



County of San Diego  
Behavioral Health Services

**Transition Age Youth  
Status Report and Recommendations**

Update FY 2015-2016

Health & Human Services Agency  
Behavioral Health Services

July, 2016

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## **Transition Age Youth (TAY) Workgroup Active Members**

Academy for Professional Excellence  
American Academy of Pediatrics, CA3  
Behavioral Health Education & Training Academy  
Casa De Amparo  
Child and Adolescent Services Research Center  
Children's Advocacy Institute  
City of San Diego, Therapeutic Recreation Services  
Community Research Foundation  
Deaf Community Services of San Diego, Inc.  
Harmonium Inc.  
HHS, Behavioral Health Services  
HHS, BHS Pathways to Well-Being  
HHS, Child Welfare Services  
HHS Independent Living Skills  
Home Start, Inc.  
IMPACT Young Adults  
Jewish Family Service Patient Advocacy  
Mental Health Systems, Inc.  
National Alliance on Mental Illness  
Neighborhood House Association, Project Enable  
New Directions Behavioral Health  
North Coastal Teen Recovery Center  
North County Lifeline, Inc.  
Optum  
Pathways (formerly Providence) Community Services  
Rady Children's Hospital  
Recovery Innovations Inc.  
San Diego Center for Children  
San Diego Regional Center  
San Diego Unified School District  
San Diego Youth Services  
South Bay Community Services  
Union of Pan Asian Communities  
University of California San Diego  
Vista Hill

## **I. Transition Age Youth (TAY) Defined**

San Diego County's Behavioral Health Systems of Care generally define Transition Age Youth (TAY) as individuals between the ages of 16 through the 25<sup>th</sup> year. TAY receive an array of services in the Children's System of Care and/or in the Adult System of Care, including outreach, outpatient clinic services, school based services, Emergency Shelter Bed (ESB) housing, Clubhouse/socialization programs, supportive employment, case management, TAY specific services, jail services, inpatient services, emergency services and individual Fee for Service (FFS) services.

## **II. Overview and Purpose**

The County's Health and Human Services Agency (HHS) and other departments provide services to TAY, including Child Welfare Services (CWS), Behavioral Health Services (BHS) which include the Children's and the Adult systems of care, San Diego County Office of Education (SDCOE), and the San Diego County Probation Department. These agencies, and providers outside of HHS, work collaboratively and in an integrated fashion to assist TAY in achieving educational, employment, wellness and housing goals while increasing access to comprehensive whole-health care and establishing necessary support systems both in regards to Prevention and Early Intervention as well as treatment in the community.

The mission of this plan, in partnership with youth, their families, TAY advocates and stakeholders is to develop and implement age, developmental, and culturally competent individualized behavioral health services for Transition Age Youth to facilitate a successful transition from adolescence to an independent, self-sufficient adulthood. In alignment with the County's Live Well San Diego vision, and consistent with the Behavioral Health Services (BHS) 10-Year Roadmap the TAY Plan aims to enhance the current system serving TAY by addressing gaps in services and need for TAY specific services as demonstrated by data and stakeholder feedback.

The objective of this plan is to continue to advance the development and implementation of specific TAY strategies in the areas of access to care, service delivery, funding, and training of staff to provide TAY with the necessary, comprehensive services to become self-sufficient and successful in their community. In order to achieve this, a strength-based and consumer/family centered practice is essential in providing a wraparound and bio-psychosocial rehabilitation approach.

### **III. Workgroup, Collaborations and Stakeholder Input**

#### **a. TAY Workgroup**

The TAY Workgroup was formed in 2001 in an effort to develop TAY specific programs, increase cross system collaboration and facilitate quality care coordination for TAY clients. The workgroup is a cross threading of partners from multiple sectors, including Child/Youth Behavioral Health providers, Adult Behavioral Health providers, County Administration, Child Welfare Services, School District representatives, San Diego Regional Center, City of San Diego Therapeutic Recreation Services, TAY Service Providers, Juvenile Forensics, Alcohol and Drug Services, Advocacy Agencies and other Community based Organizations. Membership is open and this workgroup meets on a monthly basis to discuss TAY issues and concerns, to help address gaps in resources and to create an informative network and partnership. The TAY Workgroup is a guiding force in implementing the Transition Age Youth Workplan. In fiscal year 2015-16, the TAY Workgroup identified three TAY priorities across all levels of care due to perceived gaps in services:

1. Housing
2. ADS Treatment
3. Employment Services

#### **b. Collaborations and Partnerships**

Although there have been gains in system collaboration and partnership, there are currently opportunities to expand inter-agency collaboration, cooperation and communication. This would include, but not be limited to, continuing to enhance membership and participation by engaging providers from Adult and Older Adult Behavioral Health, Children Youth and Families Behavioral Health, Middle Schools, High Schools, Colleges, Child Welfare Services, Juvenile and Criminal Justice Systems, Vocational Rehabilitation, Mental Illness Advocacy Groups, Regional Center, Faith Based Organizations, Healthcare Plans, Federally Qualified Health Centers (FQHC's), and Housing representatives. In working towards improved collaboration, the overarching goal is to strengthen and formalize these partnerships and to develop practices that will bridge and facilitate program development and address transition issues, concerns and services for TAY in an effective manner. Furthermore, in alignment with our physical health integration efforts, collaborations and partnerships emphasizing health and wellness of TAY are a top priority.

#### **c. BHS Stakeholder Input**

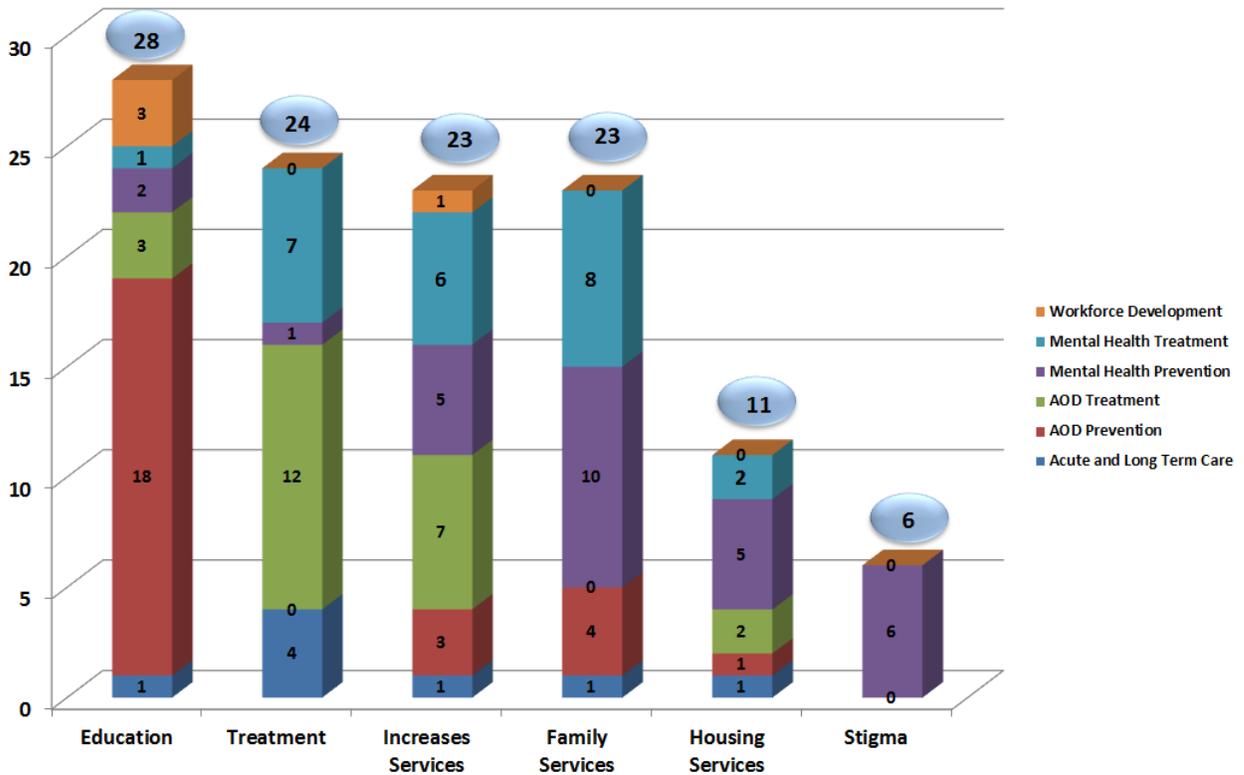
In FY 2015/16, BHS facilitated approximately 15 BHS Engagement Forums soliciting feedback from consumers, community members and providers. The following overarching categories were focused on:

- AOD Treatment
- Mental Health Prevention
- Mental Health Treatment
- Workforce Development
- Acute and Long Term Care

From each of the categories, the following tier one and two priorities were identified specifically for TAY:

- Education
- Treatment
- Increased Services
- Family Services
- Housing Services
- Stigma

**BHS Stakeholder Input FY 2015/2016**



## **IV. System of Care for TAY - Status Update**

In July, 2000, San Diego County Mental Health Services introduced a five (5) year Youth Transition Services Plan in response to a recognition that there were significant service gaps for youth as they transition from the Children's System of Care to the Adult System of Care. This Transition Plan presented a blueprint for improved service delivery within the Behavioral Health System.

During the initial 5 year period and the subsequent 10 years, many efforts have been made to increase effective interagency collaboration and to improve service delivery in the Systems of Care for Transition Age Youth (TAY). Several initiatives and programs were successfully introduced with the implementation of the Mental Health Services Act (MHSA) in 2005.

The Behavioral Health Services continuum of care includes prevention and early intervention services and mental health as well as addiction treatment services including: outpatient clinic and school based services, crisis residential treatment, crisis stabilization, acute inpatient hospitalization, Assertive Community Treatment, Wraparound, supportive employment, housing, Teen Recovery Centers, Outpatient and Residential Substance abuse treatment, detoxification services, Emergency Screening, Therapeutic Behavioral Services (TBS), Clubhouse Socialization, Long term care and day treatment for TAY.

With broad stakeholder input and the approval of the MHSA Plan by the Department of Health Care Services (DHCS), the County has been successful in developing and implementing services and programs that target the specialized needs of TAY. The following details TAY services in the Adult and Older Adult System of Care and the Children Youth and Family System of Care:

### **a. Adult and Older Adult System of Care Services and Initiatives**

- **Catalyst:** implemented in 2006, Catalyst is a County-wide, intensive Full Service Partnership (FSP) program providing Assertive Community Treatment (ACT) and embedded supportive housing services for transitional-age youth who have a serious mental illness and have needs that cannot be adequately met through a lower level of care. Services are team-based, available around the clock, are primarily delivered on an outreach basis, and have a low participant-to-staff ratio (approximately 10:1).
- **Downtown Impact:** implemented in 2006, Downtown Impact is an Assertive Community Treatment (ACT) Full Service Partnership (FSP) program serving Adults with serious mental illness who may have co-occurring issues such as serious physical and/or substance abuse disorders. The ACT program is designed to improve the mental health and quality of life of adults in the community who have been or are at-risk of

becoming homeless and have a serious mental illness by increasing clinical and functional stability through an array of mental health services, housing opportunities and educational and employment supports. This program serves the Urban Downtown area of the City of San Diego, with a specific TAY component.

- **Oasis Clubhouse:** implemented in 2006, the Oasis Clubhouse is a member-driven Clubhouse that assists Transitional-Age Youth throughout San Diego County who experience mental health challenges (and who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services.
- **Kickstart:** implemented in 2009, Kickstart is a County-wide program providing Prevention and Early Intervention (PEI) services for persons age 10-25 who have emerging ‘prodromal’ symptoms of psychosis. This program has three service components including: 1) Prevention, through public education; 2) Early Intervention, through screening potentially at risk youth; and 3) Intensive Treatment, with treatment of youth who are identified as at risk and their families.
- **TAY Specialists in Outpatient Clinics:** In 2010 TAY Specialists were added to eleven (11) outpatient mental health clinics throughout the County to provide specific age and developmentally appropriate enhanced outpatient mental health services for persons 18-25.
- **TAY Academy:** Operating from 2012 through 2015, TAY Academy was a three year MHSA Innovations project designed to engage a primary target population of foster youth in a drop-in setting. Following the three year project period, the resulting learning was that foster youth did not sufficiently utilize the services. The TAY Academy was launched at same time as Extended Foster Care (EFC), which may have contributed to the under-utilization of the Academies.
- **Urban Beats:** Launched in 2015, Urban Beats is an MHSA Innovations project providing artistic expression opportunities for Transition Age Youth that includes the use of multiple models of artistic expression including visual arts, spoken word, music, videos and performances and social media messaging created and developed by Transitional Age Youth (TAY), who are clients of the behavioral health system, experience Severe Emotional Disturbance/Serious Mental Illness (SED/SMI), or who are at-risk of mental health challenges. Urban Beats aims to improve TAY engagement and access to services while reducing stigma. Urban Beats provides targeted outreach to African American and Latino TAY specifically in Southeast San Diego and throughout the Central Region of San Diego County.

- **Noble Works:** Initiated in 2015, Noble Works is an MHSA Innovations County-wide program that engages and retains an array of employment opportunities for adult individuals with serious mental illness in the behavioral health system including Supported Employment, consumer owned business and Social Enterprise. Noble Works has a specialized TAY component, supports mentorship and apprenticeships, and also gives presentations to employers and businesses on mental illness and stigma.
- **AOD RRC:** Implemented in 2015, this Regional Recovery Center provides outpatient, non-residential alcohol and other drug (AOD) treatment and recovery services to adults 18+ with a specialized component focused Transition Age Youth (TAY) who reside in San Diego County.
- **TAY Emergency Shelter Beds (ESB):** In 2016, BHS- AOA contracted for 14 Emergency Shelter Beds within the Central Region to house homeless TAY who are engaged in treatment within the BHS system of care.
- **Trauma Informed Care (TIC):** All TAY programs have implemented trauma Informed Care, necessitating that programs be available to provide trauma-specific services, including evidence-based and emerging best practice treatment models.
- **Transition to Independence Process (TIP):** In 2012, San Diego County identified a lack of evidence supported models specific to working with Transition Age Youth within our systems of care. To address this identified deficit the County contracted to provide an Evidence Supported Practice model and training for six selected San Diego County providers. These providers went through a two-year training certification and “train the trainer” process. The Transition to Independence Process, or TIP, model utilizes ‘transition facilitators’ to assist youth with identifying their own transition goals and making successful transitions. This is done in a stage-specific process that incorporates elements of motivational interviewing, brief solution-focused techniques and teaming practices.

## **b. Children, Youth and Families System of Care Services and Initiatives**

- **Serving young adults up to age 21:** The Children’s system has a full continuum of services for TAY aged youth. Starting in 2012, the age range was expanded from age 18 to up to age 21 for MHSA funded youth. This provides parity with the existing EPSDT service guidelines whereas before this time MHSA youth were only authorized for service up to age 18.
- **Transition evaluation:** Youth age 16 and older are evaluated on multiple domains to determine their readiness to transition into adulthood. An individualized plan is developed to support and prepare youth to gain mastery in necessary domains. Young adults who are

18 or older are assessed to determine if they would be best served in the Children or Adult system of care. The determination of appropriate placement for 18 to 21 year olds takes into consideration the social, developmental, and clinical factors of each individual in this readiness assessment process.

- **AOD Perinatal treatment expansion:** Entry age for services of pregnant and parenting teen girls was adjusted to 15 years old and over in outpatient perinatal programs. Implemented as a pilot project in July of 2015 in one program now this enhancement to current services is county wide as of July of 2017. According to data for FY15-16, 25% of the women are TAY. Pregnant and parenting TAY have different needs that cannot be fully met through the Teen Recovery Centers. Including this population into the women's perinatal treatment programs adds additional levels of support and mentoring, transportation, parenting skills, child development and behavioral support and child care during treatment.
- **AOD Teen Group Homes:** The Alcohol and Other Drug (AOD) Teen Group Homes provide short-term residential treatment for youth ages 12 to 18. Located in three separate locations throughout the County, the AOD Teen Group Homes are a non-medical model service that allows for youth to be in a drug free environment and reach sobriety from the youth's substance use. In 2016, the number of beds increased to a total of 15, which helped to accommodate group home capacity needs in the County, and the addition of MHSA funds increased the ability to identify and serve youth with co-occurring disorders.
- **Teen Recovery Centers (TRC):** The Teen Recovery Centers (TRC's) are outpatient alcohol and drug treatment programs that serve adolescents with alcohol and other drug related issues. Prevention and Early Intervention (PEI) counselors provide assessments to determine level of treatment, frequency, and co-occurring issues. In 2015, the TRCs were redesigned to improve access by providing services at satellite/school facilities. In addition to the substance use issues, TRCs provide comprehensive and integrated services, involve families, and allow youth to remain in the most appropriate, but least restrictive setting, in order to be served within the context of their families, classroom, and community. TRCs goals are to improve capability and functioning for youth and their families, decrease the incidence of crime, and support the youth in becoming self-supporting through education and/or employment.
- **Counseling Cove:** Established in 2012, the Counseling Cove program provides services for severely emotionally disturbed, homeless and runaway youth, ages 12 to 21, throughout the entire county of San Diego. As a Full Service Partnership (FSP) these services include outreach and engagement, crisis intervention, psychiatric evaluation, counseling, case management, medication monitoring and rehabilitative support services.

- **Crisis Action Connection (CAC):** The CAC program was established in 2009, and was originally called Cabrillo Assessment Center (CAC). In 2013, MHSA funding was added to CAC for the addition of Intensive Respite Care services and the program was renamed the Crisis Action Connection. The services consist of crisis intervention, evaluation, outpatient treatment, and respite for those youth who are experiencing behavioral/emotional escalation creating disruption in their ability to be maintained safely in their residence and/or the behavioral/emotional escalation creates imminent risk for hospitalization/re-hospitalization. Intensive Respite Services provide an opportunity to stabilize the acute symptoms, typically between 72 hours – 14 days, and prepare youth for reintegration into their prior living environment or to help transition the youth to an appropriate level of care based on behavioral/emotional needs.
- **Emergency Screening Unit (ESU):** Expanded from 2 to 4 beds in 2013, ESU is a County-wide program providing Crisis Stabilization services to youth up to 18 years old experiencing a psychiatric emergency and operates seven (7) days a week, twenty-four (24) hours a day. This program also operates an emergency Psychiatric Medication refill service for those youth who have a gap between appointments with their primary prescribing doctor and would otherwise be without medication. The design of ESU crisis stabilization services is to divert the need for hospitalization as well as, facilitate admission to inpatient psychiatric care as needed or provide appropriate referrals and linkage to community resources. The unit effectively diverts over 70% of participants from hospitalization and is due to expand to 12 beds in a new central location in 2017.
- **Multi-Cultural Community Counseling (MCC):** The Cultural Access and Resource Enhancement program started in 2006 and the services shifted to Multi-Cultural Community Counseling in July 2013. This program provides intensive cultural and specific outpatient behavioral health services and case management for SED children (ages 5-20) and families from Asian Pacific Islander (API) and Latino communities with an emphasis on API. MCC is a Full Service Partnership (FSP) program which utilizes case management to provide intensive services and supports as needed. Each client is assigned a therapist that provides culturally and developmentally appropriate clinical services. A Family Support Partner is available to provide intensive case management and rehabilitative services. As a function of the Full Service Partnership program, the Family Support Partners link the client to a primary care physician and assists with the development of a Wellness Notebook. MCC facility hours are M-F from 9am-6pm with an after-hours line available to MCC clients outside of facility hours. In addition, MCC provides outreach engagements providing education on services and mental health. Multiple language abilities include Vietnamese, Spanish, Cantonese, Mandarin, and Tagalog. Referrals are from medical facilities, schools, CWS, hospitals, other providers, word-of-mouth, drop-in, and other programs. Full-scope mental health services are provided at clients' homes, community sites and clinic.

- **Full Service Partnership transformation (FSP):** Program enhancement and conversions began in FY 2015-16 with a total of 10 school based treatment programs transformed into FSPs to offer integrated services with an emphasis on whole person wellness to promote access to medical, social, rehabilitative, or other needed community services and supports. The model broadens the program scope to offer ancillary support(s), when indicated, by case managers, alcohol and drug counselors addressing co-occurring conditions, rehabilitation specialists, and/or family/peer partners. These programs support children, transitional age youth and families, using a “whatever it takes” approach, including 24/7 availability, to establish stability and maintain engagement. The programs build on client strengths and assist in the development of abilities and skills so clients can become and remain successful. Another wave of programs is slated to be enhanced to FSP status in FY 2016-17.
- **Pathways to Well Being:** Implemented in 2013, Pathways to Well-Being ensures all youth with an open Child Welfare Services case, including TAY, have access to appropriate mental health services and a Child and Family Team. The Child and Family Team supports youth in obtaining safety, permanency and well-being. Through Pathways to Well-Being, Intensive Care Coordination and Intensive Home-Based Services are provided as supportive services. As of July 1, 2016, these services have expanded to be made available to youth outside of the Child Welfare System.
- **Commercially Sexually Exploited Children (CSEC):** In September of 2015 an Interagency protocol between Behavioral Health Services, Child Welfare Services, Probation, Public Health and the Juvenile Court was signed. The protocol defines each participating agency’s role, establishes procedure for ensuring victims of CSEC receive coordinated services when possible, and establishes a CSEC Steering committee that meets monthly with representatives from participating agency’s to discuss how the protocol is being implemented and any challenges we are facing. In addition to this committee, BHS also attends the San Diego County Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council. The goal of the Advisory Council is to implement a holistic, countywide approach integrating the four Ps Model of the US Department of Justice: Prevention, Protection, Prosecution and Partnerships. It focuses on identifying best practices and promising trends addressing the root causes of trafficking and exploitation, advancing public policy, standardizing training and protocols, and enhancing victim services with the goal of creating an optimized, seamless service delivery system. As additional funding became available, BHS was able to enhance an existing provider in our Juvenile Detention facility to provide CSEC services. As of March 2016, at Kearny Mesa Juvenile Hall and the Girls Rehabilitative Facility all females have been screened for CSEC, provided CSEC specific group programs and connected with a provider in the community if they are identified as needing services. Looking forward to 2017, it is anticipated that BHS will have a provider that operates a

CSEC specific outpatient treatment program that also offers a drop- in center. The program will provide therapy, supportive services and community engagement to decrease stigma and raise awareness.

- **LGBTQ:** In July 2017, it is anticipated that BHS will have a provider that operates an outpatient treatment program for LGBTQ youth. These services will be countywide and up to 21 years of age. There will be two drop in centers in different areas to meet the needs of the youth countywide. The program will be providing Mental Health Treatment as well as supportive services such as life skills, vocational development, mentoring and employment opportunities. Community engagement is an important component to the program. The provider will focus on building resources for LGBTQ youth as well as raising awareness, reducing discrimination and stigma. The program will be welcoming, affirming and safe for all youth who identify as LGBTQ and are in need of services.
- **Critical Issues Annual Conference:** CYF collaborated with San Diego Academy of Child and Adolescent Psychiatry, the San Diego Psychiatric Society, San Diego Chapter of the California Association of Marriage and Family Therapists and the San Diego Psychological Association to develop the first annual “Critical Issues in Child and Adolescent Mental Health” conference for physicians, psychologists, social workers, therapists, nurses, probation officers, and educators to address areas not as well known, such as LGBTQI issues, Bullying, Eating Disorders, Integrative Medicine, legal issues involving pornography and cyber-bullying, and Child Sex Trafficking. This conference took place in March, 2016 and provided opportunities to discuss collaboration, networking, and advocacy for children and transitional age youth impacted by these critical issues.  
The 2017 Critical Issues in Child and Adolescent Mental Health conference is currently being planned for March, 2017.
- **Children’s System of Care Conference:** The Children, Youth and Families System of Care Training Academy is a collaborative of families, educators, public and private providers. The Academy coordinates an annual conference to promote knowledge and skill development for therapists, counselors, family and youth support partners, case managers, teachers, social workers, probation officers, and other individuals working with children, youth, and families. The last conference, ‘**Let’s talk about Sex: Sex and Sexuality in Children and Adolescents**’, was held on March 3, 2016. Specific topics addressed at this conference included: how to develop trust, rapport, and skills to discuss sex and sexuality with children and adolescents, the relationship between sex and substance abuse and basic elements for the provision of comprehensive care to transgender youth.

These systems of care initiatives and programs support the desired comprehensive transition services for TAY that are in need of continued age appropriate behavioral health services. Over

time and with the benefit of additional resources through the MHSA, the County has been working steadily to ensure services are developmentally and culturally appropriate, individualized, accessible, coordinated, holistic, trauma informed, and community based.

## **V. Outcome Measures**

Outcomes are important indicators for systems, programs and clients. A continuous quality improvement process promotes the need for objective data to analyze and improve processes and should be applied to meet the needs of those we serve and to improve the services we offer. As we discuss outcomes, it is important to note that the County has embarked on identifying ways to determine and measure system, program and provider cultural competency outcomes. This is an integral piece of effective service delivery, and is one way the County hopes to improve overall outcomes for San Diego residents. Below is a summary of the outcomes BHS tracks for TAY.

### **a. Client Outcomes**

Client outcomes are vital in demonstrating client symptoms, functioning, quality of life and personal growth. Behavioral Health Services had identified multiple outcomes measures for Adults and for Children/Youth, but there are no TAY specific measures to date. In the Adult system BHS utilizes the following scales to assess current mental health and recovery markers:

- Recovery Markers Questionnaire (RMQ)
- Illness Management and Recovery scales (IMR)
- Substance Abuse Treatment Scale-Revised (SATS-R)
- MORS
- LOCUS

In the Children's System of Care BHS utilizes the following scales to assess current mental health and recovery markers:

- Child and Adolescent Measurement System (CAMS)
- Children's Functional Assessment Rating Scale (CFARS)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)

## b. Data

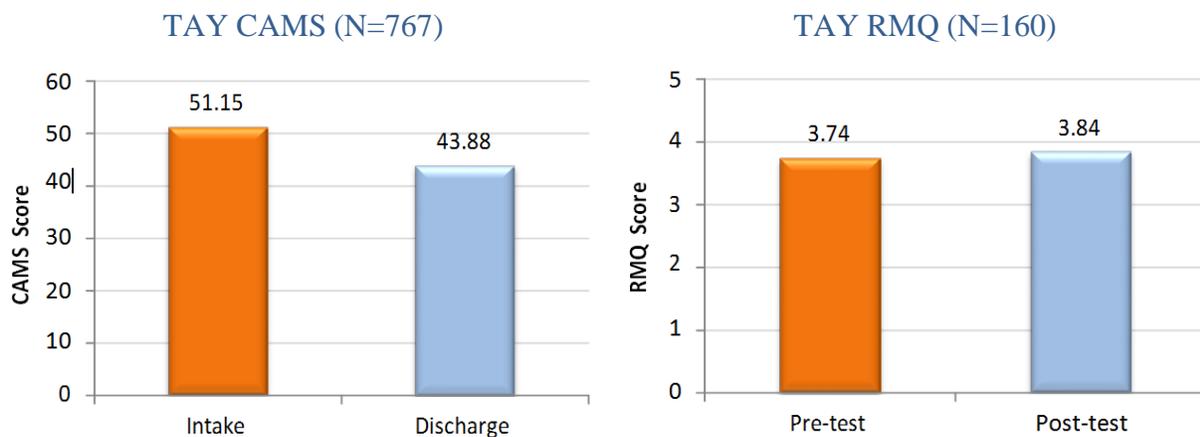
Data from the TAY System-wide Report from FY 2012-2013 highlights the following:

### Are TAY Clients Getting Better?

Providers collected outcomes data with the Child and Adolescent Measurement System (CAMS), the Children's Functional Assessment Rating Scale (CFARS), the Recovery Management Questionnaire (RMQ) and the Illness Management and Recovery (IMR) scale, based on the System of Care that provided the services. Outcomes for TAY clients receiving services in FY 2012-13 who had both Intake and Discharge (CAMS/CFARS) or Pre- and Post-Test (RMQ/IMR) scores were analyzed.

### CAMS/RMQ Scores

The CAMS measures a child's social competency, behavior and emotional problems using a three-point Likert scale; it is administered in the CYFBHS system to all caregivers, and to youth ages 11 and older who are receiving mental health treatment. A *decrease* on the total CAMS score is considered an improvement. The RMQ measures progress towards recovery on a scale of 1 to 5; it is administered in the AOABHS system to all clients. An *increase* on the total RMQ score is considered an improvement. These results revealed modest to moderate improvement in TAY competency, behavior, and progress towards recovery following receipt of SDCBHS services.



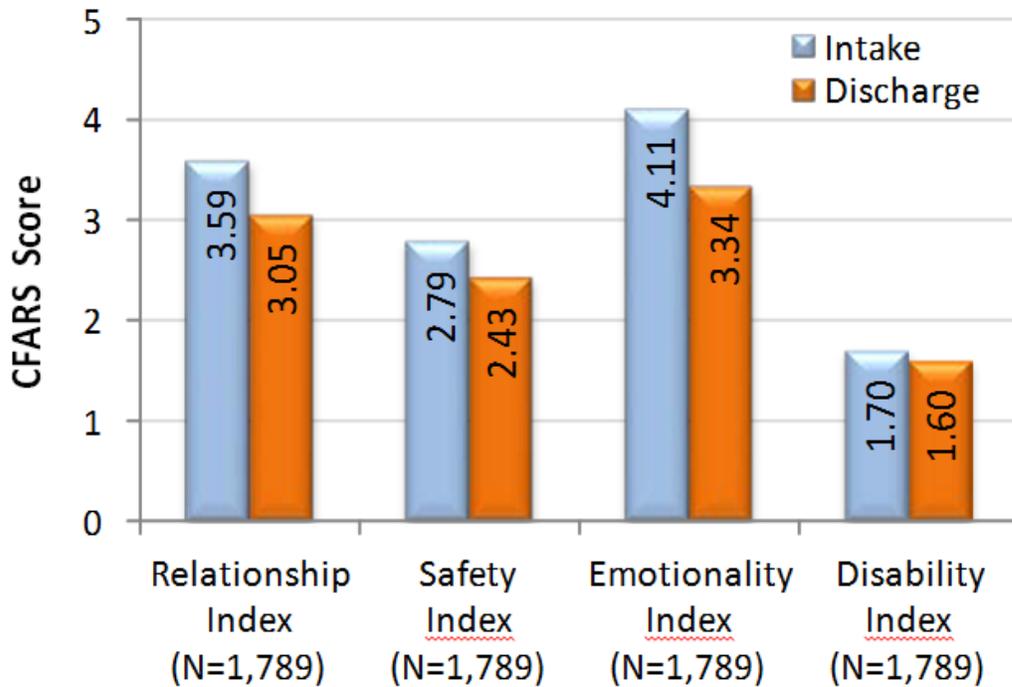
\*Age range for all TAY is 16-24 with the largest proportion aged 16 (18.6%) and 17 (19.7%)

### CFARS/IMR Scores

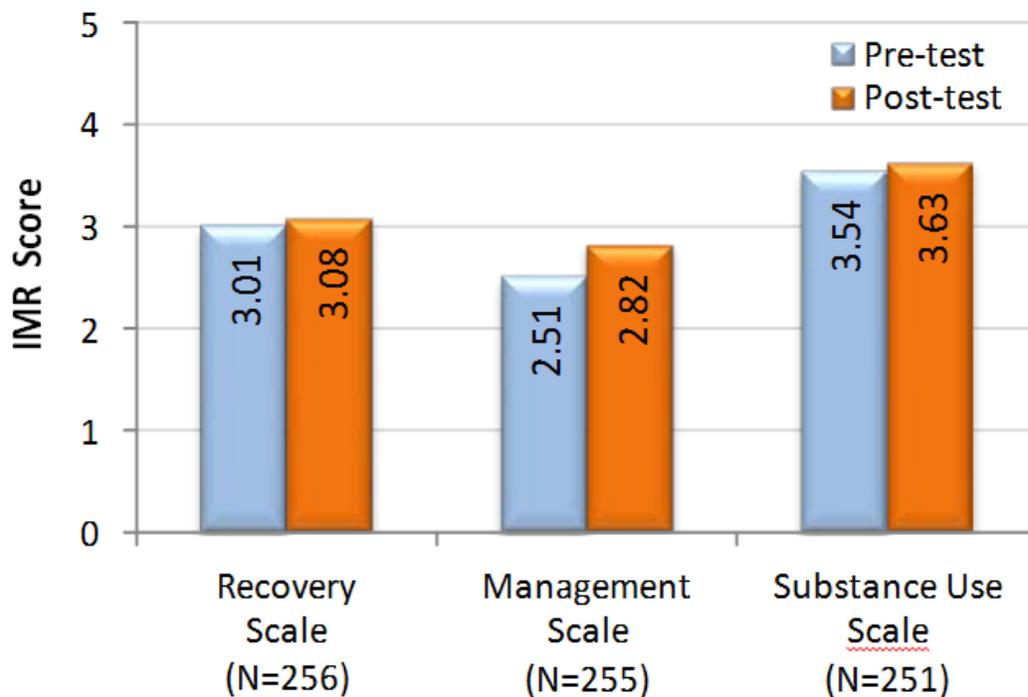
The CFARS measures level of functioning on a scale of 1 to 9 and is completed by the client's clinician in the CYFBHS mental health treatment system. A *decrease* on any CFARS index is considered an improvement. The IMR measures illness management and recovery on a scale of 1

to 5 and is completed by the client’s clinician in the AOABHS system. An *increase* on any IMR scale is considered an improvement. These results revealed modest to moderate improvement in TAY functioning and recovery following receipt of SDCBHS services.

### TAY CFARS



### TAY IMR

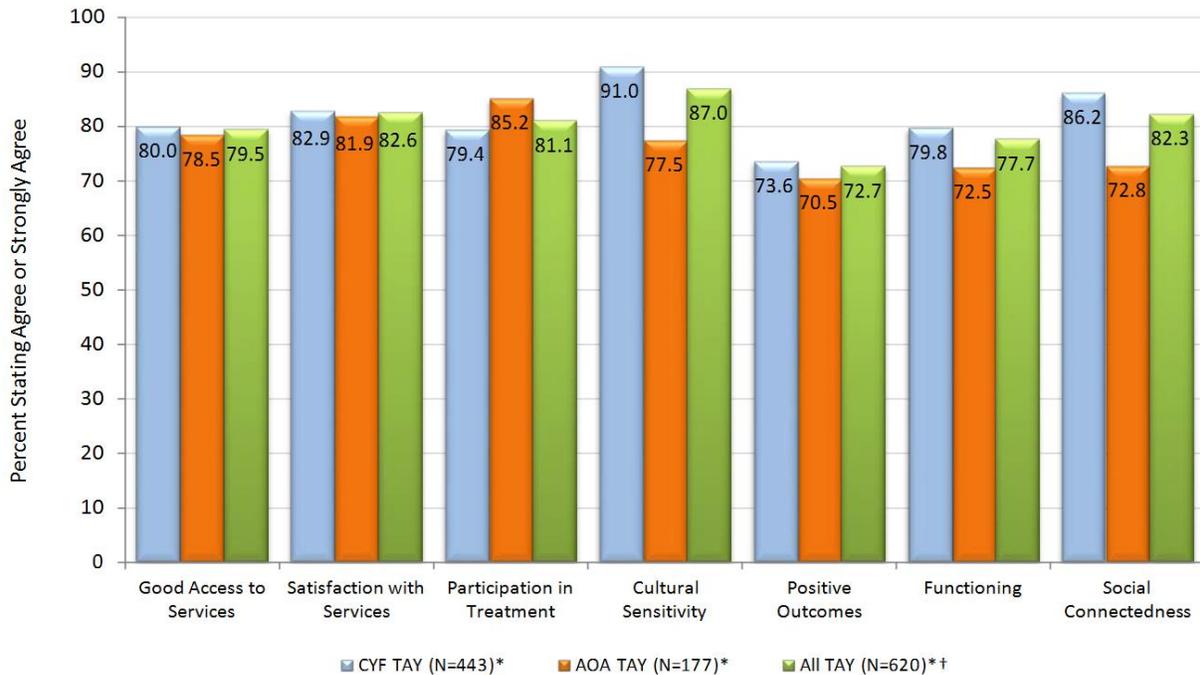


## Are TAY Clients Satisfied?

The Youth Services Survey (YSS) and the Mental Health Statistics Improvement Project (MHSIP) are state-mandated surveys based on the System of Care within which SDCBHS clients receive mental health treatment services, administered in FY 2012-13 during a one-week window in August 2012. Questions related to satisfaction with services are grouped into seven domains: Good Access to Services, Satisfaction with Services, Participation in Treatment, Cultural Sensitivity, Positive Outcomes, Functioning, and Social Connectedness.

### August 2012 State Survey Results

A total of 620 TAY clients submitted state-mandated surveys on services received during the August 2012 administration period.



\*Not every client had data for every domain

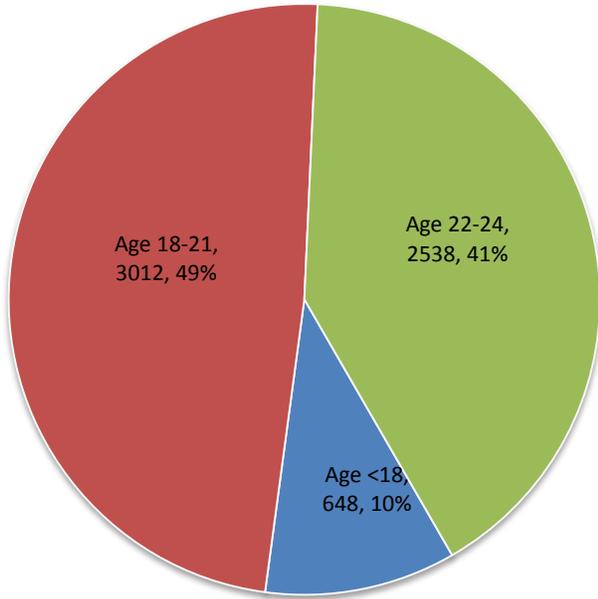
†Weighted average of TAY across systems

In comparing the TAY statistics in the 2010/11 and 2014/15 MHS/BHS Databooks, the following significant data has been noted for mental health treatment clients:

There has been a 20.73% increase among TAY served in the AOA and CYF systems of care: (6,198 TAY served in FY 2010/2011, compared to 7,483 in FY 2014/15). The most significant growth was in TAY ages 18-21.

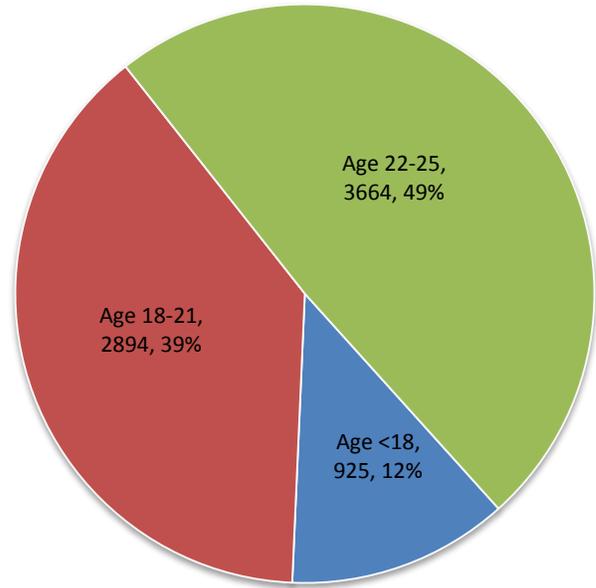
FY 2010/11

N = 6,198



FY 2014/15

N = 7,483



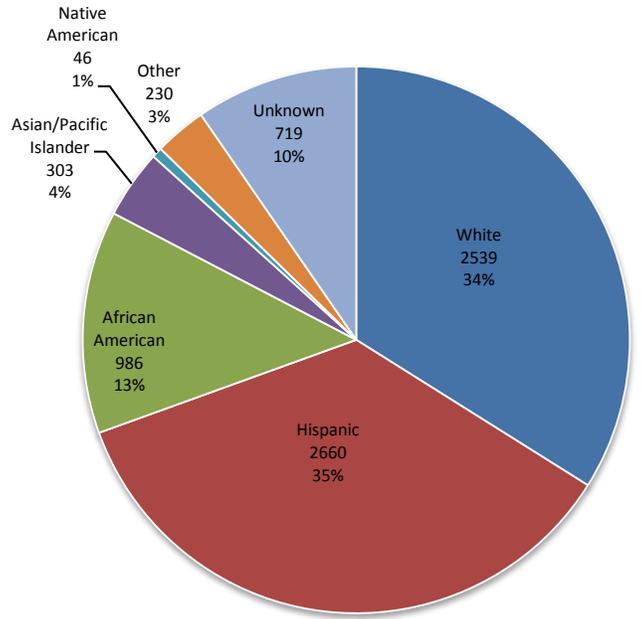
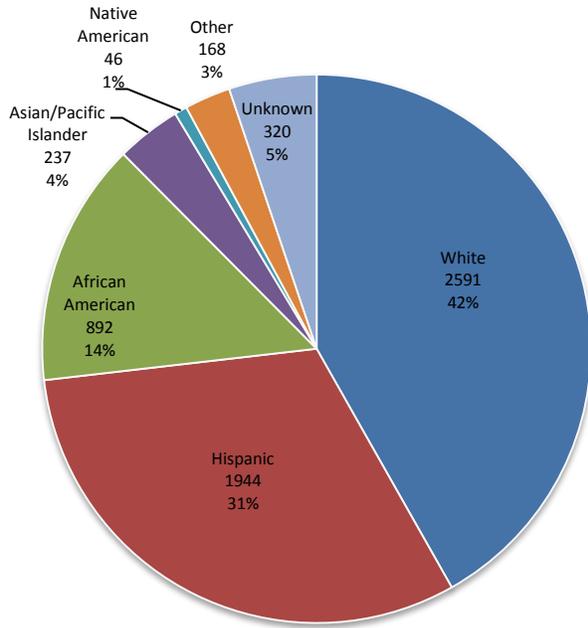
- The number of Hispanic TAY clients has increased by 37% while Caucasian clients have decreased by 2%

FY 2010/11

N = 6,198

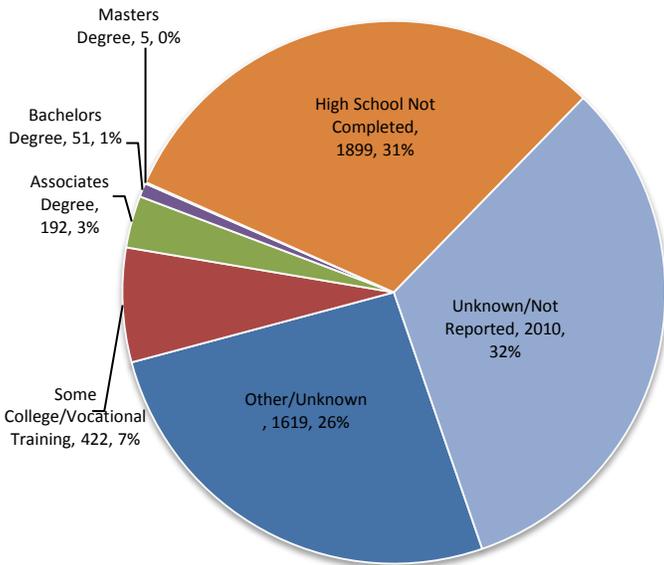
FY 2014/15

N = 7,483

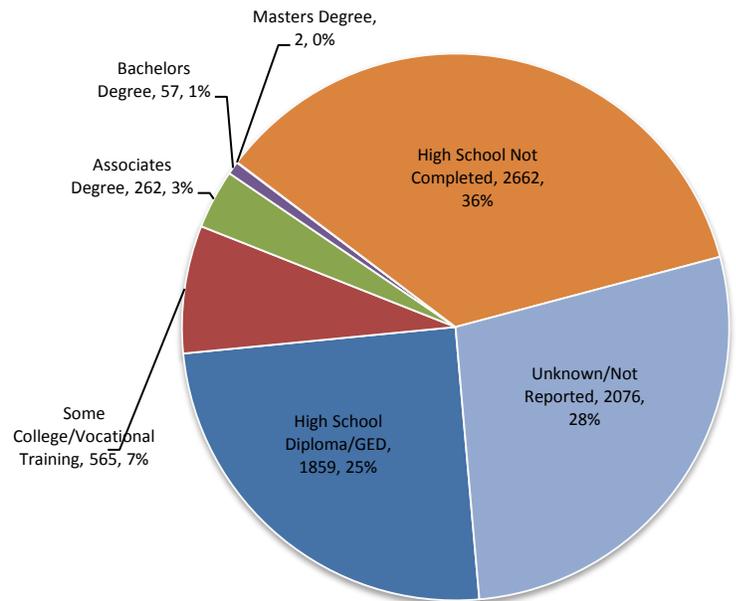


- TAY clients' not completing high school has increased by 5% and although a decrease was seen in the category of unknown/not reported, the most recent data reflects 28% in this category.

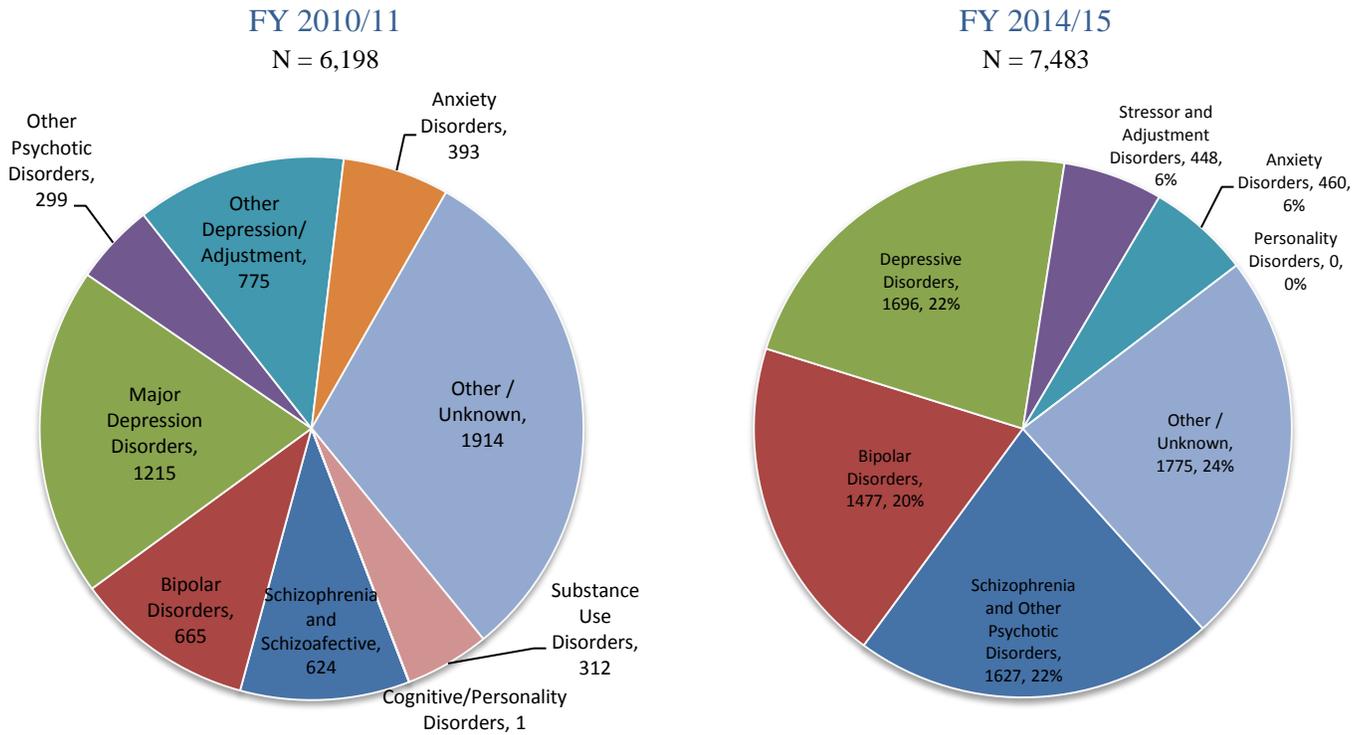
FY 2010/11  
N = 6,198



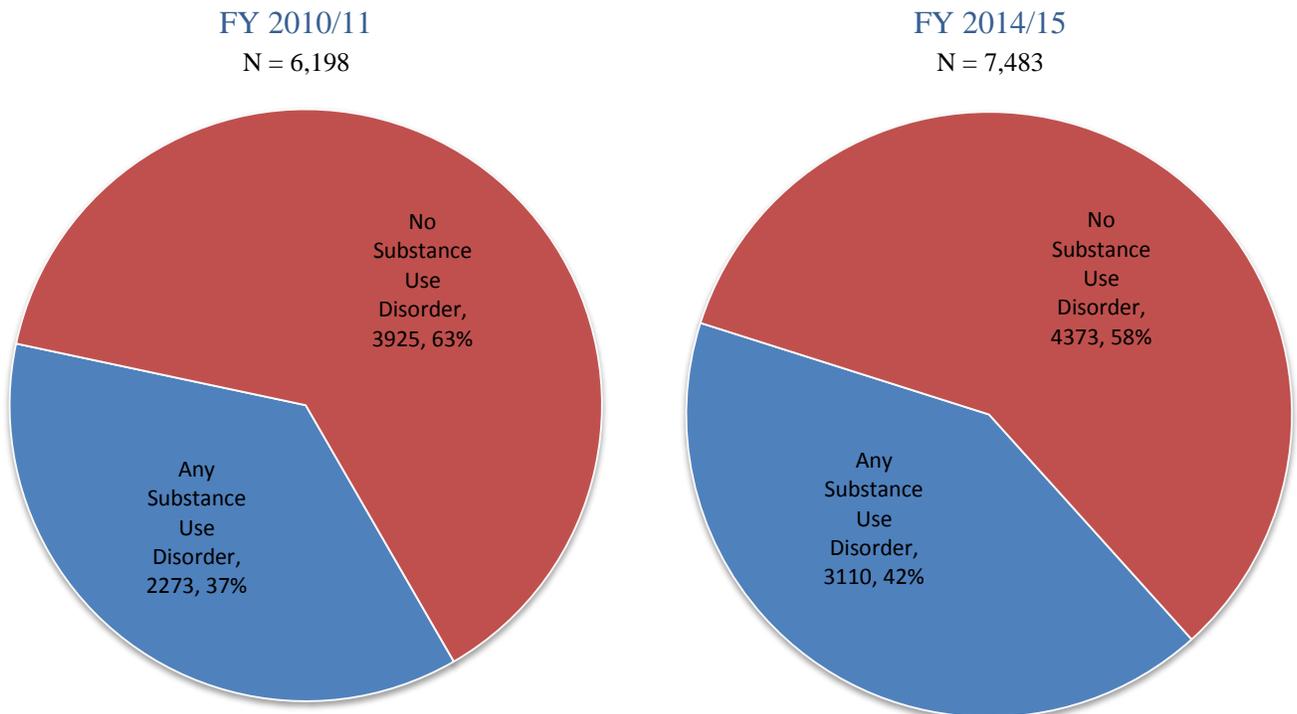
FY 2014/15  
N = 7,483



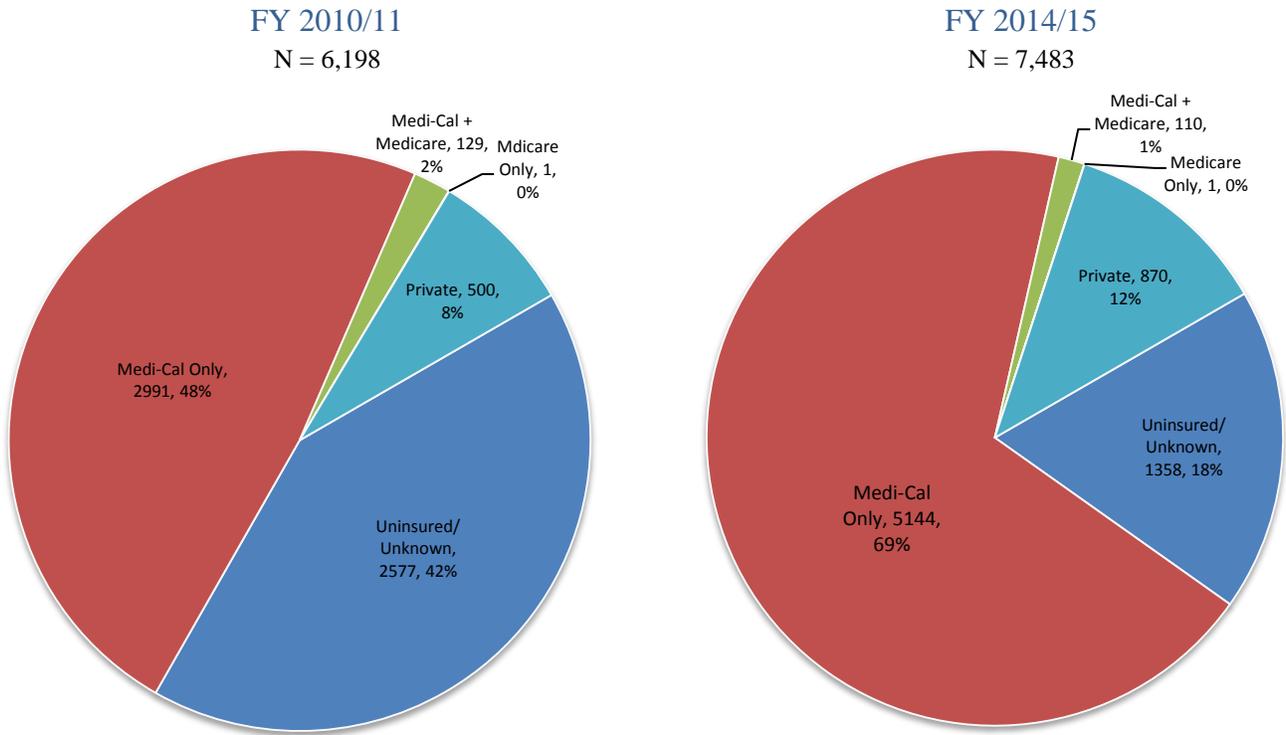
- TAY clients with diagnosis of schizophrenia and bipolar disorders has increased by 14% and 10% respectively, while diagnosis of Anxiety disorders has decreased by 1%.



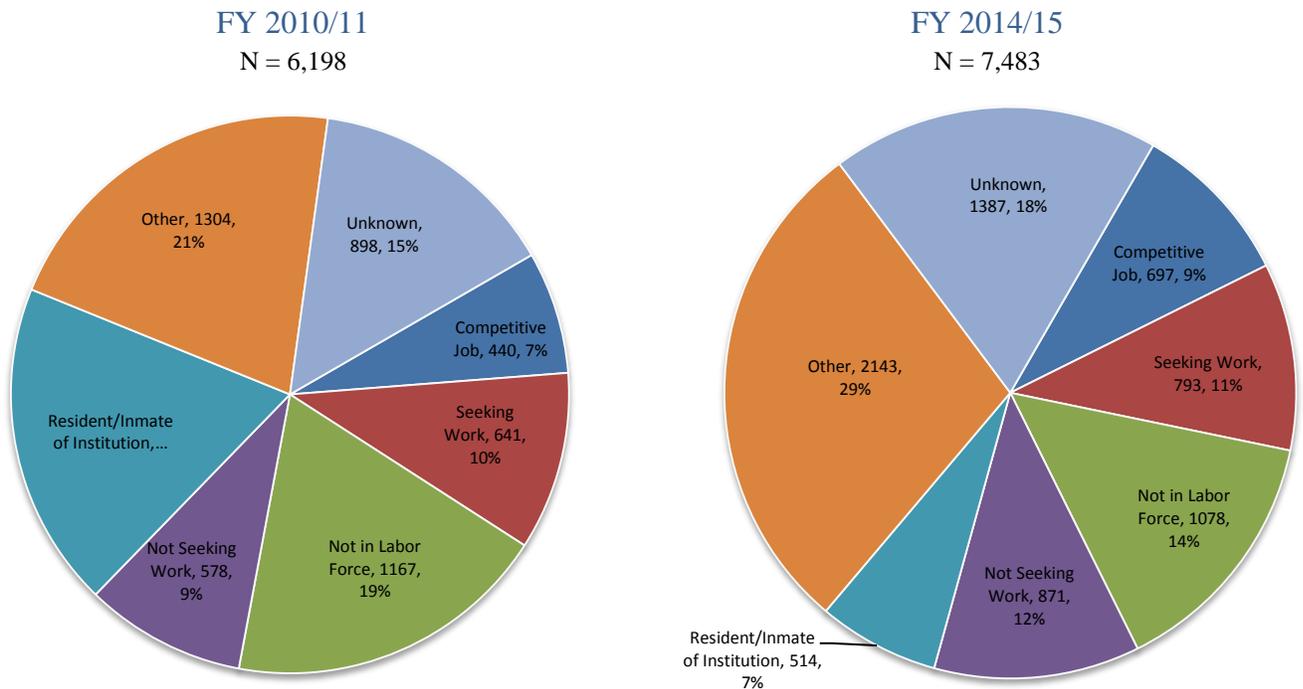
- TAY clients with a diagnosed Substance Use Disorder increased by 5%



- TAY uninsured clients reduced significantly by 24%, which may have been impacted by the Affordable Care Act implementation on January 1, 2014.



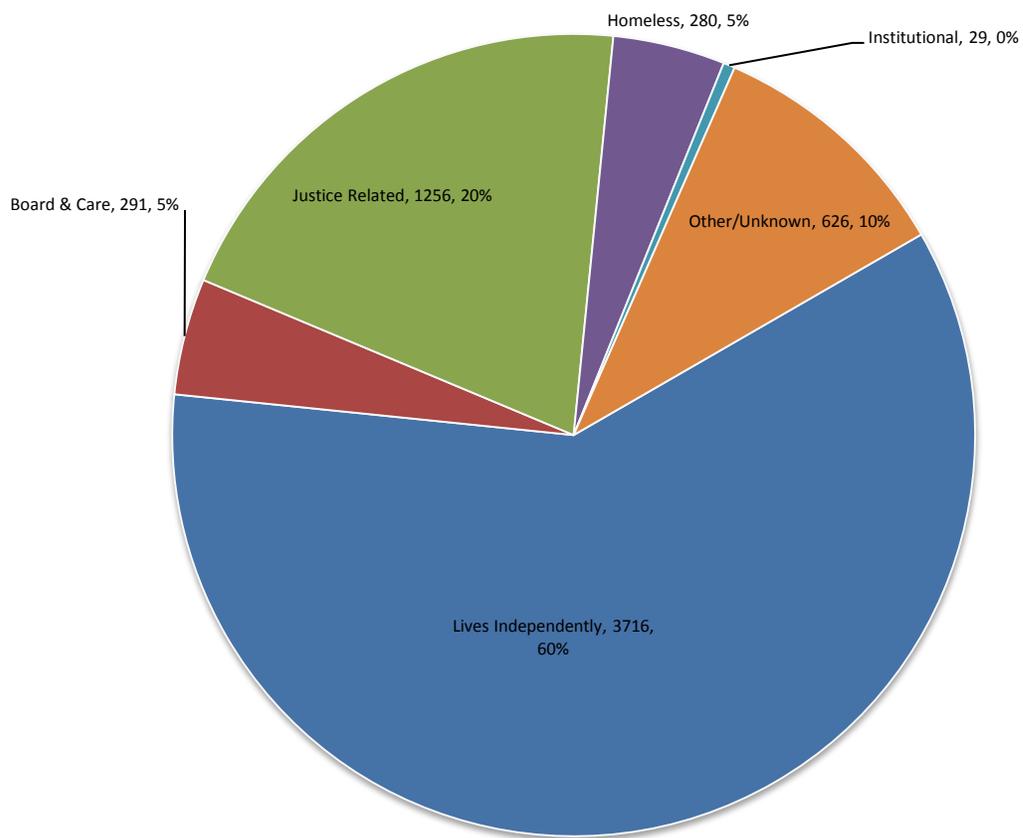
- TAY clients who are competitively employed increased by 3%



- TAY clients living independently increased by 10%.

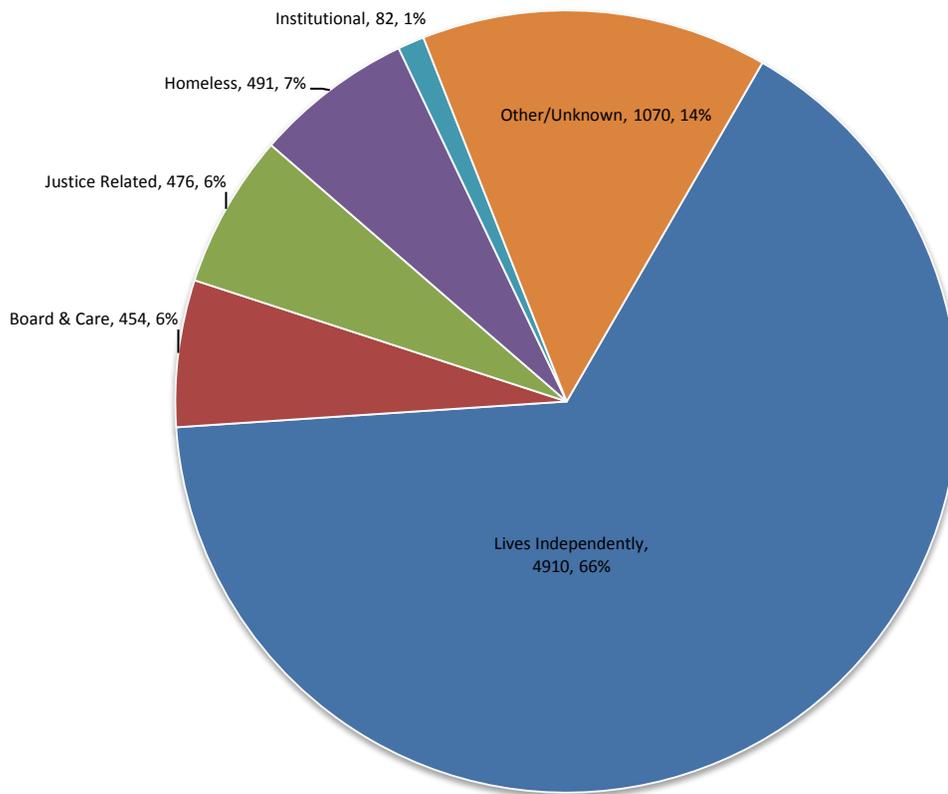
FY 2010/11

N = 6,198



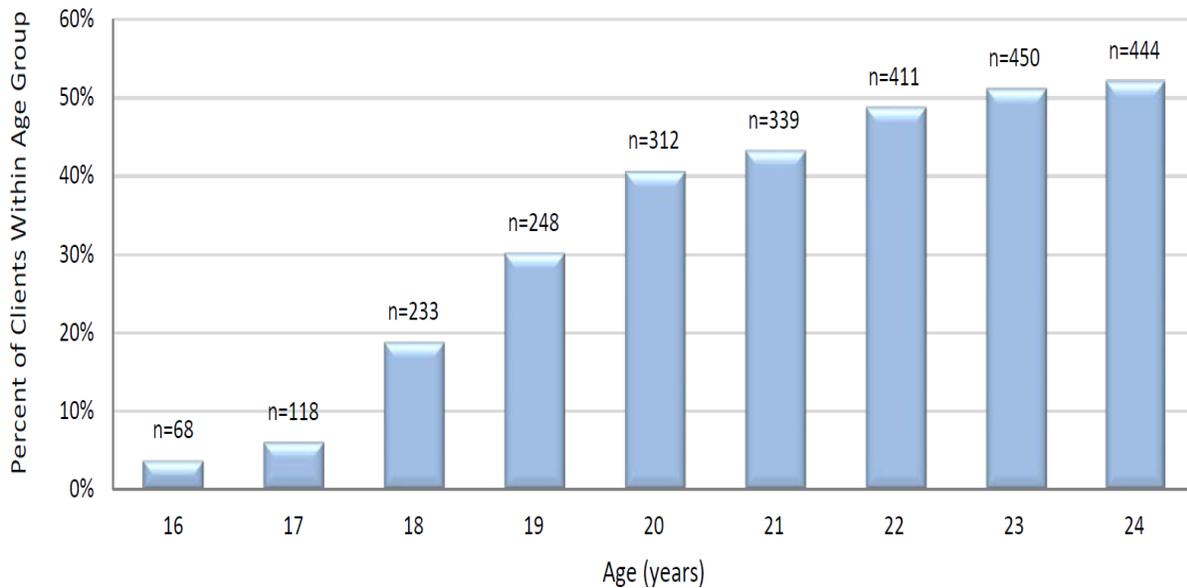
- TAY clients with a justice related living situation decreased by 16%

FY 2014/15  
N = 7,483



Identifying key data points is an area of needed improvement regarding consistent reporting across the systems. For example, in the current 2014/15 data book, 27% of TAY clients have “unknown/not reported” education level, 24% of diagnosis designated as “other/unknown, 18% have an “unknown” employment status and 14% have “other/unknown living situation.

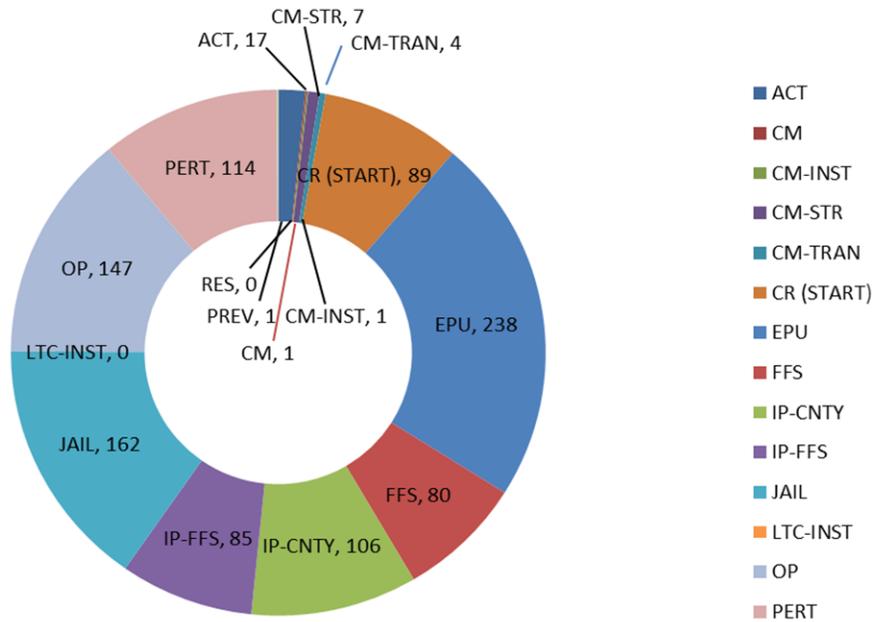
- Regarding Co-occurring disorders, the TAY System-wide Report of 2012-13 indicates that co-occurring substance use disorders increase nearly every year as TAY age:



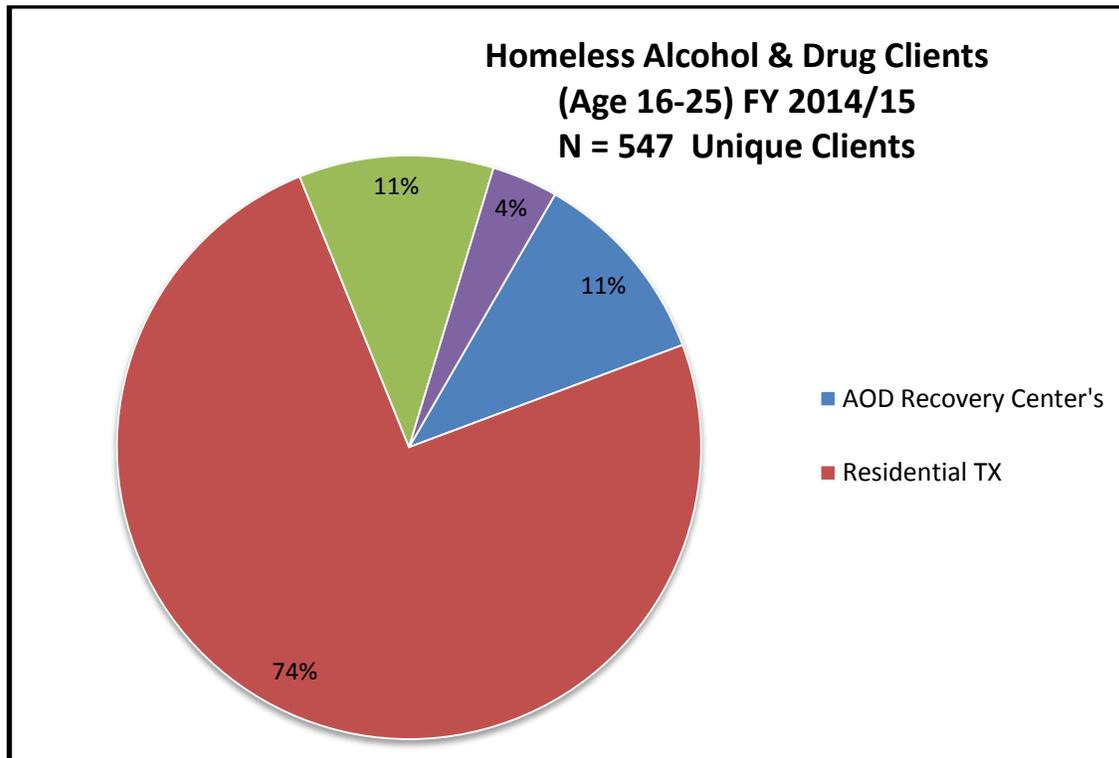
Additional data regarding homeless TAY engaged in the AOA and CYF systems of care show that in FY 2014-15:

- 491 (11%) of TAY receiving mental health treatment services were homeless

**Homeless Mental Health Clients (Age 16-25)  
FY 2014/15  
N = 491**



Additionally, in fiscal year 2014-2015 there were 547 (23.7%) TAY receiving Substance Abuse Services who were also homeless:



Regional Center is an important stakeholder co-serving TAY in our systems. Behavioral Health Services has formed a strong working relationship with the San Diego Regional Center of that includes their participation in the TAY Workgroup. In 2014, BHS modified the electronic health record to indicate and track clients who had Regional Center involvement. Below details tracking efforts of BHS:

<b>Child and Adolescent Clients with Regional Center Involvement</b>			
	<b>2/1/2014 - 6/30/2014<sup>1</sup></b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>
<b>Number of Clients with Regional Center Involvement</b>	112	324	346
<b>Percent of Clients with Regional Center Involvement</b>	0.9%	1.8%	2.0%
<b>Total Clients Served</b>	12,956	18,322	17,010

<sup>1</sup>Data only available from 2/1/2014 as this is when the Regional Center option was implemented.

- Regional Center involvement has increased annually

<b>Adult and Older Adult Clients with Regional Center Involvement</b>			
	<b>4/1/2014 - 6/30/2014<sup>1</sup></b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>
<b>Number of Clients with Regional Center Involvement</b>	797	1,204	1,566
<b>Percent of Clients with Regional Center Involvement</b>	3.0%	2.7%	3.7%
<b>Total Clients Served</b>	26,585	44,080	42,286

<sup>1</sup>Data only available from 4/1/2014 as this is when the Regional Center option was implemented.

## **SYNOPSIS:**

Although TAY can access multiple levels of care and services, the Transitional Age Youth Workgroup notes that there is a need to develop, increase, and improve TAY specific services in all levels of care and to tailor service delivery in alignment with the recommendations outlined in this plan. Specific emphasis should be placed on whole person health and wellness of TAY, consistent with San Diego County’s Live Well vision of building better health, living safely, and thriving. This will require a continued paradigm shift while working with the TAY population and entails policy, system, program and staff development activities.

Outreach and engagement has been a key component of services for this population as TAY do not traditionally access and/or engage in behavioral health services due to several factors, including the stigma associated with seeking services and the lack of TAY-specific engagement and intervention strategies. Research has demonstrated that TAY have not been effectively

engaged, and that providers need training and education to be skilled about TAY needs and culture, and to have working knowledge of brain development and developmental stages in an effort to effectively work with this specific population. There are unique challenges, as youth are often wary of behavioral health and social services “systems” and providers must be resourceful, flexible and respectfully persistent as they work to gain trust and build the connection towards health.

Overall, the information presented in this plan are aimed to acknowledge the expanded service delivery and innovative TAY programming in the AOA and CYF systems of care. In addition, this plan aims to assist in informing and enhancing system, program and client outcomes.

## **VI. RECOMMENDATIONS:**

The following recommendations were derived from the TAY Workgroup, Stakeholder input and key data to inform the direction of TAY services in San Diego County:

1. It is recommended that the TAY Workgroup be transformed into a TAY Council that would function similar to other Councils established by the Behavioral Health Director.
2. It is recommended that the TAY Workgroup be expanded to include representatives from Special Education Local Plan Areas (SELPA’s) (for Middle Schools and High Schools), Regional Center, Faith Based Organizations, Colleges, Vocational Programs, additional Advocacy Groups and Housing representatives to formalize input, collaborations and partnerships to address issues and strategies and to recommend practices that will bridge the existing gaps in the system of care.
3. It is recommended that TAY specific substance use services/programs including outpatient and residential programs be implemented to effectively meet the unique needs of this population.
4. It is recommended that TAY providers of service continue to utilize evidenced based practices, such as TIP, in their service delivery to ensure TAY competent engagement and treatment strategies for this unique population.
5. It is recommended that a TAY specific housing continuum increase in capacity including Emergency Shelter Beds, transitional housing, sober living, and permanent supportive housing be aligned with the needs of the TAY population. This recommendation includes TAY meeting specialty mental health criteria as well as at-risk TAY.
6. It is recommended that TAY specific programs, services and relevant data continue to be evaluated by programs to assess penetration, retention and planned discharges versus dropping out of treatment. In addition, longitudinal follow up of TAY with planned discharges and of TAY dropping out of treatment will inform the system as to outcomes. Data collection and analysis should include the evaluation of program strengths, successes and gaps.

7. It is recommended that TAY only outcome measures be identified, reviewed and implemented system-wide specifically for this population.
8. It is recommended that an analysis of TAY employment services be conducted to assess if we are adequately meeting the unique needs of this population.
9. It is recommended that the TAY System-wide report be updated annually to support the goal of providing impactful services to this population.

## **I. REFERENCES:**

[MHS Databook, FY 2010-11](#)

[BHS Databook, FY 2014-15](#)

[TAY Systemwide Report, FY 2012-13](#)

BHS Stakeholder Forum, FY 2015-16