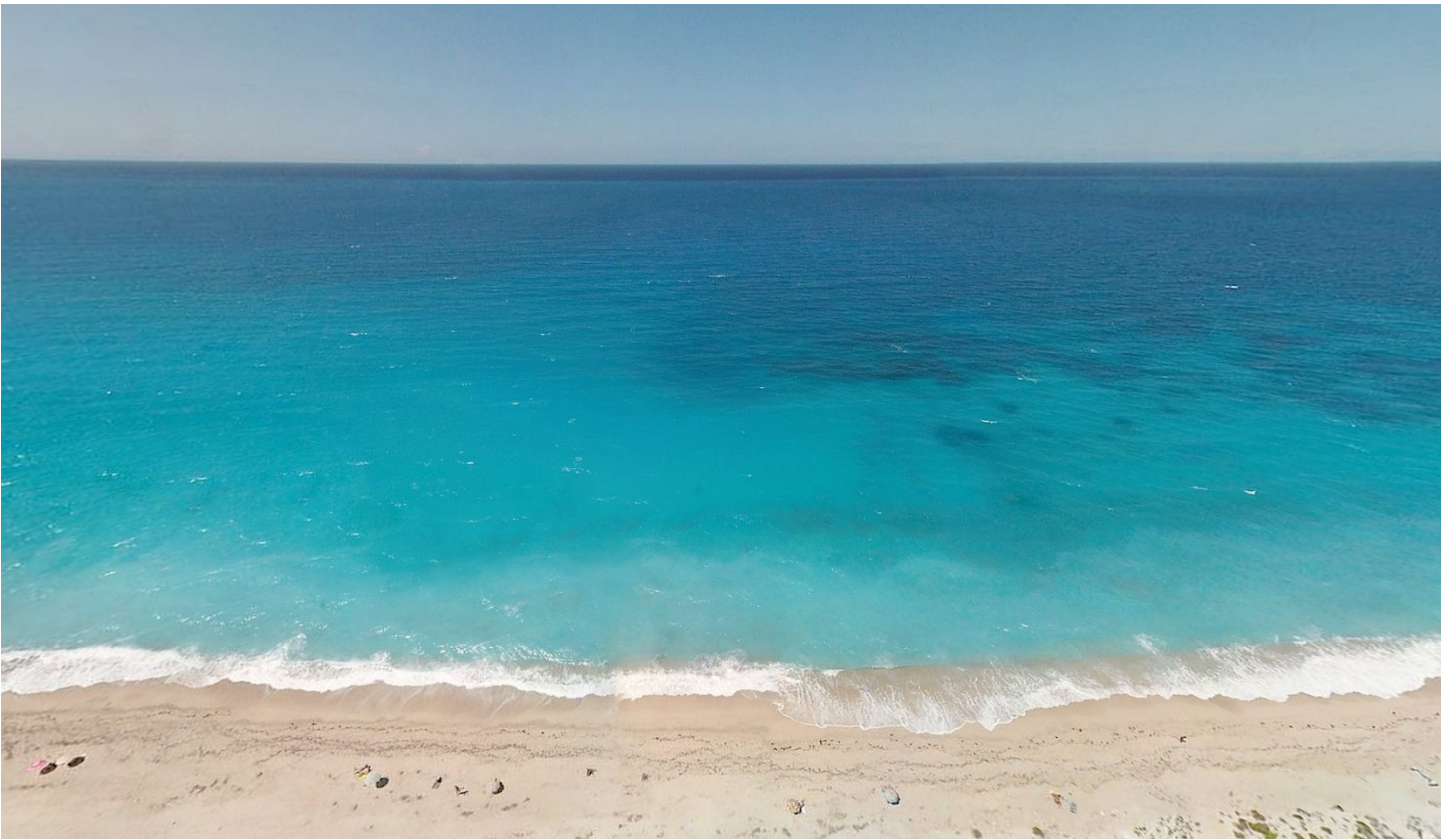


Progress Towards Reducing Disparities in Mental Health Services



County of San Diego Behavioral Health Services



Fiscal Years: 2009-2010, 2012-2013, and 2015-2016

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Executive Summary

The purpose of the Progress Towards Reducing Disparities report is to describe progress towards the reduction of disparities across age and racial/ethnic groups in both the 1) Children, Youth, and Families (CYF) and 2) Adult and Older Adult (AOA) Systems of Care in the County of San Diego Behavioral Health Services (BHS). This triennial report covers three time-points spanning six fiscal years (FY): 2009-10, 2012-13, and 2015-16.

The Mental Health Services Act (MHSA), which passed in 2004, allowed San Diego County to begin a large-scale implementation of programs in FY 2007-08. This influx of funding allowed for: 1) the creation of new services, and 2) the enhancement of existing programs and services. These enhancements included the implementation of Full Service Partnership (FSP) services, with a “whatever it takes” approach to address the clients’ path to recovery. FSP programs provide comprehensive services offered by a team of mental health professionals. Services under FSP may also include the availability of short-term housing for adult clients. Overall, the additional MHSA funding enhanced the level and quality of care for unserved and underserved populations in San Diego County.

This report assesses age and racial/ethnic group disparities in service utilization (penetration rates), engagement (retention rates), type of services used (i.e. outpatient versus inpatient/emergency services), and diagnosis.

Utilization and other client data for this report were obtained from Cerner Community Behavioral Health (CCBH), formally Anasazi. Analyses of service utilization (penetration rates) required the calculation of a ratio consisting of behavioral health care system clients divided by the population eligible for services (target population) for a specific age or racial/ethnic group. Eligible clients were defined as those individuals in San Diego County who were uninsured or Medi-Cal eligible, and were under 200% of the federal poverty level that could potentially have a serious mental illness.

Children, Youth, and Families System of Care (CYF SOC) Findings

For children and youth, comparisons across fiscal years demonstrated that service utilization decreased for White, African American, and Native American clients from FY 2009-10 to FY 2015-16. Service utilization for Asian/Pacific Islander clients decreased slightly in FY 2012-13 from FY 2009-10, but increased back to the same rate as FY 2009-10 by FY 2015-16. For Hispanic clients, service utilization increased from FY 2009-10 to FY 2012-13, and then decreased from FY 2012-13 to FY 2015-16. Prior to FY 2015-16, there was a decreasing trend in service utilization from FY 2009-10 to FY 2012-13 for all racial/ethnic groups, except for Hispanic clients. Hispanic clients showed increasing service utilization across all these time points, until the decrease noted in FY 2015-16.

Similar to findings from previous analyses of disparities accessing mental health services in San Diego County, Hispanic, Asian/Pacific Islander, and Native American children and youth utilized services less frequently in FY 2015-16 than would be expected based on their proportion in the target population. However, it should be noted that 63% of children and youth clients were Hispanic. Service utilization was lowest among Native American and Asian/Pacific Islander clients, across all three fiscal years, compared to other racial/ethnic groups. Engagement for extended services (13+ sessions) was lowest for the Asian/Pacific Islander and Hispanic groups (46% each).

When examining types of services used, it was found that while a majority of CYF clients used outpatient services (95%), there were some racial/ethnic groups that utilized a disproportionate amount of more restrictive levels of service. In FY 2009-10 and FY 2012-13, Asian/Pacific Islander clients used inpatient/emergency screening unit (ESU) services without receiving any outpatient services more than any other racial/ethnic group (5% versus

1-2%^{*}). However, utilization of these services among Asian/Pacific Islander clients decreased in FY 2015-16 to a utilization rate similar to that observed among other racial/ethnic groups (2% versus 0-1%^{*}). African American clients used more Juvenile Forensic Services (JFS) without receiving any outpatient services compared to other groups (8% versus 3-5%^{*}).

Several disparities were also found when examining racial/ethnic differences in diagnoses. Native American clients had the lowest rates of bipolar disorders (4% versus 7-8%^{*}), and Asian/Pacific Islander clients had the lowest rates of stressor and adjustment disorders (15% versus 23-24%^{*}). Depressive disorders were most common for Asian/Pacific Islander clients (26% versus 18-22%^{*}). Externalizing disorders (i.e. oppositional/conduct disorders and ADHD) were most common among African American clients (15% versus 10-13%^{*}, and 17% versus 10-15%^{*}, respectively). African American clients were diagnosed with anxiety disorders less often than those in the other racial/ethnic groups (6% versus 11-13%^{*}).

Regarding age, penetration rates increased for all age groups from FY 2009-10 to FY 2012-13, and then decreased for all age groups from FY 2012-13 to FY 2015-16. This pattern was most noticeable among children between the ages of six and eleven years. Children ages five years and younger were less likely than the other age groups to receive 13 or more service sessions, and more likely to only receive one service session. Lastly, the type of service used also varied notably by age group, as almost all younger children used only outpatient services.

Adult and Older Adult System of Care (AOA SOC) Findings

For adults and older adults, there was also an overall decrease in service utilization for most racial/ethnic groups from FY 2009-10 to FY 2015-16, with the exception of Hispanic clients, whose service utilization remained stable across the time period. Similar to

disparities noted in the CYF system, the number of Hispanic, Asian/Pacific Islander, and Native American clients who utilized services in FY 2015-16 was less than would be expected based on their proportion in the target population.

There was a substantial increase in service engagement (retention rates) from FY 2009-10 to FY 2012-13 among the proportion of clients engaged in services for ten or more visits, for all racial/ethnic groups. These levels of engagement for ten or more sessions decreased slightly across all racial/ethnic groups in FY 2015-16, but proportions remained higher than they were in FY 2009-10 for all racial/ethnic groups (51-52%[†] versus 37-47%[‡]). More noticeable disparities were observed among the proportions of clients who only received one service session in FY 2015-16. For example, 12% of Hispanic clients served in FY 2015-16 only received one service visit, compared with 9% in FY 2012-13. Similarly, 10% of Native American clients only received one service visit in FY 2015-16, an increase from 7% in FY 2012-13. Asian/Pacific Islander clients had the lowest proportion of clients who only received one service visit in FY 2015-16 (7% versus 10-12%^{*}), up from 6% in FY 2012-13.

Similar to observations noted among children, disparities were observed when examining racial/ethnic differences in diagnoses among adult clients in FY 2015-16. African American clients had the highest prevalence rates of schizophrenia and other psychotic disorders (53%), followed by Native American clients (50%) and Asian/Pacific Islander clients (45%), compared to the other racial/ethnic groups (34-38%^{*}). Asian/Pacific Islander (27%) and Hispanic (23%) clients had higher rates of depressive disorders, compared to other racial/ethnic groups (15-19%^{*}). The highest prevalence rates of bipolar disorders were seen in White (25%) and Native American (22%) clients. Native American clients had the lowest prevalence rates of stressor and adjustment disorders (2%), compared to all other racial/ethnic groups (3-5%^{*}).

^{*} Range refers to the percentage of clients in the other racial/ethnic groups.

[†] Range refers to percentage of clients in all racial/ethnic groups in FY 2015-16.

[‡] Range refers to percentage of clients in all racial/ethnic groups in FY 2009-10.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

There were also some notable trends evident in the age group analysis. First, service utilization for all services decreased from FY 2009-10 to FY 2015-16 for clients ages <18 to 25 years, and for clients ages 26 to 59 years, but increased for clients ages 60 years and older. However, utilization of outpatient services among clients ages <18 to 25 years increased across this time period, while a decrease of outpatient service utilization was observed for clients between the ages of 26 and 59 years. Also notable was the continued increase in service utilization among clients ages 60+ years across the three fiscal years examined in this report.

As for engagement in services, there was an increase in retention rates across all age groups from FY 2009-10 to FY 2012-13 for 10 or more visits, but these retention rates decreased in FY 2015-16 for all age groups. Clients ages <18 to 25 years were least likely to engage in services for ten or more visits, as more than 60% of clients in this age range served in FY 2015-16 received fewer than ten service visits. Clients age <18 to 25 years were also more likely than clients in the other age groups to only receive one service visit in FY 2015-16 (20% versus 14%); a proportion that has increased from 13% in FY 2012-13, and from 10% in FY 2009-10.

A goal of AOA SOC has been to encourage appropriate use of services to help stabilize symptoms and progress towards recovery. Progress towards meeting this goal was observed in all three age groups. The proportion of clients ages <18 to 25 years who used outpatient services increased from 44% in FY 2009-10 to 61% in FY 2015-16, while a simultaneous reduction in utilization of inpatient/ emergency services (30% to 24%) and jail only services (27% to 15%) was also noted among clients in this age group. Utilization of outpatient services was already relatively high in FY 2009-10 for clients ages 26-59 years (62%) and clients 60+ years (72%), but similar trends regarding increased utilization of outpatient services and decreased utilization of inpatient/ emergency and jail only services since FY 2009-10 was observed in FY 2015-16.

Progress Towards Reducing Disparities

Efforts to reduce barriers to behavioral health care across clients in different age groups and racial/ethnic minorities has been a priority for BHS for several years. However, the demographic breakdown of individuals eligible for BHS services differs markedly from the demographic make-up of the county as a whole. For example, although individuals of Hispanic origin make up 30% of the adults in the population of San Diego County, this segment accounts for 60% of the target (eligible client) population. Therefore, efforts to increase service utilization often requires a focus on specific groups that is disproportionate to their presence in the overall county population.

The key findings highlighted in this report indicate that while improvements towards reducing barriers to behavioral health care across these groups have been made, disparities still exist. A comparison of the San Diego County target population to those who received behavioral health services (pages 9 through 11) demonstrated that these disparities continued; most notably for Hispanic adults. Hispanics comprised 60% of the adult target population, but only 27% of the adult clients who received behavioral health services. While the numbers were more favorable for children, with Hispanic children and youth representing 71% of the population and 63% of the clients who received behavioral health services, there is still room to further reduce these disparities.

Key Findings by Age

Children and Youth (CYF)

Ages 0-5

- Clients ages five years and younger had the lowest penetration rates across all three fiscal years (2.2-2.6%^{*}).
- Children age five and younger were much more likely to receive only one session (40.7%) compared to clients ages six to eleven years (9.7%), 12 to 17 years (8.6%), and 18 years of age or older (8.7%).
- Clients age five and younger were less likely to receive 13 or more sessions compared to other CYF age groups (30.6% versus 45.9-47.9%[†]).
- Almost all clients age five years or younger used only outpatient services across all fiscal years (99.8-99.9%^{*}).

Ages 6-11

- Clients between the ages of six and 11 were more likely to use outpatient services (99.6%) compared to clients ages 12 and older [91.7% (clients ages 12 to 17 years) and 78.1% (clients ages 18+ years)].
- The proportion of clients age six to eleven years that received 13 or more sessions has decreased since FY 2009-10 (52.9% to 45.9%).

Ages 12-17

- The proportion of clients who used only JFS in FY 2015-16 was 6.4% compared to 1.5% in FY 2012-13.
- There was slight reduction in the proportion of clients age 12 to 17 who only used outpatient services in FY 2015-16, compared to FY 2012-13 (96.5% to 91.7%).
- Clients ages 12 to 17 years had the highest penetration rates across all three fiscal years (10.9-12.7%^{*}) compared to the other CYF age groups.

Adults and Older Adults (AOA)

Ages 18-25 (TAY)

- TAY clients had the lowest long-term engagement rates among AOA age groups, with 60.4% receiving fewer than ten visits.
- TAY clients were more likely than other age groups to use inpatient/emergency services (24.2% versus 14.5-20.0%[‡]) or only jail services (14.9% versus 3.8-12.3%[‡]).
- While penetration rates for TAY clients decreased in FY 2015-16 from FY 2009-10 when considering all services (8.1% to 7.3%) penetration rates showed an increasing trend across the same time period when considering only TAY who received outpatient services (3.8% to 4.5%).

Ages 26-59

- Clients ages 26 to 59 had higher retention rates than both TAY and OA clients. However, retention rates for 10 or more sessions decreased in FY 2015-16 from FY 2012-13 (45.5% from 52.9%).
- Penetration rates for outpatient services decreased for clients ages 26 to 59 years from FY 2009-10 to FY 2015-16 (8.0% to 7.8%), but increased for TAY and OA clients (3.8% to 4.5% and 5.0% to 5.9%, respectively) across the same time period.
- A smaller proportion of clients ages 26-59 (14.5%) used inpatient/emergency services compared to TAY (24.2%) or OA (20.0%) clients, and utilization of these types of services among clients ages 26-59 decreased since FY 2009-10 (from 19.2%).

Ages 60+ (OA)

- The proportion of OA clients utilizing outpatient services increased in FY 2015-16 (76.2%) from FY 2012-13 (72.8%).
- Compared to previous fiscal years, penetration rates for all OA clients increased in FY 2015-16 (6.8% to 7.8%).
- 15.2% of OA clients were uninsured in FY 2015-16.

^{*} Range refers to the percentage of clients in the three fiscal years.

[†] Range refers to the percentage of clients in the other CYF age groups.

[‡] Range refers to the percentage of clients in the other AOA age groups.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Key Findings by Race/Ethnicity

Children and Youth (CYF)

Hispanic

- Almost two-thirds (63%) of children and youth clients served in FY 2015-16 were Hispanic.
- The proportion of clients who received JFS services in FY 2015-16 increased by 3.8% compared to FY 2012-13 (1.0% to 4.8%).

African American

- Penetration rates for African American clients have steadily declined since FY 2009-10 (10.9% to 7.2%).
- Compared to other racial/ethnic groups, African American clients were slightly more likely to receive 13 or more sessions (52.9% versus 45.5-52.2%*).
- Compared to other racial/ethnic groups, African American clients had lower utilization of outpatient services (90.9% versus 94.0-96.1%*) and higher utilization of only JFS (8.0% versus 2.8-4.8%*).
- A smaller proportion of African American clients were diagnosed with anxiety disorders (6.3%), compared to clients from other racial/ethnic groups (11.2-13.1%*).

Asian/Pacific Islander

- Asian/Pacific Islander clients were least likely to receive 13 or more sessions (45.5%), compared to other racial/ethnic groups (46.1-52.9%*).
- Compared to the other racial/ethnic groups, a greater proportion of Asian/Pacific Islander clients were diagnosed with depressive disorders (26.0% versus 17.7-22.4%*).

Native American

- Penetration rates for Native American clients declined since FY 2009-10 (2.5% to 1.7%).
- The proportion of Native American clients who received only JFS increased from 0.0% in FY 2012-13 to 4.2% in FY 2015-16.
- Fewer Native American clients were diagnosed with bipolar disorders (4.2%), compared to other racial/ethnic groups (6.8-7.7%*).

Adults and Older Adults (AOA)

Hispanic

- The proportion of Hispanic clients receiving outpatient services has increased since FY 2009-10 (69.1% from 59.1%).
- Penetration rates for Hispanic clients were relatively stable from FY 2009-10 to FY 2015-16.
- Hispanic clients had among the lowest penetration rates for all three categories of services across all three fiscal years (2.7-4.4%[†]).
- A greater proportion of Hispanic clients only received one service visit (12.1%), compared to clients in other racial/ethnic groups (6.7-11.6%*).

African American

- African American clients were less likely than those in other racial/ethnic groups to receive outpatient services (63.0% versus 66.4-78.2%*).
- African American clients were more likely to receive services only provided in jail than other racial/ethnic groups (18.5% versus 6.4-13.9%), but this proportion has decreased since FY 2009-10 (29.3% to 18.5%).
- A greater proportion of African American clients (52.5%) were diagnosed with schizophrenic disorders compared to other racial/ethnic groups (33.6-49.5%*).

Asian/Pacific Islander

- Asian/Pacific Islander clients were more likely to receive outpatient services (78.2%), and less likely to receive only services provided in jail (6.4%) than clients in the other racial/ethnic groups.
- A greater proportion of Asian/Pacific Islander clients were diagnosed with depressive disorders (27.4%) compared to clients in the other racial/ethnic groups (15.2-22.9%*).

Native American

- Native American clients had among the lowest penetration rates for all three categories of services across all three fiscal years (2.9-4.7%[†]).
- Utilization of inpatient/emergency services has decreased among Native American AOA clients since FY 2009-10 (20.1% to 15.9%).

* Range refers to the percentage of clients in the other racial/ethnic groups.

† Range refers to the percentage of clients in the three fiscal years.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Data Summary

General Population, Target Population, and BHS Client Populations for San Diego County

Children and Youth

Race/Ethnicity	Estimates of San Diego County Population (age 0 – 17)*	Target Population**	Actual Clients CYF SOC (FY 2015-16)
White (non-Hispanic)	26%	13%	22%
Hispanic	57%	71%	63%
African American	6%	9%	11%
Asian/Pacific Islander	9%	6%	3%
Native American	<1%	2%	1%

* Source: 2016 California Health Interview Survey (CHIS) data.

** Estimates of target population (eligible clients) were derived from CHIS estimates applied against 2016 census population data estimates for San Diego County. Eligible clients were defined as San Diego County Uninsured or Medi-Cal under 200% federal poverty level (FPL) who could potentially have a serious mental illness.

Adults and Older Adults

Race/Ethnicity	Estimates of San Diego County Population (age 18+)*	Target Population**	Actual Clients AOA SOC (FY 2015-16)
White (non-Hispanic)	51%	22%	51%
Hispanic	30%	60%	27%
African American	4%	8%	15%
Asian/Pacific Islander	14%	9%	6%
Native American	<1%	2%	1%

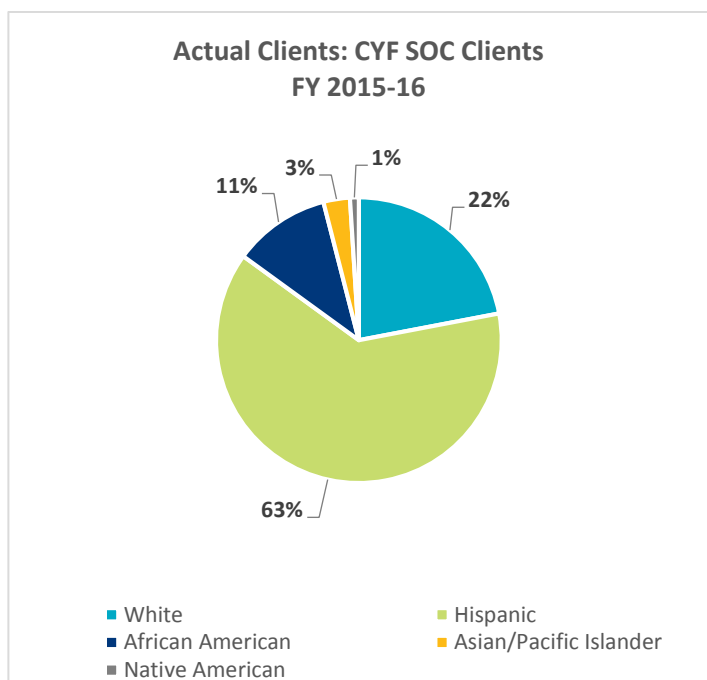
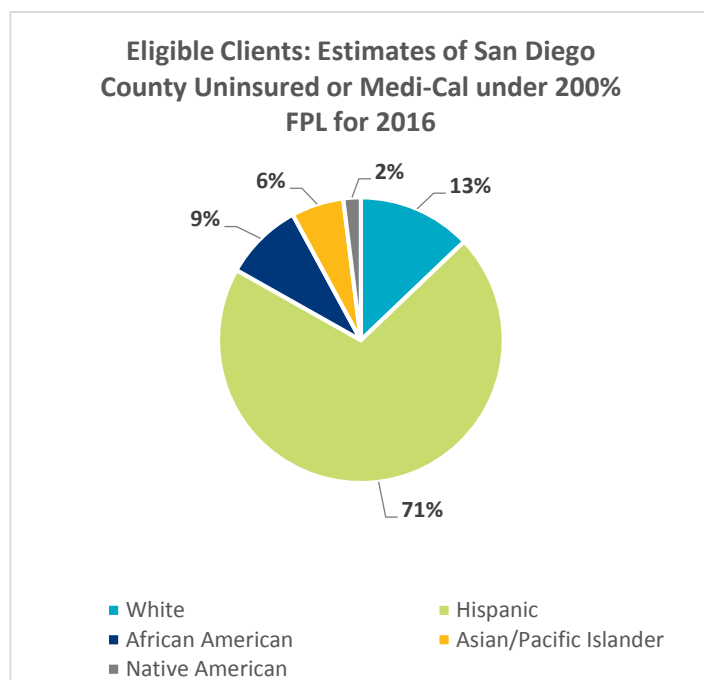
* Source: 2016 California Health Interview Survey (CHIS) data.

** Estimates of target population (eligible clients) were derived from CHIS estimates applied against 2016 census population data estimates for San Diego County. Eligible clients were defined as San Diego County Uninsured or Medi-Cal under 200% federal poverty level (FPL) who could potentially have a serious mental illness.

CYF System of Care (SOC) Distribution Rates

Target population (eligible clients*) versus CYF SOC clients FY 2015-16

Race/Ethnicity**	Eligible Clients*		Actual Clients	
	San Diego County Uninsured or Medi-Cal under 200% FPL for 2016		CYF SOC Clients	
	Number	%	Number	%
White (non-Hispanic)	34,144	13%	3,463	22%
Hispanic	190,351	71%	9,777	63%
African American	23,588	9%	1,691	11%
Asian/Pacific Islander	15,198	6%	519	3%
Native American	5,476	2%	95	1%
Total Clients	268,757	100%	15,545	100%



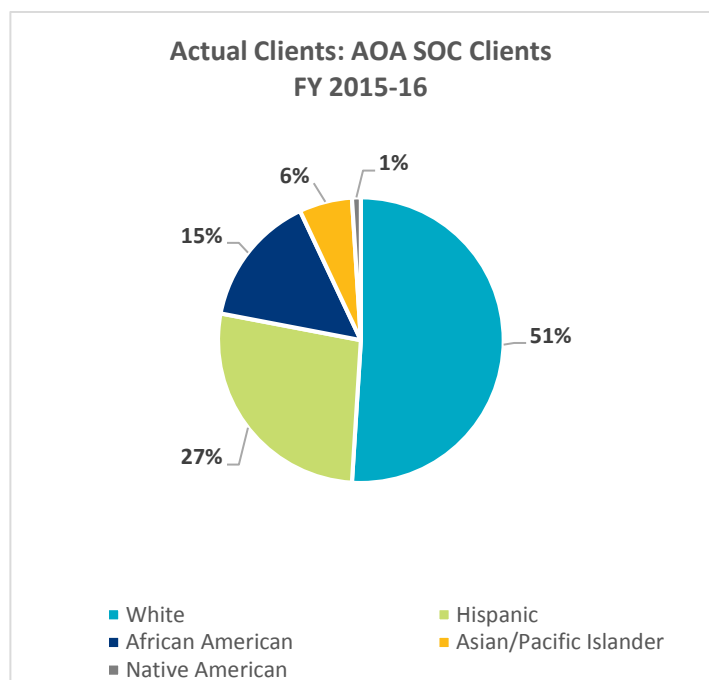
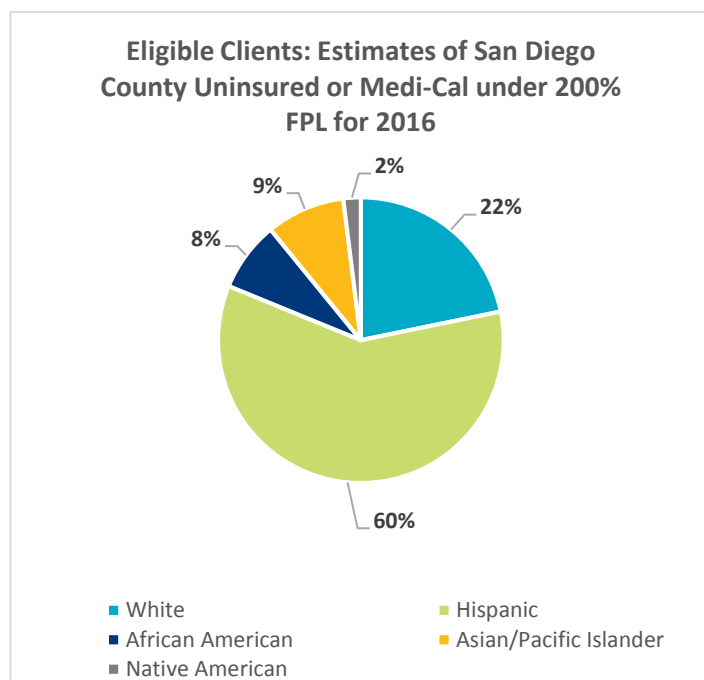
* Estimates of target population (eligible clients) were derived from CHIS estimates applied against 2016 census population data estimates for San Diego County. Eligible clients were defined as San Diego County Uninsured or Medi-Cal under 200% federal poverty level (FPL) who could potentially have a serious mental illness.

** For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported (15,545 clients). An additional 1,756 (10%) were of Other or Unknown race/ethnicity.

AOA System of Care (SOC) Distribution Rates

Target population (eligible clients*) versus AOA SOC clients FY 2015-16

Race/Ethnicity**	Eligible Clients*		Actual Clients	
	San Diego County Uninsured or Medi-Cal under 200% FPL for 2016		AOA SOC Clients	
	Number	%	Number	%
White (non-Hispanic)	81,229	22%	18,227	51%
Hispanic	226,968	60%	9,671	27%
African American	28,845	8%	5,211	15%
Asian/Pacific Islander	32,872	9%	2,283	6%
Native American	7,454	2%	309	1%
Total Clients	377,368	100%	35,701	100%



* Estimates of target population (eligible clients) were derived from CHIS estimates applied against 2016 census population data estimates for San Diego County. Eligible clients were defined as San Diego County Uninsured or Medi-Cal under 200% federal poverty level (FPL) who could potentially have a serious mental illness.

** For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported (35,701 clients). An additional 7,104 (17%) were of Other or Unknown race/ethnicity.

Factsheet: White Children and Youth

Total Clients Served

3,463 White children and youth clients were served by the CYF SOC in FY 2015-16.

Age and Gender

In FY 2015-16, almost half of the White children and youth clients (48%) were 12-17; however, the proportion of this age group has decreased since FY 2009-10. The proportion of White males has decreased since FY 2009-10.

Preferred Language

The vast majority of White children and youth clients (99%) reported English as their preferred language.

Top 3 Diagnoses

1. Stressor & Adjustment disorders (23%)
2. Depressive disorders (20%)
3. Attention-deficit/Hyperactivity disorder (ADHD; 14%)

Service Utilization (Penetration Rates)

FY 2009-10	13.7%
FY 2012-13	11.9%
FY 2015-16	10.1%

Engagement (Retention Rates)

FY 2009-10	<6 sessions	27.4%
	10+ sessions	60.5%
FY 2012-13	<6 sessions	29.7%
	10+ sessions	57.8%
FY 2015-16	<6 sessions	29.1%
	10+ sessions	57.9%

Type of Service Used in FY 2015-16

White children and youth predominantly used outpatient services (96%).

Insurance Status in FY 2015-16

3% of White children and youth were uninsured.

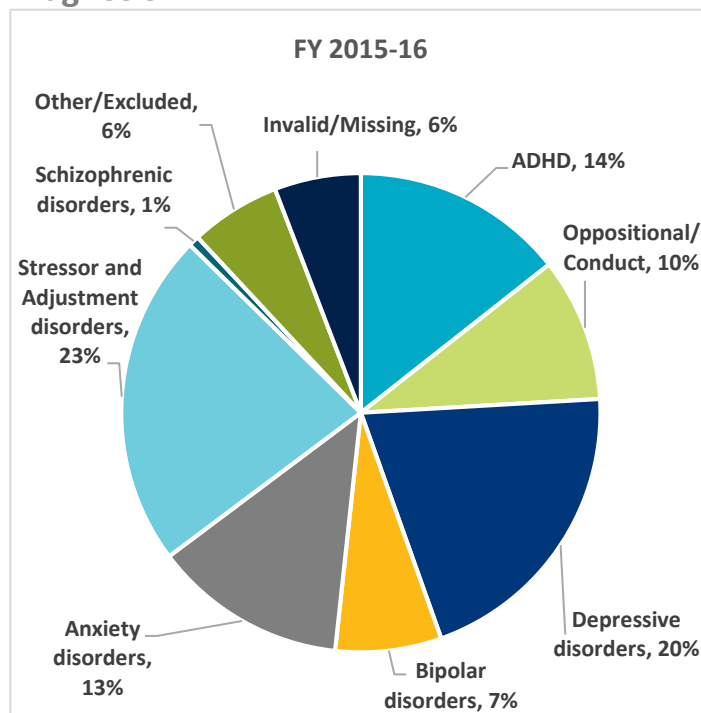
Age

	FY 2009-10	FY 2012-13	FY 2015-16
0-5	9%	10%	13%
6-11	30%	32%	33%
12-17	57%	52%	48%
18+	5%	5%	6%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	38%	43%	46%
Males	62%	57%	54%
Other/Unknown	<1%	<1%	<1%

Diagnosis



Factsheet: White Adults and Older Adults

Total Clients Served

18,227 White adult and older adult clients were served by the AOA SOC in FY 2015-16.

Age and Gender

The majority of White adult and older adult clients served by the AOA SOC in FY 2015-16 were between the ages of 26 and 59 years (71%). The percentage of White older adults served has increased steadily from 9% in FY 2006-07 (data not shown here). The proportion of White male and female clients remained unchanged from FY 2012-13 to FY 2015-16.

Preferred Language

Almost all White adult and older adult clients (98%) served during FY 2015-16 reported English as their preferred language.

Top 3 Diagnoses

1. Schizophrenia & other psychotic disorders (34%)
2. Bipolar disorders (25%)
3. Depressive disorders (19%)

Service Utilization (Penetration Rates)

FY 2009-10	30.2%
FY 2012-13	25.9%
FY 2015-16	22.4%

Engagement (Retention* Rates)

FY 2009-10	<6 sessions	33.1%
	10+ sessions	47.7%
FY 2012-13	<6 sessions	26.9%
	10+ sessions	56.4%
FY 2015-16	<6 sessions	32.0%
	10+ sessions	52.3%

* Includes clients who received a BHA, but no other AOA SOC services.

Type of Service Used in FY 2015-16

About two-thirds of White adults and older adults used outpatient services (66%), and almost one-quarter (21.0%) used inpatient/emergency services.

Insurance Status in FY 2015-16

14.8% of White adults and older adults were uninsured.

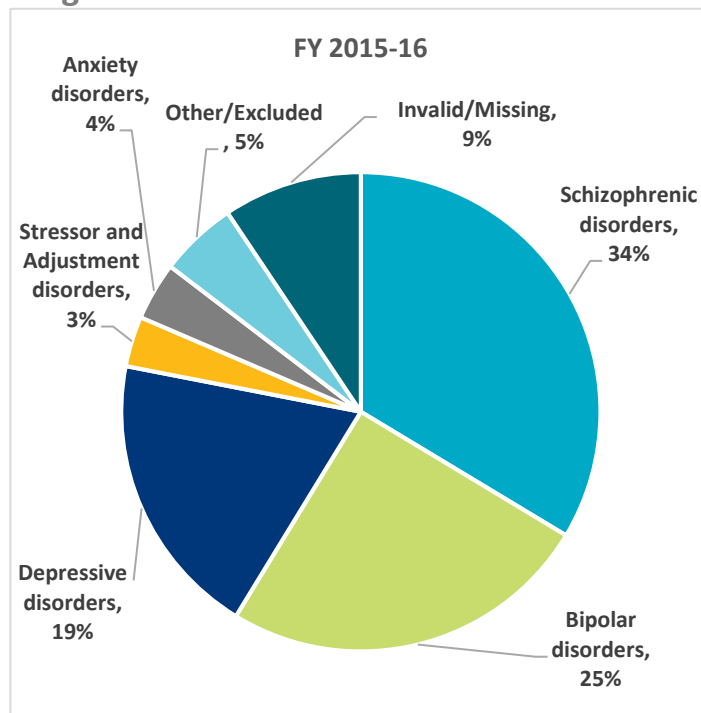
Age

	FY 2009-10	FY 2012-13	FY 2015-16
<18-25	15%	14%	13%
26-59	73%	72%	71%
60+	12%	14%	16%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	47%	45%	45%
Males	53%	55%	55%
Other/Unknown	<1%	<1%	<1%

Diagnosis



Factsheet: Hispanic Children and Youth

Total Clients Served

9,777 Hispanic children and youth clients were served by the CYF SOC in FY 2015-16.

Age and Gender

In FY 2015-16, almost half of the Hispanic children and youth clients (49%) served by the CYF SOC were between the ages of 12 and 17 and 56% were male.

Preferred Language

The majority of Hispanic children and youth clients (71%) reported English as their preferred language and 29% reported Spanish as their preferred language.

Top 3 Diagnoses

1. Stressor & Adjustment disorders (24%)
2. Depressive disorders (22%)
3. Oppositional/Conduct disorders (13%)

Service Utilization (Penetration Rates)

FY 2009-10	5.3%
FY 2012-13	5.8%
FY 2015-16	5.1%

Engagement (Retention Rates)

FY 2009-10	<6 sessions	30.8%
	10+ sessions	56.7%
FY 2012-13	<6 sessions	30.4%
	10+ sessions	55.1%
FY 2015-16	<6 sessions	31.9%
	10+ sessions	54.9%

Type of Service Used in FY 2015-16

The majority of services utilized by Hispanic children and youth clients were outpatient services (94%).

Insurance Status in FY 2015-16

4% of Hispanic children and youth clients were uninsured.

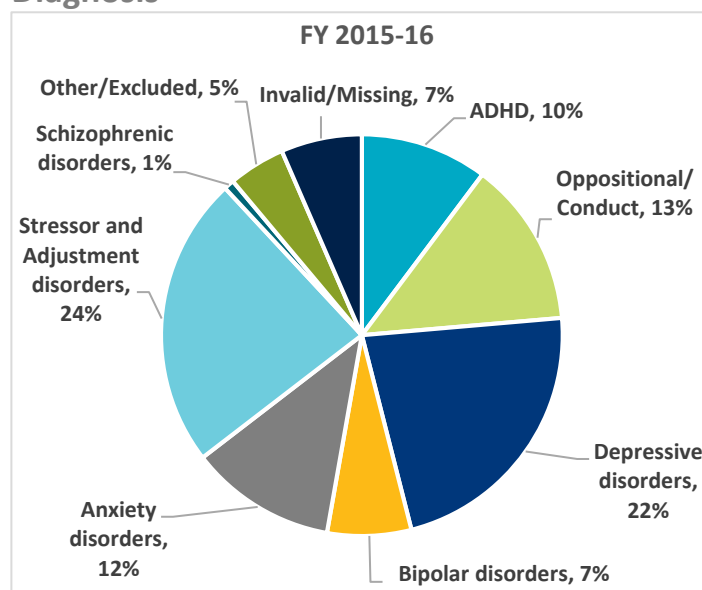
Age

	FY 2009-10	FY 2012-13	FY 2015-16
0-5	11%	11%	12%
6-11	30%	34%	34%
12-17	55%	50%	49%
18+	4%	5%	5%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	38%	40%	44%
Males	62%	60%	56%
Other/Unknown	<1%	<1%	<1%

Diagnosis



Hispanic Ethnic Categories

	N	%
Mexican American/Chicano	7,793	80%
Other Hispanic/Latino	1,805	19%
Puerto Rican	92	1%
Dominican	49	1%
Cuban	21	<1%
Salvadoran	17	<1%
Total	9,777	100%

Factsheet: Hispanic Adults and Older Adults

Total Clients Served

9,671 Hispanic adult and older adult clients were served by the AOA SOC in FY 2015-16.

Age and Gender

More than one-quarter of Hispanic adult and older adult clients served were TAY clients (28%), a proportion that has slowly increased since FY 2009-10. More Hispanic adult and older adult males than females were served during FYs 2012-13 and 2015-16 compared to FY 2009-10.

Preferred Language

Almost three-quarters of Hispanic clients served reported that English was their preferred language (74%), and almost one-quarter preferred Spanish (24%).

Top 3 Diagnoses

1. Schizophrenia & other psychotic disorders (38%)
2. Depressive disorders (23%)
3. Bipolar disorders (18%)

Service Utilization (Penetration Rates)

FY 2009-10	4.3%
FY 2012-13	4.4%
FY 2015-16	4.3%

Engagement (Retention* Rates)

FY 2009-10	<6 sessions	35.5%
	10+ sessions	46.5%
FY 2012-13	<6 sessions	31.3%
	10+ sessions	54.4%
FY 2015-16	<6 sessions	33.8%
	10+ sessions	50.6%

* Includes clients who received a BHA, but no other AOA SOC services.

Type of Service Used in FY 2015-16

Most Hispanic adult and older adult clients received outpatient services (69.1%).

Insurance Status in FY 2015-16

12.4% of Hispanic adults and older adults were uninsured.

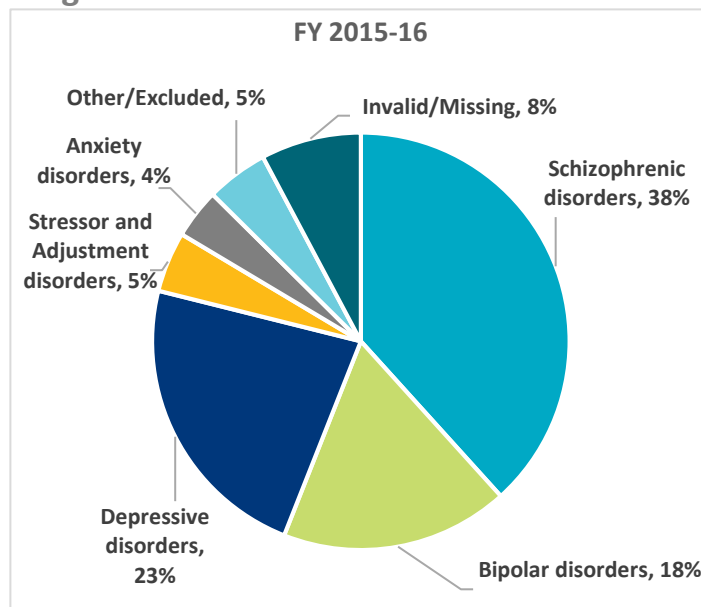
Age

	FY 2009-10	FY 2012-13	FY 2015-16
<18-25	25%	26%	28%
26-59	68%	67%	65%
60+	6%	7%	7%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	50%	44%	45%
Males	50%	55%	55%
Other/Unknown	<1%	<1%	<1%

Diagnosis



Hispanic Ethnic Categories

	N	%
Mexican American/Chicano	7,556	78%
Other Hispanic/Latino	1,634	17%
Puerto Rican	230	2%
Dominican	109	1%
Cuban	100	1%
Salvadoran	42	<1%
Total	9,671	100%

Factsheet: African American Children and Youth

Total Clients Served

1,691 African American children and youth clients were served by the CYF SOC in FY 2015-16.

Age and Gender

In FY 2015-16, the majority of the African American children and youth clients (49%) were between the ages of 12 and 17, and the proportion of clients ages 18 and over increased from FY 2009-10. Nearly two-thirds of the clients were male (59%).

Preferred Language

1,686 out of 1,691 African American children and youth clients (nearly 100%) reported English as their preferred language.

Top 3 Diagnoses

1. Stressor & Adjustment disorders (23%)
2. Depressive disorders (18%)
3. Attention-deficit/Hyperactivity disorder (ADHD; 17%)

Service Utilization (Penetration Rates)

FY 2009-10	10.9%
FY 2012-13	9.3%
FY 2015-16	7.2%

Engagement (Retention Rates)

FY 2009-10	<6 sessions	27.9%
	10+ sessions	60.0%
FY 2012-13	<6 sessions	29.4%
	10+ sessions	58.8%
FY 2015-16	<6 sessions	28.5%
	10+ sessions	60.5%

Type of Service Used in FY 2015-16

African American children and youth clients predominantly used outpatient services (91%) and were the largest racial/ethnic group to utilize only JFS services (8.0%).

Insurance Status in FY 2015-16

3% of African American children and youth clients were uninsured.

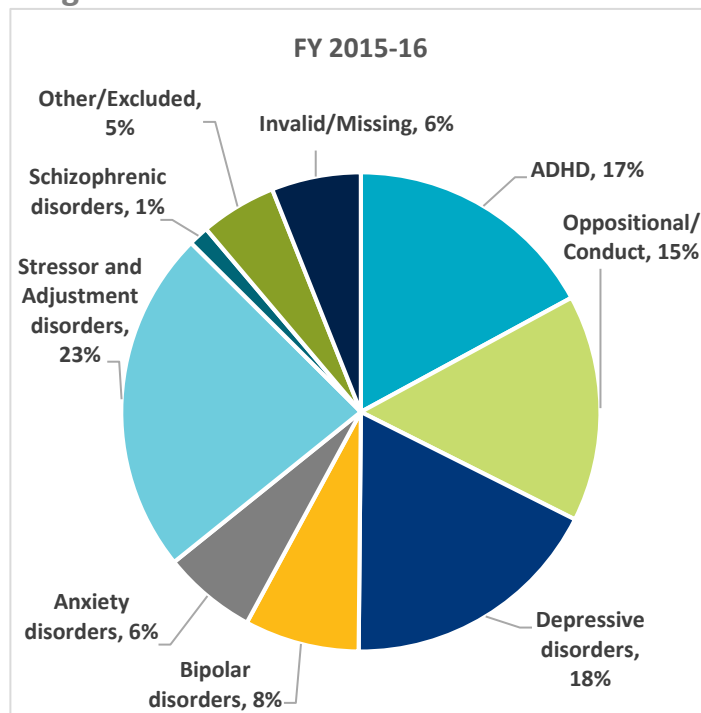
Age

	FY 2009-10	FY 2012-13	FY 2015-16
0-5	9%	9%	11%
6-11	28%	29%	30%
12-17	57%	53%	49%
18+	6%	8%	10%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	38%	38%	41%
Males	61%	62%	59%
Other/Unknown	<1%	<1%	0%

Diagnosis



Factsheet: African American Adults and Older Adults

Total Clients Served

5,211 African American adult and older adult clients were served by the AOA SOC in FY 2015-16.

Age and Gender

The age distribution of African American adult and older adult clients has been relatively constant since FY 2009-10, with a subtle increase in the proportion of older adult clients (7% to 9%). More African American adult and older adult male clients received AOA SOC services than females in FY 2015-16 (61% versus 39%), similar to previous fiscal years.

Preferred Language

Almost all African American adult and older adult clients reported that English was their preferred language (99%).

Top 3 Diagnoses

1. Schizophrenia & other psychotic disorders (53%)
2. Bipolar disorders (16%)
3. Depressive disorders (15%)

Service Utilization (Penetration Rates)

FY 2009-10	20.5%
FY 2012-13	19.9%
FY 2015-16	18.1%

Engagement (Retention* Rates)

FY 2009-10	<6 sessions	33.3%
	10+ sessions	47.6%
FY 2012-13	<6 sessions	31.4%
	10+ sessions	53.8%
FY 2015-16	<6 sessions	33.2%
	10+ sessions	50.6%

* Includes clients who received a BHA, but no other AOA SOC services.

Type of Service Used in FY 2015-16

63.3% of African American adult and older adult clients received outpatient services. Similar proportions of African American adult and older adult clients received only services provided in jail (18.5%) and inpatient/emergency services (18.2%).

Insurance Status in FY 2015-16

11% of African American adult and older adult clients were uninsured.

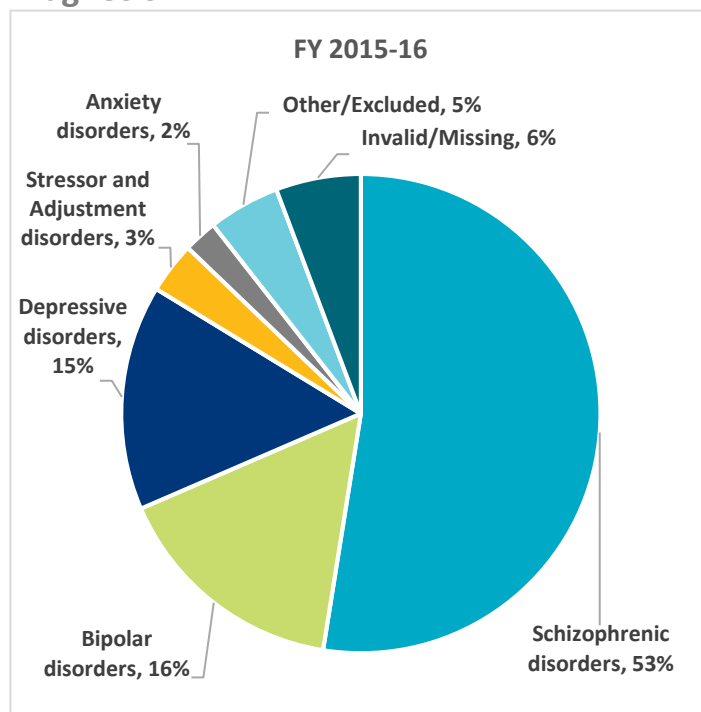
Age

	FY 2009-10	FY 2012-13	FY 2015-16
<18-25	19%	19%	19%
26-59	74%	73%	72%
60+	7%	8%	9%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	43%	38%	39%
Males	56%	61%	61%
Other/Unknown	<1%	<1%	<1%

Diagnosis



Factsheet: Asian/Pacific Islander Children and Youth

Total Clients Served

519 Asian/Pacific Islander children and youth clients were served by the CYF SOC in FY 2015-16.

Age and Gender

In FY 2015-16, over half of the Asian/Pacific Islander CYF clients (54%) were between the ages of 12 and 17, a 1% increase from FY 2012-13. The proportion of clients ages 6-11 has decreased from FY 2012-13. Nearly two thirds of the clients were male (59%).

Preferred Language

85% of Asian/Pacific Islander children and youth clients reported English as their preferred language.

Top 3 Diagnoses

1. Depressive disorders (26%)
2. Stressor & Adjustment disorders (15%)
3. Anxiety disorders (11%)

Service Utilization (Penetration Rates)

FY 2009-10	3.4%
FY 2012-13	3.1%
FY 2015-16	3.4%

Engagement (Retention Rates)

FY 2009-10	<6 sessions	30.4%
	10+ sessions	55.2%
FY 2012-13	<6 sessions	31.0%
	10+ sessions	56.8%
FY 2015-16	<6 sessions	33.6%
	10+ sessions	54.9%

Type of Service Used in FY 2015-16

Asian/Pacific Islander children and youth clients predominantly used outpatient services (94%).

Insurance Status in FY 2015-16

4% of Asian/Pacific Islander children and youth clients were uninsured.

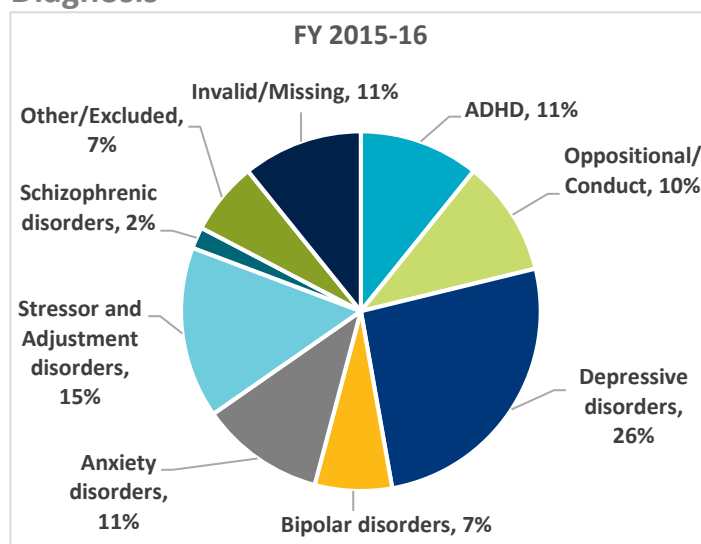
Age

	FY 2009-10	FY 2012-13	FY 2015-16
0-5	8%	8%	12%
6-11	28%	32%	24%
12-17	59%	53%	54%
18+	5%	6%	10%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	38%	39%	41%
Males	62%	61%	59%
Other/Unknown	<1%	<1%	0%

Diagnosis



Asian Subcategories

	N	%		N	%
Filipino	176	34%	Samoan	17	3%
Vietnamese	98	19%	Asian Indian	15	3%
Other Asian	60	12%	Cambodian	15	3%
Chinese	32	6%	Guamanian	10	2%
Other Pacific Islander	25	5%	Hawaiian Native	9	2%
Laotian	24	5%	Hmong	4	1%
Japanese	17	3%	Mien	0	0%
Korean	17	3%	Total	519	100%

Factsheet: Asian/Pacific Islander Adults and Older Adults

Total Clients Served

2,283 Asian/Pacific Islander adult and older adult clients were served by the AOA SOC in FY 2015-16.

Age and Gender

About two-thirds of Asian/Pacific Islander adult and older adult clients served in FY 2015-16 were between the ages of 26 and 59 years. Slightly more female than male Asian/Pacific Islander clients were served in FY 2015-16.

Preferred Language

More than half of Asian/Pacific Islander adult and older adult clients reported English as their preferred language (59%). The second most preferred language was Vietnamese (18%), followed by Other Asian languages (13%), and Tagalog (5%).

Top 3 Diagnoses

1. Schizophrenia & other psychotic disorders (45%)
2. Depressive disorders (27%)
3. Bipolar disorders (12%)

Service Utilization (Penetration Rates)

FY 2009-10	8.3%
FY 2012-13	7.0%
FY 2015-16	6.9%

Engagement (Retention* Rates)

Fiscal Year	Session Count	Retention Rate (%)
FY 2009-10	<6 sessions	37.5%
	10+ sessions	37.0%
FY 2012-13	<6 sessions	24.4%
	10+ sessions	55.6%
FY 2015-16	<6 sessions	26.3%
	10+ sessions	52.2%

* Includes clients who received a BHA, but no other AOA SOC services.

Type of Service Used in FY 2015-16

More than three-quarters of Asian/Pacific Islander AOA clients received outpatient services (78.2%).

Insurance Status in FY 2015-16

13% of Asian/Pacific Islander adult and older adult clients were uninsured.

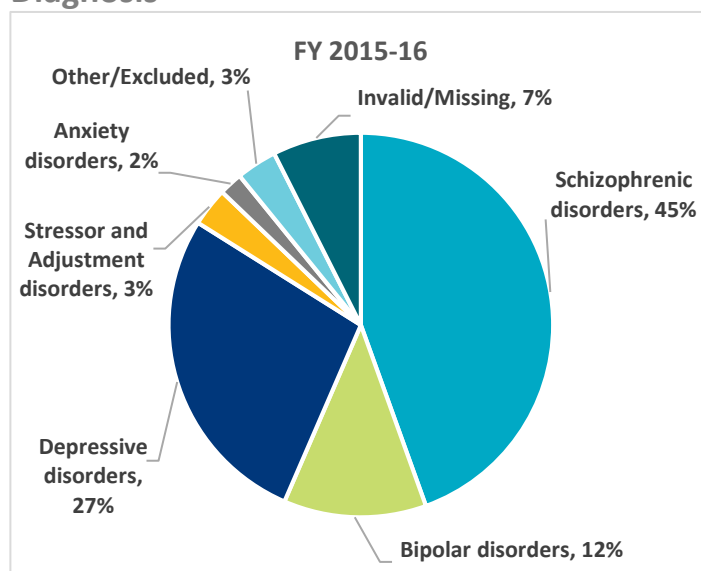
Age

	FY 2009-10	FY 2012-13	FY 2015-16
<18-25	13%	12%	14%
26-59	72%	71%	68%
60+	15%	17%	18%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	54%	56%	52%
Males	45%	44%	48%
Other/Unknown	<1%	<1%	<1%

Diagnosis



Asian Subcategories

	N	%		N	%
Filipino	668	29%	Other Pacific Islander	62	3%
Vietnamese	552	24%	Hawaiian Native	47	2%
Other Asian	229	10%	Asian Indian	46	2%
Cambodian	172	8%	Samoaan	46	2%
Chinese	126	6%	Guamanian	37	2%
Laotian	108	5%	Hmong	4	<1%
Korean	95	4%	Mien	1	<1%
Japanese	90	4%	Total	2,283	100%

Factsheet: Native American Children and Youth

Total Clients Served

95 Native American children and youth clients were served by the CYF SOC in FY 2015-16.

Age and Gender

In FY 2015-16, slightly less than half (42%) of the Native American children and youth clients were ages 12-17, and 56% were male.

Preferred Language

99% of Native American children and youth clients reported English as their preferred language.

Top 3 Diagnoses

1. Stressor & Adjustment disorders (24%)
2. Depressive disorders (21%)
3. Attention-Deficit/Hyperactivity Disorder (ADHD; 15%)

Service Utilization (Penetration Rates)

FY 2009-10	2.5%
FY 2012-13	1.8%
FY 2015-16	1.7%

Engagement (Retention Rates)

FY 2009-10	<6 sessions	28.0%
	10+ sessions	60.0%
FY 2012-13	<6 sessions	28.9%
	10+ sessions	62.2%
FY 2015-16	<6 sessions	27.2%
	10+ sessions	56.5%

Type of Service Used in FY 2015-16

Native American children and youth clients predominantly used outpatient services (96%). 4% of Native American clients used JFS only services and no Native American children or youth clients used IP/ESU services.

Insurance Status in FY 2015-16

1% of Native American children and youth clients were uninsured.

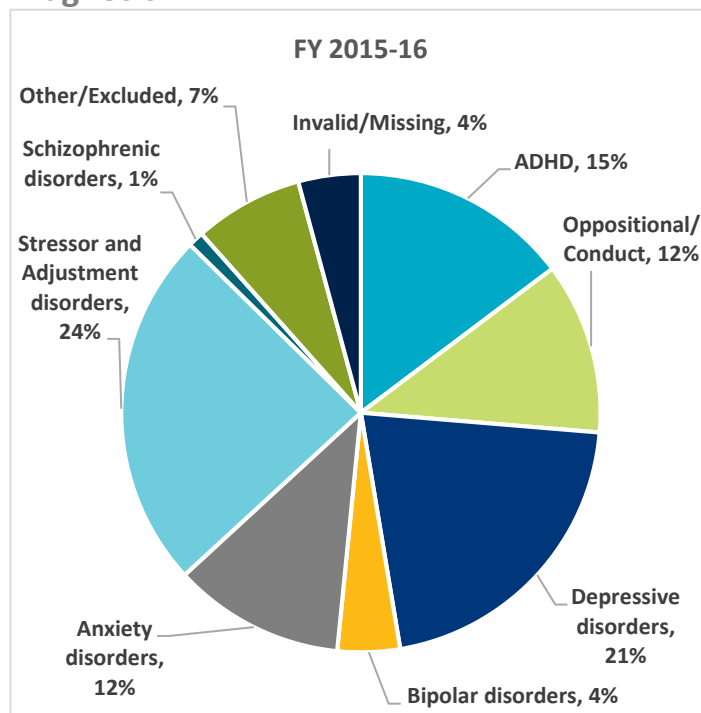
Age

	FY 2009-10	FY 2012-13	FY 2015-16
0-5	6%	11%	16%
6-11	34%	36%	34%
12-17	52%	47%	42%
18+	8%	5%	8%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	42%	51%	44%
Males	58%	49%	56%
Other/Unknown	0%	0%	0%

Diagnosis



Factsheet: Native American Adults and Older Adults

Total Clients Served

309 Native American adult and older adult clients were served by the AOA SOC in FY 2015-16.

Age and Gender

15% of Native American adult and older adult clients served in FY 2015-16 were between the ages of <18 and 25 years, almost three-quarters (74%) were 26 to 59 years, and 11% were 60 years of age or older. The proportion of Native American OA clients has increased from FY 2009-10 to FY 2015-16 (7% to 11%).

Preferred Language

Almost all Native American adult and older adult clients reported that English was their preferred language (98%).

Top 3 Diagnoses

1. Schizophrenia & other psychotic disorders (50%)
2. Bipolar disorders (22%)
3. Depressive disorders (17%)

Service Utilization (Penetration Rates)

FY 2009-10	4.7%
FY 2012-13	4.0%
FY 2015-16	4.1%

Engagement (Retention* Rates)

FY 2009-10	<6 sessions	33.8%
	10+ sessions	45.9%
FY 2012-13	<6 sessions	23.0%
	10+ sessions	56.5%
FY 2015-16	<6 sessions	33.9%
	10+ sessions	51.6%

* Includes clients who received a BHA, but no other AOA SOC services.

Type of Service Used in FY 2015-16

71.8% of Native American AOA clients used outpatient services, 15.9% used inpatient/emergency services, and 12.3% only used services provided in jail.

Insurance Status in FY 2015-16

10.7% of Native American adults and older adults were uninsured.

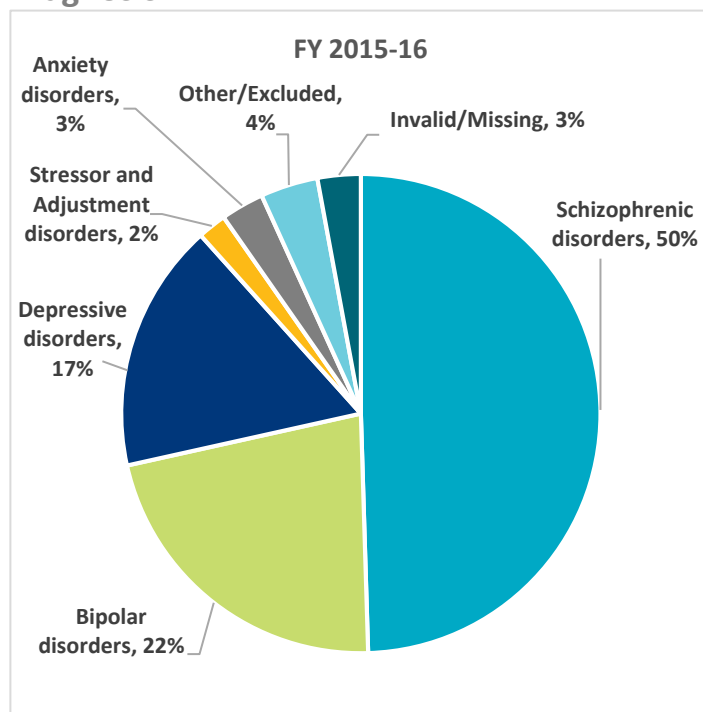
Age

	FY 2009-10	FY 2012-13	FY 2015-16
<18-25*	16%	16%	15%
26-59	77%	75%	74%
60+	7%	9%	11%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	52%	53%	49%
Males	48%	47%	51%
Other/Unknown	0%	0%	0%

Diagnosis



Service Utilization and Engagement

Disparities in Service Utilization

Analysis of Penetration Rates

In San Diego County, it is estimated that 7.5% of children under the age of 18 have a severe emotional disturbance, and 4.2% of adults age 18 and older have a severe mental illness¹. Among households below 200% FPL in San Diego County, these estimates increase to 8.9% for children, and 7.9% for adults¹.

Disparities in service utilization were identified by comparing the target population to the number of clients who received San Diego County behavioral health services (penetration rate). An algorithm – based on the 2009-2015 California Health Interview Survey (CHIS) estimates of the proportional representation of the population who were uninsured or Medi-Cal eligible, and were under 200% of the federal poverty level that could potentially have a serious mental illness – was used to estimate the eligible population for each age and racial/ethnic category. This process provided a constant for each category that was applied against the population estimate from the most recent census data to derive the estimate for the eligible target population.

The following section examines the penetration rates for clients across specific age groups within both the CYF and AOA systems of care, and racial/ethnic groups for three fiscal years: 2009-10, 2012-13, and 2015-16.

¹ California Department of Health Care Services (2013). *California Mental Health Prevalence Estimates*. Retrieved from <http://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf>, pg. 129-130.

Data Source: CCBH

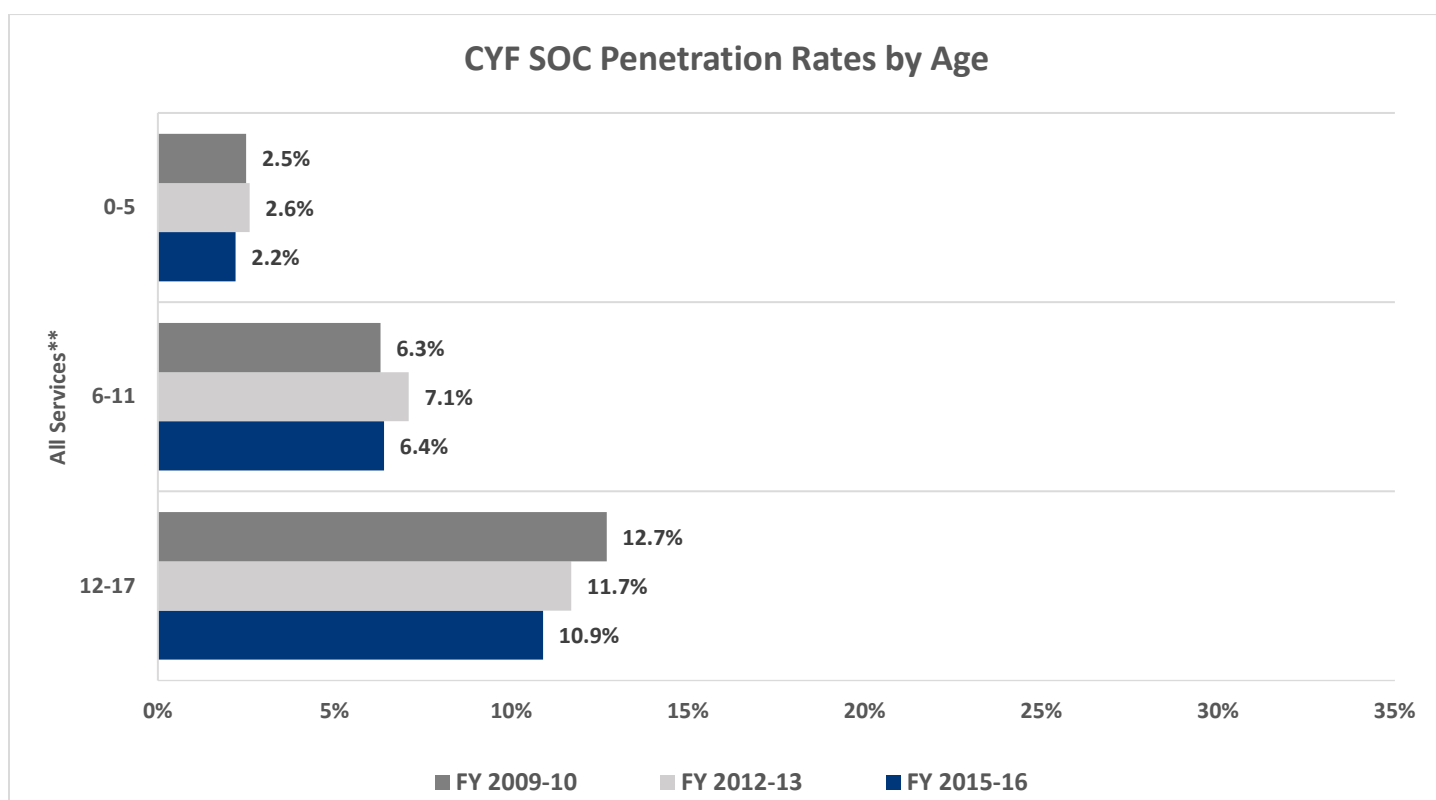
Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

CYF Penetration Rates by Age

Penetration rates for CYF SOC clients were examined across three age groups: 0-5, 6-11, and 12-17 years. Penetration rates were calculated as the number of actual clients within each age group who received services (CYF SOC clients), divided by the number of potential clients within each age group. Potential* clients were defined as the number of San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries, that could potentially have a severe mental illness.

Differences in penetration rates were examined across three fiscal years (FY): 2009-10, 2012-13, and 2015-16. Detailed tabular data for all three FYs are provided in Appendix B, Table 1.

- Clients ages 12 to 17 years had the highest penetration rates across all fiscal years (10.9-12.9%[†]) compared to the other age groups.
- Clients ages five years and younger had the lowest penetration rates across all fiscal years (2.2-2.5%[†]).
- Penetration rates for clients in all age groups decreased in FY 2015-16 from FY 2012-13. This trend was most noticeable among clients ages 12 to 17 years (11.7% to 10.9%).



* Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2016 Census population estimates.

[†] Range refers to the percentage of clients in the three fiscal years.

** All CYF services were combined into all services so data would be comparable to how it was generated in previous fiscal years.

Note: The 12-17 age category includes 8,208 clients ages 12-17 years, plus an additional 929 clients ages 18+ who also received services through the CYF SOC.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

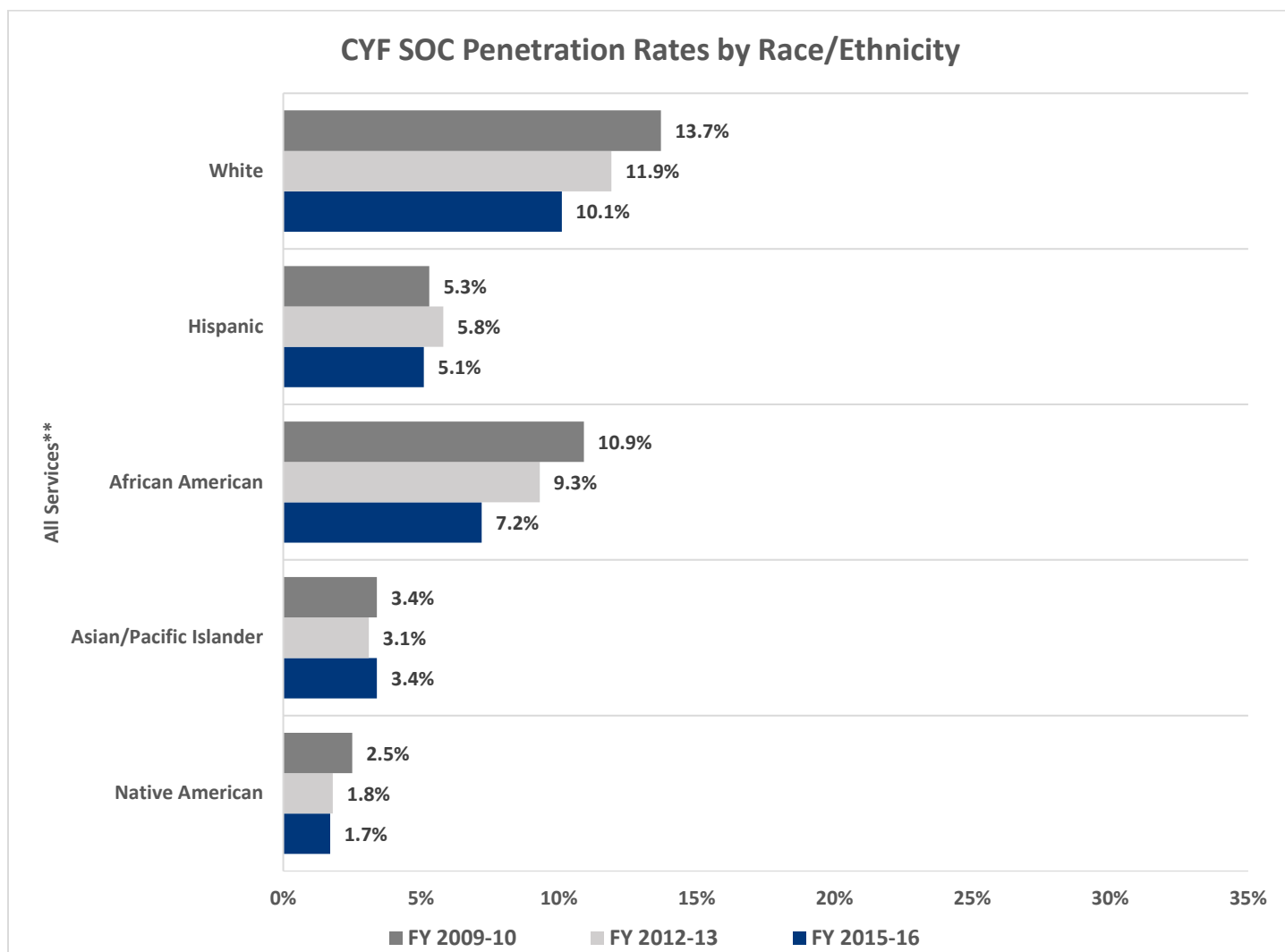
CYF Penetration Rates by Race/Ethnicity

Penetration rates for CYF SOC clients were examined across five racial/ethnic groups: White, Hispanic, African American, Asian/Pacific Islander, and Native American. Penetration rates were calculated as the number of actual clients within each racial/ethnic group who received services (CYF SOC clients), divided by the number of potential clients within each racial/ethnic group. Potential* clients were defined as the number of San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries, that could potentially have a severe mental illness.

Differences in penetration rates were examined across three fiscal years (FY): 2009-10, 2012-13, and 2015-16.

Detailed tabular data for all three FYs are provided in Appendix B, Table 2.

- White clients have the highest penetration rates compared to other racial/ethnic groups in all three fiscal years, penetration rates for White clients have steadily declined since FY 2009-10 (13.7% to 10.1%).
- Penetration rates for African American clients have steadily declined since FY 2006-07 (10.9% to 7.2%).
- Penetration rates for Hispanic clients increased from FYs 2009-10 to 2012-13 (5.3% to 5.8%), but decreased in FY 2015-16 (5.1%).



* Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2016 Census population estimates.

** All CYF services were combined into all services so data would be comparable to how it was generated in previous fiscal years.

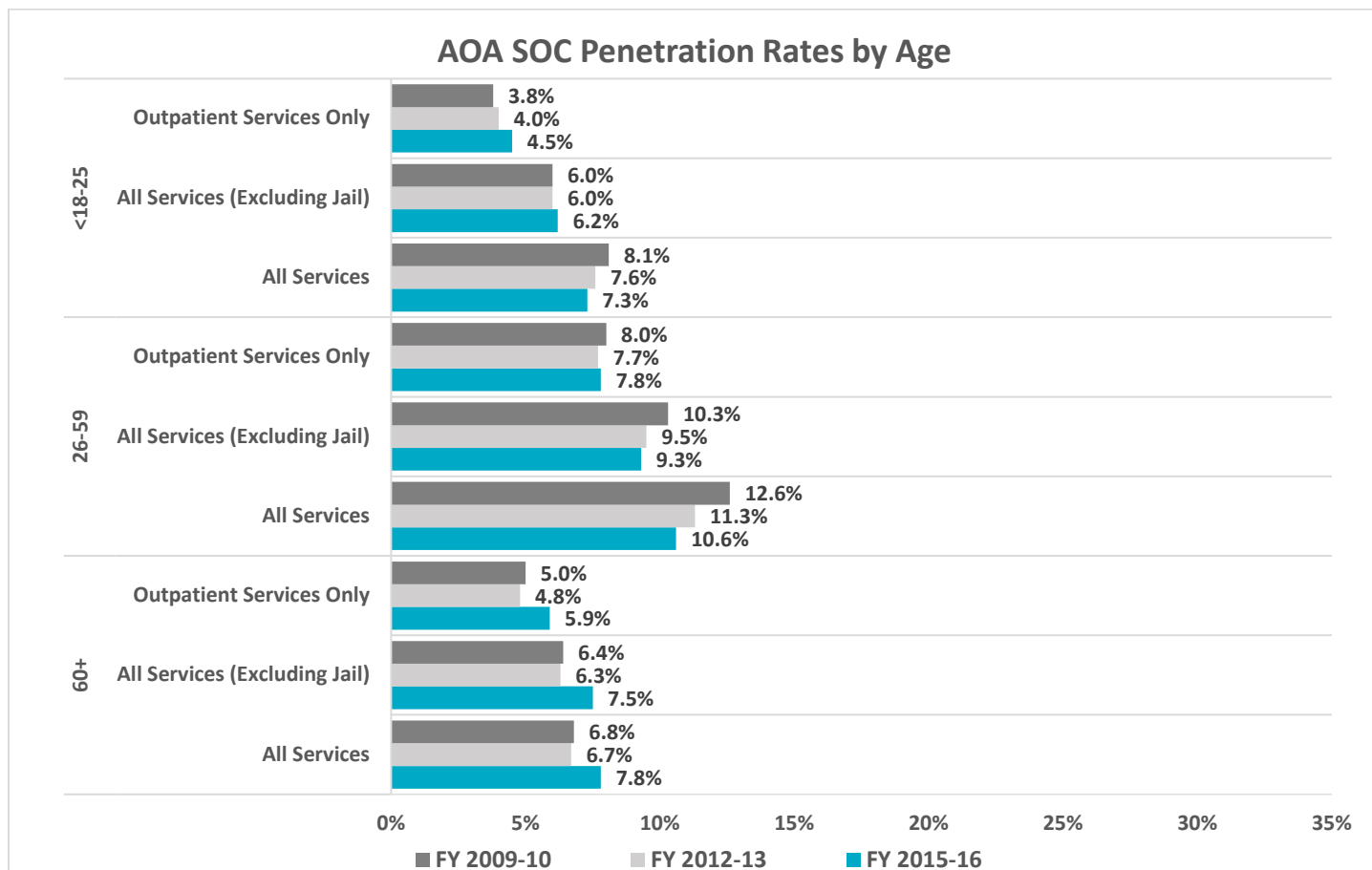
AOA Penetration Rates by Age

Penetration rates for AOA SOC clients were examined across three age groups: <18-25, 26-59, and 60+ years. Penetration rates were calculated as the number of actual clients within each age group who received services (AOA SOC clients), divided by the number of potential clients within each age group. Potential* clients were defined as the number of San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries, that could potentially have a severe mental illness.

Each age group was further broken down by three service categories: (1) outpatient services only, (2) all services (excluding jail), and (3) all services. The category excluding services provided while in jail allows for the examination of penetration rates uninfluenced by mandatory services, such as those provided as part of the justice system.

Differences in penetration rates were examined across three fiscal years (FY): 2009-10, 2012-13, and 2015-16. Detailed tabular data for all three FYs are provided in Appendix B, Table 3.

- While penetration rates for clients ages <18 to 25 years (TAY) decreased in FY 2015-16 from FY 2009-10 when considering all services (8.1% to 7.3%), penetration rates showed an increasing trend across the same time period when considering only TAY who received outpatient services (3.8% to 4.5%).
- Compared to previous fiscal years, penetration rates for clients ages 60 years and older (OA) increased in FY 2015-16 (6.8% to 7.8%).
- Penetration rates for outpatient services increased for TAY and OA clients from FY 2009-10 to FY 2015-16 (3.8% to 4.5% and 5.0% to 5.9%, respectively), but decreased slightly for clients ages 26 to 59 across the same time period (8.0% to 7.8%).



* Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2016 Census population estimates.

AOA Penetration Rates by Race/Ethnicity

Penetration rates for AOA SOC clients were examined across five racial/ethnic groups: White, Hispanic, African American, Asian/Pacific Islander, and Native American. Penetration rates were calculated as the number of actual clients within each racial/ethnic group who received services (AOA SOC clients), divided by the number of potential clients within each racial/ethnic group. Potential* clients were defined as the number of San Diego County residents under 200% FPL who were either uninsured or Medi-Cal beneficiaries, that could potentially have a severe mental illness.

Each age group was further broken down by three service categories: (1) outpatient services only, (2) all services (excluding jail), and (3) all services. The category excluding services provided while in jail allows for the examination of penetration rates uninfluenced by mandatory services, such as those provided as part of the justice system.

Difference in penetration rates were examined across three fiscal years (FY): 2009-10, 2012-13, and 2015-16, and these data are presented in the graph on page 27. Detailed tabular data for all three FYs are provided in Appendix B, Table 4.

- Penetration rates decreased for White and Asian/Pacific Islander clients from FY 2009-10 to FY 2015-16 (30.2% to 22.4% and 8.3% to 6.9%, respectively).
- Hispanic and Native American clients had the lowest penetration rates for all three categories of services across all three fiscal years (2.7-4.4%[†] and 2.9-4.7%[†], respectively).
- Penetration rates for Hispanic clients were relatively stable from FY 2009-10 to FY 2015-16 across all three service categories (Outpatient services only: 2.7-2.9%[†]; All services, excluding jail: 3.5-3.7%[†]; All services: 4.3-4.4%[†]).
- White clients had the highest penetration rates, followed by African American clients, for all three categories of service across all three fiscal years.

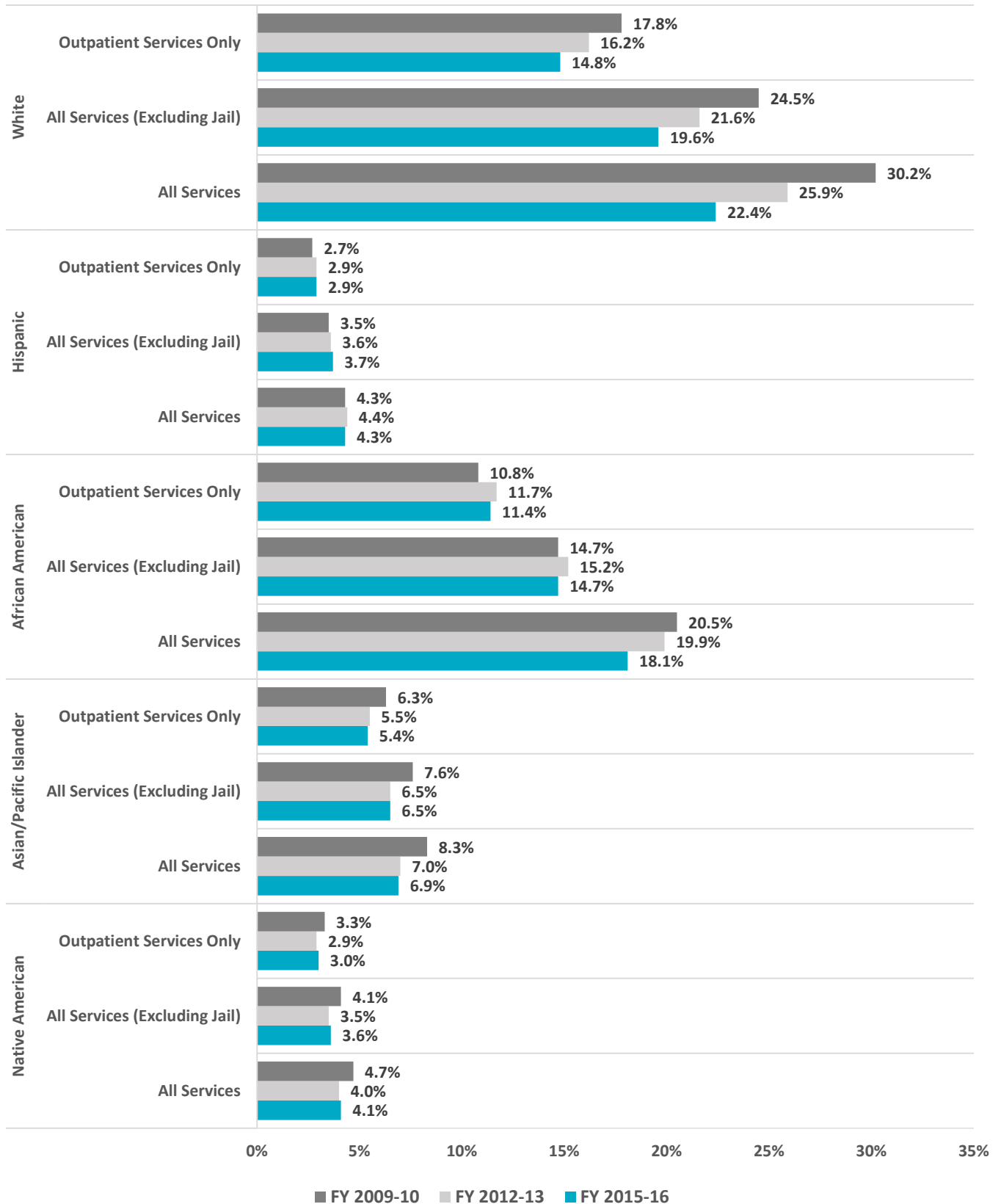
* Estimates of potential clients were derived from California Health Interview Survey (CHIS) estimates applied against 2016 Census population estimates.

[†] Range refers to the percentage of clients in the three fiscal years.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA SOC Penetration Rates by Race/Ethnicity



Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Disparities in Engagement

Analysis of Retention Rates

Disparities in engagement were identified by analyzing the percentage of clients who continued services by the number of sessions for children, and the number of visits for adults (retention rate). The following section examines the retention rates for CYF and AOA clients receiving outpatient services across specific age groups within each system, and racial/ethnic groups for three fiscal years (FYs): 2009-10, 2012-13, and 2015-16. Retention in the CYF SOC is reported as the proportion of clients attending one session, two to five sessions, six to nine sessions, 10 to 12 sessions, and 13 or more sessions. Retention in the AOA SOC is reported as the proportion of clients attending one session, two to five sessions, six to nine sessions, and ten or more sessions. The additional retention category for CYF was included to more accurately reflect the 13 session model utilized in the CFY SOC.

CYF Retention Rates by Age

Service retention rates for CYF SOC clients were examined for FYs 2009-10, 2012-13, and 2015-16 across four age groups: 0-5, 6-11, 12-17, and 18+. Retention rates were defined as the number of outpatient visits for each client during the fiscal year. The data presented in the graph on page 29 are the retention rates for all three FYs.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 5.

- Nearly half of all CYF clients (45.0%) were in services for 13 or more sessions in FY 2015-16, which is similar to FY 2012-13 (45.3%), and a slight decrease from FY 2009-10 (48.6%).
- Children ages five years or younger were least likely to receive at least 13 sessions of CYF SOC services, compared to the other age groups (30.6% versus 45.9-47.9%*) in FY 2015-16.
- Children ages five and younger were more likely than the other age groups to only receive one session (40.7% versus 8.6-9.7%*) in FY 2015-16.
- About one-quarter (23.5%) of CYF clients ages 18 years and older received two to five sessions, compared to 21.5% of 12 to 17 year-olds, 20.1% of six to eleven year-olds, and only 15.0% of children five years of age and younger in FY 2015-16.

CYF Retention Rates by Race/Ethnicity

Service retention rates for CYF SOC clients were examined for FYs 2009-10, 2012-13, and 2015-16 across five racial/ethnic groups: White, Hispanic, African American, Asians/Pacific Islander, and Native American. Retention rates were defined as the number of outpatient visits for each client during the fiscal year. The data presented in the graph on page 30 are the retention rates for all three FYs.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 6.

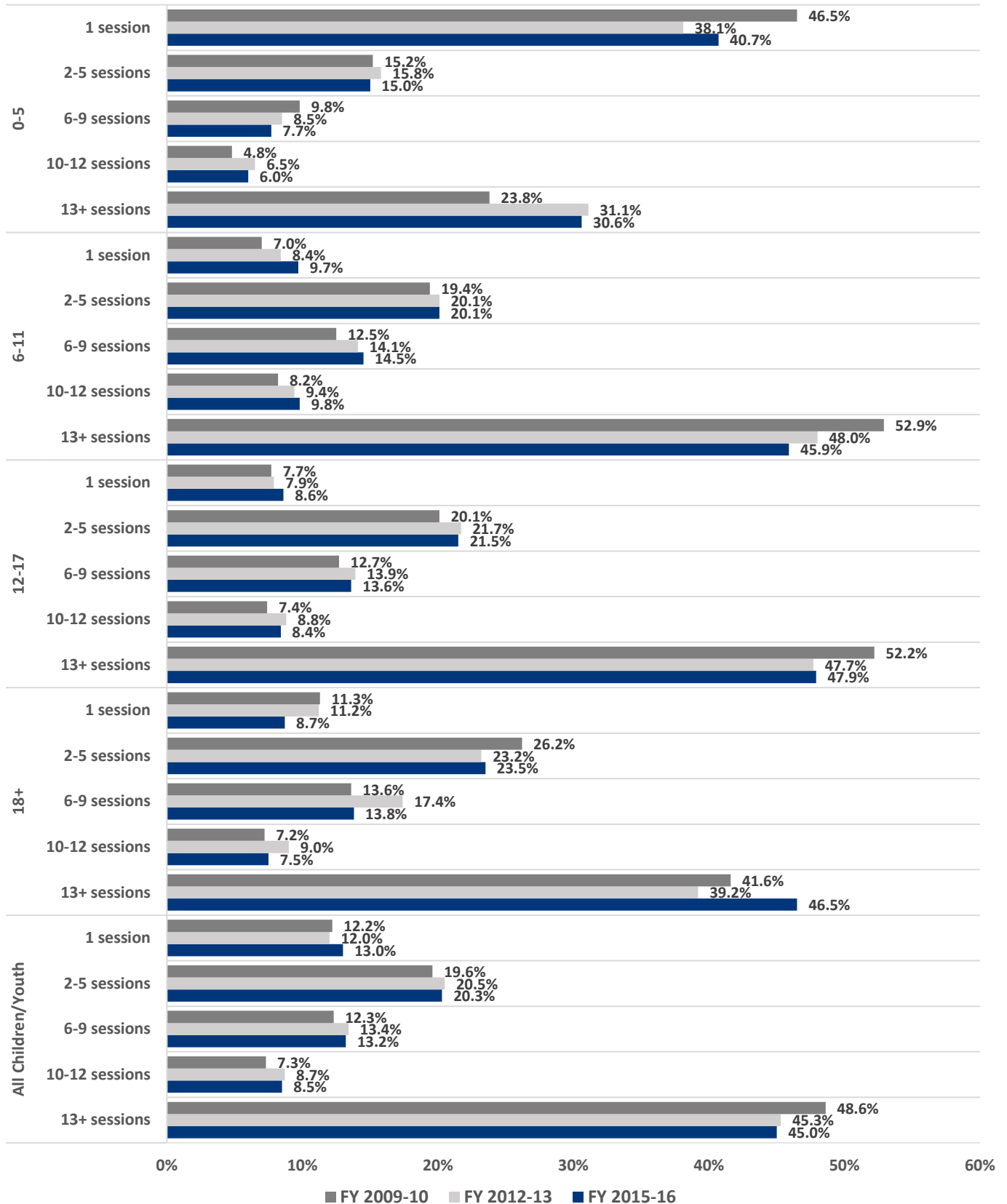
- Asian/Pacific Islander clients were slightly more likely to have only one session than the other racial/ethnic groups in FY 2015-16, and the proportion of these clients has increased over the three FYs reported here (10.8% to 13.8%).
- About half of African American (52.9%), Native American (52.2%), and White (49.9%) clients received 13 or more sessions in FY 2015-16, compared to smaller proportions of Hispanic (46.1%) and Asian/Pacific Islander (45.5%) clients.
- The proportion of Asian/Pacific Islander clients who only received one session has increased.
- The proportion of Native American clients who received between two and five sessions in FY 2015-16 decreased from FY 2012-13 (15.2% from 21.1%), while proportions of Native American clients receiving only one session and those receiving six to nine sessions increased (7.8% to 12.0%, and 8.9% to 16.3%, respectively).

* Range refers to the percentage of clients in the other CYF age groups.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

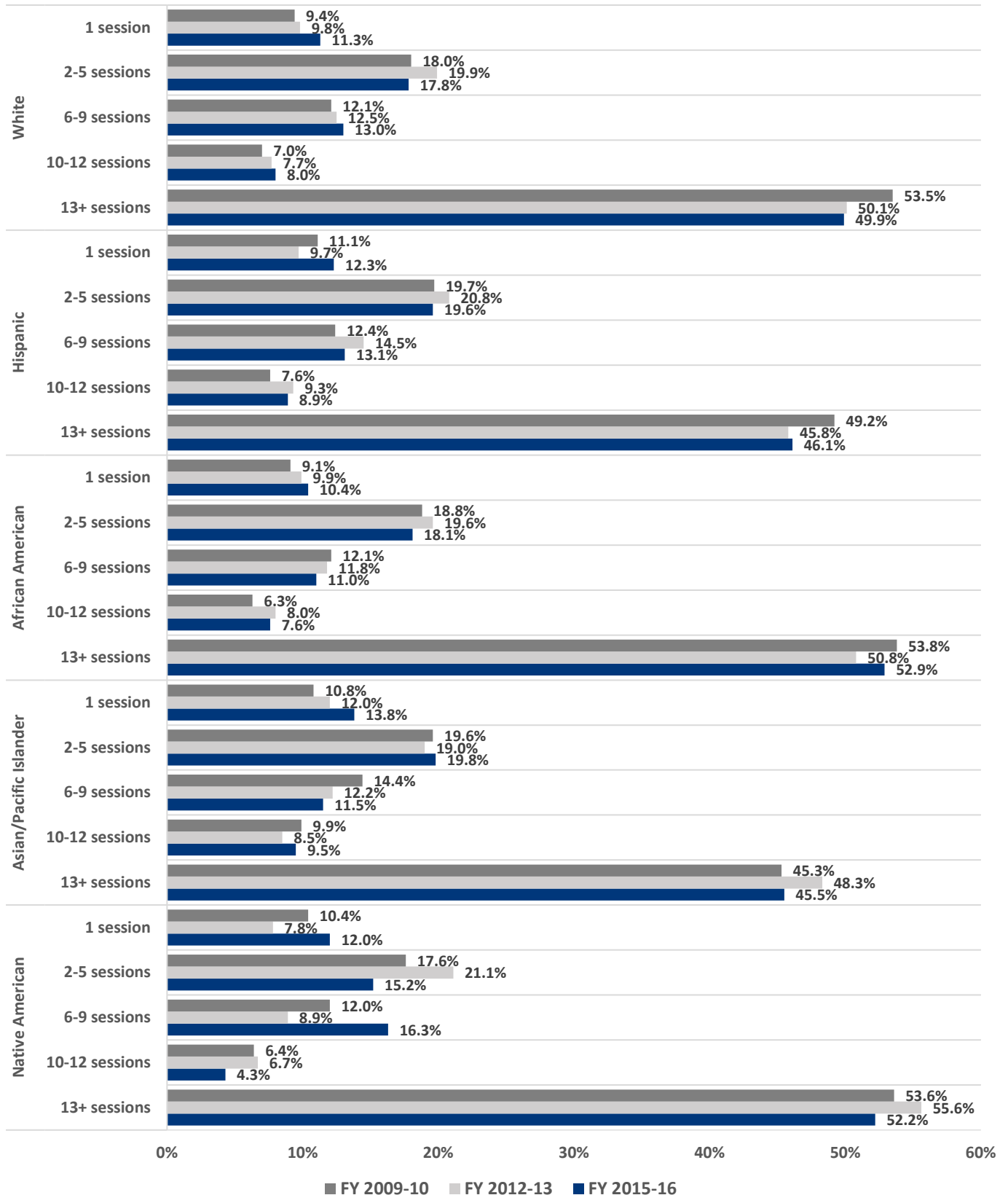
CYF SOC Retention: Number of Sessions by Age



Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

CYF SOC Retention: Number of Sessions by Race/Ethnicity



Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA Retention Rates by Age

Retention rates for outpatient services for AOA SOC clients were examined in FYs 2009-10, 2012-13, and 2015-16 across three age groups: <18-25, 26-59, and 60+. Services considered to be outpatient services include Assertive Community Treatment (ACT), Behavioral Health Court, Case Management, Fee-for-Service, and Prevention services.

Retention rates were defined as the number of outpatient visits for each client during the fiscal year. The data presented in the graph on page 32 are the retention rates for all three FYs. Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 7.

Findings for all clients

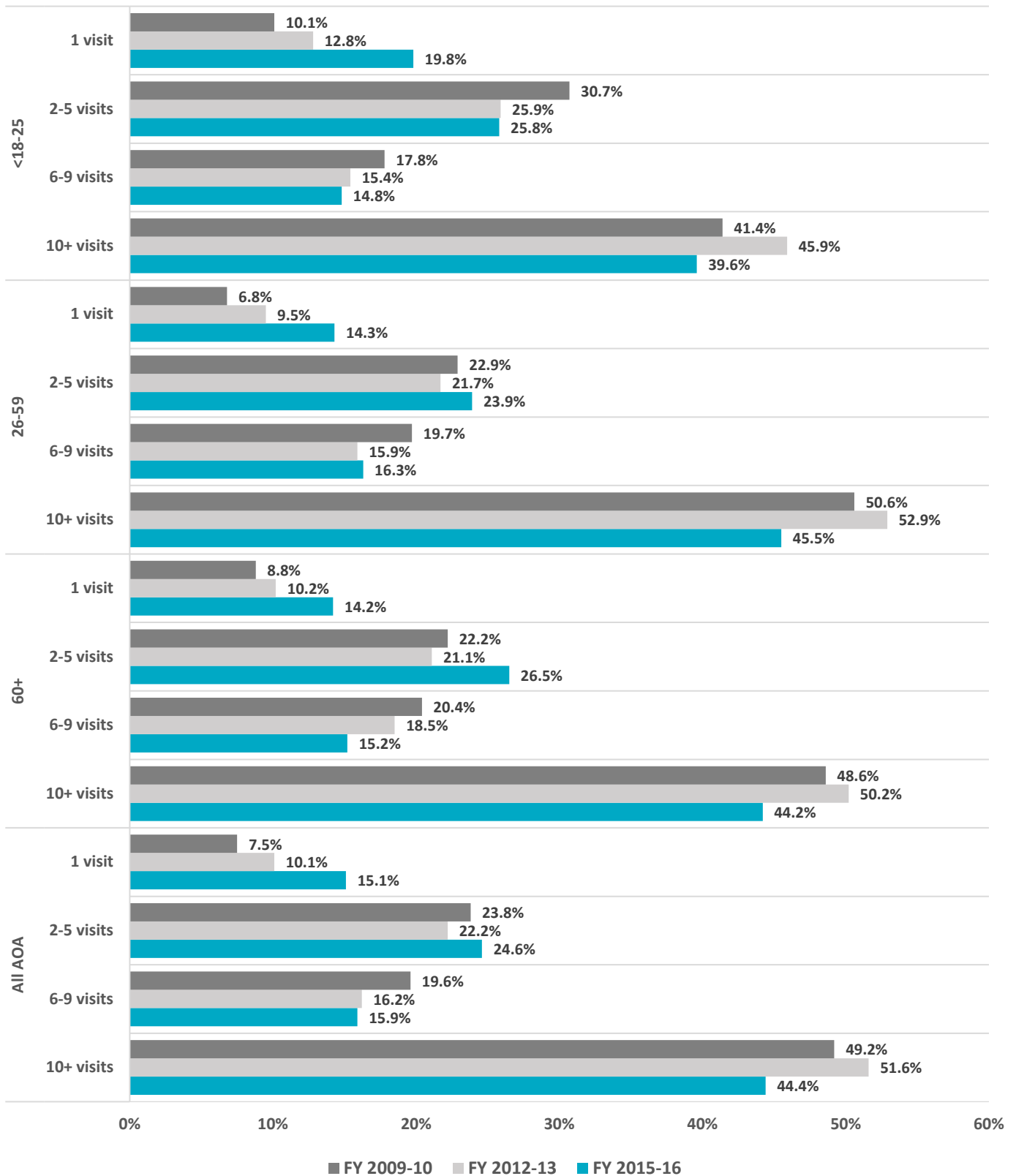
- Less than half of all AOA clients (44.4%) continued services with the AOA SOC for more than ten visits in FY 2015-16, which is a decrease from FY 2012-13 (51.6%), and FY 2009-10 (49.2%).
- TAY clients were less likely to continue services with the AOA SOC for more than ten visits (39.6%) during FY 2015-16, compared to clients ages 26 to 59 years (45.5%) and OA clients (44.2%).
- Almost 20% of TAY clients (19.8%) only attended one AOA SOC visit in FY 2015-16, compared to 14.3% of AOA clients ages 26 to 59 years and 14.2% of OA clients.
- The proportion of AOA clients who only received one AOA SOC visit in FY 2015-16 increased from FY 2009-10 (7.5%) and FY 2012-13 (10.1%) to 15.1% in FY 2015-16.
- About one-quarter of all AOA clients (24.6%) continued services with the AOA SOC for two to five visits in FY 2015-16.

Some clients (n=236) who received services from the AOA SOC only received a behavioral health assessment (BHA), and no additional services. As it could be argued that these clients never engaged in services and should not be counted towards retention rates, the retention rate analysis for FY 2015-16 was also conducted without clients who only received a BHA and no additional AOA services. The graph on page 33 displays the retention rates for clients who received at least one service provided by the AOA SOC during FY 2015-16, in addition to a BHA. Retention rates excluding clients who only received a BHA are not available for previous fiscal years. Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 7.

Findings for clients who received only a BHA excluded

- Most clients in the AOA system engaged in services after receiving a BHA in FY 2015-16.
- The removal of clients who only received a BHA and no additional AOA services from the retention rate analysis did not have a noticeable impact on the retention rates of AOA clients as a whole, or across specific age groups.

AOA SOC Retention*: Number of Visits by Age*

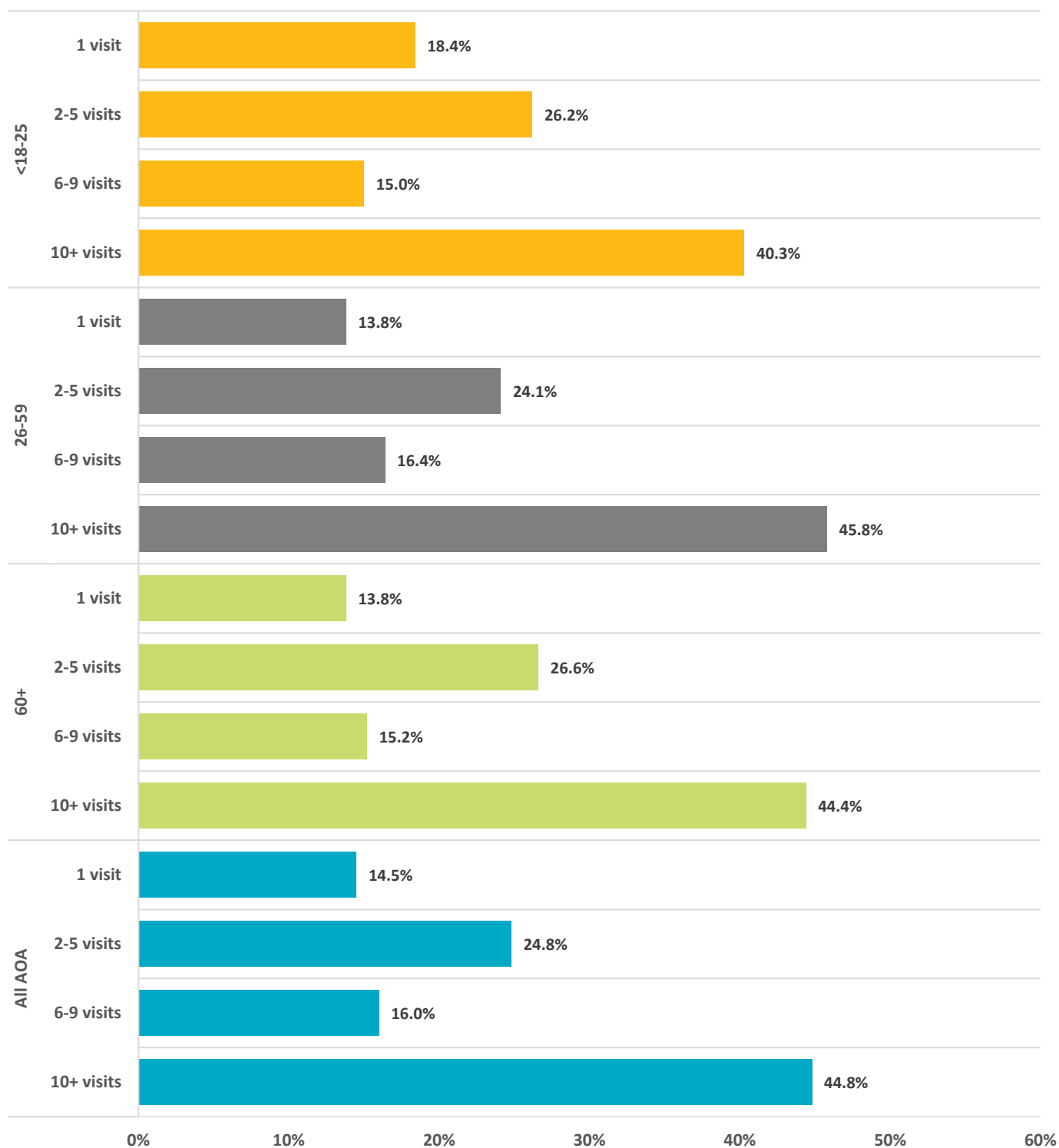


* Clients who only received a behavioral health assessment (BHA) are included for comparison to previous fiscal years.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA SOC Retention Excluding BHA Only Visit*: Number of Visits by Age
FY 2015-16



* Some clients who received services from the AOA SOC only received a behavioral health assessment (BHA), and no additional services. As it could be argued that these clients never engaged in services and should not be counted towards retention rates, the retention rate analysis for FY 2015-16 is also presented without clients who only received a BHA and no additional AOA services.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA Retention Rates by Race/Ethnicity

Retention rates for outpatient services for AOA SOC clients were examined in FYs 2009-10, 2012-13, and 2015-16 across five racial/ethnic groups: White, Hispanic, African American, Asian/Pacific Islander, and Native American. Services considered to be outpatient services include Assertive Community Treatment (ACT), Behavioral Health Court, Case Management, Fee-for-Service, and Prevention services.

Retention rates were defined as the number of outpatient visits for each client during the fiscal year. The data presented in the graph on page 35 are the retention rates for all three FYs. Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 8.

Some clients (n=236) who received services from the AOA SOC only received a behavioral health assessment (BHA), and no additional services. As it could be argued that these clients never engaged in services and should not be counted towards retention rates, the retention rate analysis for FY 2015-16 was also conducted without clients who only received a BHA and no additional AOA services. The graph on page 36 displays the retention rates for clients who received at least one service provided by the AOA SOC during FY 2015-16, in addition to a BHA. Retention rates excluding clients who only received a BHA are not available for previous fiscal years. Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 8.

Findings for all clients

- At least half of clients in all racial/ethnic groups received ten or more outpatient services during FY 2015-16 (50.6% - 52.3%*).
- The proportion of clients who received ten or more outpatient services in FY 2015-16 decreased for all racial/ethnic groups from FY 2012-13, but was still higher than proportions from FY 2009-10.
- Asian/Pacific Islander clients were least likely to have received only one AOA SOC service in FY 2015-16, compared to the other racial/ethnic groups (6.7%).
- The proportion of clients who received 6-9 services increased for African American clients (14.9% to 16.3%), Asian/Pacific Islander clients (20.0% to 21.5%), and Hispanic clients (14.1% to 15.6%) from FY 2012-13.

Findings for clients who received only a BHA excluded

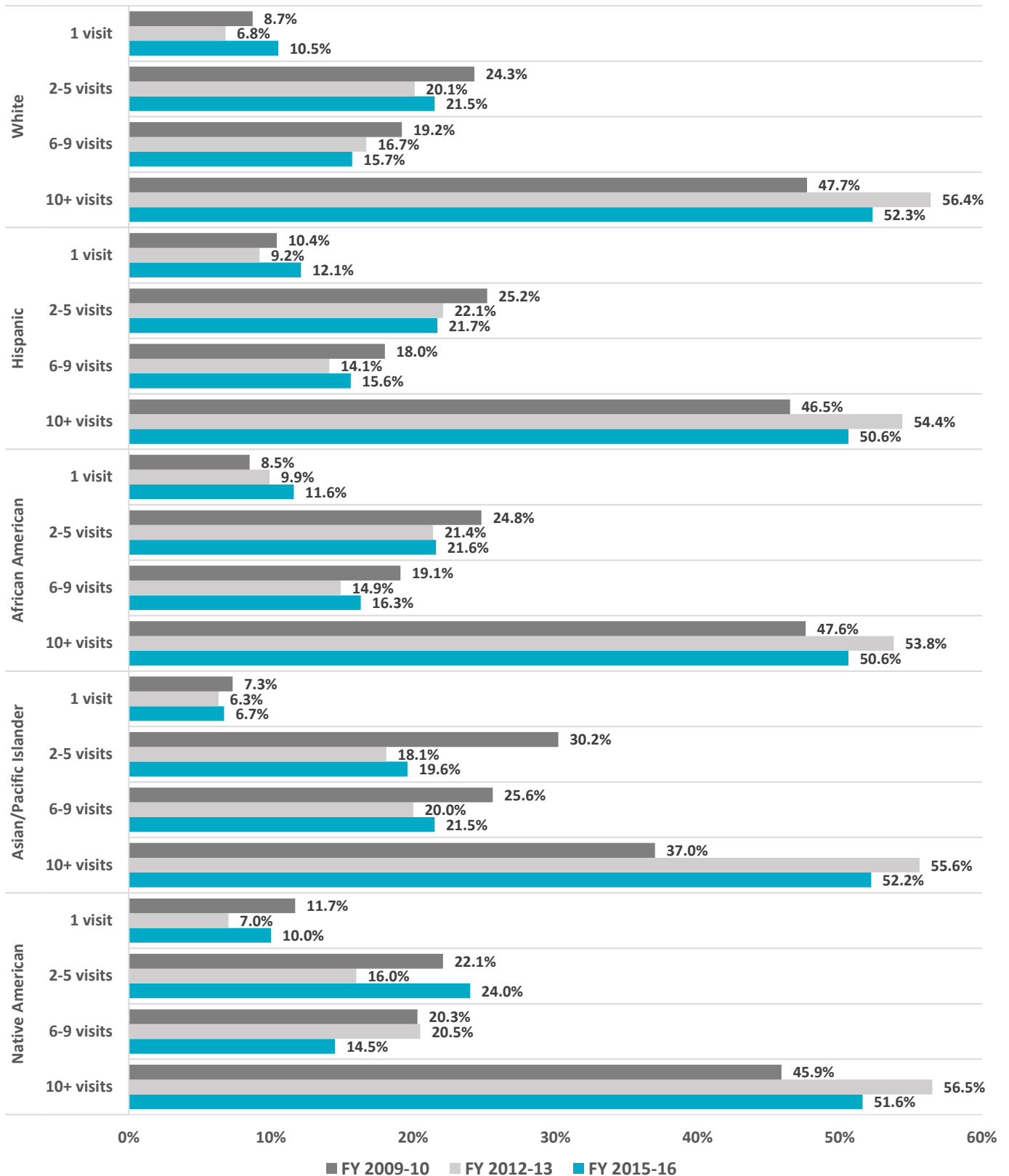
- Most clients in the AOA system engaged in services after receiving a BHA in FY 2015-16.
- When clients who only received a BHA were excluded from the retention rate analysis, the percentage of clients who only received one service visit decreased slightly, and the percentage of clients who received ten or more service visits increased slightly across all racial/ethnic groups.

* Range refers to the percentage of clients in all racial/ethnic groups.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA SOC Retention*: Number of Visits by Race/Ethnicity

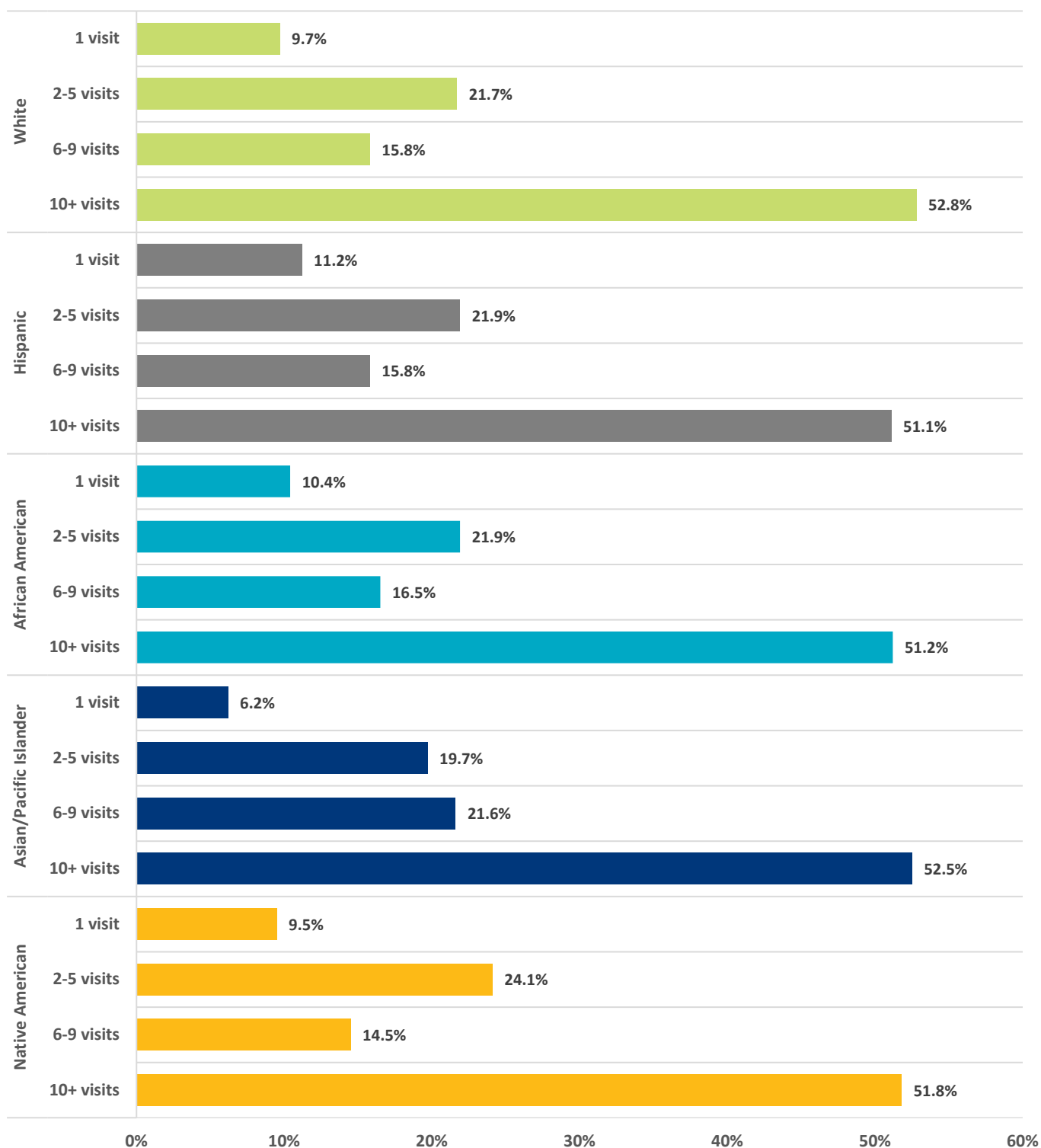


* Clients who only received a behavioral health assessment (BHA) are included for comparison to previous fiscal years.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA SOC Retention Excluding BHA Only Visit*: Number of Visits by Race/Ethnicity
FY 2015-16



* Some clients who received services from the AOA SOC only received a behavioral health assessment (BHA), and no additional services. As it could be argued that these clients never engaged in services and should not be counted towards retention rates, the retention rate analysis for FY 2015-16 is also presented without clients who only received a BHA and no additional AOA services.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Type of Service Used

Disparities in Type of Service Used

A goal of the CYF and AOA Systems of Care has been to increase use of outpatient services and decrease use of inpatient/emergency services. The following section examines the types of services used by all CYF and AOA clients across specific age groups within each system, and racial/ethnic groups for three fiscal years: 2009-10, 2012-13, and 2015-16.

CYF Type of Service Used by Age

A goal of the CYF SOC has been to increase use of outpatient services and decrease use of inpatient/ESU services. Types of services used by all CYF SOC clients were examined for FYs 2009-10, 2012-13, and 2015-16 across four age groups: 0-5, 6-11, 12-17, 18+. Utilization rates were calculated as the number of clients within each age group who used a specific type of service, divided by the number of total clients within that age group. These data are presented in the graph on page 38.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 9.

- 94.6% of all clients used only outpatient services in FY 2015-16. This represents a 3% decrease from FY 2012-13.
- 4.3% of clients used only juvenile forensic services (JFS) during FY 2015-16.
- Clients ages 18+ used more JFS-only services and less outpatient-only services than the other age groups.
- Utilization rates for JFS-only services increased from FY 2012-13 for clients ages 12-17 (1.5% to 6.4%), and for those 18+ (8.2% to 21.0%), as utilization rates for outpatient services for these clients decreased.

CYF Type of Service Used by Race/Ethnicity

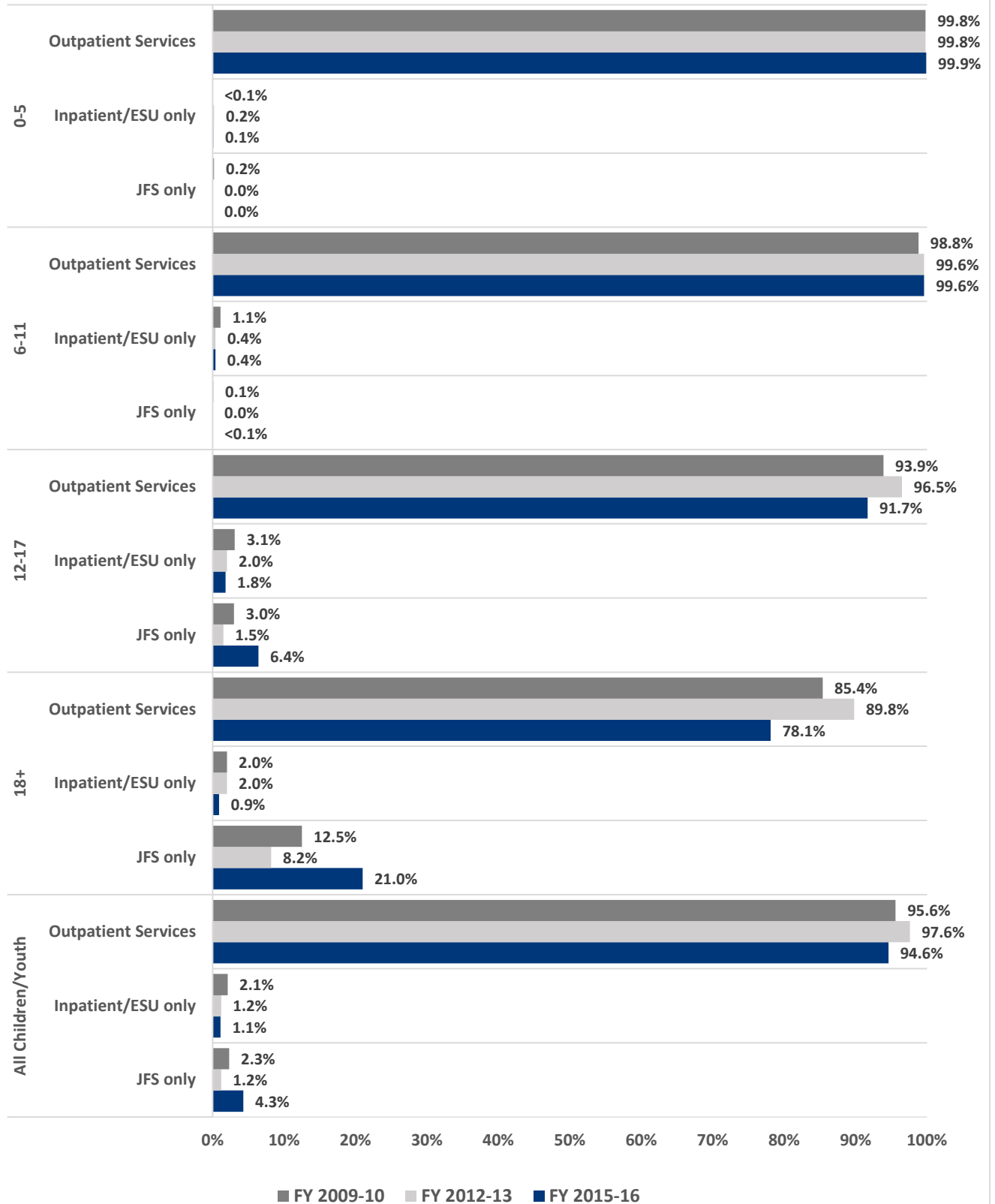
Types of services used by CYF SOC clients were examined for FYs 2009-10, 2012-13, and 2015-16 across five racial/ethnic groups: White, Hispanic, African American, Asian/Pacific Islander, and Native American. Utilization rates were calculated as the number of clients within a specific racial/ethnic group who used a specific type of service, divided by the number of total clients within that race/ethnicity group. These data are presented in the graph on page 39.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 10.

- The majority of clients in each racial/ethnic group used only outpatient services, while fewer clients used only inpatient/emergency or JFS services.
- Among all racial/ethnic groups, utilization rates for JFS-only services increased since FY 2012-13, but this trend was most noticeable for African American clients (2.2% to 8.0%).
- Use of inpatient/ESU only services decreased for all racial/ethnic groups, except for White clients (1.0% to 1.2%).

PROGRESS TOWARDS REDUCING DISPARITIES IN MENTAL HEALTH SERVICES

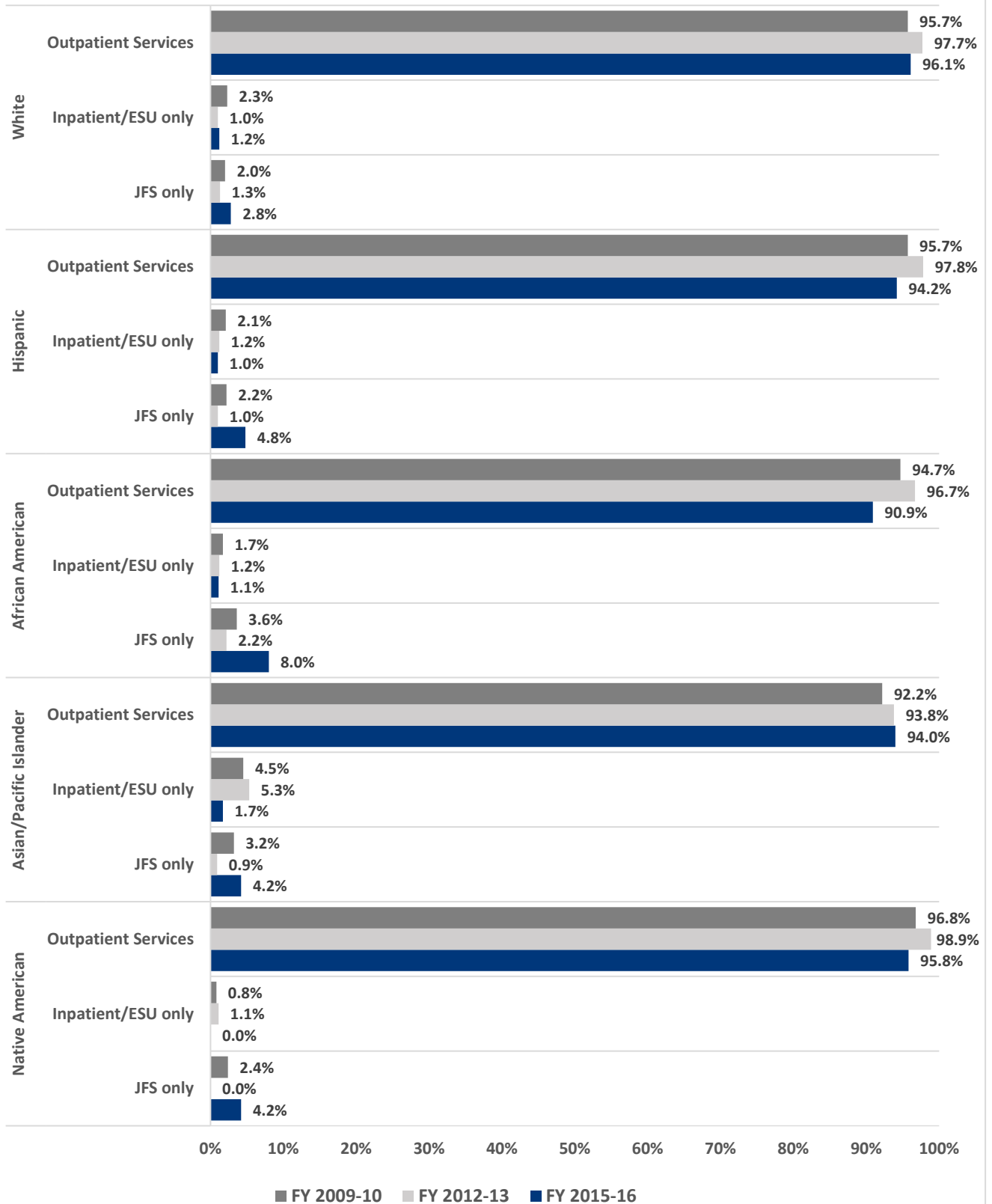
CYF SOC Type of Service by Age



Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

CYF SOC Type of Service by Race/Ethnicity



Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA Type of Service Used by Age

A goal of the AOA SOC has been to increase use of outpatient services and decrease use of inpatient/emergency services. Types of services used by AOA SOC clients were examined for FYs 2009-10, 2012-13, and 2015-16 across three age groups: <18-25, 26-59, and 60+. Utilization rates were calculated as the number of clients within each age group who used a specific type of service, divided by the number of total clients with that age group. These data are presented in the graph on page 41.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 11.

- Overall, utilization of outpatient services has steadily increased since FY 2009-10 to FY 2015-16 for the AOA system as a whole (59.7% to 71.4%), and across each age group.
- Less than half (43.5%) of clients ages <18 to 25 years used only outpatient services in FY 2009-10, and this proportion increased to 60.8% of TAY clients by FY 2015-16.
- Older adult clients were more likely than the other age groups to receive only outpatient services during all fiscal years, but by FY 2015-16, the proportion of clients between the ages of 26 and 59 years receiving only outpatient services was almost equal to that of the older adult clients (73.2% and 76.2%, respectively).
- Overall, utilization of inpatient/emergency services has decreased since FY 2009-10 to FY 2015-16 (21.3% to 16.9%).
- Compared to the other age groups, clients ages 18 to 25 years were more likely to use inpatient/emergency services, with about one-quarter of TAY clients using emergency services each FY (24.2-29.4%*).
- Use of jail only services has decreased across all three age groups since FY 2009-10.

AOA Type of Service Used by Race/Ethnicity

Types of services used by AOA SOC clients were examined for FYs 2009-10, 2012-13, and 2015-16 across five racial/ethnic groups: White, Hispanic, African American, Asian/Pacific Islander, and Native American. Utilization rates were calculated as the number of clients within a specific racial/ethnic group who used a specific type of service, divided by the number of total clients within that race/ethnicity group. These data are presented in the graph on page 42.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 12.

- Utilization of outpatient services has steadily increased since FY 2009-10 to FY 2015-16 for White, Hispanic, and African American clients.
- While utilization rates of outpatient services for Asian/Pacific Islander and Native American clients did not increase in FY 2015-16 from FY 2012-13 like the other racial/ethnic groups, utilization rates of outpatient services has historically been higher for Asian/Pacific Islander and Native American clients than the other racial/ethnic groups (72.5-79.1%[†] versus 59.3-65.8%[‡] in FY 2012-13).
- Utilization of jail only services decreased in FY 2015-16 from FY 2012-13 for racial/ethnic groups except Native American clients (11.2% to 12.3%).

* Range refers to the percentage of clients in the three fiscal years.

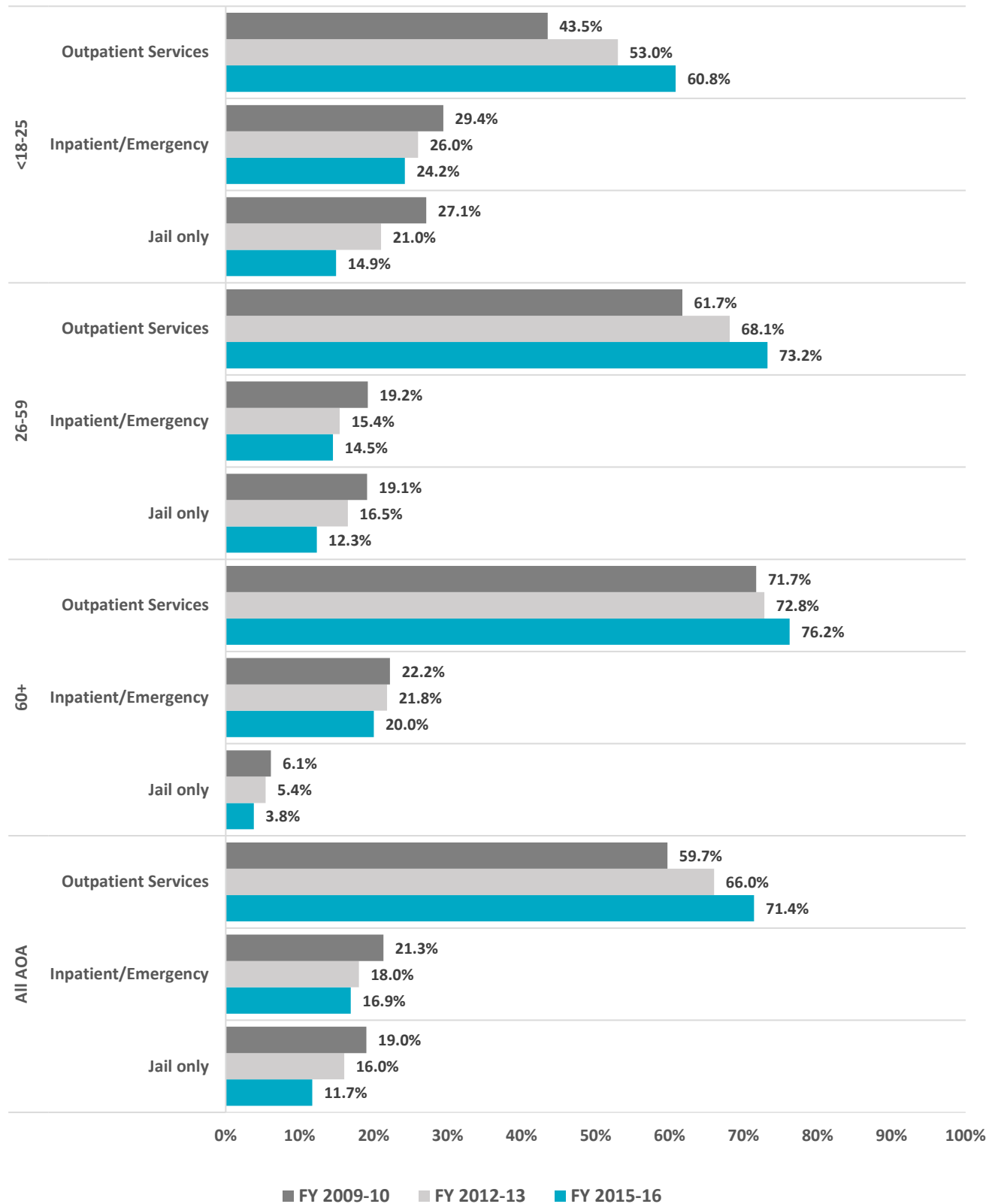
[†] Range refers to the percentage of Asian/Pacific Islander and Native American clients.

[‡] Range refers to the percentage of clients in the other racial/ethnic groups.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

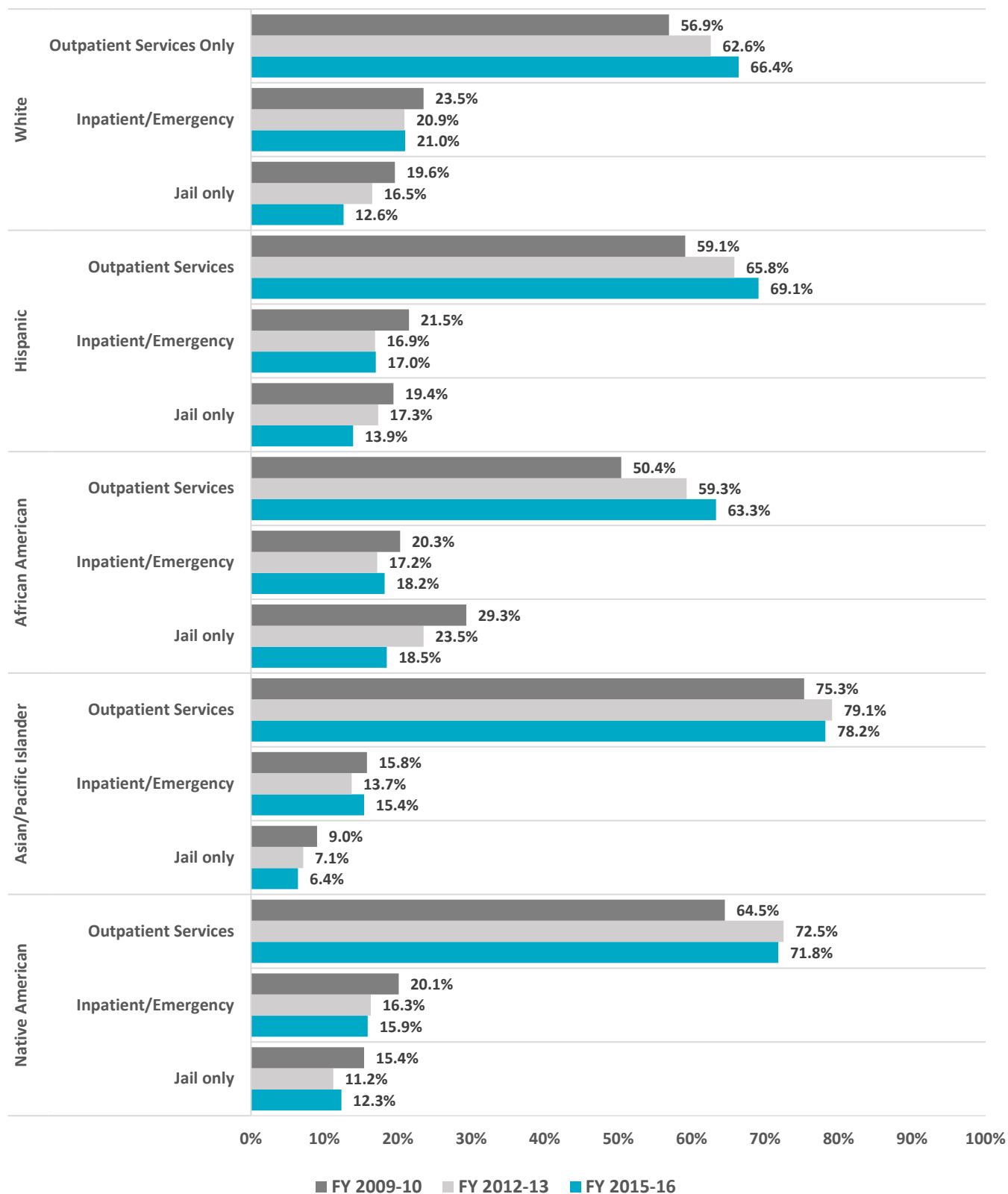
AOA SOC Type of Service by Age



Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA SOC Type of Service by Race/Ethnicity



Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Diagnosis

Disparities in Diagnosis

Children and Youth (CYF)

Diagnosis by Race/Ethnicity

Diagnosis data for children and youth clients were examined by race/ethnicity, and are displayed graphically on page 44. Due to changes in diagnostic categories to align with the ICD-10 codes during FY 2014-15, only data from FY 2015-16 is displayed on page 44. Trending data from the previous fiscal years with the former diagnostic categories is included in Appendix C. Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 14.

- White clients had the highest prevalence rates of anxiety disorders (13%) and the lowest prevalence rates of oppositional/conduct disorders (10%) of all other racial/ethnic groups.
- Hispanic and Asian/Pacific Islander clients had the lowest prevalence rates of ADHD in FY 2015-16 (10% and 11%, respectively).
- African American clients had the highest rates of externalizing disorders [i.e., oppositional/ conduct disorders (15%) and ADHD (17%)] and the lowest rates of internalizing disorders [i.e., depressive (18%) and anxiety disorders (6%)] of all other racial/ethnic groups.
- Asian/Pacific Islander clients had the highest prevalence rates of depressive disorders (26%) and the lowest prevalence rates of stressor and adjustment disorders (15%) of all other racial/ethnic groups in FY 2015-16.
- Hispanic clients had the second highest prevalence rates of both depressive disorders and oppositional/conduct disorders (22% and 13%, respectively).
- Native American clients had the lowest prevalence rates of bipolar disorders (4%) in FY 2015-16.

Adults and Older Adults (AOA)

Diagnosis by Race/Ethnicity

Diagnosis data for adults and older adult clients were examined by race/ethnicity, and are displayed graphically on page 45. Due to changes in diagnostic categories to align with the ICD-10 codes during FY 2014-15, only data from FY 2015-16 is displayed on page 45. Trending data from the previous fiscal years with the former diagnostic categories is included in Appendix C. Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 14.

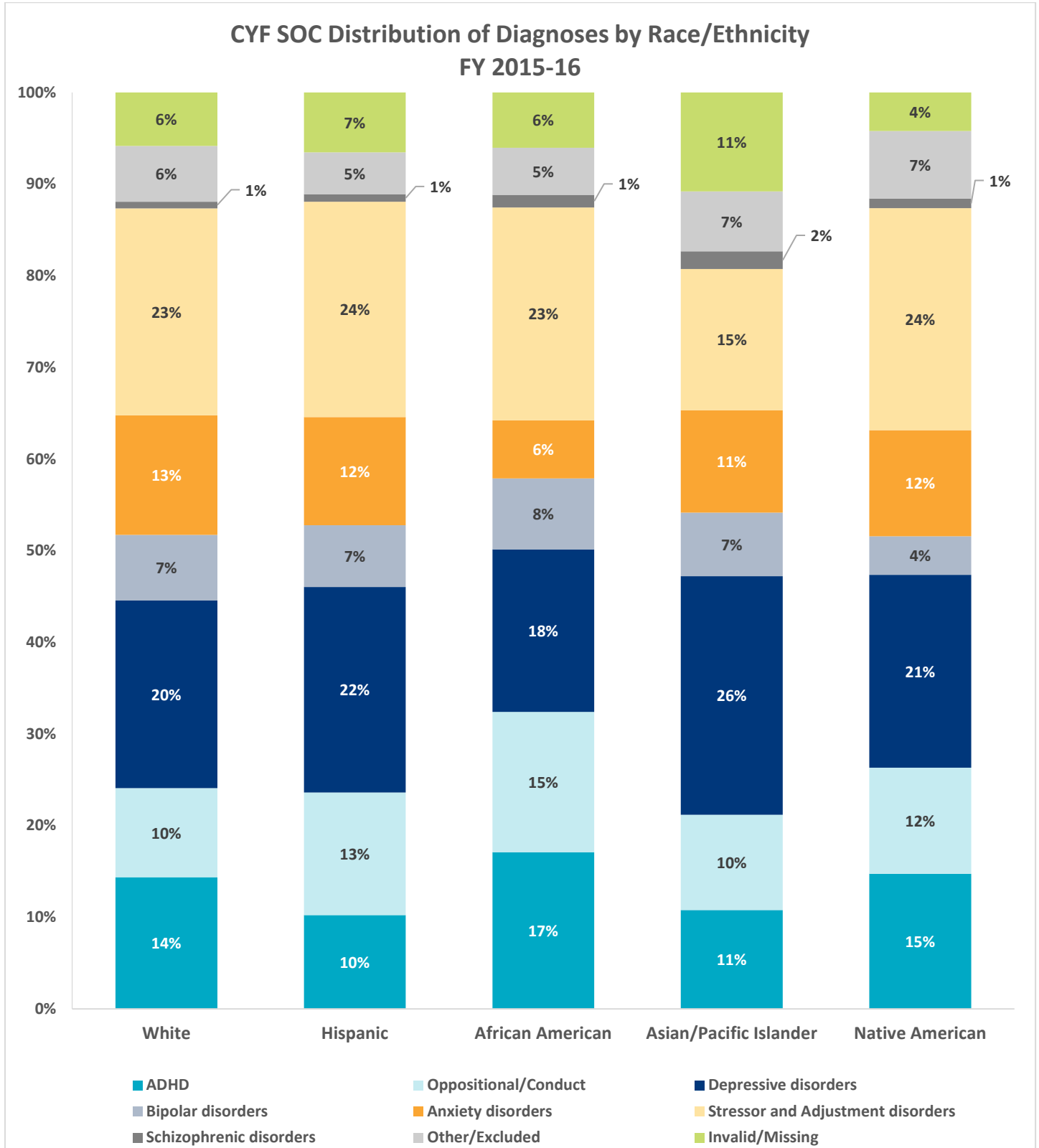
- The most common diagnosis in FY 2015-16 across all racial/ethnic groups was schizophrenia and other psychotic disorders (34% - 53%*).
- African American and Native American clients had the highest prevalence rates of schizophrenia and other psychotic disorders (53% and 50%, respectively), and the lowest prevalence rates of depressive disorders (15% and 17%, respectively) of all other racial/ethnic groups.
- White clients had the highest prevalence rates of bipolar disorders (25%) compared to other racial/ethnic groups.
- Asian/Pacific Islander and Hispanic clients had the highest prevalence rates of depressive disorders of all other racial/ethnic groups (27% and 23%, respectively).
- Asian/Pacific Islander and African American clients had the lowest prevalence rates of bipolar disorders (12% and 16%, respectively).
- Native American clients had the lowest prevalence rates of stressor and adjustment disorders (2%), compared to all other racial/ethnic groups.

* Range refers to the percentage of clients in all racial/ethnic groups.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

CYF Disparities by Race/Ethnicity*

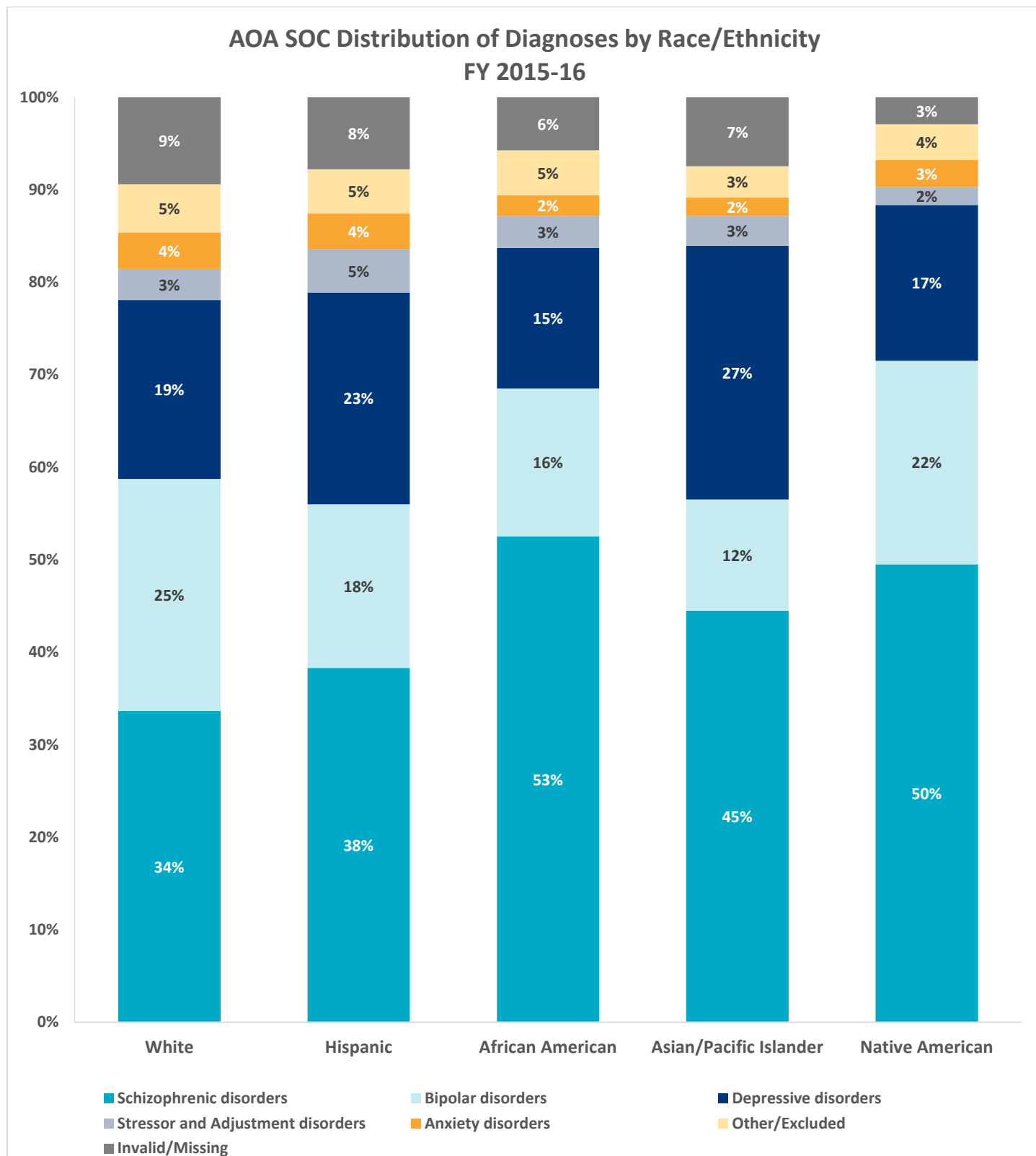


* Due to changes in diagnostic categories to align with the ICD-10 codes during FY 2014-15, data from previous fiscal years are not displayed here. Trending data from the previous fiscal years displaying the former diagnostic categories are displayed in Appendix C.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA Disparities by Race/Ethnicity*



* Due to changes in diagnostic categories to align with the ICD-10 codes during FY 2014-15, data from previous fiscal years are not displayed here. Trending data from the previous fiscal years displaying the former diagnostic categories are displayed in Appendix C.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Transition Age Youth (TAY) Ages 18-25



Factsheet: TAY

Total Clients Served

7,527 transition-age youth (TAY) clients were served by the AOA SOC in FY 2015-16.

Age and Gender

Half (50%) of TAY clients served in FY 2015-16 were between the ages of 22 and 25 years. More than one-third of TAY clients served were between the ages of 18 and 21 years (38%). More male TAY clients than female TAY clients were served by the AOA SOC in FY 2015-16 (57% versus 43%).

Preferred Language

The majority (82%) of TAY clients reported that English was their preferred language.

Top 3 Diagnoses

1. Schizophrenia & other psychotic disorders (24%)
2. Depressive disorders (22%)
3. Bipolar disorders (21%)

Service Utilization (Penetration Rates)

FY 2009-10	8.1%
FY 2012-13	7.6%
FY 2015-16	7.3%

Engagement (Retention* Rates)

FY 2009-10	<6 visits	40.8%
	10+ visits	41.4%
FY 2012-13	<6 visits	38.7%
	10+ visits	45.9%
FY 2015-16	<6 visits	45.6%
	10+ visits	39.6%

* Includes clients who received a BHA, but no other AOA SOC services.

Type of Service Used in FY 2015-16

More than half of TAY clients used only outpatient services in FY 2015-16 (60.8%), about one-quarter used inpatient/emergency services (24.2%), and the remaining 14.9% used only services provided in jail.

Insurance Status in FY 2015-16

17% of TAY clients were uninsured in FY 2015-16.

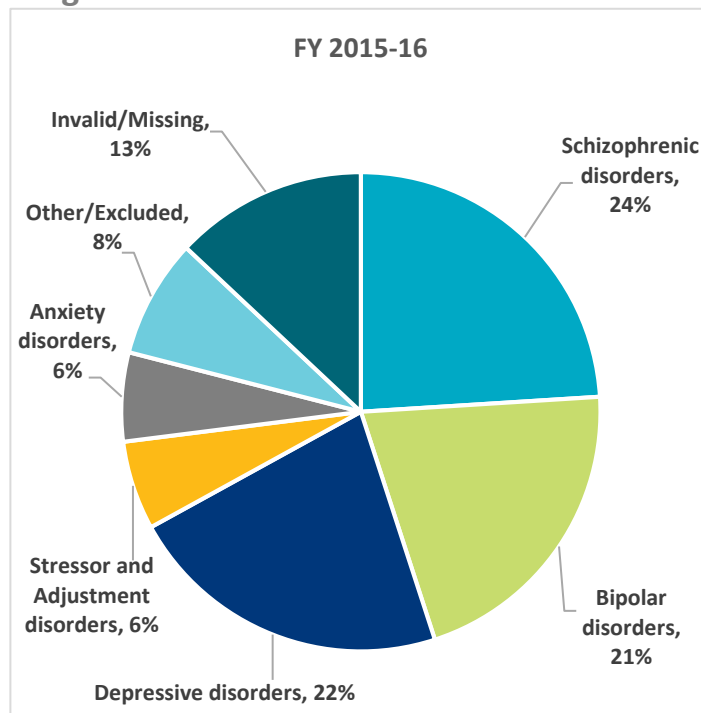
Age

	FY 2009-10	FY 2012-13	FY 2015-16
<18*	9%	12%	12%
18-21	43%	40%	38%
22-25	48%	48%	50%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	41%	38%	43%
Males	59%	61%	57%
Other/Unknown	<1%	<1%	<1%

Diagnosis



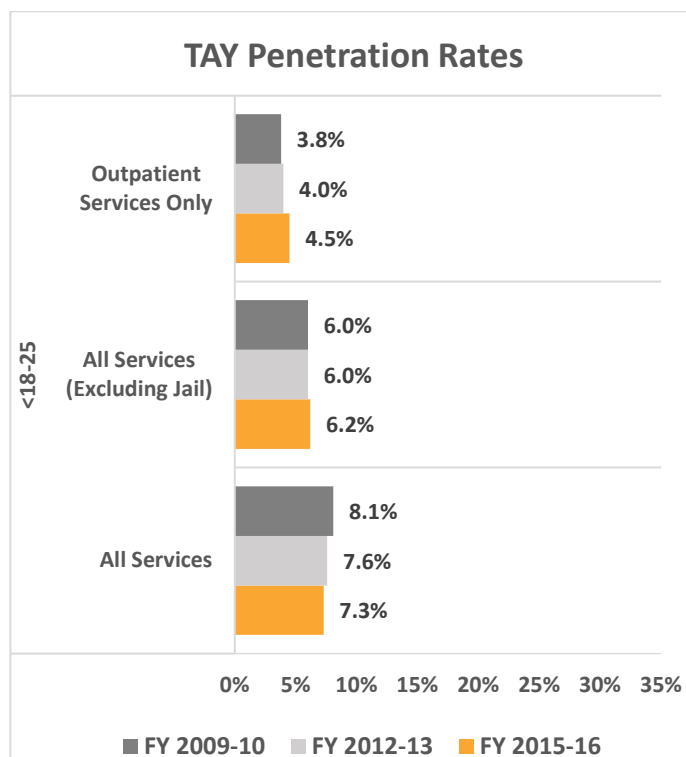
TAY Penetration Rates

Penetration rates for 1) all services, 2) all services (excluding jail), and 3) outpatient only services were examined for TAY in FYs 2009-10, 2012-13, and 2015-16. The category excluding services provided while in jail allows for the examination of penetration rates uninfluenced by mandatory services, such as those provided as part of the justice system.

Penetration rates were calculated as the number of actual TAY clients who received services divided by the number of potential TAY clients (San Diego County TAY residents under 200% FPL who were either uninsured or Med-Cal beneficiaries).

Detailed tabular data for all three fiscal years are provided in Appendix B, Table 3.

- Compared to previous fiscal years, penetration rates for TAY clients decreased when considering all services in FY 2015-16 (8.1% to 7.3%).
- Considering outpatient services only, penetration rates for TAY showed an increasing trend from FY 2009-10 to FY 2015-16 (3.8% to 4.5%).

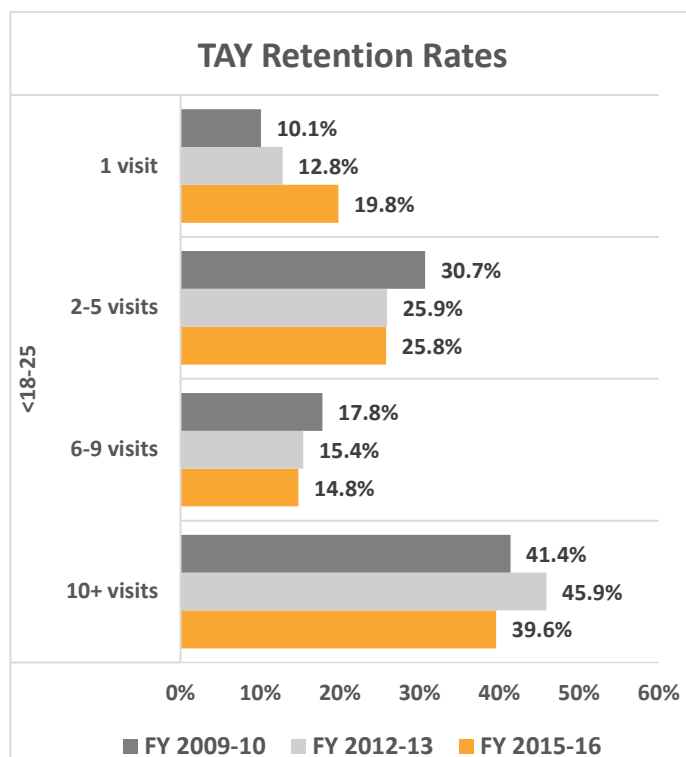


TAY Retention Rates

Retention rates for outpatient services for TAY BHS clients were examined in FYs 2009-10, 2012-13, and 2015-16. Services considered to be outpatient services include Assertive Community Treatment (ACT), Behavioral Health Court, Case Management, Fee-For-Service, and Prevention services. Retention rates were defined as the number of outpatient visits for each TAY client during the fiscal year.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 7.

- Less than half (39.6%) of TAY clients served by the AOA SOC in FY 2015-16 received 10 or more service visits, which is a decrease from FY 2012-13 (45.9%) and FY 2009-10 (41.4%).
- About one-quarter (25.8%) of TAY clients had 2-5 visits in FY 2015-16, which is similar to the proportion observed in FY 2012-13 (25.9%), and slightly less than in FY 2009-10 (30.7%).
- The proportion of TAY clients who only received one AOA SOC service visit has almost doubled from FY 2009-10 to FY 2015-16 (10.1% to 19.8%).

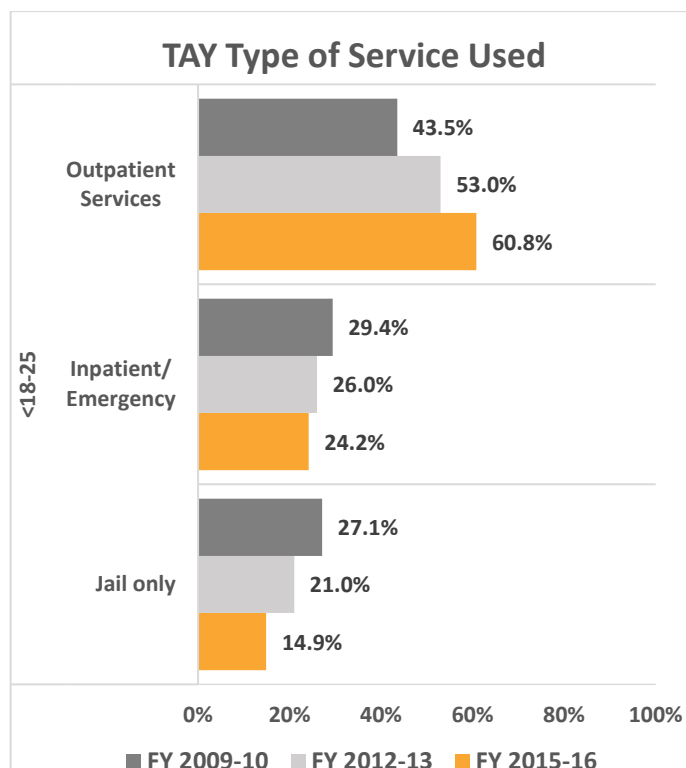


TAY Type of Service Used

A goal of the AOA SOC has been to increase use of outpatient services and decrease use of inpatient/emergency services. Types of services used by TAY clients were examined for FYs 2009-10, 2012-13, and 2015-16. Utilization rates were calculated as the number of TAY clients who used a specific type of service divided by the number of total TAY clients.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 11.

- TAY clients' usage of inpatient/emergency services has decreased since FY 2009-10 (29.4% to 24.2%)
- TAY clients used more outpatient services in FY 2015-16 than in either FY 2009-10 or FY 2012-13 (60.8% versus 43.5% and 53.0%, respectively).
- Use of jail only services has decreased among TAY clients since FY 2009-10 (27.1% to 14.9%).



Older Adults (OA) Ages 60+



Factsheet: OA

Total Clients Served

5,592 older adult (OA) clients were served by the AOA SOC in FY 2015-16.

Age and Gender

Approximately three-quarters (77%) of the OA clients served by the AOA SOC in FY 2015-16 were between the ages of 60 and 69 years. Historically, more female OA clients have been served than male OA clients (55-59%* versus 41-44%*, respectively).

Preferred Language

Most OA clients reported that English was their preferred language (68%). Language preference was unknown or unavailable for 16% of OA clients.

Top 3 Diagnoses

1. Schizophrenia & other psychotic disorders (33%)
2. Depressive disorders (28%)
3. Bipolar disorders (13%)

Service Utilization (Penetration Rates)

FY 2009-10	6.8%
FY 2012-13	6.7%
FY 2015-16	7.8%

Engagement (Retention* Rates)

FY 2009-10	<6 visits	35.7%
	10+ visits	44.5%
FY 2012-13	<6 visits	31.3%
	10+ visits	50.2%
FY 2015-16	<6 visits	40.7%
	10+ visits	44.2%

* Includes clients who received a BHA, but no other AOA SOC services.

Type of Service Used in FY 2015-16

More than three-quarters of OA clients used outpatient services in FY 2015-16 (76.2%), 20.0% used only inpatient/emergency services, while 3.8% used only services provided in jail.

Insurance Status in FY 2015-16

15% of OA clients were uninsured in FY 2015-16.

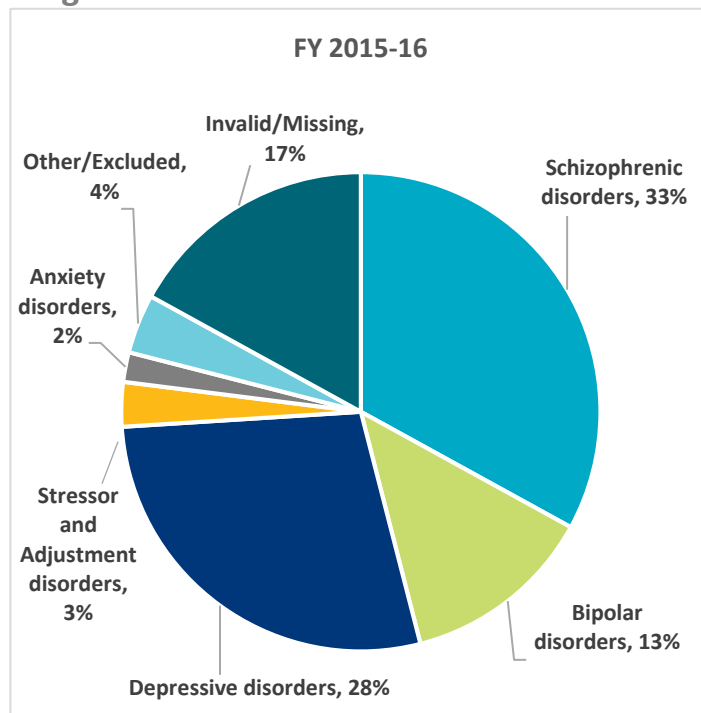
Age

	FY 2009-10	FY 2012-13	FY 2015-16
60-69	75%	76%	77%
70-79	15%	15%	16%
80+	10%	9%	8%

Gender

	FY 2009-10	FY 2012-13	FY 2015-16
Females	59%	57%	55%
Males	41%	43%	44%
Other/Unknown	<1%	<1%	<1%

Diagnosis



* Range refers to the percentage of clients in the three fiscal years.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

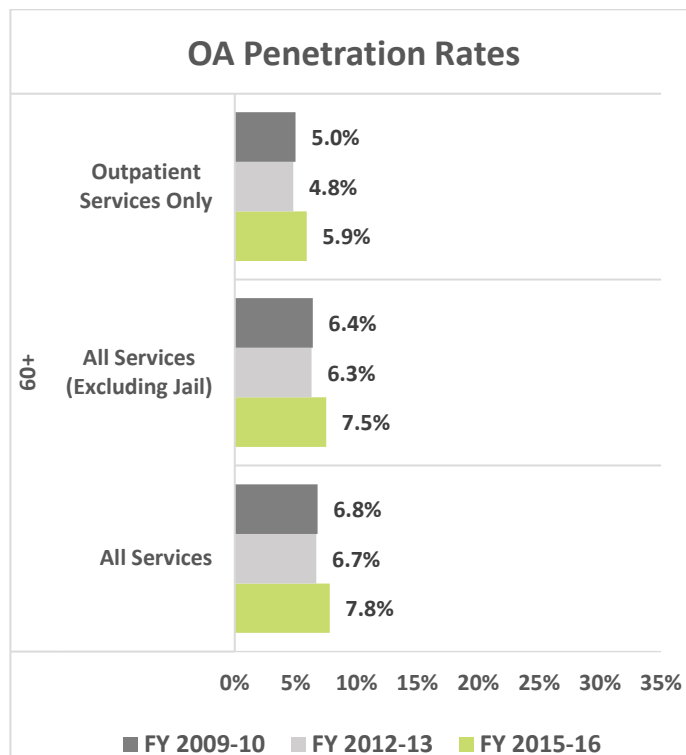
OA Penetration Rates

Penetration rates for 1) all services, 2) all services (excluding jail), and 3) outpatient only services were examined for older adults in FYs 2009-10, 2012-13, and 2015-16. The category excluding services provided while in jail allows for the examination of penetration rates uninfluenced by mandatory services, such as those provided as part of the justice system.

Penetration rates were calculated as the number of actual OA clients who received services divided by the number of potential OA clients (San Diego County residents under 200% FPL who were either uninsured or Med-Cal beneficiaries).

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 3.

- Compared to previous fiscal years, penetration rates for all OA clients increased in FY 2015-16.

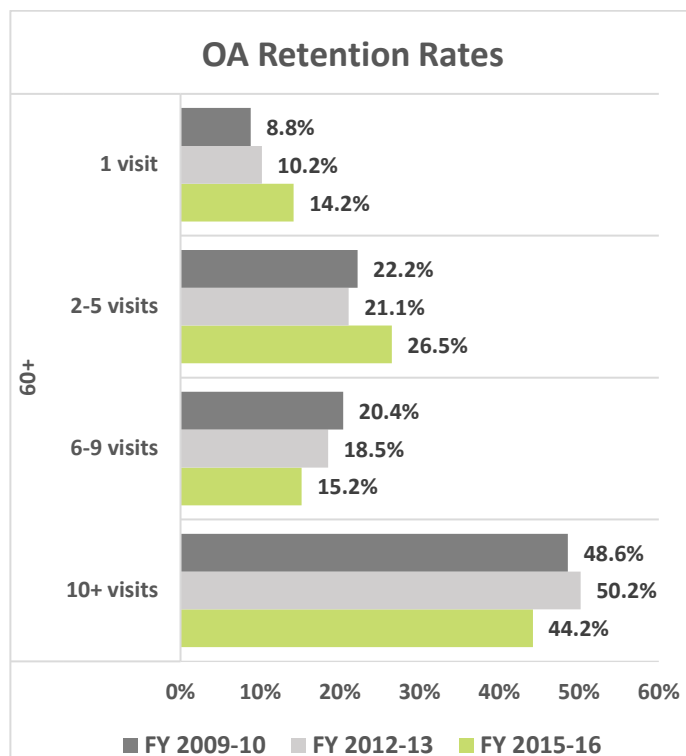


OA Retention Rates

Retention rates for outpatient services for OA SOC clients were examined in FYs 2009-10, 2012-13, and 2015-16. Services considered to be outpatient services include Assertive Community Treatment (ACT), Behavioral Health Court, Case Management, Fee-For-Service, and Prevention services. Retention rates were defined as the number of outpatient visits for each client during the fiscal year.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 7.

- Less than half (44.2%) of OA clients served by the AOA SOC in FY 2015-16 received more than 10 service visits, which is a decrease from FY 2012-13 (50.2%).
- More than one-quarter (26.5%) of OA clients had 2-5 visits in FY 2015-16.
- The proportion of OA clients only receiving one service visit has increased from previous fiscal years (8.8% to 10.2% to 14.2%).

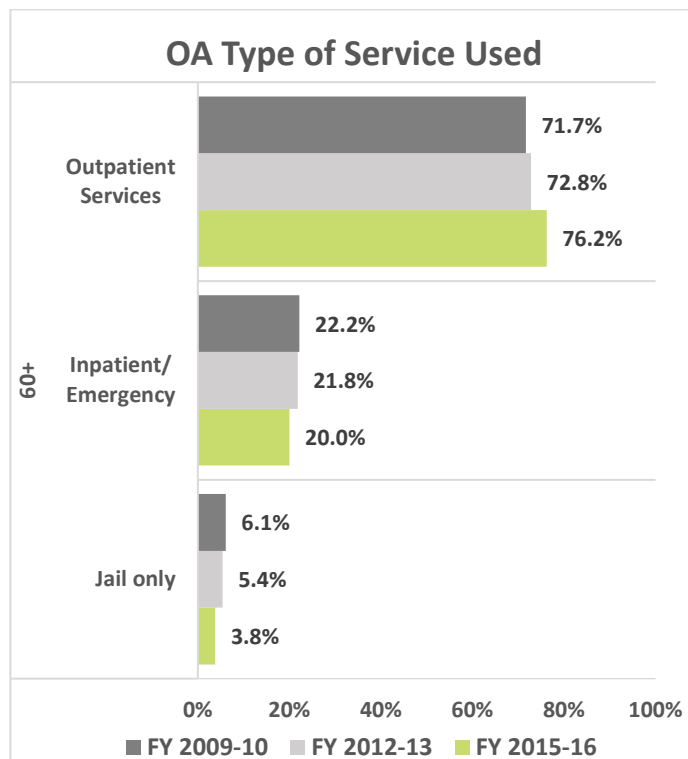


OA Type of Service Used

A goal of the AOA SOC has been to increase use of outpatient services and decrease use of inpatient/emergency services. Types of services used by OA clients were examined for FYs 2009-10, 2012-13, and 2015-16. Utilization rates were calculated as the number of OA clients who used a specific type of service divided by the number of total OA clients.

Detailed tabular data for FY 2015-16 are provided in Appendix B, Table 11.

- OA clients' usage of inpatient/emergency services decreased slightly in FY 2015-16 from the previous fiscal years (22.2% in FY 2009-10 and 21.8% in FY 2012-13 to 20.0% in FY 2015-16).
- OA clients used a greater proportion of outpatient services in FY 2015-16 compared to previous fiscal years (76.2% compared to 71.7% in FY 2009-10 and 72.8% in FY 2012-13).
- Use of jail only services by OA clients decreased over the last three fiscal years included in this report (6.1% to 3.8%).



Appendices

Appendix A: Glossary

200% Federal Poverty Level (FPL): Poverty level requirements to be eligible for the County of San Diego Behavioral Health Services; annual income for family of two is less than \$32,000.

Assertive Community Treatment (ACT): ACT is a team-based approach to delivering comprehensive and flexible treatment, support, and services. ACT programs provide extensive service for individuals who experience serious mental illness. People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive mental health services.

Adult and Older Adult System of Care (AOA SOC): AOA SOC provides services to transition age youth (TAY), adults, and older adults (OA) with severe, persistent mental health needs, or those experiencing a mental health crisis.

Behavioral Health Assessment (BHA): An assessment designed to evaluate the current status of a client's mental, emotional, or behavioral health. The document includes, but is not limited to: mental status determination, analysis of client's clinical history, analysis of relevant cultural issues, client's history, and diagnosis. The BHA justifies whether client meets Title 9 criteria for medical necessity and informs service delivery to be offered to the client.

Behavioral Health (BH) Court: BH Court is an alternative court for a mentally ill offender of the law. BH Court's purpose is to reduce the recidivism of criminal defendants who suffer from serious mental illness by connecting these defendants with community treatment services, and to find appropriate dispositions to the criminal charges by considering the defendant's mental illness and the seriousness of the offense.

Case Management (CM): CM services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assists clients with linking to community services such as education, work, and social programs. The service activities may include, but are not limited to: supportive counseling, coordination, and referral; ensuring access to service delivery system; and assessment, service plan development, and monitoring client progress.

Crisis Outpatient (CO): CO services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.

Crisis Residential (CR): CR services are provided in a 24-hour, acute, outpatient mental health setting to adults who are experiencing a crisis and require 24-hour support and referrals.

Crisis Stabilization (CS): CS services are short-term and are provided to adults with mental health conditions who are experiencing a crisis and are delivered at certified sites.

Children, Youth, and Families System of Care (CYF SOC): CYF SOC provides services to youth with serious emotional disturbances who are ages 0-17 years, with a small number of programs serving young adults ages 18 years and older.

Disparities: Differences of inequalities between groups of people.

Edgemoor: An inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; and recreational, occupational, physical, speech, and respiratory therapies.

Eligible Clients (Target Population): Eligible clients were defined as those individuals in San Diego County who were uninsured or Medi-Cal eligible, and under 200% of the FPL that could potentially have a serious mental illness.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Emergency/Crisis Services: One-time use services, such as Crisis Outpatient (CO), Crisis Stabilization (CS), Crisis Residential (CR), and the Psychiatric Emergency Response Team (PERT).

Externalizing Disorders: Constitutes acting-out behaviors, such as aggression, impulsivity, and noncompliance. Common externalizing disorders include Attention-Deficit/Hyperactivity Disorder (ADHD) and Oppositional/Conduct Disorders.

Fee-for-Service (FFS): FFS services are primarily from licensed clinicians in private practice who get reimbursed for services rendered to clients. These providers are spread out over the county and represent a diversity of discipline, cultural-linguistic groups, and genders in order to provide choice for eligible clients.

Inpatient Services: Acute services in psychiatric inpatient hospitals.

Internalizing Disorders: Describes withdrawn, depressed, and anxious behaviors. Common internalizing disorders include Depressive and Anxiety Disorders.

Jail Services: Specialty Mental Health services provided to those serving jail sentences.

Juvenile Forensic Services (JFS) Stabilization, Treatment, and Transition (STAT) Team: JFS STAT team provides mental health services to youth in the Department of Probation juvenile detention and rehabilitation institutions. The STAT Team provides crisis intervention, traditional psychotherapy and assessment, psychiatric evaluation and medication management, and innovative mental health services in the institutions.

Long Term Care (LTC): Services provided in residential settings that provide long-term care, offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living, and are licensed by the state.

Outpatient Services: Services include case management (CM), individual or group therapy, and/or medication management.

Penetration: The degree to which services are used.

Prevention Services: Programs that bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue.

Psychiatric Emergency Response Team (PERT): PERT pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.

Racial/Ethnic Identity: Identifying with a specific racial or ethnic group.

Residential Services: Services provided to persons with serious mental illness through a residential setting which provides 24/7 care and supervision as needed (unless otherwise authorized by the County to provide residential services that do not include care and supervision).

Retention: The ability to retain clients in services for a desired or necessary amount of time to maximize treatment effects.

Transition Age Youth (TAY): TAY clients ages 18-25 who received services in the AOA System of Care.

Utilization: The manner in which a service is used.

Appendix B: Tabular Data

Table 1. CYF SOC Penetration Rates by Age

Age: All Services	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
0-5	84,348	87,508	95,072	2,075	2,232	2,118	2.5%	2.6%	2.2%
6-11	81,508	84,561	91,870	5,129	5,992	5,836	6.3%	7.1%	6.4%
12-17*	75,830	78,671	85,471	9,623	9,191	9,347	12.7%	11.7%	10.9%
Total	241,686	250,740	272,413	16,827	17,415	17,301	7.0%	6.9%	6.4%

* Category includes a small percentage of total clients served ages 18+ who also received services through CYF SOC.

Table 2. CYF SOC Penetration Rates by Race/Ethnicity*

Race/Ethnicity: All Services	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
White	30,705	31,855	34,144	4,198	3,805	3,463	13.7%	11.9%	10.1%
Hispanic	171,177	177,589	190,351	8,990	10,346	9,777	5.3%	5.8%	5.1%
African American	21,212	22,007	23,588	2,318	2,044	1,691	10.9%	9.3%	7.2%
Asian/Pacific Islander	13,667	14,179	15,198	464	437	519	3.4%	3.1%	3.4%
Native American	4,925	5,109	5,476	125	91	95	2.5%	1.8%	1.7%
Total	241,686	250,739	268,757	16,095	16,723	15,545	6.7%	6.7%	5.8%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

Table 3. AOA SOC Penetration Rates by Age

Age: All Services	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
<18-25	91,188	94,604	102,781	7,405	7,158	7,527	8.1%	7.6%	7.3%
26-59	248,168	257,464	279,718	31,272	29,157	29,686	12.6%	11.3%	10.6%
60+	69,151	71,741	71,741	4,706	4,809	5,592	6.8%	6.7%	7.8%
Total	408,507	423,809	454,240	43,383	41,124	42,805	10.6%	9.7%	9.4%

Age: All Services, Excluding Jail Only*	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
<18-25	91,188	94,604	102,781	5,463	5,655	6,402	6.0%	6.0%	6.2%
26-59	248,168	257,464	279,718	25,517	24,358	26,028	10.3%	9.5%	9.3%
60+	69,151	71,741	71,741	4,434	4,554	5,380	6.4%	6.3%	7.5%
Total	408,507	423,809	454,240	35,414	34,567	37,810	8.7%	8.2%	8.3%

* Excluding services provided while in jail allows for the examination of penetration rates uninfluenced by mandatory services, such as those provided as part of the justice system.

PROGRESS TOWARDS REDUCING DISPARITIES IN MENTAL HEALTH SERVICES

Age: Outpatient Services	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
<18-25	91,188	94,604	102,781	3,426	3,787	4,578	3.8%	4.0%	4.5%
26-59	248,168	257,464	279,718	19,906	19,821	21,694	8.0%	7.7%	7.8%
60+	69,151	71,741	71,741	3,424	3,469	4,215	5.0%	4.8%	5.9%
Total	408,507	423,809	454,240	26,756	27,077	30,487	6.5%	6.4%	6.7%

Table 4. AOA SOC Penetration Rates by Race/Ethnicity*

Race/Ethnicity: All Services	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
White	73,047	75,783	81,229	22,077	19,619	18,227	30.2%	25.9%	22.4%
Hispanic	204,106	211,751	226,968	8,801	9,294	9,671	4.3%	4.4%	4.3%
African American	25,939	26,911	28,845	5,310	5,348	5,211	20.5%	19.9%	18.1%
Asian/Pacific Islander	29,561	30,668	32,872	2,452	2,147	2,283	8.3%	7.0%	6.9%
Native American	6,703	6,954	7,454	318	276	309	4.7%	4.0%	4.1%
Total	339,356	352,067	377,368	38,958	36,684	35,701	11.5%	10.4%	9.5%

Race/Ethnicity: All Services, Excluding Jail Only**	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
White	73,047	75,783	81,229	17,897	16,394	15,933	24.5%	21.6%	19.6%
Hispanic	204,106	211,751	226,968	7,183	7,692	8,334	3.5%	3.6%	3.7%
African American	25,939	26,911	28,845	3,809	4,095	4,249	14.7%	15.2%	14.7%
Asian/Pacific Islander	29,561	30,668	32,872	2,236	1,994	2,137	7.6%	6.5%	6.5%
Native American	6,703	6,954	7,454	275	245	271	4.1%	3.5%	3.6%
Total	339,356	352,067	377,368	31,400	30,420	30,924	9.3%	8.6%	8.2%

Race/Ethnicity: Outpatient Services	Potential Clients			Actual Clients			Penetration Rate		
	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16	2009-10	2012-13	2015-16
White	73,047	75,783	81,229	13,034	12,242	12,062	17.8%	16.2%	14.8%
Hispanic	204,106	211,751	226,968	5,444	6,106	6,670	2.7%	2.9%	2.9%
African American	25,939	26,911	28,845	2,801	3,156	3,289	10.8%	11.7%	11.4%
Asian/Pacific Islander	29,561	30,668	32,872	1,866	1,694	1,780	6.3%	5.5%	5.4%
Native American	6,703	6,954	7,454	222	200	221	3.3%	2.9%	3.0%
Total	339,356	352,067	377,368	23,367	23,398	24,022	6.9%	6.6%	6.4%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

** Excluding clients who only received services while in jail allows for the examination of penetration rates uninfluenced by mandatory services, such as those provided as part of the justice system.

PROGRESS TOWARDS REDUCING DISPARITIES IN MENTAL HEALTH SERVICES

Table 5. CYF SOC Retention Rates by Age (FY 2015-16)

Age: All Services	1 session		2-5 sessions		6-9 sessions		10-12 sessions		13+ sessions		Overall	
	Clients	Rate*	Clients	Rate*	Clients	Rate*	Clients	Rate*	Clients	Rate*	Clients	Rate*
0-5	862	40.7%	318	15.0%	163	7.7%	127	6.0%	647	30.6%	2,117	100.0%
6-11	565	9.7%	1,168	20.1%	847	14.5%	570	9.8%	2,674	45.9%	5,824	100.0%
12-17	705	8.6%	1,766	21.5%	1,119	13.6%	689	8.4%	3,929	47.9%	8,208	100.0%
18+	81	8.7%	218	23.5%	128	13.8%	70	7.5%	432	46.5%	929	100.0%
Total	2,213	13.0%	3,470	20.3%	2,257	13.2%	1,456	8.5%	7,682	45.0%	17,078	100.0%

* Rate = Retention rate

Table 6. CYF SOC Retention Rates by Race/Ethnicity* (FY 2015-16)

Race/Ethnicity: All Services	1 session		2-5 sessions		6-9 sessions		10-12 sessions		13+ sessions		Overall	
	Clients	Rate**	Clients	Rate**	Clients	Rate**	Clients	Rate**	Clients	Rate**	Clients	Rate**
White	384	11.3%	608	17.8%	444	13.0%	274	8.0%	1,703	49.9%	3,413	100.0%
Hispanic	1,195	12.3%	1,896	19.6%	1,273	13.1%	858	8.9%	4,460	46.1%	9,682	100.0%
African American	174	10.4%	301	18.1%	183	11.0%	126	7.6%	882	52.9%	1,666	100.0%
Asian/Pacific Islander	70	13.8%	100	19.8%	58	11.5%	48	9.5%	230	45.5%	506	100.0%
Native American	11	12.0%	14	15.2%	15	16.3%	4	4.3%	48	52.2%	92	100.0%
Total	1,834	11.9%	2,919	19.0%	1,973	12.8%	1,310	8.5%	7,323	47.7%	15,359	100.0%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

** Rate – Retention rate

Table 7. AOA SOC Retention Rates by Age (FY 2015-16)

Age: Outpatient Services* BHA Included	1 visit		2-5 visits		6-9 visits		10+ visits		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
<18-25	905	19.8%	1,181	25.8%	676	14.8%	1,814	39.6%	4,576	100.0%
26-59	3,106	14.3%	5,191	23.9%	3,528	16.3%	9,866	45.5%	21,691	100.0%
60+	597	14.2%	1,117	26.5%	639	15.2%	1,862	44.2%	4,215	100.0%
Total	4,608	15.1%	7,489	24.6%	4,843	15.9%	13,542	44.4%	30,482	100.0%

Age: Outpatient Services* BHA Excluded	1 visit		2-5 visits		6-9 visits		10+ visits		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
<18-25	830	18.4%	1,181	26.2%	676	15.0%	1,814	40.3%	4,501	100.0%
26-59	2,964	13.8%	5,191	24.1%	3,528	16.4%	9,866	45.8%	21,549	100.0%
60+	578	13.8%	1,117	26.6%	639	15.2%	1,862	44.4%	4,196	100.0%
Total	4,372	14.5%	7,489	24.8%	4,843	16.0%	13,542	44.8%	30,246	100.0%

* Outpatient services include ACT, BH Court, Case Management, FFS, Outpatient, and Prevention type services.

Note: BHA = Behavioral Health Assessment

PROGRESS TOWARDS REDUCING DISPARITIES IN MENTAL HEALTH SERVICES

Table 8. AOA SOC Retention Rates by Race/Ethnicity* (FY 2015-16)

Race/Ethnicity: Outpatient Services' BHA Included	1 visit		2-5 visits		6-9 visits		10+ visits		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
White	1,265	10.5%	2,595	21.5%	1,894	15.7%	6,308	52.3%	12,062	100.0%
Hispanic	804	12.1%	1,449	21.7%	1,043	15.6%	3,374	50.6%	6,670	100.0%
African American	380	11.6%	711	21.6%	535	16.3%	1,663	50.6%	3,289	100.0%
Asian/Pacific Islander	120	6.7%	348	19.6%	382	21.5%	930	52.2%	1,780	100.0%
Native American	22	10.0%	53	24.0%	32	14.5%	114	51.6%	221	100.0%
Total	2,591	10.8%	5,156	21.5%	3,886	16.2%	12,389	51.6%	24,022	100.0%

Race/Ethnicity: Outpatient Services' BHA Excluded	1 visit		2-5 visits		6-9 visits		10+ visits		Overall	
	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate	Clients	Retention Rate
White	1,160	9.7%	2,598	21.7%	1,891	15.8%	6,307	52.8%	11,956	100.0%
Hispanic	741	11.2%	1,448	21.9%	1,043	15.8%	3,374	51.1%	6,606	100.0%
African American	336	10.4%	711	21.9%	535	16.5%	1,662	51.2%	3,244	100.0%
Asian/Pacific Islander	110	6.2%	348	19.7%	382	21.6%	930	52.5%	1,770	100.0%
Native American	21	9.5%	53	24.1%	32	14.5%	114	51.8%	220	100.0%
Total	2,368	10.0%	5,158	21.7%	3,883	16.3%	12,387	52.1%	23,796	100.0%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

† Outpatient services include ACT, BH Court, Case Management, FFS, Outpatient, and Prevention type services.

Note: BHA = Behavioral Health Assessment

Table 9. CYF SOC Type of Service Used by Age (FY 2015-16)

Age	Outpatient		Inpatient/ESU		JFS Only		Total	
	Clients	%	Clients	%	Clients	%	Clients	%
0-5	2,116	99.9%	2	0.1%	0	0.0%	2,118	100.0%
6-11	5,813	99.6%	21	0.4%	2	<0.1%	5,836	100.0%
12-17	7,659	91.7%	154	1.8%	536	6.4%	8,349	100.0%
18+	779	78.1%	9	0.9%	210	21.0%	998	100.0%
Total	16,367	94.6%	186	1.1%	748	4.3%	17,301	100.0%

PROGRESS TOWARDS REDUCING DISPARITIES IN MENTAL HEALTH SERVICES

Table 10. CYF SOC Type of Service Used by Race/Ethnicity* (FY 2015-16)

Race/Ethnicity	Outpatient		Inpatient/ESU		JFS Only		Total	
	Clients	%	Clients	%	Clients	%	Clients	%
White	3,327	96.1%	40	1.2%	96	2.8%	3,463	100%
Hispanic	9,206	94.2%	101	1.0%	470	4.8%	9,777	100%
African American	1,537	90.9%	19	1.1%	135	8.0%	1,691	100%
Asian/Pacific Islander	488	94.0%	9	1.7%	22	4.2%	519	100%
Native American	91	95.8%	0	0.0%	4	4.2%	95	100%
Total	14,649	94.2%	169	1.1%	727	4.7%	15,545	100%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

Table 11. AOA SOC Type of Service* Used by Age (FY 2015-16)

Age	Outpatient		Inpatient/Emergency**		Jail Only		Total	
	Clients	%	Clients	%	Clients	%	Clients	%
<18-25	4,578	60.8%	1,823	24.2%	1,125	14.9%	7,526	100.0%
26-59	21,694	73.2%	4,283	14.5%	3,658	12.3%	29,635	100.0%
60+	4,215	76.2%	1,108	20.0%	212	3.8%	5,535	100.0%
Total	30,487	71.4%	7,214	16.9%	4,995	11.7%	42,696	100.0%

* Edgemoor, Long Term Care, and Residential services are excluded.

** Includes Inpatient, Crisis Residential, Crisis Outpatient, Crisis Stabilization, and Psychiatric Response Team (PERT) services.

Table 12. AOA SOC Type of Service* by Race/Ethnicity† (FY 2015-16)

Race/Ethnicity	Outpatient		Inpatient/Emergency**		Jail Only		Total	
	Clients	%	Clients	%	Clients	%	Clients	%
White	12,062	66.4%	3,810	21.0%	2,294	12.6%	18,166	100.0%
Hispanic	6,670	69.1%	1,643	17.0%	1,337	13.9%	9,650	100.0%
African American	3,289	63.3%	943	18.2%	962	18.5%	5,194	100.0%
Asian/Pacific Islander	1,780	78.2%	351	15.4%	146	6.4%	2,277	100.0%
Native American	221	71.8%	49	15.9%	38	12.3%	308	100.0%
Total	24,022	67.5%	6,796	19.1%	4,777	13.4%	35,595	100.0%

* Edgemoor, Long Term Care, and Residential services are excluded.

** Includes Inpatient, Crisis Residential, Crisis Outpatient, Crisis Stabilization, and Psychiatric Response Team (PERT) services.

† For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

PROGRESS TOWARDS REDUCING DISPARITIES IN MENTAL HEALTH SERVICES

Table 13. CYF SOC Diagnosis by Race/Ethnicity* (FY 2015-16)

Primary Diagnosis	White		Hispanic		African American		Asian/Pacific Islander		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
ADHD	498	14.4%	1,002	10.2%	289	17.1%	56	10.8%	14	14.7%
Opposition/Conduct	336	9.7%	1,308	13.4%	259	15.3%	54	10.4%	11	11.6%
Depressive disorders	709	20.5%	2,190	22.4%	300	17.7%	135	26.0%	20	21.1%
Bipolar disorders	248	7.2%	661	6.8%	131	7.7%	36	6.9%	4	4.2%
Anxiety disorders	452	13.1%	1,152	11.8%	107	6.3%	58	11.2%	11	11.6%
Stressor and Adjustment disorders	782	22.6%	2,298	23.5%	393	23.2%	80	15.4%	23	24.2%
Schizophrenic disorders	25	0.7%	81	0.8%	23	1.4%	10	1.9%	1	1.1%
Other/Excluded	211	6.1%	447	4.6%	87	5.1%	34	6.6%	7	7.4%
Invalid/Missing	202	5.8%	638	6.5%	102	6.0%	56	10.8%	4	4.2%
Total	3,463	100.0%	9,777	100.0%	1,691	100.0%	519	100.0%	95	100.0%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

Table 14. AOA SOC Diagnosis by Race/Ethnicity* (FY 2015-16)

Primary Diagnosis**	White		Hispanic		African American		Asian/Pacific Islander		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
Schizophrenic disorders	6,130	33.6%	3,704	38.3%	2,737	52.5%	1,016	44.5%	153	49.5%
Bipolar disorders	4,575	25.1%	1,711	17.7%	833	16.0%	274	12.0%	68	22.0%
Depressive disorders	3,523	19.3%	2,215	22.9%	792	15.2%	626	27.4%	52	16.8%
Stressor and Adjustment disorders	618	3.4%	452	4.7%	180	3.5%	74	3.2%	6	1.9%
Anxiety disorders	715	3.9%	373	3.9%	118	2.3%	45	2.0%	9	2.9%
Other/Excluded	954	5.2%	464	4.8%	252	4.8%	78	3.4%	12	3.9%
Invalid/Missing	1,712	9.4%	752	7.8%	299	5.7%	170	7.4%	9	2.9%
Total	18,227	100.0%	9,671	100.0%	5,211	100.0%	2,283	100.0%	309	100.0%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

PROGRESS TOWARDS REDUCING DISPARITIES IN MENTAL HEALTH SERVICES

Table 15. CYF SOC Insurance Status by Race/Ethnicity* (FY 2015-16)

Insurance Type	White		Hispanic		African American		Asian/Pacific Islander		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
Medi-Cal only	2,972	85.8%	8,757	89.6%	1,519	89.8%	440	84.8%	84	88.4%
Any private insurance	189	5.5%	180	1.8%	65	3.8%	30	5.8%	7	7.4%
Other insurance	197	5.7%	489	5.0%	50	3.0%	29	5.6%	3	3.2%
Uninsured/Unknown	105	3.0%	351	3.6%	57	3.4%	20	3.9%	1	1.1%
Total	3,463	100.0%	9,777	100.0%	1,691	100.0%	519	100.0%	95	100.0%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

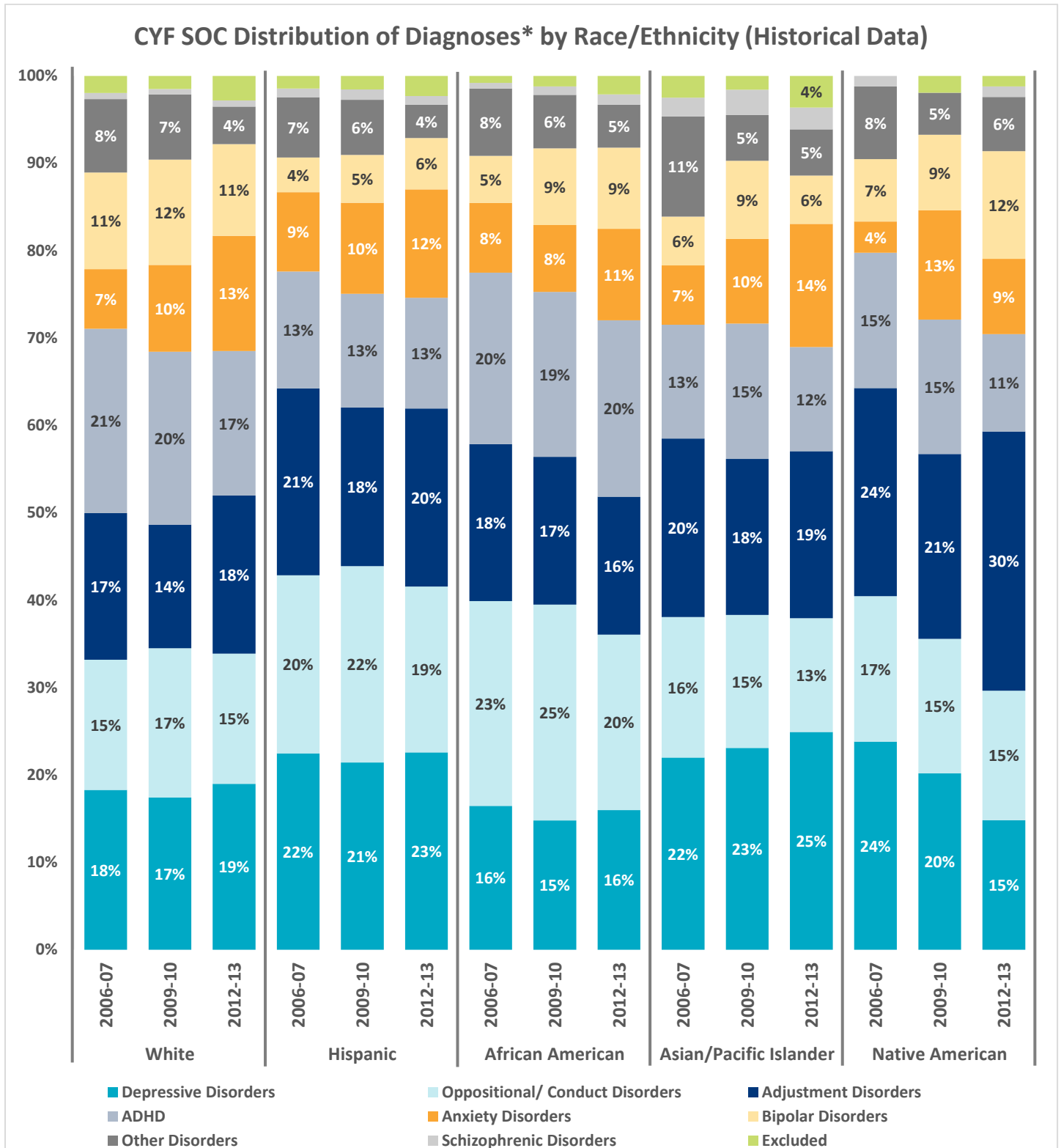
Table 16. AOA SOC Insurance Status by Race/Ethnicity* (FY 2015-16)

Insurance Type	White		Hispanic		African American		Asian/Pacific Islander		Native American	
	Clients	%	Clients	%	Clients	%	Clients	%	Clients	%
Medi-Cal only	11,224	61.6%	6,908	71.4%	3,656	70.2%	1,454	63.7%	206	66.7%
Medi-Cal & Medicare	2,607	14.3%	754	7.8%	578	11.1%	323	14.1%	39	12.6%
Medicare only	93	0.5%	16	0.2%	12	0.2%	5	0.2%	3	1.0%
Private insurance	1,609	8.8%	789	8.2%	395	7.6%	213	9.3%	28	9.1%
Uninsured/Unknown	2,694	14.8%	1,204	12.4%	570	10.9%	288	12.6%	33	10.7%
Total	18,227	100.0%	9,671	100.0%	5,211	100.0%	2,283	100.0%	309	100.0%

* For purposes of the race/ethnicity analyses included in this report, only the five most prevalent race/ethnicity categories were reported.

Appendix C: Trending Diagnosis Data

CYF Disparities by Race/Ethnicity from Previous Fiscal Years

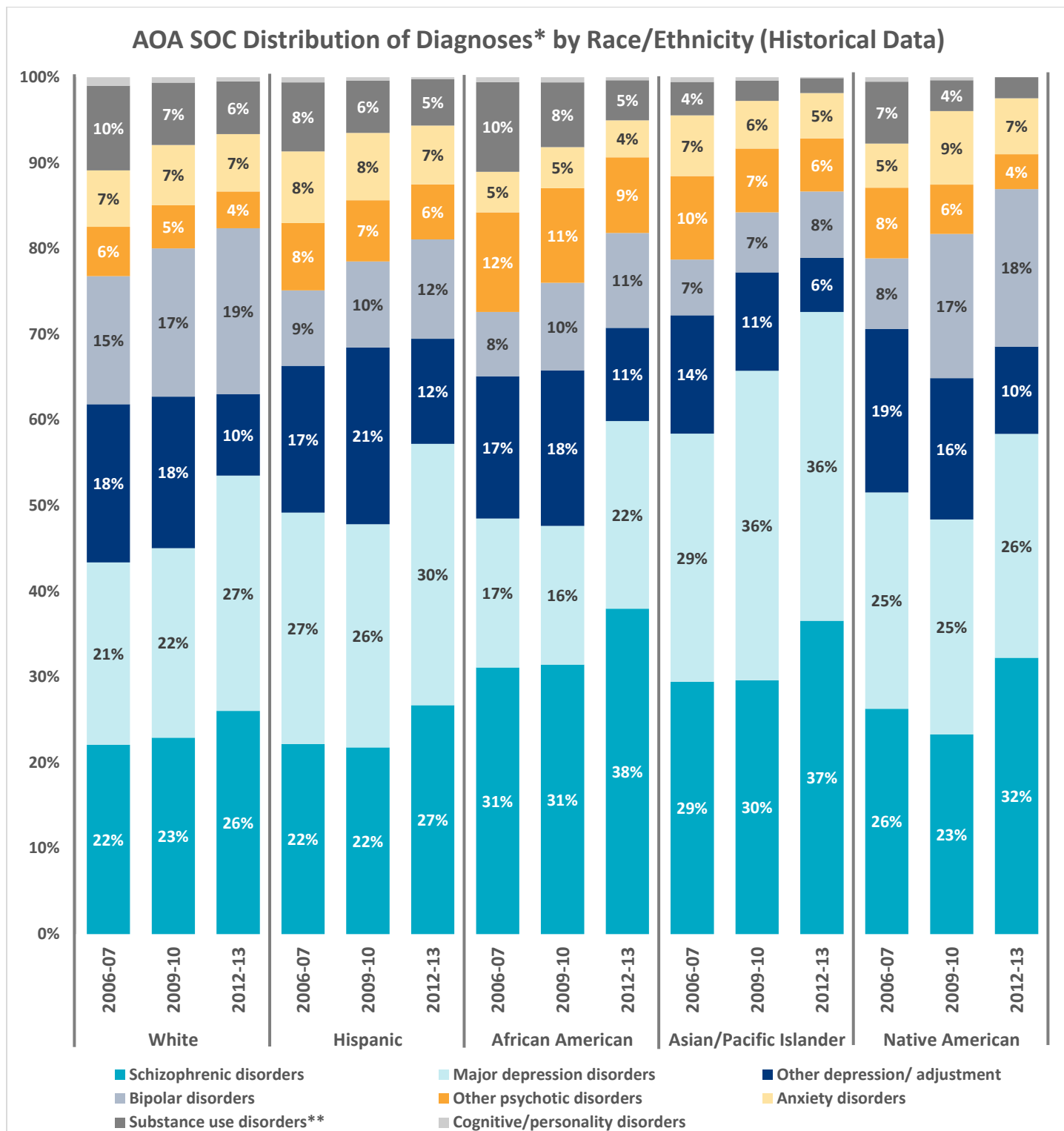


* Data labels for percentages less than 4% are not shown.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

AOA Disparities by Race/Ethnicity from Previous Fiscal Years



* Data labels for percentages less than 4% are not shown.

** Although substance use disorders are generally not considered a primary diagnosis in the BHS, clients are sometimes diagnosed as such at an initial assessment. In the absence of a qualifying alternative primary diagnosis that takes place at subsequent assessment, the diagnosis remains in the Management Information System. An example of when this may occur is when a client enters the SOC through pathways such as jail or Emergency Psychiatric services.

Data Source: CCBH

Report Source: HSRC (ALP, MCM, ST) and CASRC (BC, AT)

Contact Us

This report is available electronically in the Technical Resource Library at http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html.

Questions or comments regarding **CYF SOC data** can be directed to

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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.

Questions or comments regarding **AOA SOC data** can be directed to

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UCSD's Health Services Research Center provides a comprehensive variety of research services to academia, health services organizations, corporations, and individuals worldwide. We are a non-profit research organization within the University of California San Diego's School of Medicine, Department of Preventive Medicine and Public Health. Our mission is to support research focused on understanding how clinical and treatment services affect health outcomes. The center brings together experts in the fields of health outcomes, program evaluation, quality of life measurement, and medical research informatics, providing the infrastructure for clinical and academic research and program and performance evaluation studies.



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