

County of San Diego Health and Human Services Agency



Children, Youth & Families Behavioral Health Services *Systemwide Annual Report, FY 2018-19*

Children, Youth & Families Behavioral Health Services *Systemwide Annual Report*

Health and Human Services Agency

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Acknowledgments

Our sincere appreciation to the youth, families, and staff who gave their time to complete the evaluations and surveys necessary to produce this report. A special thanks to the clerical and support staff who faithfully transmitted the data for their programs.

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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) 2018-19 (July 2018 – June 2019). CYFBHS System of Care serves children and youth up to age 21, as well as a perinatal population. The primary focus of this annual report is 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. 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 work collaboratively to advance the Vision. Information about *Live Well San Diego* is available at: <http://www.livewellsd.org/>.

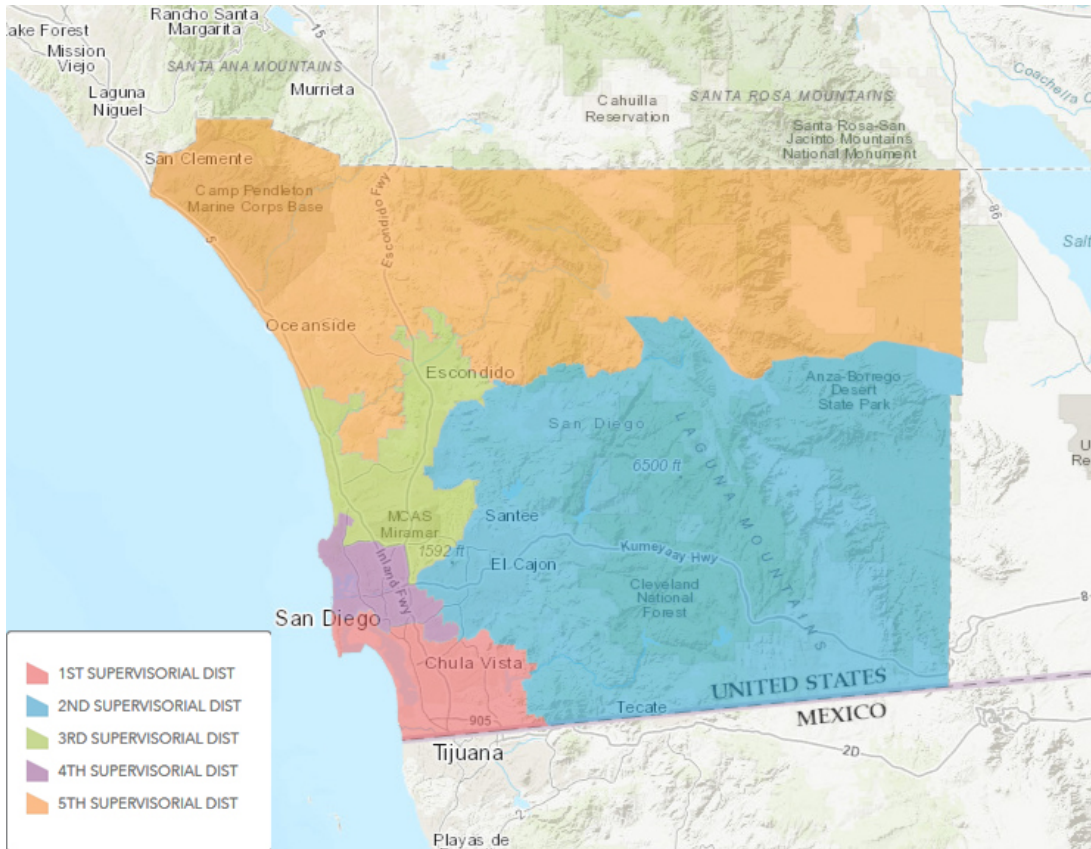
The Importance of Assessment

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

Introduction

Provider Systems

In FY 2018-19, 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 more than 500 individual practitioners throughout the community with a wide range of specialties; 338 FFS providers are credentialed to provide 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

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

- ❖ Opioid Treatment Programs (OTP)
- ❖ Outpatient Services (OS)
- ❖ Intensive Outpatient Services (IOS)
- ❖ Residential 3.1
- ❖ Residential 3.5
- ❖ Recovery Services

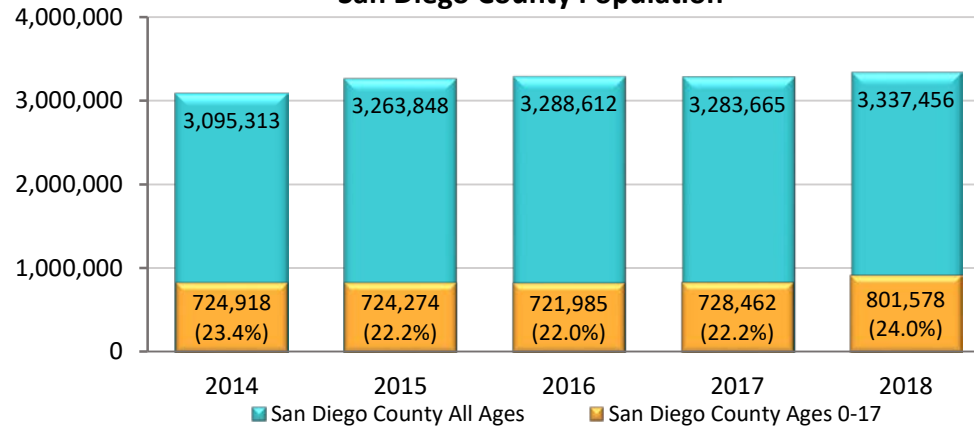
Note: Discrepancies between service data in the FY 2018-19 Annual Report and the FY 2018-19 Databook for CYFBHS are due to differences in how the data are generated; by program modality for the Databook and by service code for the Annual Report.

Introduction

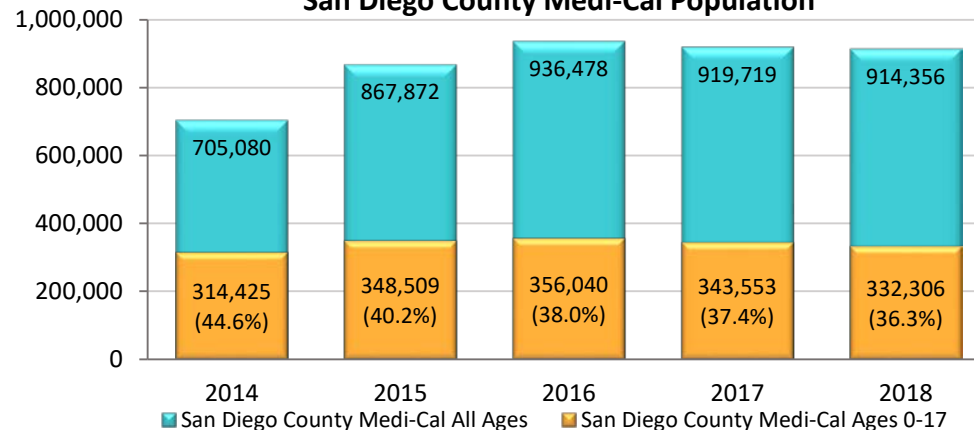
San Diego County

The estimated population of San Diego County in 2018 (Source: US Census Bureau estimate, accessed 2/25/20) was 3,337,456 residents, 801,578 (24%) of whom were under the age of 18. In 2018, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 2/25/20) was 914,356 residents, 332,306 (36%) of whom were ages 0-17 years.

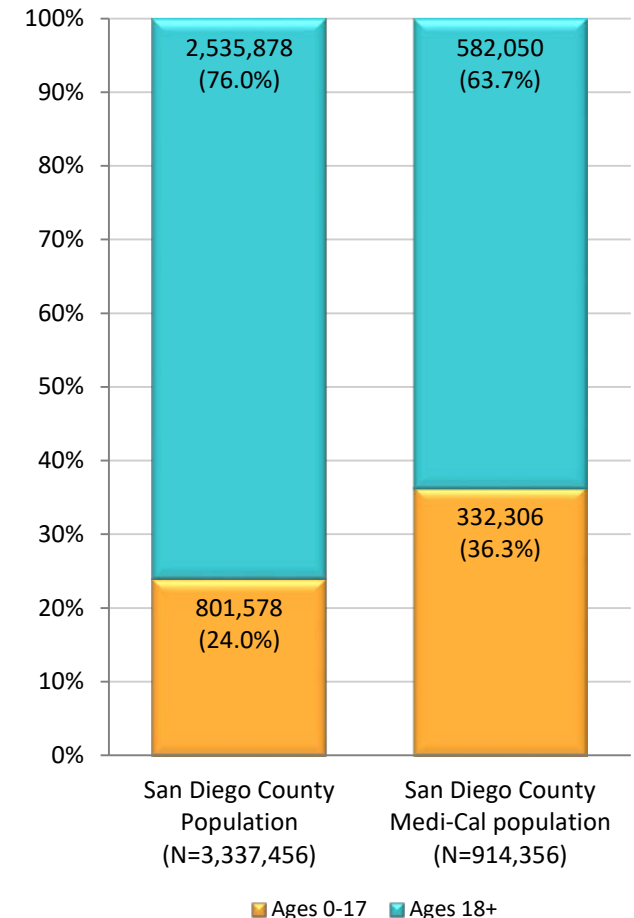
San Diego County Population



San Diego County Medi-Cal Population



2018 County v. Medi-Cal Population

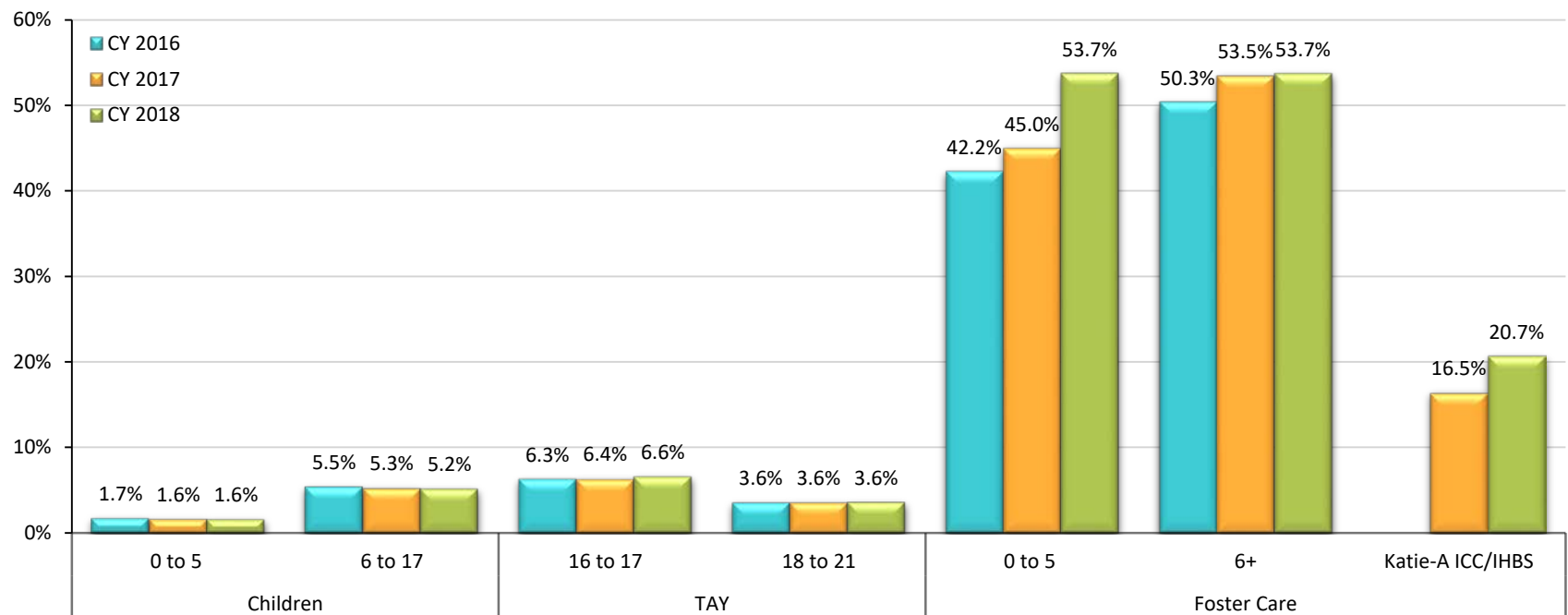


Introduction

Penetration Rate of Specialty Mental Health Services (SMHS) Medi-Cal Beneficiaries in San Diego County

Penetration rates reflect the number of Medi-Cal beneficiaries served by CYFBHS mental health treatment system, compared to the total number of Medi-Cal beneficiaries in San Diego County. CYFBHS penetration rates remained consistent over the three calendar years for all children and TAY, while it has increased slightly for those in foster care or with Katie-A status.

San Diego County CYF Client SMHS Medi-Cal Penetration Rates Calendar Year (CY) 2016 to 2018



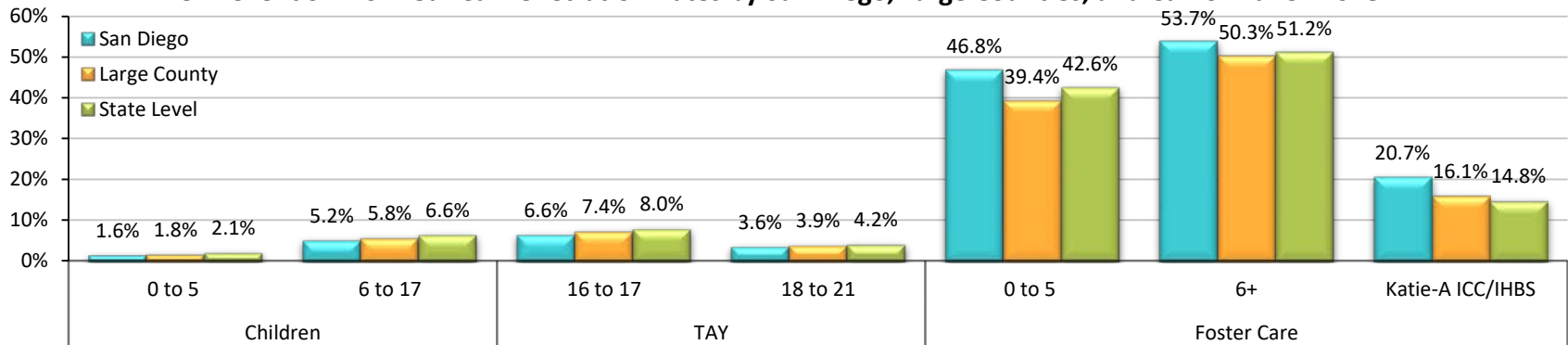
Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2019

Introduction

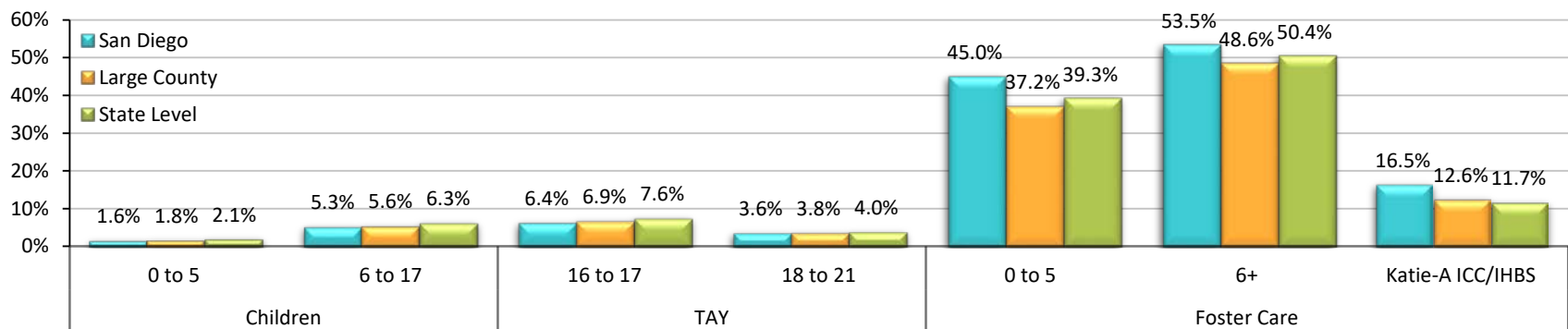
Penetration Rate of SMHS Medi-Cal Beneficiaries in San Diego County, Large Counties, and California

Large counties are defined as having a population between 750,000 and 3,999,999. There are 13 Large Counties in CA; San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda, Sacramento, Contra Costa, Fresno, Kern, San Francisco, Ventura, and San Mateo. San Diego County had a lower penetration rate than other large counties and California overall across all age groups, while those in foster care or with Katie-A status saw San Diego with a larger penetration rate than other large counties or California overall.

CYF Client SMHS Medi-Cal Penetration Rates by San Diego, Large Counties, and California: CY 2018



CYF Client SMHS Medi-Cal Penetration Rates by San Diego, Large Counties, and California: CY 2017



Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2019

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS) Specialty Mental Health Services (SMHS) Fiscal Year 2018-19

1. 14,640 youth received services through the San Diego County CYFBHS system, a 5% decrease from the 15,430 served in FY 2017-18.
2. 53% of clients were male. The proportion of females served by CYFBHS continues to increase steadily over time; from 44% in FY 2014-15 to 47% in FY 2018-19.
3. 61% of clients were Hispanic; this proportion has increased steadily from 56% in FY 2014-15. As compared to the San Diego County estimated population in 2018, CYFBHS served a larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients.
4. 80% of clients served by CYFBHS lived in a family home or apartment at some point during FY 2018-19, similar to 79% in FY 2017-18.
 - 25% of children ages 0-5 lived in a foster home during FY 2018-19, as compared to 5% systemwide.
 - 17% of TAY clients in CYFBHS lived in a correctional facility during FY 2018-19, as compared to 6% systemwide.
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 age and by gender.
 - Systemwide, there has been a 12-percentage-point increase in depressive disorders over the past five years, from 22% in FY 2014-15 to 34% in FY 2018-19. Among the TAY population, 43% had a primary diagnosis of a depressive disorder.
 - Children ages 0-5 were nearly three times as likely to receive an adjustment disorder diagnosis than the systemwide average.

Key Findings, continued

6. 832 (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 937 (6%) clients with substance use issues in FY 2017-18.
 - 569 (68%) clients with substance use issues were 16 years of age or older.
 - 413 (50%) clients with substance use issues also received treatment from the SUD system during the fiscal year.
 - 144 (35%) of these 413 clients receiving SUD services had a dual diagnosis in the MH system.
7. 13,379 (91%) clients had health coverage exclusively by Medi-Cal in FY 2018-19; similar to 14,057 (91%) in FY 2017-18 and 14,292 (90%) in FY 2016-17.
8. The proportion of clients receiving Day Services has decreased by half over the past five years, from 5% in FY 2014-15 to 2.5% in FY 2018-19. The decrease correlates with the systemwide shift to an Outpatient treatment modality within Residential programs, which are now Short Term Residential Treatment Programs (STRTPs).
9. On average, clients received 16.1 hours of Outpatient Services in FY 2018-19. Case Management and Collateral service treatment hours have declined by more than 30% since FY 2015-16, correlating with the expansion of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all eligible CYFBHS clients.
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. Clients in Wraparound programs were more likely to have a reported history of trauma (96%) compared to the CYFBHS average (75%). These clients were also more likely to have a primary diagnosis of an Oppositional/Conduct, Anxiety, or Schizophrenic disorder.
11. Clients who received Medication services were more likely than the systemwide averages to be White or African-American and less likely to be Hispanic. Approximately half of all clients who lived in a correctional facility, residential facility, or children's shelter received Medication services.

Key Findings, continued

12. 652 (4.5%) clients used Inpatient (IP) services in FY 2018-19, an increase from 622 (4%) clients in FY 2017-18.
 - 168 (26%) of 652 IP clients received multiple IP services within the fiscal year, an increase from 134 (22%) of 622 in FY 2017-18.
 - The proportion of these clients readmitted to IP services within 30 days of the previous IP discharge increased from 58 (43%) of 134 in FY 2017-18 to 80 (48%) of 168 in FY 2018-19.
13. 1,327 (9%) clients received services from the Emergency Screening Unit (ESU) in FY 2018-19, as compared to 1,090 (7%) clients in FY 2017-18. The increase is aligned with a system expansion in January 2018, which increased Crisis Stabilization beds from 4 to 12.
 - 284 (21%) of 1,327 ESU clients had multiple ESU visits within the fiscal year; an increase from 199 (18%) of 1,090 in FY 2017-18.
 - The proportion of these clients readmitted to ESU within 30 days of the previous ESU discharge increased from 85 (43%) of 199 in FY 2017-18 to 150 (53%) of 284 in FY 2018-19.
 - Of 1,944 ESU visits within the fiscal year, 1,420 (73%) 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 four times more likely to receive Day Services and three times more likely to receive IHBS and ICC services than the systemwide average. These clients were more likely to be male, African-American, and have a primary diagnosis of a Stressor/Adjustment disorder.
15. As measured by the Pediatric Symptom Checklist (PSC), clients experienced reliable improvement (approximately 50%) and clinically significant improvement (approximately 60%) in behavioral and emotional well-being following receipt of mental health services.
16. As measured by the Child and Adolescent Needs and Strengths (CANS) assessment, the majority of clients experienced a reduction of at least one need from initial assessment to discharge on the Life Functioning, Risk Behaviors, and/or Child Behavioral and Emotional needs domains.

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

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

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

CYFBHS

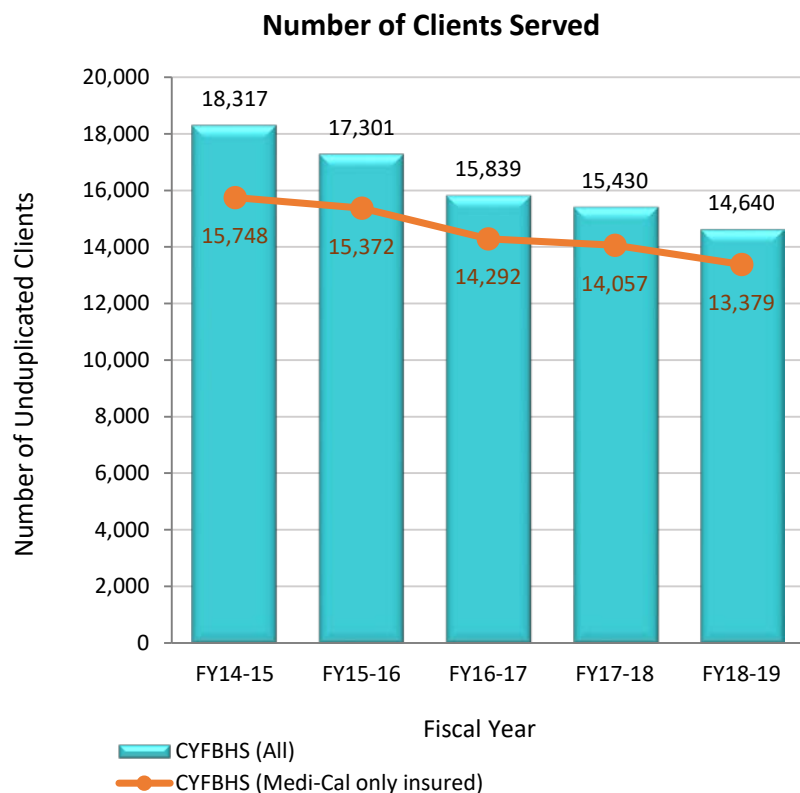
Mental Health Services

Who Are We Serving?

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

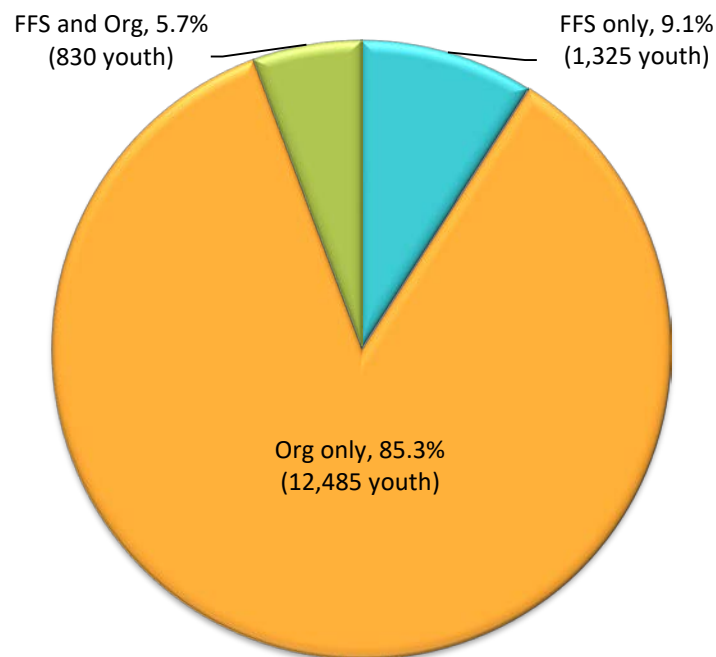
Number of Clients

In FY 2018-19, CYFBHS delivered mental health treatment services to 14,640 youth. Among those youth, more than 13,000 were insured exclusively by Medi-Cal.



Service Provider Type

The majority (85%) of CYFBHS youth were served *only* by Organizational (Org) providers in FY 2018-19. Nine percent received services exclusively from Fee-for-Service (FFS) providers.



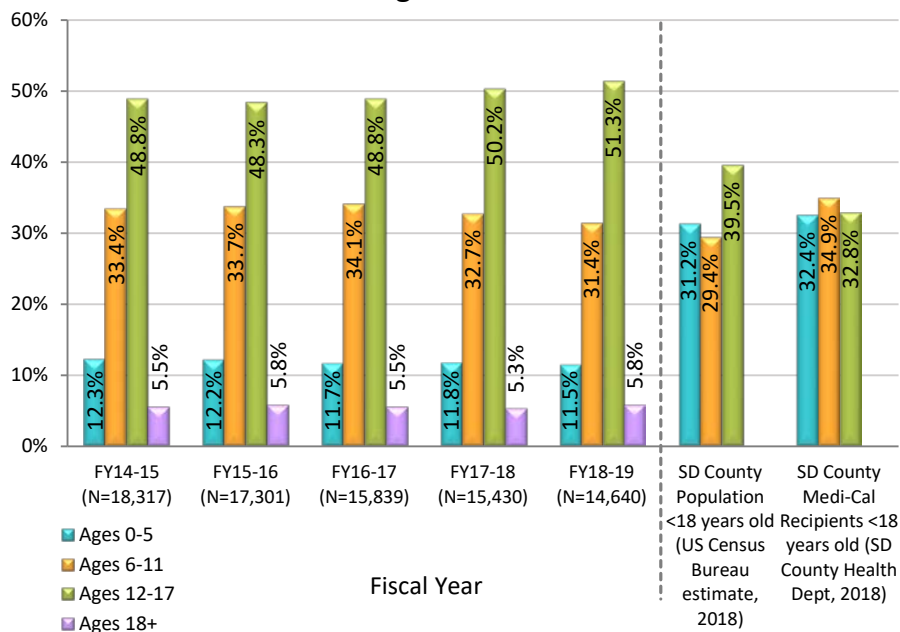
Who Are We Serving?

Half of clients served were between the ages of 12 and 17 years. Fifty-three percent of clients were male, whereas the County youth population and County Medi-Cal youth population were nearly evenly divided between males and females.

Age of Clients

- ❖ Adolescents (12-17 years) comprised 51% of the CYFBHS population.
- ❖ School-age clients (6-11 years) comprised 31% of the CYFBHS population.
- ❖ Children ages 0-5 comprised 12% of the CYFBHS population.

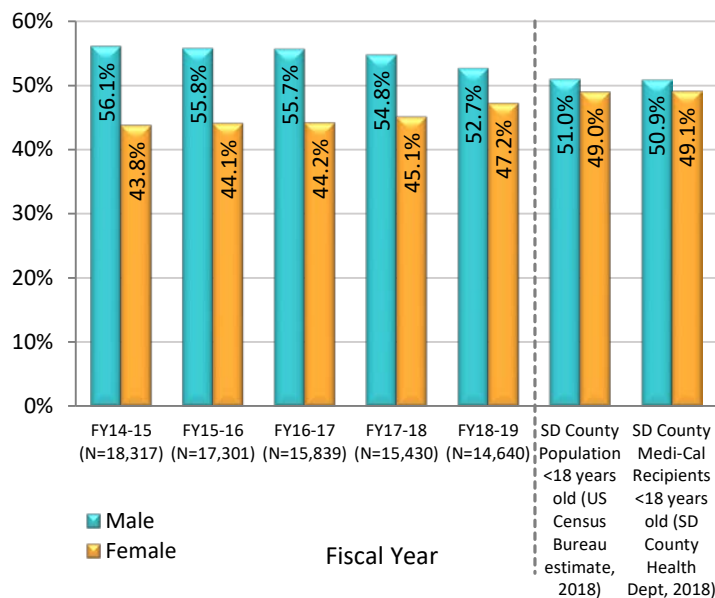
Client Age Distribution*



Client Gender

- ❖ The gender gap of clients served in CYFBHS has narrowed by half over the past five years.
- ❖ The male to female client ratio is slightly greater than the San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- ❖ 7,715 (53%) clients who received CYFBHS services in FY 2018-19 were male.

Client Gender Distribution*



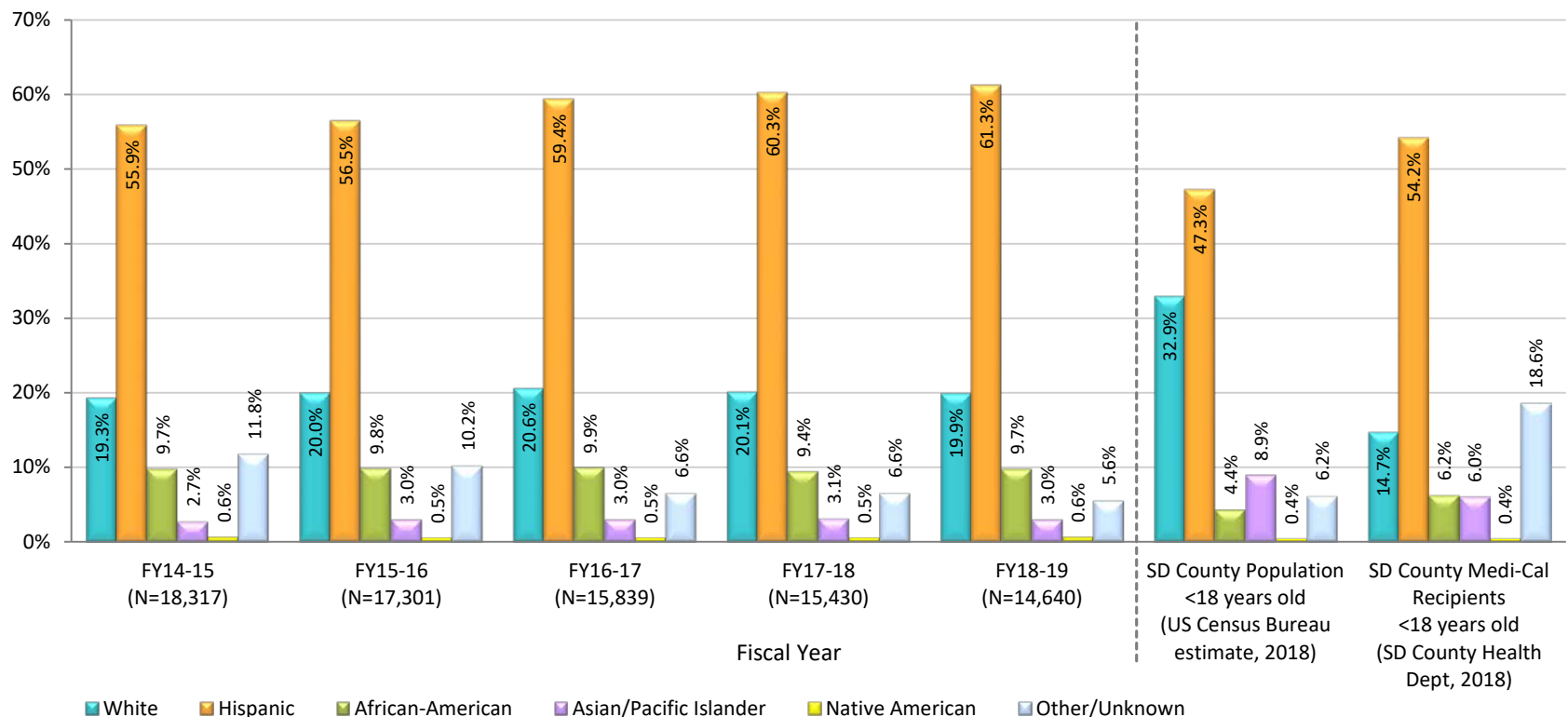
*Percentages calculated within the number of clients served by CYFBHS in FY 2018-19.

Who Are We Serving?

Client Race/Ethnicity

- ❖ 8,973 (61%) clients who received CYFBHS services in FY 2018-19 were identified as Hispanic.
- ❖ A larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were more comparable to the San Diego Medi-Cal youth population.

Client Race/Ethnicity Distribution*

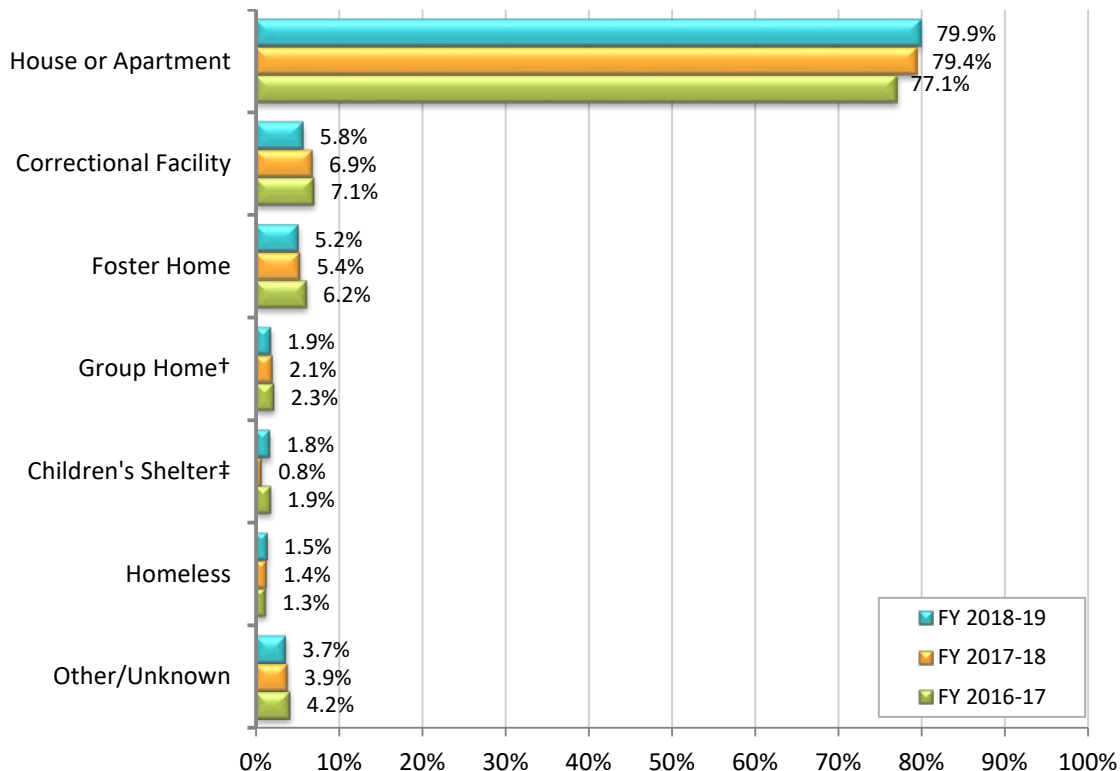


*Percentages calculated within the number of clients served by CYFBHS in FY 2018-19.

Who Are We Serving?

Client Living Situation*

Eighty percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2018-19. The proportional decrease of youth served within correctional facilities aligns with the Public Safety Group (PSG) focus on decreasing detention while increasing community supports.



*Percentages calculated within the number of clients served by CYFBHS in FY 2018-19.

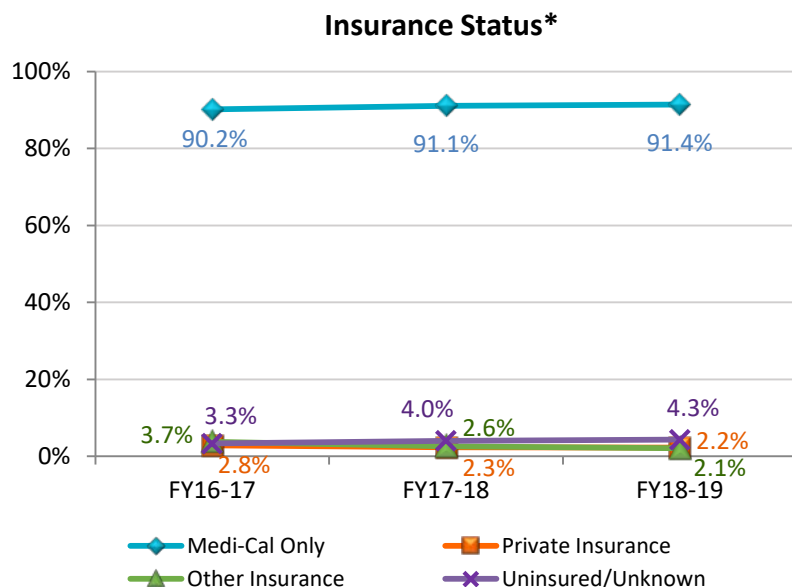
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

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

Who Are We Serving?

Health Care Coverage

13,379 (91%) children and youth who received services from CYFBHS during FY 2018-19 were covered exclusively by Medi-Cal.



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

Primary Care Physician (PCP) Status*†

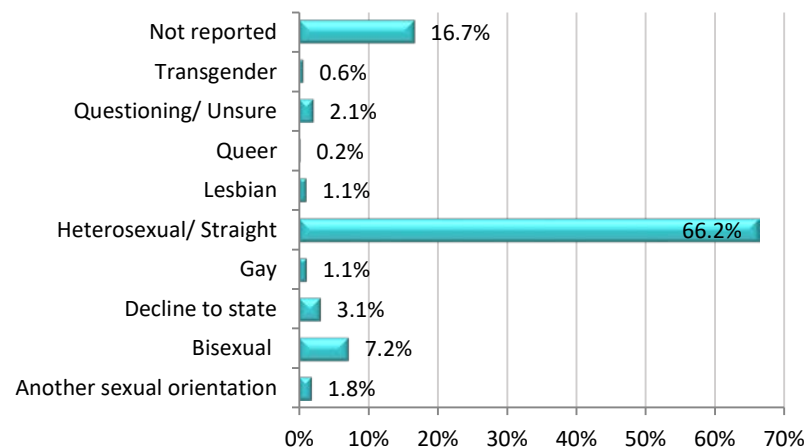
Of the 12,026 clients for whom PCP status was known, 11,387 (95%) had a PCP in FY 2018-19; a very slight increase from 94% in FY 2017-18.

*Percentages calculated within the number of clients served by CYFBHS in FY 2018-19.

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

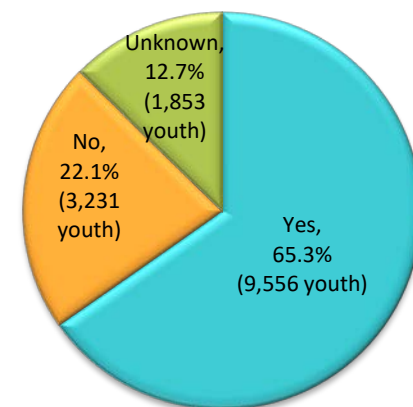
Sexual Orientation*†

Of 7,249 CYFBHS clients **age 13 or older**, 4,802 (66%) were reported to be heterosexual. Sexual orientation was unreported or declined to state for 17% of the 13+ population.



History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 12,787 clients (88% of the CYFBHS population) in FY 2018-19; of these clients, 9,556 (75% of the 12,787 clients for whom this information was known) had a **history of trauma**.



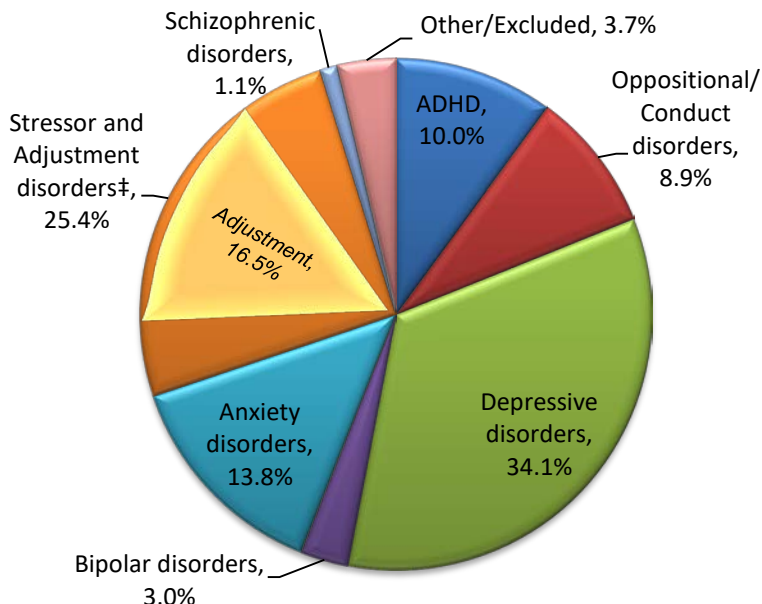
Who Are We Serving?

The rate of Depressive disorder diagnoses has risen more than 12 percentage points in CYFBHS over the past few years, from 21.6% in FY 2014-15 to 34.1% in FY 2018-19. Six percent were identified as having a co-occurring substance use issue; no change from FY 2017-18. Only 35% of CYFBHS youth also receiving SUD services had a dual diagnosis in the MH system.

Primary Diagnosis (n=13,905)*†

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

- ❖ Depressive disorders (n=4,743; 34.1%)
- ❖ Stressor and Adjustment disorders (n=3,527; 25.4%)
- ❖ Anxiety disorders (n=1,916; 13.8%)
- ❖ ADHD (n=1,395 10.0%)



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 2018-19 CYFBHS Youth	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	6% (832 of 14,640)
Had dual diagnosis through mental health program§	4% (563 of 14,640)
CYFBHS Youth with Co-occurring Substance Use Issue	Systemwide Percent (n of N)
Had dual diagnosis through mental health program	68% (563 of 832)
Received services from SUD program	50% (413 of 832)
CYFBHS youth who received services from SUD program who also had dual diagnosis	35% (144 of 413)

*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of clients served by CYFBHS in FY 2018-19.

‡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.

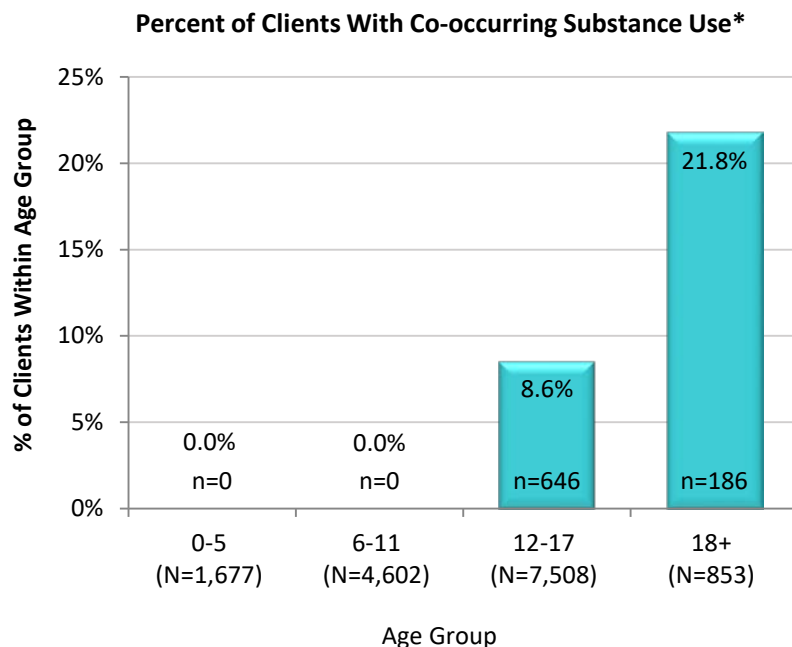
§ These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?

646 of 832 (78%) clients with a co-occurring substance use problem were ages 12-17; 530 of 832 (64%) were Hispanic.

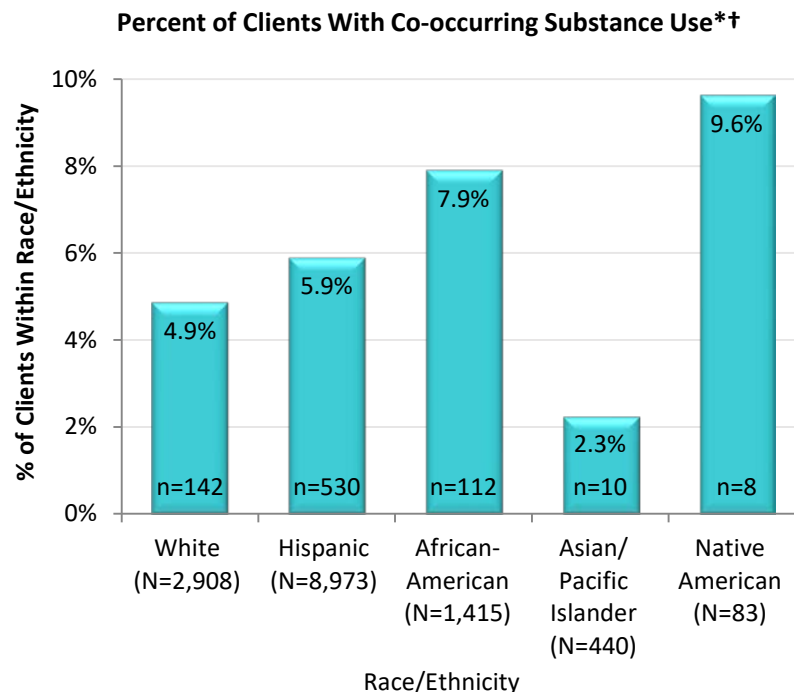
Co-occurring Substance Use—Age

Twenty-two percent of youth ages 18 and older, and 9% of youth ages 12-17, who received services from CYFBHS in FY 2018-19 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

Native American youth served by CYFBHS had the highest proportion of co-occurring substance use (8 of 83 clients), while Asian/Pacific Islanders had the lowest proportion (10 of 440 clients).



*Percentages calculated within the number of clients served by CYFBHS in FY 2018-19.

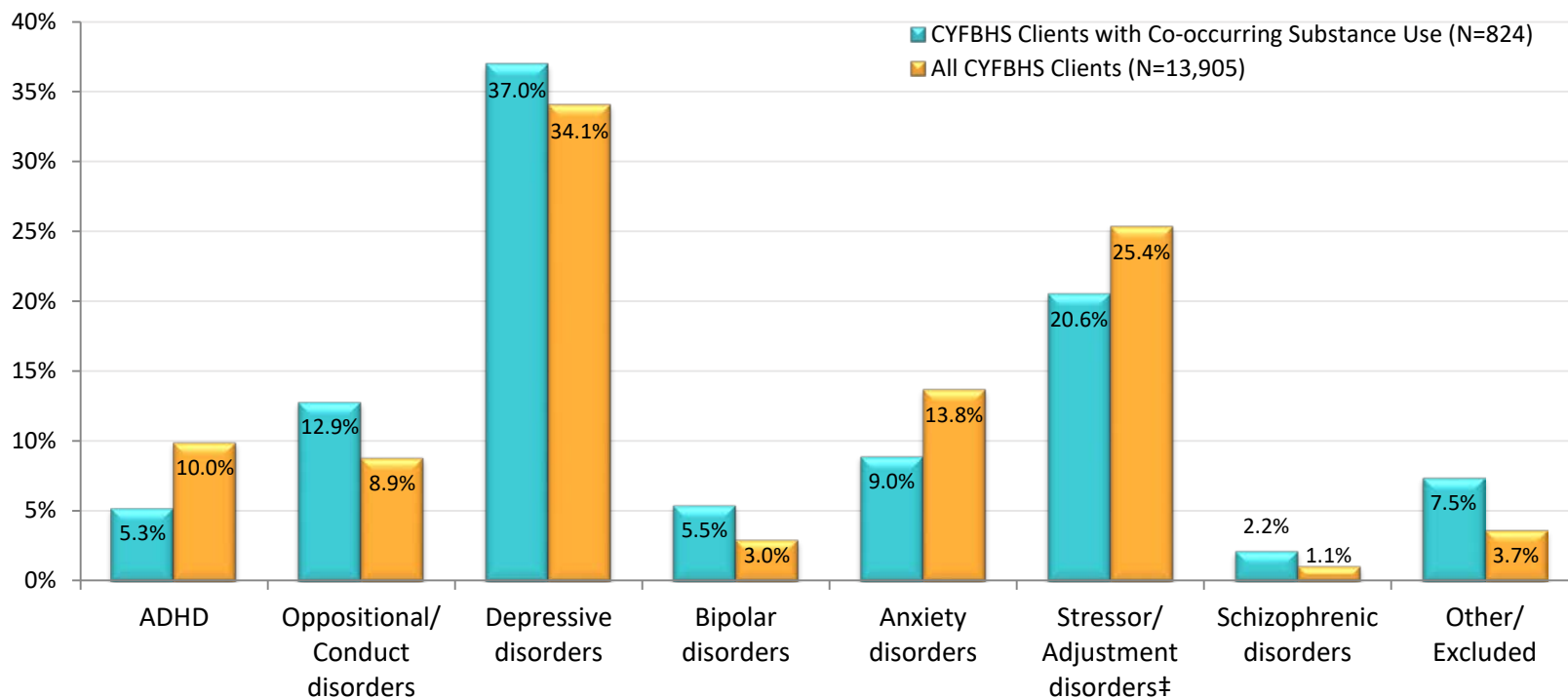
†Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?

Co-occurring Substance Use and Primary Diagnosis

Youth with co-occurring substance use problems who received a valid diagnosis were more likely to have a diagnosis of Depressive, Oppositional/Conduct, or Bipolar disorder than youth in CYFBHS overall.

Primary Diagnosis*†



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of clients served by CYFBHS in FY 2018-19.

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

Who Are We Serving? Fee-for-Service Youth

CYFBHS utilizes two provider systems: Organizational Providers and Fee-for-Service (FFS) Providers. This section focuses on clients who received any services from Fee-for-Service (FFS) providers during the fiscal year, even if they also received services from Organizational Provider programs. These data are not directly comparable to previously published SOC reports, which focused on clients receiving services exclusively from FFS providers.

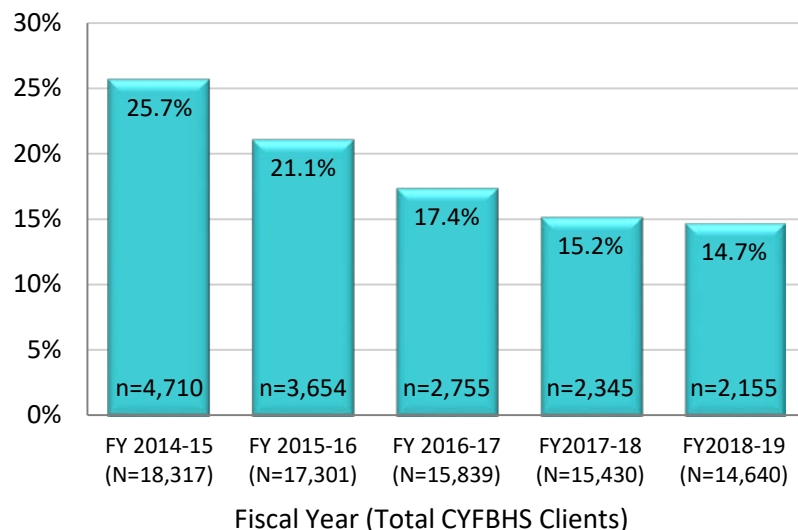
CYFBHS FFS providers actively serving these clients within the FY were comprised of 51 MFTs, 49 Group Practices, 28 Psychologists, 24 LCSWs, 21 Psychiatrists, and 1 LPCC.

FFS Clients

2,155 CYFBHS clients were served by an FFS provider at some point in FY 2018-19.

- ❖ The proportion of clients served by FFS providers has decreased 11 percentage points over the past five years.

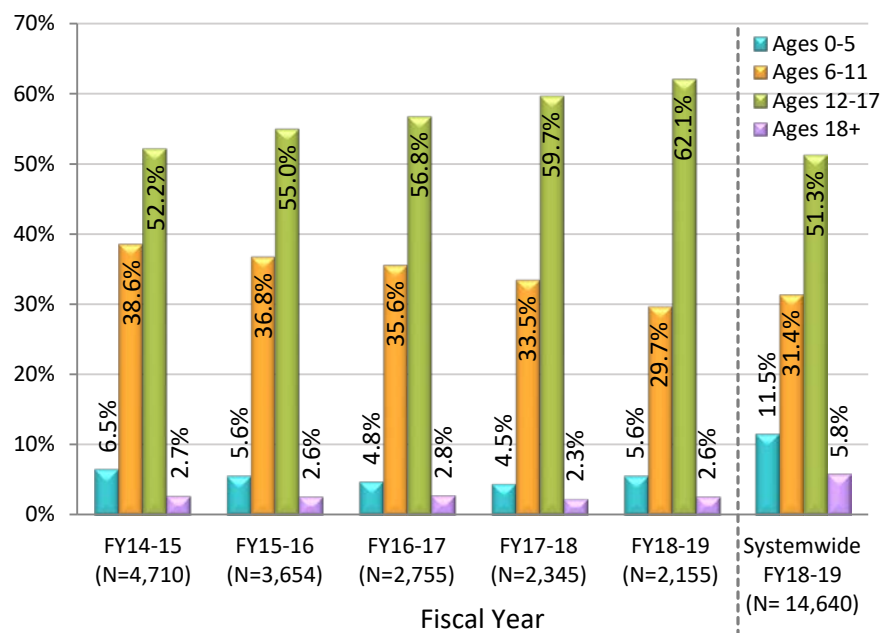
Number of FFS Clients Served*



Age of FFS Clients

1,339 (62%) clients served by FFS providers in CYFBHS were ages 12-17.

FFS Age Distribution*



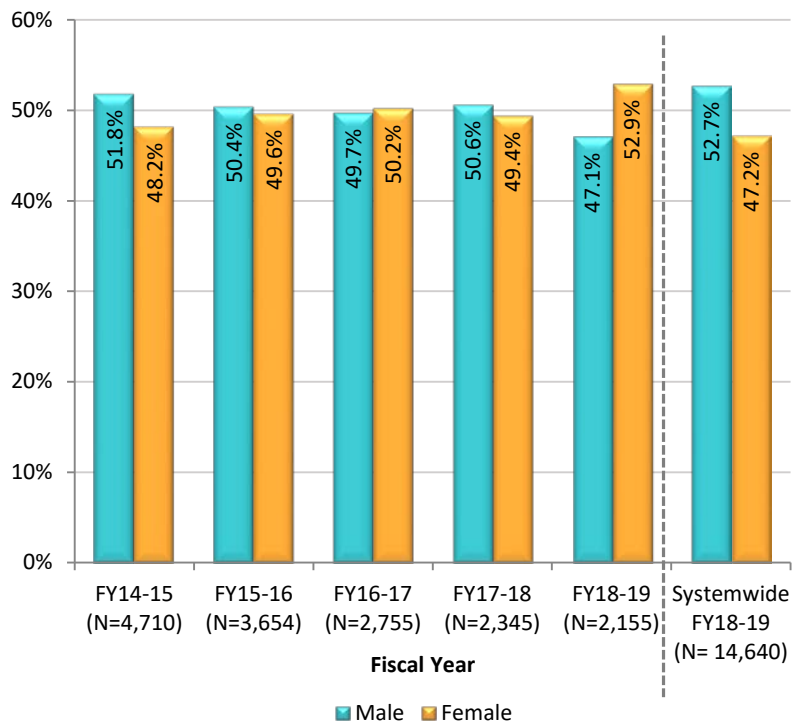
*Percentages calculated within the number of FFS clients served by CYFBHS in FY 2018-19.

Who Are We Serving? Fee-for-Service Youth

FFS Client Gender

- ❖ 1,140 (53%) clients served by CYFBHS FFS providers in FY 2018-19 were female. This is the opposite of the systemwide proportion.

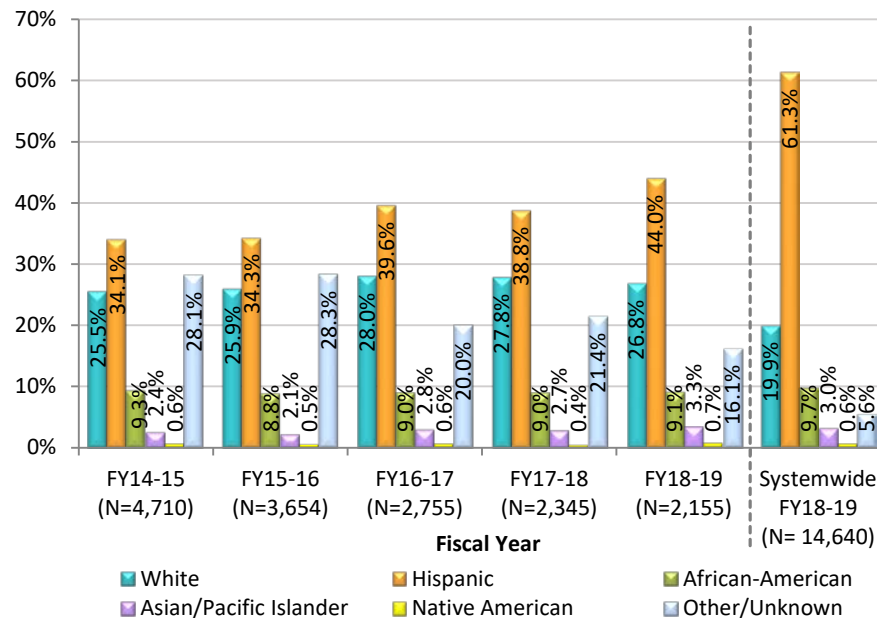
FFS Gender Distribution*



FFS Client Race/Ethnicity

- ❖ Race/ethnicity data were not reported by 16% of clients who were served by CYFBHS FFS providers in FY 2018-19.
- ❖ 948 (44%) clients who were served by CYFBHS FFS providers in FY 2018-19 identified themselves as Hispanic.
- ❖ Proportionally, more White youth and fewer Hispanic youth were served by FFS providers compared to systemwide averages.

FFS Race/Ethnicity Distribution*

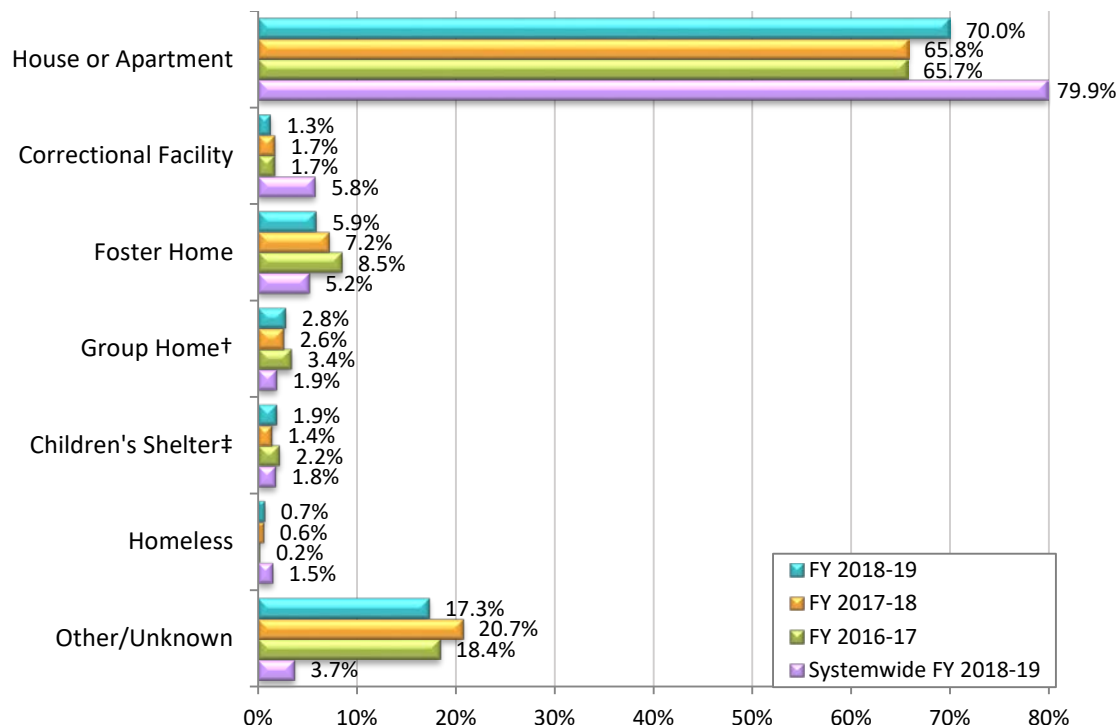


*Percentages calculated within the number of FFS clients served by CYFBHS in FY 2018-19.

Who Are We Serving? Fee-for-Service Youth

FFS Client Living Situation*

Living Situation was not reported for 17% of clients who were served by CYFBHS FFS providers in FY 2018-19. 1,509 (70%) clients who were served by CYFBHS FFS providers lived in a family home or apartment at some point during FY 2018-19; 127 (6%) lived in a Foster Home.



*Percentages calculated within the number of FFS clients served by CYFBHS in FY 2018-19.

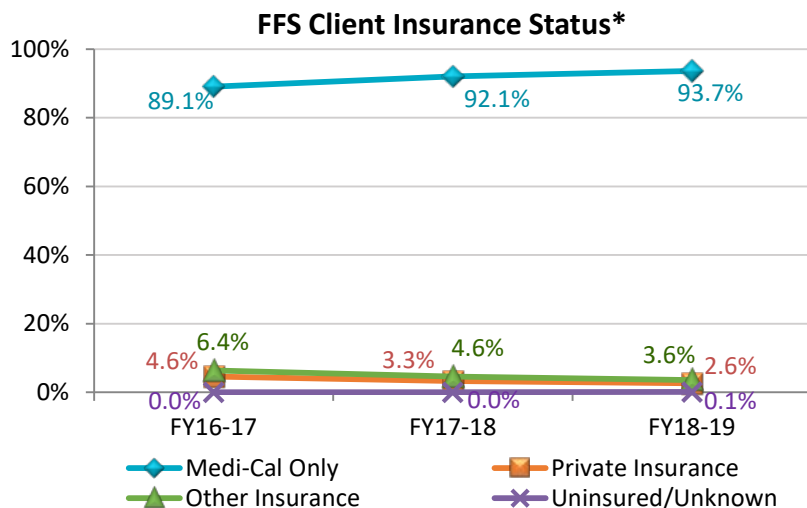
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

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

Who Are We Serving? Fee-for-Service Youth

FFS Health Care Coverage

2,020 (94%) clients who were served by CYFBHS FFS providers in FY 2018-19 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2018-19.



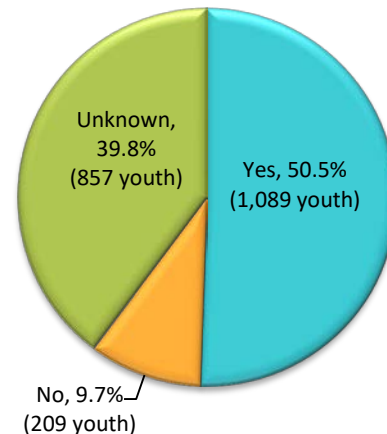
NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

FFS Primary Care Physician (PCP) Status*

Of the 914 FFS clients for whom PCP status was known, 877 (96%) had a PCP in FY 2018-19; slightly more than the 95% of CYFBHS clients systemwide in FY 2018-19. PCP status was not reported for 58% of FFS clients in FY 2018-19.

FFS History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 1,298 clients (60% of the FFS population) in FY 2018-19; of these clients, 1,089 (84% of the 1,298 clients for whom this information was known) had a **history of trauma**. History of trauma was not reported for 40% of FFS clients in FY 2018-19. By comparison, 75% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2018-19.



FFS Provider Type*†

1,042 (48%) clients who were served by CYFBHS FFS providers in FY 2018-19 were seen at Group Practice providers. These clients may have been seen by more than one provider during the fiscal year.

Provider Type	FFS clients (duplicated)
Group Practice	48% (1,042 of 2,155)
Psychiatrist	23% (499 of 2,155)
MFT	15% (320 of 2,155)
LCSW	12% (256 of 2,155)
Psychologist	7% (143 of 2,155)
LPCC	<1% (<5 of 2,155)

*Percentages calculated within the number of FFS clients served by CYFBHS in FY 2018-19.

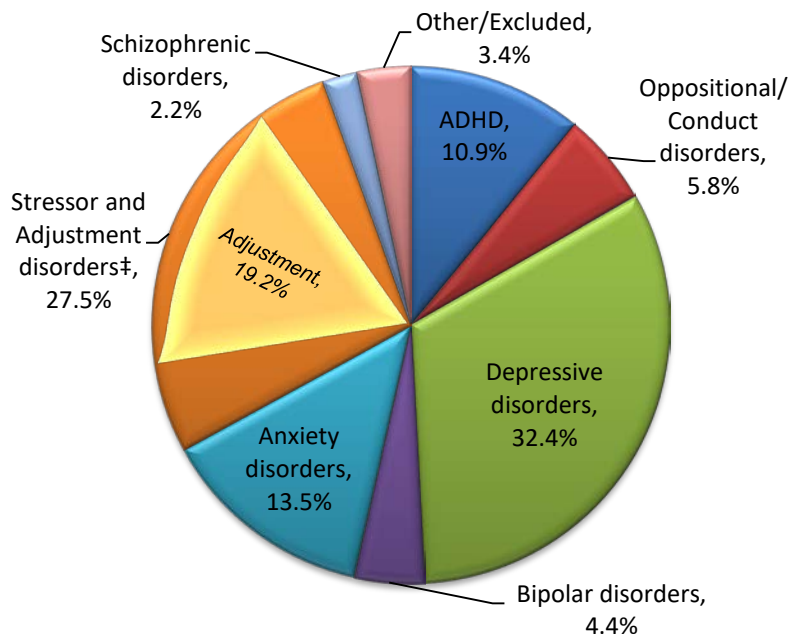
†Active FFS Providers in FY 2018-19

Who Are We Serving? Fee-for-Service Youth

FFS Primary Diagnosis (n=2,118)*†

The most common diagnoses among clients served only by FFS providers in FY 2018-19 are:

- ❖ Depressive disorders (n=687; 32.4%)
- ❖ Stressor and Adjustment disorders (n=582; 27.5%)
- ❖ Anxiety disorders (n=285; 13.5%)
- ❖ ADHD (n=231; 10.9%)



FFS 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 2018-19 CYFBHS Youth	FFS Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	4% (90 of 2,155)	6% (832 of 14,640)
Had dual diagnosis through mental health program§	2% (44 of 2,155)	4% (563 of 14,640)
CYFBHS Youth with Co-occurring Substance Use Issue	FFS Percent (n of N)	Systemwide Percent (n of N)
Had dual diagnosis through mental health program	49% (44 of 90)	68% (563 of 832)
Received services from SUD program	64% (58 of 90)	50% (413 of 832)
CYFBHS youth who received services from SUD program who also had dual diagnosis	21% (12 of 58)	35% (144 of 413)

*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of FFS clients served by CYFBHS in FY 2018-19.

‡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, 2019, there were 138 total unique providers contracted.

- ❖ 105 Treatment Providers (Therapy Services)
- ❖ 27 Evaluators (Evaluation Services)
- ❖ 1 Psychiatric Evaluator (Psych Eval Services)

Note: There is overlap between Treatment Providers and Evaluators

Who Are We Serving?

Fee-for-Service TERM Youth

TERM Evaluations

One of the services TERM providers deliver is evaluation. These data represent evaluations reviewed by the Optum TERM team.

- ❖ 34 providers administered 140 CWS TERM evaluations for children and caregivers. The majority (97) of CWS TERM evaluations were for children, many of whom were covered by Medi-Cal. Very few off-panel evaluations were administered.
- ❖ 21 providers administered 465 Probation TERM evaluations for youth, with an additional 51 juvenile competency evaluations.

CWS TERM Evaluations, FY 2018-19	
Referrals for Evaluations (Medi-Cal)	178 (103)
Total Evaluations	140
Unique Provider Count	34
Psychological Evaluations - Child	94
Psychiatric Evaluations - Child	3
Psychological Evaluations - Caregiver	42
Psychiatric Evaluations - Caregiver	1
Psychological Off-Panel Evaluations	4
Psychiatric Off-Panel Evaluations	0

Probation TERM Evaluations, FY 2018-19	
Total Psychological Evaluations	465
Total Psychiatric Evaluations	0
Unique Provider Count	21
Juvenile Competency Evaluations	51

Data Source: TERM Statistics FY 2018-19 (Optum)

Who Are We Serving?

Fee-for-Service TERM Youth

TERM – Treatment Plan

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

CWS TERM Treatment Plans Reviewed, FY 2018-19	
Total Initial Treatment Plans Reviewed	599
Unique Provider Count	108
Total Initial Treatment Plans Reviewed - Child	304
Total Initial Treatment Plans Reviewed - Caregiver	295
Total Initial Off Panel Treatment Plans Reviewed	0

CWS TERM Domestic Violence (DV) Victims Group Treatment Plans Reviewed, FY 2018-19	
Total Initial Treatment Plans Reviewed	170
Unique Provider Count	11

CWS TERM Child Sexual Abuse Protection – Non-Protecting Parents (CSA-NPP) Group Treatment Plans Reviewed, FY 2018-19	
Total Initial Treatment Plans Reviewed	22
Unique Provider Count	8

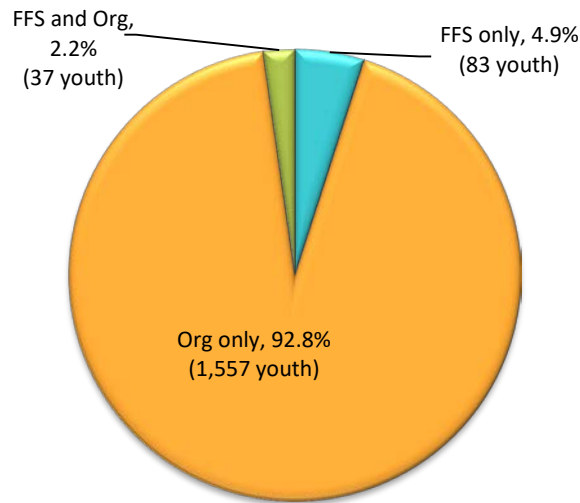
Data Source: TERM Statistics FY 2018-19 (Optum)

Who Are We Serving? Age 0 – 5 Youth

Age 0–5 Clients

1,677 youth who were 0 through 5 years old were served by CYFBHS in FY 2018-19.

- ❖ The majority (93%) of 0-5 clients were served *only* by Org providers in FY 2018-19.

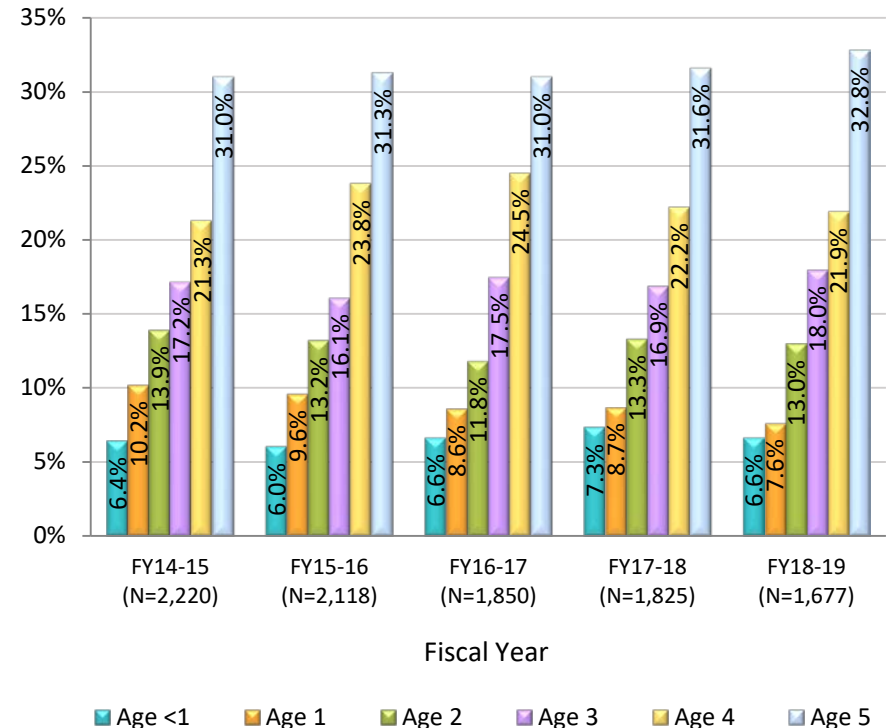


Age Distribution of 0–5 Clients

550 (33%) 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.

0-5 Age Distribution*



*Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2018-19.

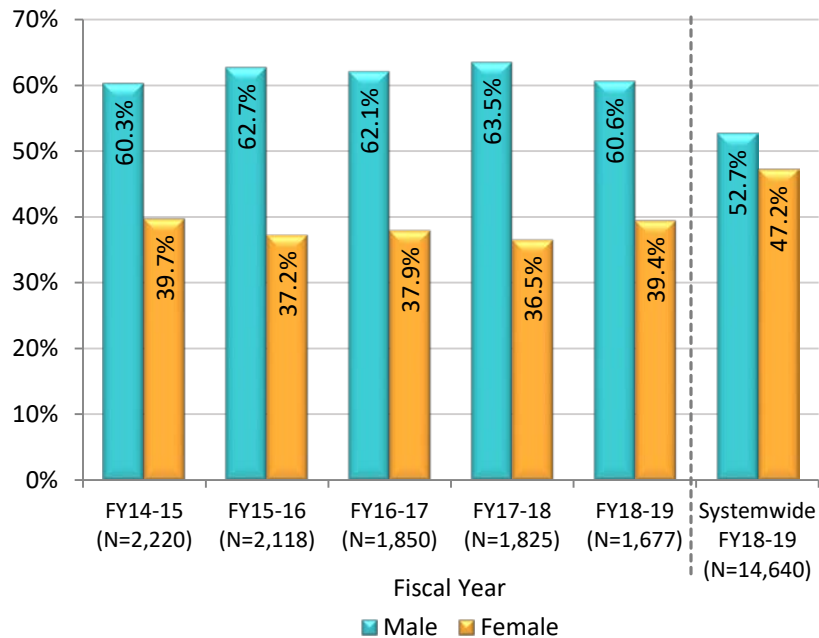
Who Are We Serving?

Age 0 – 5 Youth

Age 0–5 Client Gender

- ❖ 1,017 (61%) age 0-5 clients who received CYFBHS services in FY 2018-19 were male.
- ❖ The gender gap of the 0-5 population is wider than the CYFBHS system as a whole.

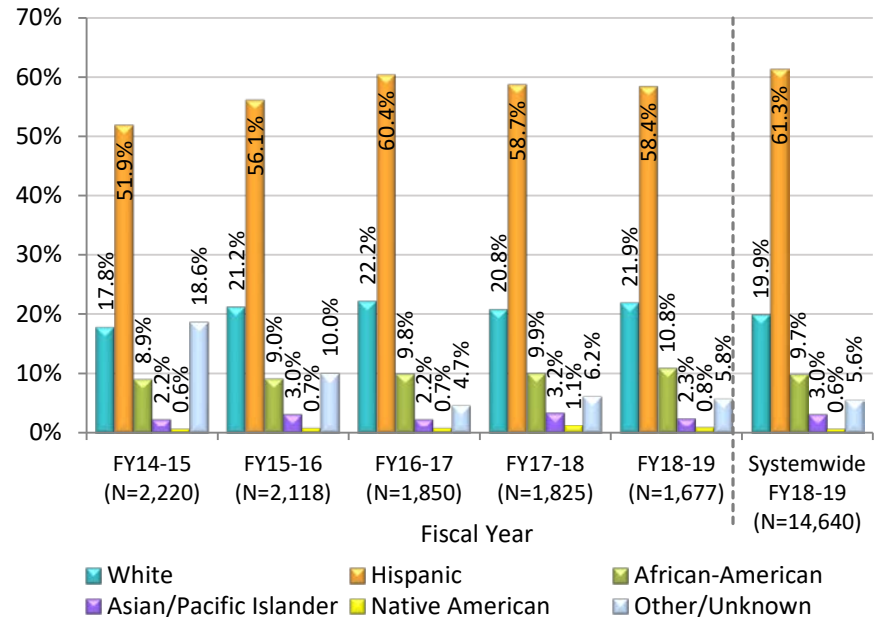
Age 0 – 5 Gender Distribution*



Age 0–5 Client Race/Ethnicity

- ❖ 980 (58%) age 0-5 clients who received CYFBHS services in FY 2018-19 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 Race/Ethnicity Distribution*

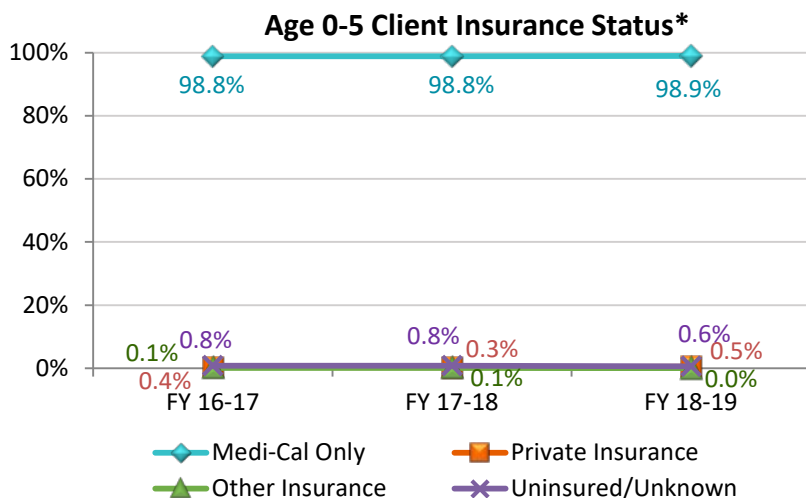


*Percentages calculated within the number of age 0-5 youth served by CYFBHS in FY 2018-19.

Who Are We Serving? Age 0 – 5 Youth

1,658 (99%) age 0-5 clients who received services from CYFBHS during FY 2018-19 were covered exclusively by Medi-Cal; by comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2018-19.

Age 0-5 Health Care Coverage



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

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

Of the 1,032 age 0-5 clients for whom PCP status was known, 1,013 (98%) had a PCP in FY 2018-19; a slight increase from 97% of age 0-5 clients in FY 2017-18. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2018-19.

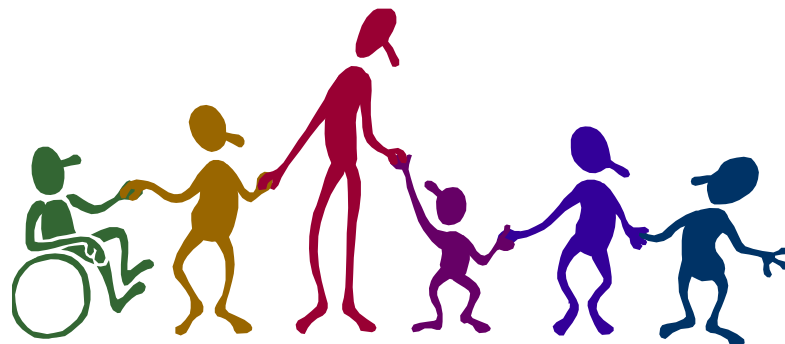
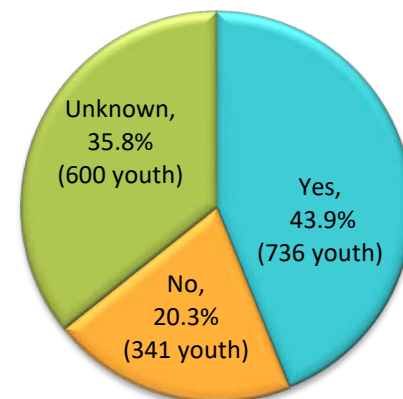
*Percentages calculated within the number of age 0-5 clients served by CYFBHS in FY 2018-19.

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

Age 0-5 History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 1,077 clients (64% of the age 0-5 population) in FY 2018-19; of these clients, 736 (68% of the 1,077 clients for whom this information was known) had a **history of trauma**.

By comparison, 75% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2018-19.

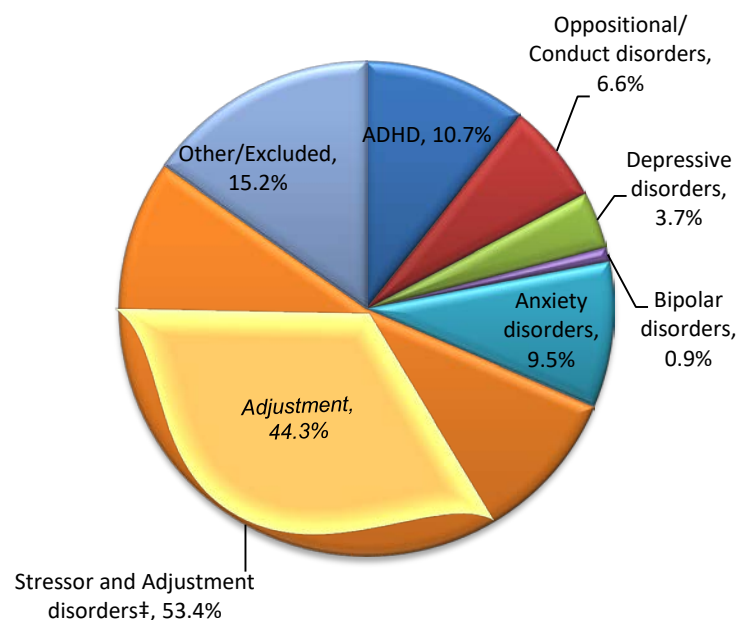


Who Are We Serving? Age 0 – 5 Youth

Age 0–5 Primary Diagnosis (n=1,180)*†

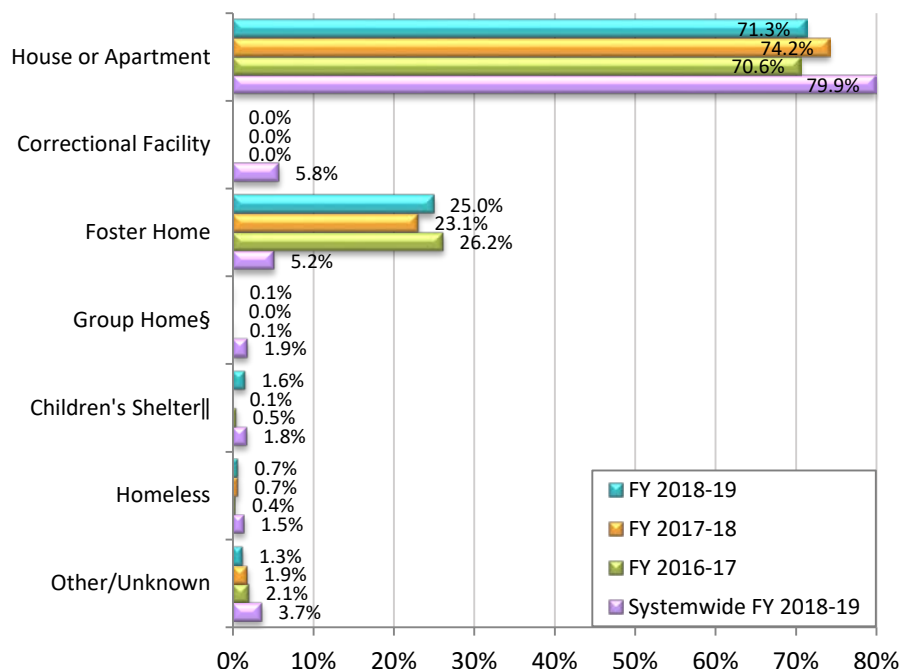
The most common diagnoses among age 0-5 clients served by CYFBHS are:

- ❖ Stressor and Adjustment disorders (n=630; 53.4%)
- ❖ ADHD (n=126; 10.7%)
- ❖ Anxiety disorders (n=112; 9.5%)



Age 0–5 Client Living Situation†

1,196 (71%) age 0-5 clients served by CYFBHS lived in a family home or apartment at some point during FY 2018-19. 420 (25%) 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, 2019; 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 2018-19.

‡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.

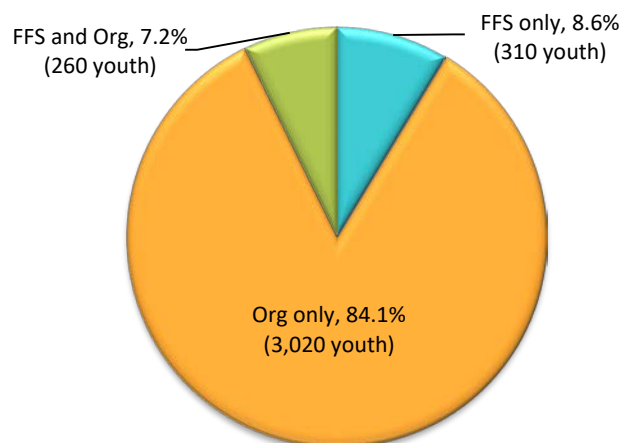
||The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving? Transition Age Youth

Transition Age Youth Clients

3,590 Transition Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served in FY 2018-19, representing 25% of the total CYFBHS population.

- ❖ The majority (84%) of TAY clients were served *only* by Org providers in FY 2018-19.

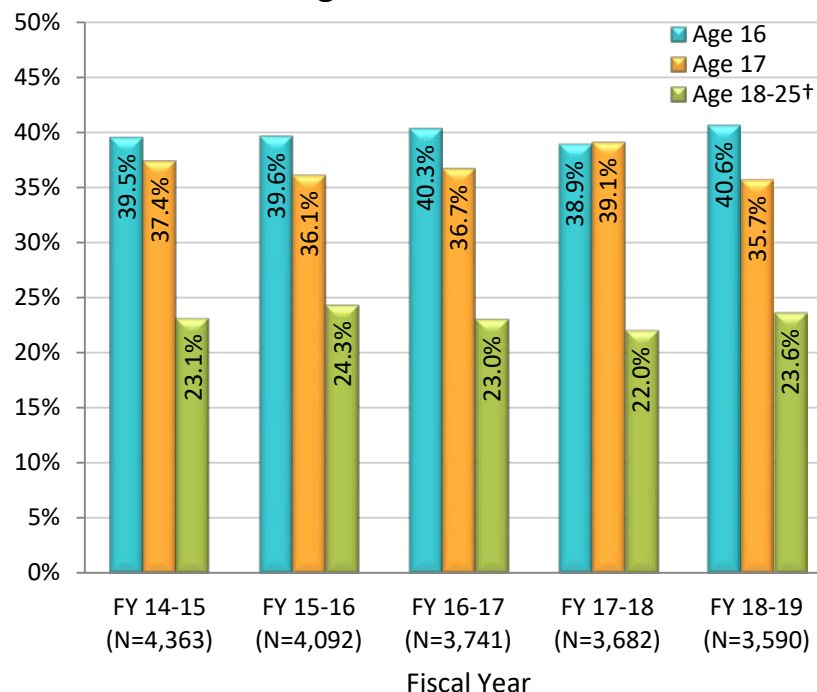


Age of TAY Clients

2,741 (76%) TAY clients served by CYFBHS were ages 16-17.

- ❖ The proportion of TAY clients ages 18-25 served by CYFBHS increased from 22% in FY 2017-18 to 24% in FY 2018-19.

TAY Age Distribution*



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2018-19.

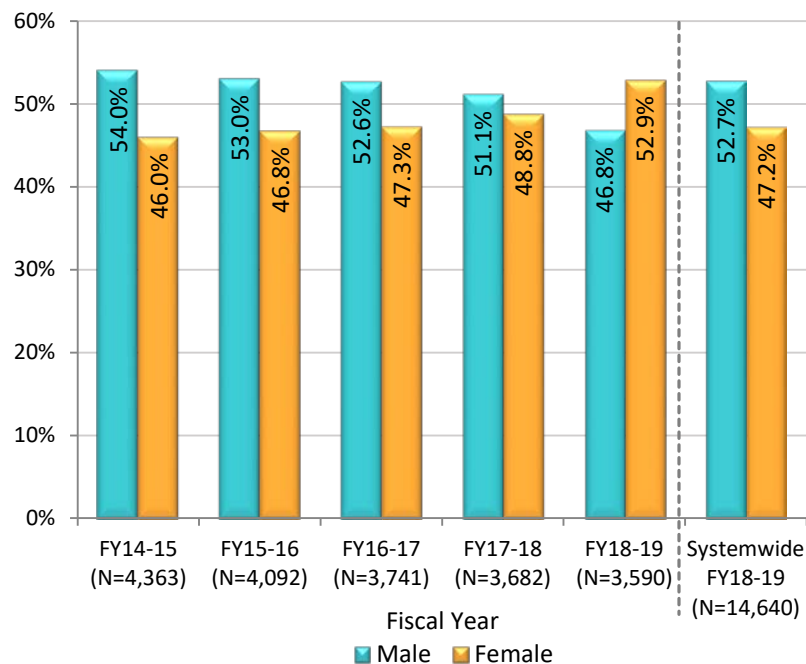
†On average, less than 1% of the TAY population in CYFBHS was over the age of 21.

Who Are We Serving? Transition Age Youth

TAY Client Gender

- ❖ 1,898 (53%) TAY clients who received CYFBHS services in FY 2018-19 were female.
- ❖ The TAY population was comprised of more females than males for the first time in more than five years.

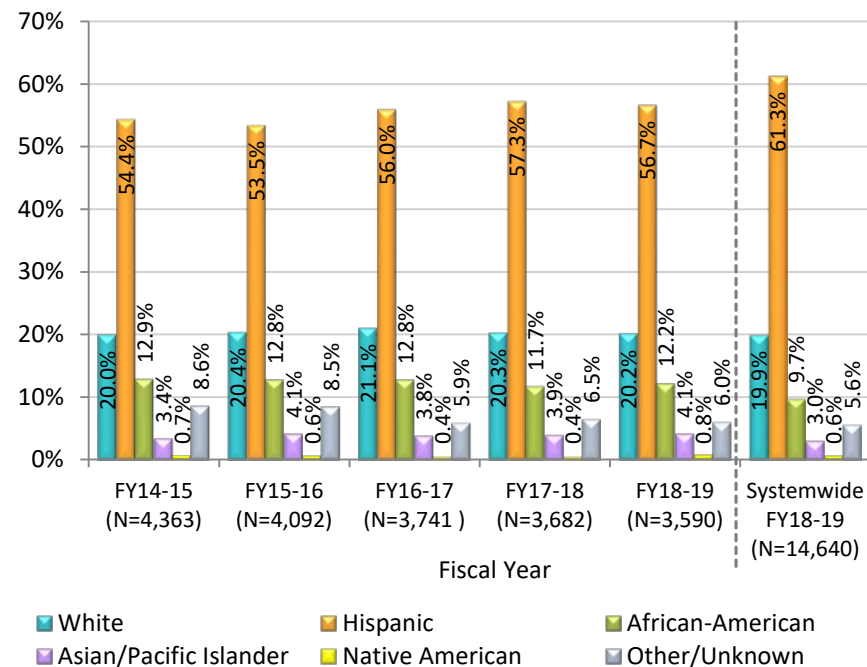
TAY Gender Distribution*



TAY Client Race/Ethnicity

- ❖ 2,037 (57%) TAY clients who received CYFBHS services in FY 2018-19 identified themselves as Hispanic.
- ❖ The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

TAY Race/Ethnicity Distribution*

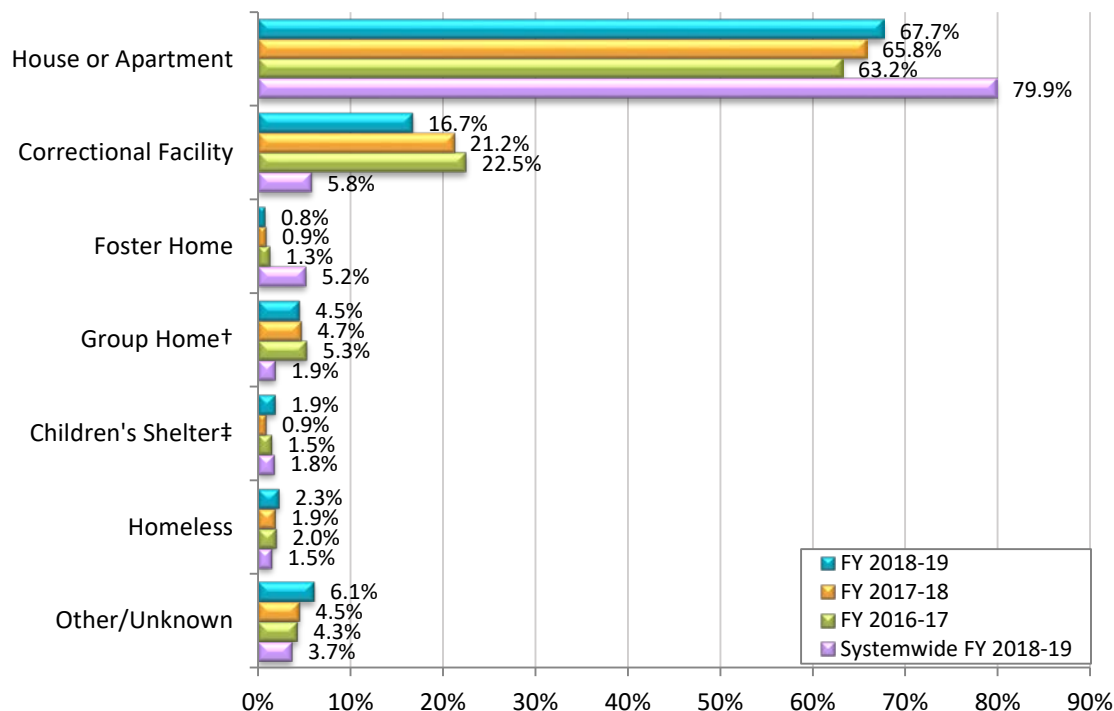


*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2018-19.

Who Are We Serving? Transition Age Youth

TAY Client Living Situation*

2,429 (68%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2018-19. 601 (17%) TAY clients lived in a Correctional Facility in FY 2018-19. This represents a decrease of 4.5 percentage points from the previous fiscal year, which aligns with the Public Safety Group (PSG) focus on decreasing utilization of correctional placements and increasing community supports. Proportional placement in correctional facilities was nearly triple the systemwide average of 6%.



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2018-19.

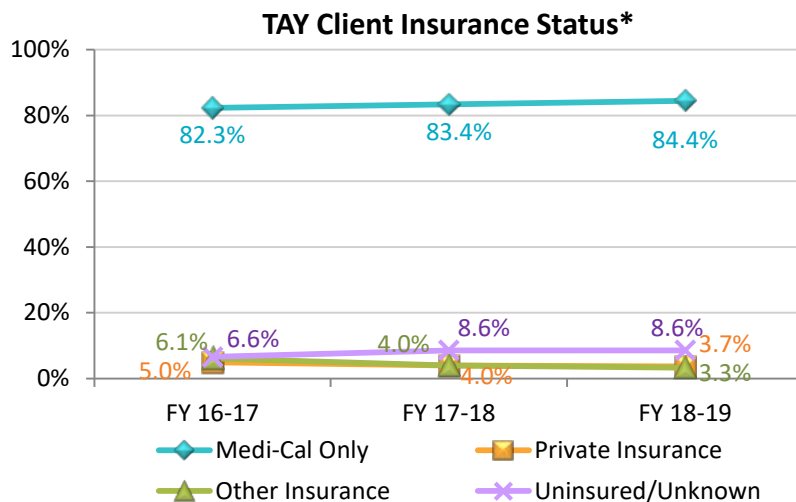
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.

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

Who Are We Serving? Transition Age Youth

TAY Health Care Coverage

3,030 (84%) TAY clients who received services from CYFBHS during FY 2018-19 were covered exclusively by Medi-Cal; a slight increase from 3,069 (83%) in FY 2017-18. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2018-19.



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

TAY Primary Care Physician (PCP) Status*†

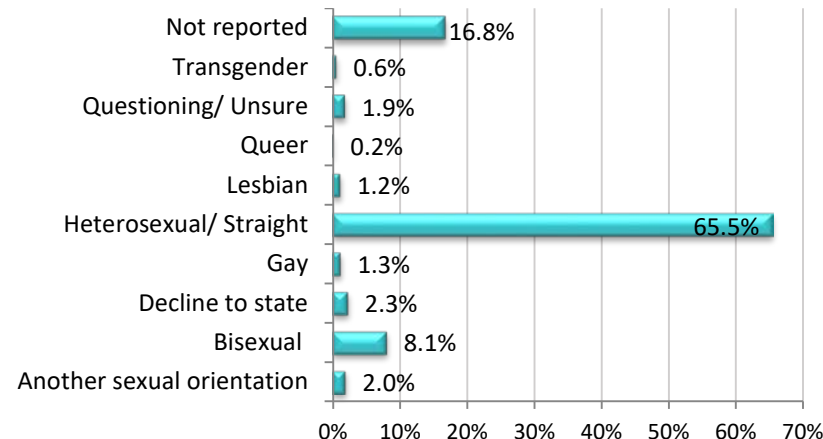
Of the 2,937 TAY clients for whom PCP status was known, 2,667 (91%) had a PCP in FY 2018-19, a slight increase from the 90% of TAY clients in FY 2017-18. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2018-19.

*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2018-19.

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

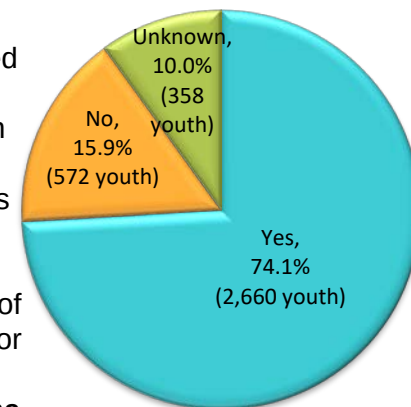
TAY Sexual Orientation*

2,352 (66%) TAY clients served by CYFBHS identified as heterosexual during FY 2018-19. Sexual orientation was unreported or declined to state for 19% of the TAY population.



TAY History of Trauma*†

Previous experience of **traumatic events** was reported by clinicians for 3,232 clients (90% of the TAY population) in FY 2018-19; of these clients, 2,660 (82% of the 3,232 clients for whom this information was known) had a **history of trauma**. By comparison, 75% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2018-19.

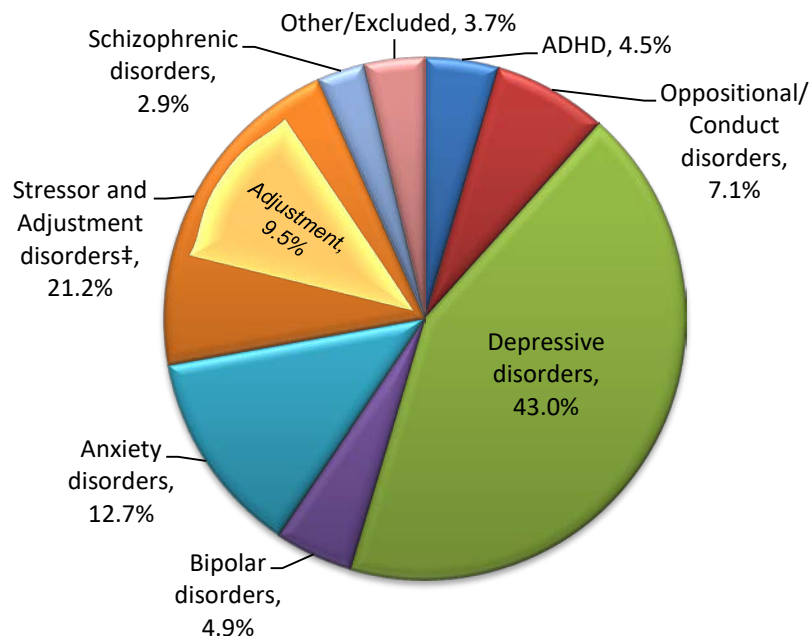


Who Are We Serving? Transition Age Youth

TAY Primary Diagnosis (n=3,538)*†

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

- ❖ Depressive disorders (n=1,520; 43.0%)
- ❖ Stressor and Adjustment disorders (n=750; 21.2%)
- ❖ Anxiety disorders (n=448; 12.7%)
- ❖ Oppositional/Conduct disorders (n=251; 7.1%)



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 2018-19 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)	16% (569 of 3,590)	6% (832 of 14,640)
Had dual diagnosis through mental health program§	11% (409 of 3,590)	4% (563 of 14,640)
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	72% (409 of 569)	68% (563 of 832)
Received services from SUD program	47% (269 of 569)	50% (413 of 832)
CYFBHS youth who received services from SUD program who also had dual diagnosis	41% (109 of 269)	35% (144 of 413)

*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of TAY clients served by CYFBHS in FY 2018-19.

‡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.

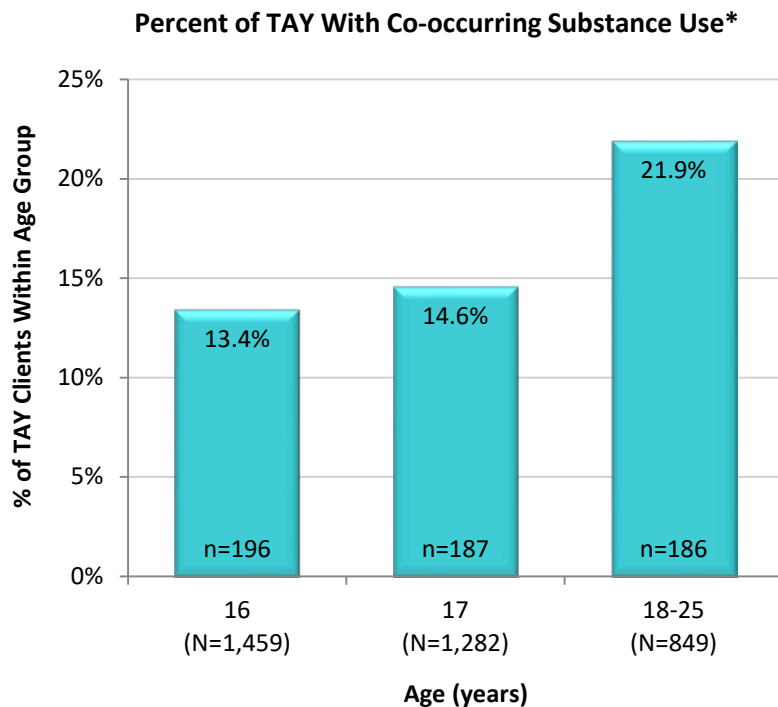
§These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving? Transition Age Youth

196 of 569 TAY clients (34%) with a co-occurring substance use problem were age 16; 340 of 569 (60%) were Hispanic.

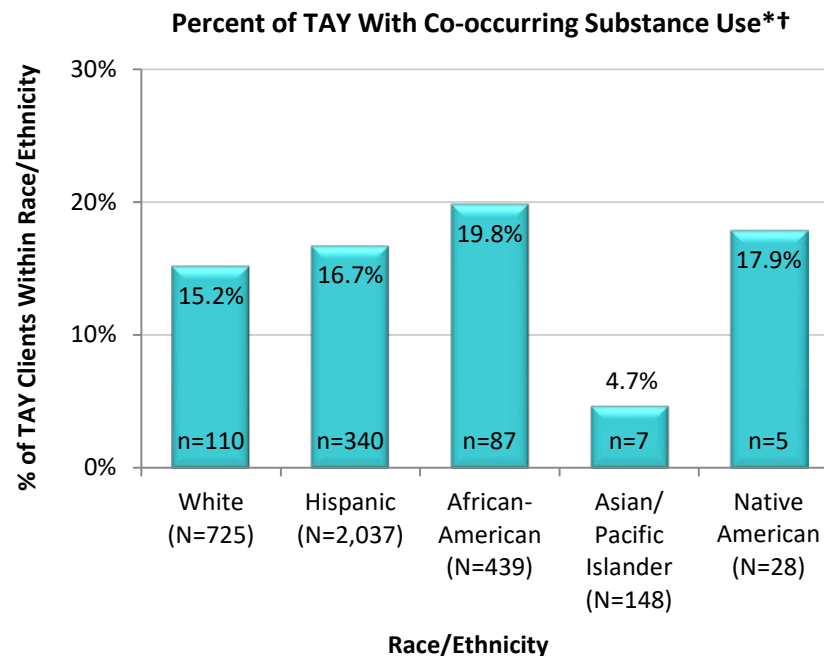
TAY Co-occurring Substance Use—Age

Approximately 13% of 16-year-olds and 15% 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, African-American TAY served by CYFBHS had the highest proportion of co-occurring substance use (87 of 439 clients), while Asian/Pacific Islander TAY had the lowest proportion (7 of 148 clients).



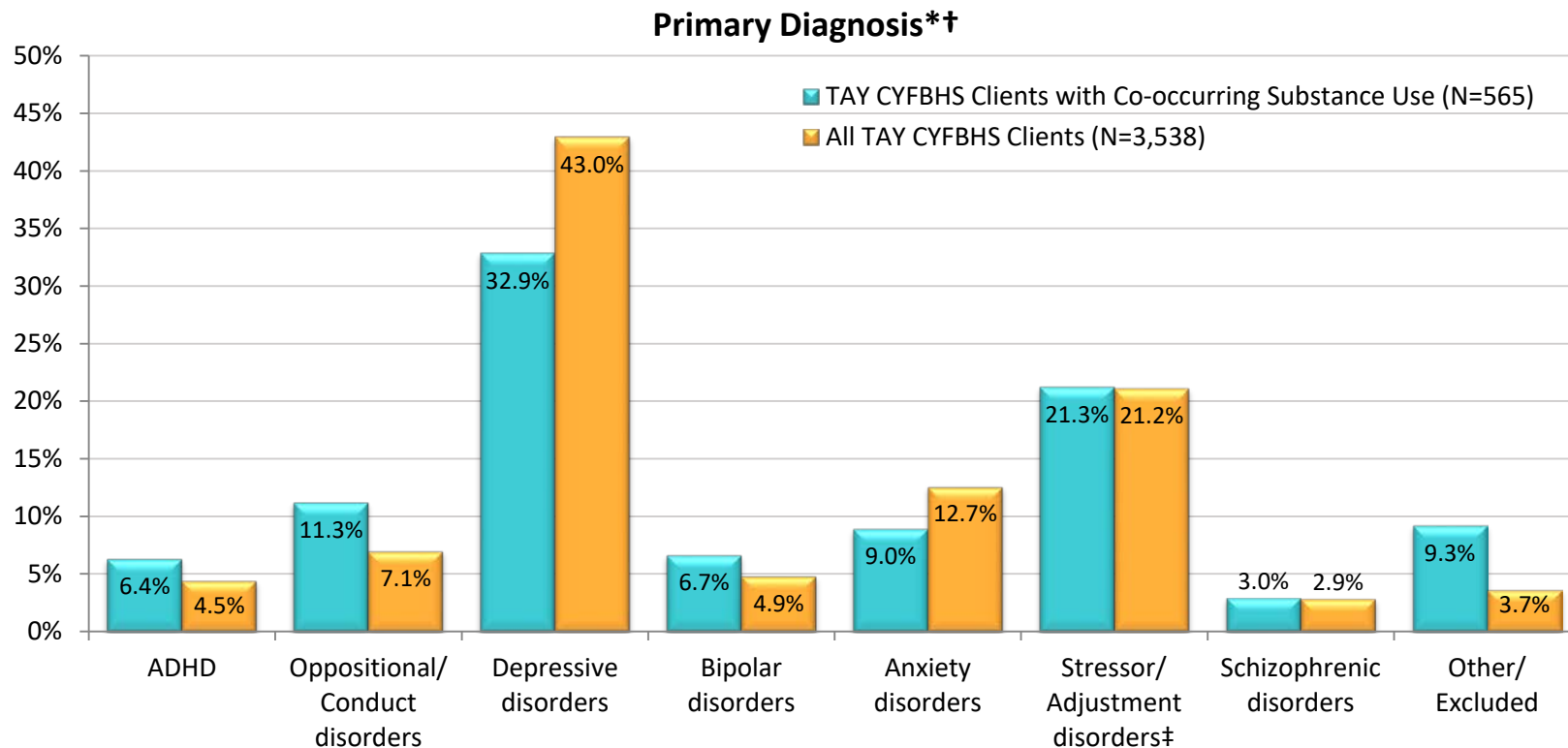
*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2018-19.

†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 less likely to have a Depressive disorder than TAY in CYFBHS overall: 33% (186 of 565) vs. 43% (1,520 of 3,538), respectively.



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of TAY clients served by CYFBHS in FY 2018-19.

‡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†	2,092	14%	1,815	12%	5,903	40%	1,291	9%	1,935	13%	3,019	21%	14,640	100%
Age														
Age 0-5	50	2%	111	6%	894	15%	208	16%	199	10%	287	10%	1,677	11%
Age 6-11	724	35%	724	40%	1,445	24%	442	34%	698	36%	740	25%	4,602	31%
Age 12-17	1,111	53%	904	50%	3,158	53%	599	46%	955	49%	1,872	62%	7,508	51%
Age 18+	207	10%	76	4%	406	7%	42	3%	83	4%	120	4%	853	6%
Gender														
Female	986	47%	885	49%	2,537	43%	658	51%	964	50%	1,562	52%	6,911	47%
Male	1,098	52%	928	51%	3,360	57%	632	49%	969	50%	1,455	48%	7,715	53%
Other/Unknown	8	0%	2	0%	6	0%	1	0%	2	0%	2	0%	14	0%
Race/Ethnicity														
White	216	10%	552	30%	1,234	21%	336	26%	426	22%	423	14%	2,908	20%
Hispanic	1,427	68%	870	48%	3,412	58%	804	62%	1,314	68%	2,183	72%	8,973	61%
African-American	241	12%	217	12%	808	14%	56	4%	104	5%	237	8%	1,415	10%
Asian/Pacific Islander	140	7%	34	2%	177	3%	32	2%	21	1%	88	3%	440	3%
Native American	9	0%	12	1%	39	1%	6	0%	21	1%	14	0%	83	1%
Other/Unknown	59	3%	130	7%	233	4%	57	4%	49	3%	74	2%	821	6%
Most Common Diagnoses														
Total Valid Diagnoses	2,016	96%	1,797	99%	5,460	92%	1,149	89%	1,907	99%	2,994	99%	13,905	95%
Depressive Disorders	796	39%	606	34%	1,723	32%	449	39%	615	32%	1,358	45%	4,743	34%
Stressor & Adjustment Disorders	446	22%	500	28%	1,339	25%	248	22%	532	28%	664	22%	3,527	25%
Anxiety Disorders	288	14%	206	11%	605	11%	224	19%	262	14%	309	10%	1,916	14%
Attention Deficit Hyperactivity Disorders	162	8%	265	15%	548	10%	114	10%	226	12%	170	6%	1,395	10%

*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.

‡Systemwide includes unique clients only.

Where Are We Serving?

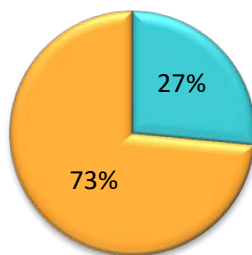
SchoolLink Services

CYFBHS has partnered with school districts since the late 1990s to offer outpatient specialty mental health and substance use disorder (SUD) treatment on school campuses that serve Medi-Cal and unfunded students. In FY 2018-19, SchoolLink to Behavioral Health Services (SchoolLink) was launched to implement standardized practices and increase collaboration between schools and providers for both mental health and SUD treatment programs. SchoolLink providers deploy clinicians to designated schools who work closely with school personnel to engage and support youth and families, as well as provide outreach. There are 29 Specialty Mental Health Services SchoolLink contracts that deploy clinicians to school campuses. Additionally, seven Substance Use Disorder contractors provide SchoolLink services.

27% of Clients Received SchoolLink Mental Health Services.*

3,987 (27%) of 14,640 CYF clients served during FY 2018-19 received at least one school site service.

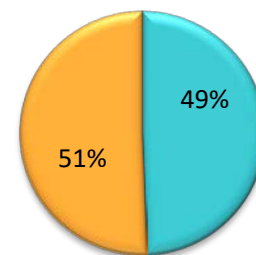
Of these 3,987 clients, 106 (3%) received *non-treatment* service/s only.‡



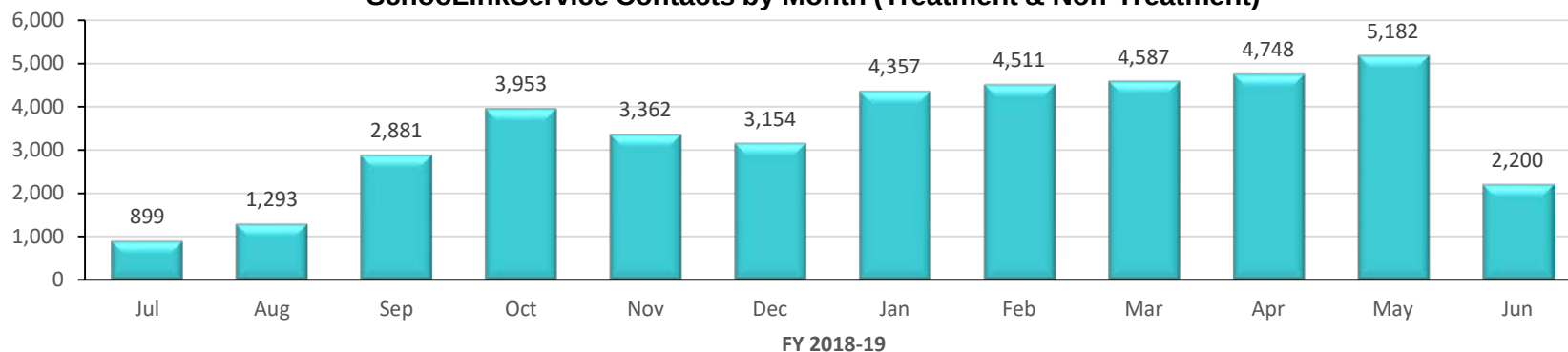
Mental Health Treatment Services Provided in 49% of Schools.†

391 of 791 schools (49%) in the County of San Diego had at least one school site treatment service during FY 2018-19.

Non-treatment services were provided at 23 additional schools.‡



SchoolLinkService Contacts by Month (Treatment & Non-Treatment)*



*Data Source: CCBH Extract 09/15/2019

†Data Source: CA Department of Education, FY 2018-19

‡Non-treatment services offered at SchoolLink school sites include Collateral, Case Management, Intensive Care Coordination, and Assessment services

Where Are We Serving?

SchoolLink Services

Number of Unique Clients by School District, FY 2018-19 (N = 3,881)*†

Of 42 school districts in San Diego County, 34 provided onsite SchoolLink services.

School District/Site	N	%	School District/Site	N	%
Alpine Union School District	4	0.1%	National School District	58	1.5%
Borrego Springs Unified School District	10	0.3%	Oceanside Unified School District	173	4.5%
Cajon Valley Union School District	105	2.7%	Poway Unified School District	2	0.1%
Carlsbad Unified School District	2	0.1%	Ramona Unified School District	154	4.0%
Chula Vista Elementary School District	12	0.3%	San Diego County Office of Education	185	4.8%
Del Mar Union School District	1	0.0%	San Diego Unified School District	1,585	40.8%
Encinitas Union School District	25	0.6%	San Marcos Unified School District	59	1.5%
Escondido Union High School District	57	1.5%	San Pasqual Union School District	1	0.0%
Escondido Union School District	269	6.9%	San Ysidro School District	50	1.3%
Fallbrook Union Elementary School District	91	2.3%	Santee School District	39	1.0%
Fallbrook Union High School District	34	0.9%	South Bay Union School District	21	0.5%
Grossmont Union High School District	138	3.6%	Sweetwater Union High School District	47	1.2%
Jamul-Dulzura Union School District	7	0.2%	Valley Center-Pauma Unified School District	22	0.6%
Julian Union High School District	1	0.0%	Vista Unified School District	285	7.3%
Julian Union School District	28	0.7%	Warner Unified School District	5	0.1%
La Mesa-Spring Valley School District	101	2.6%	Preschool	60	1.5%
Lakeside Union School District	12	0.3%	Private School	178	4.6%
Lemon Grove School District	10	0.3%	Not In School	11	0.3%
Mountain Empire Unified School District	30	0.8%	Unknown	9	0.2%

*Data Source: CCBH Extract 09/15/2019

†Excludes clients receiving non-treatment services such as Collateral, Case Management, Intensive Care Coordination, and Assessment services

Where Are We Serving?

SchoolLink Services

SchoolLink On-Campus Client and Service Thresholds*

To ensure resources are optimally deployed, SchoolLink minimum thresholds have been established in FY 2019-20 based on FY 2018-19 data. SchoolLink sites and providers have committed to these goals: a minimum of 10 on-campus services per client, and a minimum of 10 clients served on each designated SchoolLink campus. 44% of SchoolLink clients received at least 10 services on the school campus in the fiscal year. 40% of school sites served 10 clients or more in the fiscal year.

Number of Clients by Service Range		
Services Provided	Number of Clients	Percent of Clients
1	347	8.7%
2-5	1,031	25.9%
6-9	862	21.6%
10-19	1,299	32.6%
20-29	304	7.6%
30-39	69	1.7%
40-49	41	1.0%
50-59	19	0.5%
60-69	9	0.2%
70-79	4	0.1%
80-89	1	0.0%
90-99	0	0.0%
100+	1	0.0%

56.2% of clients received <10 services

43.8% of clients received 10+ services

Number of Schools by Unique Clients Served		
Clients Served	Number of Schools	Percent of Schools
1	74	17.9%
2-5	100	24.2%
6-9	75	18.1%
10-19	107	25.8%
20-29	33	8.0%
30-39	18	4.3%
40-49	4	1.0%
50-59	2	0.5%
60-69	0	0.0%
70+	1	0.2%

60.1% of schools served <10 clients

39.9% of schools served 10+ clients

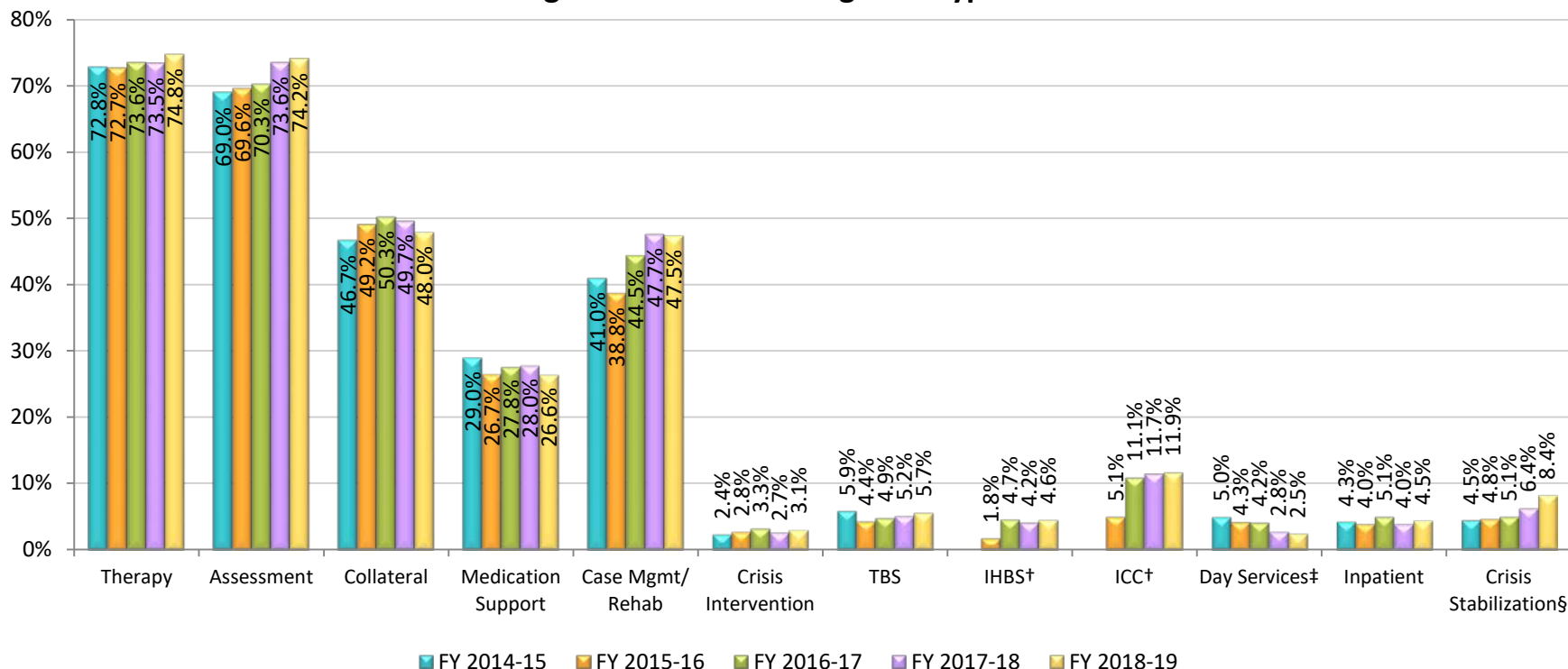
*Data Source: CCBH Extract 09/15/2019

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 Therapy, Assessment, Case Management, and Crisis Stabilization services has increased.

Percentage of Clients Receiving Each Type of Service*



*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.

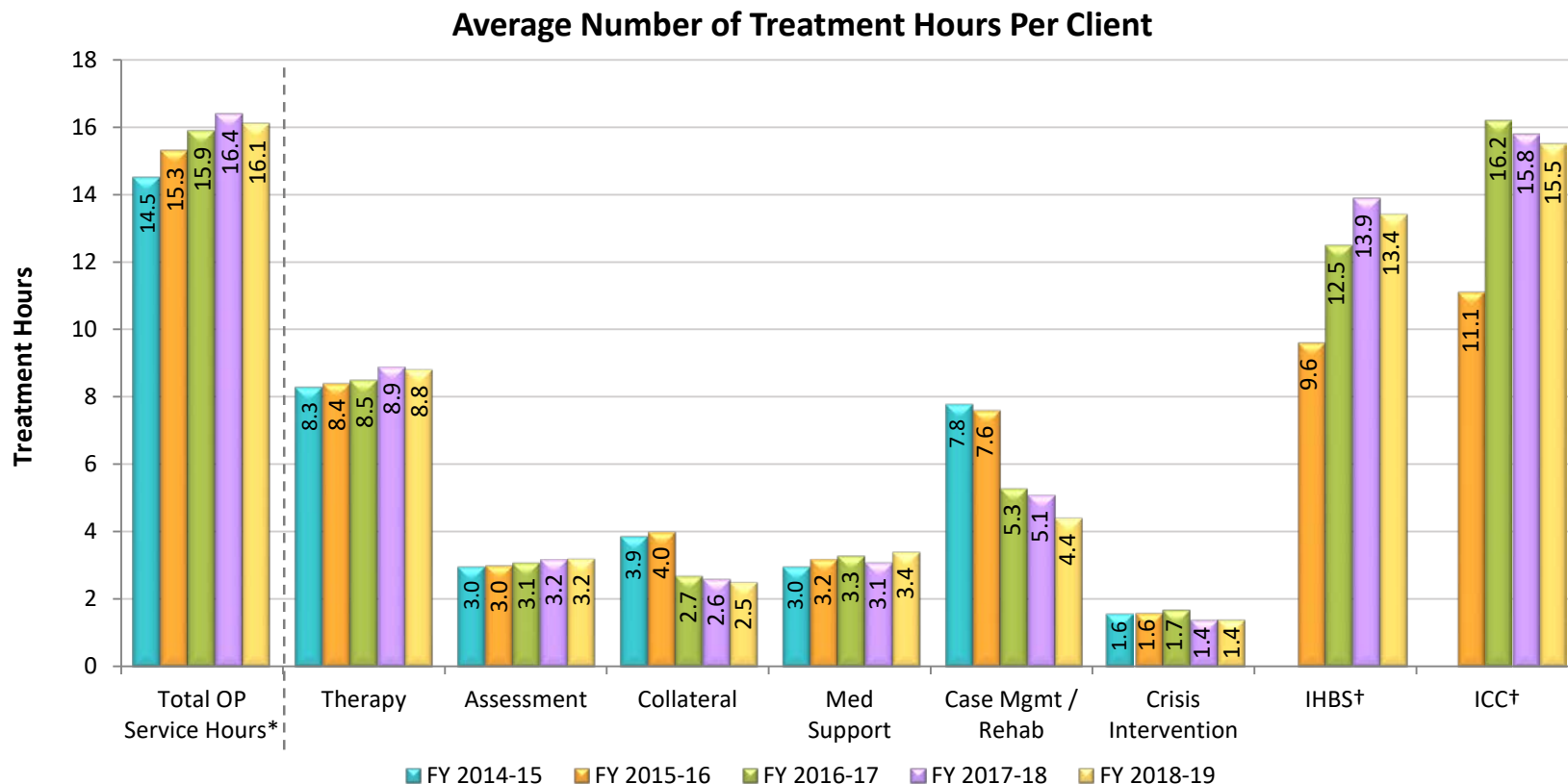
‡In FY 2017-18, day services further unbundled from day services to outpatient services.

§In FY 2017-18, crisis stabilization capacity tripled (1/01/2018)

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

On average, clients received **16.1 hours of Outpatient Services** in FY 2018-19. Case Management and Collateral service treatment hours have declined by more than 30% since FY 2015-16 as the hours of ICC and IHBS increased.



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

†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.

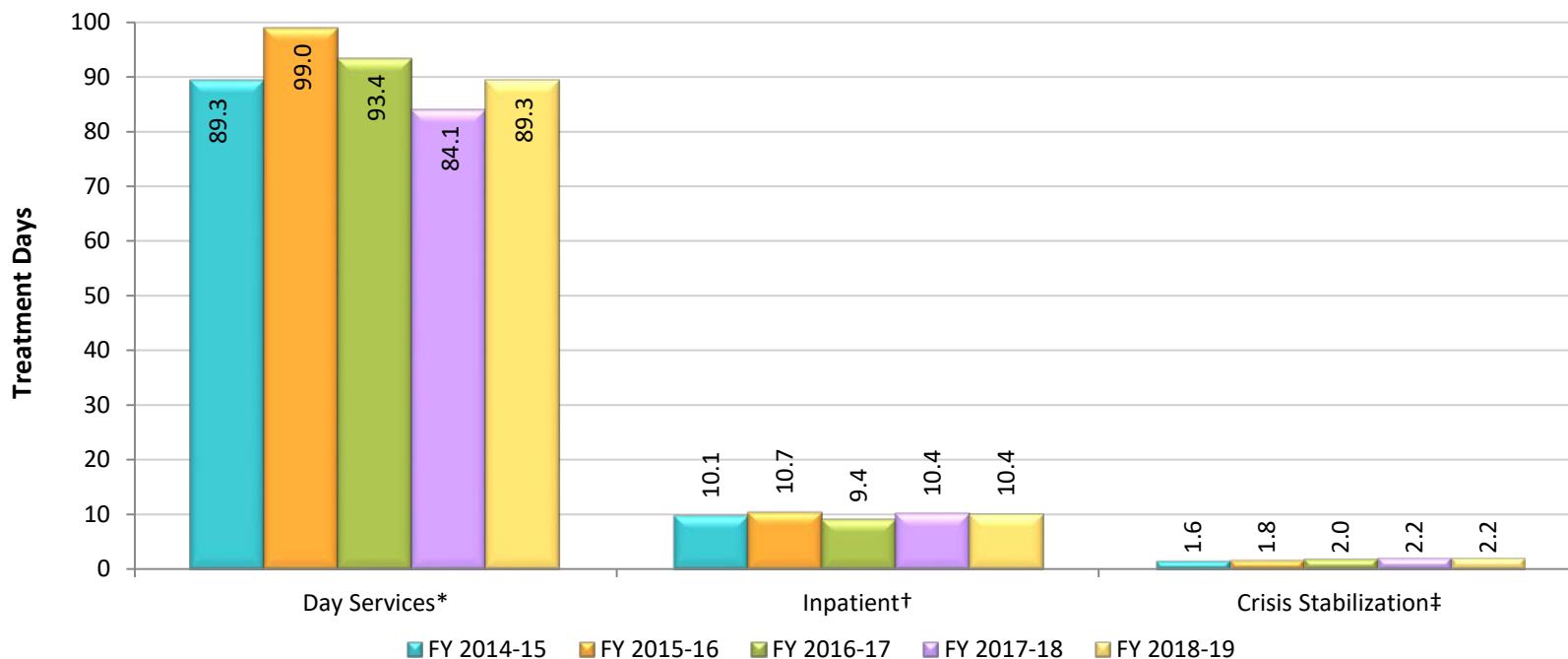
What Kind of Services Are Being Used?

Service Treatment Days

The average number of treatment days in **Day Services (89.3 days)** increased 6% from the previous fiscal year (84.1 days). 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.

Average Number of Treatment Days Per Client



*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.

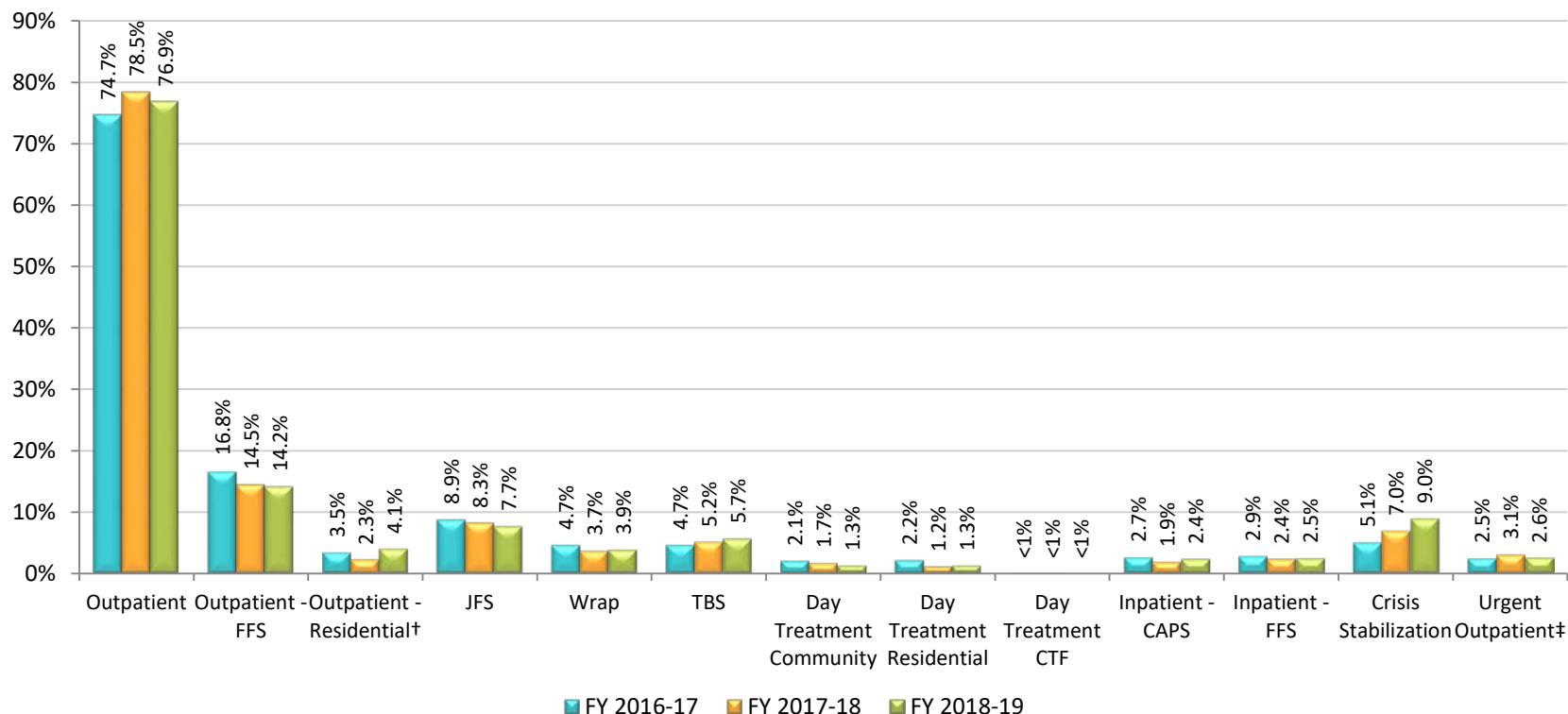
‡Crisis Stabilization days may be artificially inflated due to emergency service discharge protocols.

What Kind of Services Are Being Used?

Level of Care (LOC)

There are several levels of treatment for youth receiving mental health services, based on need and severity. Children and youth may receive services across multiple LOCs in the course of a year. Since the addition of Crisis Stabilization as an LOC in FY 2016-17, service in that level of care has increased from 5% in FY 2016-17 to 9% in FY 2018-19, which aligns with system capacity increasing from 4 to 12 beds on 1/01/2018.

Percentage of Clients Receiving Service in each Level of Care*



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

†Increase is associated with system changes in LOC as well as decrease utilization of congregate care.

‡Urgent Outpatient services are provided by Emergency Medication Management Services, Behavioral Crisis Centers, and Mobile Assessment Teams.

What Kind of Services Are Being Used?

Average Length of Service (ALOS) by Level of Care

ALOS was calculated for MHS clients who discharged from a service episode during the fiscal year, had more than one service contact, and received a service within 30 days of the discharge date. Clients may have had multiple discharges across levels of care in the fiscal year.

Average Length of Service		
Outpatient Services	Clients (duplicated)	ALOS (days)
Outpatient	8,192	156.7
Outpatient - Fee for Service	793	110.6
Outpatient - Residential	529	116.5
Juvenile Forensic Services	2,179	39.5
Wraparound	390	254.9
Therapeutic Behavioral Services (TBS)	649	115.6
Day Services	Clients (duplicated)	ALOS (days)
Day Treatment - Community	160	275.5
Day Treatment - Residential	114	338.3
Day Treatment - Closed Treatment Facility	<5	451.0
Inpatient Services	Clients (duplicated)	ALOS (days)
Inpatient - CAPS	537	7.5
Inpatient - FFS	442	6.4
Emergency/Crisis Services	Clients (duplicated)	ALOS (days)
Crisis Stabilization	1,932	6.2
Urgent Outpatient*†	386	17.7

**Urgent Outpatient ALOS may be artificially inflated due to episodes remaining open until client is connected with an OP provider.*

†Urgent Outpatient services are provided by Emergency Medication Management Services, Behavioral Crisis Centers, and Mobile Assessment Teams

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 Intervention services and intensive Crisis Stabilization services. These youth were also nearly twice as likely to receive Inpatient services.
- ❖ Youth with a Stressor and Adjustment Disorder diagnosis were less likely to receive Medication services than any other diagnosis. These youth were more likely to receive Intensive Care Coordination (ICC) services compared to the systemwide average.
- ❖ Youth with an Anxiety Disorder were more likely than the CYFBHS average to receive Outpatient Therapy services. These youth were less likely to use any intensive services, however they had the highest average hours of service in Day Treatment.
- ❖ Youth with ADHD were more likely than the CYFBHS average to receive Medication Support services. These youth were least likely across diagnoses to receive Outpatient Crisis Intervention, intensive Crisis Stabilization, and Inpatient services.
- ❖ Youth with an Oppositional/Conduct Disorder were more likely to receive Outpatient TBS services and Day Treatment services, as compared to the CYFBHS average.
- ❖ Compared to CYFBHS systemwide averages, youth with a Bipolar Disorder were more likely to receive Medication, ICC, IHBS, and Outpatient Crisis Intervention services. These youth were twice as likely to receive 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=8,973) were more likely than any other racial/ethnic group to receive Therapy, Assessment, Collateral and Case Management services. These youth were least likely to receive Medication services and intensive Inpatient and Day Treatment services.
- ❖ White clients (n=2,908) were more likely than any other racial/ethnic group to receive Outpatient Crisis Intervention and TBS services.
- ❖ African-American (n=1,415) clients were more likely than any other racial/ethnic group to receive Medication Support services. These youth were nearly twice as likely as the CYFBHS average to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services and nearly three times as likely to receive Day Treatment services.
- ❖ Asian/Pacific Islander clients (n=440) were less likely to receive TBS services than the CYFBHS average, and more likely to receive intensive Inpatient and Crisis Stabilization services.
- ❖ Native American clients (n=83) were less likely than any other racial/ethnic group to receive Outpatient Therapy, Assessment, Collateral, Crisis Intervention, and TBS services. These clients were twice as likely to receive ICC services, and more likely than the CYFBHS average to receive all intensive services (Inpatient, Day Treatment, and Crisis Stabilization).

**Detailed service utilization tables available on request.*

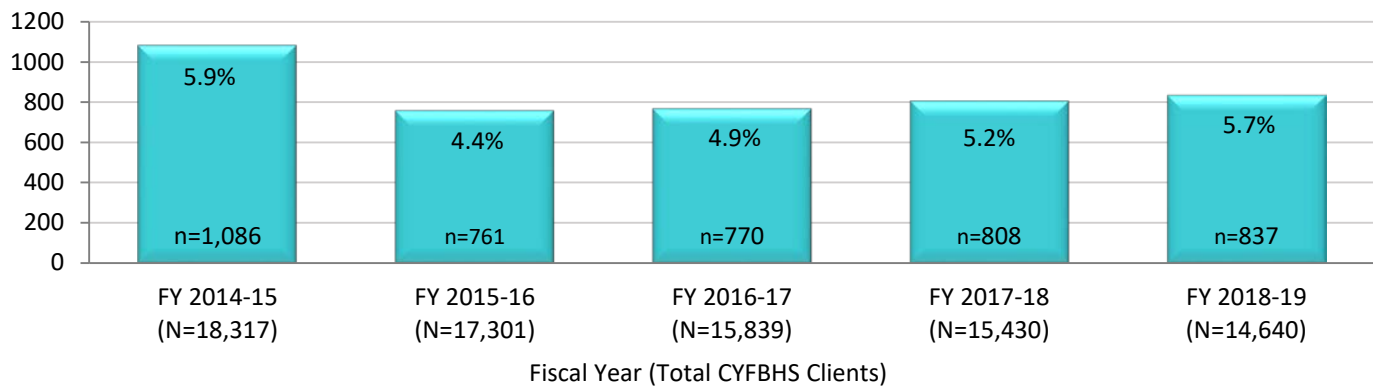


What Kind of Services Are Being Used?

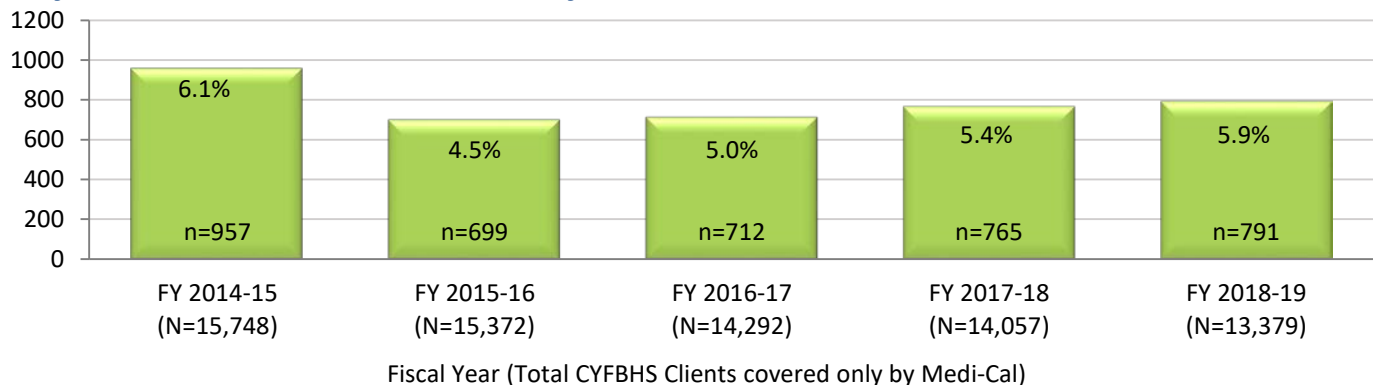
Therapeutic Behavioral Services (TBS)

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 upon the establishment of the service in California following a class action settlement agreement. The proportion of clients receiving TBS services increased from 5.2% (808) in FY 2017-18 to 5.7% (837) in FY 2018-19. San Diego County has exceeded the state-mandated 5% penetration rate of TBS for all Medi-Cal beneficiaries served. Additionally, DHCS has authorized a number of other like services throughout the San Diego County system of care.

TBS Clients within Systemwide CYFBHS Clients



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



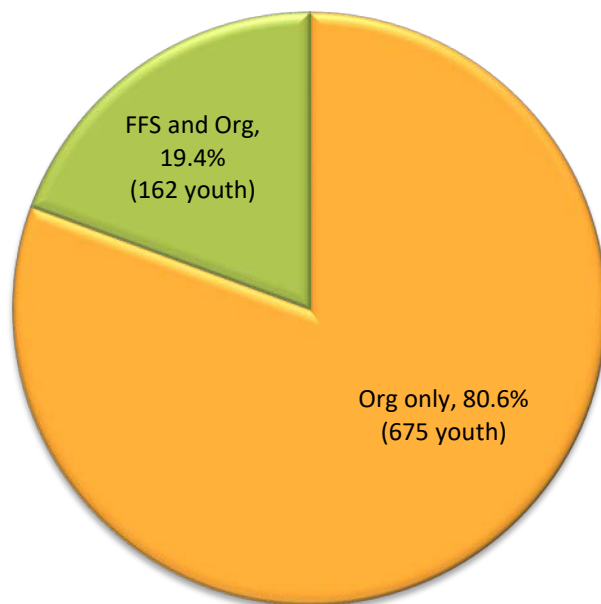
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

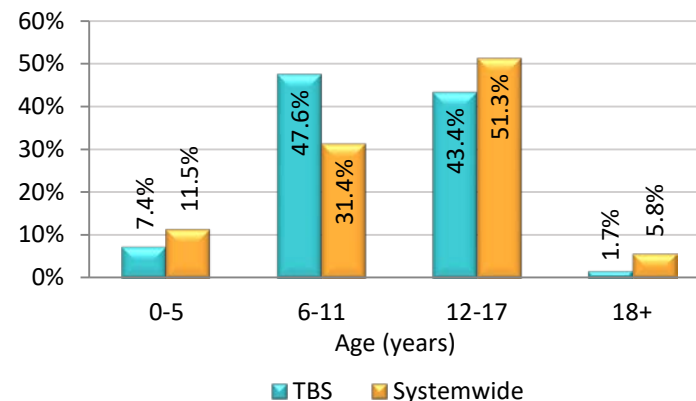
Clients receiving TBS services were younger and less likely to be female than the systemwide averages.

Service Provider Type

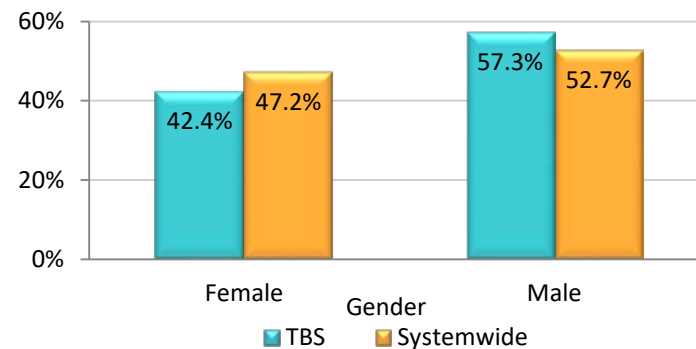
TBS requires a Specialty Mental Health Provider (SMHP). The majority (81%) of CYFBHS TBS clients were served *only* by Org providers in FY 2018-19. No TBS clients were served exclusively by FFS providers in the fiscal year.



TBS Client Age (N=837)*



TBS Client Gender (N=837)*

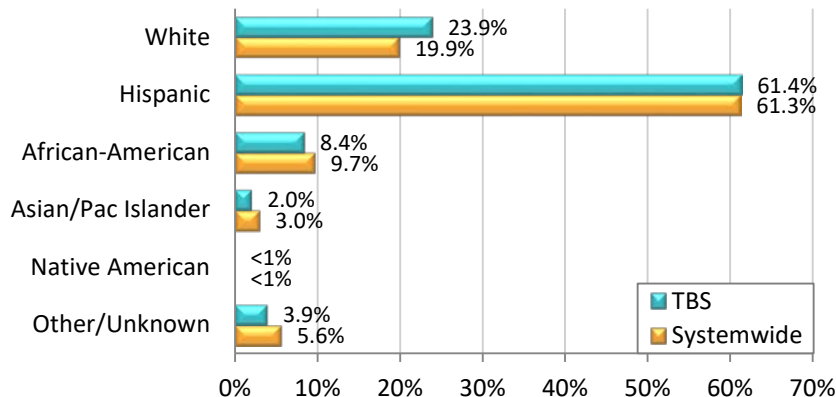


*Percentages calculated within the number of TBS clients served by CYFBHS in FY 2018-19.

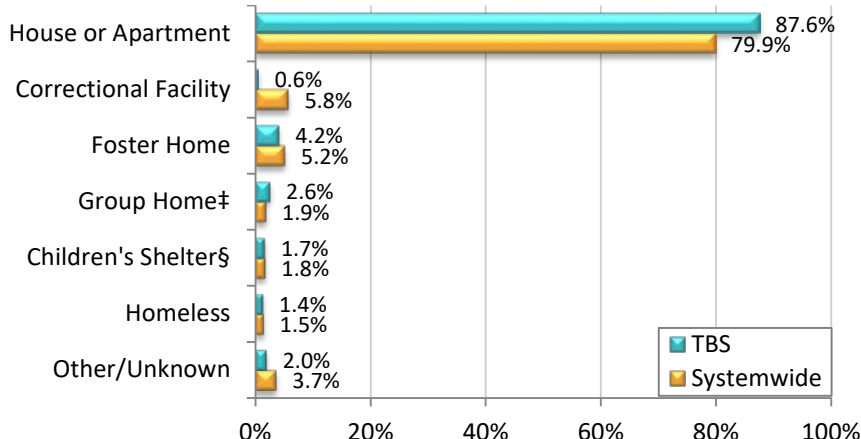
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Race/Ethnicity (N=837)*



TBS Client Living Situation (N=837)*



*Percentages calculated within the number of TBS clients served by CYFBHS in FY 2018-19.

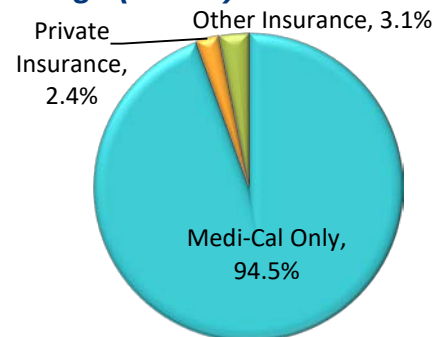
†Unknown category includes Fee-for-Service providers for whom data were not available.

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

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

TBS Client Health Care Coverage (N=837)*

791 (95%) clients who received TBS from CYFBHS during FY 2018-19 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2018-19.

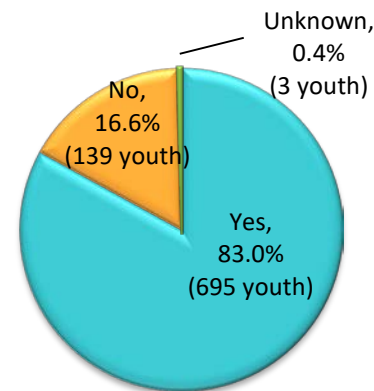


TBS Client Primary Care Physician (PCP) Status†

Of the 820 TBS clients for whom PCP status was known, 796 (97%) had a PCP in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2018-19.

TBS Client History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 834 clients (almost 100% of the TBS population) in FY 2018-19; of these clients, 695 (83% of the 834 clients for whom this information was known) had a **history of trauma**. By comparison, 75% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2018-19.

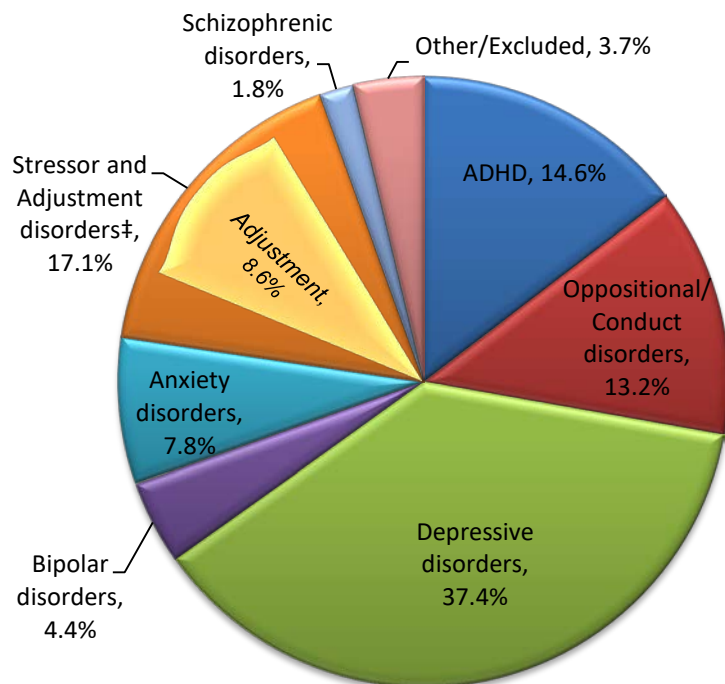


What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

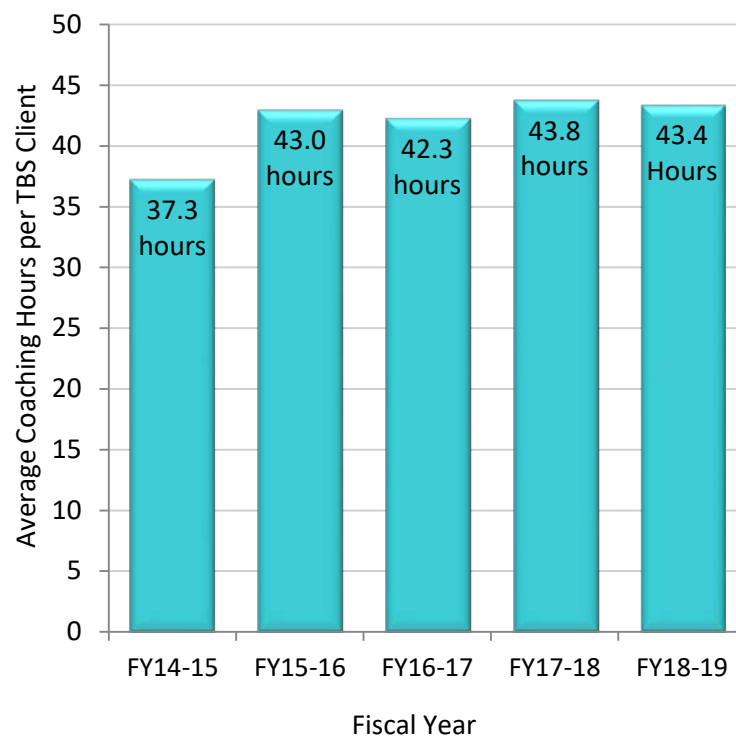
TBS Client Primary Diagnosis (n=835)*†

The most common diagnosis for TBS clients in FY 2018-19 was Depressive disorders (37%). The rate of Stressor and Adjustment disorders was lower in the TBS population compared to the CYFBHS systemwide average of 25%. The rate of Oppositional/Conduct disorders was higher in the TBS population compared to the CYFBHS systemwide average of 9%.



Coaching Hours for TBS Clients

The average number of coaching hours (identified by service code 47: "TBS Intervention") per TBS client in FY 2018-19 was comparable to the previous fiscal year. By way of context, the ALOS for a TBS client discharging in FY 2018-19 was 116 days (see page 49).



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

†Percentages calculated within the number of TBS clients served by CYFBHS in FY 2018-19.

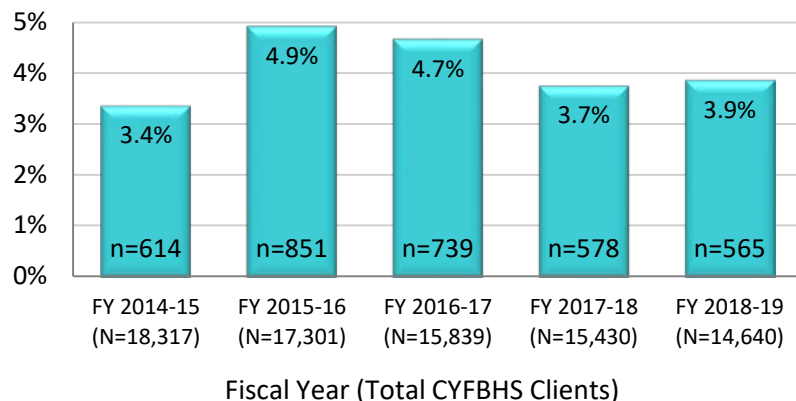
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

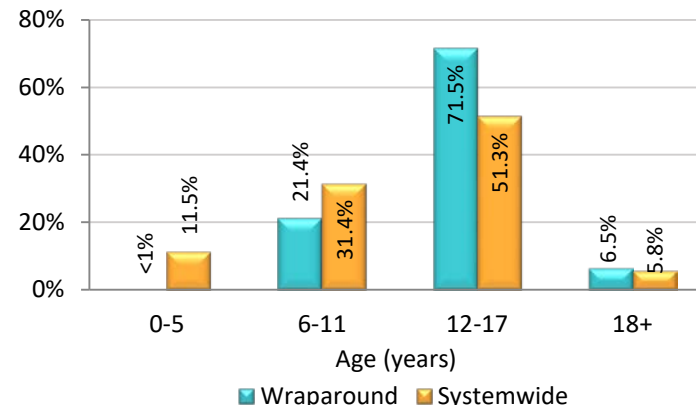
Wraparound Programs

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 majority (78%) of CYFBHS Wraparound clients were served *only* by Org providers in FY 2018-19; none were served exclusively by FFS providers. Wraparound clients were older and less likely to be female than the systemwide averages.

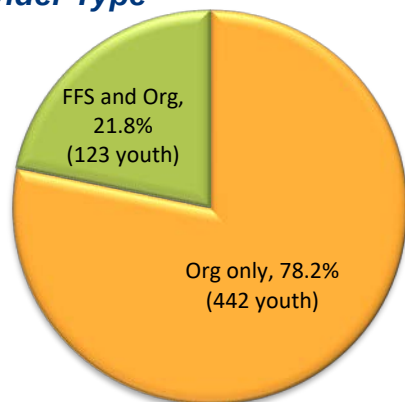
Clients in Wraparound Programs



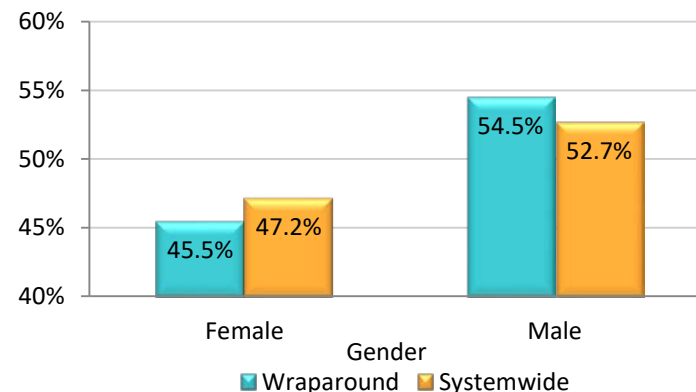
Wraparound Program Clients Age (N=565)*



Service Provider Type



Wraparound Program Clients Gender (N=565)*

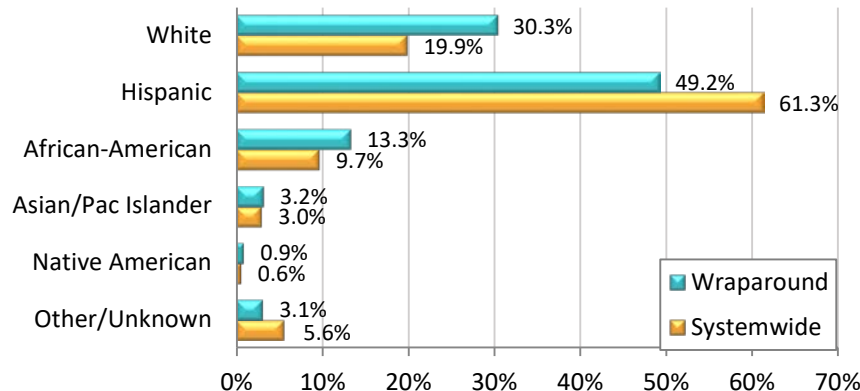


*Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2018-19.

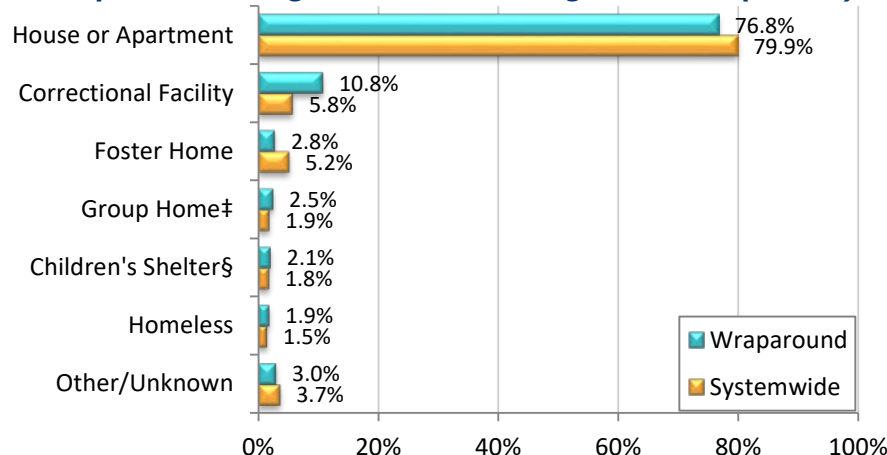
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=565)*



Wraparound Program Clients Living Situation (N=565)*



*Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2018-19.

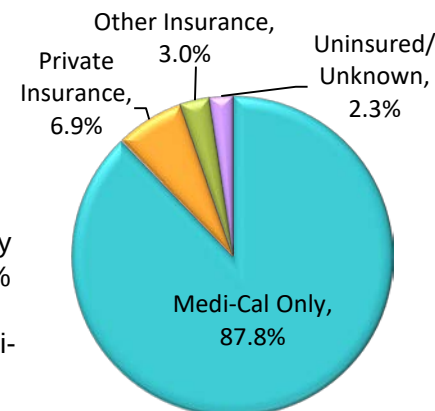
†Unknown category includes Fee-for-Service providers for whom data were not available.

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

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

Wraparound Program Clients Health Care Coverage (N=565)*

496 (88%) clients who received services from Wraparound programs in CYFBHS during FY 2018-19 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2018-19.

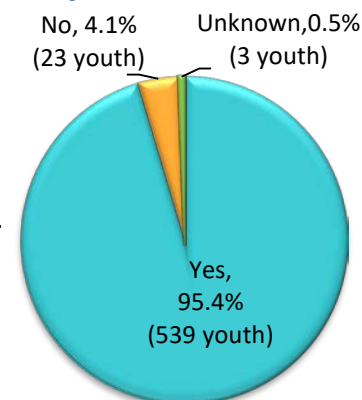


Wraparound Program Clients Primary Care Physician (PCP) Status†

Of the 550 clients in Wraparound programs for whom PCP status was known, 527 (96%) had a PCP in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2018-19.

Wraparound Program Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 562 clients (almost 100% of the Wraparound population) in FY 2018-19; of these clients, 539 (96% of the 562 clients for whom this information was known) had a **history of trauma**. By comparison, 75% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2018-19.

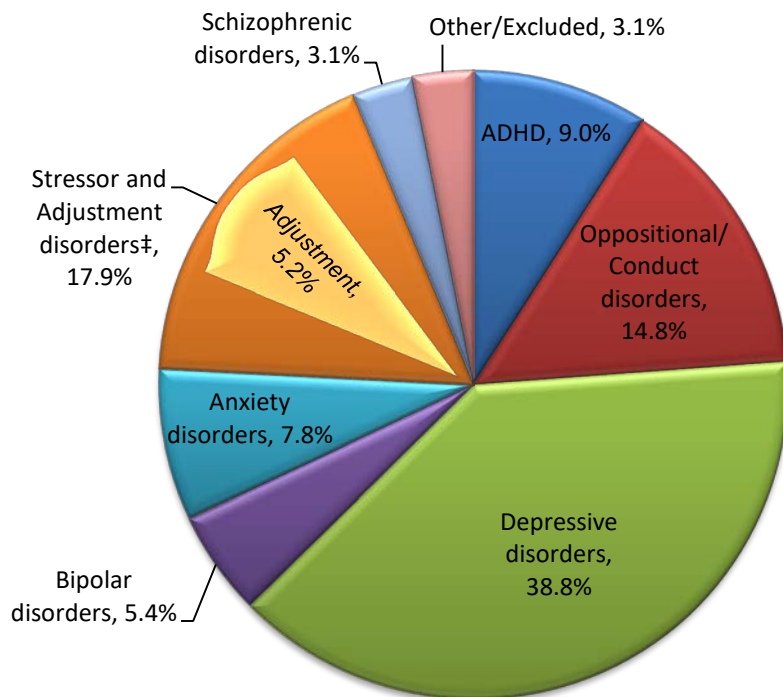


What Kind of Services Are Being Used?

Wraparound Programs

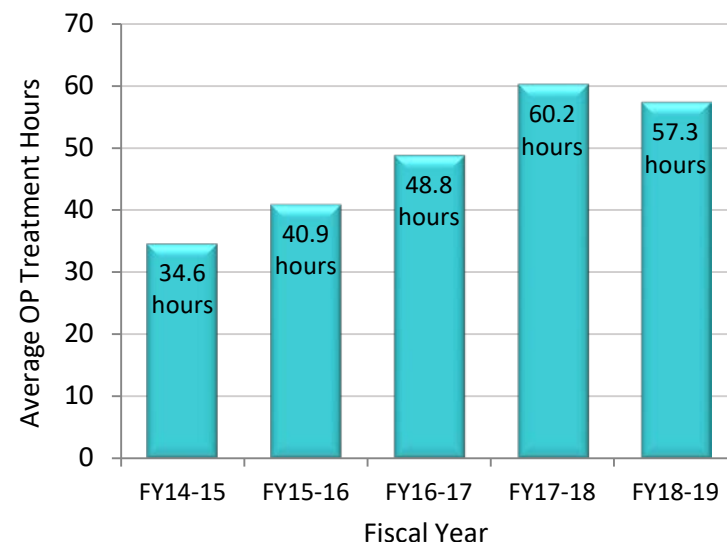
Wraparound Program Clients Primary Diagnosis (n=563)*†

The most common diagnosis for Wraparound Program clients in FY 2018-19 was Depressive disorders (38%). The rate of Anxiety disorders in the Wraparound population was slightly more than half the CYFBHS systemwide average of 14%. The rate of Oppositional/Conduct disorders was higher in the Wraparound population compared to the CYFBHS systemwide average of 9%.



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 35 hours in FY 2014-15 to 57 hours in FY 2018-19. 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). By way of context, the ALOS for a Wrap client discharging in FY 2018-19 was 255 days (see page 49).



*Percentages calculated within the number of clients in Wraparound programs served by CYFBHS in FY 2018-19.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; 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.

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

What Kind of Services Are Being Used?

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 specialty 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.

Assembly Bill 2083

The state's Integrated Core Practice Model for Children, Youth, and Families (ICPM) is supported by the 2018 AB2083 which requires each county to develop and implement a Memorandum of Understanding (MOU) in 2020 outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. The legislation is focused on the child welfare system but is poised to be expanded to look at the needs of children and youth served by various systems. Local partners at a minimum include child welfare, regional centers, county offices of education, probation and county behavioral health. The mission of AB2083 is to promote collaboration and communication across systems to meet the needs of children, youth and families as well as supporting timely access to trauma-informed services for children and 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 2016-17	FY 2017-18	FY 2018-19
Total Clients‡ with Open Assignment	1,060	774	940

Eligible for Enhanced Services*†

	FY 2016-17	FY 2017-18	FY 2018-19
Total Clients‡ with Open Assignment	896	819	744
Pathways Service			
ICC	697	593	622
IHBS	258	211	209

*Data Source: Pathways to Well-Being FY 2018-19 Dashboard, BHS QI PIT

†Clients may be duplicated between Eligible and Enhanced 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.

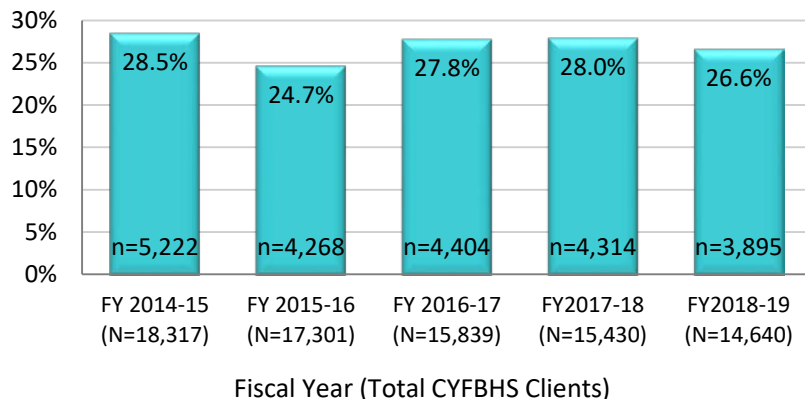
Locally, ICC and IHBS were launched in August 2013. As of 7/1/2016, the state expanded ICC and IHBS services to be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services.

What Kind of Services Are Being Used?

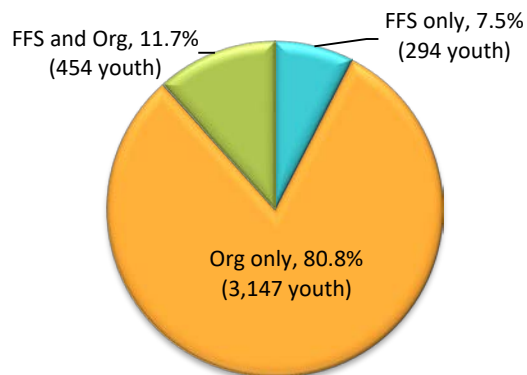
Medication Services

CYFBHS provides medication services along with other services or as an independent service through the Fee-for-Service (FFS) network. In FY 2018-19, only 195 (1%) of 14,640 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.

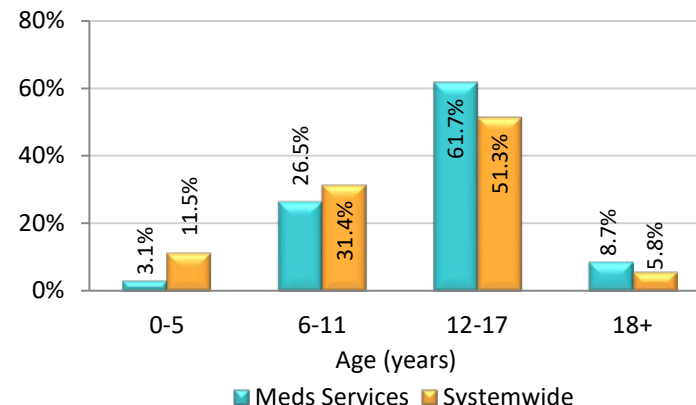
Clients Receiving Medication Services



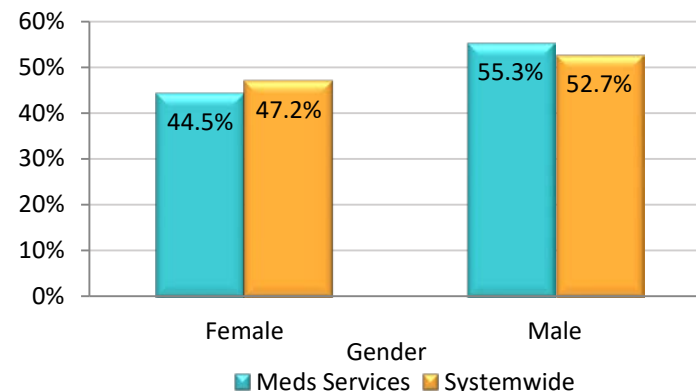
Service Provider Type



Medication Services Clients Age (N=3,895)*



Medication Services Clients Gender (N=3,895)*

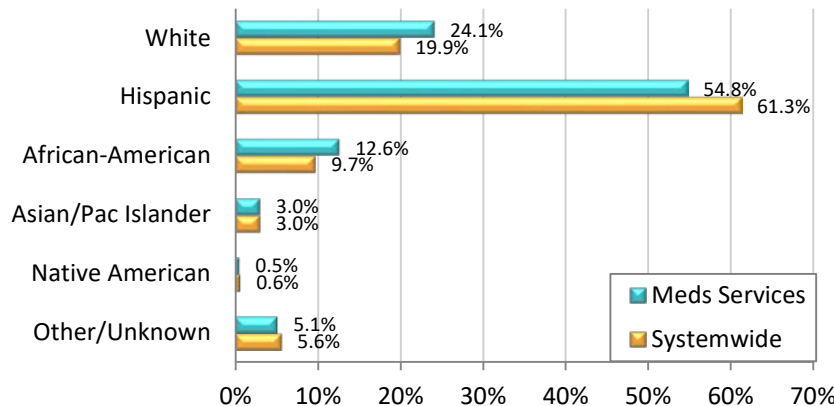


*Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2018-19.

What Kind of Services Are Being Used?

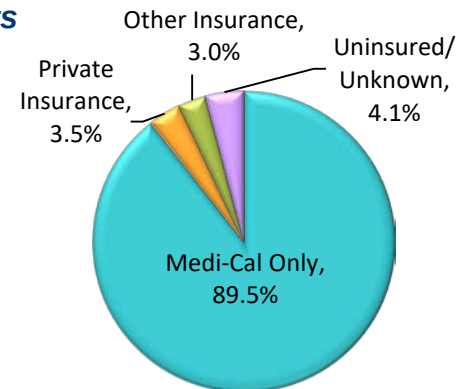
Medication Services

Medication Services Clients Race/Ethnicity (N=3,895)*



Medication Services Clients Health Care Coverage (N=3,895)*

3,485 (90%) clients who received medication services in CYFBHS during FY 2018-19 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2018-19.

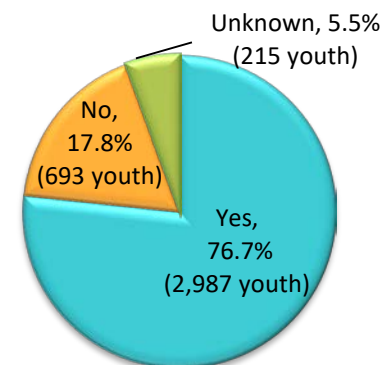


Medication Services Clients Primary Care Physician (PCP) Status†

Of the 3,437 clients who received medication services for whom PCP status was known, 3,278 (95%) had a PCP in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2018-19.

Medication Services Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 3,680 clients (95% of the medication services population) in FY 2018-19; of these clients, 2,987 (81% of the 3,680 clients for whom this information was known) had a **history of trauma**. By comparison, 75% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2018-19.

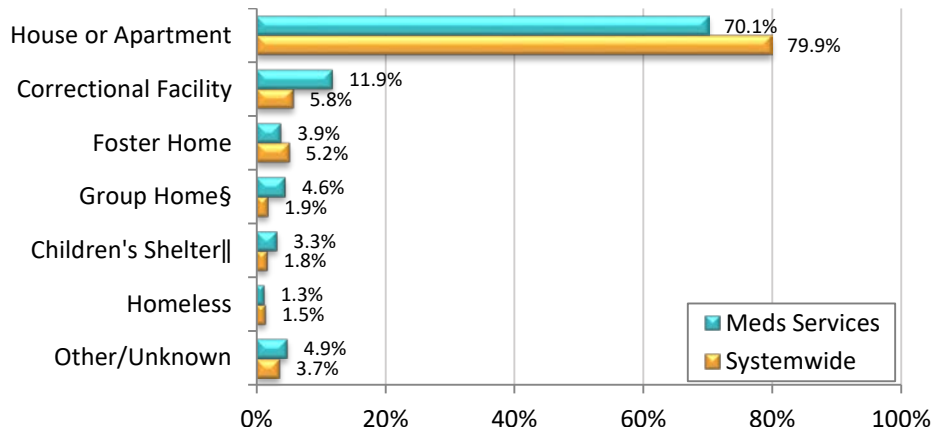


*Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2018-19.
†Unknown category includes Fee-for-Service providers for whom data were not available.

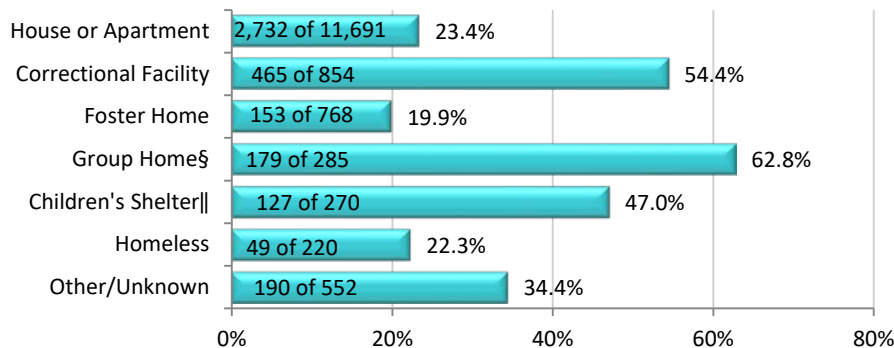
What Kind of Services Are Being Used?

Medication Services

Medication Services Clients Living Situation (N=3,895)*



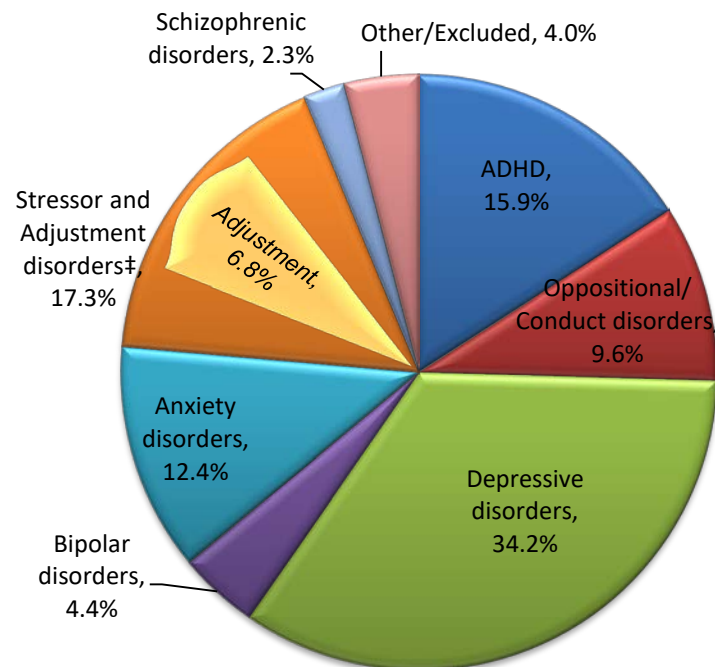
Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals
for each Living Situation Category

Medication Services Clients Primary Diagnosis (n=3,882)*†

The most common diagnosis for Medication Services clients in FY 2018-19 was Depressive disorders (34%). The rate of ADHD diagnosis was more than the CYFBHS systemwide average of 10%, and the rate of Stressor and Adjustment disorders was less than the CYFBHS systemwide average of 25%.



*Percentages calculated within the number of clients receiving Medication Services in CYFBHS in FY 2018-19.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; 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.

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

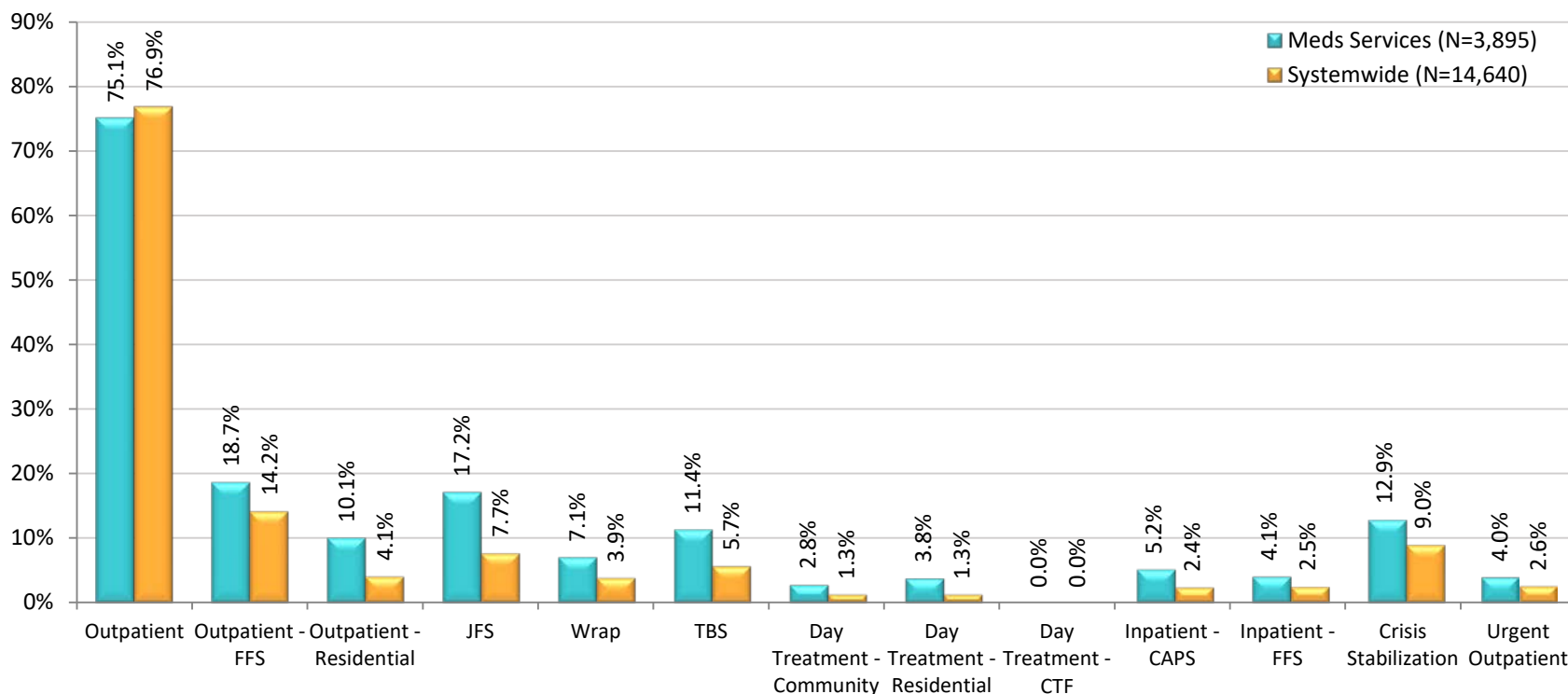
What Kind of Services Are Being Used?

Medication Services

Level of Care (LOC)

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

Percentage of Medication Services Clients in each Level of Care*



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

What Kind of Services Are Being Used?

Inpatient (IP) Services (N=652)*

- ❖ 652 (4.5%) of 14,640 unduplicated clients used Inpatient services in FY 2018-19
 - An increase from 622 (4.0%) of 15,430 in FY 2017-18
 - 87% of these clients were ages 12-17
- ❖ Top 4 primary diagnoses
 - 63% Depressive disorders
 - 13% Stressor and Adjustment disorders
 - 9% Schizophrenia and Other Psychotic disorders
 - 7% Bipolar disorders
- ❖ 168 (26%) of 652 children receiving IP services had **more than one IP stay** in the fiscal year
 - An increase from 134 (22%) of 622 in FY 2017-18

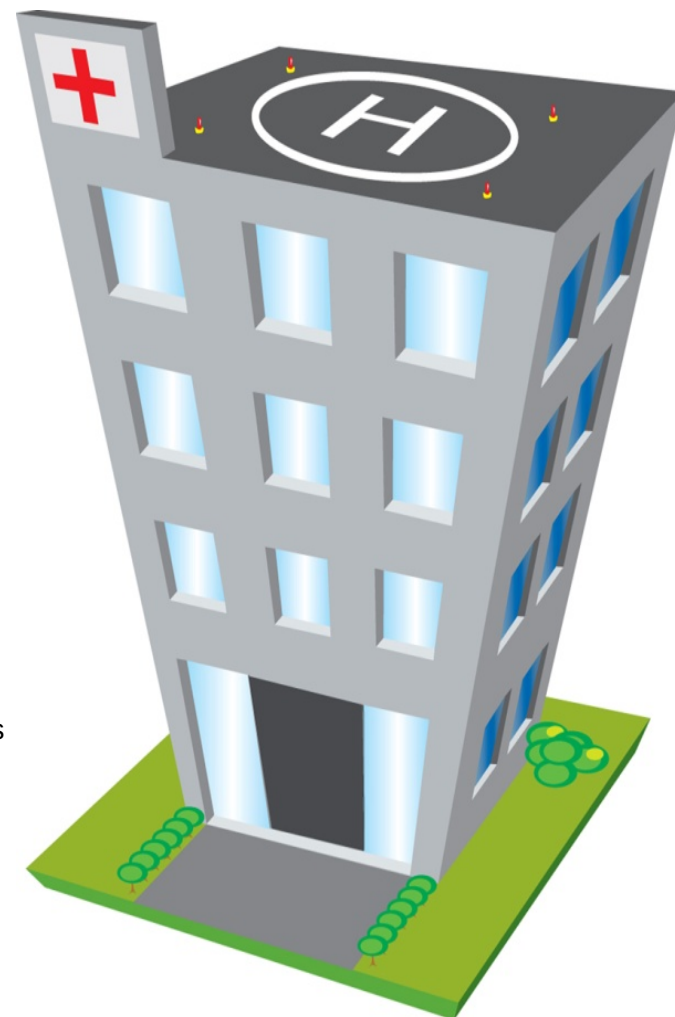
Urgent Outpatient Services (N=381)

- ❖ 381 (2.6%) of 14,640 unduplicated clients received Urgent Outpatient services in FY 2018-19
- ❖ Urgent Outpatient Programs†
 - Emergency Medication Management: 54 (14%) of 381 clients
 - CIR‡ Team—Vista: 164 (43%) of 381 clients
 - CIR‡ Team—Escondido: 167 (44%) of 381 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

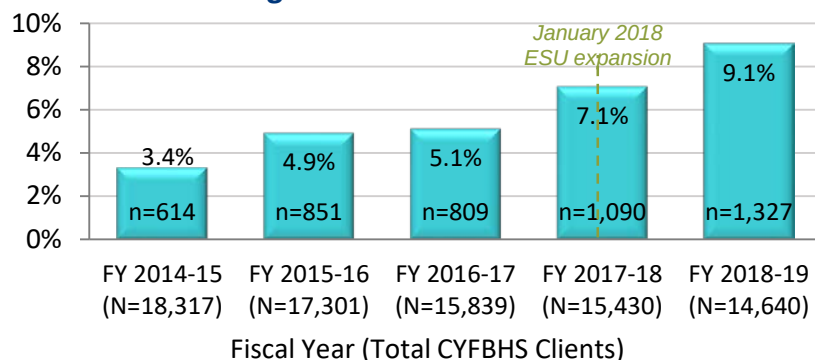


What Kind of Services Are Being Used?

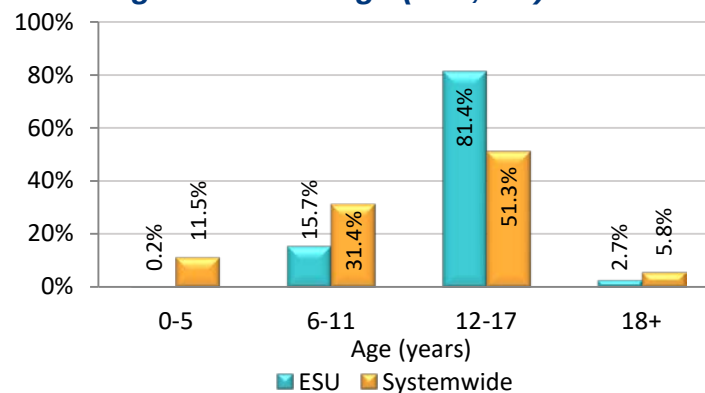
Emergency Screening Unit (ESU)

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 7.1% (1,090) in FY 2017-18 to 9.1% (1,327) in FY 2018-19. The proportion of females receiving ESU services is greater than the CYFBHS systemwide average.

Clients Receiving Services from ESU

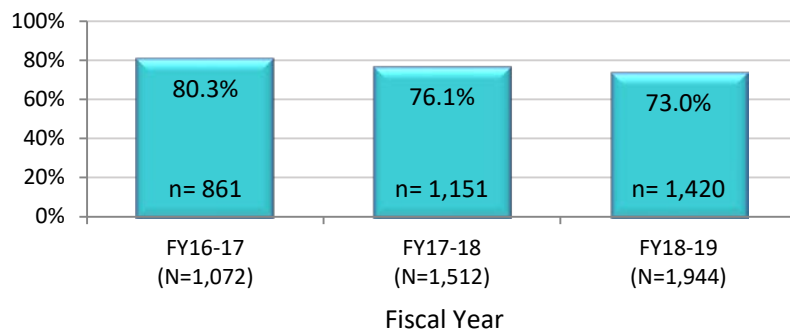


ESU Program Clients Age (N=1,327)*

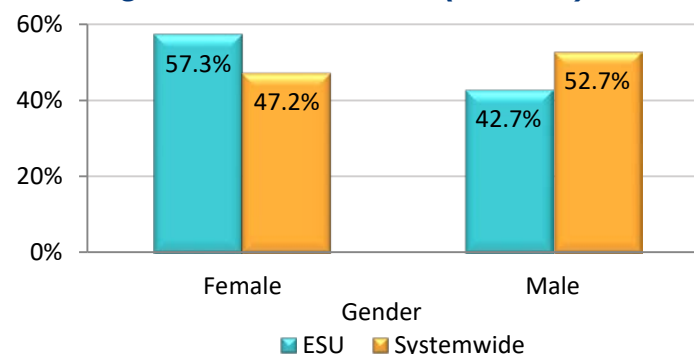


Diversions†

Of 1,944 ESU visits‡ in FY 2018-19, 1,420 (73%) were diverted from an IP admission within 24 hours.



ESU Program Clients Gender (N=1,327)*



*Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2018-19.

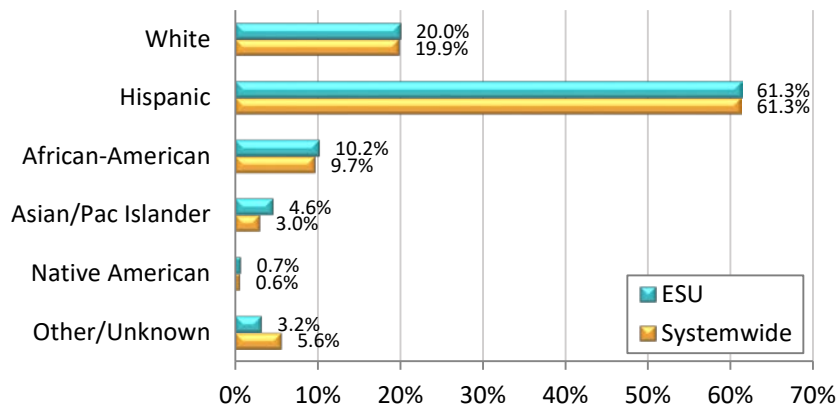
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/05/2019)

‡ESU visits include duplicated clients and direct admits.

What Kind of Services Are Being Used?

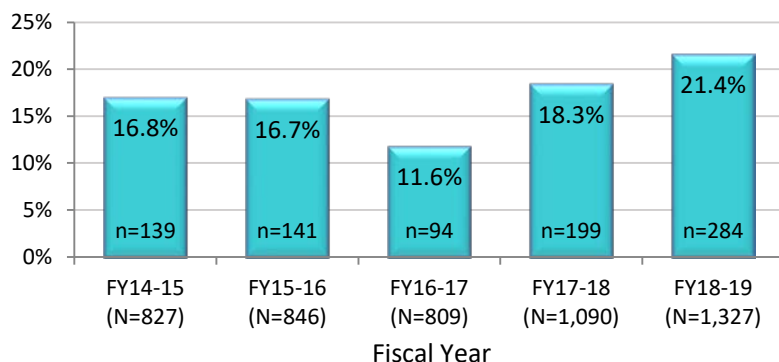
Emergency Screening Unit (ESU)

ESU Clients Race/Ethnicity (N=1,327)*



Recurring ESU Visits (Readmission)

284 (21%) of 1,327 children receiving services from ESU had more than one ESU visit in FY 2018-19; an increase from 199 (18%) of 1,090 in FY 2017-18.

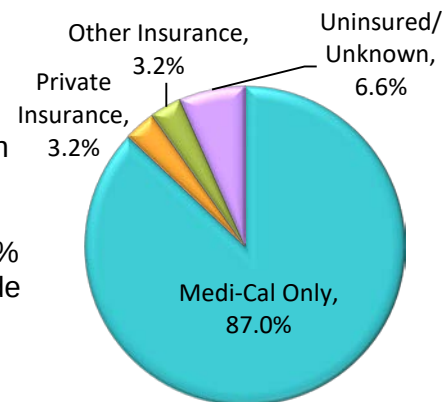


*Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2018-19.

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

ESU Clients Health Care Coverage (N=1,327)*

1,154 (87%) clients who received services from ESU in CYFBHS during FY 2018-19 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2018-19.

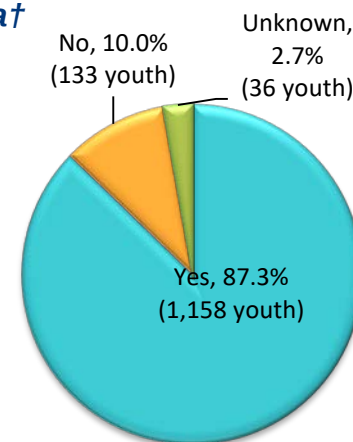


ESU Clients Primary Care Physician (PCP) Status†

Of the 1,247 ESU clients for whom PCP status was known, 1,166 (94%) had a PCP in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2018-19.

ESU Clients History of Trauma†

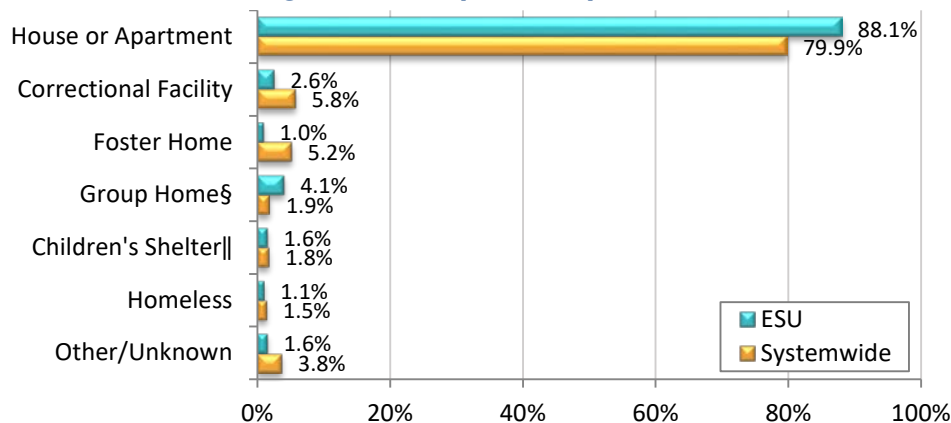
Previous experience of **traumatic events** was reported by clinicians for 1,291 clients (97% of the ESU population) in FY 2018-19; of these clients, 1,158 (90% of the 1,291 clients for whom this information was known) had a **history of trauma**. By comparison, 75% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2018-19.



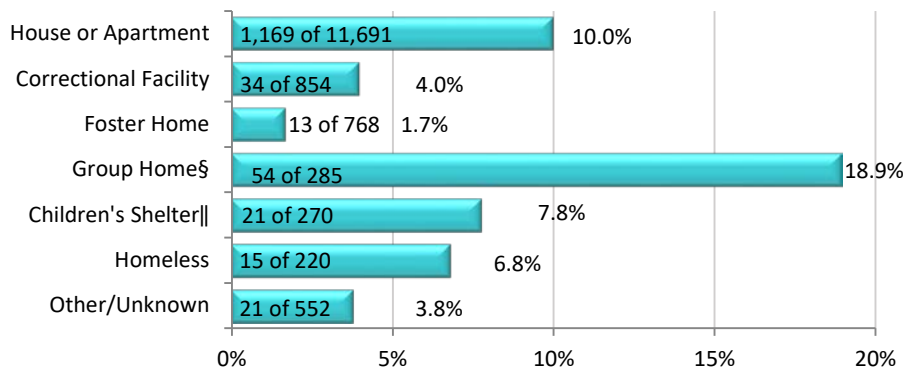
What Kind of Services Are Being Used?

Emergency Screening Unit (ESU)

ESU Clients Living Situation (N=1,327)*



ESU Clients Within Living Situation



ESU Clients Within Systemwide Totals
for each Living Situation Category

*Percentages calculated within the number of clients in the ESU Program served by CYFBHS in FY 2018-19.

†Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2019; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.

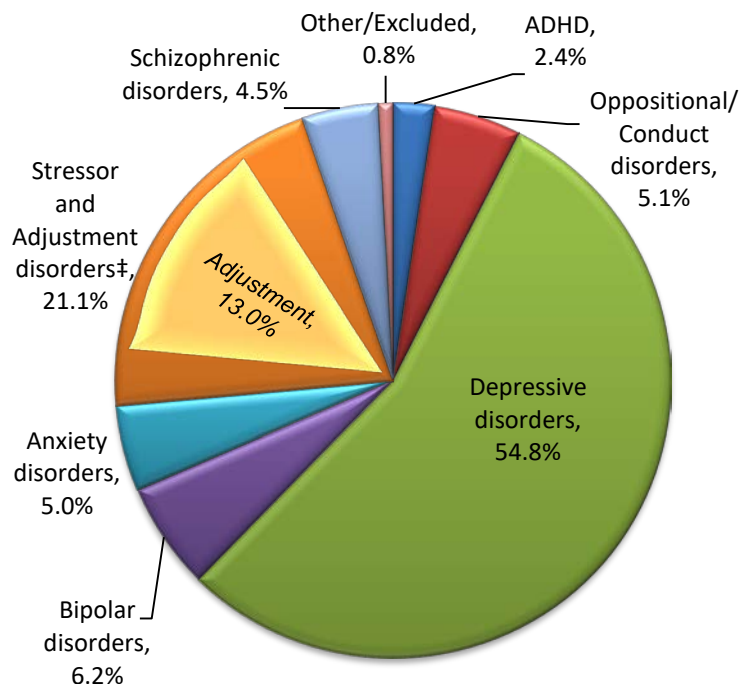
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

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

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

ESU Clients Primary Diagnosis (n=1,320)*†

The most common diagnosis for ESU clients in FY 2018-19 was Depressive disorders (55%); much higher than the CYFBHS systemwide average of 34%. The rate of ADHD, Anxiety disorders, and Opposition/Conduct disorders were lower in the ESU population compared to systemwide averages.



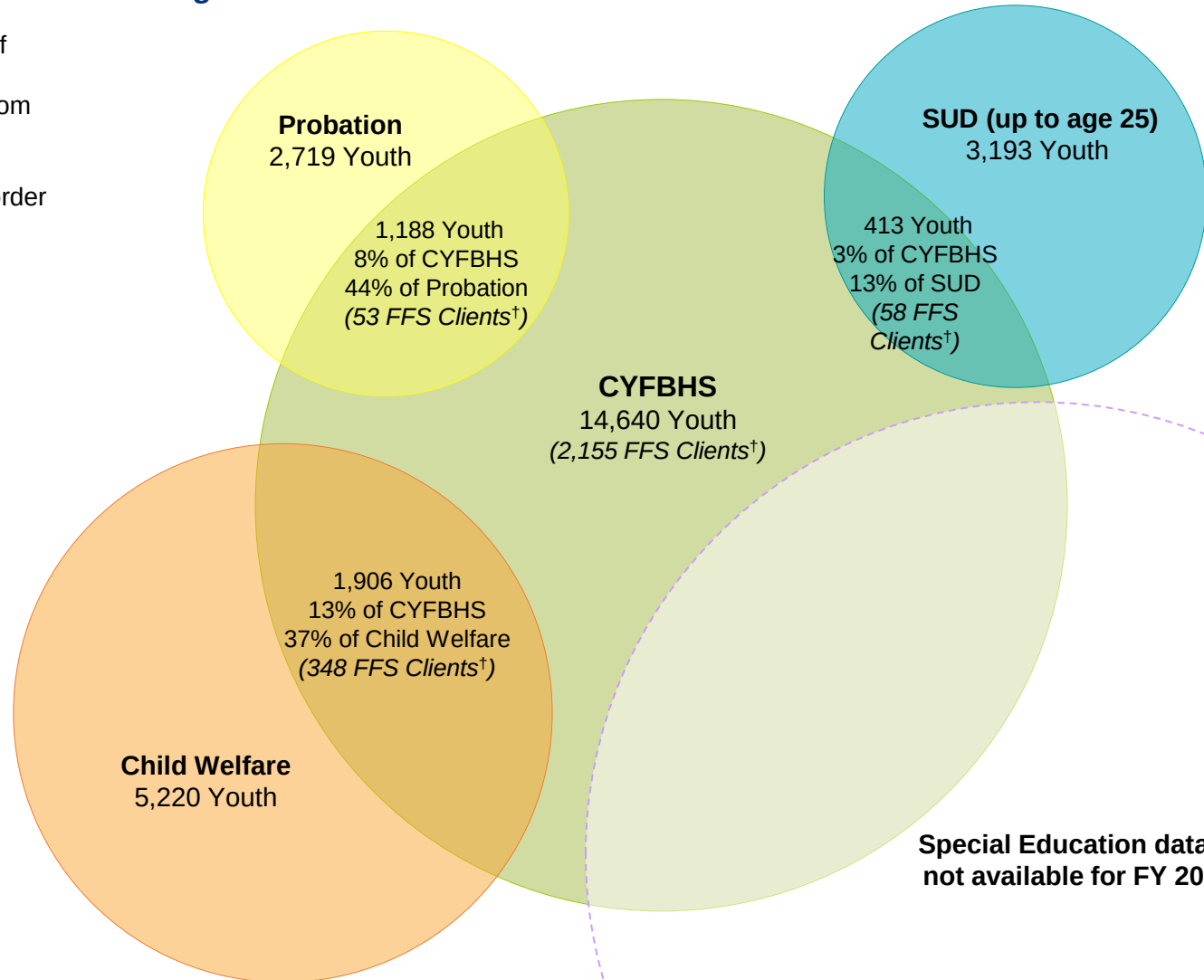
What Kind of Services Are Being Used?

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

❖ The percentage of CYFBHS clients receiving services from the Child Welfare, 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.



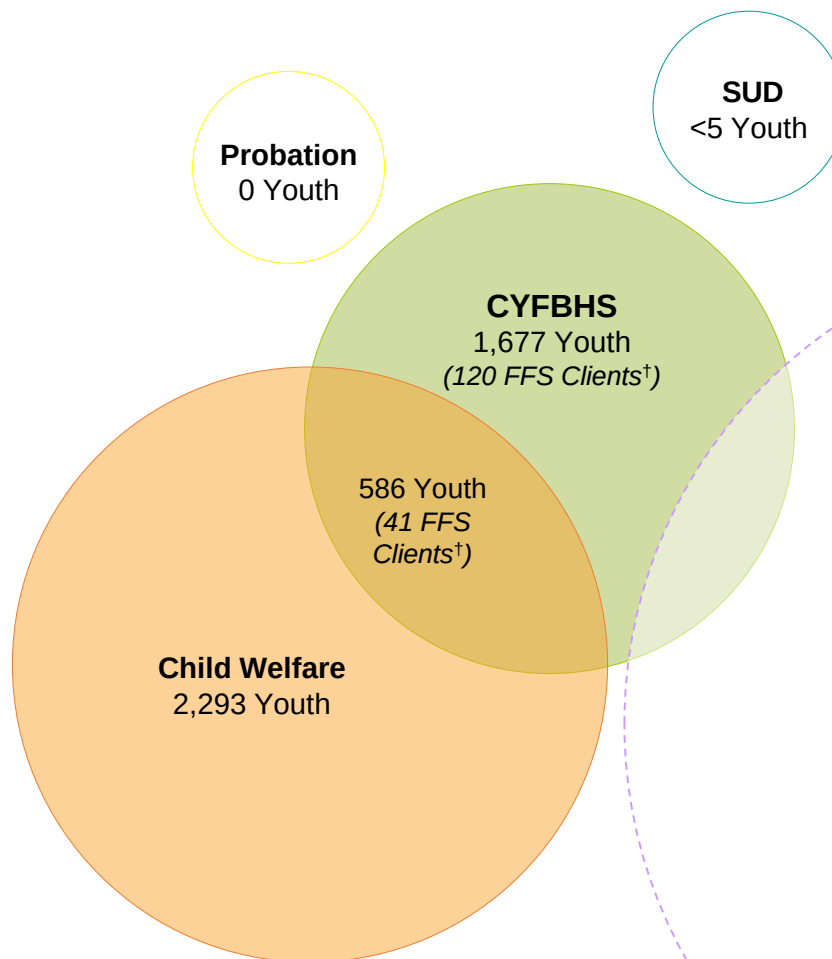
Special Education data were not available for FY 2018-19

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 sector in FY 2018-19.



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

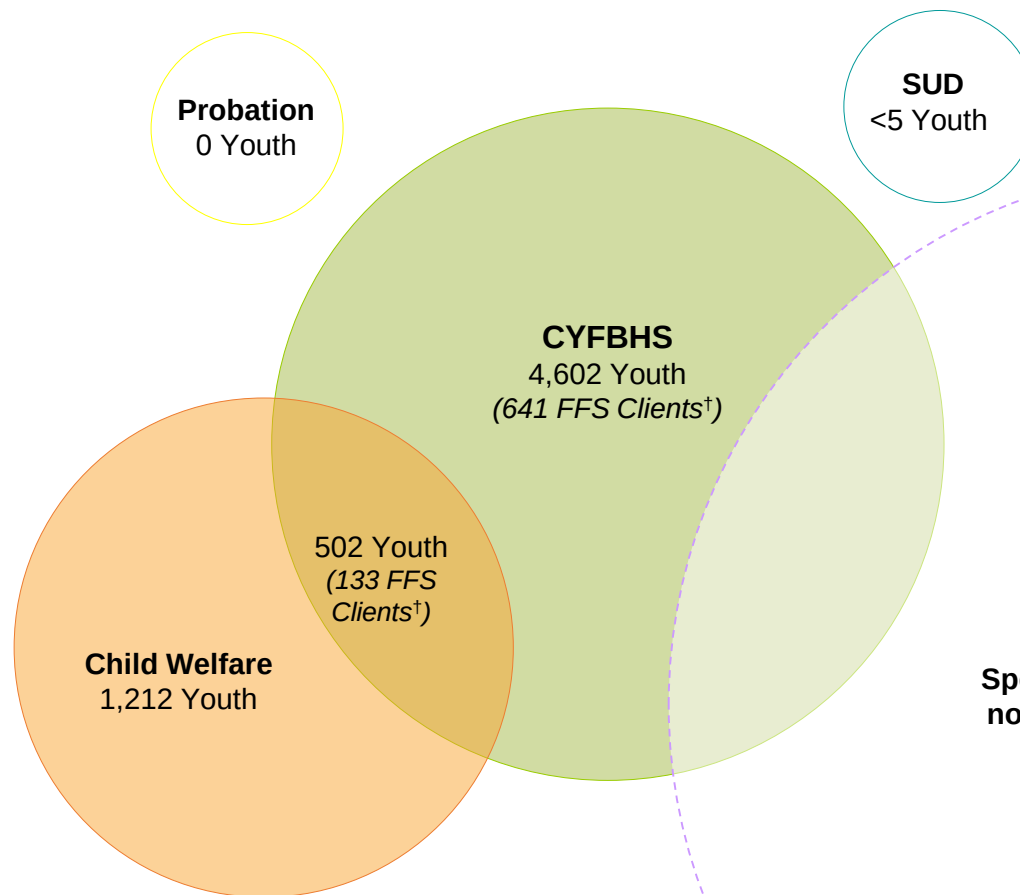
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

Special Education data were not available for FY 2018-19

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 6-11

❖ Nearly all CYFBHS clients ages 6-11 who also received services from another public sector in FY 2018-19 received those services from the Child Welfare sector.



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

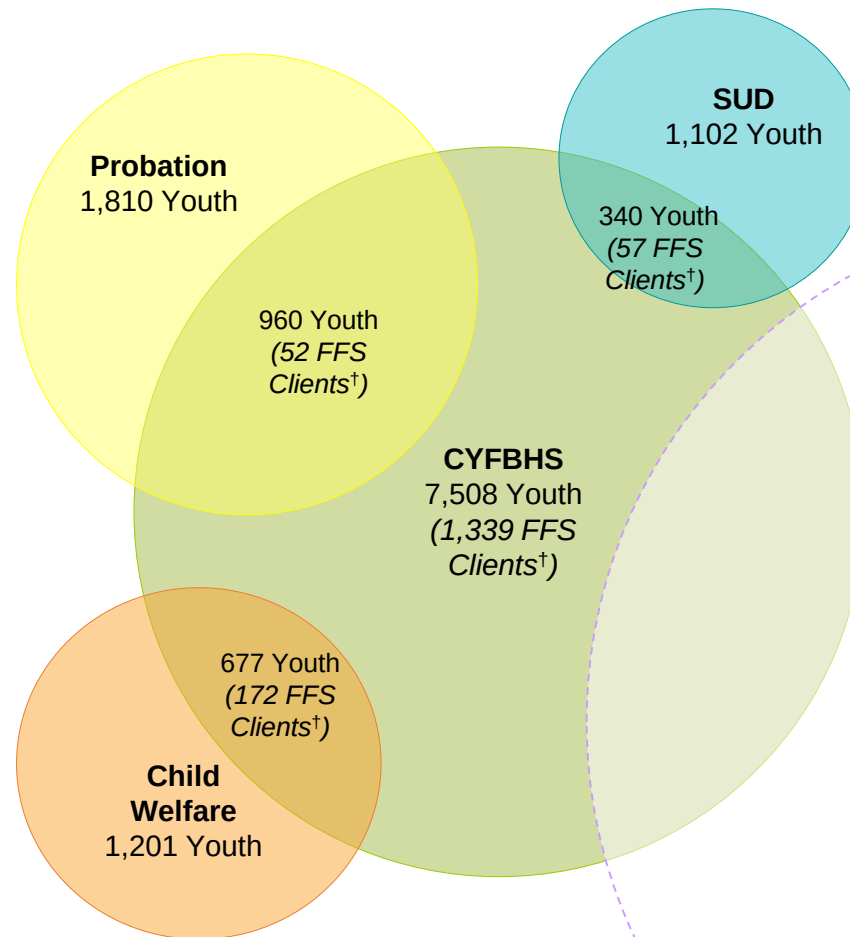
[†]Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

Special Education data were not available for FY 2018-19

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 2018-19, 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.

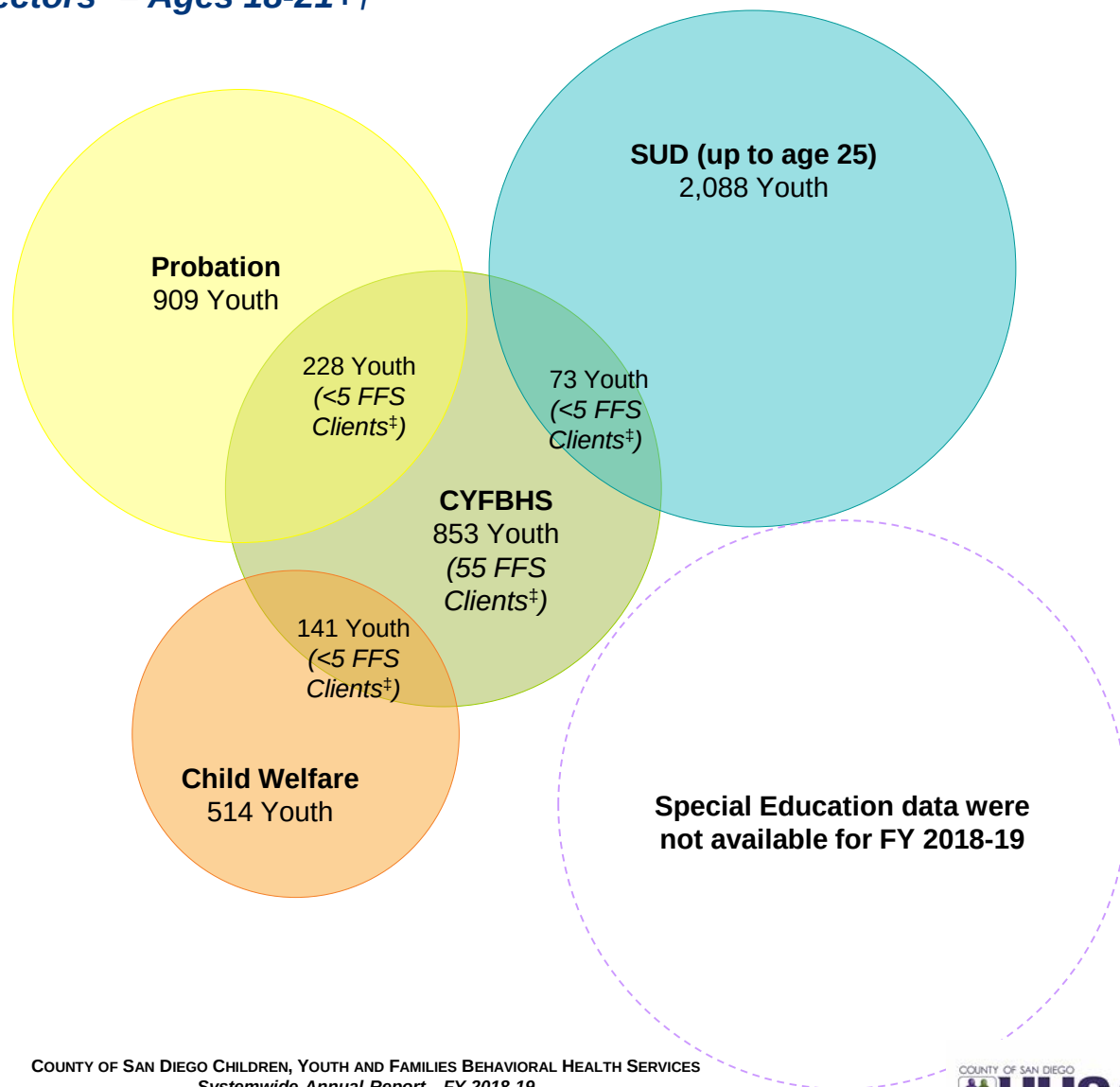
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

Special Education data were not available for FY 2018-19

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 18-21+†

❖ Among CYFBHS clients ages 18-21+ who also received services from another public sector in FY 2018-19, 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.

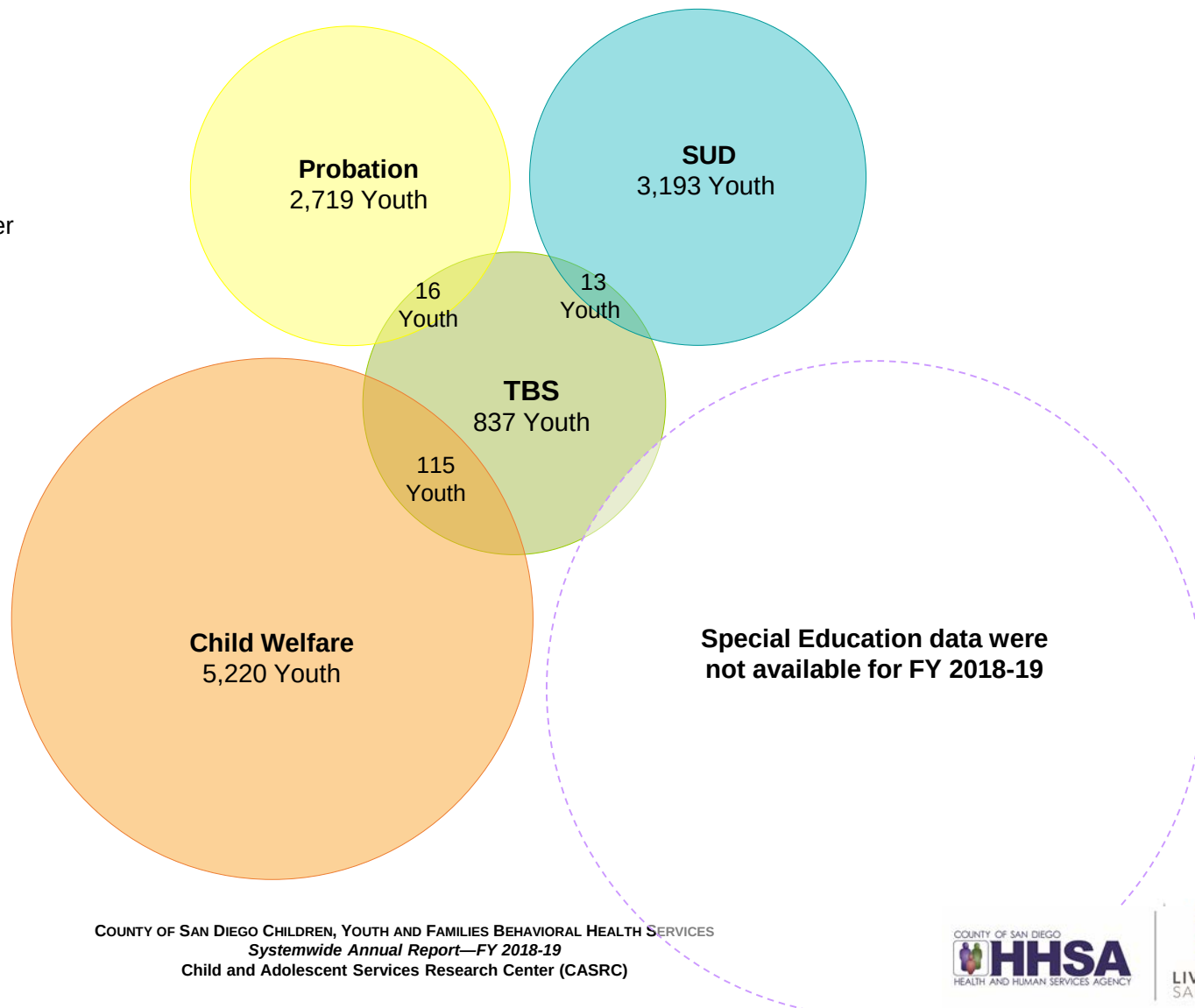
†Less than 0.001% of the CYFBHS population was over the age of 21.

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

What Kind of Services Are Being Used?

*TBS Programs and Services From Other Sectors**

❖ The proportion of CYFBHS TBS clients receiving services from Child Welfare was higher than those receiving services from the Probation and Substance Use Disorder Treatment (SUD) sectors in FY 2018-19.

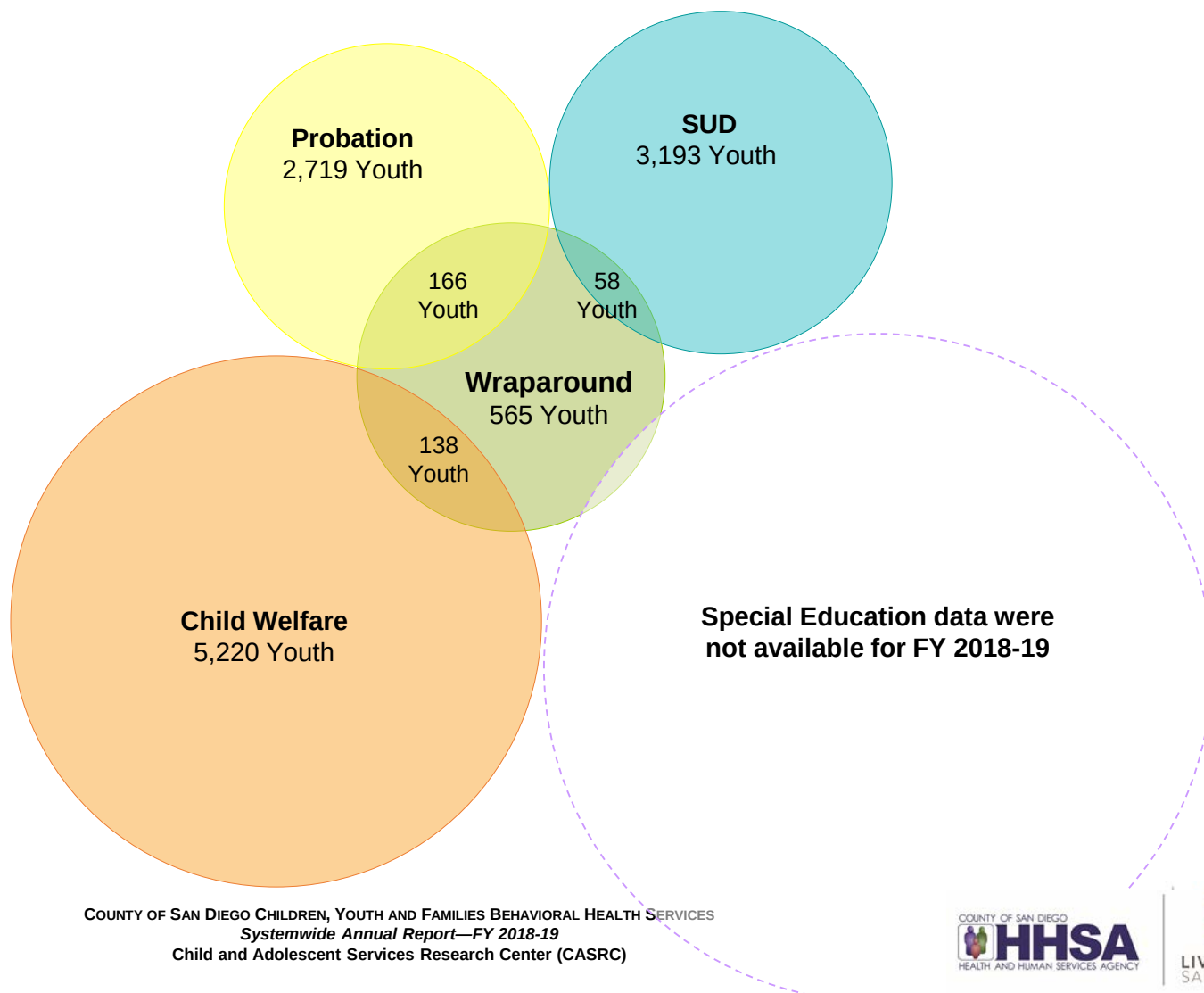


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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 2018-19.

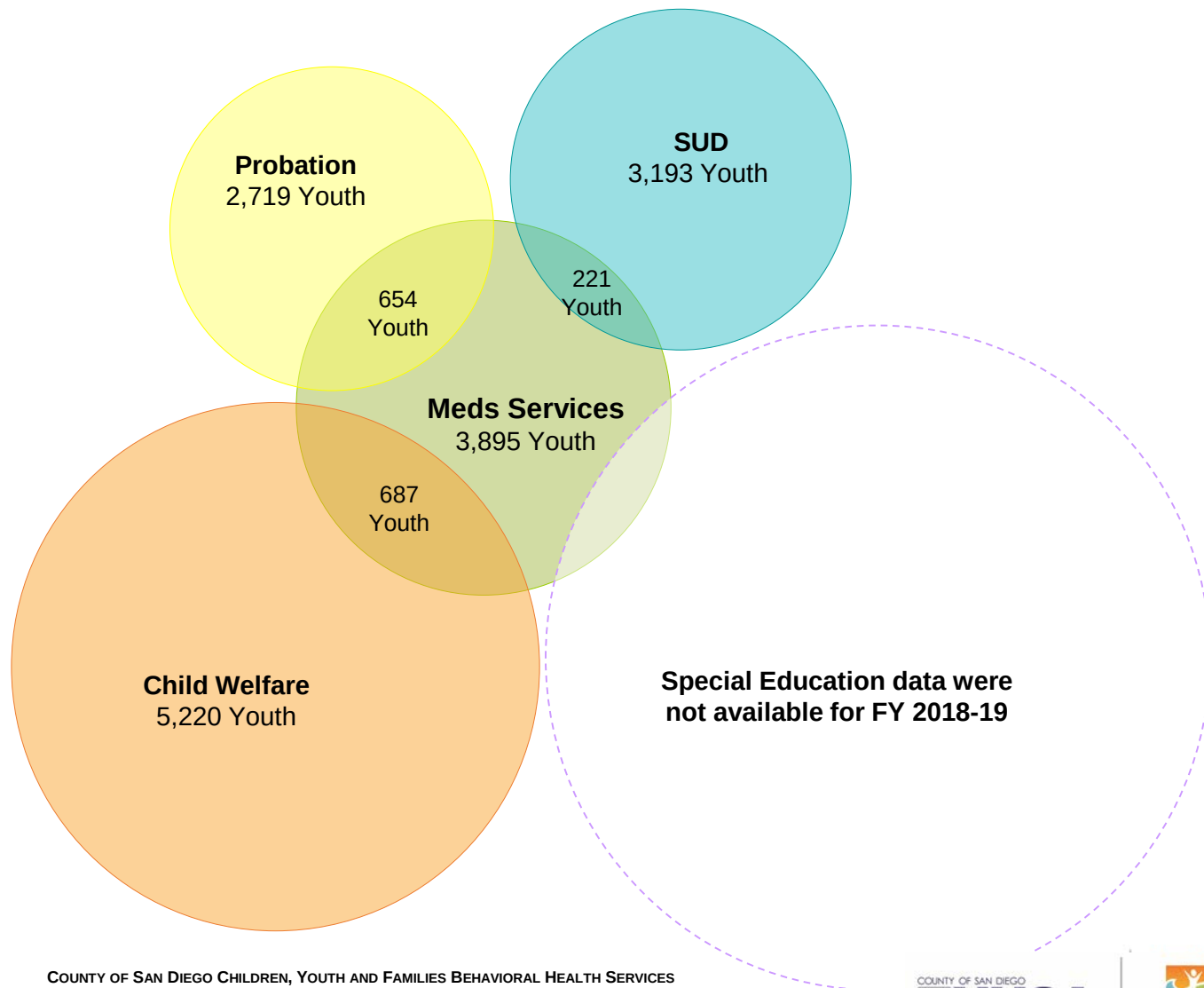


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

Medication Services and Services From Other Sectors*

❖ The proportion of CYFBHS Meds Services clients receiving services from the Substance Use Disorder (SUD) sector was lower than those receiving services from the Probation and Child Welfare sectors in FY 2018-19.

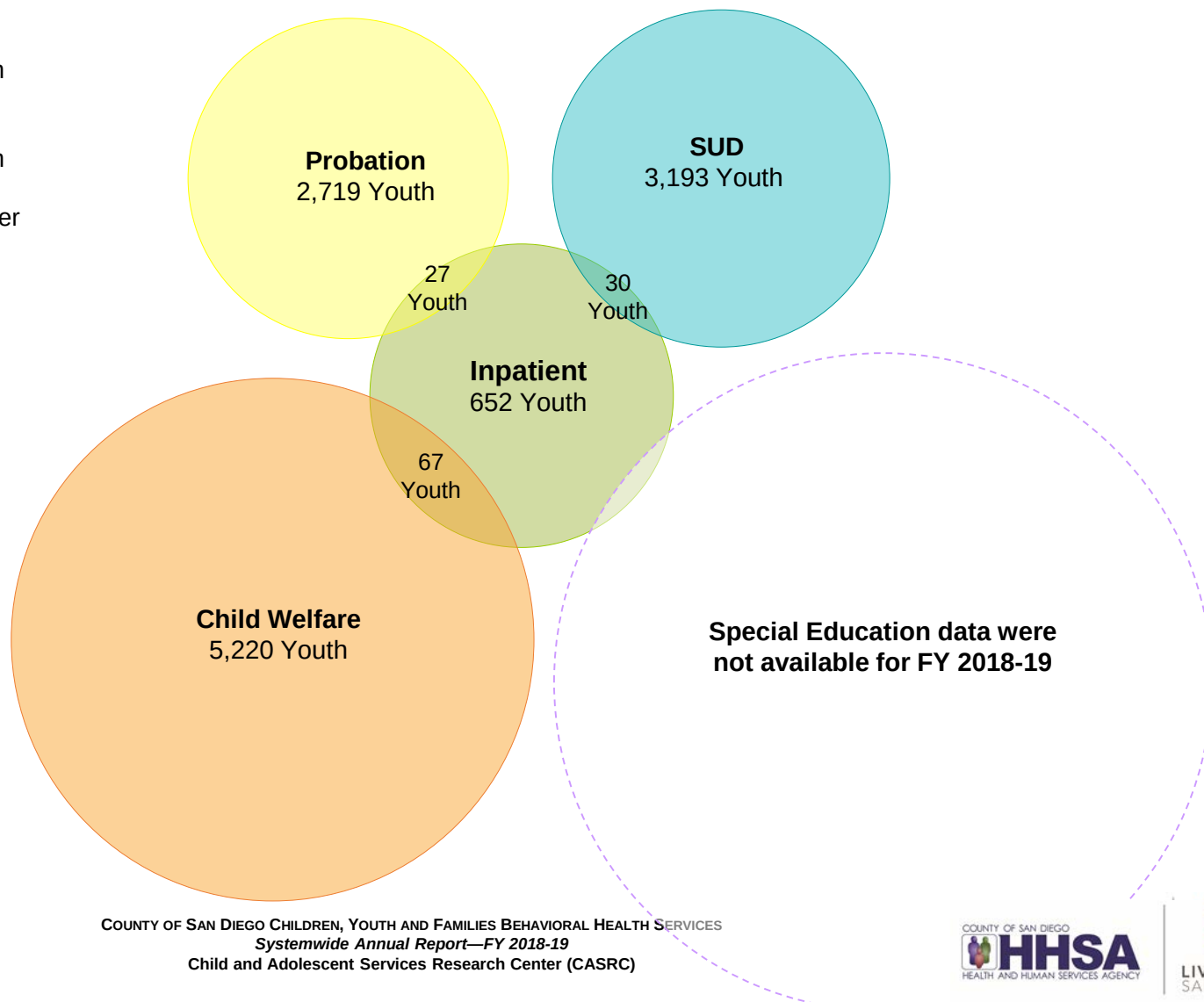


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*Inpatient Programs and Services From Other Sectors**

❖ The proportion of CYFBHS IP clients receiving services from Child Welfare was higher than those receiving services from the Probation and Substance Use Disorder Treatment (SUD) sectors in FY 2018-19.

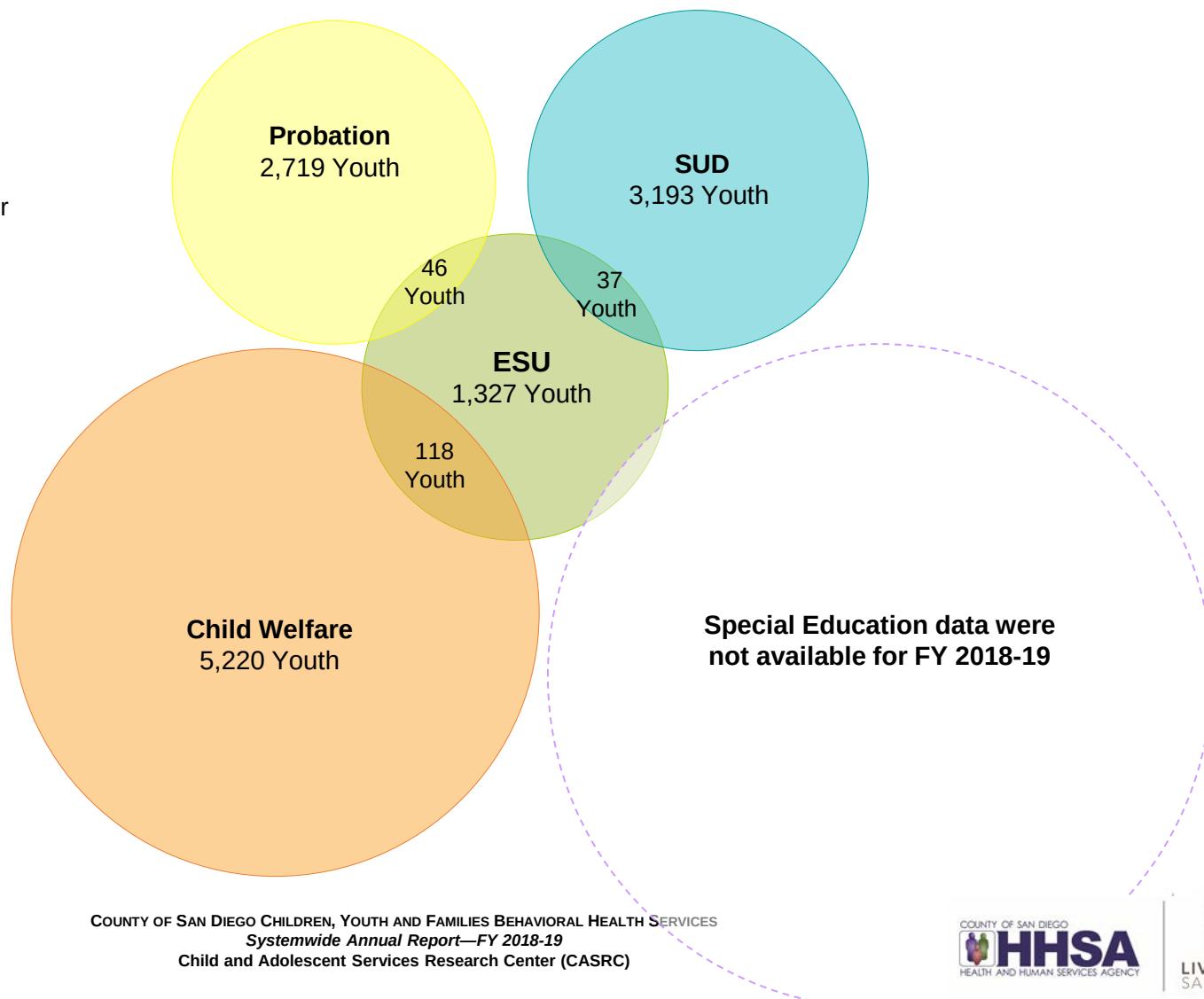


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*Emergency Service Unit Program and Services From Other Sectors**

❖ The proportion of CYFBHS ESU clients receiving services from Child Welfare was higher than those receiving services from the Probation and Substance Use Disorder Treatment (SUD) sectors in FY 2018-19.



**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 (n=3,006)

- ❖ Compared to the total youth average in the CYFBHS system, youth who received services from CYFBHS and any other public sector in FY 2018-19 were more likely to be male and African American.
- ❖ Youth receiving services from CYFBHS and any other sector were more likely to 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) services, and almost four times as likely to receive Day Treatment Services. They were less likely than the CYFBHS average to receive intensive Inpatient or Crisis Stabilization services.

CYFBHS and Child Welfare Services (CWS, n=1,906)

- ❖ Youth who received services from both CYFBHS and Child Welfare Services (CWS) were nearly three times as likely to be in the 0-5 age range. These youth were twice as likely to be African-American 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 IHBS and ICC services; however, IHBS and ICC service hours were 25% less than the system average. They were more than four times as likely to receive Day Services than the total CYFBHS 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 2018-19.

What Kind of Services Are Being Used?

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

CYFBHS and Probation (n=1,188)

- ❖ 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.
- ❖ CYFBHS-Probation youth were twice as likely to have an Oppositional/Conduct disorder as their primary diagnosis and were more than five times as likely to have a dual diagnosis.
- ❖ These youth were twice as likely to receive Medication Support and three times as likely to receive Intensive Home Based Services (IHBS) services than the total youth system average. They were less likely to receive TBS services. Additionally, CYFBHS-Probation youth were 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 (n=413)

- ❖ Youth who received services from both CYFBHS and **Substance Use Disorder Services** were most likely to be over the age of 12 and male.
- ❖ Compared to the CYFBHS system average, CYFBHS-SUD youth were more likely to have a primary diagnosis of Bipolar or Oppositional/Conduct disorder.
- ❖ CYFBHS-SUD youth were twice as likely to receive Medication Support services and nearly three times as likely to receive IHBS services than the total youth system average. They were almost twice as likely to receive Intensive Care Coordination (ICC) services and received nearly double the amount of ICC service hours. They were less likely to receive TBS services. CYFBHS-SUD youth were more than three times as likely to receive Day Services and nearly 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.*

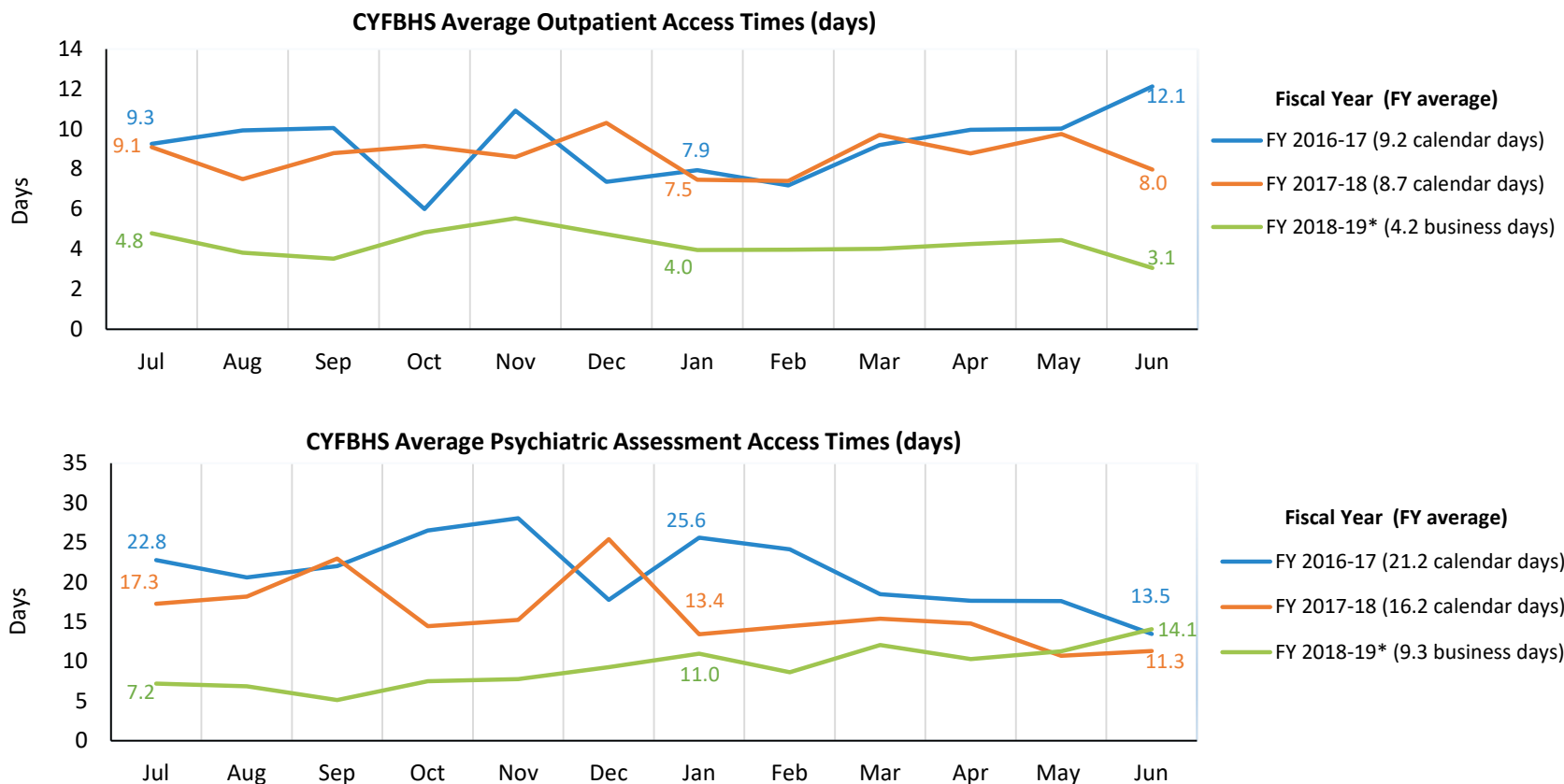
†Special Education service data were unavailable for FY 2018-19.

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 2018-19 children waited an average of **4.2 business days** to access an outpatient appointment. Average psychiatric assessment appointment access time was **9.3 business days** in FY 2018-19. These access times are not directly comparable to previous years due to a change in data methodology.



*Access Time measurement shifted from **calendar** to **business** days in FY 2018-19; data from previous years is not directly comparable.

Are Clients Getting Better?

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

Outcome Measures

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



Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) Results

The PSC measures a child's behavioral and emotional problems. In FY 2018-19, the PSC was typically administered at intake, at utilization management/review (UM/UR), and at discharge to parents/caregivers of youth ages 3 to 18, and to youth ages 11 to 18. The PSC was not administered in any inpatient setting.

PSC scores were evaluated for youth discharged from services in FY 2018-19 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Improvement on the PSC is evaluated three ways:

❖ *Amount of Improvement*

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

❖ *Reliable Improvement*

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

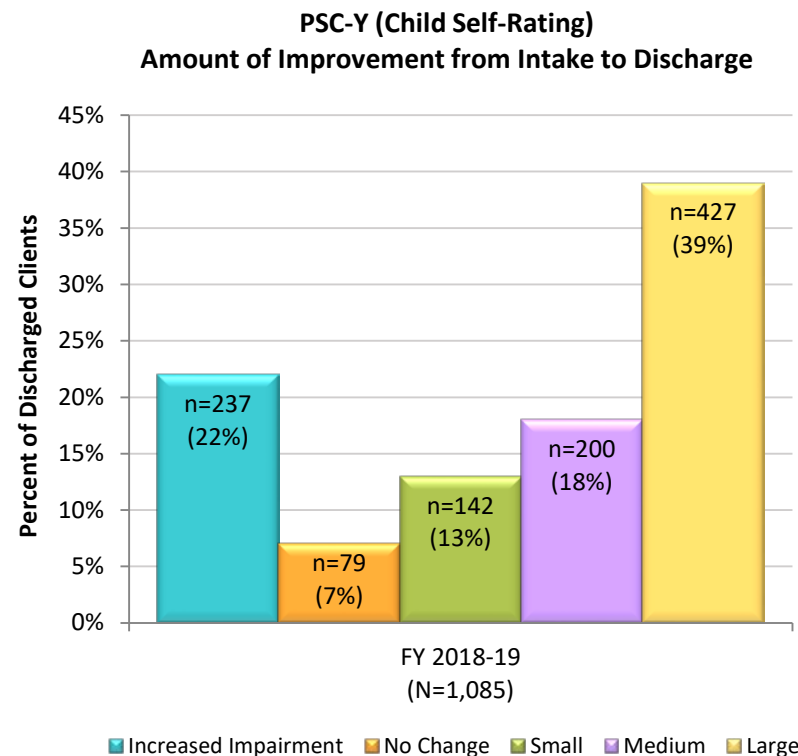
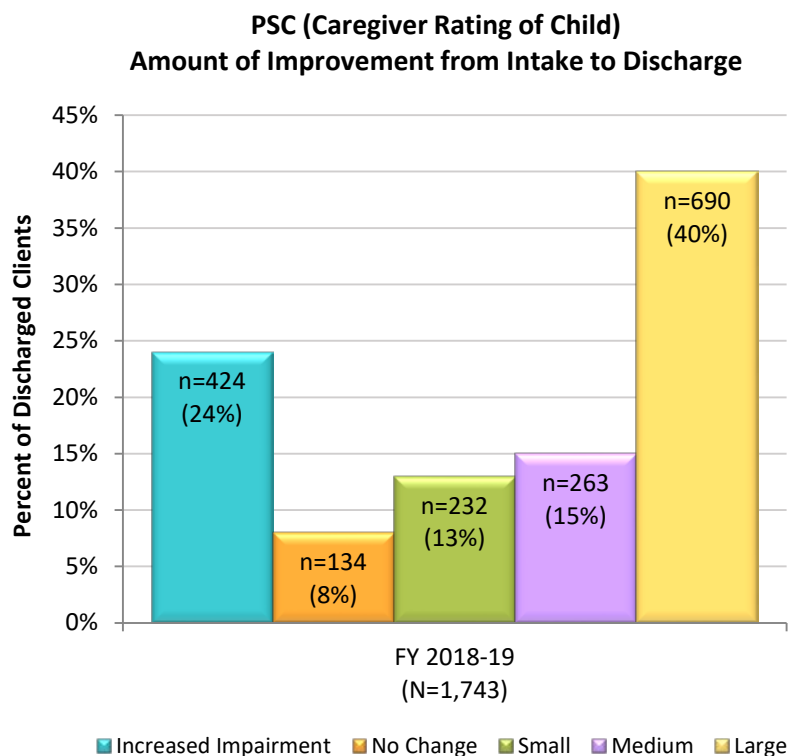
❖ *Clinically Significant Improvement*

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

Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Amount of Improvement

Amount of improvement on the PSC was evaluated for eligible youth discharged from services in FY 2018-19 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).



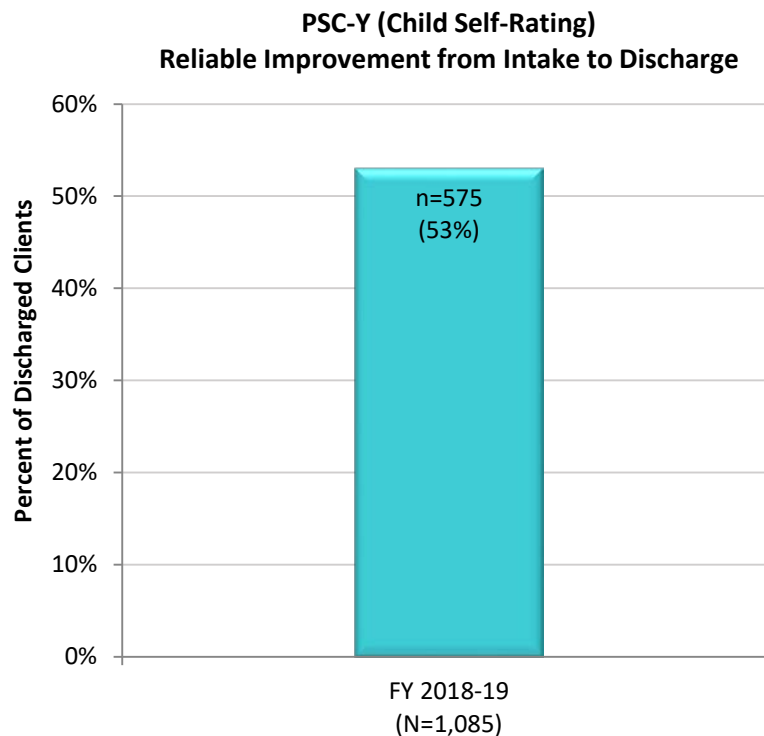
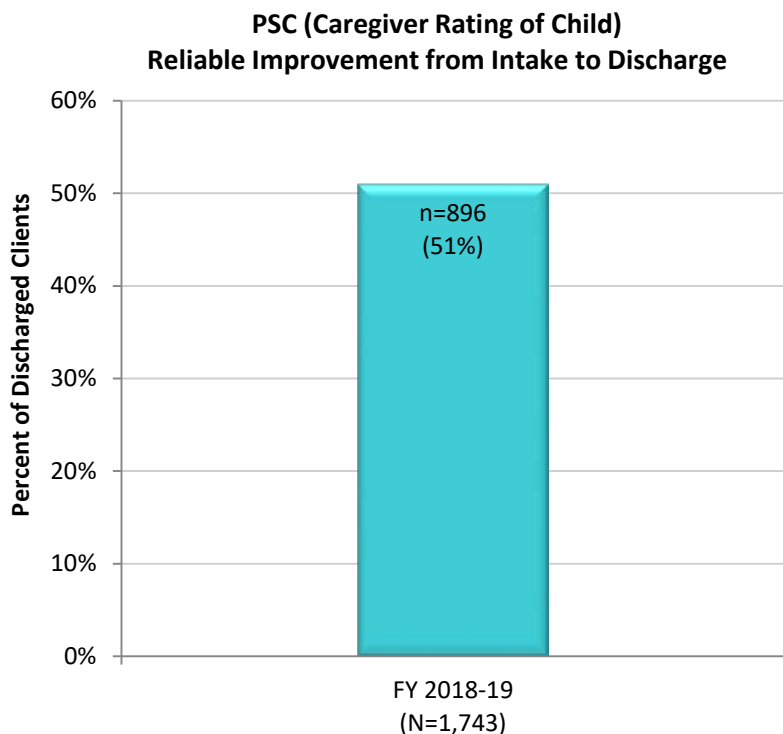
NOTE: previous fiscal year data are unavailable, as the PSC was implemented in FY 2018-19.

Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Reliable Improvement

Reliable improvement as measured by the PSC (6+ point improvement on the total scale score) was evaluated for eligible youth discharged from services in FY 2018-19 who were in services at least 60 days and who had both initial assessment and discharge scores completed.

❖ By way of context, 33% of clients at Mass General reliably improved after 3 months of treatment (Murphy et al., 2015).



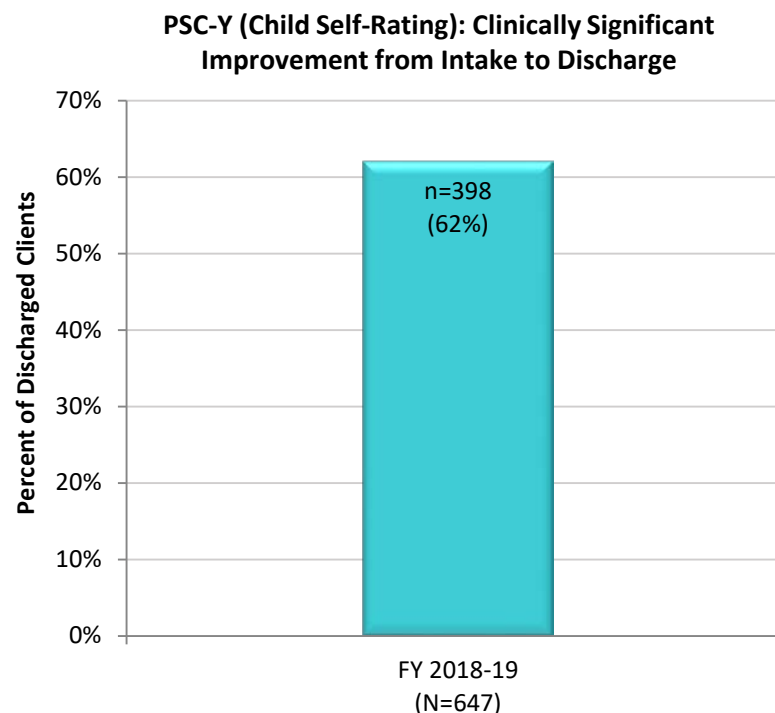
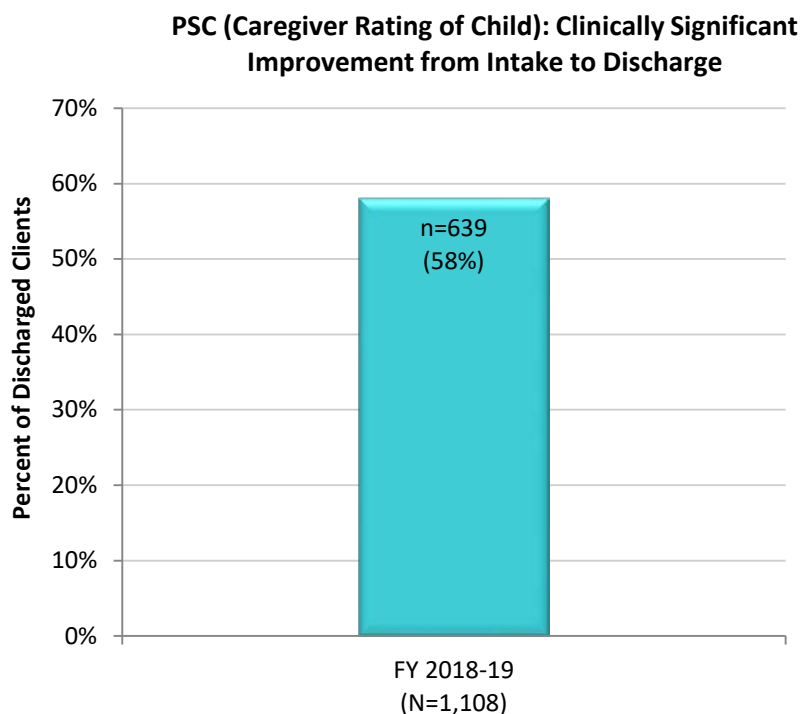
NOTE: previous fiscal year data are unavailable, as the PSC was implemented in FY 2018-19.

Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Clinically Significant Improvement

Clinically significant improvement as measured by the PSC (6+ point improvement on the total scale score *and* crossing the clinical cutoff threshold) was evaluated for eligible youth discharged from services in FY 2018-19 who were **above the clinical cutoff** at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

- ❖ By way of context, 23% of parents surveyed at Mass General reported clinically significant improvement at 3 months (Murphy et al., 2015).



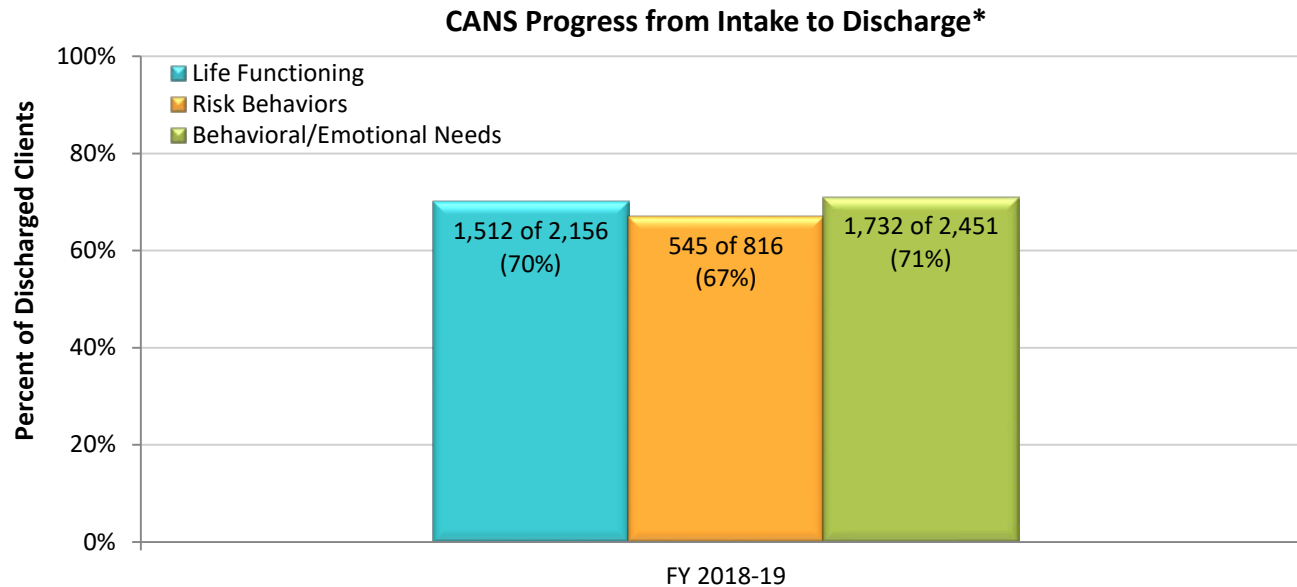
NOTE: previous fiscal year data are unavailable, as the PSC was implemented in FY 2018-19.

Are Clients Getting Better?

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

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. CANS progress at discharge was evaluated for eligible youth discharged from services in FY 2018-19 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

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



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

NOTE: previous fiscal year data are unavailable, as the CANS was implemented in FY 2018-19.

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*

- ❖ 168 (26%) of the 652 clients who received IP care had more than one IP episode (ranging from 2 to 9) in FY 2018-19.
 - Of the 168 clients with more than one IP episode, 80 (48%) were re-admitted to IP services within 30 days of the previous IP discharge—an **increase** from 43% (58 of 134) in FY 2017-18.

Emergency Screening Unit (ESU) Services

- ❖ 284 (21%) of the 1,327 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 12) in FY 2018-19.
 - Of the 284 clients with more than one ESU episode, 150 (53%) were re-admitted to services at the ESU within 30 days of the previous ESU discharge—an **increase** from 43% (85 of 199) in FY 2017-18.

Diversion†

- ❖ Of 1,944 ESU visits‡ in FY 2018-19, 1,420 (73%) were diverted from an IP admission within 24 hours.

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 2018-19, this marker was reported for 7,574 (70%) of 10,890 clients discharged in FY 2018-19.
- ❖ Of these 7,574 clients, 3,717 (49%) met goals, 2,423 (32%) partially met goals, and 1,434 (19%) did not meet goals within the service period.

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

†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/02/2019)

‡ESU visits include duplicated clients

§Excludes Fee-for-Service providers for whom data were not available.

Are Clients Satisfied With Services?

The Youth Services Survey (YSS)—Satisfaction By Domain

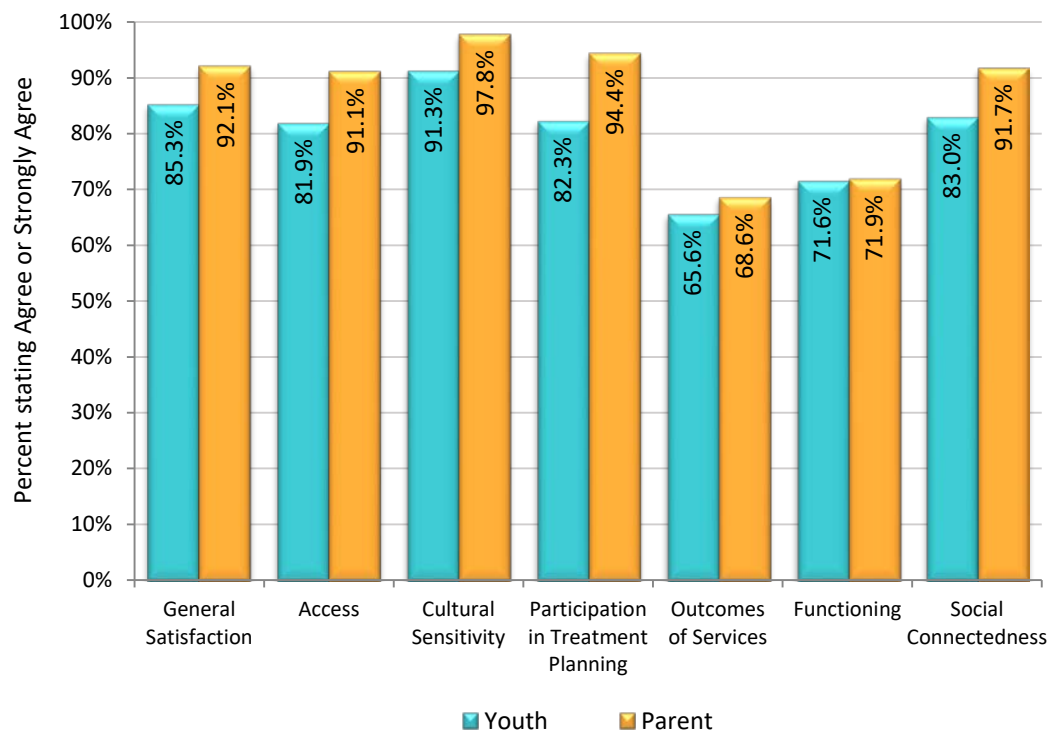
The Youth Services Survey (YSS) is a biennial state-mandated survey administered to all mental health clients ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. Youth and their caregivers report their degree of satisfaction with mental health services received. In FY 2018-19 the YSS was administered to clients during two 1-week periods: the first in November 2018 and the second in May 2019; data from the May 2019 administration (3,110 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.
- ❖ Parents and youth were least satisfied with the *Outcomes of Services* 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.

Spring 2019 YSS Results



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

CYFBHS Substance Use Disorder

Substance Use Disorder (SUD)

BHS contracts with local agencies to provide Substance Use Disorder (SUD) programs through an integrated system of community-based alcohol and other drug prevention, treatment, and recovery services throughout San Diego County. CYFBHS SUD programs serve adolescents and pregnant/parenting women 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.

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

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

ASAM Criteria

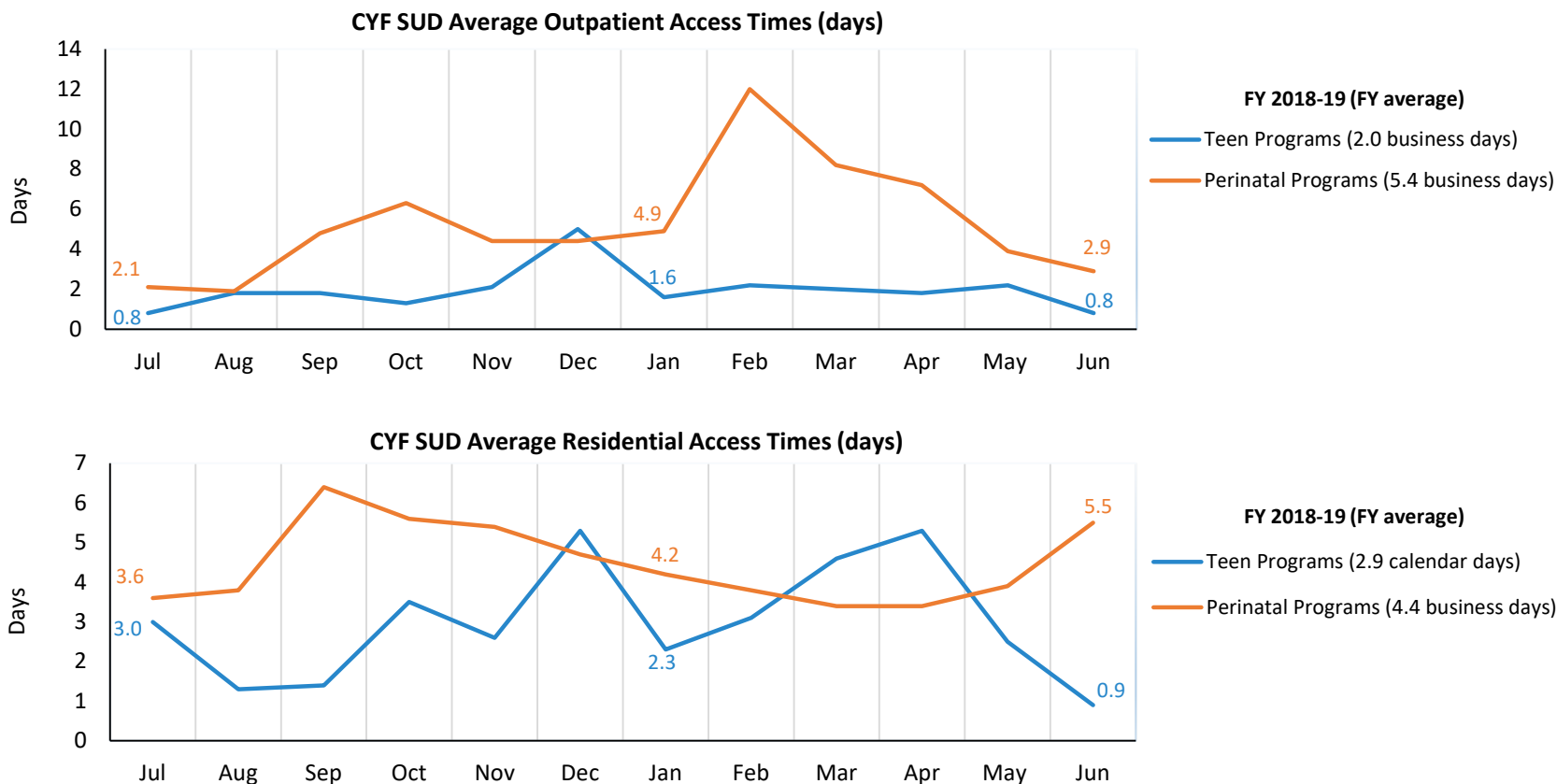
The ASAM Criteria is a proven model in the SUD field, and is the most widely used and comprehensive set of guidelines for assessing patient needs and optimizing placement into SUD treatment. The ASAM Criteria provides a consensus-based model of placement criteria and matches a patient's severity of SUD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

How Quickly Can SUD Clients Access Services?

Access Time

Access time for SUD services is calculated from Initial Request to First Offered Intake/Screening Appointment.

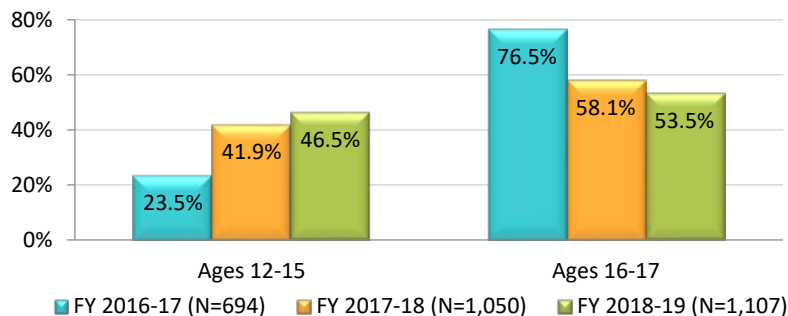
In FY 2018-19, youth in SUD Teen programs waited an average of **2.0 business days** for outpatient services and **2.9 business days** for residential services. Clients in SUD Perinatal programs waited an average of **5.4 business days** for outpatient services and **4.4 business days** for residential services.



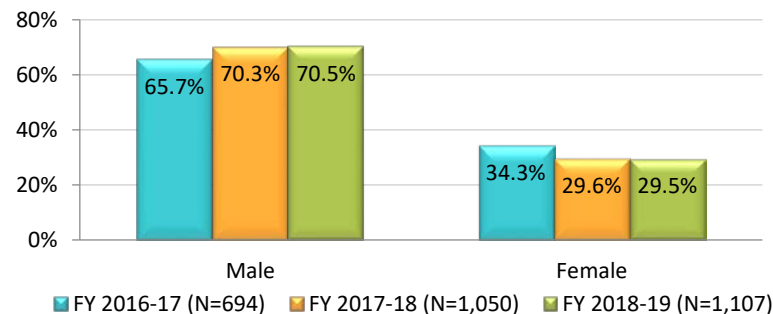
Substance Use Disorder (SUD) – Youth

Substance Use Disorder (SUD) programs provided services to 1,107 youth under the age of 18 in FY 2018-19. The demographic profile of SUD youth clients has changed over the past three years: the proportion of younger, male clients has increased. These changes may be related to the DMC-ODS shift, and/or the January 2018 legalization of recreational marijuana in California.

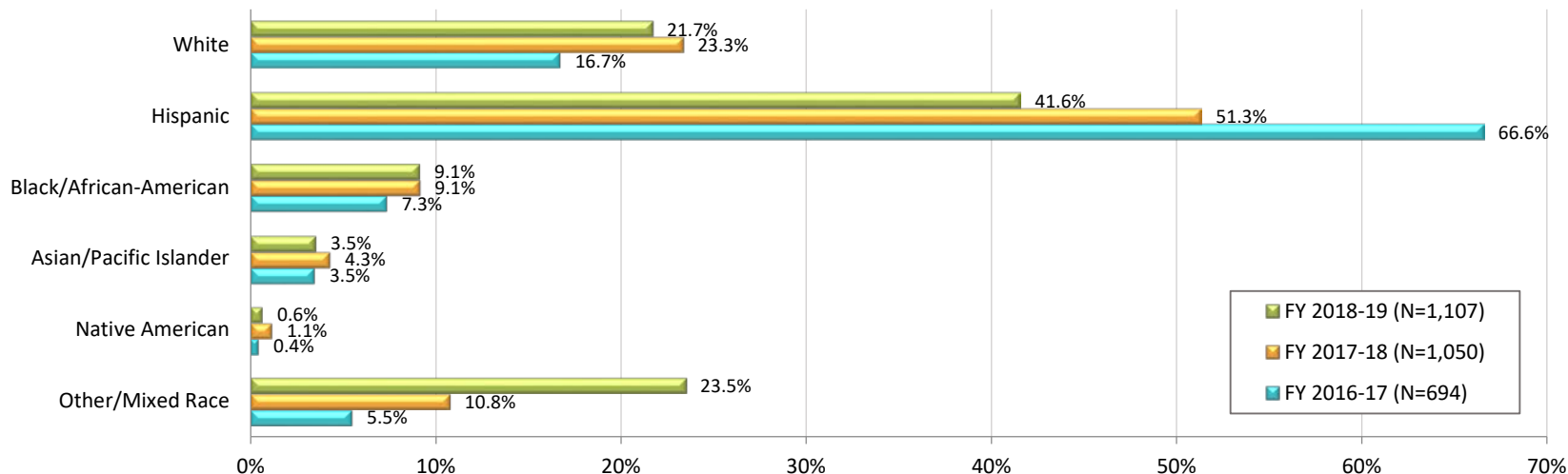
SUD Youth Client Age (N=1,107)*



SUD Youth Client Gender (N=1,107)*



SUD Youth Client Race and Ethnicity (N=1,107)*

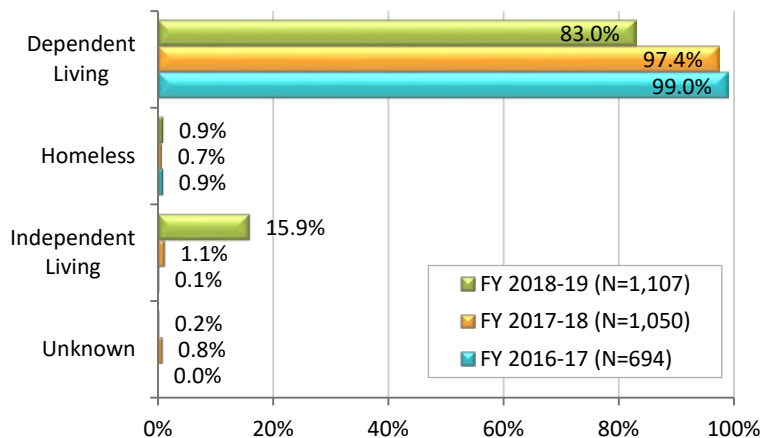


*Data Source: SanWITS

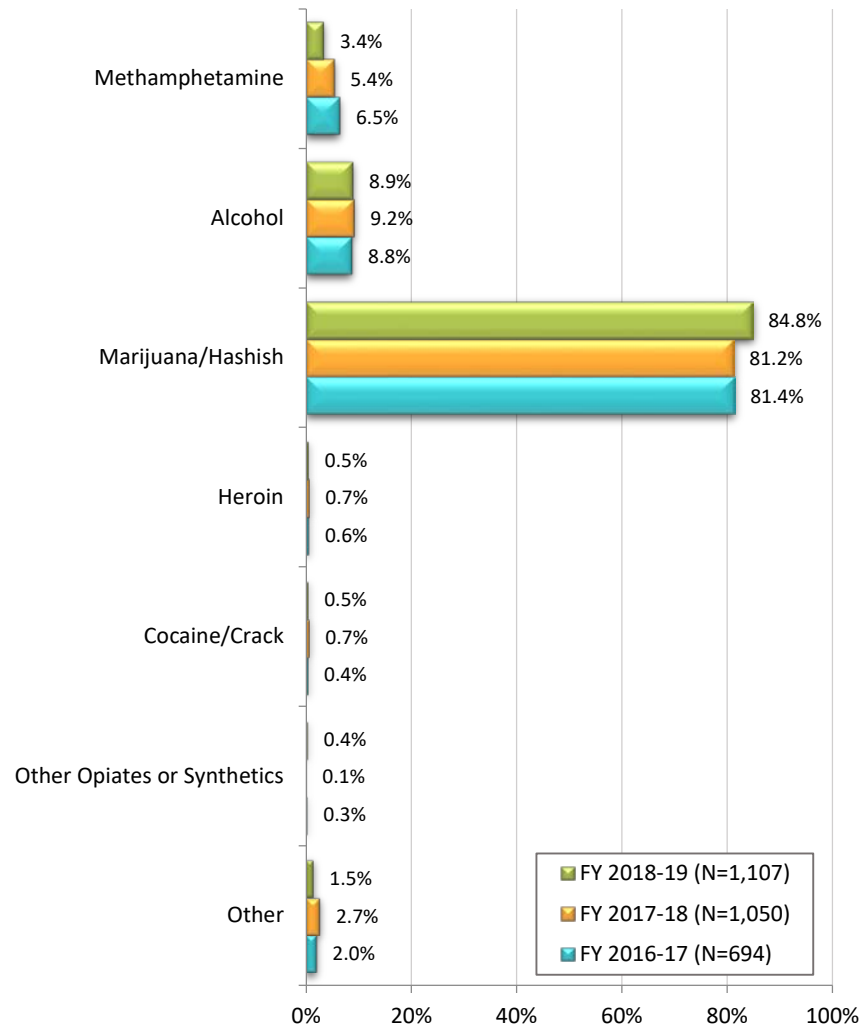
Substance Use Disorder (SUD) – Youth

SUD Youth Client Living Situation (N=1,107)*

The majority of clients identified as living independently in FY 2018-19 were served by one SUD agency and are largely the result of a data entry error at that agency. Most of these clients were in fact living as dependents with family.



SUD Youth Client Primary Drug of Choice (N=1,107)*

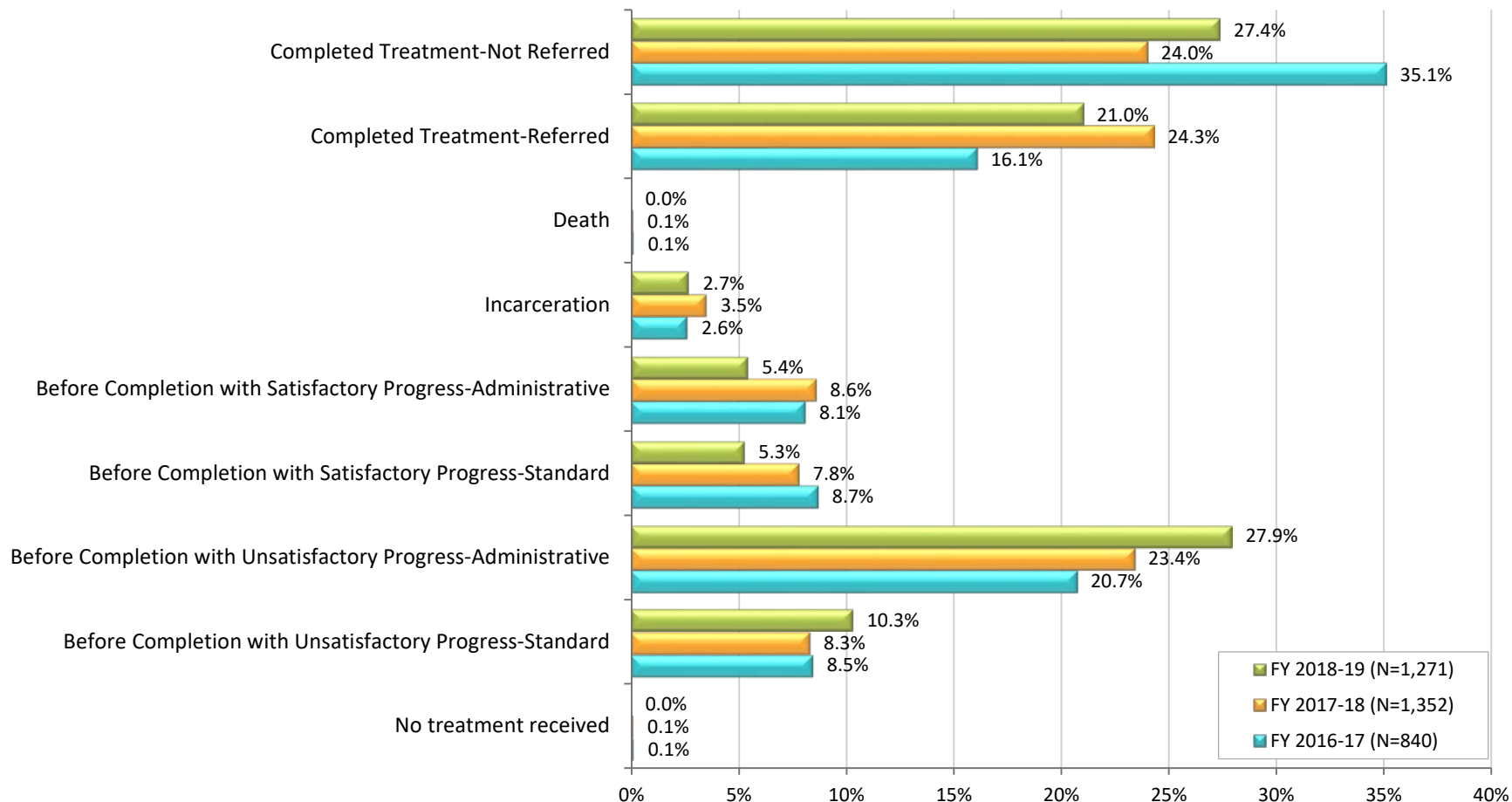


*Data Source: SanWITS

Substance Use Disorder (SUD) – Youth

SUD Youth Client Type of Discharge (N=1,271)*†

Nearly half of SUD youth discharges followed completion of treatment in FY 2018-19.



*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 (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 use 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 sites 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 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL_Section_6/Behavioral_Health_Outcomes_Triennial_Report_FY_17-18.pdf*

What Kind of Services Are Being Used?

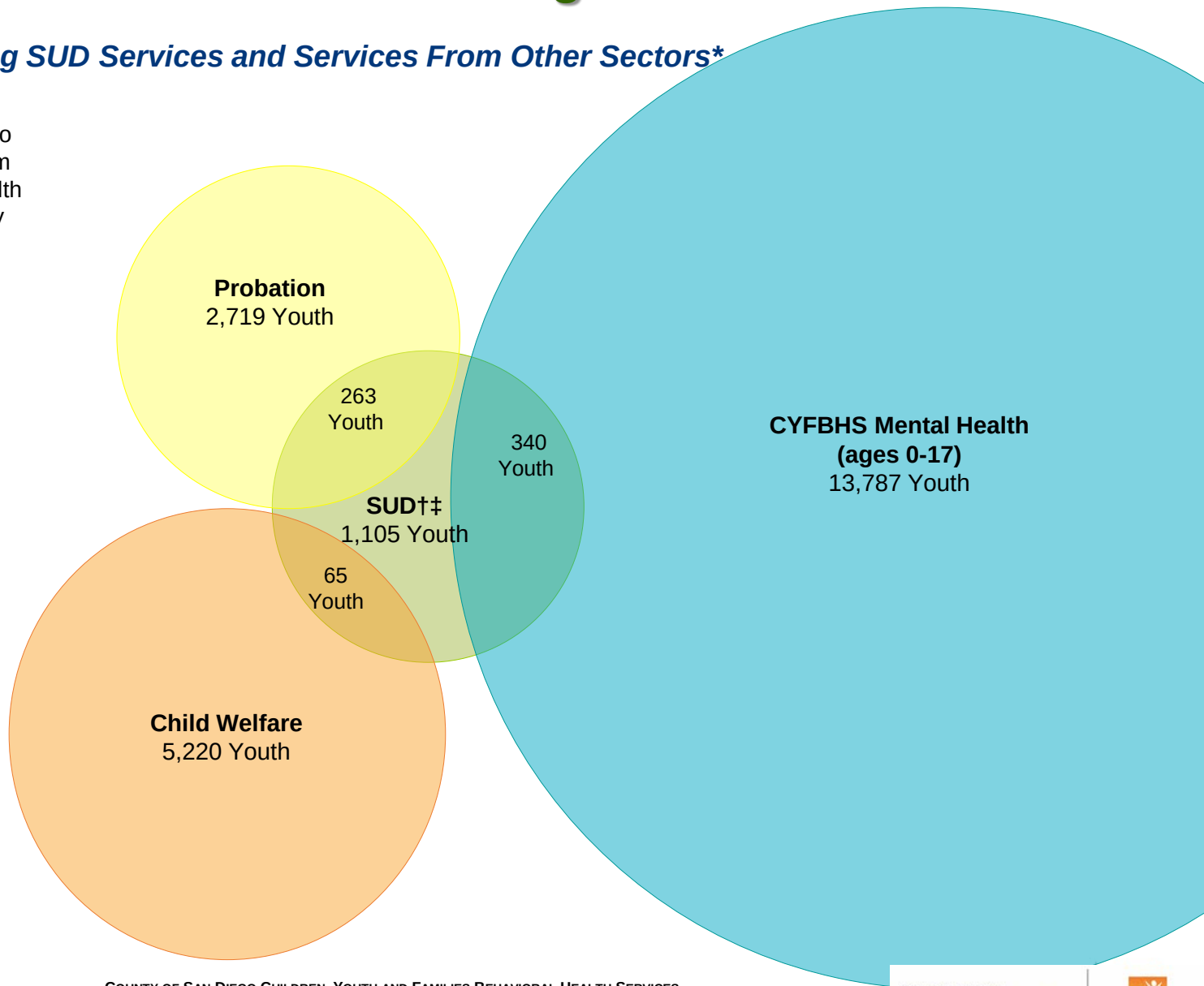
Youth Receiving SUD Services and Services From Other Sectors*

❖ Nearly one-third of SUD youth clients also received services from CYFBHS Mental Health in FY 2018-19. Nearly 25% of SUD youth clients also received services from the Probation sector.

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

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

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

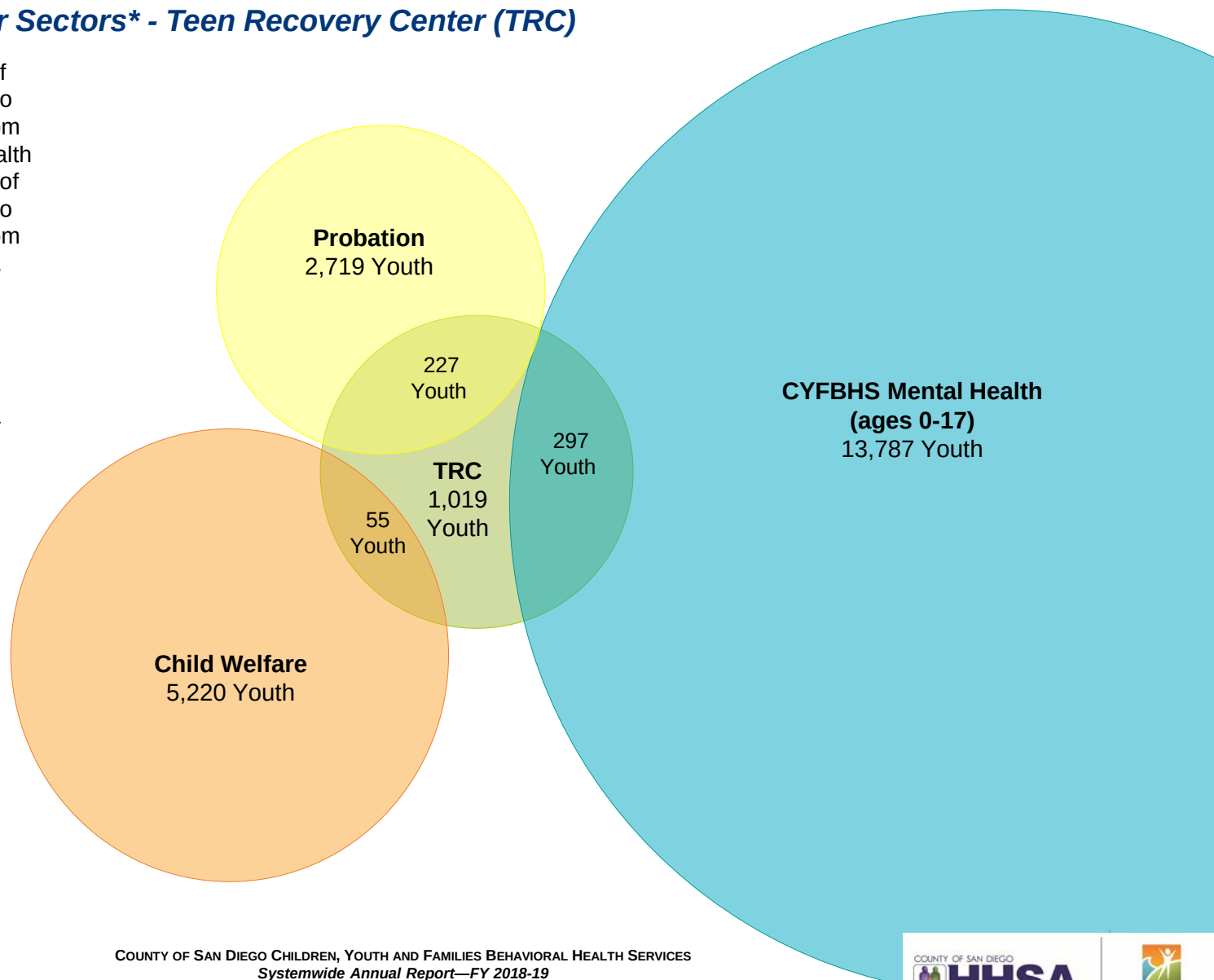


What Kind of Services Are Being Used?

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

❖ Nearly one-third of SUD TRC clients also received services from CYFBHS Mental Health in FY 2018-19. 22% of SUD TRC clients also received services from the Probation sector.

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

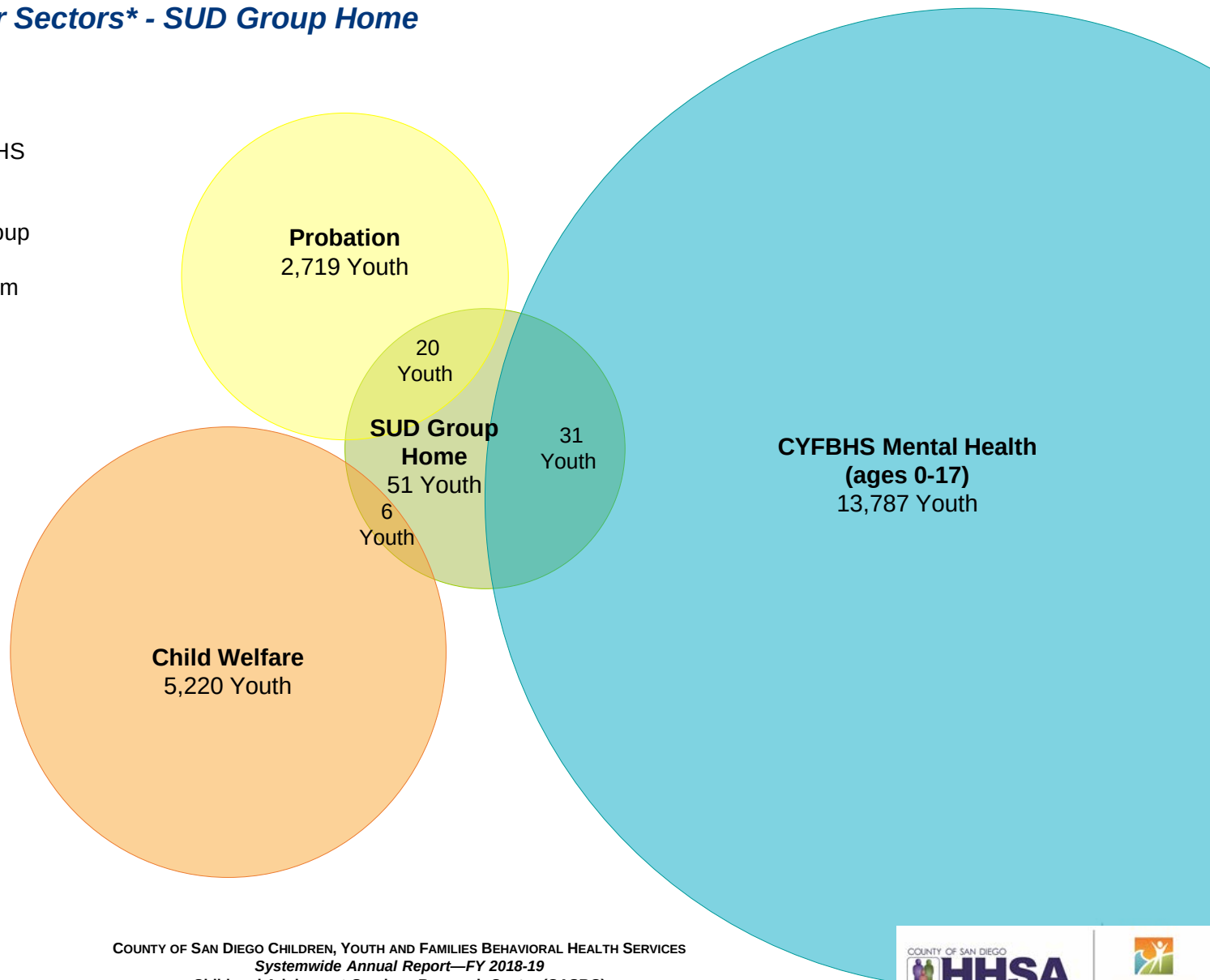


What Kind of Services Are Being Used?

SUD and Other Sectors - SUD Group Home*

❖ More than half of SUD Group Home clients also received services from CYFBHS Mental Health in FY 2018-19. More than one-third of SUD Group Home clients also received services from the Probation sector.

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



Are Clients Satisfied With Services?

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

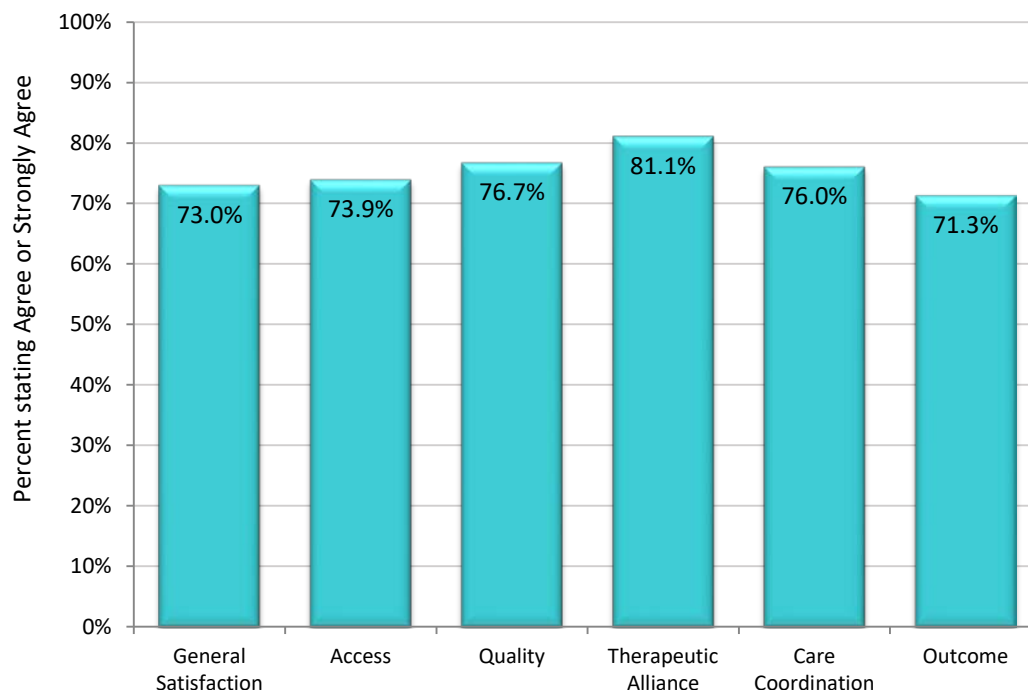
The Youth Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client 18 years old or younger served by a Substance Use Disorder (SUD) program. Youth clients report their degree of satisfaction with SUD services received. In FY 2018-19 the TPS was administered in October 2018. Data from 153 completed surveys were analyzed.

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

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

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

Fall 2018 TPS Results (N=153)

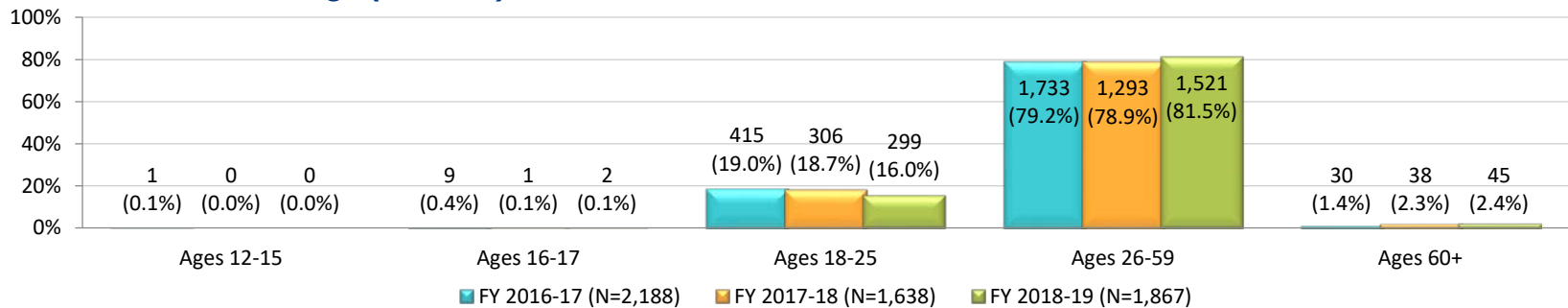


Substance Use Disorder (SUD)

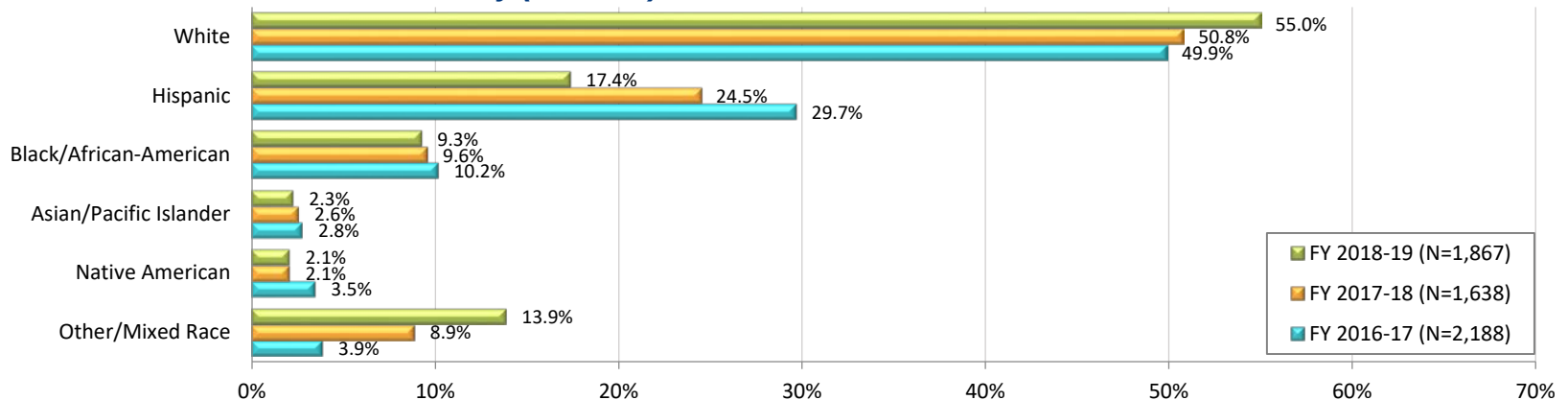
Perinatal Services

The County of San Diego has a Perinatal System of Care that provides a wide array of gender responsive 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: 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=1,867)*



Perinatal SUD Client Race/Ethnicity (N=1,867)*

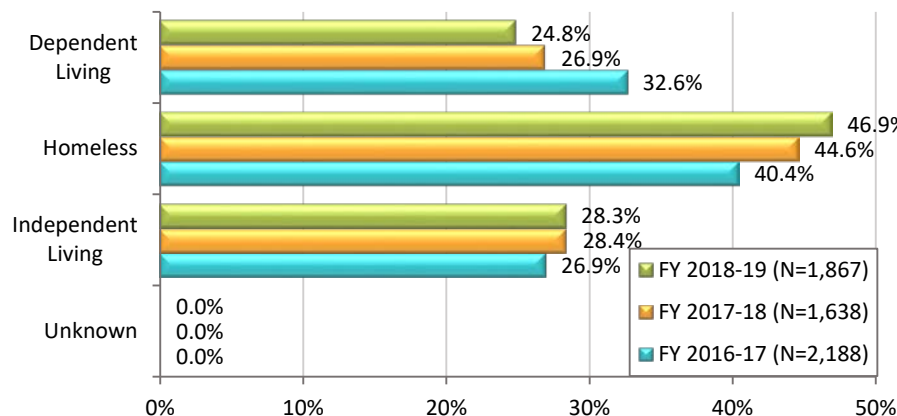


*Data Source: SanWITS

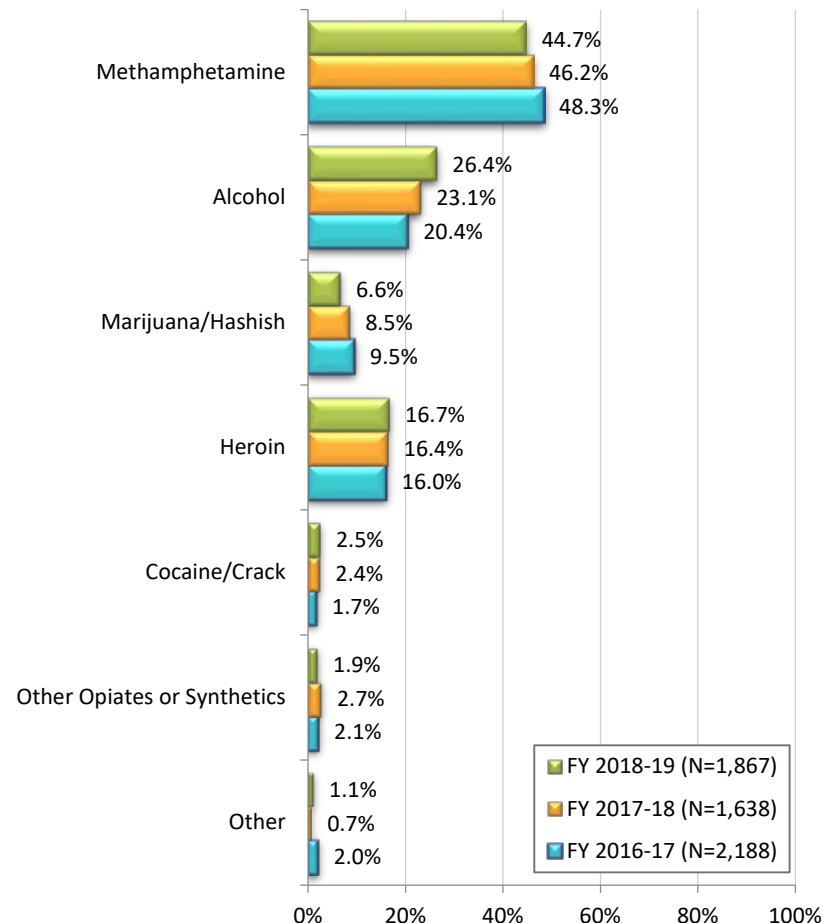
Substance Use Disorder (SUD) Perinatal Services

Perinatal SUD Client Living Situation (N=1,867)*

47% of Perinatal SUD clients were homeless during FY 2018-19.



Perinatal SUD Client Primary Drug of Choice (N=1,867)*



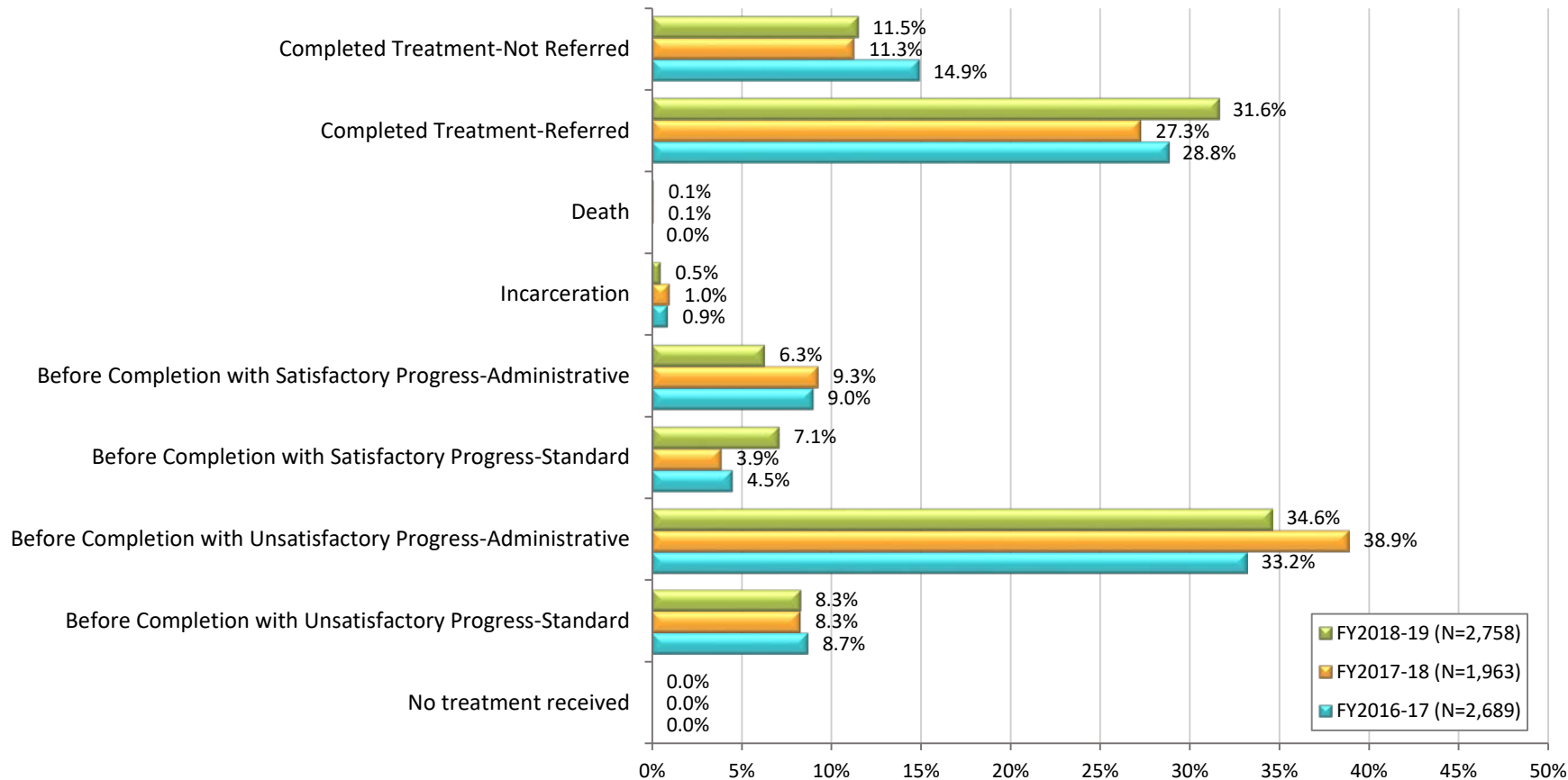
*Data Source: SanWITS

Substance Use Disorder (SUD)

Perinatal Services

Perinatal SUD Client Type of Discharge (N=2,758)*†

The most common Perinatal SUD discharge type in FY 2018-19 was discharge before treatment completion with unsatisfactory progress (administrative).



*Data Source: SanWITS

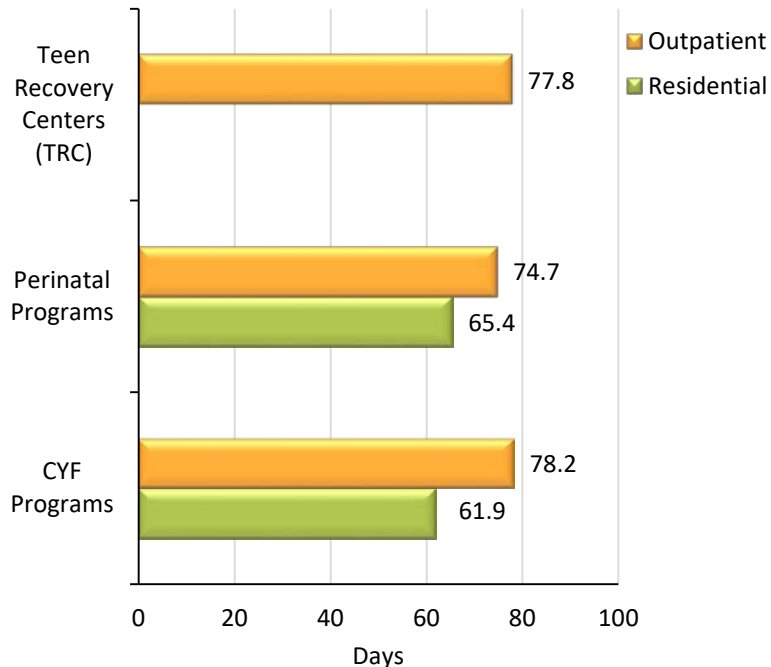
†Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.

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

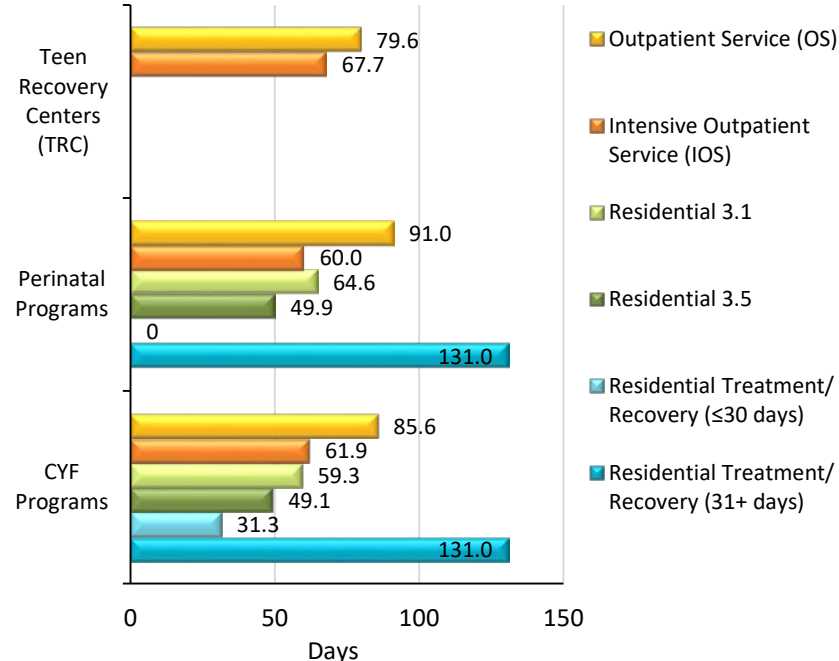
There are two levels of care for the Substance Use Disorder sector: Outpatient and Residential. There are different modalities within these levels of care and those are based on the American Society of Addiction Medicine (ASAM). The Outpatient level of care has two modalities: *Outpatient Services* (OS – ASAM Level 1) and *Intensive Outpatient Services* (IOS – ASAM Level 2.1). The Residential level of care has four modalities in FY 2018-19: *Residential 3.1* (ASAM Level 3.1) and *Residential 3.5* (ASAM Level 3.5), *Residential Treatment/Recovery 30 days or less* (Pre-ODS), and *Residential Treatment/Recovery 31 days or more* (Pre-ODS).

Average Length of Treatment*

Average Length of Treatment by LOC



Average Length of Treatment by Modality

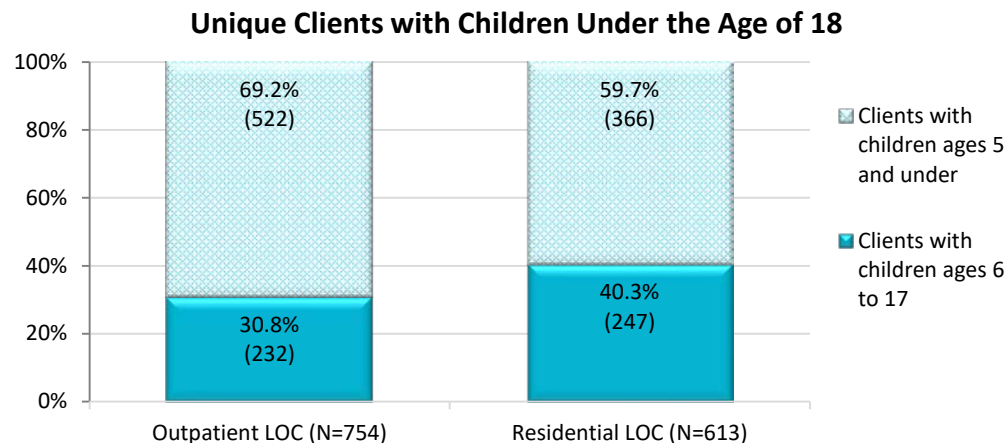


*Clients may be served in multiple levels of care or modalities.

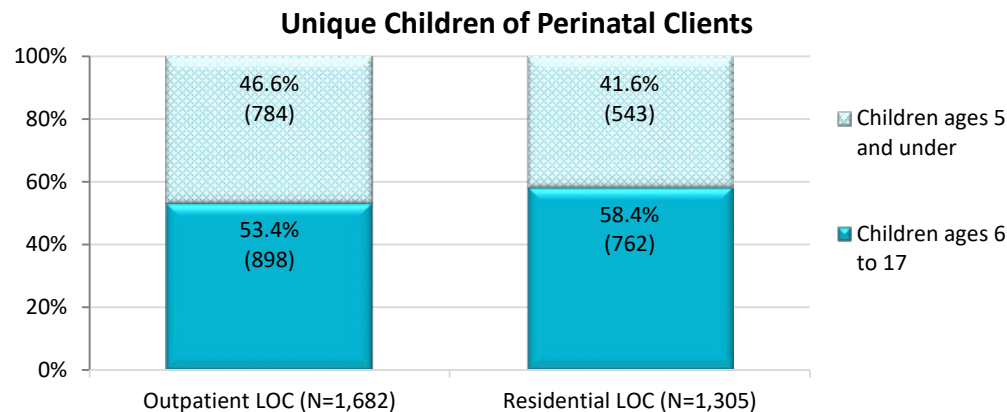
Substance Use Disorder (SUD) Level of Care (LOC) and Modalities

Perinatal Designated Program*

LOC	Modality	Number of Clients w/ Children	
		0 to 18	5 and under†
Outpatient	OS	447	315
	IOS	456	315
Residential	RES 3.1	384	212
	RES 3.5	335	211
	Tx/Recovery ≤30 Days‡	0	0
	Tx/Recovery ≥31 Days‡	82	55



LOC	Modality	Number of Children	
		0 to 18	5 and under†
Outpatient	OS	1,012	478
	IOS	991	467
Residential	RES 3.1	848	321
	RES 3.5	698	313
	Tx/Recovery ≤30 Days‡	0	0
	Tx/Recovery ≥31 Days‡	166	79



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

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

‡Pre-ODS residential modalities.

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

*CYF SUD unique clients within LOC/Modality**

Unique clients by LOC	CYF Programs	Perinatal	Teen Recovery Center (TRC)
Outpatient	2,330	1,009	1,102
Residential	1,089	993	N/A

Unique clients by Modality	CYF Programs	Perinatal	Teen Recovery Center (TRC)
Outpatient Services (OS)	1,826	590	1,012
Intensive Outpatient Services (IOS)	782	614	167
Residential 3.1 (RES 3.1)	736	645	N/A
Residential 3.5 (RES 3.5)	546	530	N/A
Residential Treatment/ Recovery (≤30 days)†	6	0	N/A
Residential Treatment/ Recovery (≥31 days)†	123	123	N/A

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

†Pre-ODS residential modalities.

CYFBHS MHSA

Mental Health Service Act (MHSA) Components

Community Services and Supports

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

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



MHSA Components, continued

Workforce Education and Training (WET)

WET programs provide support, education and training to the public mental health workforce to assist with the shortage of qualified individuals who provide services to persons with mental illnesses in the County of San Diego. The WET component provides training and financial incentives to increase the public behavioral health workforce, and it improves the competency and diversity of the workforce to better meet the needs of the population receiving services. In FY 2018-19, the estimated WET expenditures of \$3,349,971, reflected a budget increase of \$58,261 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase is due to an enhancement of one of the WET programs. In FY 2018-19, approximately \$2.3 million in CSS funds were transferred to the WET component to continue funding programs. WET funds were received as a one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

Capital Facilities and Technological Needs (CFTN)

CFTN funding is used for capital projects and technological capacity to improve mental illness service delivery to clients and their families. Capital Facility funds may be used to acquire, develop, or renovate buildings, or to purchase land in anticipation of constructing a building. Expenditures must result in a capital asset which permanently increases the San Diego County infrastructure. Technological Needs funds may be used to increase client and family engagement by providing the tools for secure client and family access to health information. The programs modernize information systems to ensure quality of care, operational efficiency, and cost effectiveness. CFTN funds were received as a one-time allocation that must be spent by June 30, 2018; however, due to the State's new reversion guidelines, the deadline will be extended so counties have an opportunity to complete CFTN projects using unspent funds. The estimated CFTN expenditures for FY 2018-19 is \$6,167,611, reflecting a budget increase of \$6,167,611 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase is due to delays in facility and TN projects that were planned to be completed in FY 2017-18, but are now slated for completion in FY 2018-19 or FY 2019-20. In FY 2017-18, up to \$500,000 of CSS funds were transferred to the Capital Facilities component to complete construction of the North County Mental Health Facility.

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 2018-19, San Diego County funded 14 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.

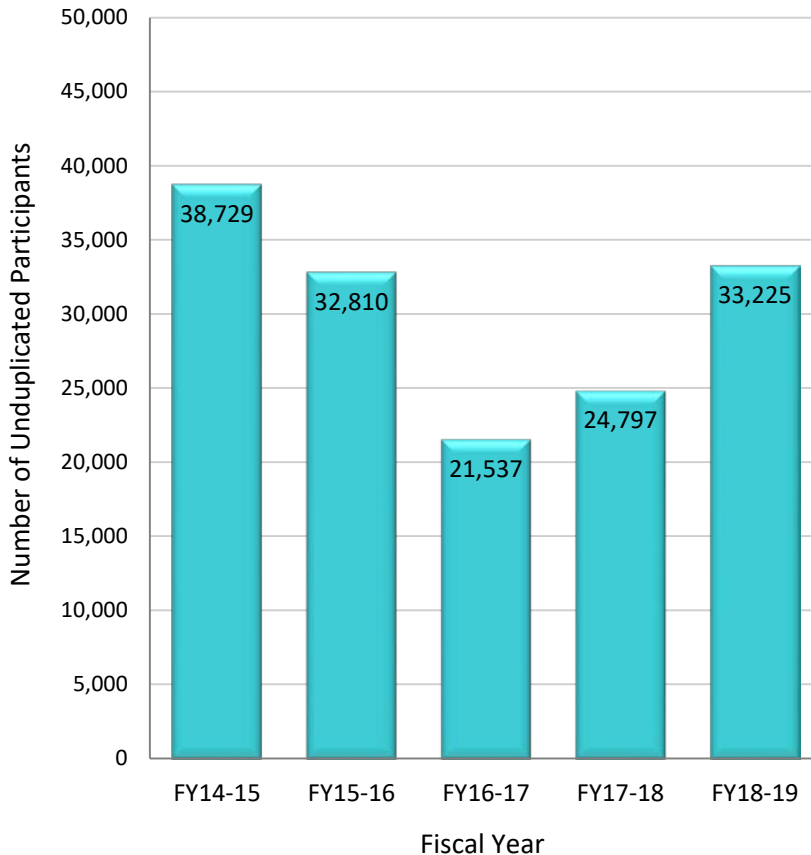
(http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports)

CYF PEI Program Names – FY 2018-19
Alliance for Community Empowerment
Community Services for Families
Positive Parenting Program (Triple P)
KickStart
Dream Weaver Consortium: Indian Health Council 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 Components, continued

Total client count for youth and family PEI participants has increased by one-third from FY17-18; however, PEI participant count can vary widely from year to year. This is due in part to structural and contracting changes within the PEI providers; as the programs evolve, some components are modified, affecting the number of participants served.

CYF PEI Number of Participants Served



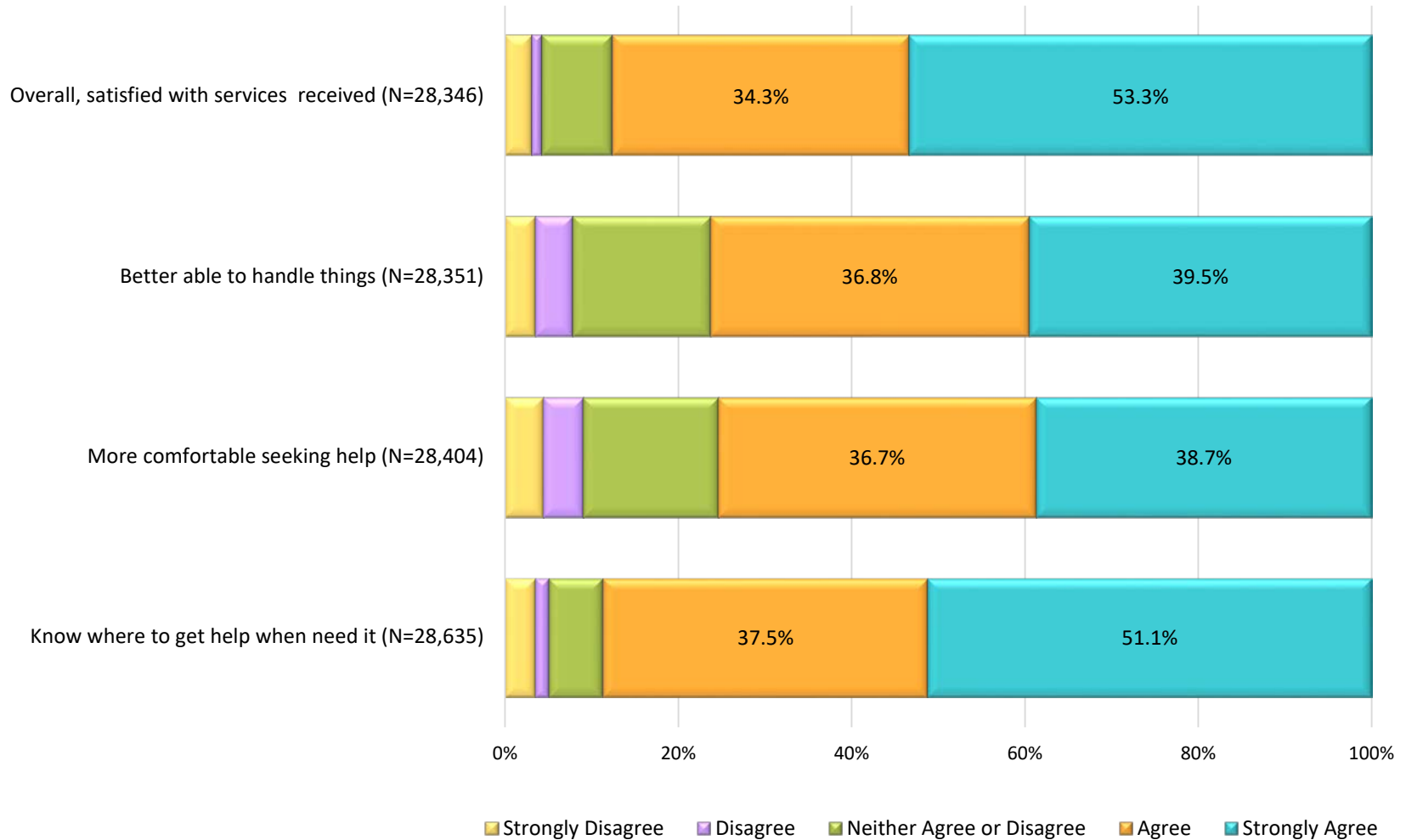
CYF PEI Participant Demographics (N=33,225)

Age (years)	N	%	▲
0-15	17,462	53%	2%
16-25	4,810	15%	-2%
26-59	7,376	22%	-3%
60 and older	535	2%	n/a
Prefer not to answer	143	<1%	n/a
Unknown/Missing	2,899	9%	3%
Gender			
Female	18,647	56%	n/a
Male	12,817	39%	-1%
Prefer not to answer	308	1%	n/a
Other/Unknown/Missing	1,453	4%	1%
Race			
White	9,345	28%	-8%
Black/African-American	1,560	5%	n/a
Asian/Pacific Islander	2,859	9%	3%
Hispanic	13,477	41%	7%
Native American	1,087	3%	n/a
Multiracial	2,920	9%	n/a
Other	1,561	5%	4%
Prefer not to answer	340	1%	-1%
Unknown/Missing	76	<1%	-5%

▲ = Percentage point change from previous fiscal year.

MHSA Components, continued

CYF PEI Participant Satisfaction Survey Results



Glossary of Terms

- **Assessment** includes intake diagnostic assessments and psychological testing.
- **Case management services** can be provided in conjunction with other services or they can be a stand-alone service that “connects” children, youth and families to the services they need, monitors their care, and oversees the components of care provided to the child and family.
- **Co-occurring Substance Use** is operationally defined as a dual diagnosis (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 (HHS) or have contracts with HHS to provide mental health treatment services to specified target populations. These clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g., school, home). Services are being delivered in almost 400 schools in 34 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, family, and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18+) who received mental health services through CYFBHS providers.

Contact Us

Questions or comments about this report can be directed to:

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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.

Appendices

Appendix A:

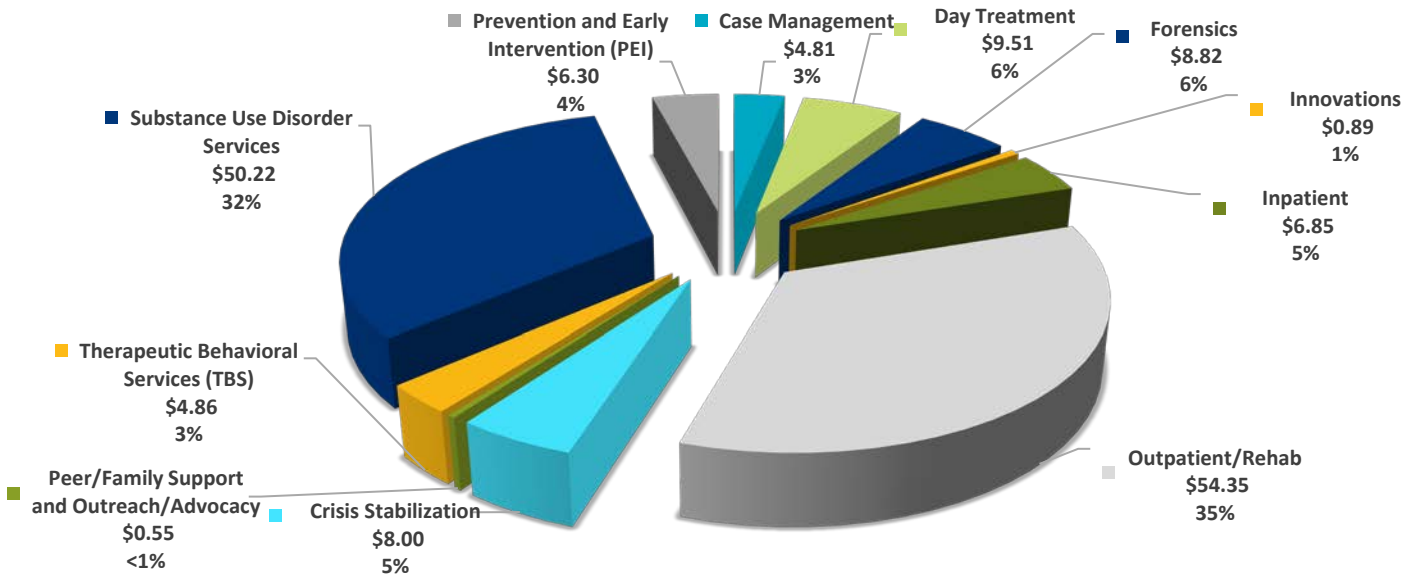
FY 2018-19 CYFBHS Factsheet



County of San Diego Health and Human Services Agency
Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2018-19
Children, Youth, and Families Behavioral Health Services (CYFBHS)

CYFBHS Budget for FY 2018-19 = \$155.16 million*

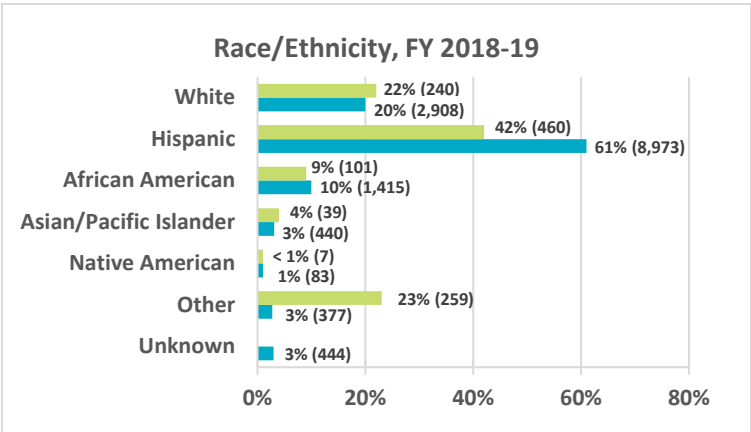
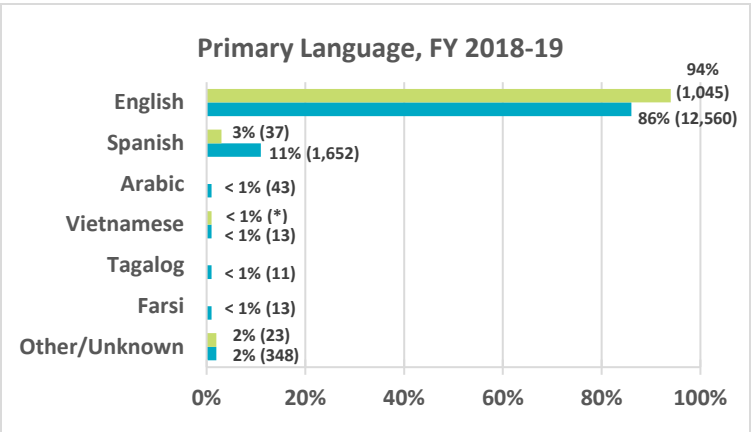
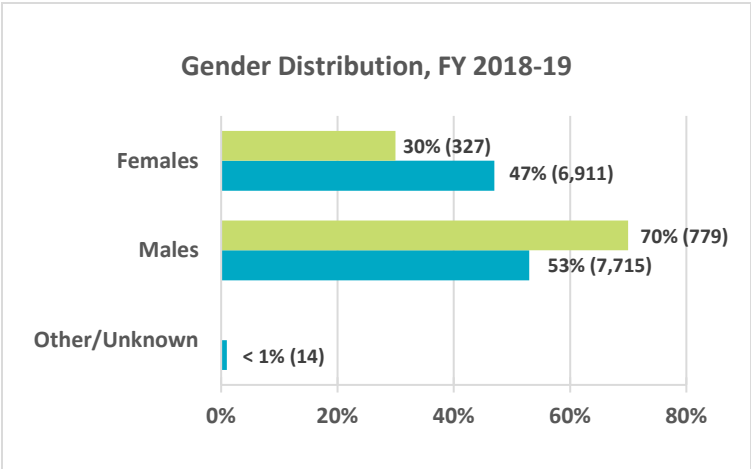
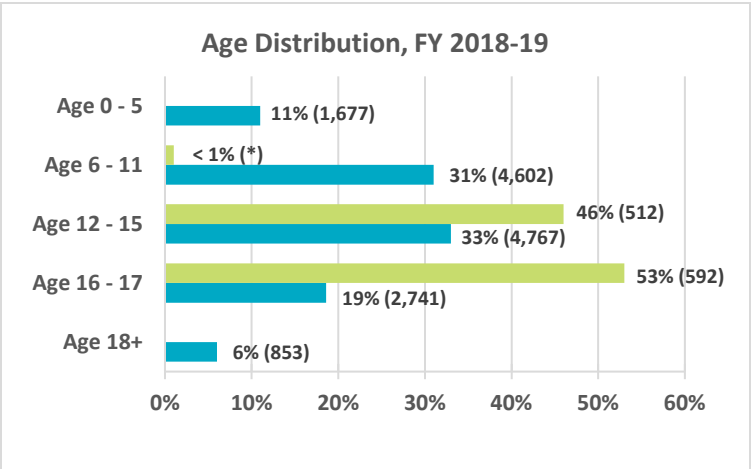
Direct Services Expenditures (\$ in Millions)



*FY 2018-19 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.
Data Source: COSD BHS Fiscal Management

- Substance Use Disorder System of Care
- Mental Health System of Care

Children, Youth, and Families Demographics
Unduplicated Substance Use Disorder Clients Served in FY 2018-19: 1,106
Unduplicated Mental Health Clients Served in FY 2018-19: 14,640



*Counts of clients less than five have been masked

Note: Percentages may not sum to 100 due to rounding.
Data Source: CYFBHS Databook, FY 2018-19, SUD Databook Data, FY 2018-19

Source: HSRC (KR, ST)
Report date: 3/3/2020

Appendices

Appendix B:

Hospital Dashboard 3 Year Trend

Hospital Dashboard 3 Year Trend

FY 2016-17

FY 2017-18

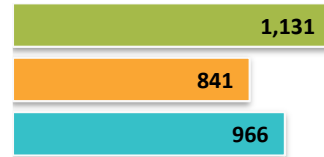
FY 2018-19

Children

Days



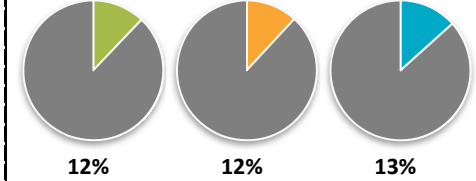
Discharges



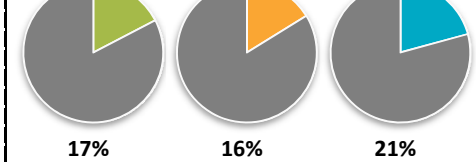
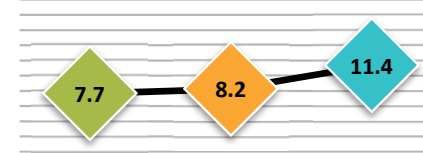
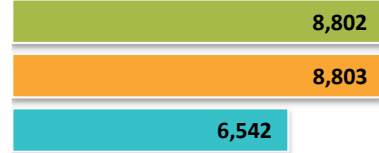
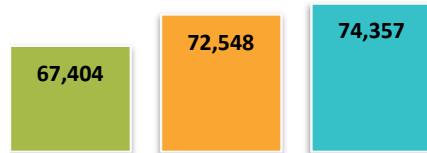
Average Length of Stay



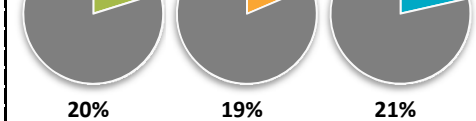
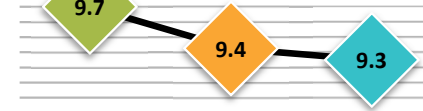
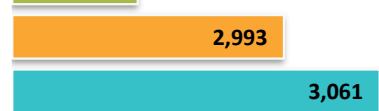
Readmission Rate



Adults



START



PERT

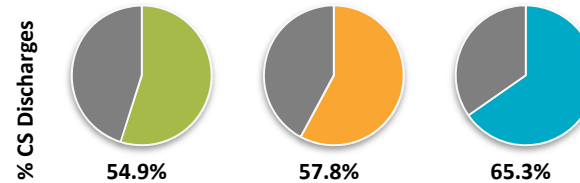
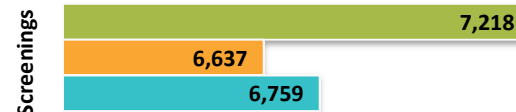
Children

	FY 2016-17	FY 2017-18	FY 2018-19
Contacts	1,157	1,585	1,759
FFS & CAPS Admits	148	108	155
ESU Visits	173	255	467

Adults

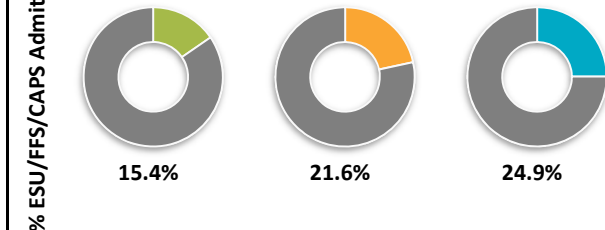
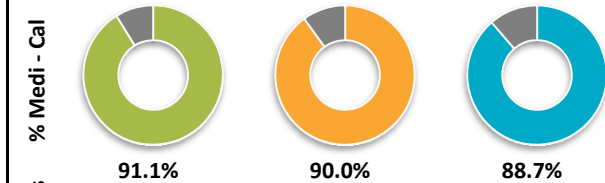
	FY 2016-17	FY 2017-18	FY 2018-19
Contacts	7,378	8,569	9,736
FFS Admits	760	799	753
EPU Screenings	491	583	859
PERT-EPU-SDCPH	137	199	284

EPU



	FY 2016-17	FY 2017-18	FY 2018-19
Medi-Cal Only	55.5%	51.6%	53.7%
Medicare Only	2.5%	2.7%	3.1%
Medi-Medi	10.1%	10.3%	9.3%
Other	31.8%	35.4%	33.9%

ESU



Appendices

Appendix C:

Pathways to Well Being Dashboard

744 Katie A
Enhanced/Subclass
Clients

940 Katie A
Class Clients

1,746 ICC Services
Enhanced/Subclass - 622
Non-CWS - 1,124

667 IHBS Services
Enhanced/Subclass - 209
Non-CWS - 458

7,583 CFT Meetings
Enhanced/Subclass - 1718
Non-CWS - 5865

Performance Improvement Team
Analyzing the Past to Shape the Future

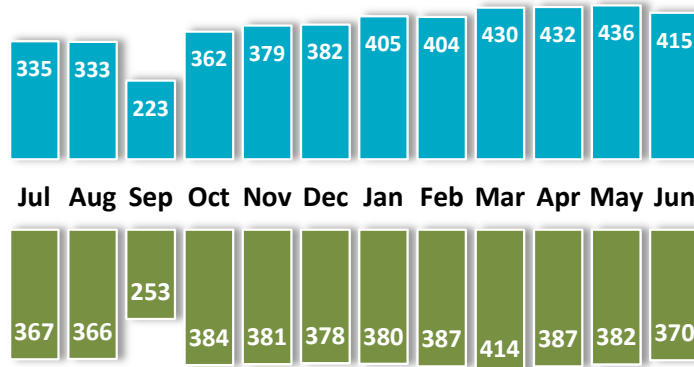
Q1 Q2 Q3 Q4

PATHWAYS TO WELL-BEING



County of San Diego Behavioral Health Services FY 2018-19

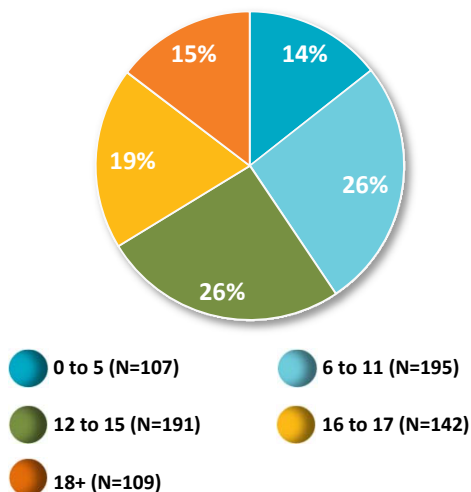
Open Clients per Month



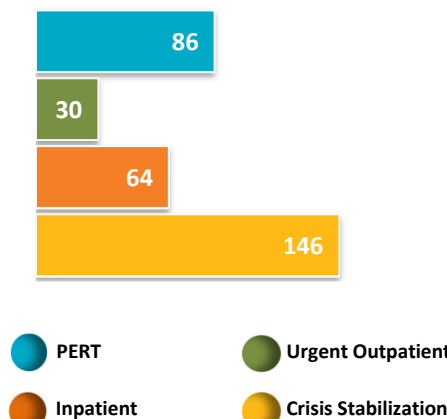
● Subclass ● Class

Note: Clients may be duplicated between Class and Subclass categories

Enhanced/Subclass Age Categories

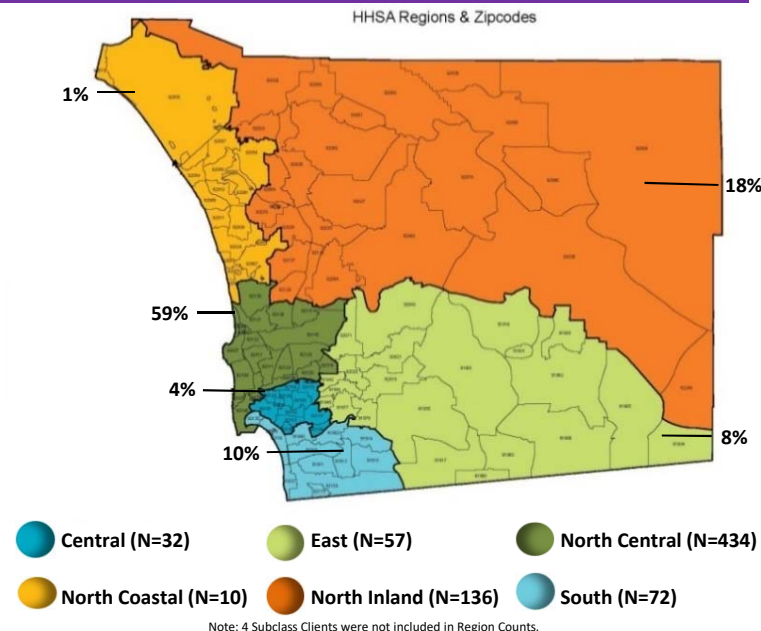


Enhanced/Subclass Emergency Admits



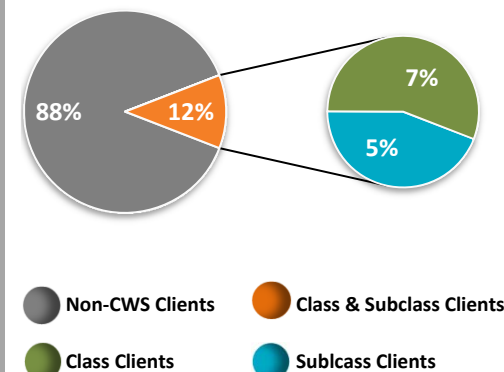
● PERT ● Urgent Outpatient
● Inpatient ● Crisis Stabilization

Enhanced/Subclass Clients by Provider Region



Note: 4 Subclass Clients were not included in Region Counts.

CYF Population



● Non-CWS Clients ● Class & Subclass Clients
● Class Clients ● Subclass Clients

ICC = Intensive Care Coordination

IHBS = Intensive Home Based Services

CFT = Child and Family Team

PERT = Psychiatric Emergency Response Team

BHS QI PIT (SS, DK) Data Source: CCBH Extract 7/11/2019

Appendices

Appendix D:

FY 2018-19 Performance Dashboards

Q1

Mental Health Performance Dashboard - CYF

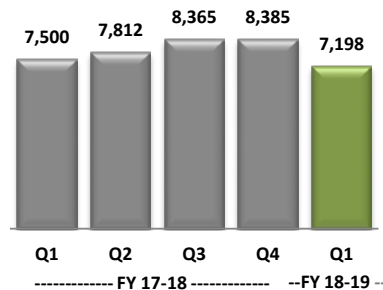
FY 2018-19

County of San Diego Behavioral Health Services

Children, Youth & Families

Client Counts

Clients Served

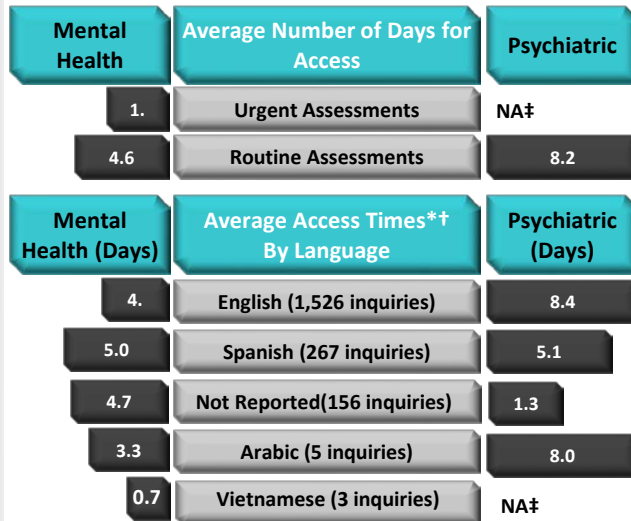


7,198 Clients Served in Q1 (-14.2%)

366 Katie A. Class (-2.9%)

472 Katie A. Subclass (1.5%)

Access



*Routine appointments.

†Access Times Prioritized by Number of Inquiries.

‡NA = No Psychiatric Service Inquiries.

Utilization by Program Type*

Mental Health Services	N	%	▲
Emergency/Crisis	428	6%	0%
Inpatient	223	3%	1%
Juvenile Forensic Services	534	7%	0%
Outpatient	5,989	83%	-3%
Community Day Treatment	137	2%	0%
Residential†	265	4%	0%
Therapeutic Behavioral Services	344	5%	0%
Wraparound	331	5%	1%

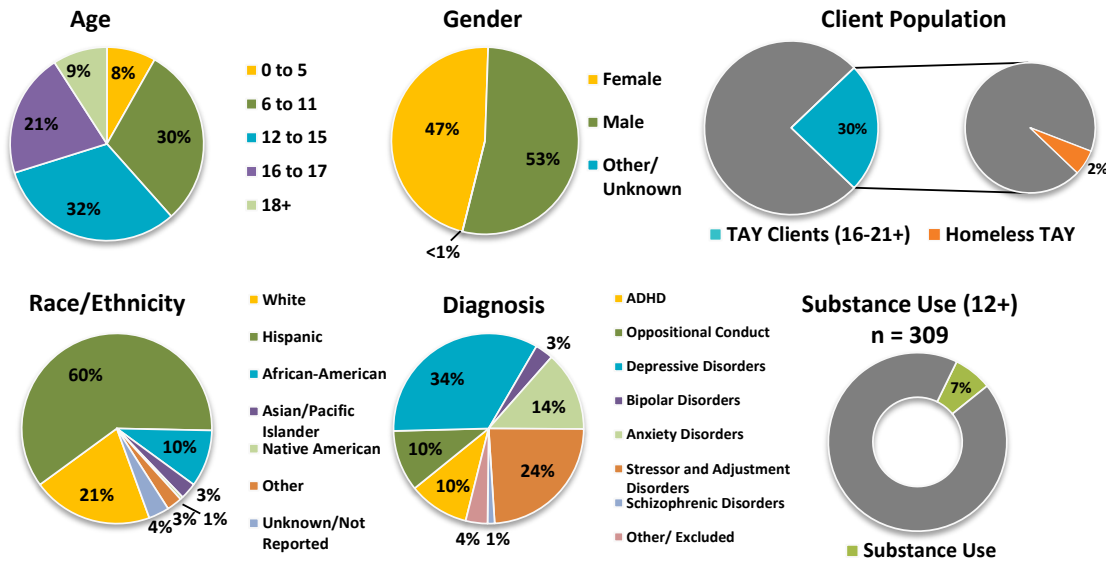
Inpatient Discharges (<18 years; N=264)	N	%	▲
Without Readmission	215	81%	-3%
30 Day Readmission	49	19%	3%
7 Day Connection to Services	135	51%	-11%
30 Day Connection to Services	181	69%	-8%

▲ = Percentage point change from previous quarter.

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

†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics



Quality of Life

Client Indicator*	▲
94% Attend School	-1%
91% Are Insured by Medi-Cal†	0%
96% Are Housed	0%
79% Have a Primary Care Physician	0%

▲ = Percentage point change from previous quarter.

*Discharge outcomes data for new State-mandated measures implemented 7/1/18 unavailable for Q1 FY 2018-19.

†Excludes clients receiving other types of insurance.

Q2

Mental Health Performance Dashboard - CYF

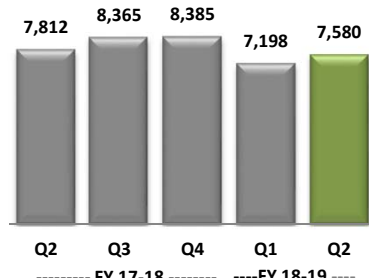
FY 2018-19

County of San Diego Behavioral Health Services

Children, Youth & Families

Client Counts

Clients Served

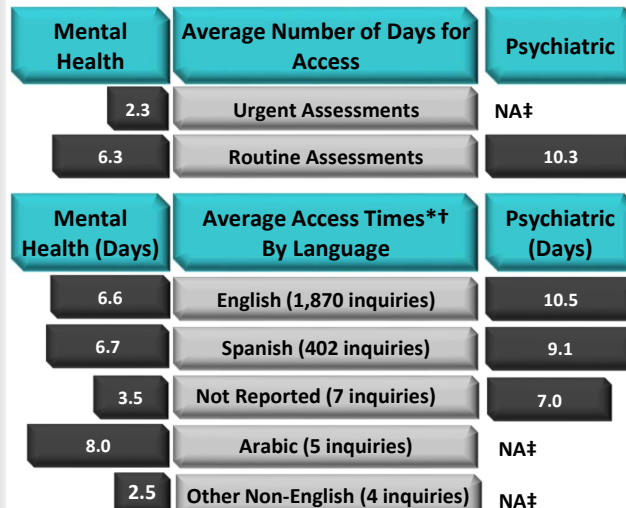


7,580 Clients Served in Q1 (5.3%)

394 Katie A. Class (7.7%)

455 Katie A. Subclass (-3.6%)

Access



*Routine appointments.

†Access Times Prioritized by Number of Inquiries.

‡NA = No Psychiatric Service Inquiries.

Utilization by Program Type*

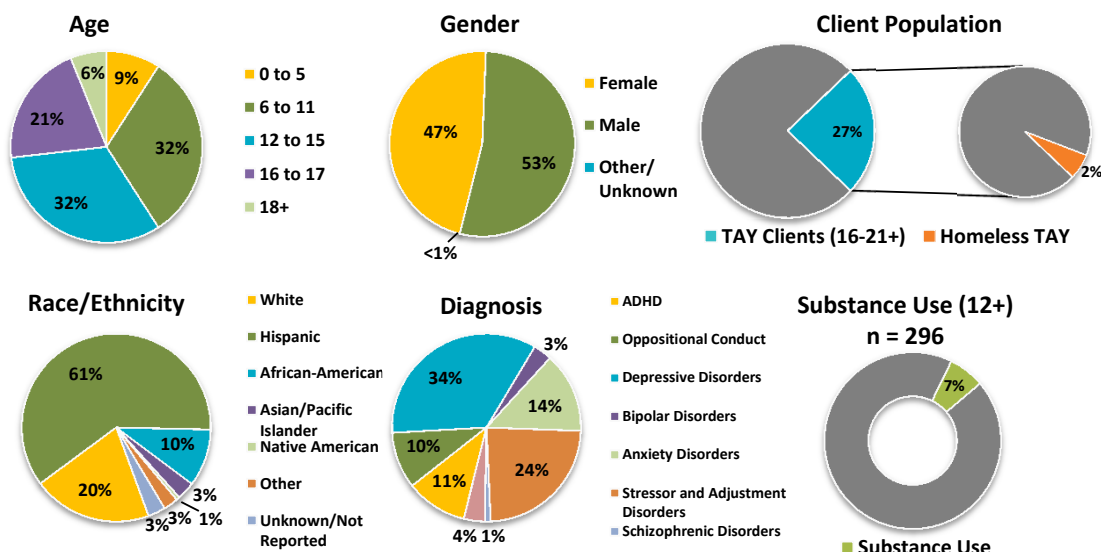
Mental Health Services	N	%	▲
Emergency/Crisis	516	7%	1%
Inpatient	220	3%	0%
Juvenile Forensic Services	527	7%	0%
Outpatient	6,355	84%	1%
Community Day Treatment	121	2%	0%
Residential†	278	4%	0%
Therapeutic Behavioral Services	360	5%	0%
Wraparound	308	4%	-1%
Inpatient Discharges (<18 years; N=249)	N	%	▲
Without Readmission	210	84%	3%
30 Day Readmission	39	16%	-3%
7 Day Connection to Services	138	55%	4%
30 Day Connection to Services	175	70%	2%

▲ = Percentage point change from previous quarter.

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

†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics



Quality of Life

Client Indicator	▲
95% Attend School	1%
91% Are Insured by Medi-Cal†	0%
96% Are Housed	0%
79% Have a Primary Care Physician	0%
70% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	N/A*
65% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	N/A*

▲ = Percentage point change from previous quarter.

*Discharge outcomes data for new State-mandated measures implemented 7/1/18 unavailable for Q1 FY 2018-19.

†Excludes clients receiving other types of insurance.

Report Date: 02/26/2018

Q3

Mental Health Performance Dashboard - CYF

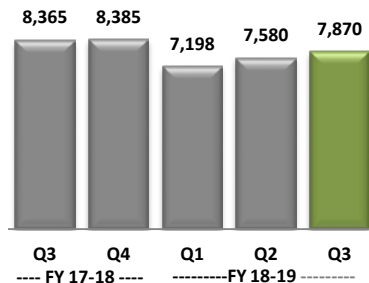
FY 2018-19

County of San Diego Behavioral Health Services

Children, Youth & Families

Client Counts

Clients Served

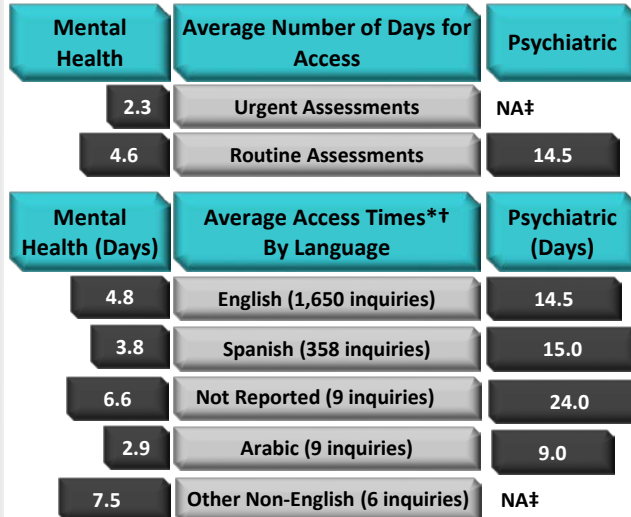


7,870 Clients Served in Q3 (3.8%)

413 Katie A. Class (4.8%)

478 Katie A. Subclass (5.1%)

Access



*Routine appointments.

†Access Times Prioritized by Number of Inquiries.

‡NA = No Psychiatric Service Inquiries.

Utilization by Program Type*

Mental Health Services	N	%	▲
Emergency/Crisis	469	6%	-1%
Inpatient	182	2%	-1%
Juvenile Forensic Services	522	7%	0%
Outpatient	6,750	86%	2%
Community Day Treatment	118	1%	0%
Residential†	273	3%	0%
Therapeutic Behavioral Services	379	5%	0%
Wraparound	305	4%	0%

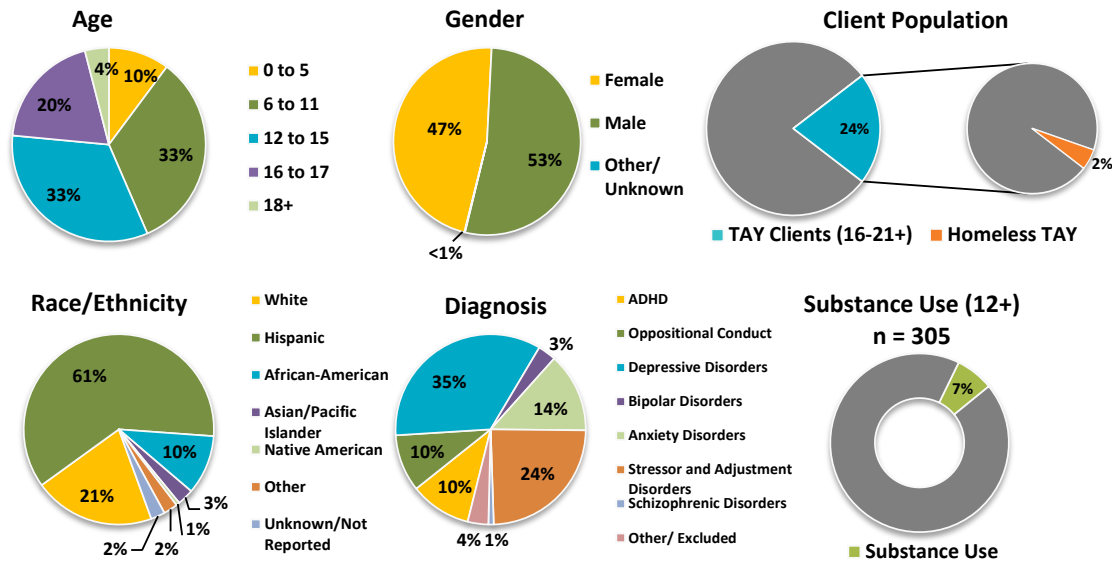
Inpatient Discharges (<18 years; N=227)	N	%	▲
Without Readmission	174	77%	-8%
30 Day Readmission	53	23%	8%
7 Day Connection to Services	141	62%	7%
30 Day Connection to Services	164	72%	2%

▲ = Percentage point change from previous quarter.

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

†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics



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

Quality of Life

Client Indicator	▲
95% Attend School	0%
91% Are Insured by Medi-Cal†	0%
97% Are Housed	1%
81% Have a Primary Care Physician	2%
65% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-5%
62% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	-3%

▲ = Percentage point change from previous quarter.

†Excludes clients receiving other types of insurance.

Q4

Mental Health Performance Dashboard - CYF

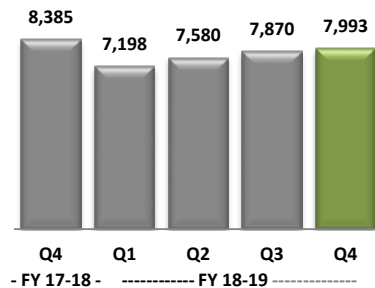
FY 2018-19

County of San Diego Behavioral Health Services

Children, Youth & Families

Client Counts

Clients Served

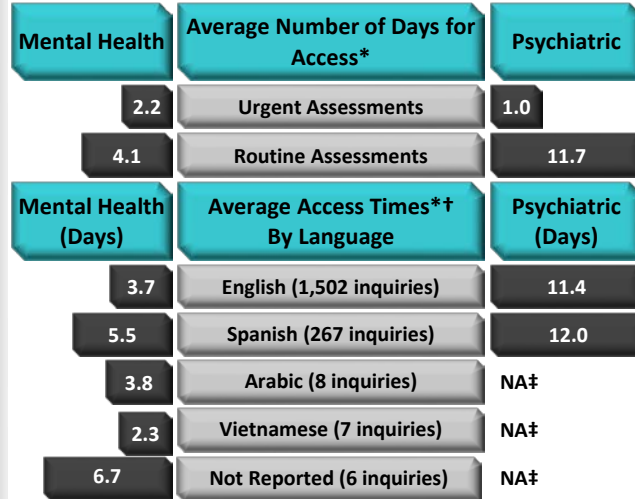


7,993 Clients Served in Q4 (1.6%)

390 Katie A. Class (-5.6%)

452 Katie A. Subclass (-5.4%)

Access



*Routine appointments.

†Access Times Prioritized by Number of Inquiries.

‡NA = No Psychiatric Service Inquiries.

NOTE: Access Time calculation methodology was modified in Q4 FY 2018-19.

Utilization by Program Type*

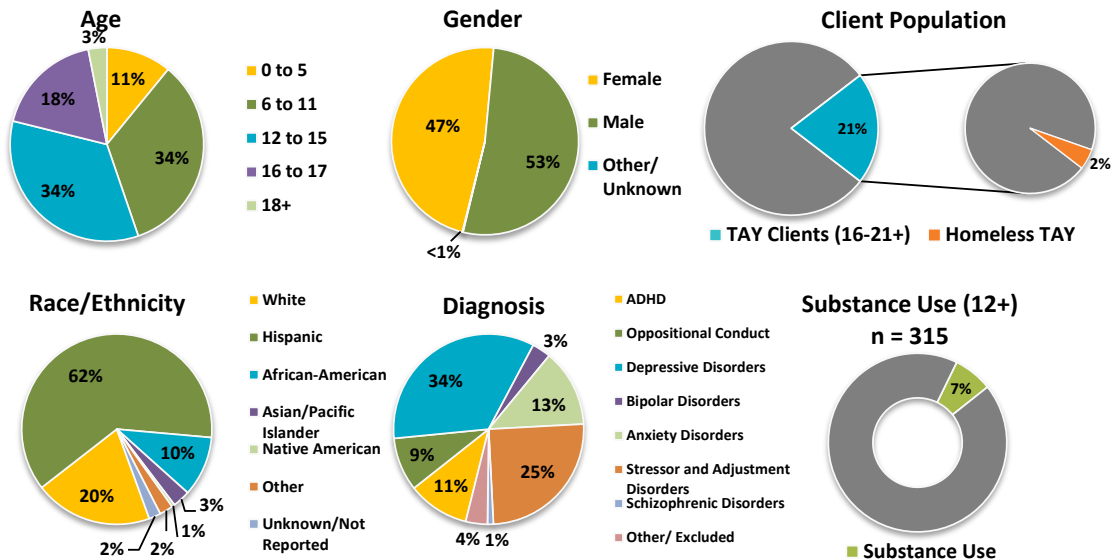
Mental Health Services	N	%	▲
Emergency/Crisis	525	7%	1%
Inpatient	192	2%	0%
Juvenile Forensic Services	520	7%	0%
Outpatient	6,870	86%	0%
Community Day Treatment	74	1%	0%
Residential†	401	5%	2%
Therapeutic Behavioral Services	393	5%	0%
Wraparound	319	4%	0%
Inpatient Discharges (<18 years; N=226)			
Without Readmission	186	82%	5%
30 Day Readmission	40	18%	-5%
7 Day Connection to Services	132	58%	-4%
30 Day Connection to Services	158	70%	-2%

▲ = Percentage point change from previous quarter.

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

†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics



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

Quality of Life

Client Indicator	▲
95% Attend School	0%
91% Are Insured by Medi-Cal†	0%
97% Are Housed	0%
82% Have a Primary Care Physician	1%
66% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	1%
64% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	2%

▲ = Percentage point change from previous quarter.

†Excludes clients receiving other types of insurance.

Report Date: 08/28/2019

Appendices

Appendix E:

FY 2018-19 Special Populations

County of San Diego Behavioral Health Services

Children, Youth & Families

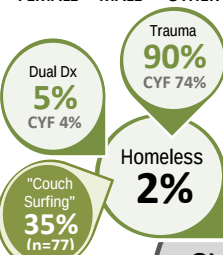
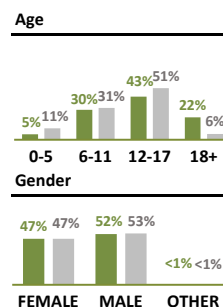
Homeless (2% n=220+)

LOC	%	CYF%
Outpatient Services	90%	87%
JFS	5%	8%
Wraparound	5%	4%
TBS	5%	6%
Community Day Tx	1%	1%
Residential	3%	5%
Emergency/Crisis	6%	11%
Inpatient	4%	4%

Insurance	%	CYF%
Medi-Cal Only	94%	91%
Any Private Insurance	1%	2%
Other	1%	2%
Uninsured/Unknown	3%	4%

Race/Ethnicity	%	CYF%
White	22%	20%
Hispanic	57%	63%
African American	18%	10%
Asian/Pacific Islander	1%	3%
Native American	1%	1%
Other	2%	3%

Diagnosis	%	CYF%
ADHD	7%	10%
Oppositional/Conduct	5%	9%
Depressive disorders	41%	34%
Bipolar disorders	2%	3%
Anxiety disorders	8%	14%
Stressor/Adjustment	34%	25%
Schizophrenic	3%	1%
Other/Excluded	<1%	4%



CYF N = 14,600+

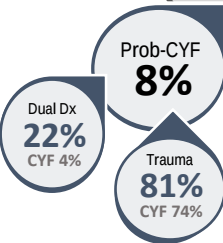
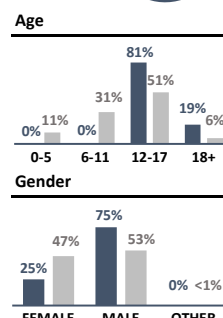
Probation & CYFBHS (8% n=1,100+)

LOC	%	CYF%
Outpatient Services	39%	87%
JFS	81%	8%
Wraparound	14%	4%
TBS	1%	6%
Community Day Tx	10%	1%
Residential	5%	5%
Emergency/Crisis	5%	11%
Inpatient	2%	4%

Insurance	%	CYF%
Medi-Cal Only	77%	91%
Any Private Insurance	5%	2%
Other	2%	2%
Uninsured/Unknown	16%	4%

Race/Ethnicity	%	CYF%
White	18%	20%
Hispanic	56%	63%
African American	20%	10%
Asian/Pacific Islander	3%	3%
Native American	<1%	1%
Other	2%	3%

Diagnosis	%	CYF%
ADHD	9%	10%
Oppositional/Conduct	18%	9%
Depressive disorders	22%	34%
Bipolar disorders	5%	3%
Anxiety disorders	8%	14%
Stressor/Adjustment	29%	25%
Schizophrenic	2%	1%
Other/Excluded	7%	4%



Child Welfare Services & CYFBHS (13% n=1,900+)

Race/Ethnicity	%	CYF%
White	27%	20%
Hispanic	57%	63%
African American	9%	10%
Asian/Pacific Islander	5%	3%
Native American	1%	1%
Other	2%	3%

Diagnosis	%	CYF%
ADHD	1%	10%
Oppositional/Conduct	2%	9%
Depressive disorders	6%	34%
Bipolar disorders	5%	3%
Anxiety disorders	13%	14%
Stressor/Adjustment	18%	25%
Schizophrenic	3%	1%
Other/Excluded	3%	4%

LOC	%	CYF%
Outpatient Services	85%	87%
JFS	5%	8%
Wraparound	8%	4%
TBS	9%	6%
Community Day Tx	3%	1%
Residential	12%	5%
Emergency/Crisis	27%	11%
Inpatient	15%	4%

Insurance	%	CYF%
Medi-Cal Only	94%	91%
Any Private Insurance	1%	2%
Other	1%	2%
Uninsured/Unknown	3%	4%

Race/Ethnicity	%	CYF%
White	27%	20%
Hispanic	57%	63%
African American	9%	10%
Asian/Pacific Islander	5%	3%
Native American	1%	1%
Other	2%	3%

Diagnosis	%	CYF%
ADHD	1%	10%
Oppositional/Conduct	2%	9%
Depressive disorders	6%	34%
Bipolar disorders	5%	3%
Anxiety disorders	13%	14%
Stressor/Adjustment	18%	25%
Schizophrenic	3%	1%
Other/Excluded	3%	4%

LOC	%	CYF%
Outpatient Services	81%	87%
JFS	11%	8%
Wraparound	7%	4%
TBS	6%	6%
Community Day Tx	2%	1%
Residential	26%	5%
Emergency/Crisis	7%	11%
Inpatient	4%	4%

Insurance	%	CYF%
Medi-Cal Only	95%	91%
Any Private Insurance	3%	2%
Other	1%	2%
Uninsured/Unknown	1%	4%