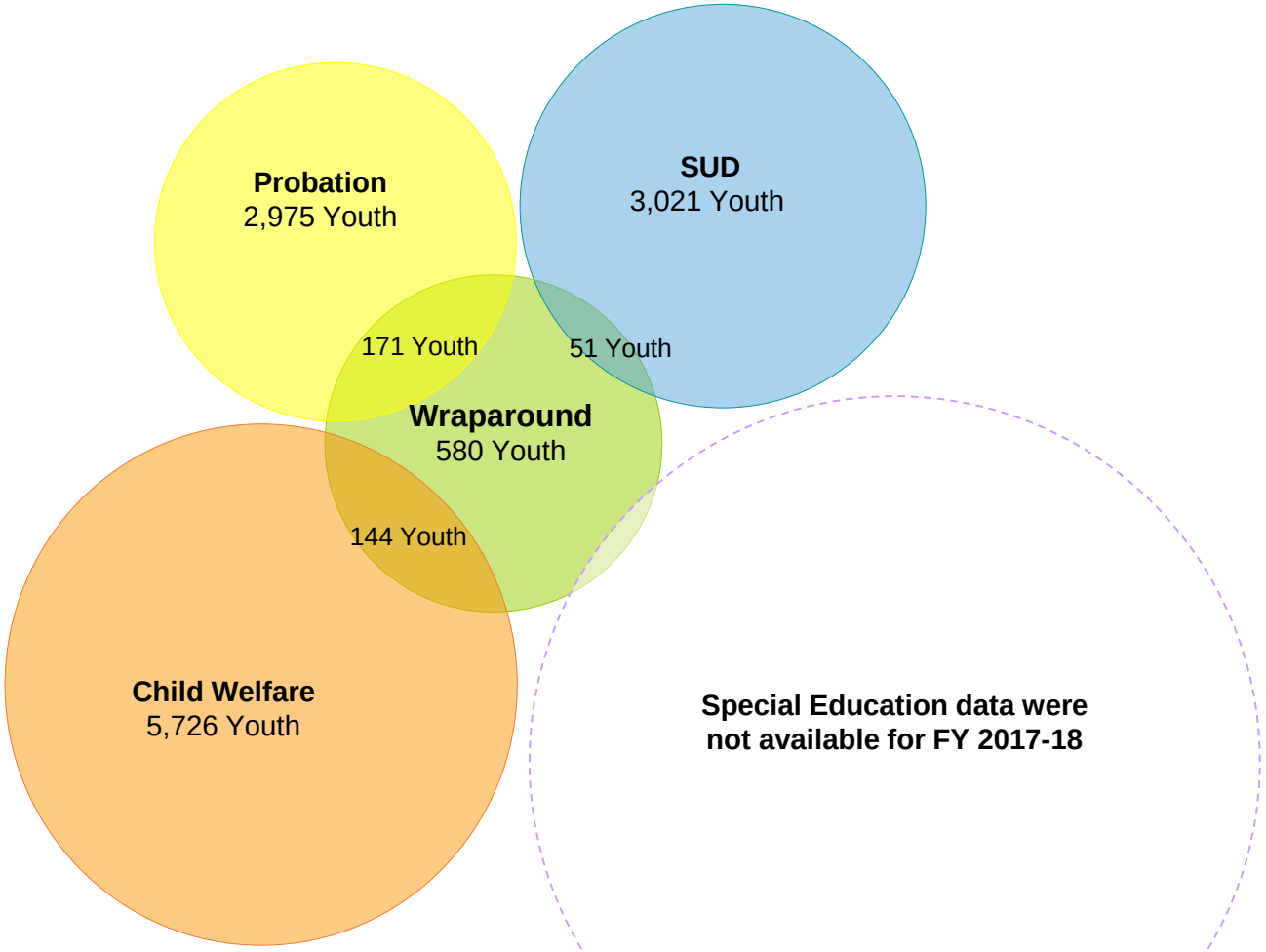
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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

What Kind of Services Are Being Used?

*Wraparound Programs and Services From Other Sectors**

❖ The proportion of CYFBHS Wraparound clients receiving services from Probation was higher than those receiving services from the Substance Use Disorder Treatment (SUD) and Child Welfare sectors in FY 2017-18.



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

What Kind of Services Are Being Used?

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

CYFBHS and Any Other Sector

- Compared to the total youth average in the CYFBHS system, youth who received services from **CYFBHS and any other public sector** in FY 2017-18 were more likely to be male and African American, and be diagnosed with a Stressor and Adjustment disorder.
- Youth receiving services from CYFBHS and any other sector were nearly three times as likely to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC), and **almost four times as likely to receive Day Services**. They were less likely than the CYFBHS system average to receive Crisis Stabilization services. They were three times as likely to have a dual diagnosis.

CYFBHS and Child Welfare Services (CWS)

- Youth who received services from both CYFBHS and **Child Welfare Services (CWS)** more than twice as likely to be in the 0-5 age range and were less likely to be Hispanic, as compared to the CYFBHS average.
- CYFBHS-CWS youth were twice as likely to have a **Stressor and Adjustment disorder** as their primary diagnosis.
- CYFBHS-CWS youth were more than **three times as likely to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC)**, and **four times as likely to receive Day Services** than the total youth system average.

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

†Special Education service data were unavailable for FY 2017-18.

What Kind of Services Are Being Used?

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

CYFBHS and Probation

- Youth who received services from both CYFBHS and **Probation** were more likely than the CYFBHS system average to be over the age of 12, male, and African-American.
- They were more likely to have an **Oppositional/Conduct disorder** as their primary diagnosis and were more than five times as likely to have a **dual diagnosis**.
- They were more likely to receive **Outpatient Case Management, Medication Support, IHBS, and ICC** services than the total youth system average. They were less likely to receive TBS services. Additionally, CYFBHS-Probation youth were more than **five times as likely to receive Day Services** but received less time in Day Services than the CYHBHS system average.

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.** These youth were more likely to receive **Outpatient Case Management, Medication Support, IHBS, and ICC** services than the total youth system average. They were less likely to receive TBS services.
- CYFBHS-SUD youth were more than **four times as likely to receive Day Services** but received less time in Day Services than the CYHBHS system average. Additionally, CYFBHS-SUD youth were more than twice as likely to receive **Inpatient services.**

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

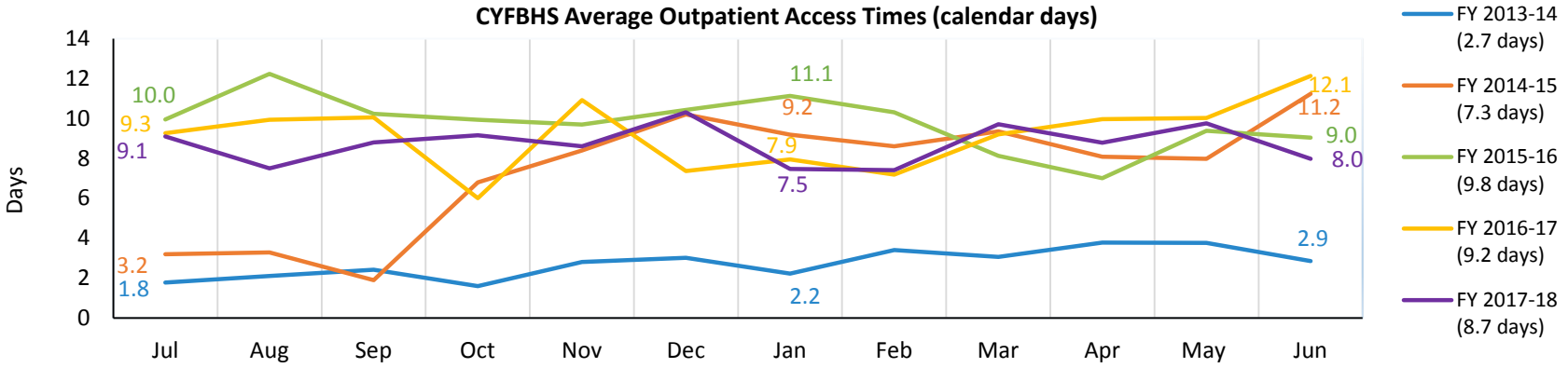
†Special Education service data were unavailable for FY 2017-18.

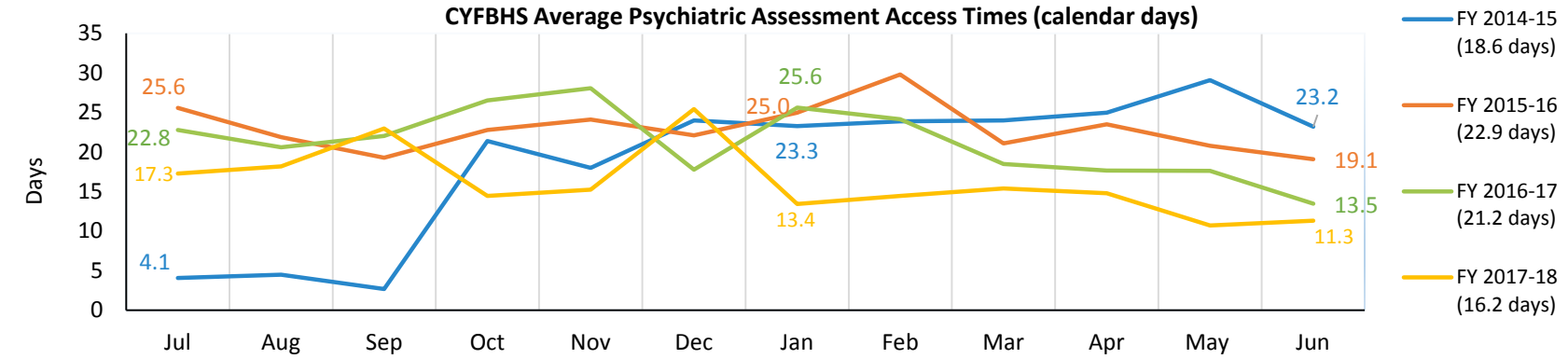
How Quickly Can Clients Access Services?

*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 2017-18 children waited an average of **8.7 calendar days** to access an outpatient appointment; a decrease from the 9.2-day average wait reported in FY 2016-17. Average psychiatric assessment appointment access time was **16.2 calendar days** in FY 2017-18; a decrease from 21.2-day average wait reported in FY 2016-17.





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

Are Clients Getting Better?

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

Outcome Measures

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

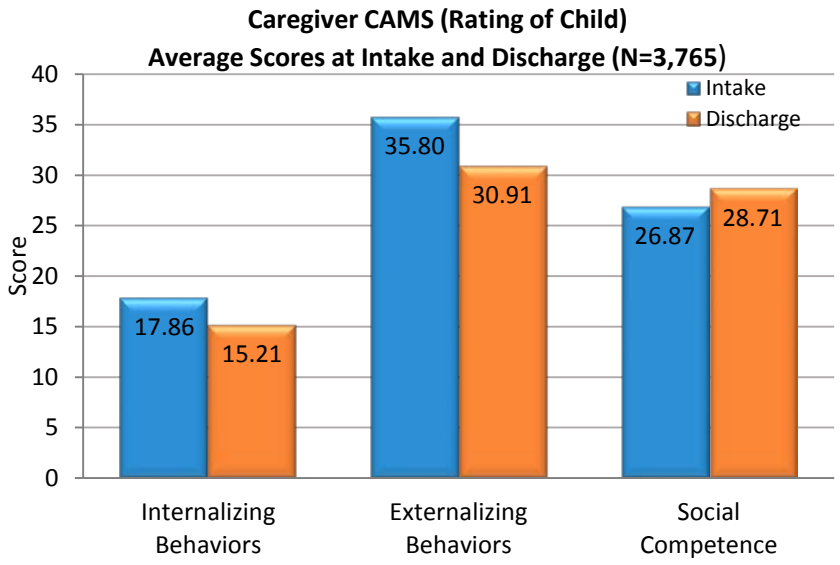
Are Clients Getting Better?

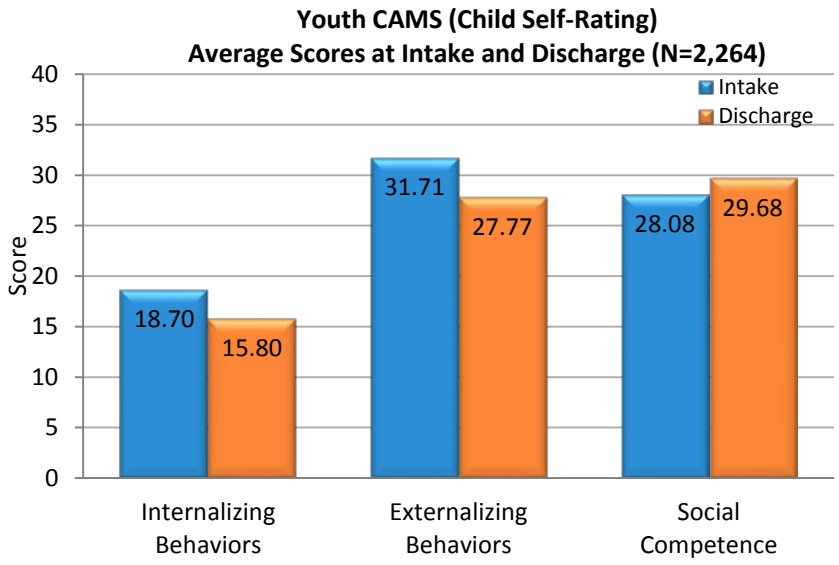
*Child and Adolescent Measurement System (CAMS) Results Indicate Improvement**

The CAMS measures a child's social competency, behavioral and emotional problems. In FY 2017-18, 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 2017-18 who were in services at least two months and had less than two years between intake and discharge assessment, and who had both intake and discharge scores for all three scales (N = 3,765 Parent CAMS and N = 2,264 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.*

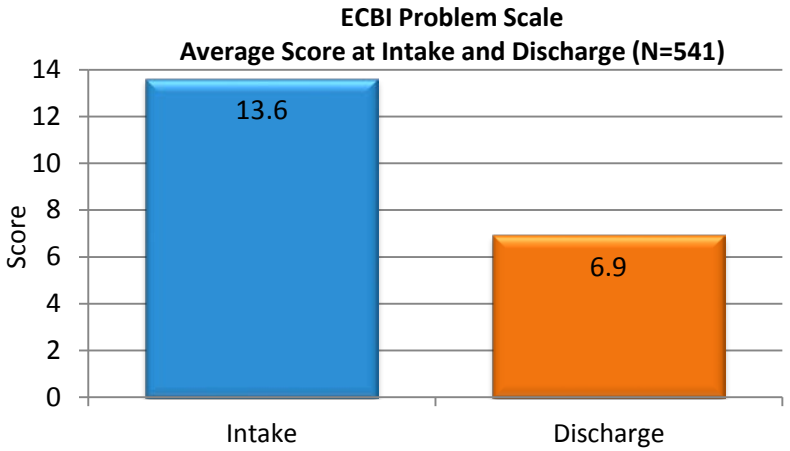
Are Clients Getting Better?

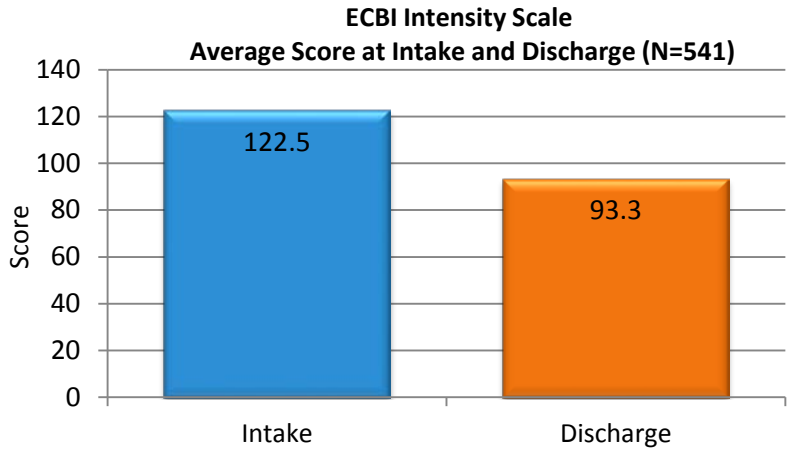
*Eyberg Child Behavior Inventory (ECBI) Results Indicate Improvement**

The ECBI assesses conduct problems, such as noncompliance, defiance, aggression, and impulsivity. In 2017-18, the ECBI was administered to parents/caregivers of young children between the ages of 2 to 5 years† 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 2017-18 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=541).

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





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

†A minority (17%) of clients were ages 6+ years at intake.

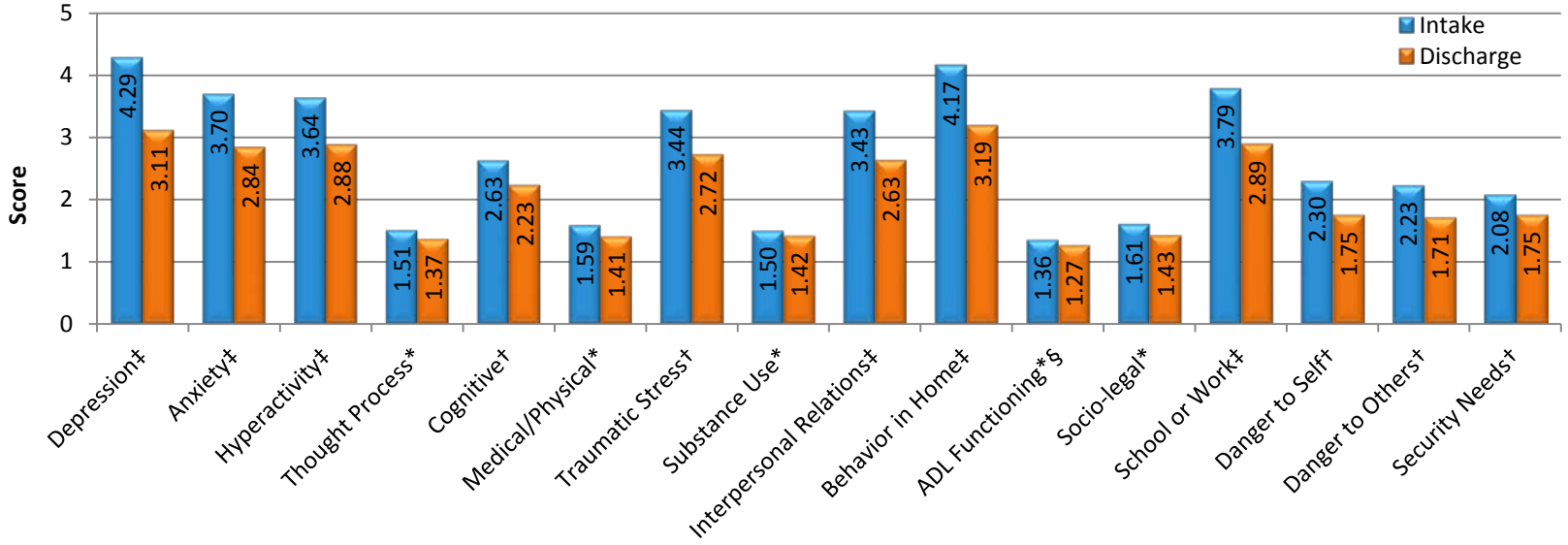
Are Clients Getting Better?

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 2017-18, 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 2017-18 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=8,437).

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



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

Are Clients Getting Better?

Readmission to High-Level Services

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

Inpatient (IP) Services*

- 134 (22%) of the 622 clients who received IP care had more than one IP episode (ranging from 2 to 11) in FY 2017-18.
  - Of the 134 clients with more than one IP episode, 58 (43%) were re-admitted to IP services within 30 days of the previous IP discharge—an **increase** from 36% (66 of 182) in FY 2016-17.

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

Emergency Screening Unit (ESU) Services

- 199 (18%) of the 1,090 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 7) in FY 2017-18.
  - Of the 199 clients with more than one ESU episode, 85 (43%) were re-admitted to services at the ESU within 30 days of the previous ESU discharge—an **increase** from 30% (28 of 94) in FY 2016-17.

Diversion†

- Of 1,512 ESU visits‡ in FY 2017-18, 1,151 (76%) 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, Jan 2019)
‡ESU visits include duplicated clients

Goals Met at Discharge§

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

- In FY 2017-18, this marker was reported for 7,667 (70%) of 10,951 discharged clients.
- Of these 7,667 clients, 3,701 (48%) met goals, 2,517 (33%) partially met goals, and 1,449 (19%) did not meet goals within the service period.

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

Are Clients Satisfied With Services?

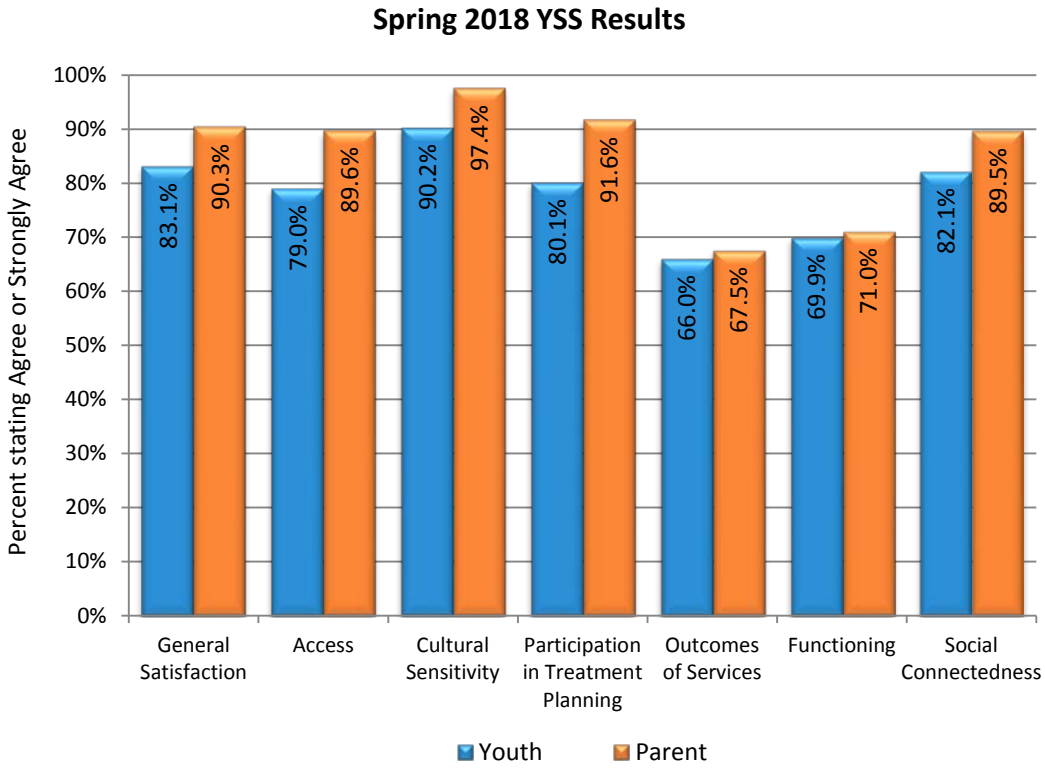
The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a biennial state-mandated survey administered to all mental health clients ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. Youth and their caregivers report their degree of satisfaction with mental health services received. In FY 2017-18 the YSS was administered to clients during two 1-week periods: the first in November 2017 and the second in May 2018; data from the May 2018 administration (3,336 completed surveys submitted) were analyzed.

YSS Satisfaction questions were grouped into seven domains:

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

- Parents and youth were most satisfied with the *Cultural Sensitivity* domain.
- Youth were less satisfied than parents on every domain.
- The greatest disparity between youth and parents was found in the *Participation in Treatment Planning* domain.

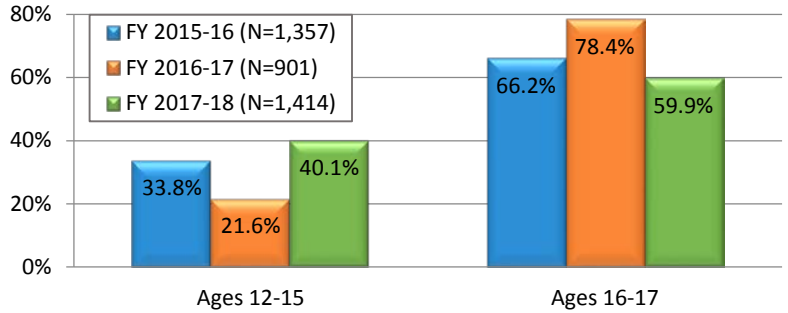


Full YSS Reports are available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.

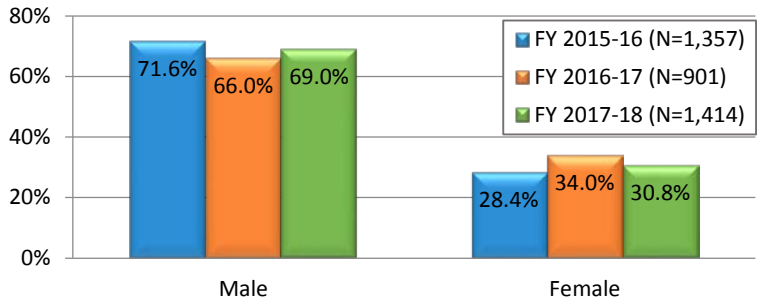
Substance Use Disorder Treatment (SUD) – Youth

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

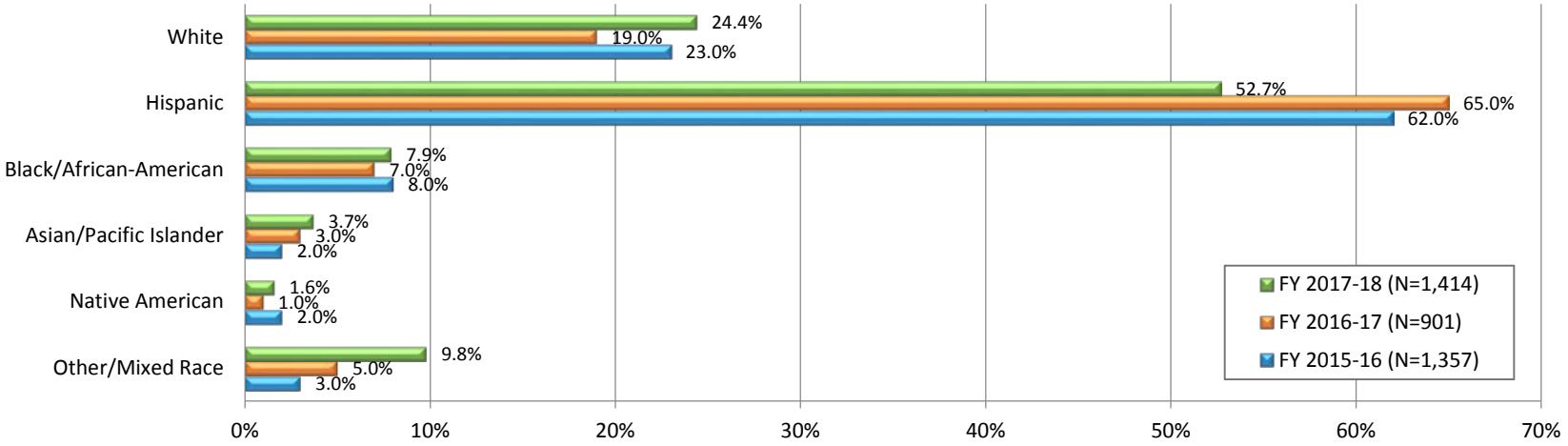
SUD Youth Client Age (N=1,414)*†



SUD Youth Client Gender (N=1,414)*†



SUD Youth Client Race and Ethnicity (N=1,414)*†

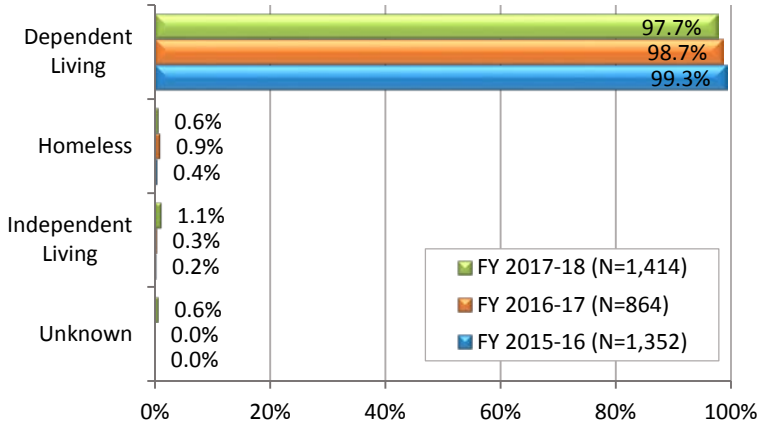


**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.*
†Data Source: SanWITS

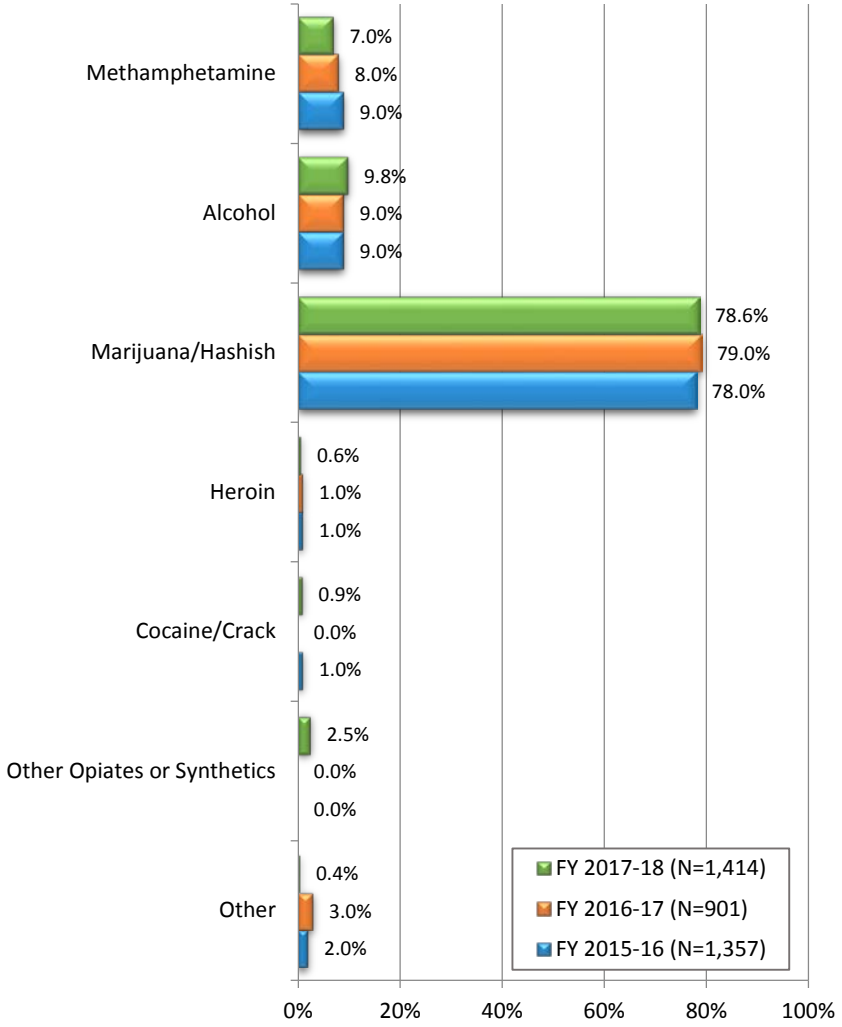
Substance Use Disorder Treatment (SUD) – Youth

SUD Youth Client Living Situation (N=1,414)†*

Less than 1% of SUD clients ages 12-17 were homeless during FY 2017-18.



SUD Youth Client Primary Drug of Choice (N=1,414)†*

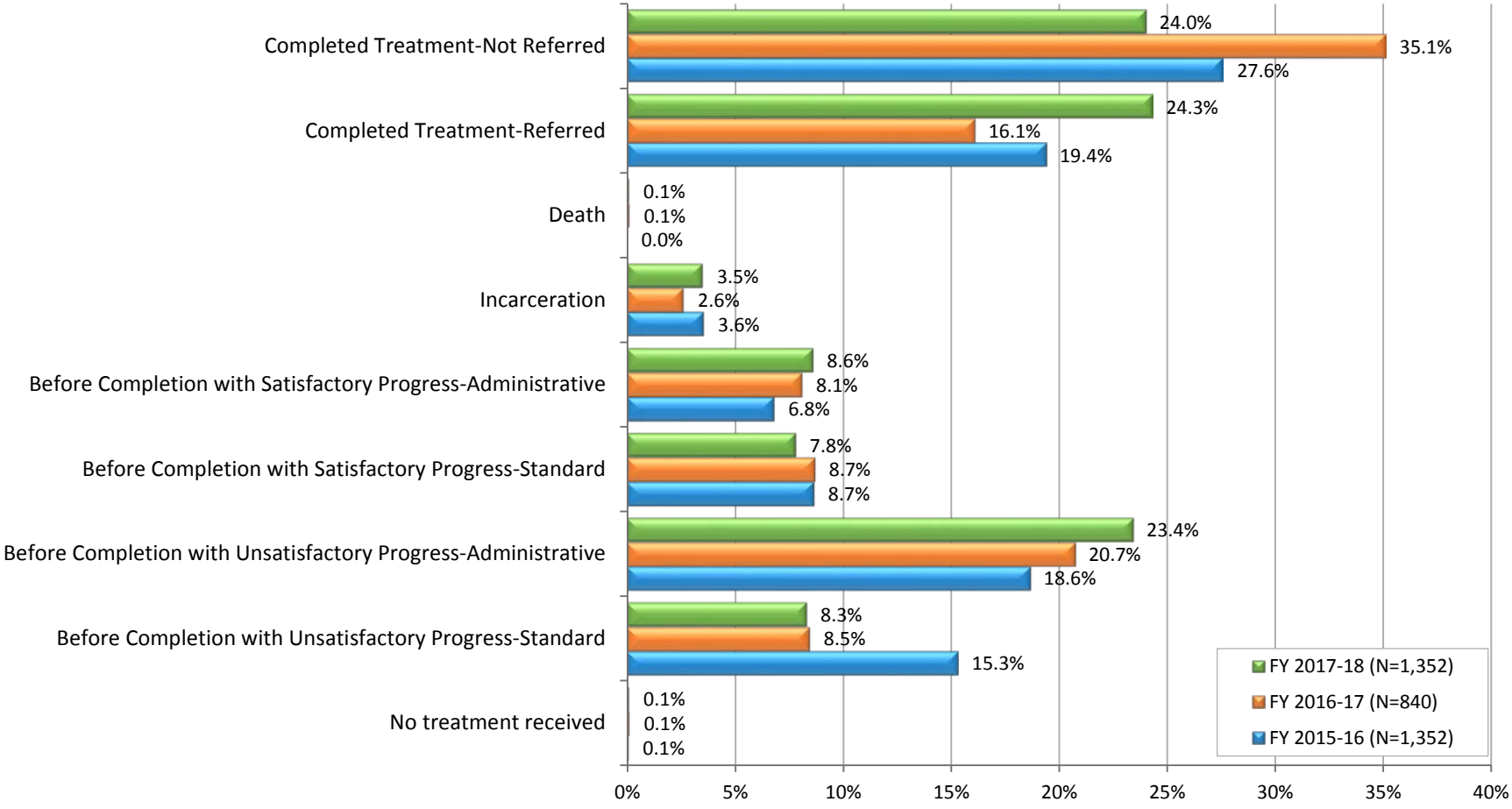


**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.*
†Data Source: SanWITS

Substance Use Disorder Treatment (SUD) – Youth

SUD Youth Client Type of Discharge (N=1,352)†*

Nearly half of SUD clients ages 12-17 completed treatment at discharge in FY 2017-18.



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

Substance Use Disorder Treatment (SUD) – Youth

*Other SUD Services for Teens**

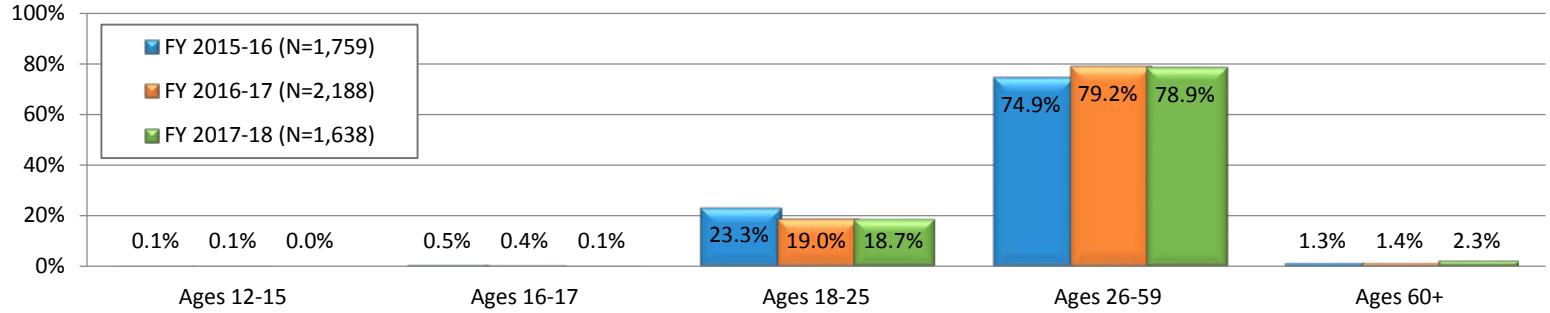
Behavioral Health Services provides Teen Recovery Center (TRC) services to youth ages 12 through 17. These services provide age appropriate substance abuse treatment for adolescents and their families in an outpatient setting. Services may include group and individual therapy, addressing of co-occurring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

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

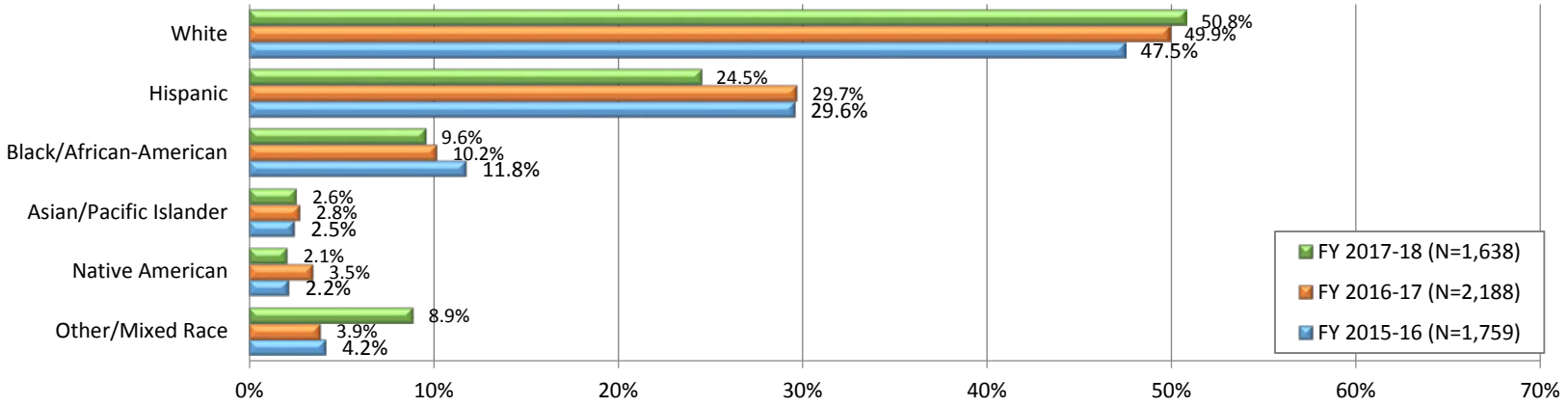
Substance Use Disorder Treatment (SUD)
Perinatal Services

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

*Perinatal SUD Client Age (N=1,638)**



*Perinatal SUD Client Race/Ethnicity (N=1,638)**

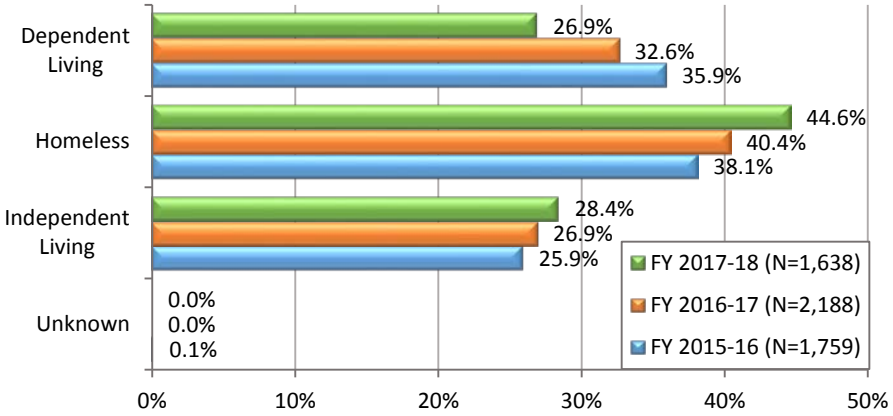


**Data Source: SanWITS*

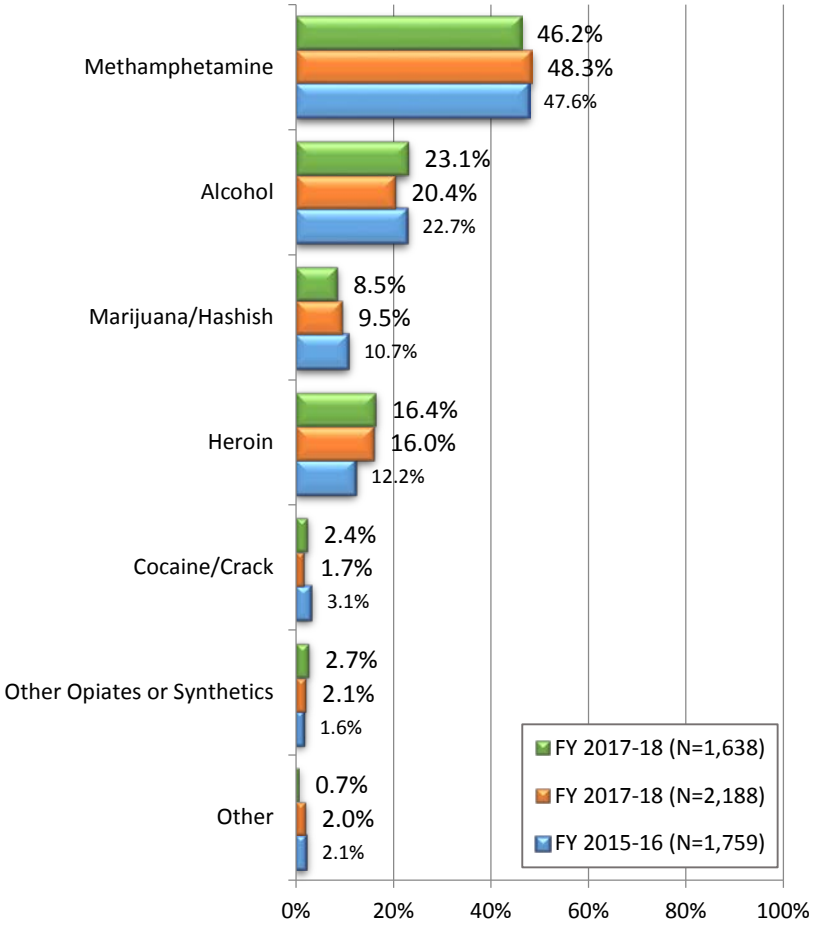
Substance Use Disorder Treatment (SUD)
Perinatal Services

*Perinatal SUD Client Living Situation (N=1,638)**

45% of Perinatal SUD clients were homeless during FY 2017-18.



*Perinatal SUD Client Primary Drug of Choice (N=1,638)**

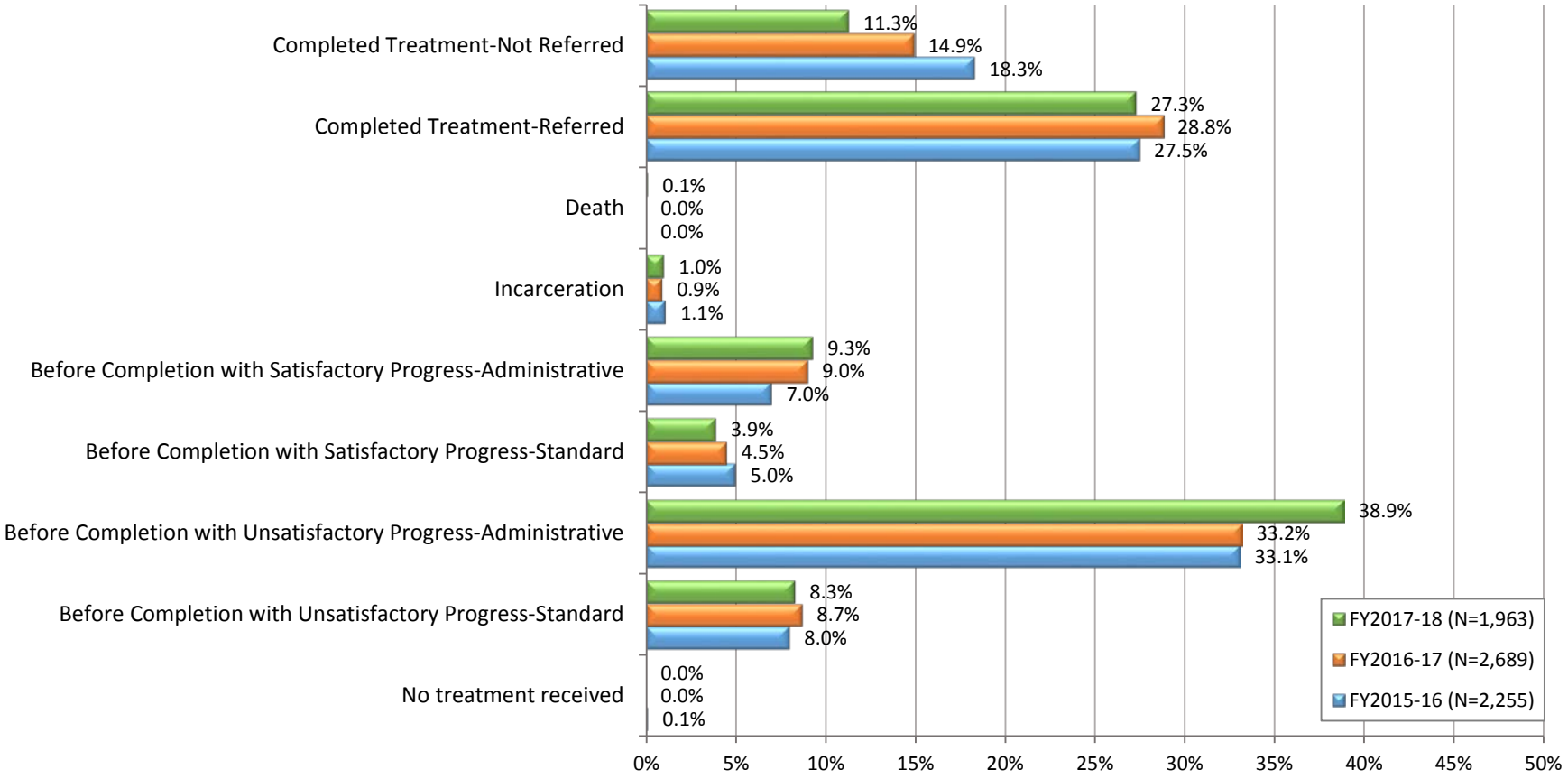


**Data Source: SanWITS*

Substance Use Disorder Treatment (SUD)
Perinatal Services

Perinatal SUD Client Type of Discharge (N=1,963)†*

More than a third of Perinatal SUD clients discharged before completion with unsatisfactory progress (administrative) in FY 2017-18.



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

Mental Health Service Act (MHSA) Components

Community Services and Supports

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

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

Innovations

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

Workforce Education and Training

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

MHSA Components, continued

Capital Facilities and Technological Needs

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

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

MHSA Components, continued

Prevention and Early Intervention (PEI) Programs

MHSA Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. In FY 2017-18, San Diego County funded 15 programs to provide PEI services for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. Each contractor collects information on the demographics of their participants and participants' satisfaction with the services provided. **PEI youth and family participants comprise a different population than youth and family served by CYFBHS treatment providers**; a demographic summary is reported here, detailed findings are reported separately. (http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports)

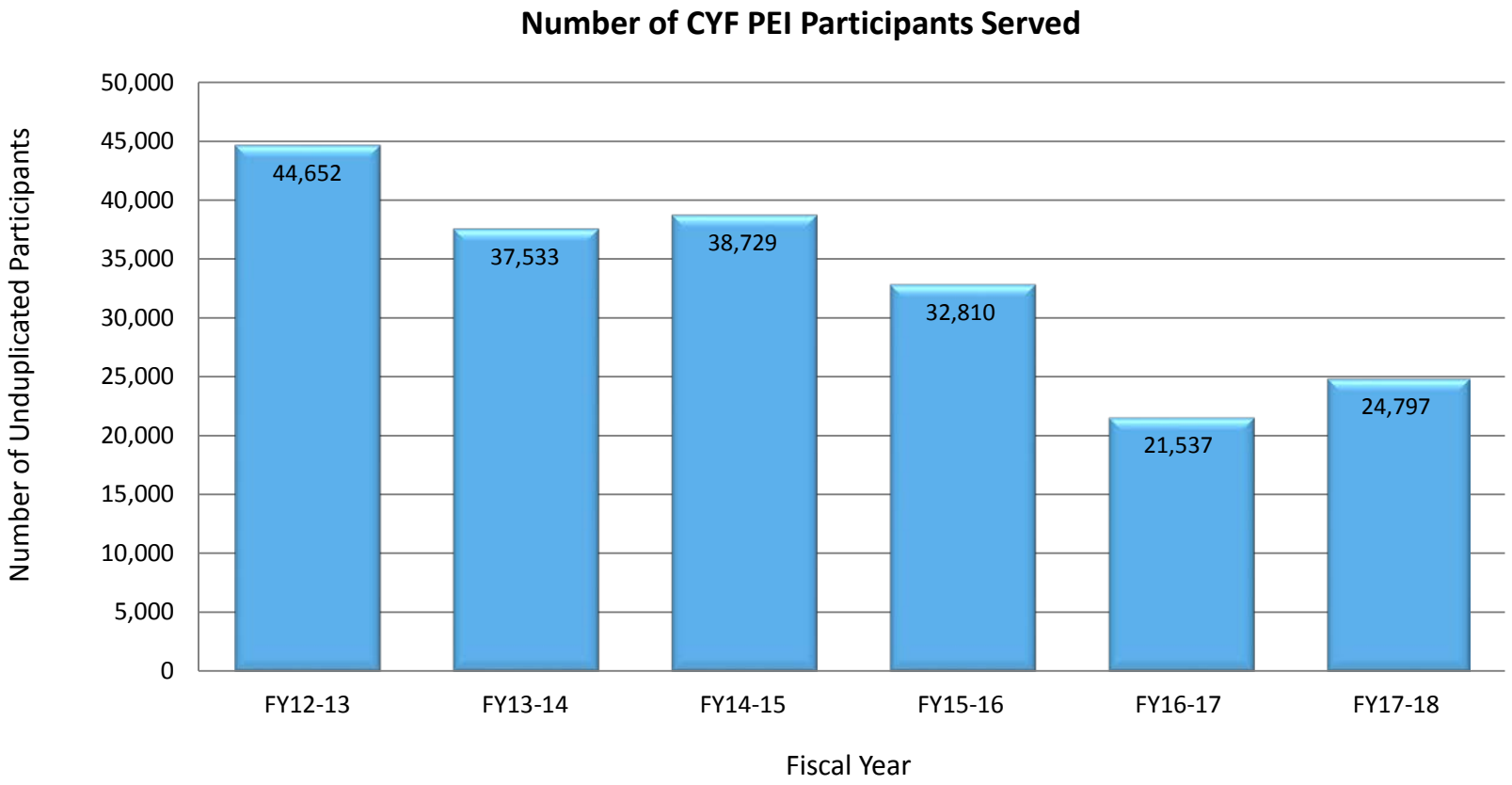
CYF PEI Program Names – FY 2017-18
Alliance for Community Empowerment
Community Services for Families
Positive Parenting Program (Triple P)
KickStart
Dream Weaver Consortium: Indian Health Council Program
Dream Weaver Consortium: Sycuan Medical/Dental Center Program
Dream Weaver Consortium: Southern Indian Health Council Program
Dream Weaver Consortium: Urban Youth Center Program
Incredible Years East County Program
Incredible Years North Coastal Program
Incredible Years North Inland Program
Incredible Years South Program
Incredible Years SDUSD Central/South Eastern Program
Incredible Years SDUSD Central/North Central Program
HERE Now Program

MHSA PEI

MHSA Components, continued

Prevention and Early Intervention (PEI) Programs

Total client count for youth and family PEI participants has decreased by one-third since FY13-14; however, in FY 17-18, the number of PEI participants increased 15% compared to the number in FY 16-17. This is due in part to structural and contracting changes within the PEI providers; as the programs evolve, some components are modified, affecting the number of participants served.



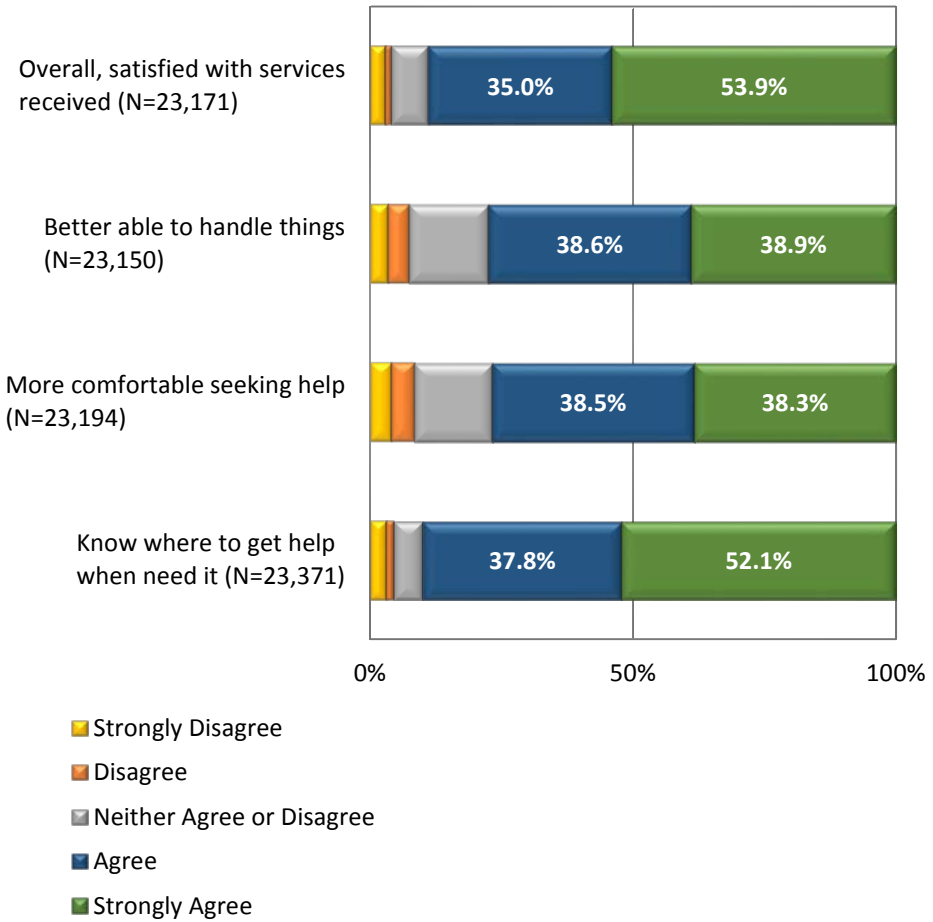
MHSA PEI

MHSA Components, continued

CYF PEI Participant Demographics (N=24,797)*†

Age (years)	N	%	▲
0-15	12,535	51%	N/A
16-25	4,252	17%	N/A
26-59	6,222	25%	N/A
60 and older	356	1%	-1%
Prefer not to answer	120	1%	0%
Unknown/Missing	1,312	5%	-2%
Gender			
Female	13,997	56%	2%
Male	9,763	39%	-2%
Prefer not to answer	244	1%	0%
Other/Unknown/Missing	793	3%	-1%
Race (Census Categories)			
White	8,953	36%	13%
Black/African-American	1,238	5%	0%
Asian/Pacific Islander	1,502	6%	2%
Hispanic	8,442	34%	-18%
Native American	697	3%	0%
Multiracial	2,245	9%	2%
Other non-White	60	<1%	0%
Prefer not to answer	400	2%	1%
Unknown/Missing	1,260	5%	0%

CYF PEI Participant Satisfaction Survey Results*



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

†Demographic and Referral data collection protocol was enhanced in FY 2017-18; data from previous years may not be directly comparable.

▲ = Percentage point change from previous fiscal year.

Glossary of Terms

- **Assessment** includes intake diagnostic assessments and psychological testing.
- **Case management services** can be provided in conjunction with other services or they can be a stand-alone service that "connects" children, youth and families to the services they need, monitors their care, and oversees the components of care provided to the child and family.
- **Co-occurring Substance Use** is operationally defined as a dual diagnosis (a secondary substance use 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 Services** are designed to provide alternatives to 24–hour care and supplement other modes of treatment and residential services. These service functions are the following:
  - (a) Day Care Intensive Services
  - (b) Day Care Habilitative Services
  - (c) Vocational Services
  - (d) Socialization Services

  NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.
- **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, and Urban Camp.
- **Intensive Care Coordination (ICC) Services** facilitate assessment, care planning, and coordination of services.
- **Intensive Home Based Services (IHBS)** are rehab-like services with a focus on building functional skills.
- **Medication services** include medication evaluations and follow-up services.
- **Organizational providers** are community-based agencies and county-operated sites that are either part of the Health & Human Services Agency (HHSA) or have contracts with HHSA to provide mental health treatment services to specified target populations. These clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g., school, home). Services are being delivered in more than 300 schools in 33 districts in San Diego County.
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.
- **Primary Diagnosis:** Primary Diagnosis was determined by identifying the last Priority 1 diagnosis assigned prior to the end of the current reporting period. ***Excluded*** diagnoses are those categorized as "excluded" by Title 9 (e.g., psychiatric disorders due to general medical conditions, autism, substance use disorders, learning disabilities). The ***Other*** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Reactive Attachment Disorder, elimination disorders, and eating disorders. Excluded and Other diagnoses were combined for reporting purposes. ***Invalid*** diagnoses were either missing or not a valid psychiatric diagnosis. Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses, the most recent DSM, and/or the most recent ICD. Only one primary diagnosis was indicated per client for these analyses. A Substance Use Disorder was assigned if a client had a priority 1 or 2 diagnosis that was substance related.
- **Therapeutic Behavioral Services (TBS)** include services conducted by paraprofessionals to assist youth in obtaining functional skills in the community, and are provided by programs with a TBS contract.
- **Therapy** includes individual and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18+) who received mental health services through CYFBHS providers.

Contact Us

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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 behavioral health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.