Mental Health Services

Substance Use Disorder

MHSA

County of San Diego
Health and Human Services Agency

Behavioral Health Services for Children & Youth

Systemwide Annual Report, FY 2022-23

CASRC Child and Adolescent Services Research Center

v. 6/6/2024

COUNTY OF SAN DIEGO Health and Human Services Agency

LIVE WELL SAN DIEGO

Behavioral Health Services for Children & Youth
Systemwide Annual Report

Health and Human Services Agency

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COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

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Report Prepared By

CASRC
Child and Adolescent Services Research Center

Child & Adolescent Services Research Center
Director – Gregory Aarons, PhD

Acknowledgments

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

COUNTY OF SAN DIEGO Health and Human Services Agency | LIVE WELL SAN DIEGO

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Introduction

Systemwide Annual Report

This report summarizes cumulative system demographics and clinical outcomes for children and adolescents served by the County of San Diego's, Health and Human Services Agency (HHSA), Behavioral Health Services for Children & Youth (BHS-CY) in Fiscal Year (FY) 2022-23 (July 2022 – June 2023). BHS-CY System of Care serves children and youth up to age 21, as well as a perinatal population. The primary focus of this annual report is BHS-CY mental health services, with limited information also available on prevention, early intervention, and addiction treatment. **It is important to note that the COVID-19 pandemic began March of 2020, which may continue to affect FY 2022-23 data in myriad ways.** BHS-CY and CASRC are working to understand the impact of the pandemic on youth and families in San Diego County.

Children & Youth Behavioral Health System of Care

The County of San Diego Behavioral Health Services operates a Children & Youth Behavioral Health System of Care (CYBHSOC). The CYBHSOC takes a broad approach, having evolved over time through the collaboration of its four strong sector partnerships: families and youth receiving services, public sector agencies, private providers, and the education system, with a recognition of the value of faith-based communities. Comprehensive information about CYFBHSOC is available at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children.html.

The multi-sector CYBHSOC Council meets on a monthly basis to provide and obtain community input for the System of Care with the goal of advancing the system. The System of Care Council information is located at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html.

Live Well San Diego

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

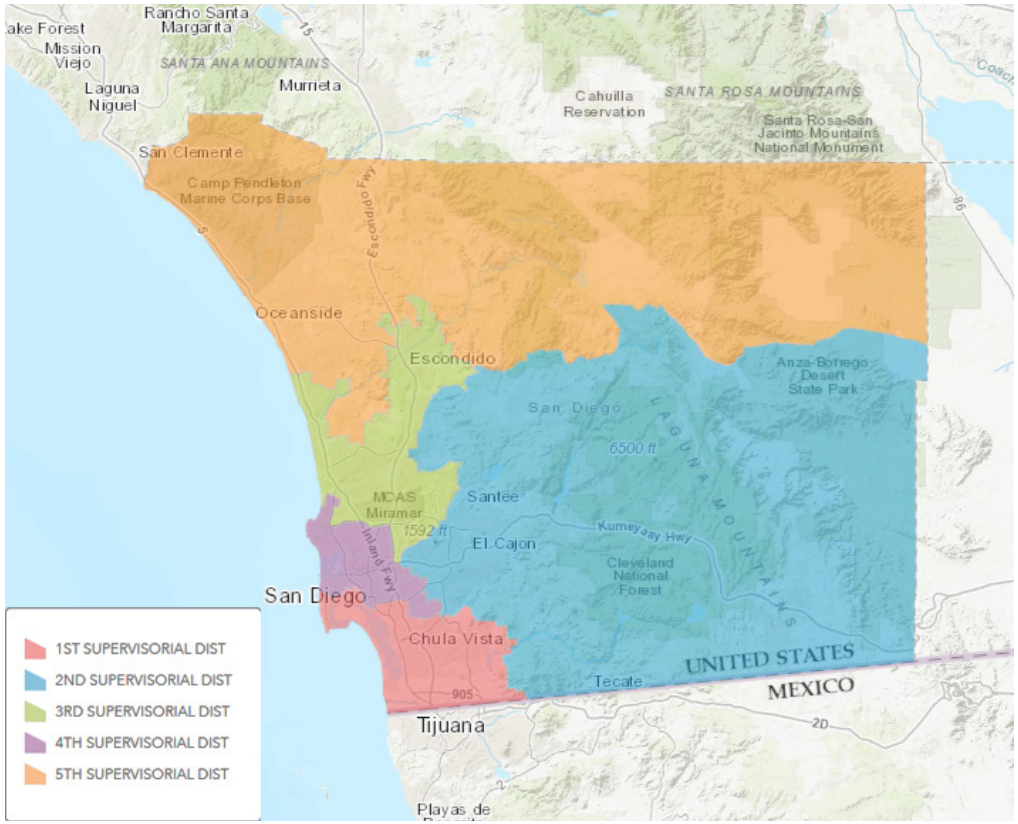
The Importance of Assessment

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

Introduction

Provider Systems

In FY 2022-23, BHS-CY served children and youth with serious emotional disturbance (SED) through two provider systems distributed throughout San Diego County: **Organizational Providers** and **Fee-for-Service (FFS) Providers**. Organizational providers offer coordinated multidisciplinary services, while the FFS system is comprised of 363 individual practitioners throughout the community with a wide range of specialties; 196 FFS providers are credentialed to provide services for children and youth. In FY 2022-23, 90 FFS providers actually provided services for children and youth (see page 47).



BHS-CY delivered child and adolescent mental health services through a variety of levels of care:

- Outpatient programs
- Juvenile Forensic Services
- Therapeutic Behavioral Services (TBS)
- Wraparound programs
- Short-term Residential Therapeutic Programs (STRTP)
- Shelter and Respite services
- Crisis Stabilization services
- Crisis Outpatient programs
- Emergency services
- Inpatient care

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

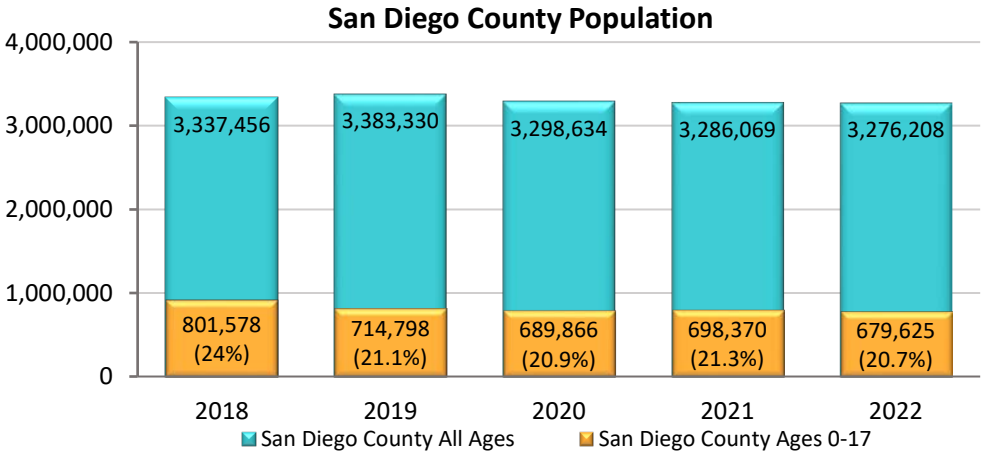
- Early Intervention (ASAM 0.5)
- Outpatient Services (OS, ASAM 1.0)
- Intensive Outpatient Services (IOS, ASAM 2.1)
- Withdrawal Management—Outpatient (ASAM 1-WM)
- Narcotic Treatment Programs (NTP)
- Residential Treatment (ASAM 3.1)
- Residential Treatment (ASAM 3.5)
- Withdrawal Management —Residential (ASAM 3.2)
- Recovery Services
- Medication for Addiction Treatment (MAT)

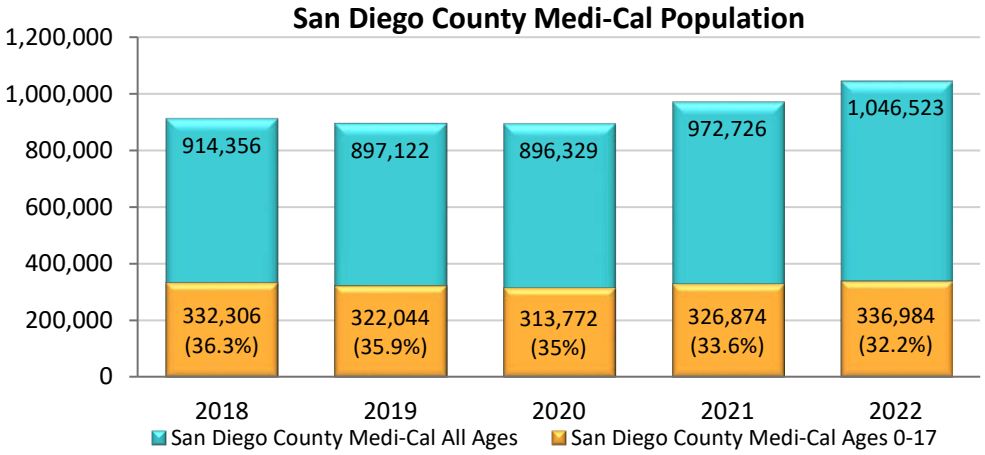
Note: *Percentages calculated in this report may not add up to 100% due to rounding.*

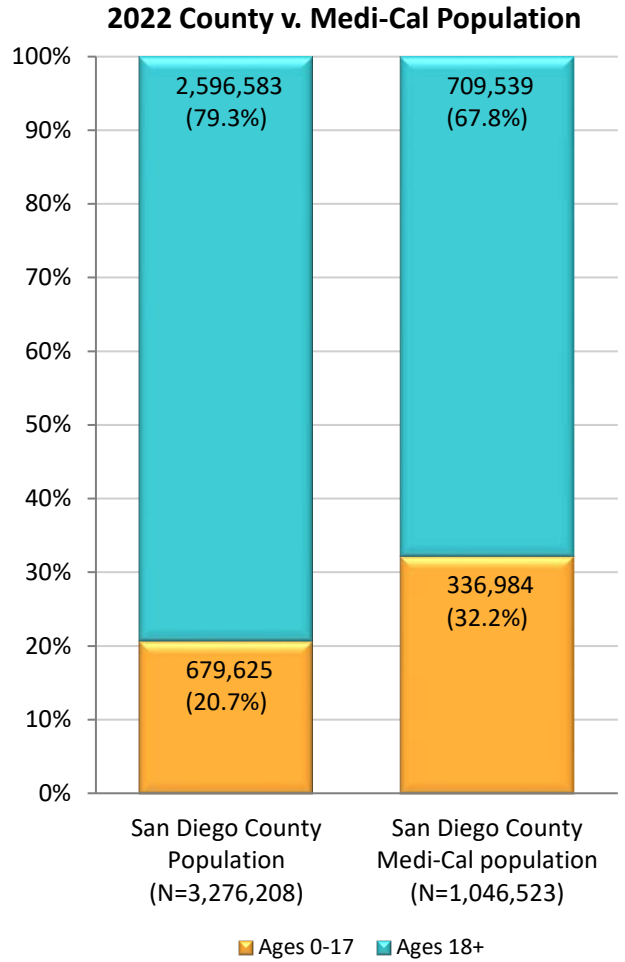
Introduction

San Diego County

The estimated population of San Diego County in 2022 (Source: US Census Bureau estimate, accessed 3/7/2024) was 3,276,208 residents, 679,625 (21%) of whom were under the age of 18. In 2022, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 3/5/2024) was 1,046,523 residents, 336,984 (32%) of whom were ages 0-17 years.





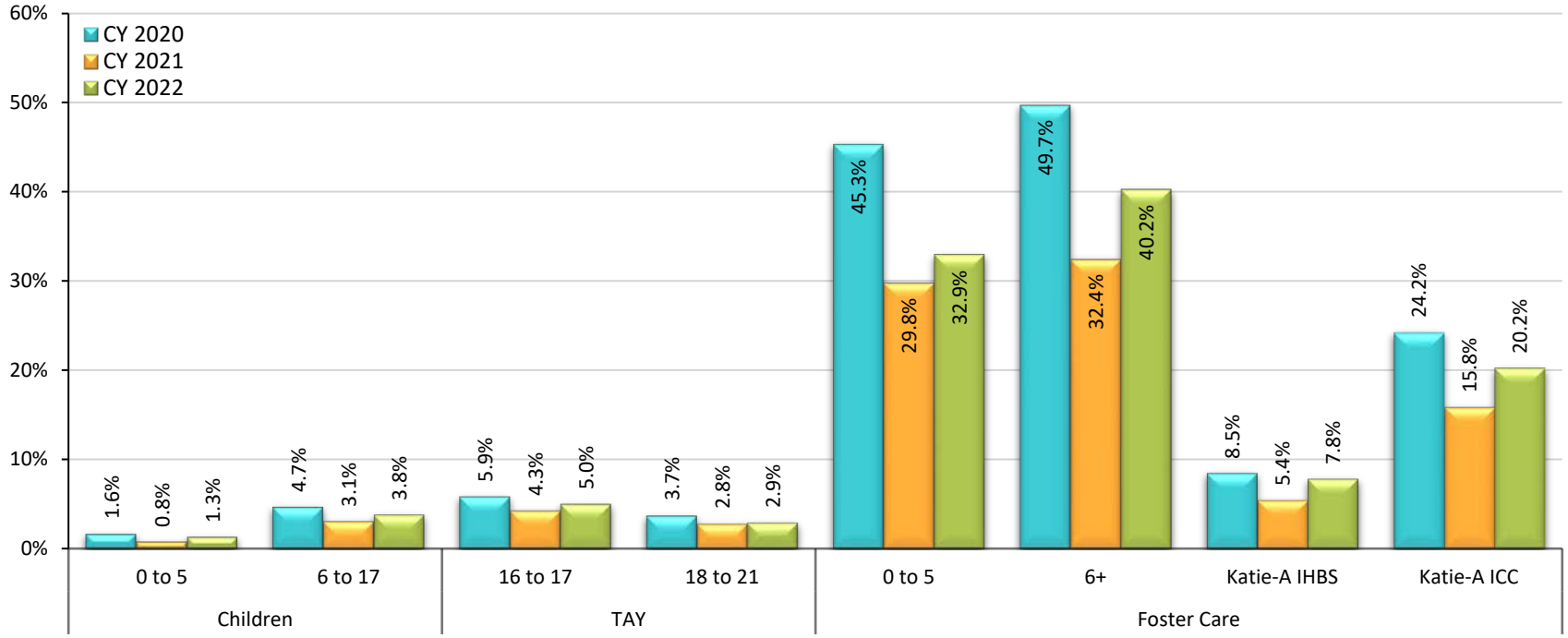


Medi-Cal Penetration Rates

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

Penetration rates reflect the number of Medi-Cal beneficiaries served by BHS-CY mental health treatment system, compared to the total number of Medi-Cal beneficiaries in San Diego County. BHS-CY penetration rates increased across all categories in CY 2022; most dramatically among youth in foster care.

San Diego County Children & Youth Client SMHS Medi-Cal Penetration Rates
Calendar Year (CY) 2020 to 2022



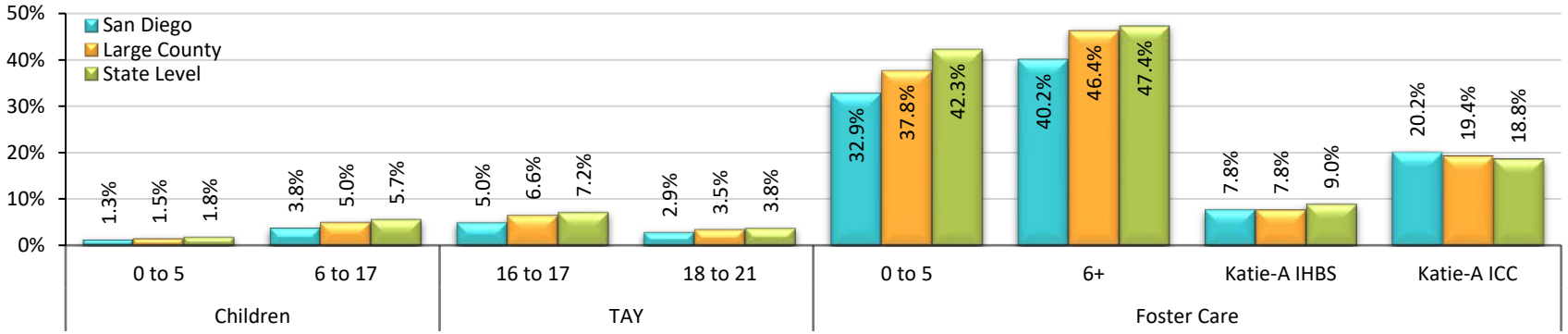
Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2023

Medi-Cal Penetration Rates

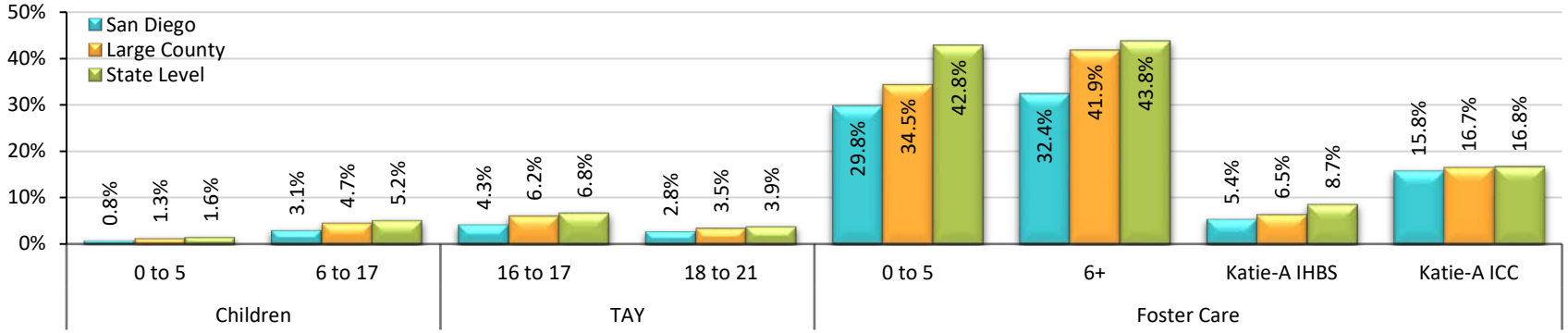
Penetration Rate of SMHS Medi-Cal Beneficiaries in San Diego County, Large Counties, and California

Large counties are defined as having a population between 750,000 and 3,999,999. There are 13 Large Counties in CA; San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda, Sacramento, Contra Costa, Fresno, Kern, San Francisco, Ventura, and San Mateo. In CY 2022, Medi-Cal penetration rates increased for all youth in San Diego County, other large counties, and the state of California. San Diego County had a lower penetration rate than other large counties and California across all categories except Katie-A ICC.

Youth Client SMHS Medi-Cal Penetration Rates by San Diego, Large Counties, and California: CY 2022



CYF Client SMHS Medi-Cal Penetration Rates by San Diego, Large Counties, and California: CY 2021



Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2023

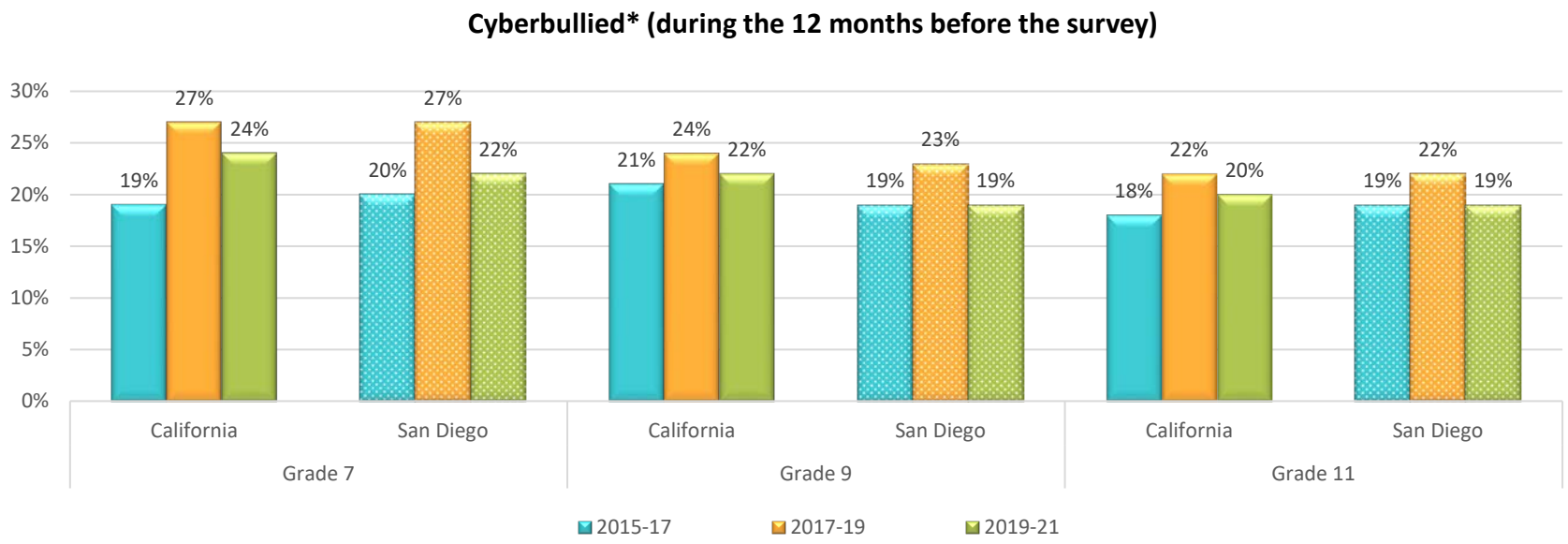
Youth Population Health Data

California Healthy Kids Survey (CHKS)

The CHKS is a modular, anonymous assessment administered to late elementary, middle school, and high school students in California school districts. It is focused on the five most important areas for guiding school and student improvement:

- Student connectedness, learning engagement/motivation, and attendance
- School climate, culture, and conditions
- School safety, including violence perpetration and victimization/bullying
- Physical and mental well-being and social-emotional learning
- Student supports, including resilience-promoting developmental factors (caring relationships, high expectations, and meaningful participation)

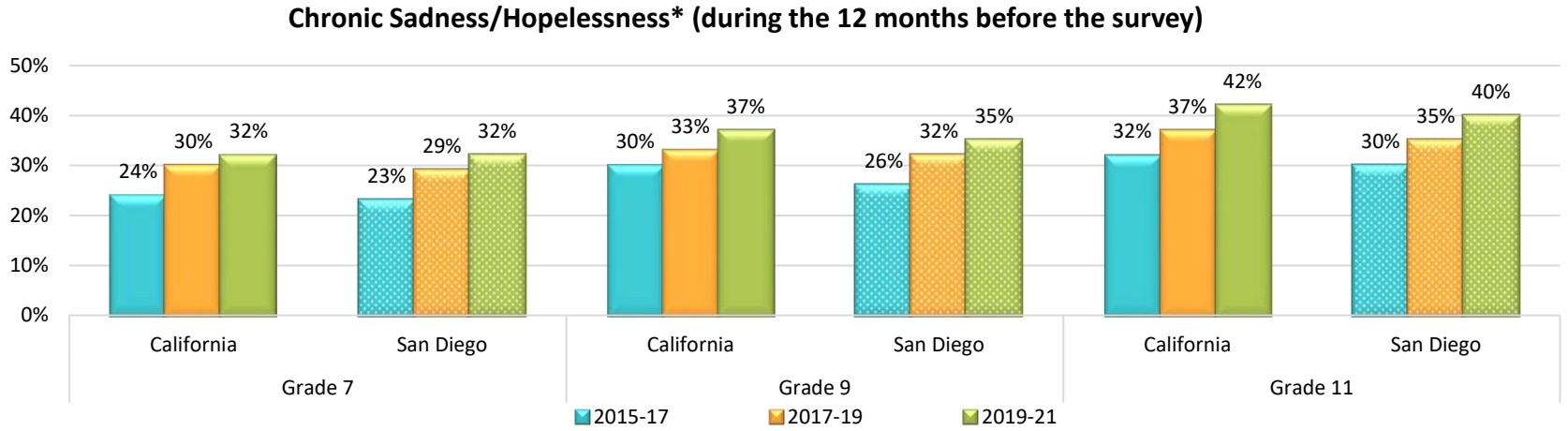
Three CHKS items of interest were analyzed for San Diego County and California: cyberbullying, chronic sadness/hopelessness, and suicidal ideation.

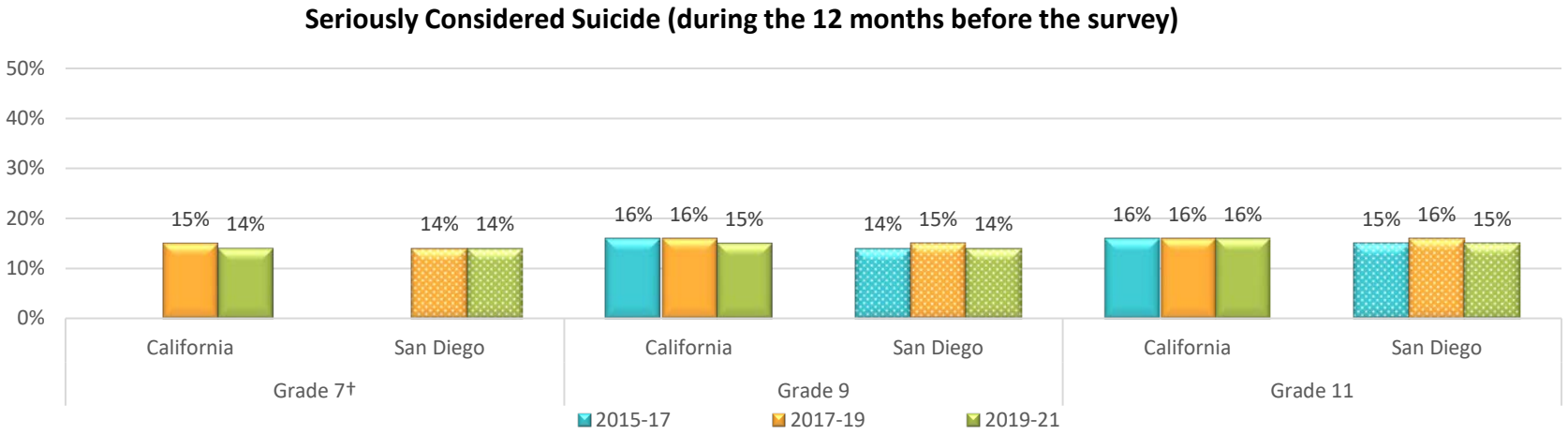


**Bullied online at least once.*
Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 3/11/2024.

Youth Population Health Data

California Healthy Kids Survey (CHKS)





**Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities.*
†Data prior to 2017-19 unavailable.
Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 3/11/2024.

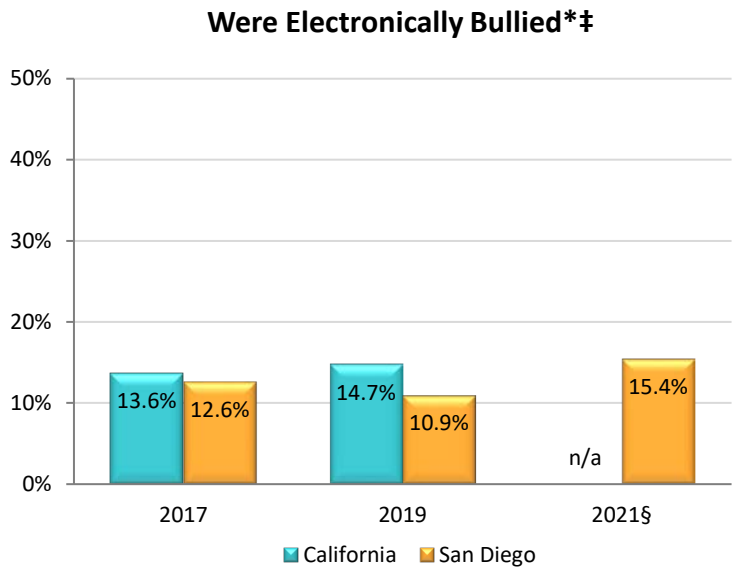
Youth Population Health Data

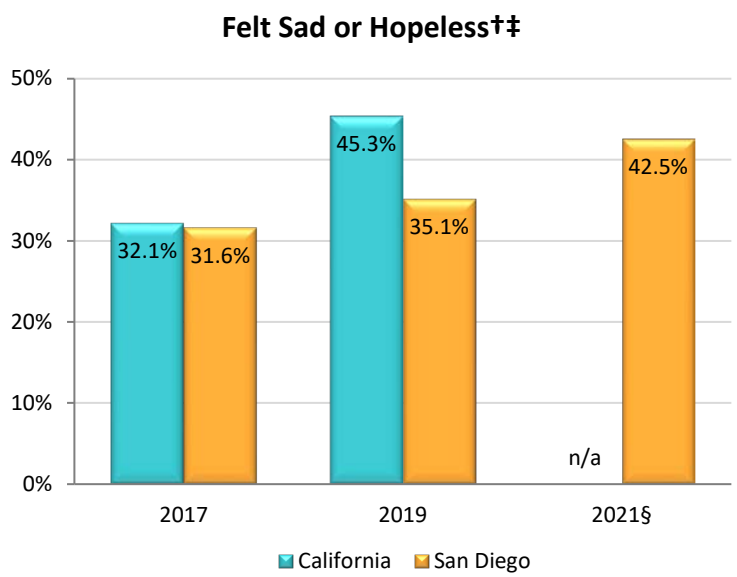
Youth Risk Behavior Survey (YRBS)

The national, state, and local Youth Risk Behavior Surveys are administered to 9th through 12th grade students drawn from probability samples of schools and students.

- Anonymous
- Self-administered, computer-scannable questionnaire or answer sheet
- Completed in one class period (45 minutes)
- Conducted biennially usually during the spring

Four YRBS items of interest were analyzed for San Diego Unified School District (SDUSD) and California: electronic bullying, feelings of sadness or hopelessness, suicidal ideation, and suicide attempts.





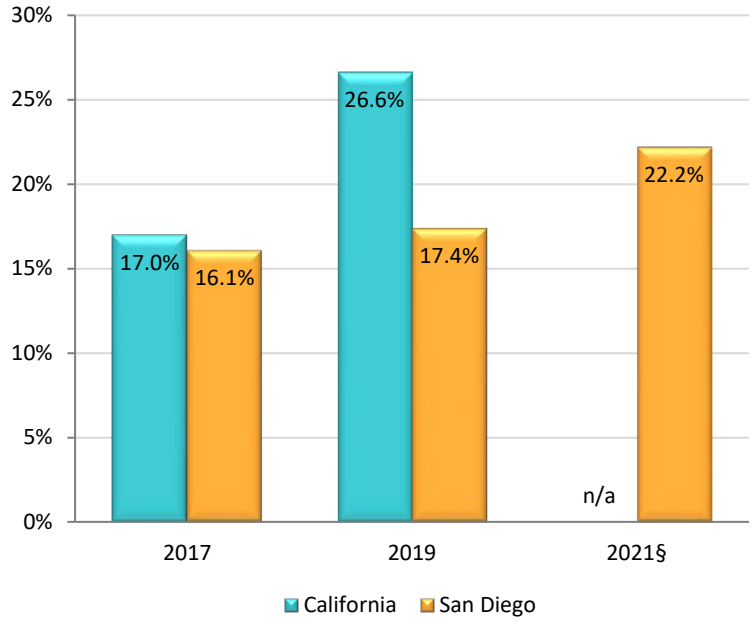
**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.
‡This graph contains weighted results.
§Data from 2021 YRBS administration were not available for California.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

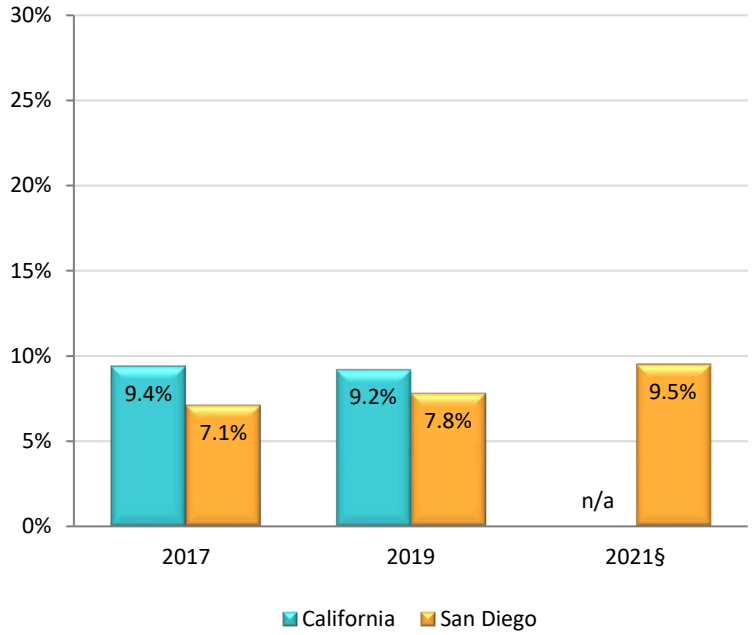
Youth Risk Behavior Survey (YRBS)

The proportion of high school students in San Diego Unified School District who reported seriously considering or attempting suicide increased in 2021.

Seriously Considered Suicide*‡



Attempted Suicide†‡



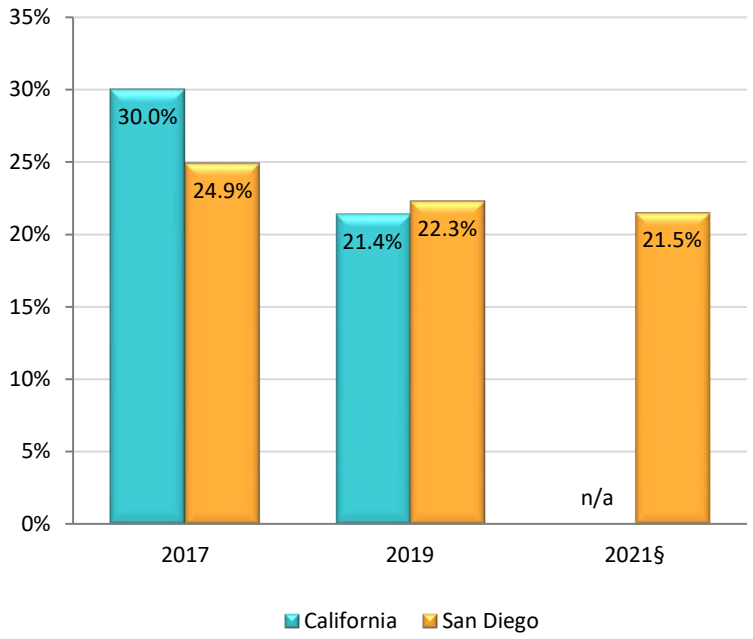
**Seriously considered attempting suicide during the 12 months before the survey.*
†Actually attempted suicide one or more times during the 12 months before the survey.
‡This graph contains weighted results.
§Data from 2021 YRBS administration were not available for California.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

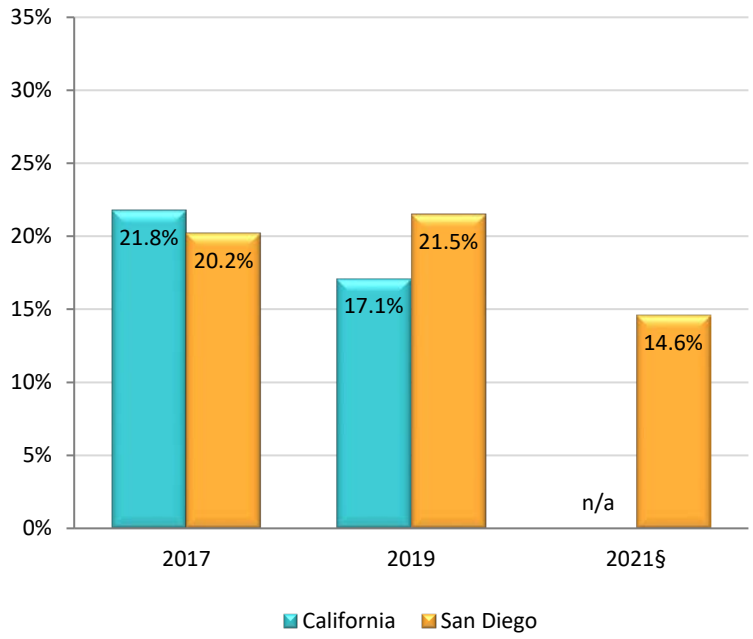
Youth Risk Behavior Survey (YRBS)

According to the most recent administration of the YRBS, there has been a decrease in current marijuana use among high school students in San Diego Unified School District compared to past years.

Current Alcohol Use*‡



Current Marijuana Use†‡

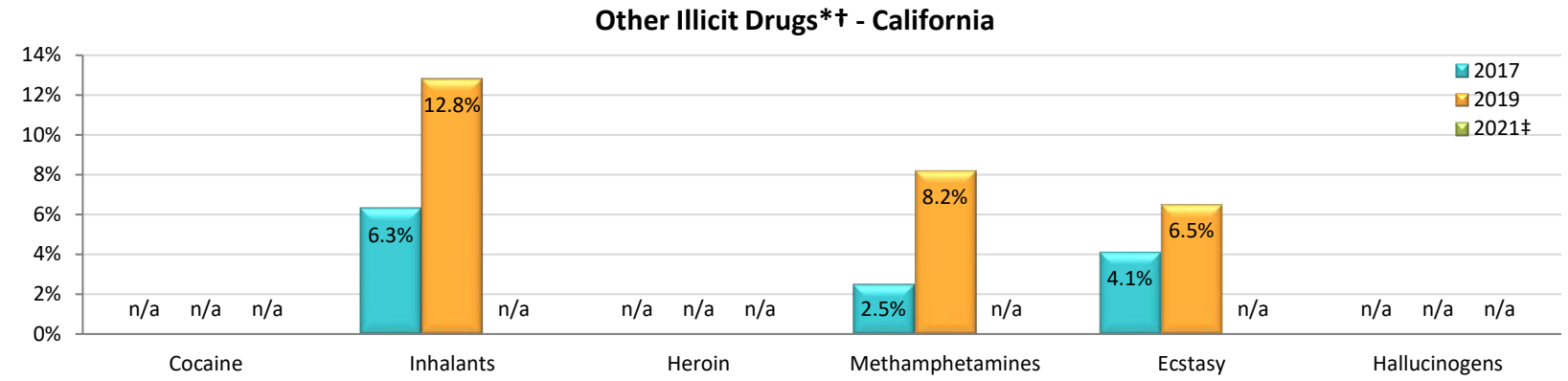


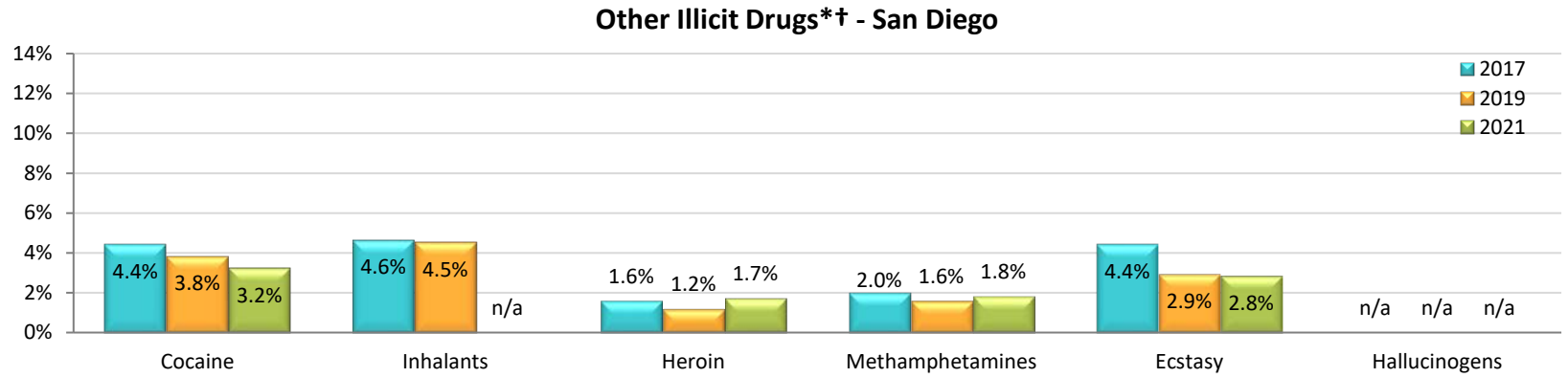
**Had at least one drink of alcohol during the 30 days before the survey.*
†Used marijuana during the 30 days before the survey.
‡This graph contains weighted results.
§Data from 2021 YRBS administration were not available for California.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)

Reports of illicit drug use (at least once during the youth's lifetime) remained relatively stable among San Diego County high school students in 2021 compared to prior years.



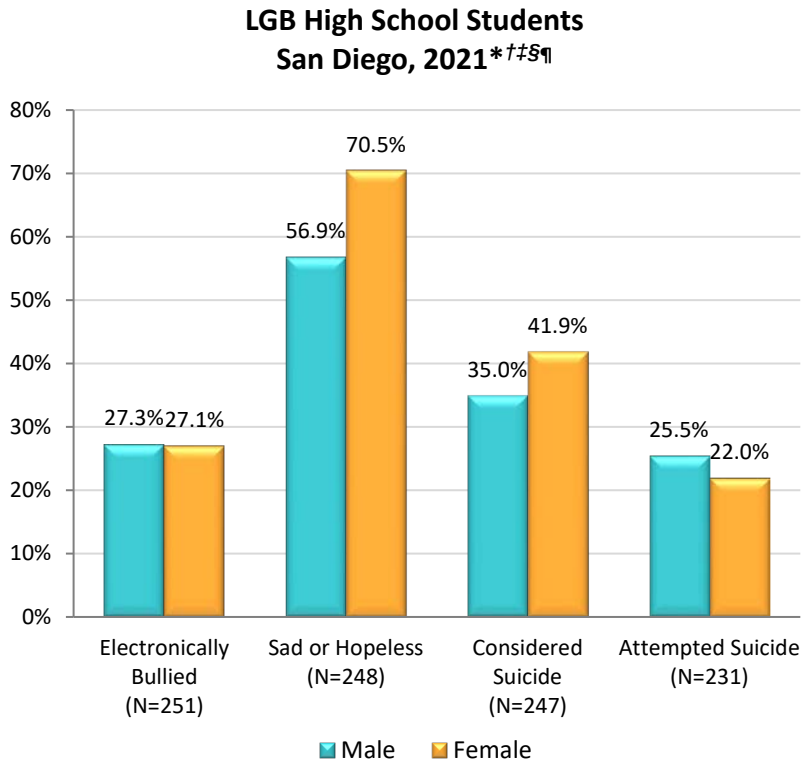


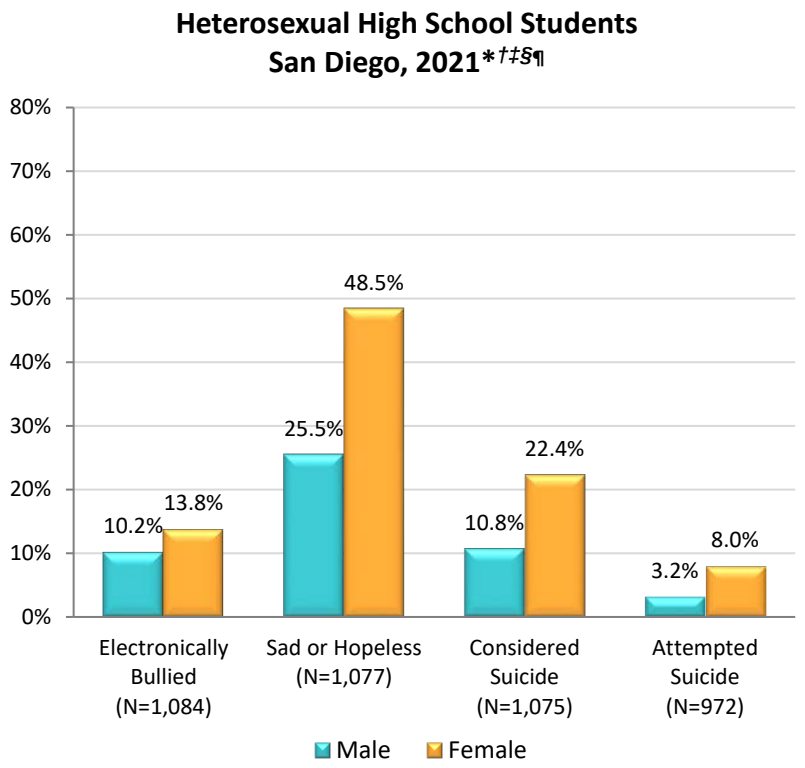
**Ever used select illicit drugs.*
†This graph contains weighted results.
‡Data from 2021 YRBS administration were not available for California.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

YRBS data include endorsement of sexual identity. Lesbian, gay, and bisexual (LGB) students were at greater risk of electronic bullying, feelings of sadness or hopelessness, suicidal ideation, and attempted suicide.



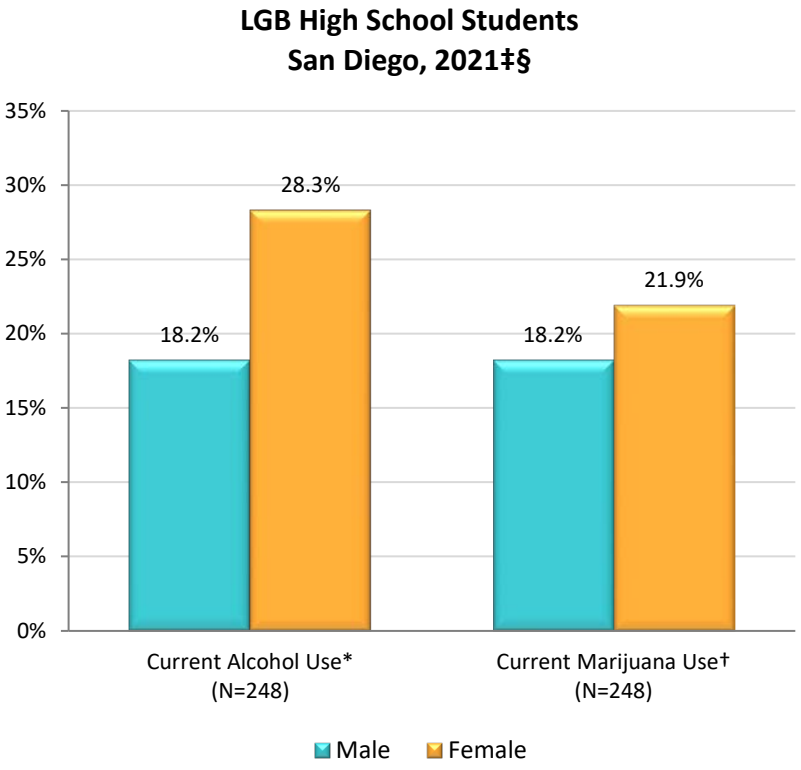


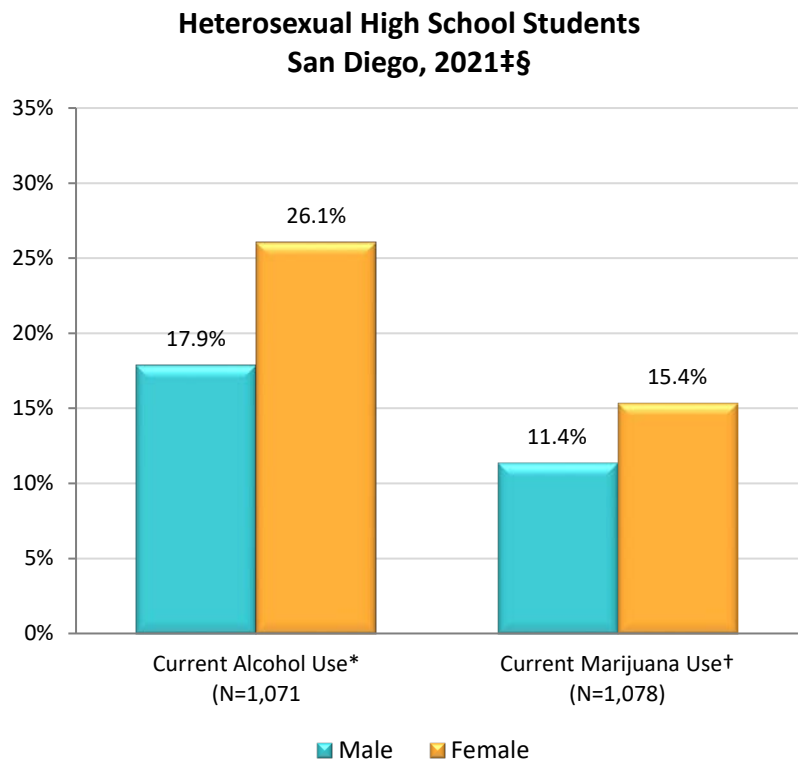
**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.
‡Seriously considered attempting suicide during the 12 months before the survey.
§Actually attempted suicide one or more times during the 12 months before the survey.
¶This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Female students were most likely to report current alcohol or marijuana use regardless of sexual orientation; however, LGB females were at the greatest risk. LGB males were more likely to report current marijuana use, as compared to heterosexual males.



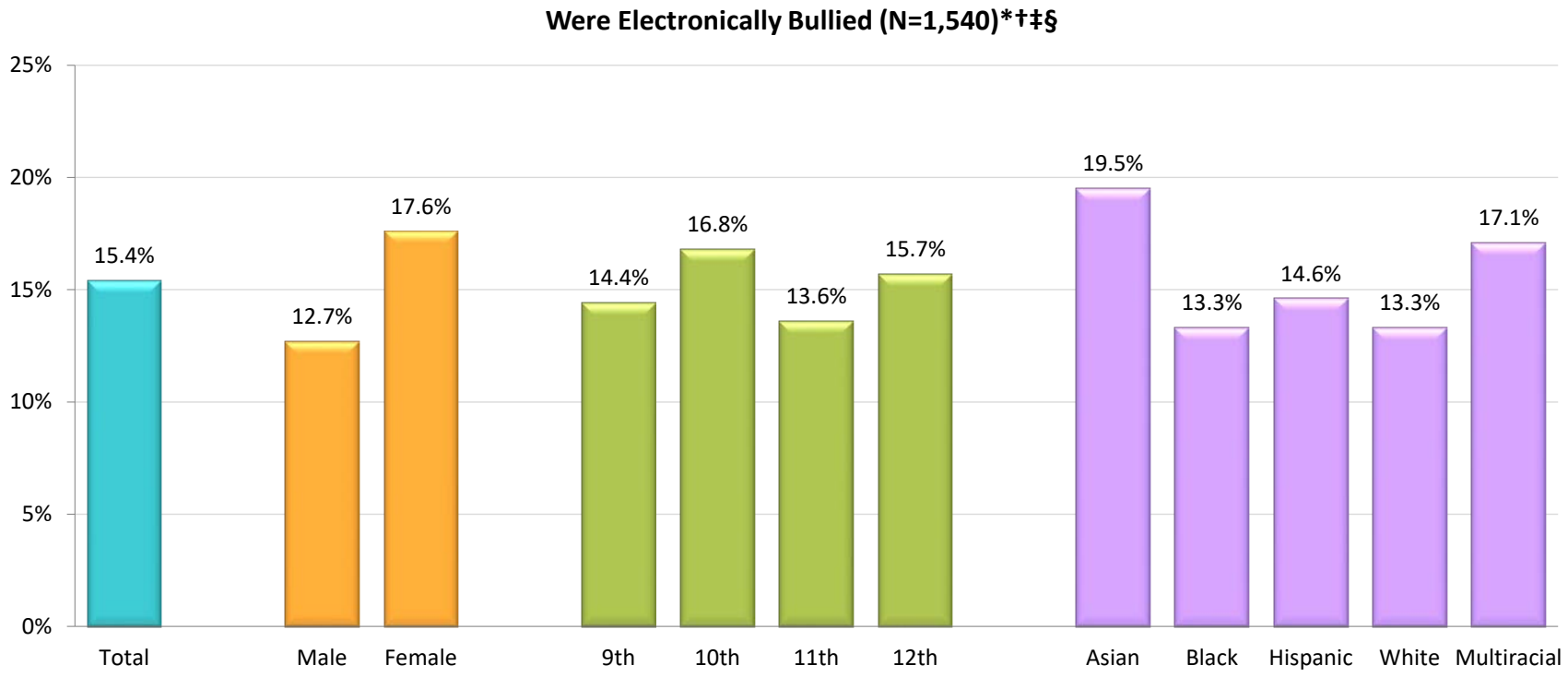


**Had at least one drink of alcohol during the 30 days before the survey.*
†Used marijuana during the 30 days before the survey.
‡Illicit drug use is defined differently in San Diego vs. California and is not reported here.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2021, females and youth identifying as Asian or Multiracial were more likely to report being electronically bullied.

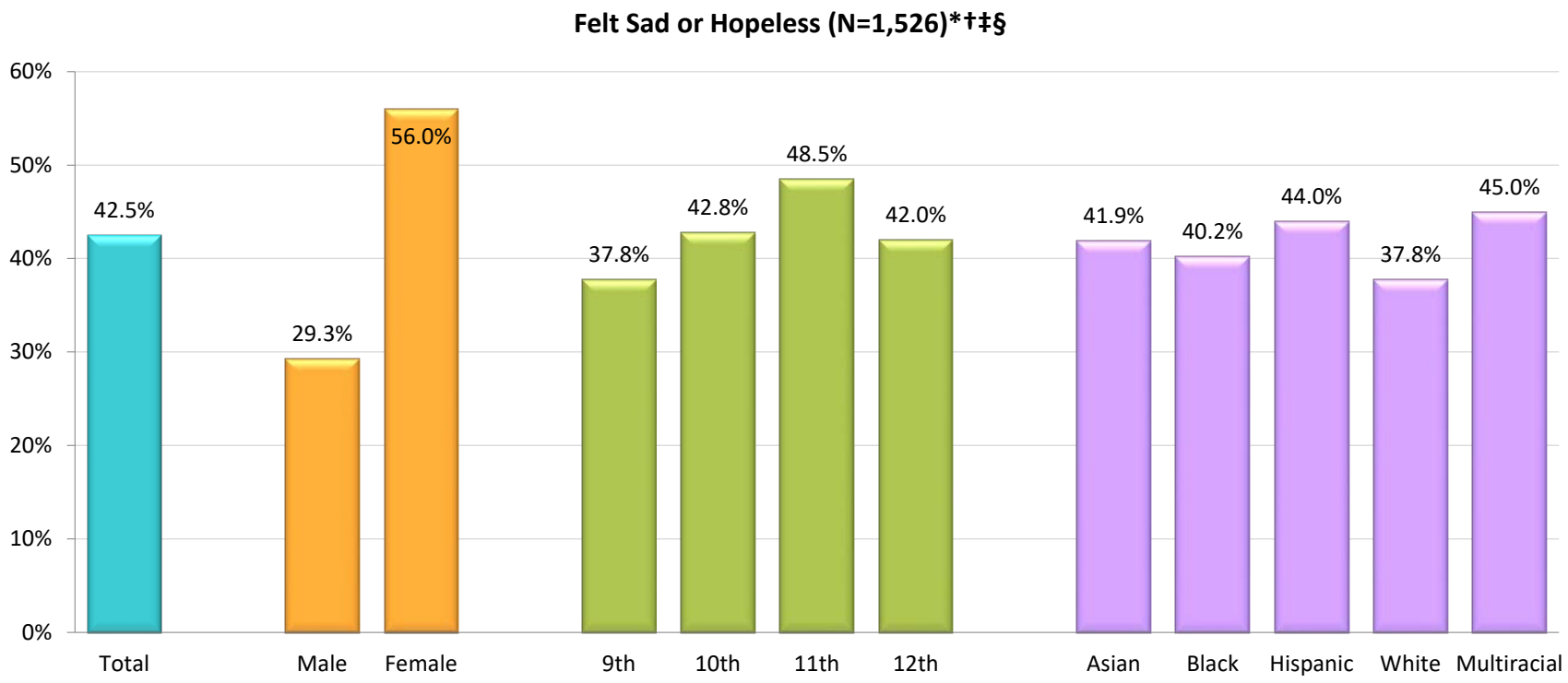


**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2021, females were nearly twice as likely to report feeling sad or hopeless.

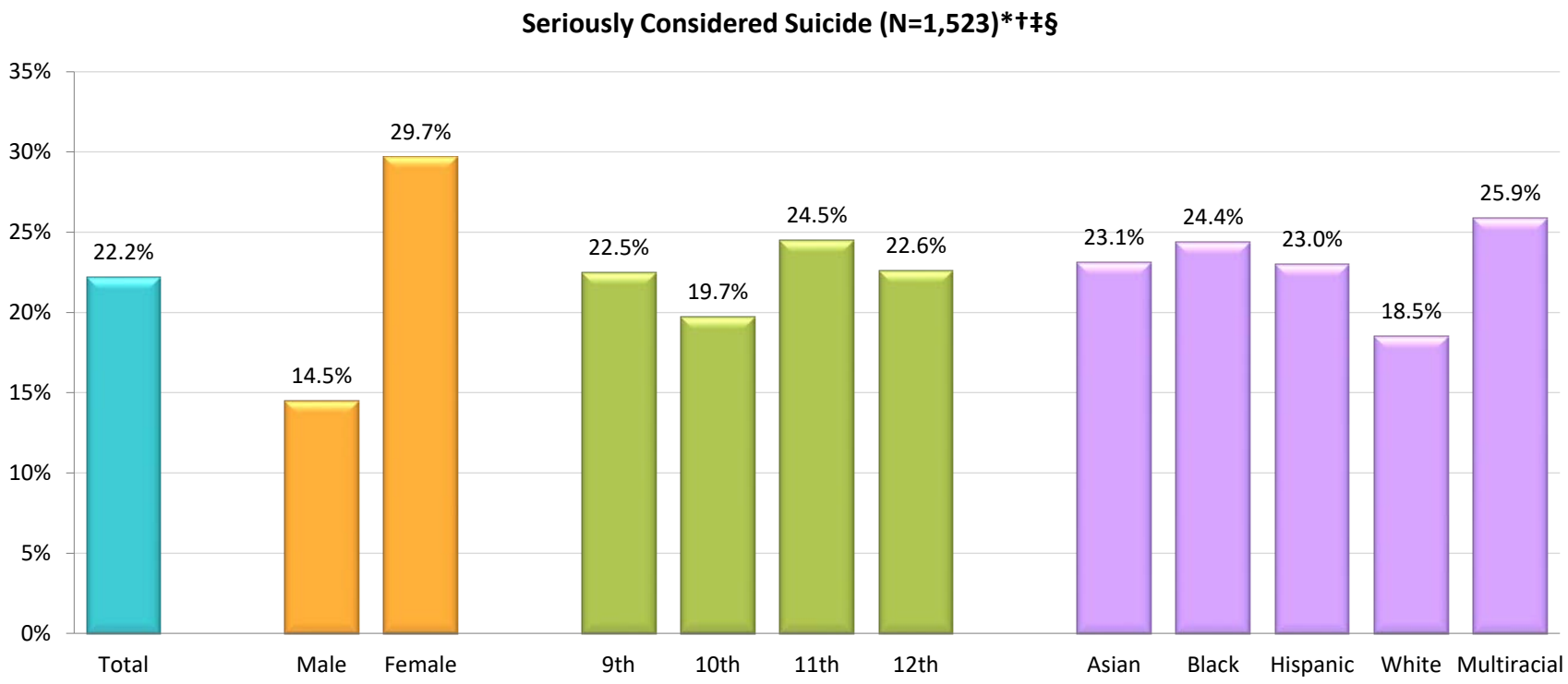


**Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2021, females were more than twice as likely to report seriously considering suicide.

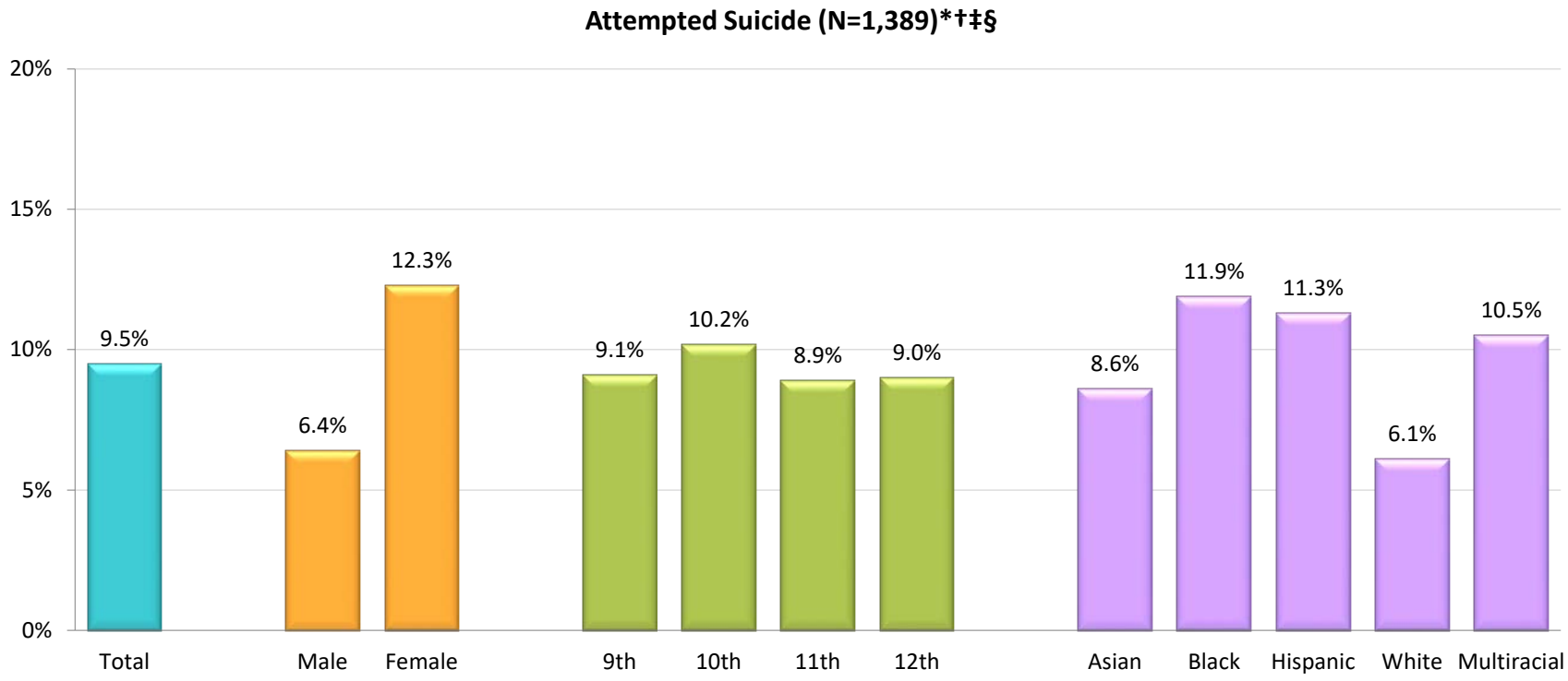


**Seriously considered attempting suicide during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2021, females were nearly twice as likely to report attempting suicide.

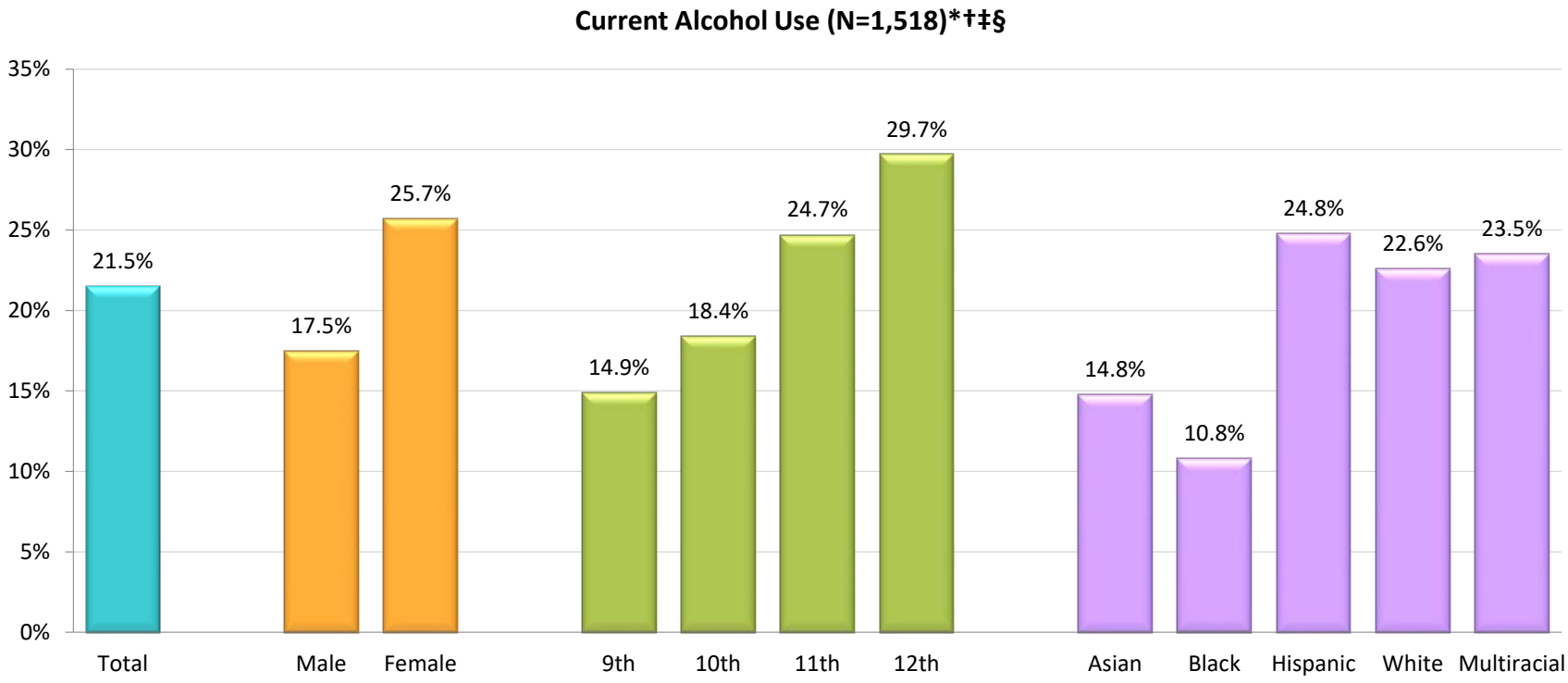


**Actually attempted suicide one or more times during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2021, youth who identified as Hispanic, female, and in the 12th grade were most likely to report current use of alcohol.

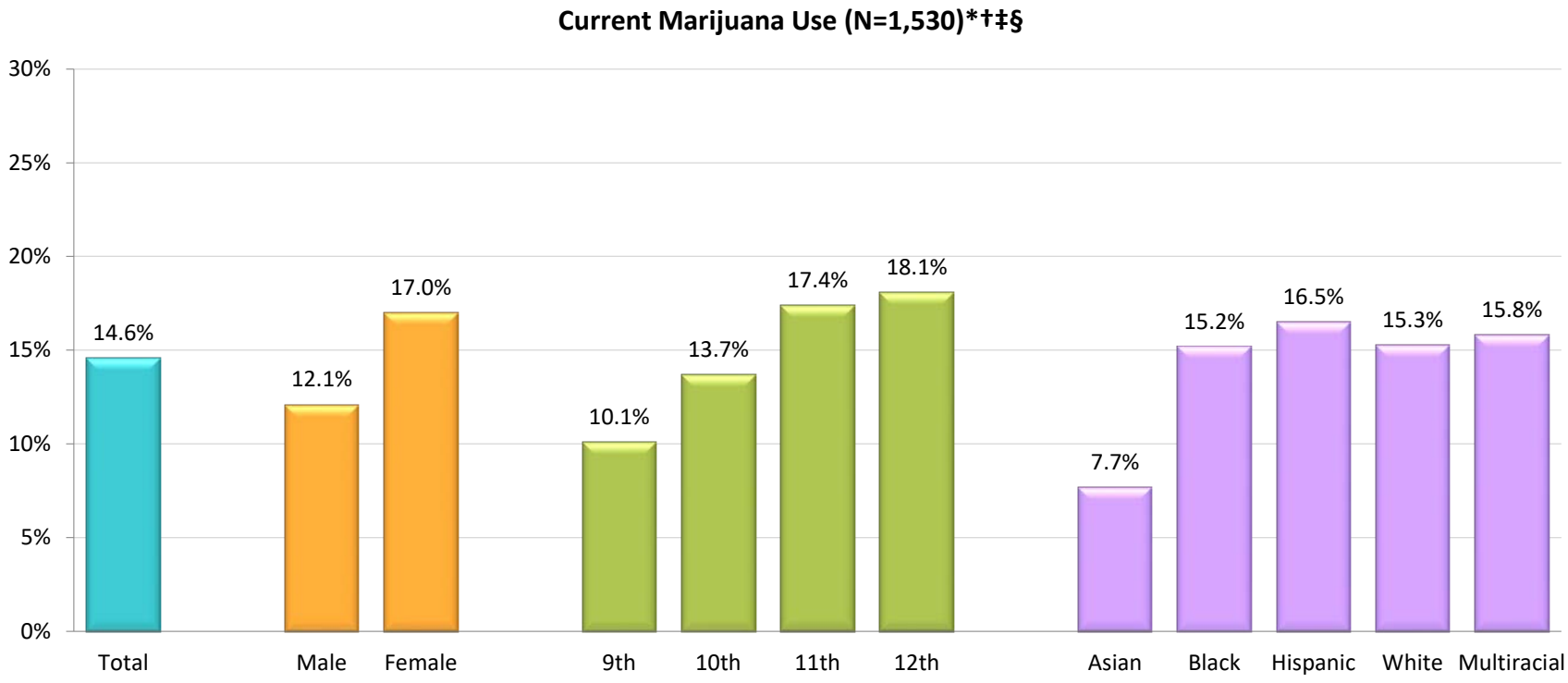


**Had at least one drink of alcohol during the 30 days before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

Among San Diego high school students in 2021, youth who were Hispanic, female, and in the 12th grade were most likely to report current use of marijuana.

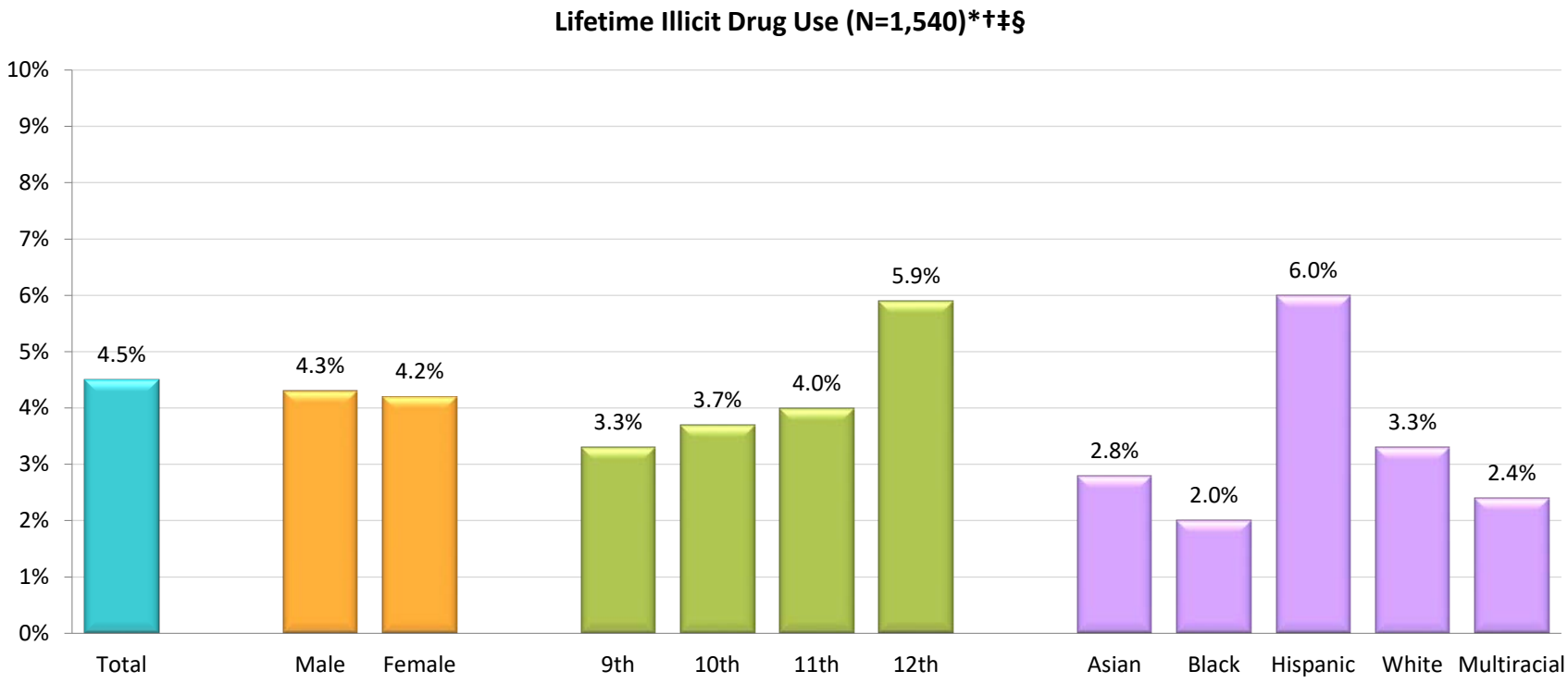


**Used marijuana during the 30 days before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

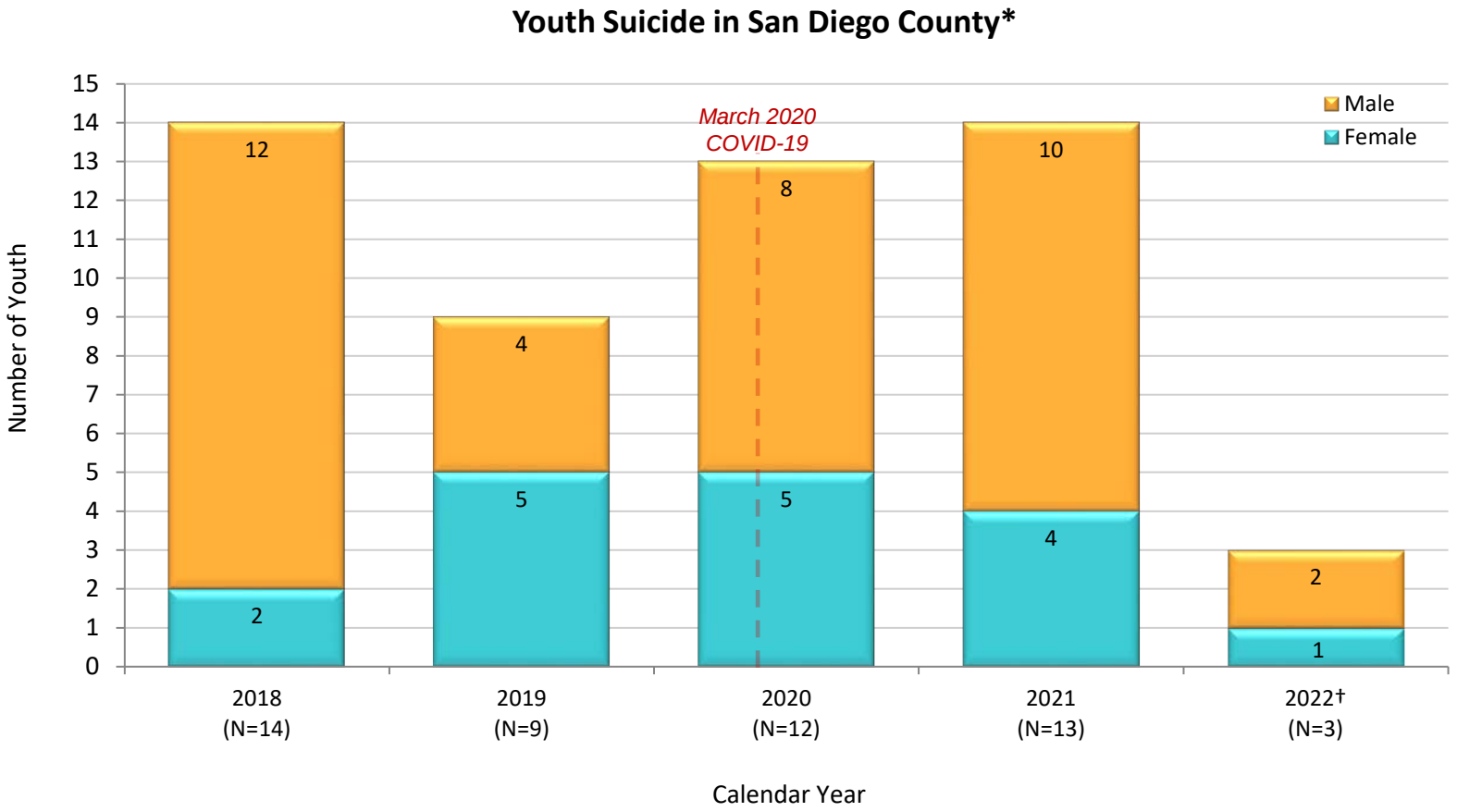
Among San Diego high school students in 2021, youth who were in the 12th grade and youth who identified as Hispanic were most likely to report having used illicit drugs at least once in their lifetime.



**Ever used select illicit drugs (cocaine, heroin, methamphetamines, ecstasy).*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/21/2024

Youth Population Health Data

Youth Suicides in San Diego County

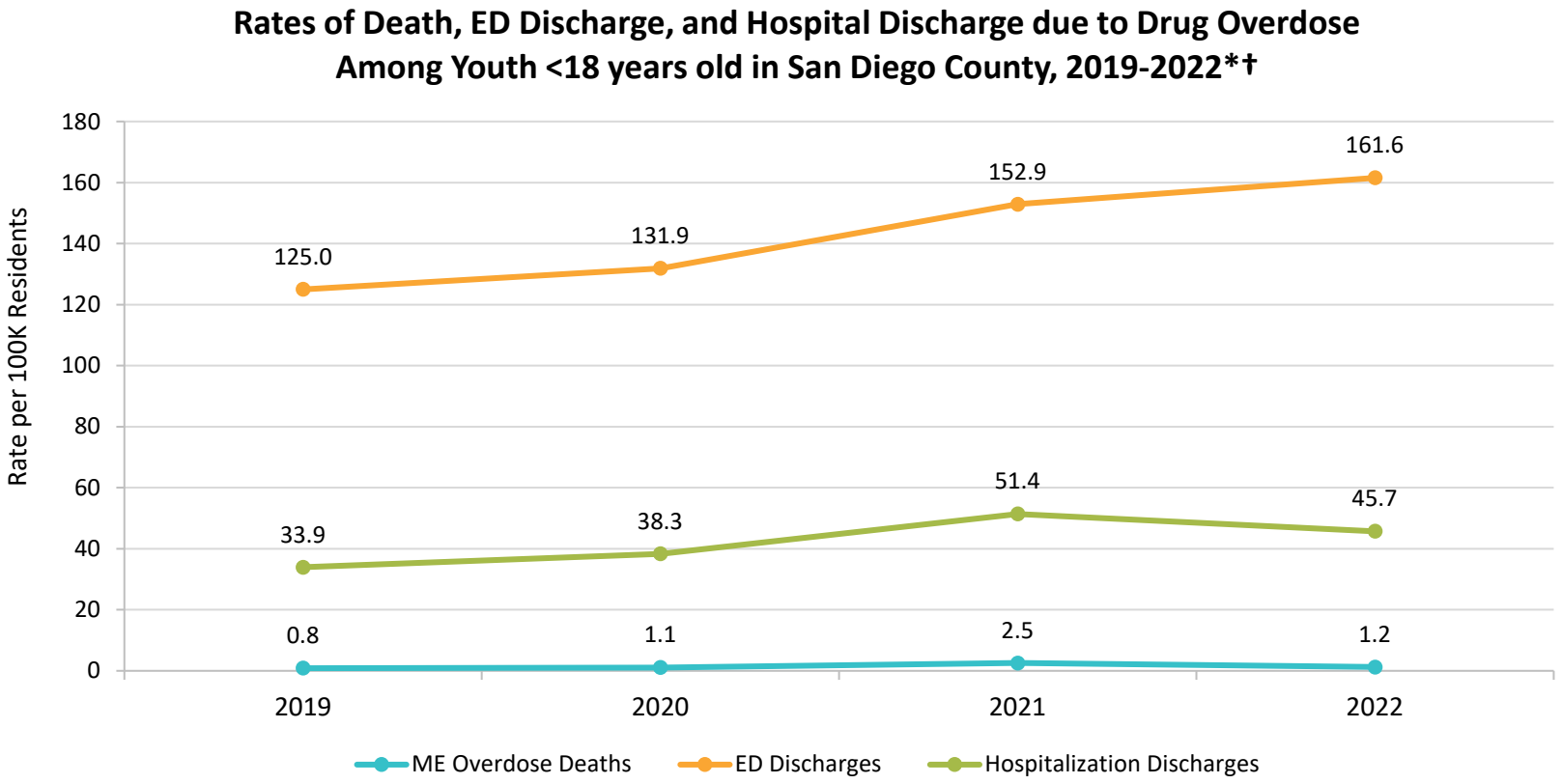


**Youth <18 years, manner of death ruled suicide*
†Due to cases still Pending Investigation status for 2022, those data may not be directly comparable to previous years
Data Source: San Diego County Medical Examiner, https://internal-sandiegocounty.data.socrata.com/Safety/Medical-Examiner-Suicide-Cases-Annual-Comparison-/yvd4-uxdi, retrieved 3/6/2024

Youth Population Health Data

Drug Overdose Rates for Youth in San Diego County

Trending over four years, rates of discharge in emergency departments (ED) and hospitals following drug overdose among youth under the age of 18 increased; rates of death following drug overdose also increased.



**Emergency department discharge and hospitalization rates are not unique values, may include duplicates (readmissions)*
†Emergency department and hospitalization data includes San Diego County residents as well as those with missing zip codes treated in a San Diego County facility
Sources: California Department of Public Health, California Department of Health Care Access and Information (HCAI), Patient Discharge Data & Emergency Department Discharge Data, 2019-2022
Prepared by: County of San Diego, Health and Human Services Agency, Behavioral Health Services, Population Health Unit. 5/8/2024

Key Findings

Behavioral Health Services for Children & Youth (BHS-CY)
Specialty Mental Health Services (SMHS)
Fiscal Year 2022-23

1. The COVID-19 pandemic began in March 2020. The federal Public Heath Emergency (PHE) declaration ended in May 2023; however, COVID-19 is still classified as a pandemic as of this publication date. The impact of COVID-19 is vast, varied, and difficult to fully ascertain. Data presented here may not be directly comparable to previous or future years.

2. 11,919 youth received services through the San Diego County BHS-CY SMHS system, a 3% increase from the 11,541 served in FY 2021-22. Total youth served has decreased 19% over the past five years (from 14,640 in FY 2018-19).

3. As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Therefore, data are not directly comparable to previous years. Overall, the gender gap among BHS-CY youth has lessened over time.

4. 65% of clients were Hispanic. As compared to the San Diego County estimated population in 2022, BHS-CY served a larger percentage of Hispanic and Black/African American clients, and a smaller percentage of White and Asian/Pacific Islander clients.

5. 85% of clients served by BHS-CY lived in a family home or apartment at some point during FY 2022-23, comparable to 85% in FY 2021-22.
   - 17% of children ages 0-5 lived in a foster home during FY 2022-23, as compared to 4% systemwide.
   - 14% of TAY clients in BHS-CY lived in a correctional facility during FY 2022-23, as compared to 5% systemwide.

6. 11,204 (94%) clients had health coverage exclusively by Medi-Cal in FY 2022-23; no change from 10,817 (94%) in FY 2021-22.

7. The proportion of youth ages 13+ who identified as LGBTQ+ nearly doubled from FY 2018-19 (14%) to FY 2022-23 (27%). In part, this is likely due to more accurate clinical reporting.

SMHS Key Findings, continued

8. The four most common diagnostic categories were Stressor and Adjustment disorders, Depressive disorders, Anxiety disorders, and Attention Deficit Hyperactivity Disorder (ADHD).
   - There were considerable differences in the distribution of diagnoses by age, sexual/gender identity, and level of care.
   - Systemwide, the rate of Stressor disorder diagnoses has increased six percentage points over the past five years, from 9% in FY 2018-19 to 15% in FY 2022-23.
9. Co-occurring substance use issues among youth (ages 12+) was defined by multiple diagnostic tiers, involvement with the Substance Use Disorder (SUD) sector, and clinician-endorsed substance abuse questions on the Behavioral Health Assessment form. In FY 2022-23, 1,882 (27%) of 7,083 youth met these criteria for co-occurring substance use issues, as compared to 1,798 (25%) of 7,113 youth in FY 2021-22.
   - Youth with co-occurring substance use issues were more likely to have a Depressive, Bipolar, or Stressor/Adjustment disorder, and less likely to have ADHD or an Anxiety disorder, as compared to systemwide averages.
   - 276 (15%) clients with substance use issues also received treatment from the SUD system during the fiscal year.
     - 154 (56%) of these 276 clients receiving SUD services had a dual diagnosis in the MH system.
10. The proportion of clients receiving Case Management services has increased fifteen percentage points in the past five years, from 48% in FY 2018-19 to 63% in FY 2022-23.
11. On average, youth clients received 18.1 hours of Outpatient Services in FY 2022-23, an increase from 16.0 hours in FY 2021-22. Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) treatment hours increased more than 20% following a sharp decline in FY 2021-22.
12. The majority (88%) of clients active in FY 2022-23 entered the system via Outpatient services.
13. Compared to systemwide averages, Black/African American and Multiracial youth were more than twice as likely to receive Residential services (STRTP+ and/or Shelter and Respite). White clients were more likely to receive Inpatient services. Hispanic clients were less likely to receive Residential or Inpatient services.

SMHS Key Findings, continued

14. 609 (5%) clients used Inpatient (IP) services in FY 2022-23, no change from 575 (5%) clients in FY 2021-22.
    - 151 (25%) of 609 IP clients received multiple IP services within the fiscal year, an increase from 129 (22%) of 575 in FY 2021-22.
15. 1,160 (10%) clients (inclusive of direct admits) received services from the Emergency Screening Unit (ESU) in FY 2022-23, a decrease from 1,282 (11%) in FY 2021-22.
    - 261 (23%) of 1,160 ESU clients had multiple ESU visits within the fiscal year; an increase from 252 (20%) of 1,282 in FY 2021-22.
    - Of 1,705 ESU visits in FY 2022-23, 1,240 (73%) were diverted from an IP admission; a decrease from 75% (1,406 of 1,885) in FY 2021-22.
16. The proportion of youth in the Child and Family Well-Being sector also receiving services from BHS-CY (27%, 1,110 of 4,179) increased from 26% (1,277 of 4,977) in FY 2021-22.
17. The proportion of youth in the Substance Use Disorder sector also receiving services from BHS-CY (10%, 278 of 2,680) decreased from 12% (218 of 1,834) in FY 2021-22.
18. The proportion of youth in Probation also receiving services from BHS-CY (52%, 642 of 1,247) increased from 44% (564 of 1,275) in FY 2021-22.
19. As measured by the Pediatric Symptom Checklist (PSC), 52% of clients experienced reliable improvement and 56% experienced clinically significant improvement in behavioral and emotional well-being following receipt of mental health services.
20. As measured by the Child and Adolescent Needs and Strengths (CANS) and CANS-Early Childhood (CANS-EC) assessments, the majority of clients experienced a reduction of at least one need from initial assessment to discharge on the Life Functioning, Risk Behaviors, Child Behavioral and Emotional Needs, and/or Challenges domains.

Key Findings

Children, Youth & Families Behavioral Health Services (BHS-CY)
Substance Use Disorder (SUD)
Fiscal Year 2022-23

1. The COVID-19 pandemic began in March 2020. The federal Public Heath Emergency (PHE) declaration ended in May 2023; however, COVID-19 is still classified as a pandemic as of this publication date. The impact of COVID-19 is vast, varied, and difficult to fully ascertain. Data presented here may not be directly comparable to previous or future years.

2. 655 youth (under 18 years of age) received services through the San Diego County BHS-CY SUD system, a 18% increase from 555 served in FY 2021-22, and a 44% increase from 454 served in FY 2020-21.

3. 61% of youth clients were male. The proportion of male to female youth served by SUD has remained relatively consistent across the past three years.

4. 73% of youth clients were Hispanic; this proportion has increased steadily from 56% in FY 2020-21. As compared to the San Diego Medi-Cal estimated population in 2022, SUD served a larger percentage of White, Black/African American and Hispanic clients, and a smaller percentage of Asian/Pacific Islander clients and clients who endorsed more than one race.

5. The majority of SUD youth (86%) identified marijuana as their primary substance used, an increase from 83% in FY 2021-22.

6. 1,804 clients received Perinatal SUD services in FY 2022-23, a 9% increase from 1,657 in FY 2021-22.
   - Perinatal SUD clients were most likely to be White and between the ages of 26-59.
   - The most common primary substances used among Perinatal SUD clients were methamphetamine (40%) and alcohol (32%).

7. Average length of treatment in Teen Programs was 89 days for Outpatient LOC (increase from 86 days in FY 2021-22) and 19 days for Residential LOC (decrease from 27 days in FY 2021-22). Among Perinatal Programs, average length of treatment was 87 days for Outpatient LOC (decrease from 91 days in FY 2021-22) and 59 days for Residential LOC (increase from 56 days in FY 2021-22).

Mental Health Services

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

Substance Use Disorder

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

MHSA

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

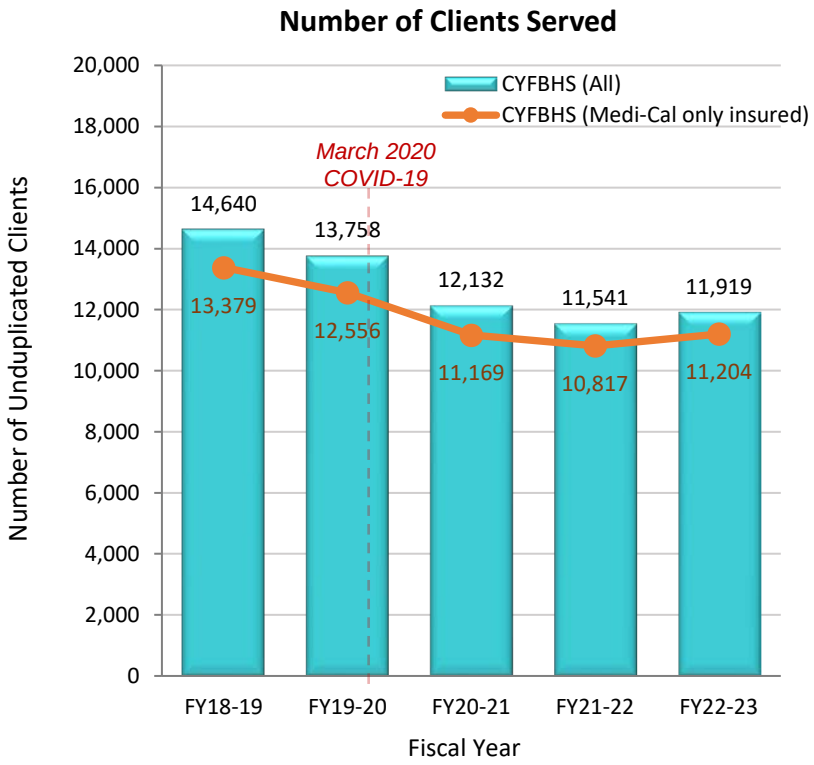
BHS-CY
Mental Health Services

Who Are We Serving?

AB3632 was replaced by AB114 in FY 2011-12 and beginning July 1, 2012, educationally-related mental health services (ERMHS) transitioned to schools. In 2014, the Affordable Care Act (ACA) expanded the Medi-Cal eligible population primarily impacting adults. Starting January 1, 2015, Managed Care Health Plans began serving clients with mild to moderate level needs. In January 2023 under CalAIM, the medical necessity criteria were expanded.

Number of Clients

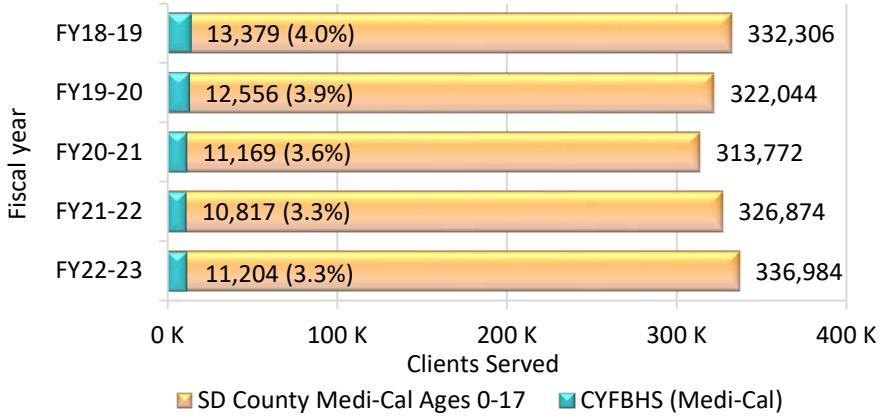
In FY 2022-23, BHS-CY delivered mental health treatment services to 11,919 youth. Among those youth, 11,204 were insured exclusively by Medi-Cal.



*Medi-Cal data are reported by calendar year.

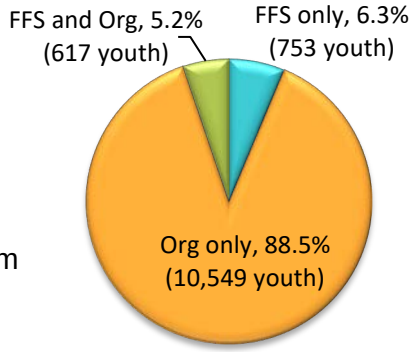
Number of Clients Within Medi-Cal Youth Population*

The proportion of Medi-Cal youth served by BHS-CY has declined in the past five years, from 4.0% in FY 2018-19 to 3.3% in FY 2022-23.



Service Provider Type

The majority (89%) of BHS-CY youth were served *only* by Organizational (Org) providers in FY 2022-23, an increase from 87% in FY 2021-22. Six percent received services exclusively from Fee-for-Service (FFS) providers.

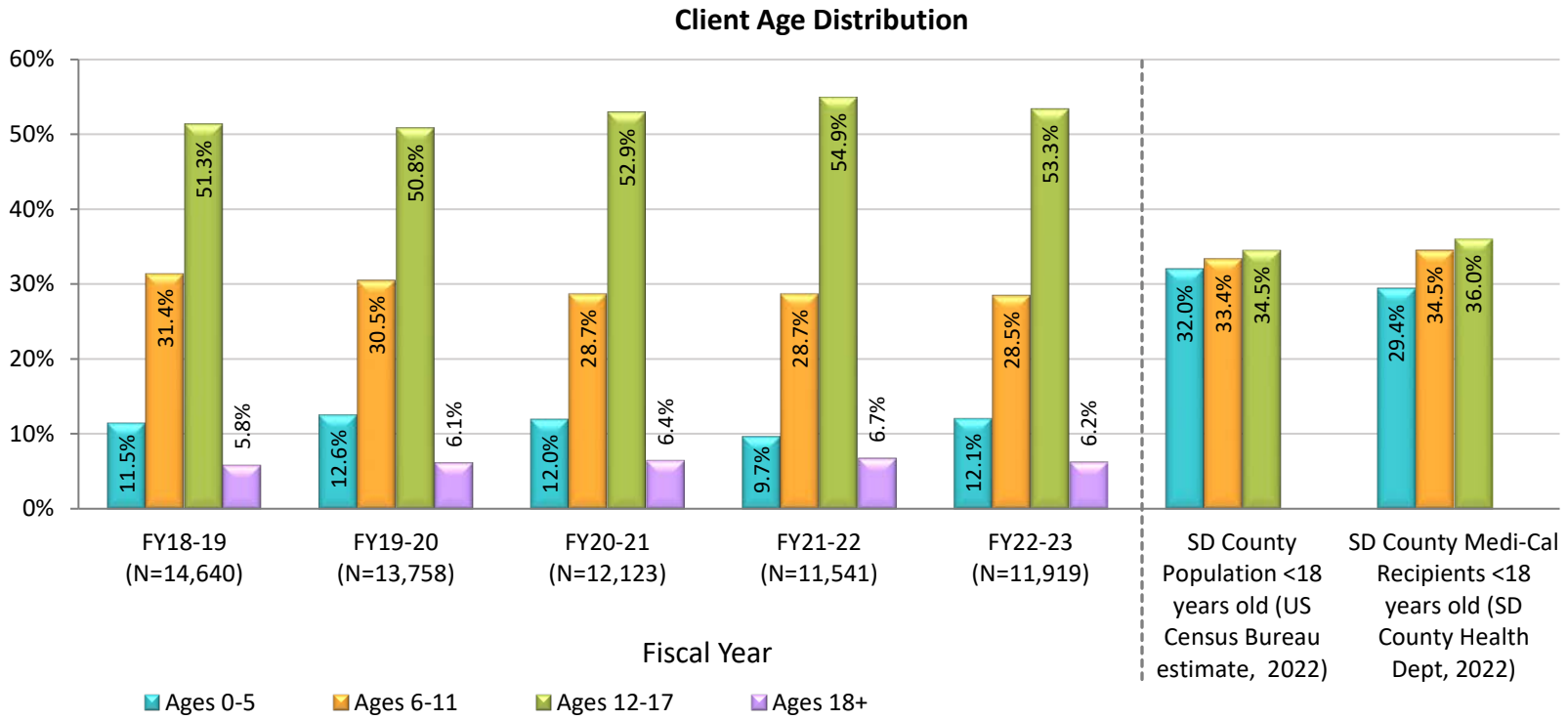


Who Are We Serving?

More than half of clients served were between the ages of 12 and 17 years, whereas the County youth population and County Medi-Cal youth population had a more even distribution across age ranges.

Age of Clients

- Adolescents (12-17 years) comprised 53% of the BHS-CY population.
- School-age clients (6-11 years) comprised 28% of the BHS-CY population.
- Children ages 0-5 comprised 12% of the BHS-CY population.

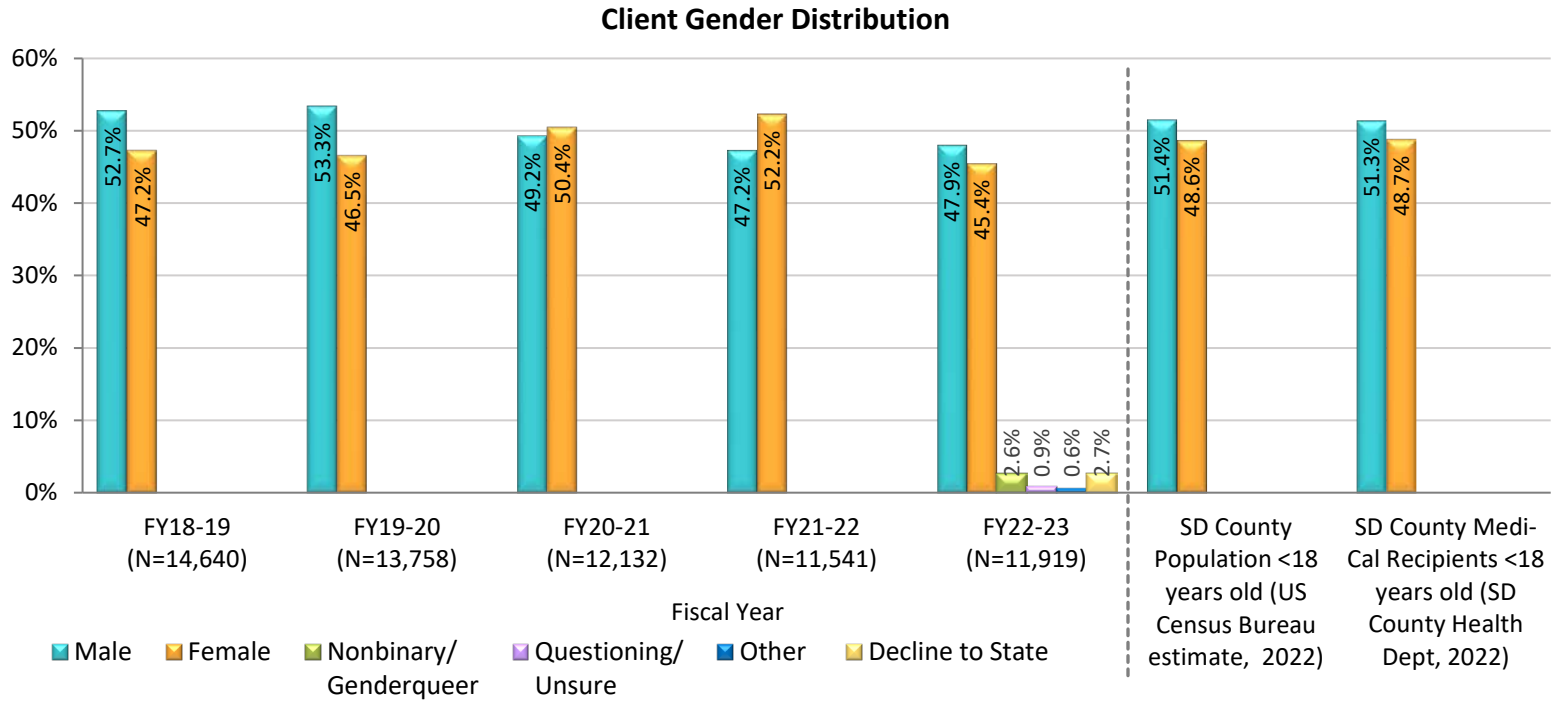


Who Are We Serving?

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

*Client Gender**

- 5,706 (48%) clients who received BHS-CY services in FY 2022-23 identified as male.
- In FY 2022-23, more male youth were served than female youth. During the previous two fiscal years (the first two full years of the COVID-19 pandemic), more females were served. Prior to the COVID-19 pandemic, the proportion of males served had been consistently greater since these data began to be tracked in 1996. The gender gap among BHS-CY youth has lessened over time.



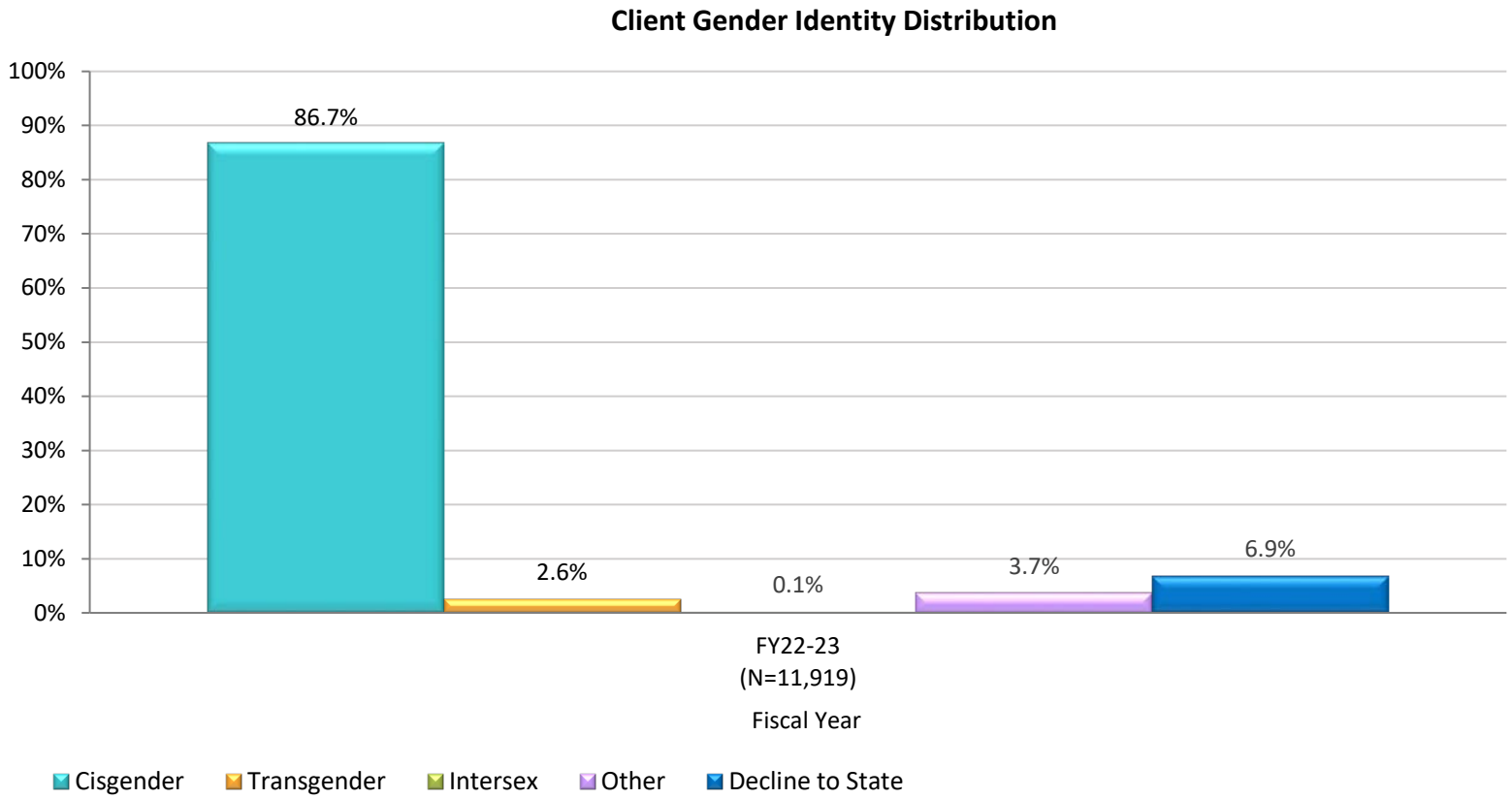
**Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.*

Who Are We Serving?

Gender reporting was expanded in FY 2022-23 to include self-reported gender identity.

Client Gender Identity

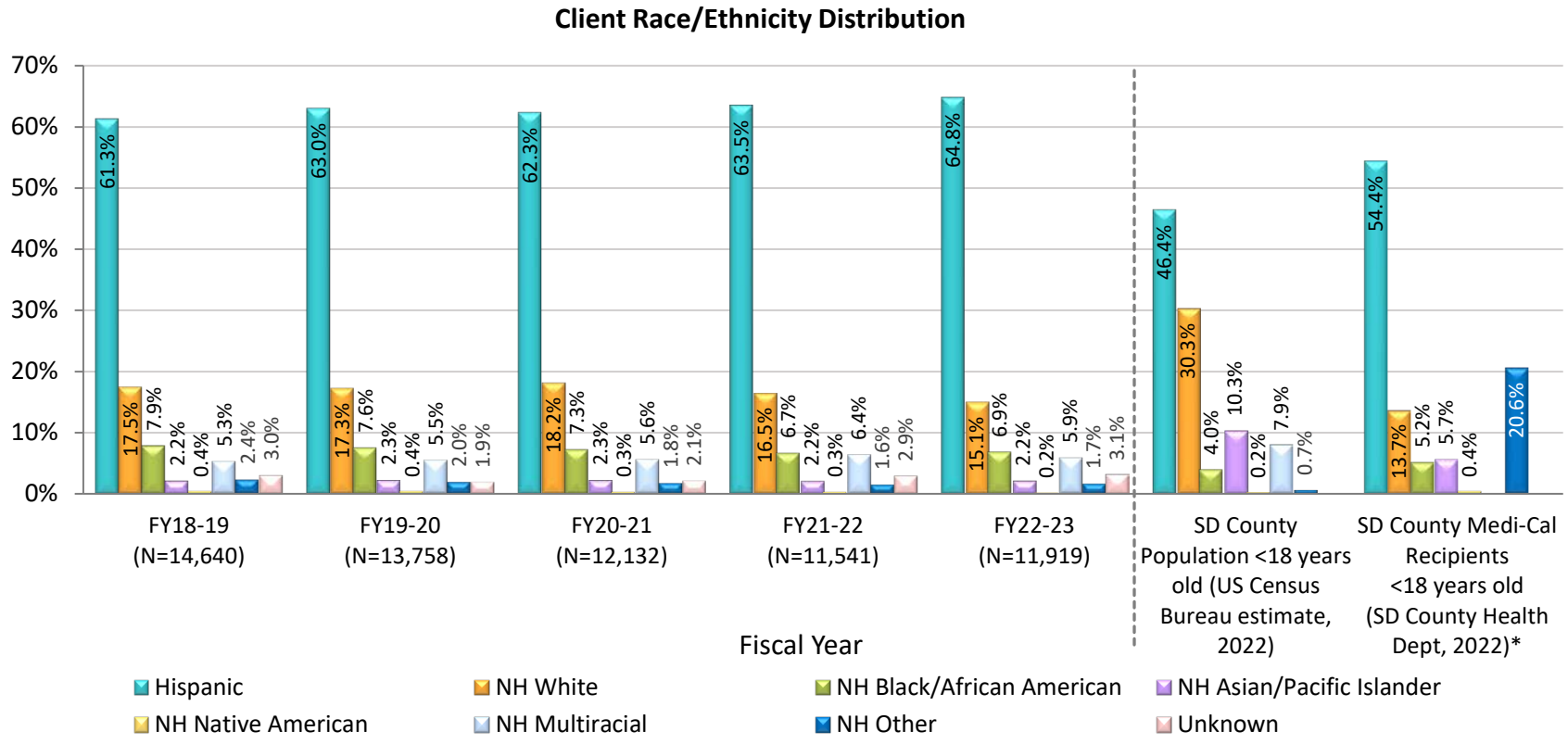
- 9,086 (76%) of BHS-CY clients endorsed a gender identity in FY 2022-23.
- Of these 9,086 clients, 7,879 (87%) identified as cisgender and 240 (3%) identified as transgender.



Who Are We Serving?

Client Race/Ethnicity

- 7,725 (65%) clients who received BHS-CY services in FY 2022-23 were identified as Hispanic.
- A larger percentage of Hispanic and Black/African American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were somewhat more comparable to the San Diego Medi-Cal youth population.



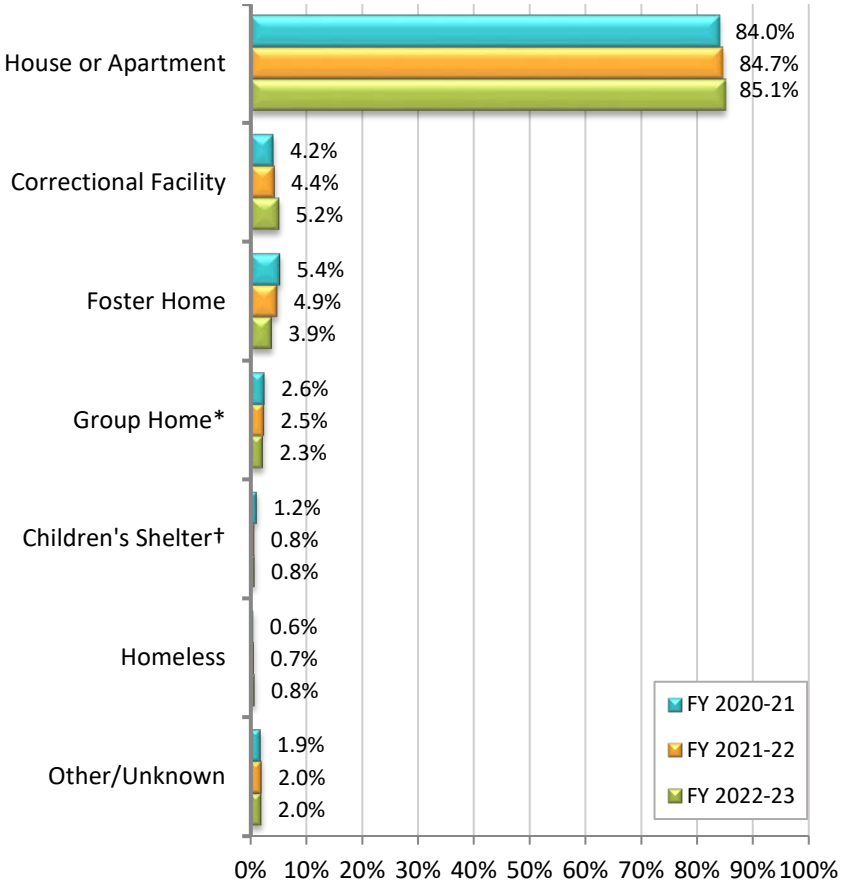
NH=Non-Hispanic

**Medi-Cal race/ethnicity data are not categorized by Hispanic/non-Hispanic; proportions may not be directly comparable to BHS-CY/Census data.*

Who Are We Serving?

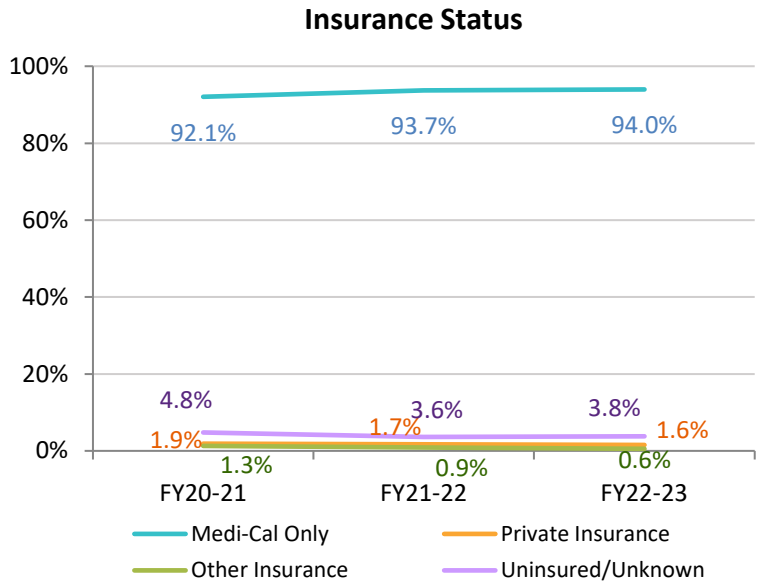
Client Living Situation

Eighty-five percent of youth served by BHS-CY lived in a family home or apartment at some point during FY 2022-23.



Health Care Coverage

11,204 (94%) children and youth who received services from BHS-CY during FY 2022-23 were covered exclusively by Medi-Cal.



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

Primary Care Physician (PCP) Status*

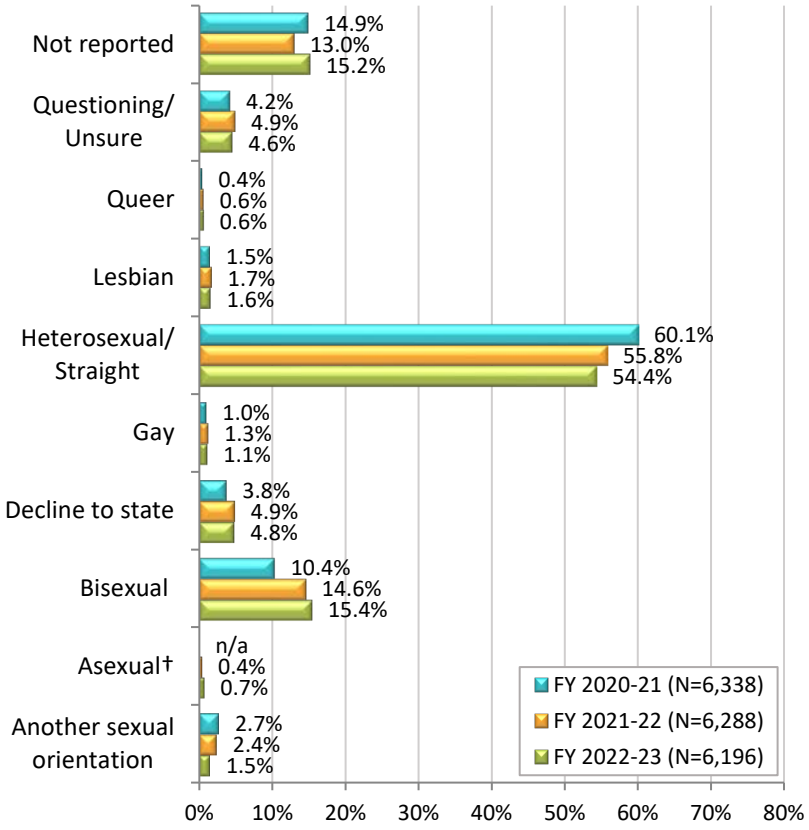
Of the 10,338 clients for whom PCP status was known, 9,860 (95%) had a PCP in FY 2022-23; a slight decrease from 96% in FY 2021-22.

**Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.*
†The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?

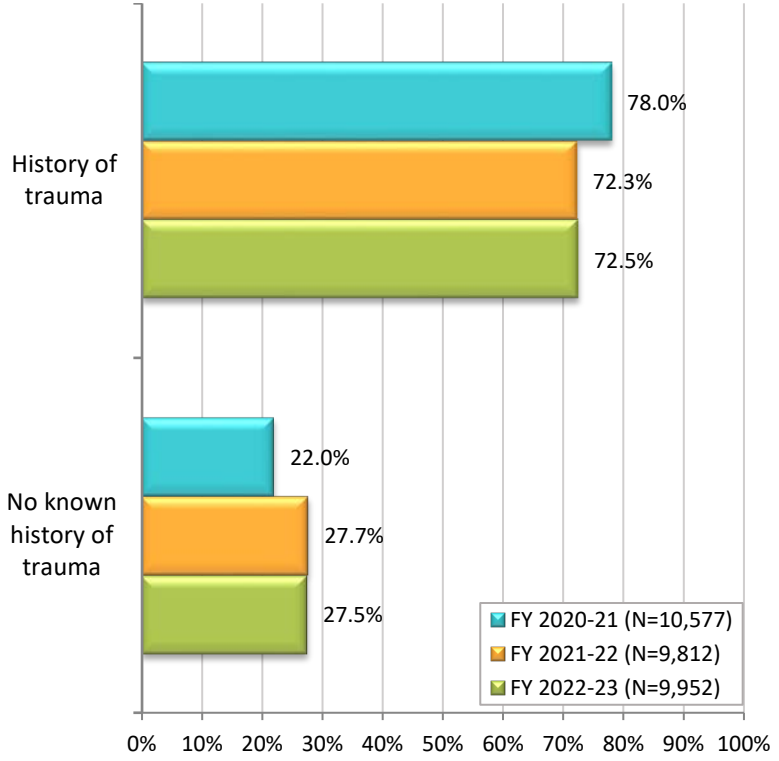
*Sexual Orientation (13+ years)**

Of 6,196 BHS-CY clients **age 13 or older**, 3,370 (54%) were reported to be heterosexual (as compared to 56% in FY 2021-22). Sexual orientation was unreported or declined to state for 20% of the 13+ population.



History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 9,952 clients (83% of the BHS-CY population) in FY 2022-23; of these clients, 7,211 (72% of the 9,952 clients for whom this information was known) had a **history of trauma**. By comparison, 72% of clients in FY 2021-22 had a reported history of trauma.



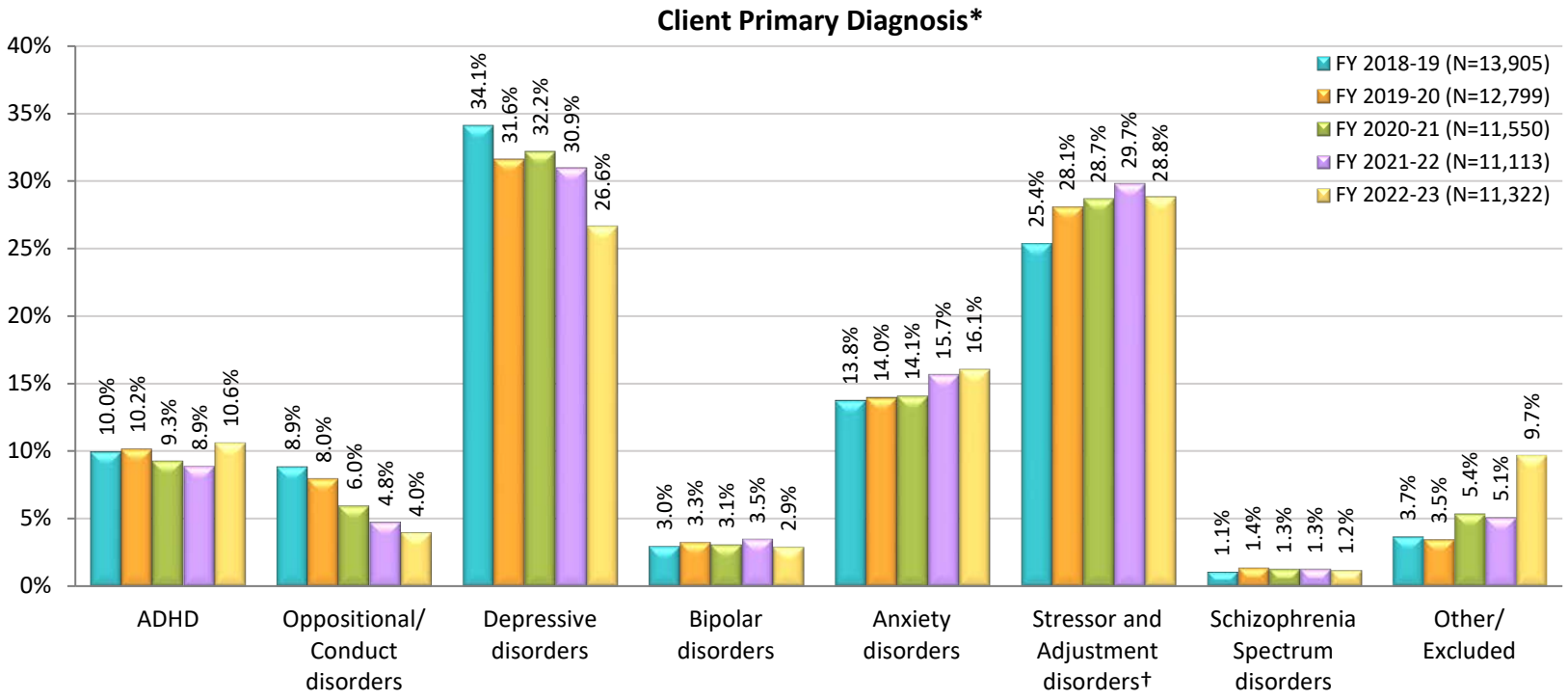
**Not Reported category includes Fee-for-Service providers for whom data were not available.*
†Asexual was added as a response option in FY 2021-22.

Who Are We Serving?

Interpretation of diagnosis trends in FY 2022-23 is challenging, given the complex effects of the pandemic which began in March 2020. Looking at the 5-year trend, the rate of Oppositional/Conduct disorder diagnoses decreased nearly 5 percentage points, from 9% in FY 2018-19 to 4.0% in FY 2022-23. The rate of Stressor/Adjustment disorder diagnoses increased from 25% in FY 2018-19 to 29% in FY 2022-23. In the past year, the proportion of Other/Excluded diagnoses nearly doubled, due in large part to a 122% increase in Autism Spectrum Disorder diagnoses (225 youth in FY 2021-22, 500 youth in FY 2022-23).

Primary Diagnosis

The most common primary diagnoses among children and youth served by BHS-CY in FY 2022-23 were: Stressor and Adjustment disorders (n=3,262; 29%), Depressive disorders (n=3,017; 27%), Anxiety disorders (n=1,818; 16%), and ADHD (n=1,204; 11%).



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

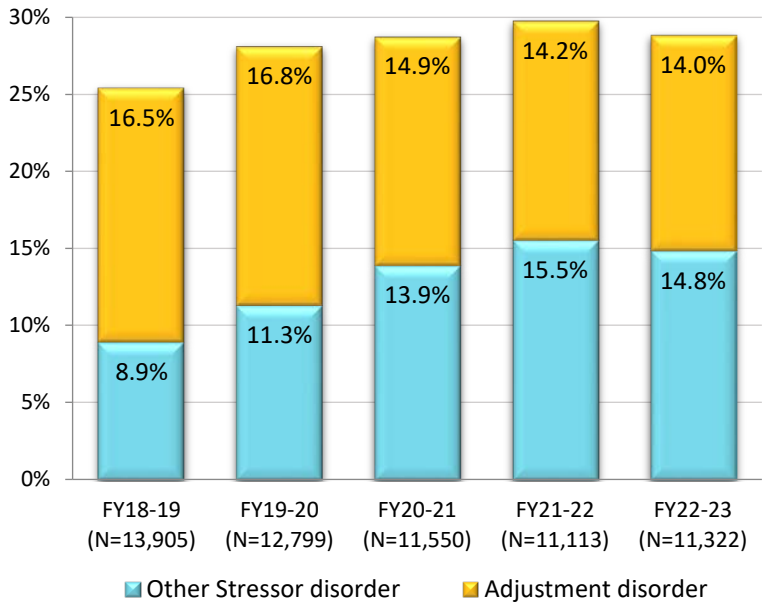
Who Are We Serving?

Within the Stressor and Adjustment disorder diagnostic category, the proportion of Adjustment disorder diagnoses has declined over the past five years. Twenty-seven percent of BHS-CY youth ages 12+ were identified as having a co-occurring substance use issue; 57% of BHS-CY youth ages 12+ also receiving SUD services also had a dual diagnosis in the MH system.

*Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Stressor disorder diagnoses increased from 9% in FY 2018-19 to 16% in FY 2021-22, followed by a slight decrease to 15% FY2022-23.

Clients with Stressor and Adjustment Disorders



*Co-occurring Substance Use (12+ years)***

In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form. In FY 2022-23, 27% of BHS-CY youth **ages 12 and up** had a co-occurring substance use issue.

BHS-CY Youth	FY 2021-22 Percent (n of N)	FY 2022-23 Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**25% (1,798 of 7,113)**	**27% (1,882 of 7,083)**
BHS-CY Youth with Co-occurring Substance Use Issue	**FY 2021-22 Percent (n of N)**	**FY 2022-23 Percent (n of N)**
Had dual diagnosis through mental health program†	46% (827 of 1,798)	45% (854 of 1,882)
Received services from SUD program	12% (218 of 1,798)	15% (276 of 1,882)
BHS-CY youth who received services from SUD program who also had dual diagnosis	68% (149 of 218)	56% (154 of 276)

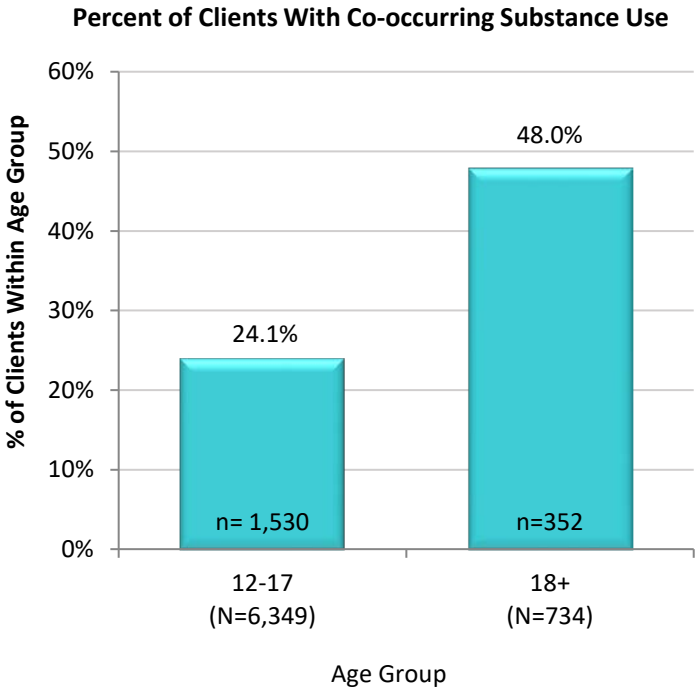
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?

1,179 of 1,882 (63%) clients with a co-occurring substance use problem were Hispanic in FY 2022-23.

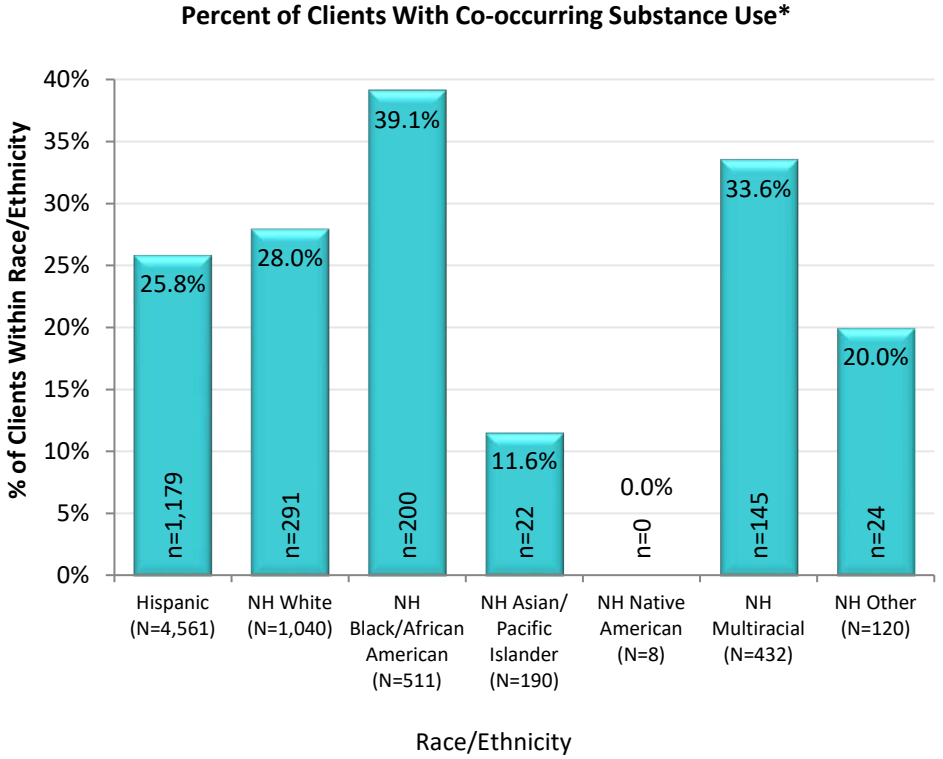
Co-occurring Substance Use—Age

Nearly half of BHS-CY youth ages 18 and older, and 24% of BHS-CY youth ages 12-17, were identified as having a co-occurring substance use issue (dual diagnosis, enrollment in an SUD program, and/or endorsement of substance abuse-related BHA questions.



Co-occurring Substance Use—Race/Ethnicity

NH Black/African American youth ages 12+ served by BHS-CY had the highest proportion of co-occurring substance use (200 of 511 clients), while Asian/Pacific Islanders had the lowest proportion (22 of 190 clients). There were too few Native American youth ages 12+ to interpret co-occurring substance use rates.

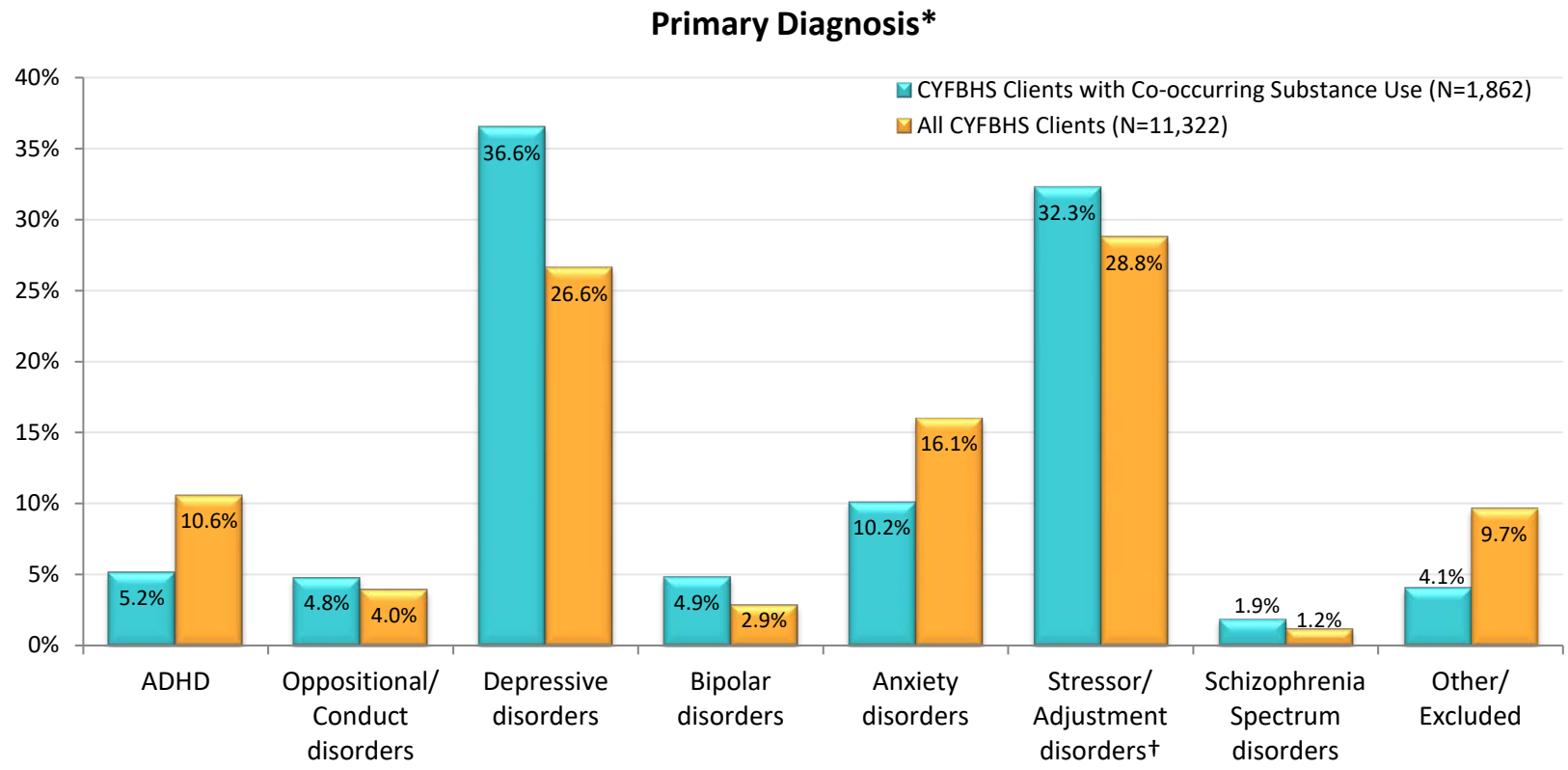


**Clients with unknown race/ethnicity were excluded from this analysis.*

Who Are We Serving?

Co-occurring Substance Use and Primary Diagnosis

Youth (ages 12+) with co-occurring substance use problems who received a valid diagnosis were most likely (37%) to be diagnosed with a Depressive disorder. These youth were more likely to have a diagnosis of Depressive or Bipolar disorder than youth in BHS-CY overall. Some research suggests that youth self-medicate for their mental health issues, leading to problematic substance use.[1]



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.
[1]Broman, C. L., Wright, M. K., Broman, M. J., & Bista, S. (2019). Self-medication-and substance use: A test of the hypothesis. Journal of Child & Adolescent Substance Abuse, 28(6), 494-504.

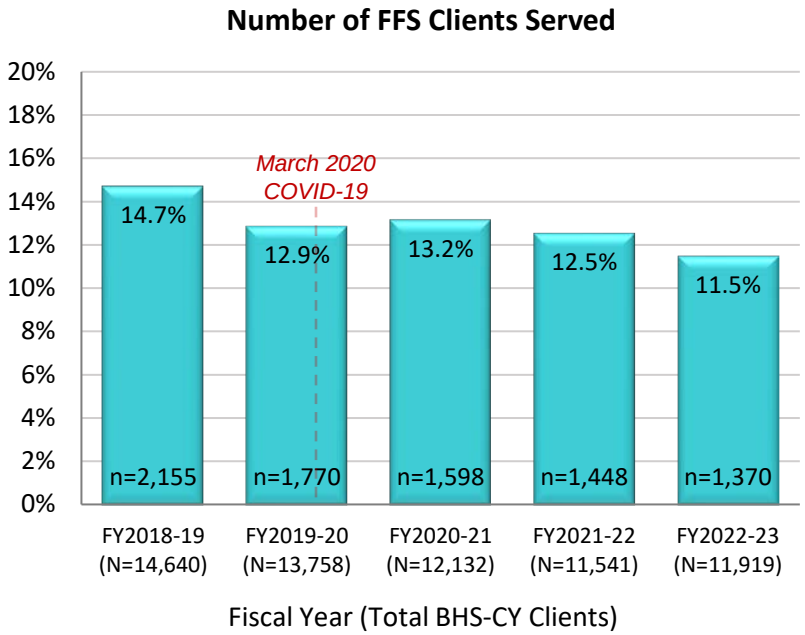
Who Are We Serving?
Fee-for-Service Youth

BHS-CY utilizes two provider systems: Organizational Providers and Fee-for-Service (FFS) Providers. This section focuses on clients who received any services from Fee-for-Service (FFS) providers during the fiscal year, even if they also received services from Organizational Provider programs.

FFS Youth Clients

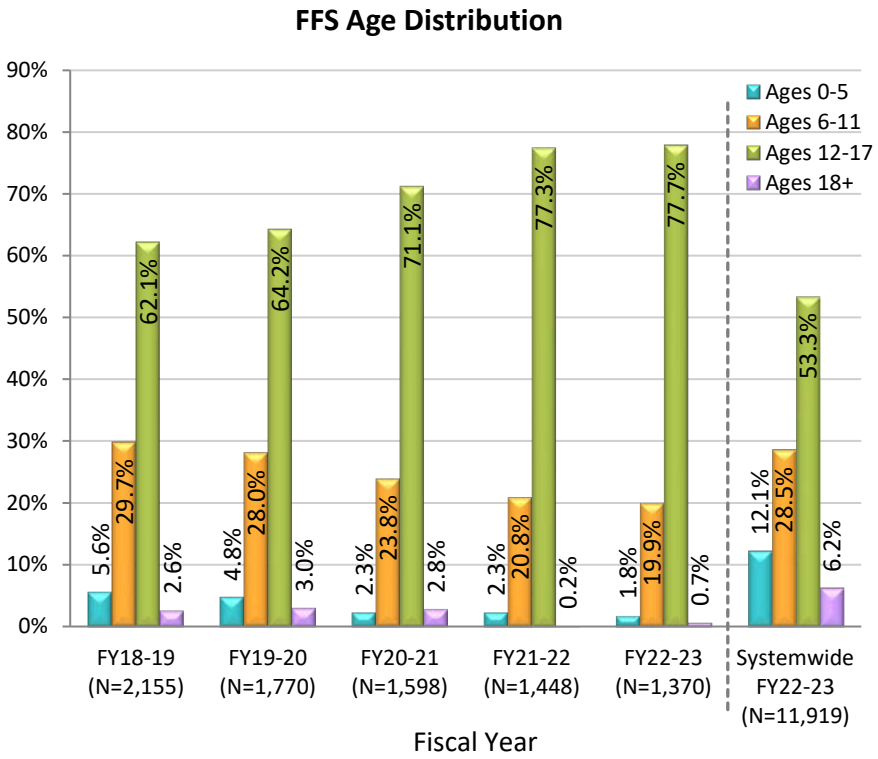
1,370 youth clients were served by an FFS provider at some point in FY 2022-23.

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



*Age of FFS Youth Clients**

1,065 (78%) youth clients served by FFS providers in FY 2022-23 were ages 12-17.



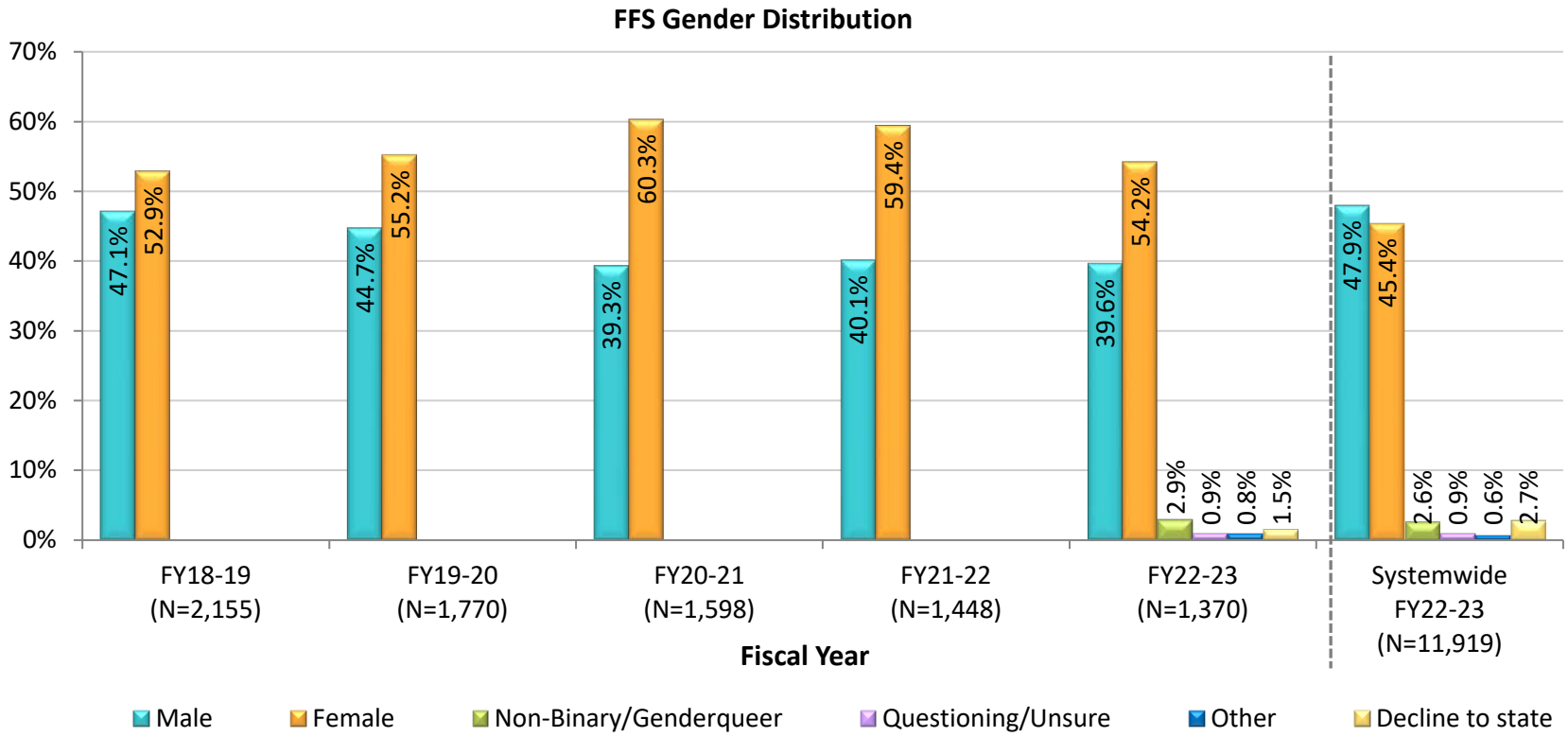
**As of FY 2021-22, Outpatient FFS clients ages 18+ are captured in the Adult/Older Adult system and are no longer reported in the FFS Youth section of this report; age distributions are not directly comparable to previous years.*

Who Are We Serving?
Fee-for-Service Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

*FFS Youth Client Gender**

742 (54%) youth clients served by FFS providers in FY 2022-23 were female; more females than males have been served by FFS providers over the past five years as compared to systemwide distributions.

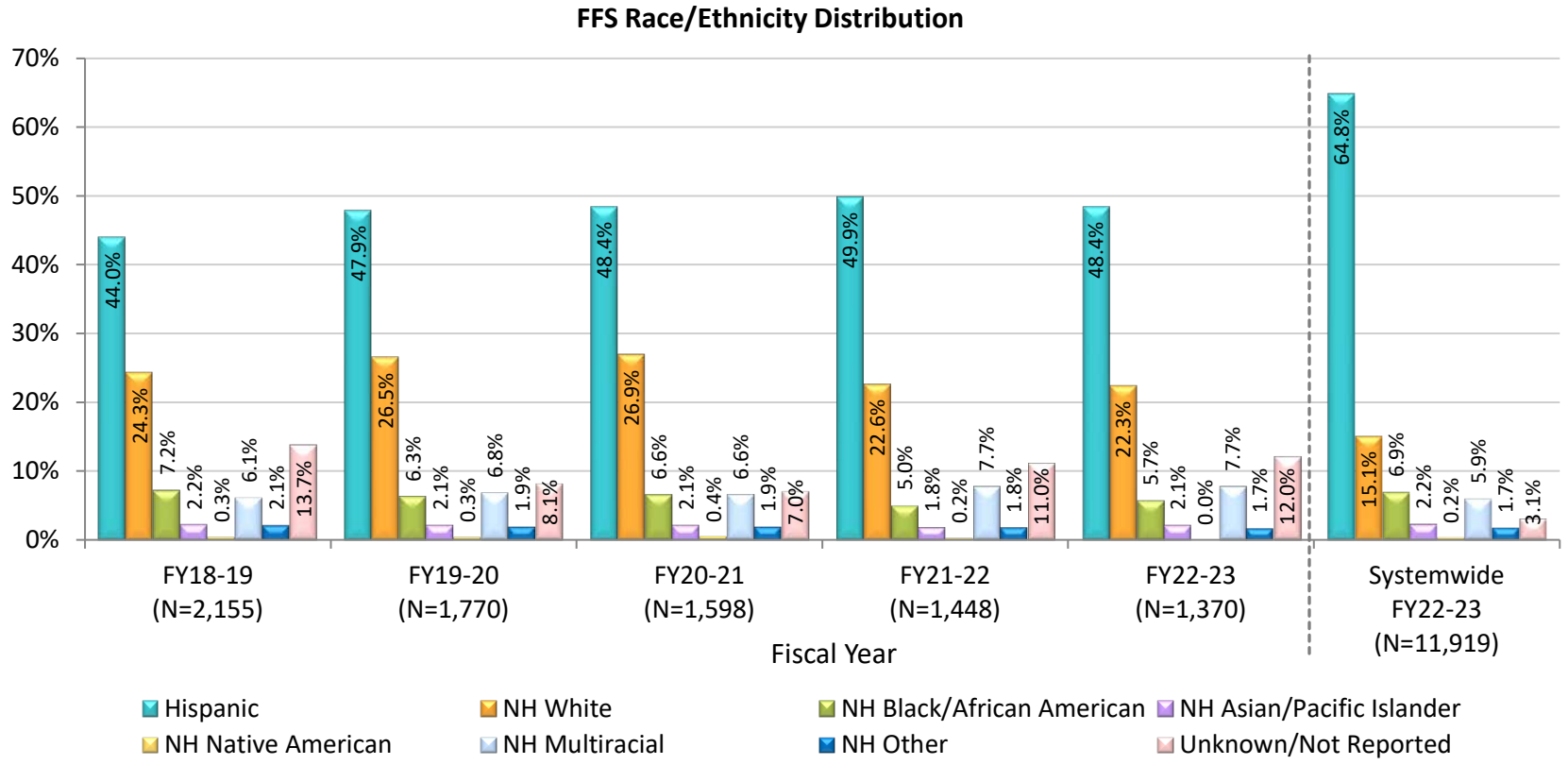


**Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.*

Who Are We Serving?
Fee-for-Service Youth

FFS Youth Client Race/Ethnicity

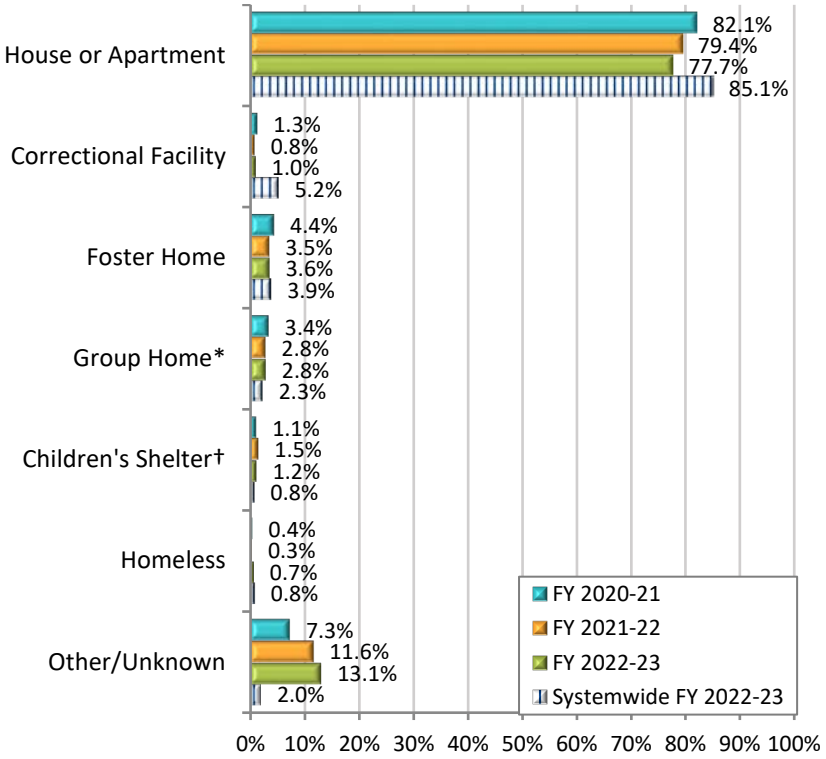
- Race/ethnicity data were not reported for 12% of youth clients who were served by FFS providers in FY 2022-23.
- 663 (48%) youth clients who were served by BHS-CY FFS providers in FY 2022-23 were identified as Hispanic.
- Proportionally, more White youth and fewer Hispanic youth were served by FFS providers compared to systemwide averages.



Who Are We Serving?
Fee-for-Service Youth

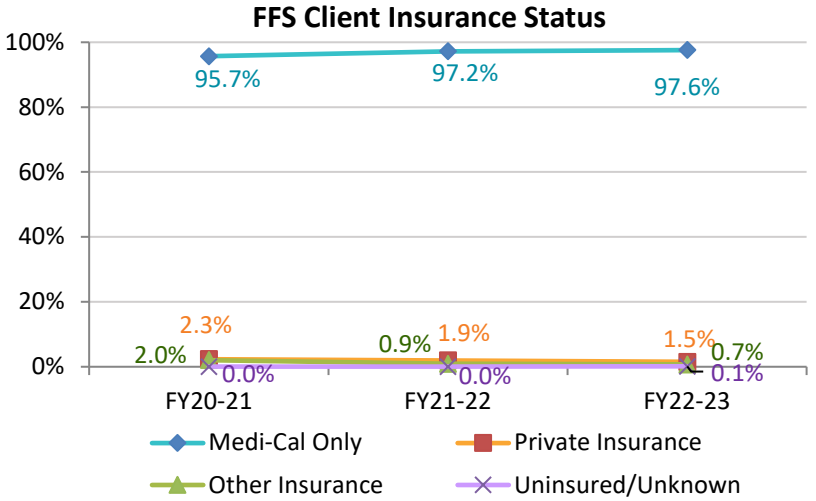
FFS Youth Client Living Situation

Living Situation was not reported for 13% of youth clients who were served by FFS providers in FY 2022-23. 1,064 (78%) clients who were served by BHS-CY FFS providers lived in a family home or apartment at some point during FY 2022-23; 49 (4%) lived in a Foster Home.



FFS Youth Client Health Care Coverage

1,337 (98%) youth clients who were served by FFS providers in FY 2022-23 were covered exclusively by Medi-Cal. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.



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

FFS Youth Client Primary Care Physician (PCP) Status

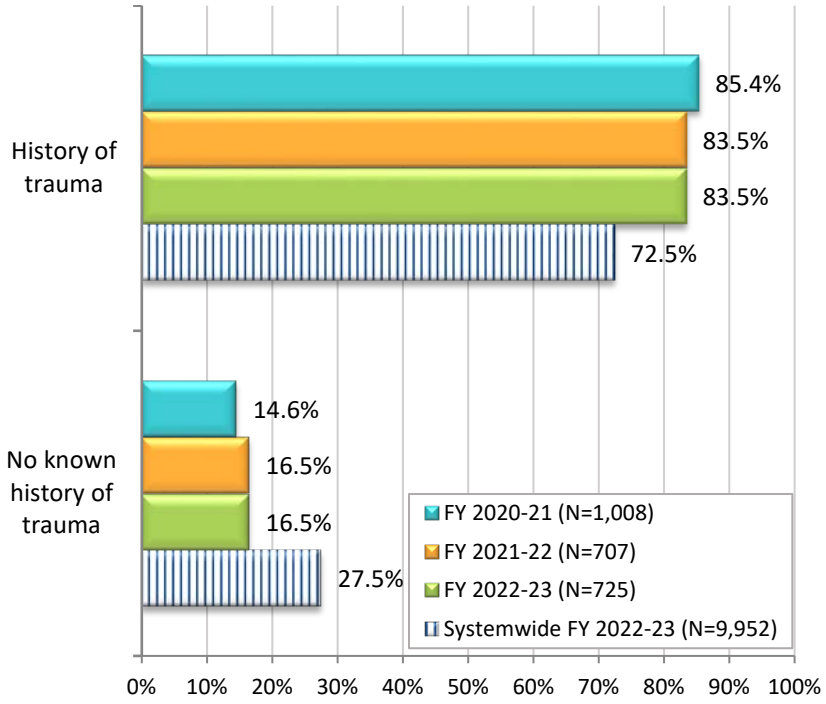
Of the 869 FFS clients for whom PCP status was known, 827 (95%) had a PCP in FY 2022-23; this is slightly lower than the previous fiscal year (96%) and is comparable to the 95% of BHS-CY clients systemwide in FY 2022-23. PCP status was not reported for 37% of FFS clients in FY 2022-23.

**Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.*
†The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Fee-for-Service Youth

FFS Youth Client History of Trauma

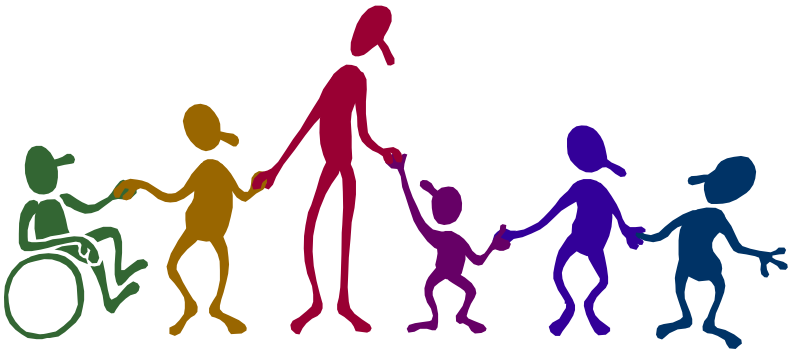
Previous experience of **traumatic events** was reported by clinicians for 725 youth clients (53% of the FFS youth population) in FY 2022-23; of these 725 clients, 605 (83%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23. History of trauma was not reported for 47% of FFS youth clients in FY 2022-23.



*FFS Youth Service Provider Type (N=90)**

Of 196 FFS Providers credentialed to provide services for youth, 90 (46%) actually provided services in FY 2022-23. 51% of active FFS providers for youth were Group Practice providers. 75% of youth clients served by FFS providers in FY 2022-23 were seen at Group Practice providers. These clients may have been seen by more than one provider during the fiscal year.

FFS Provider Type	Active Providers	Clients Served (duplicated)
Group Practice	46	75% (1,030 of 1,370)
MFT	19	7% (99 of 1,370)
LCSW	10	6% (88 of 1,370)
Psychologist	7	2% (33 of 1,370)
Psychiatrist	8	7% (100 of 1,370)

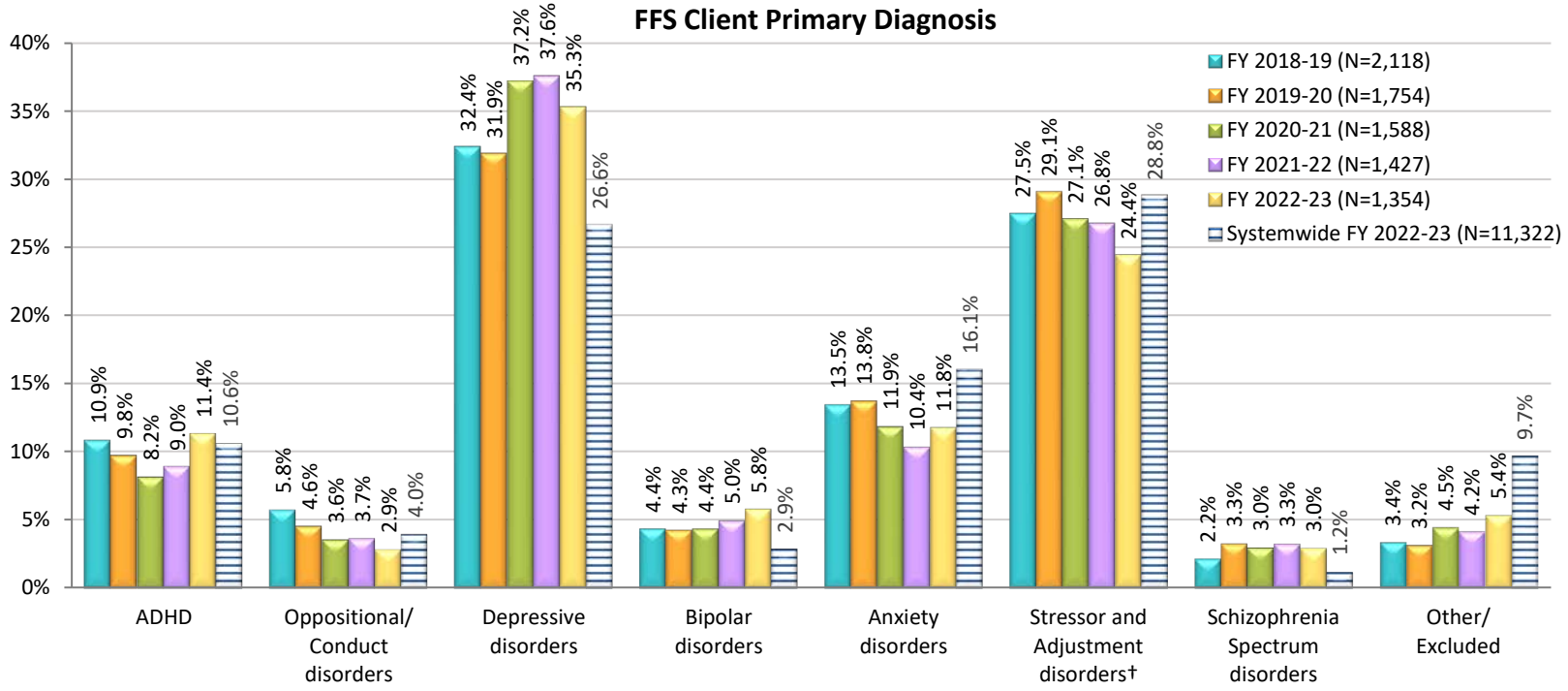


**Active FFS Providers in FY 2022-23*

Who Are We Serving?
Fee-for-Service Youth

*FFS Youth Client Primary Diagnosis**

The most common primary diagnoses among children and youth served by FFS providers in FY 2022-23 were: Depressive disorders (n=478; 35%), Stressor and Adjustment disorders (n=331; 24%), Anxiety disorders (n=160; 12%), and ADHD (n=154; 11%).

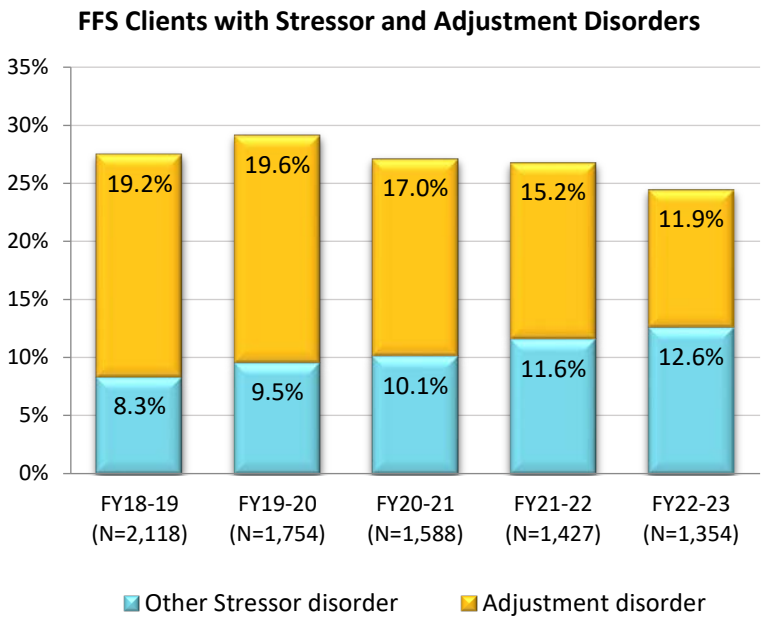


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Fee-for-Service Youth

*FFS Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Stressor disorder diagnosis among FFS clients has increased steadily over the past five years, from 8% in FY 2018-19 to 13% in FY 2022-23. This is consistent with systemwide trending.



*FFS Youth Client Co-occurring Substance Use (12+ years)***

In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form. In FY 2022-23, 21% of FFS youth clients **ages 12 and up** had a co-occurring substance use issue.

FY 2022-23 BHS-CY Youth	FFS Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**21% (222 of 1,074)**	**27% (1,882 of 7,083)**
BHS-CY Youth with Co-occurring Substance Use Issue	**FFS Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program†	53% (118 of 222)	45% (854 of 1,882)
Received services from SUD program	20% (45 of 222)	15% (276 of 1,882)
BHS-CY youth who received services from SUD program who also had dual diagnosis	44% (20 of 45)	56% (154 of 276)

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

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

Treatment and Evaluation Resource Management (TERM)

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

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

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

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

How Many TERM Providers are on the Network?

As of June 30, 2023, there were 111 total unique contracted providers. 81 of the 111 providers had an active TERM client in FY 2022-23.

- 85 Treatment Providers (Therapy Services)
- 26 Evaluators (Evaluation Services)
- 1 Psychiatric Evaluator (Psych Eval Services)

Note: There is overlap between Treatment Providers and Evaluators

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

TERM Evaluations

One of the services TERM providers deliver is psychological or psychiatric evaluation. Optum oversight is utilized to ensure that the rendering provider meets identified specialty criteria and that evaluations meet clinical standards. These data represent evaluations managed by the Optum TERM team.

- 18 providers administered 100 Child and Family Well-Being (CFWB) TERM evaluations for children and caregivers. The majority (62) of CFWB TERM evaluations were for parents. Two off-panel evaluations were administered.
- 16 providers administered 309 Probation TERM evaluations for youth.

CFWB TERM Evaluations			
	FY 2020-21	**FY 2021-22**	**FY 2022-23**
Referrals for Evaluations (Medi-Cal)	272 (106)	169 (56)	172 (57)
Total Evaluations	198	138	100
Unique Provider Count	29	22	18
Psychological Evaluations - Child	106	59	36
Psychiatric Evaluations - Child	3	0	1
Psychological Evaluations - Caregiver	82	78	62
Psychiatric Evaluations - Caregiver	7	1	1
Psychological Off-Panel Evaluations	5	1	1
Psychiatric Off-Panel Evaluations	6	0	1

Probation TERM Evaluations			
	FY 2020-21	**FY 2021-22**	**FY 2022-23**
Total Psychological Evaluations	258	169	306
Total Psychiatric Evaluations	0	1	3
Unique Provider Count	20	17	16
Juvenile Competency Evaluations	34	15	44

Data Source: TERM Statistics FY 2022-23 (Optum)

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

TERM – Treatment Plan

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

CFWB TERM Treatment Plans Reviewed			
	FY 2020-21	FY 2021-22	FY 2022-23
Total Initial Treatment Plans Reviewed	563	337	222
Unique Provider Count	114	87	63
Total Initial Treatment Plans Reviewed - Child	247	169	106
Total Initial Treatment Plans Reviewed - Caregiver	316	168	116
Total Initial Off Panel Treatment Plans Reviewed	10	5	5

CFWB TERM Domestic Violence (DV) Victims Group Treatment Plans Reviewed			
	FY 2020-21	FY 2021-22	FY 2022-23
Total Initial Treatment Plans Reviewed	196	174	126
Unique Provider Count	12	16	16

CFWB TERM Child Sexual Abuse Protection – Non-Protecting Parents (CSA-NPP) Group Treatment Plans Reviewed			
	FY 2020-21	FY 2021-22	FY 2022-23
Total Initial Treatment Plans Reviewed	19	29	23
Unique Provider Count	5	5	6

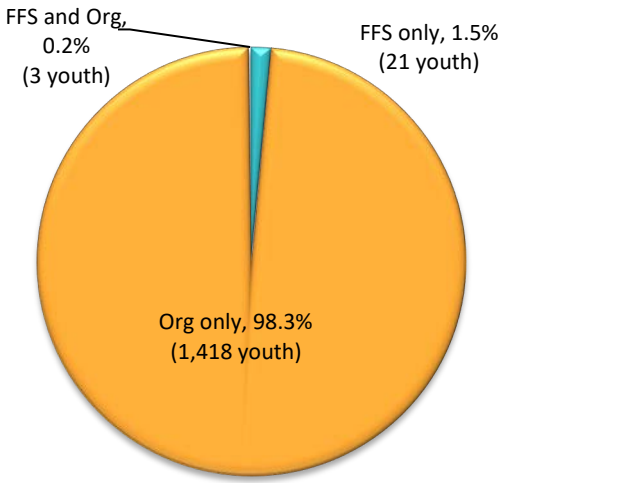
Data Source: TERM Statistics FY 2022-23 (Optum)

Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Clients

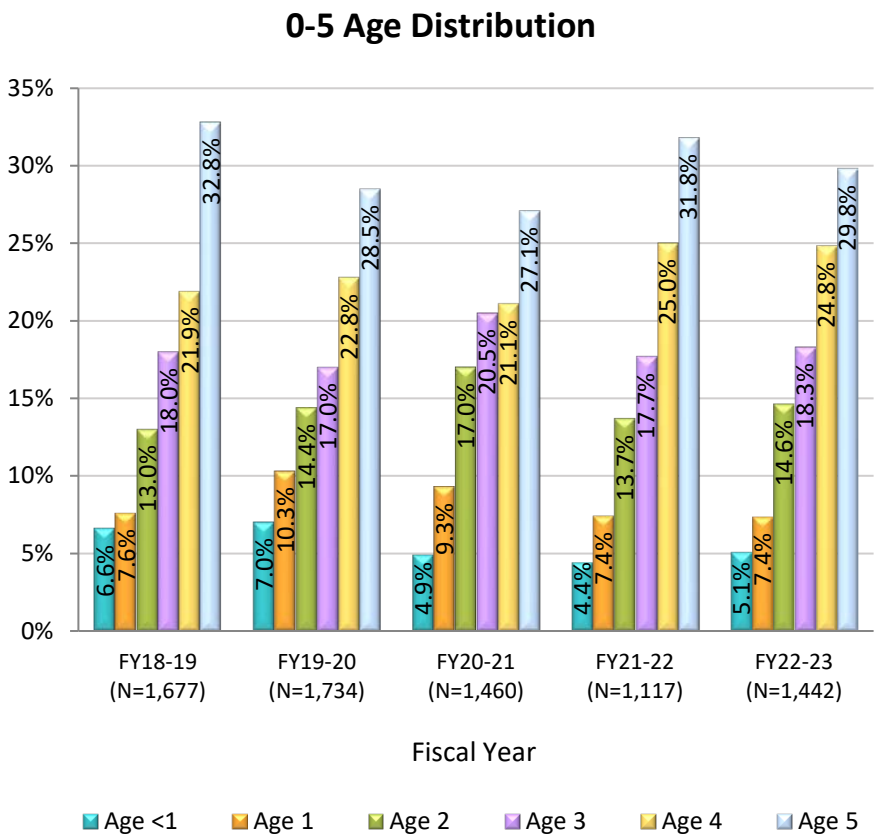
1,442 youth (12%) served by BHS-CY in FY 2022-23 were 0 to 5 years old, as compared to 10% in FY 2021-22.

❖ The majority (98%) of 0-5 clients were served *only* by Org providers in FY 2022-23, as compared to 98% in FY 2021-22.



Age Distribution of 0-5 Clients

Of 1,442 youth ages 0-5 youth served by BHS-CY, 355 (30%) were age 5.

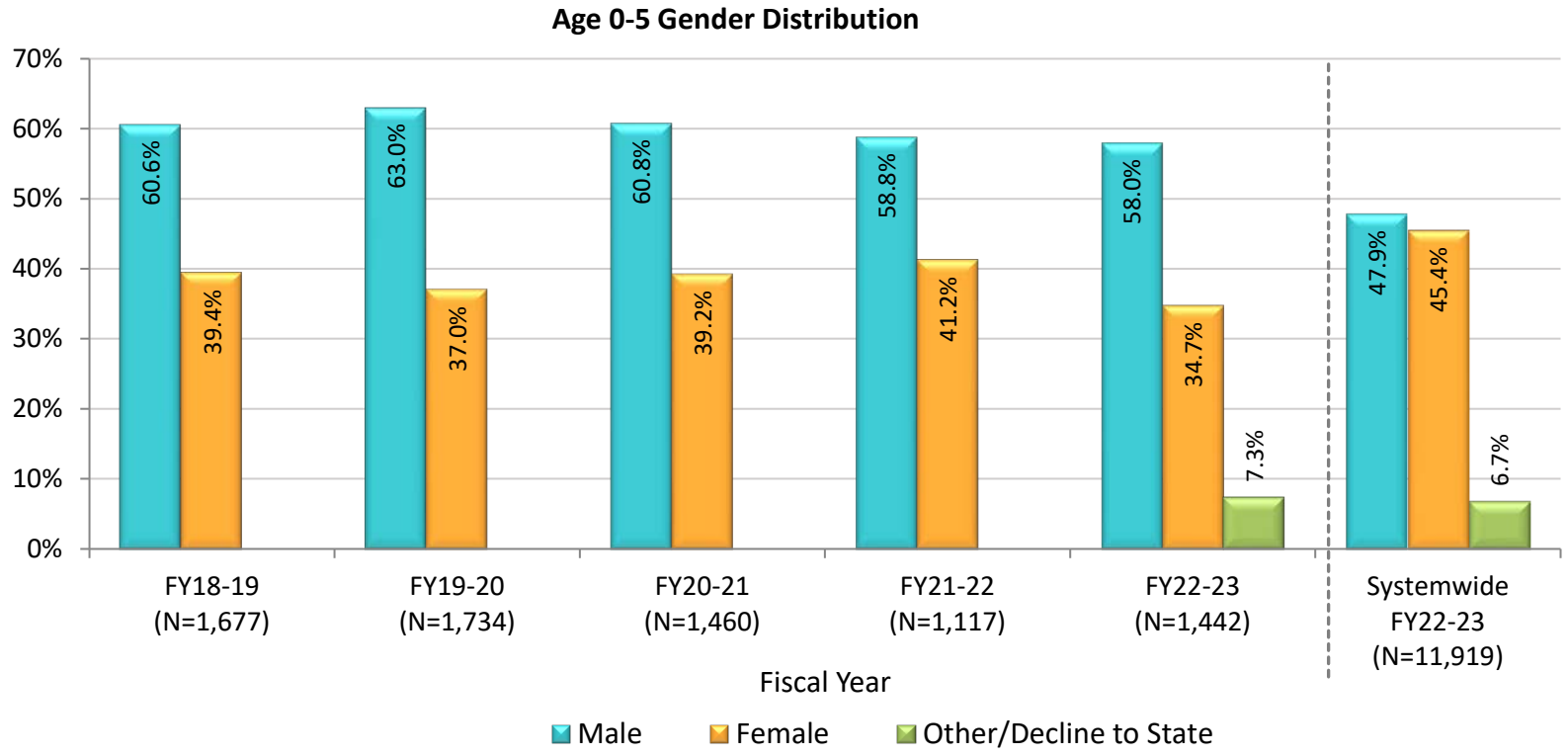


Who Are We Serving?
Age 0 – 5 Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

*Age 0-5 Client Gender**

837 (58%) age 0-5 clients who received BHS-CY services in FY 2022-23 were male. The gender gap of the 0-5 population has increased over the past year and remains wider than the BHS-CY system as a whole.

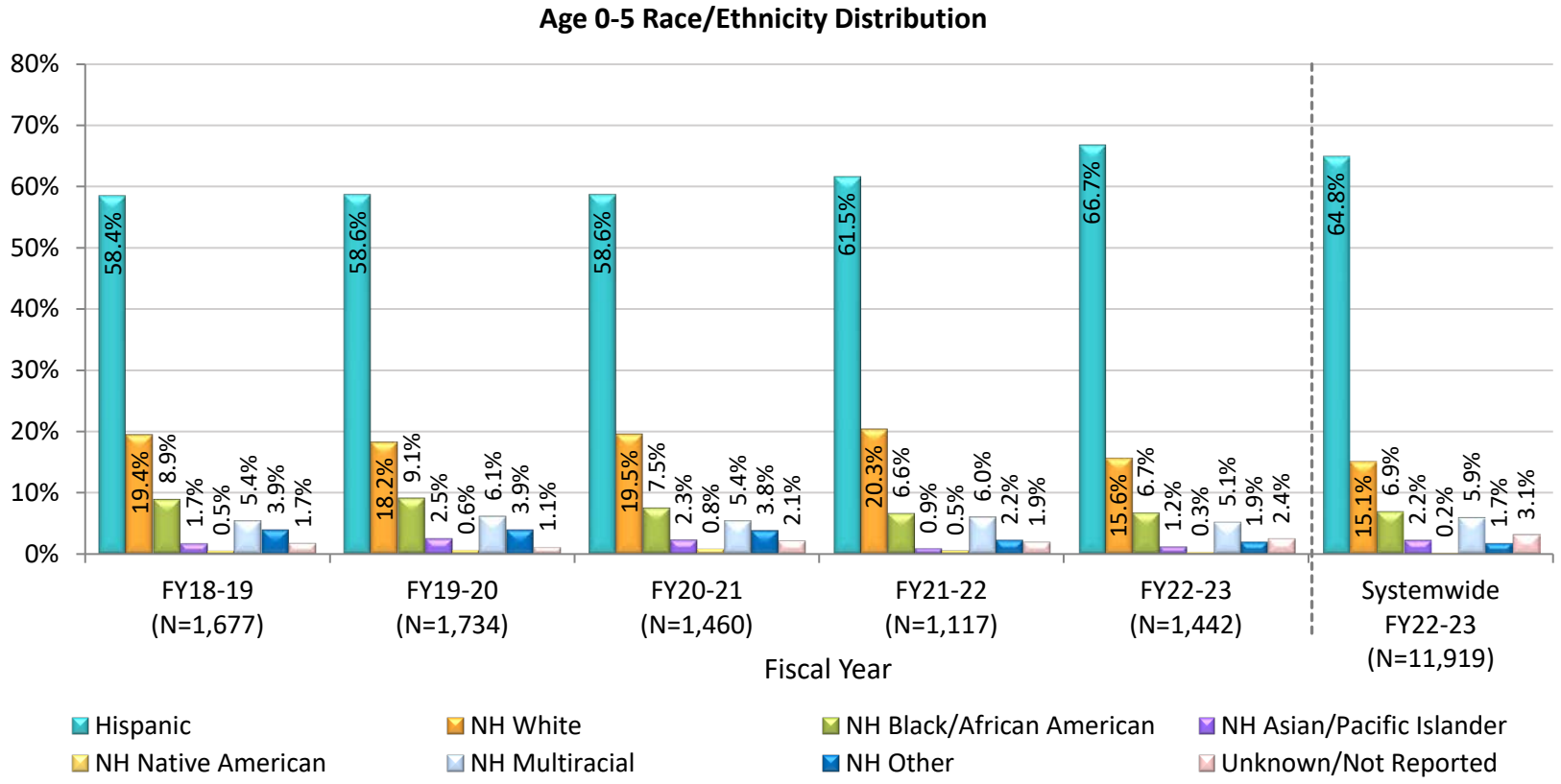


**Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.*

Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Client Race/Ethnicity

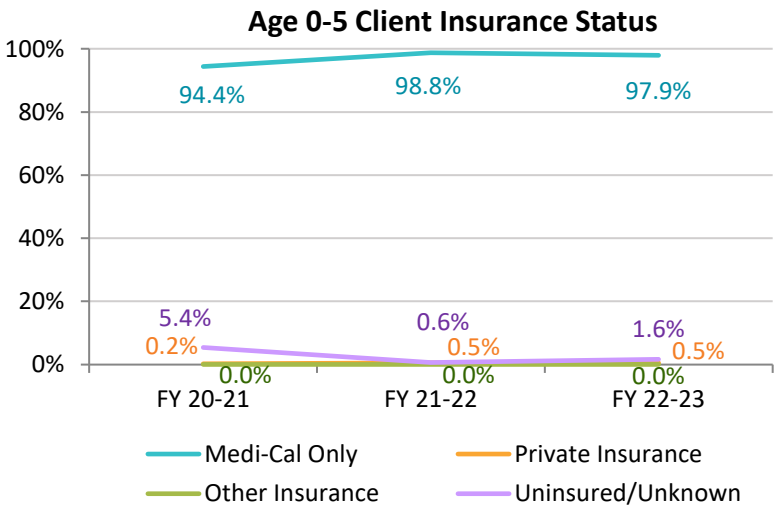
- 962 (67%) age 0-5 clients who received BHS-CY services in FY 2022-23 were identified as Hispanic.
- As compared to the BHS-CY system as a whole, a slightly greater proportion of White children ages 0-5 and a smaller proportion of Asian/Pacific Islander children ages 0-5 received services.



Who Are We Serving?
Age 0 – 5 Youth

1,412 (98%) age 0-5 clients who received services from BHS-CY during FY 2022-23 were covered exclusively by Medi-Cal. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.

Age 0-5 Health Care Coverage



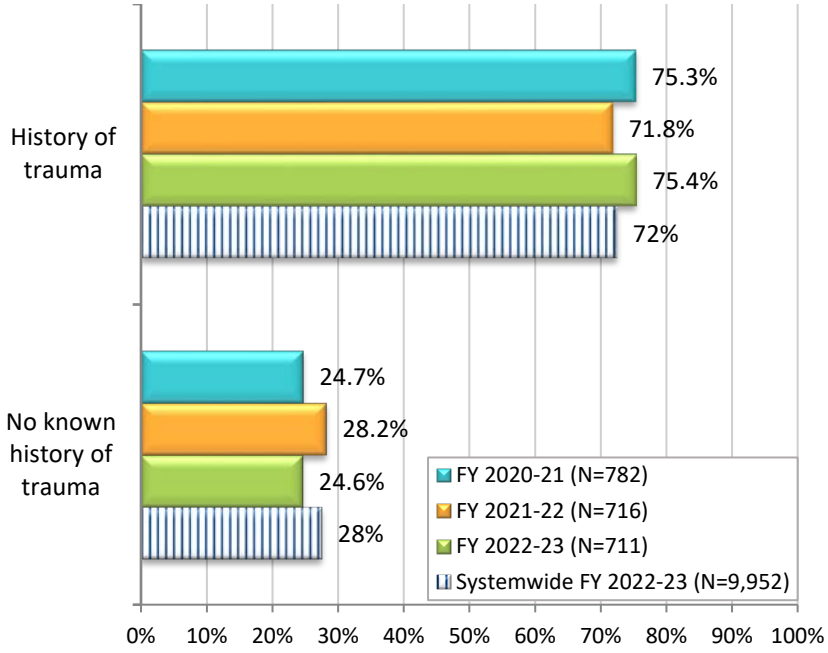
NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

Age 0-5 Primary Care Physician (PCP) Status

Of the 759 age 0-5 clients for whom PCP status was known, 745 (98%) had a PCP in FY 2022-23; a slight decrease from 99% of age 0-5 clients in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

Age 0-5 History of Trauma

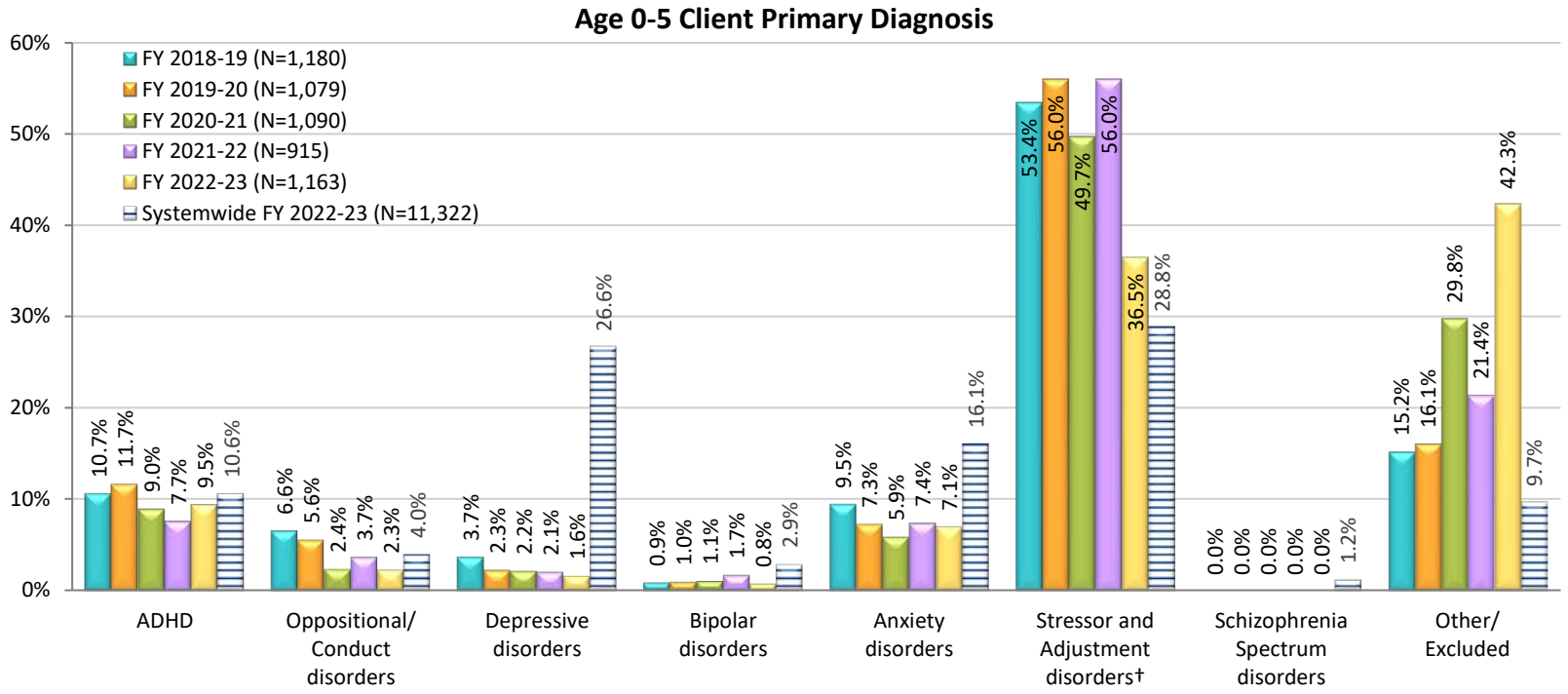
Previous experience of **traumatic events** was reported by clinicians for 711 clients (49% of the age 0-5 population) in FY 2022-23; of these 711 clients, 536 (75%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.



Who Are We Serving?
Age 0 – 5 Youth

*Age 0-5 Primary Diagnosis**

The most common primary diagnoses among age 0-5 clients served by BHS-CY in FY 2022-23 were: Other/Excluded disorders (n=492; 42%), Stressor and Adjustment disorders (n=424; 37%), ADHD (n=110; 10%), and Anxiety disorders (n=82; 7%).

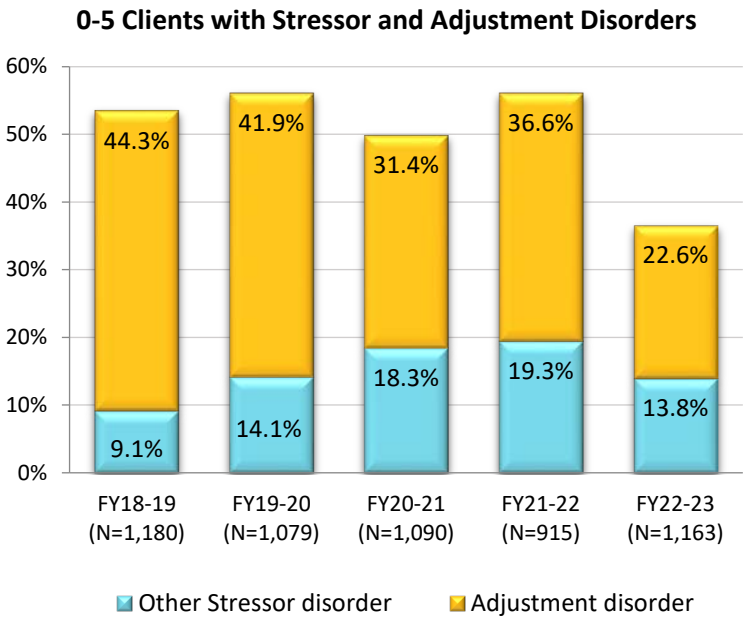


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Age 0 – 5 Youth

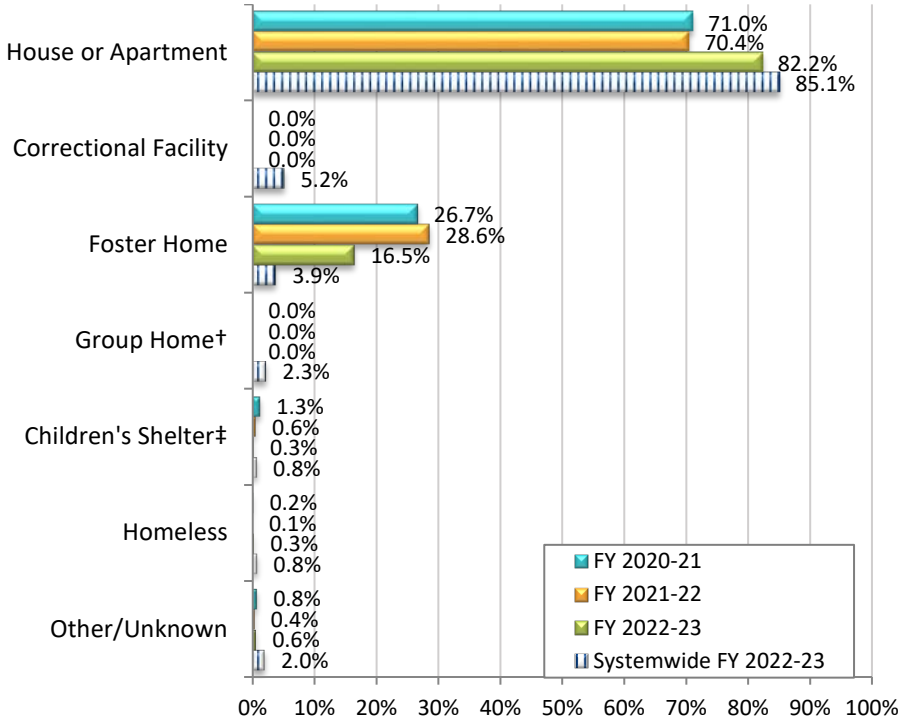
*Age 0-5 Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Stressor disorder diagnosis among clients ages 0-5 decreased more than five percentage points in the past year, following four years of steady increase.



Age 0-5 Client Living Situation

1,186 (82%) age 0-5 clients served by BHS-CY lived in a family home or apartment at some point during FY 2022-23. 238 (17%) age 0-5 clients lived in a Foster Home; as compared to 4% systemwide.



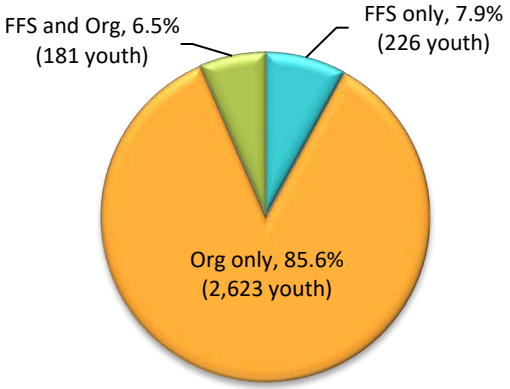
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Transition Age Youth

Transition Age Youth Clients

3,057 Transition Age Youth (TAY) clients, defined in the BHS-CY system as youth ages 16 to 25, were served in FY 2022-23, representing 26% of the total BHS-CY population. Similarly, TAY youth represented 26% of the BHS-CY population in FY 2021-22.

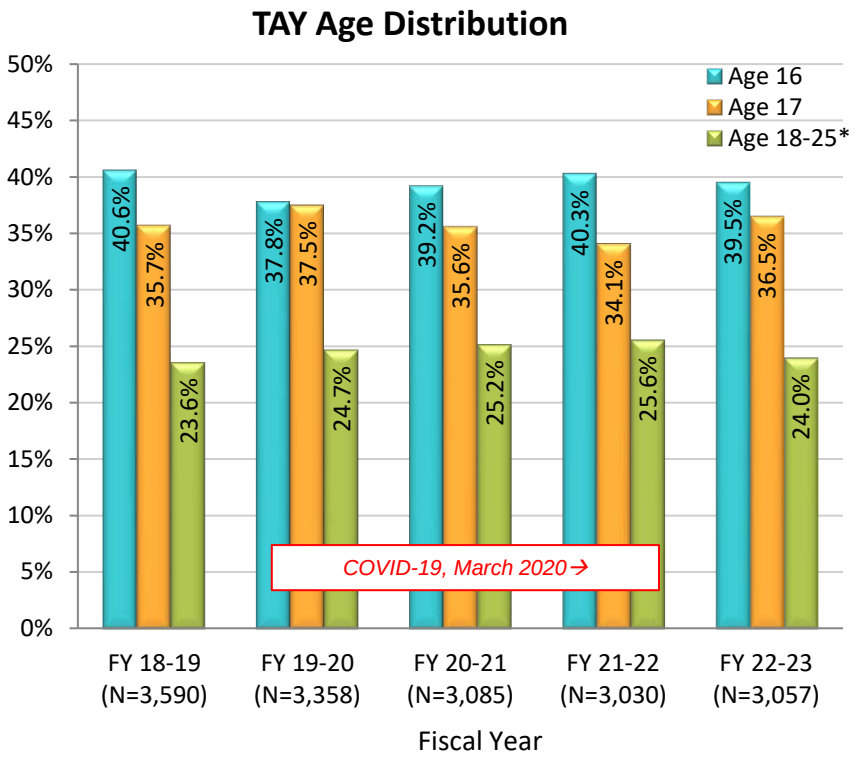
❖ The majority (86%) of TAY clients were served *only* by Org providers in FY 2022-23, as compared to 87% in FY 2021-22.



Age of TAY Clients

2,323 (76%) TAY clients served by BHS-CY were ages 16-17, as compared to 74% in FY 2021-22.

❖ The proportion of TAY clients ages 18-25 (24%) served by BHS-CY decreased from 26% in FY 2021-22.



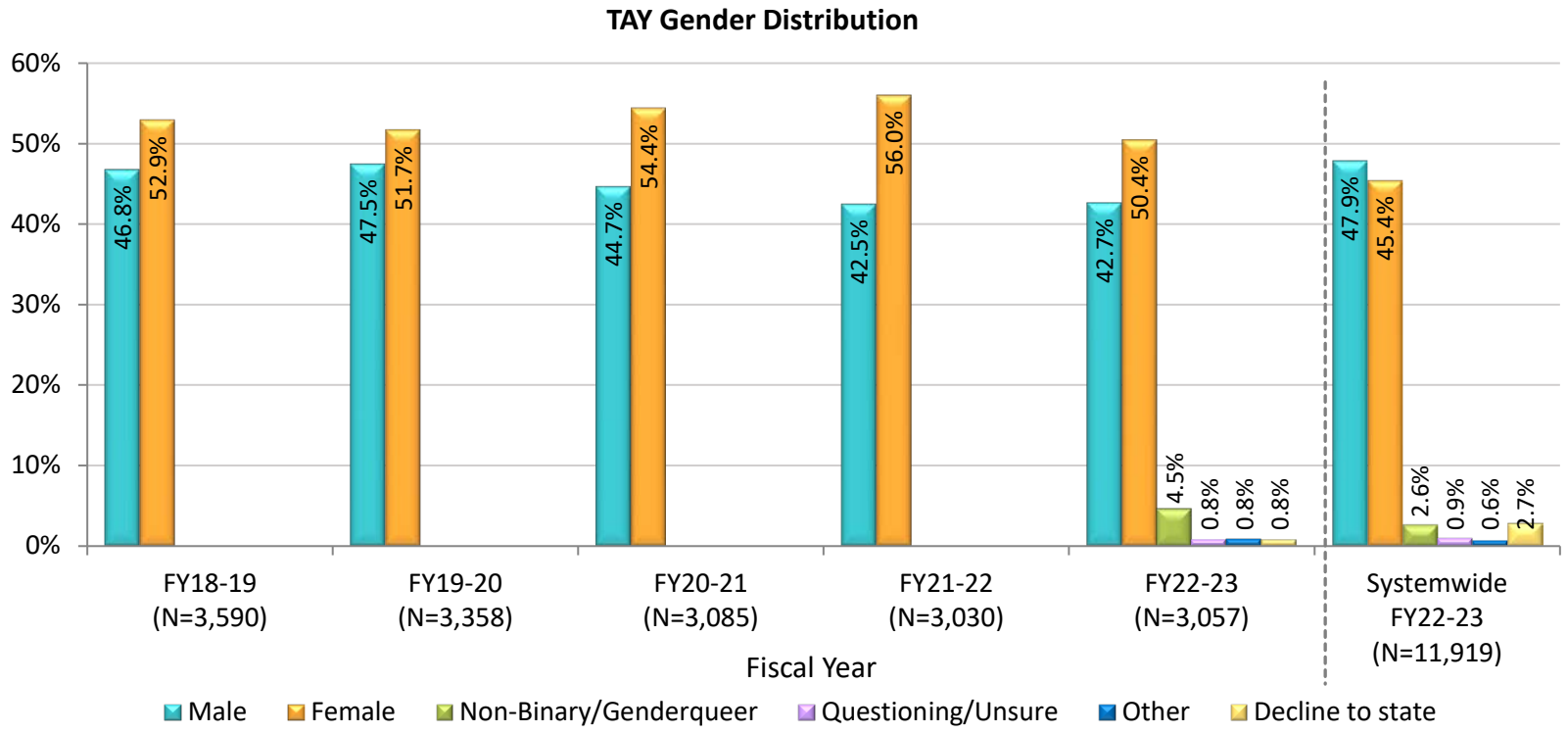
**On average, less than 1% of the TAY population in BHS-CY was over the age of 21.*

Who Are We Serving?
Transition Age Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youth current identification, not sex assigned at birth.

*TAY Client Gender**

1,542 (50%) TAY clients who received BHS-CY services in FY 2022-23 were female. Trending over the past five years, the TAY population has been comprised of more females than males.

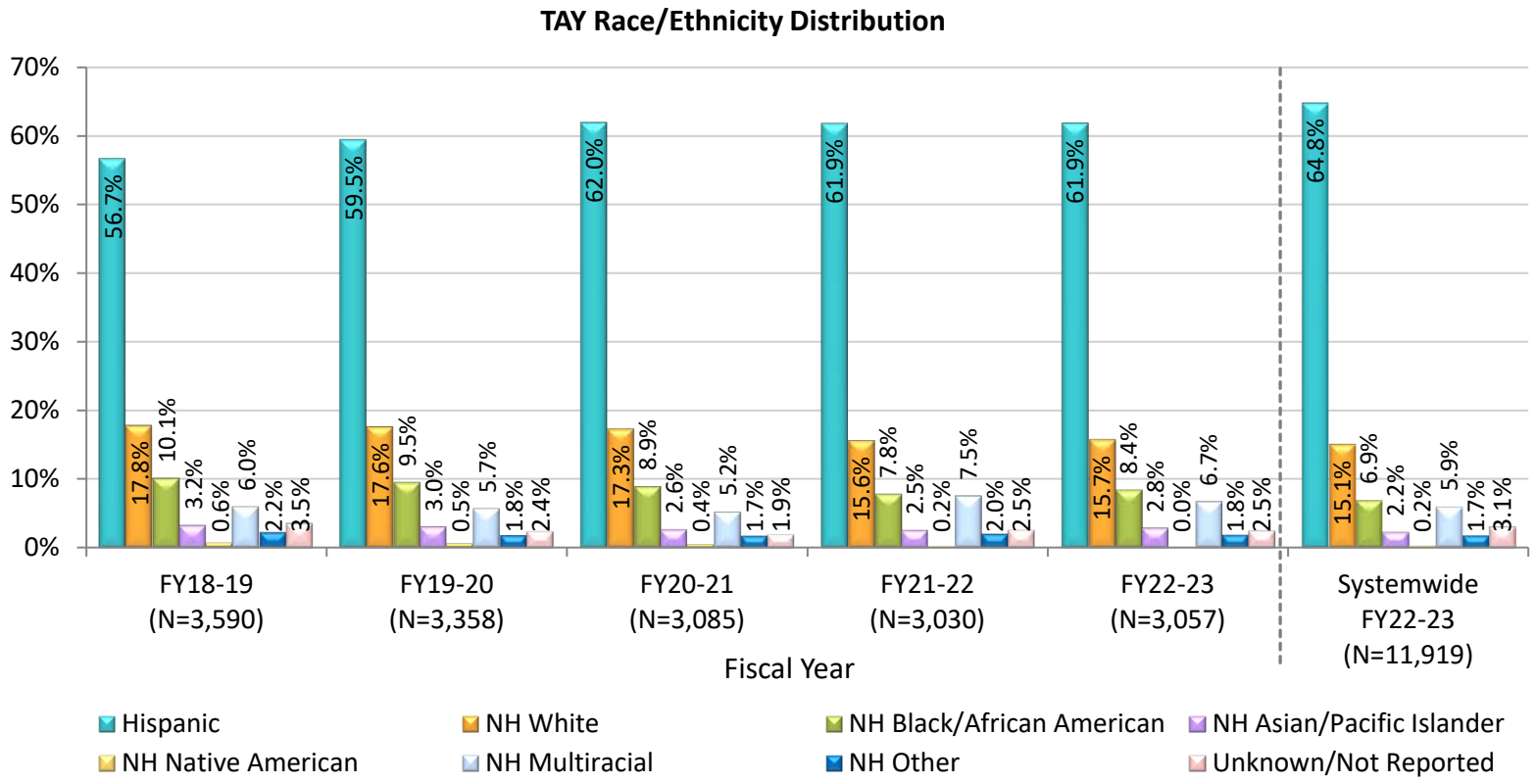


**Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.*

Who Are We Serving?
Transition Age Youth

TAY Client Race/Ethnicity

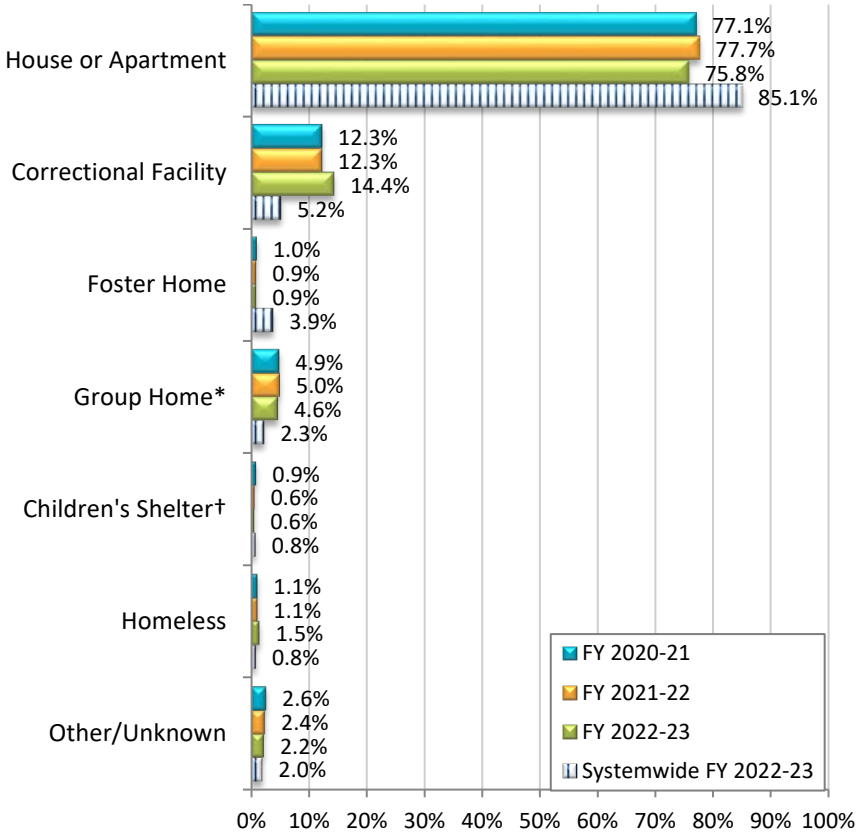
- 1,893 (62%) TAY clients who received BHS-CY services in FY 2022-23 were identified as Hispanic.
- The distribution of race/ethnicity among TAY clients in the BHS-CY system is similar to the distribution throughout the system as a whole.



Who Are We Serving?
Transition Age Youth

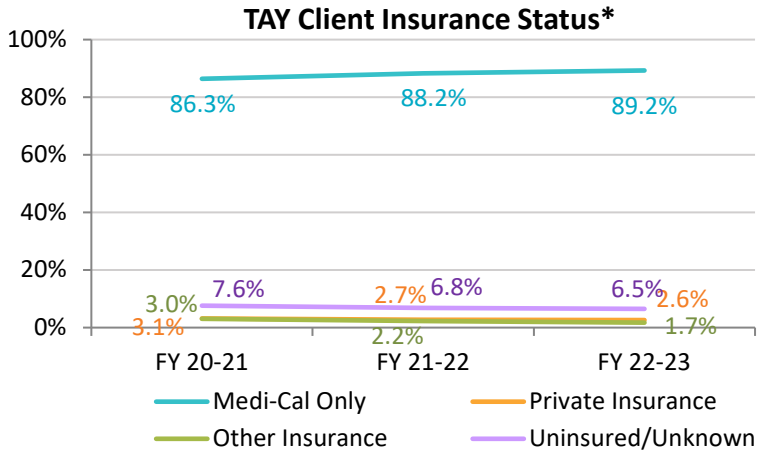
TAY Client Living Situation

2,318 (76%) TAY clients served by BHS-CY lived in a family home or apartment at some point during FY 2022-23. 440 (14%) TAY clients lived in a Correctional Facility in FY 2022-23.



TAY Health Care Coverage

2,728 (89%) TAY clients who received services from BHS-CY during FY 2022-23 were covered exclusively by Medi-Cal. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.



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

TAY Primary Care Physician (PCP) Status†

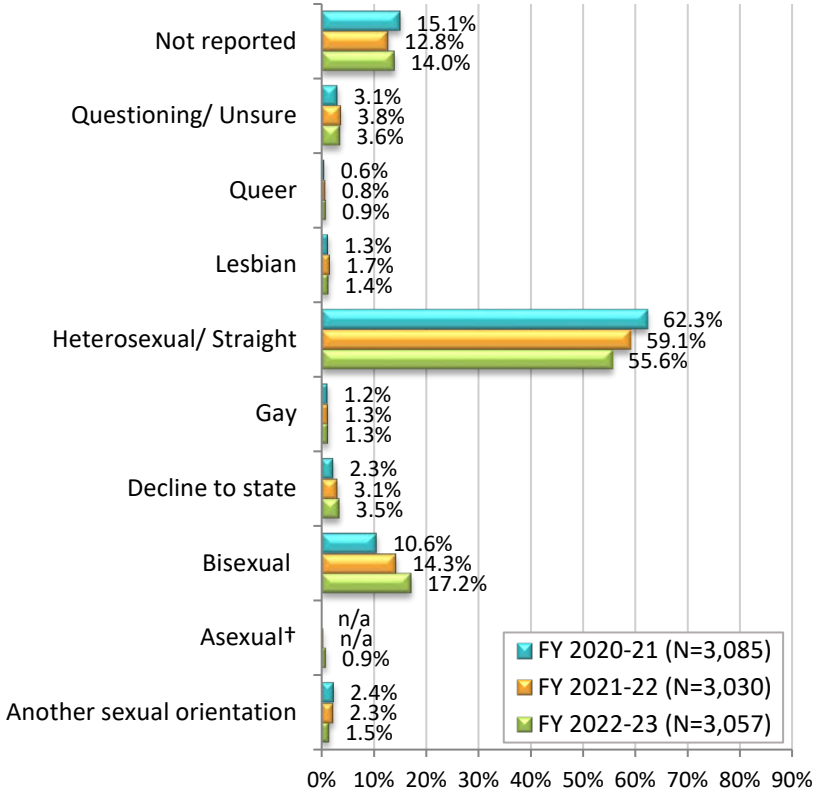
Of the 2,754 TAY clients for whom PCP status was known, 2,532 (92%) had a PCP in FY 2022-23, a slight decrease from 93% of TAY clients in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

**Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.*
†The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Transition Age Youth

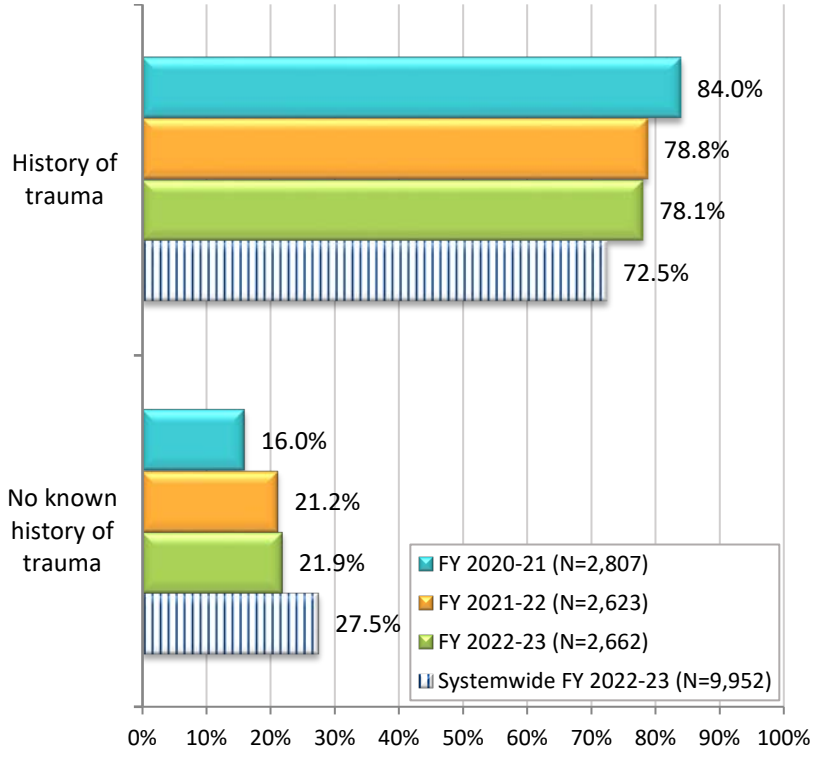
TAY Sexual Orientation†*

1,701 (56%) TAY clients served by BHS-CY identified as heterosexual during FY 2021-22 (as compared to 59% in FY 2021-22). Sexual orientation was unreported or declined to state for 18% of the TAY population in FY 2022-23, as compared to 16% in FY 2021-22.



TAY History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 2,662 clients (87% of the TAY population) in FY 2022-23; of these 2,662 clients, 2,079 (78%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.

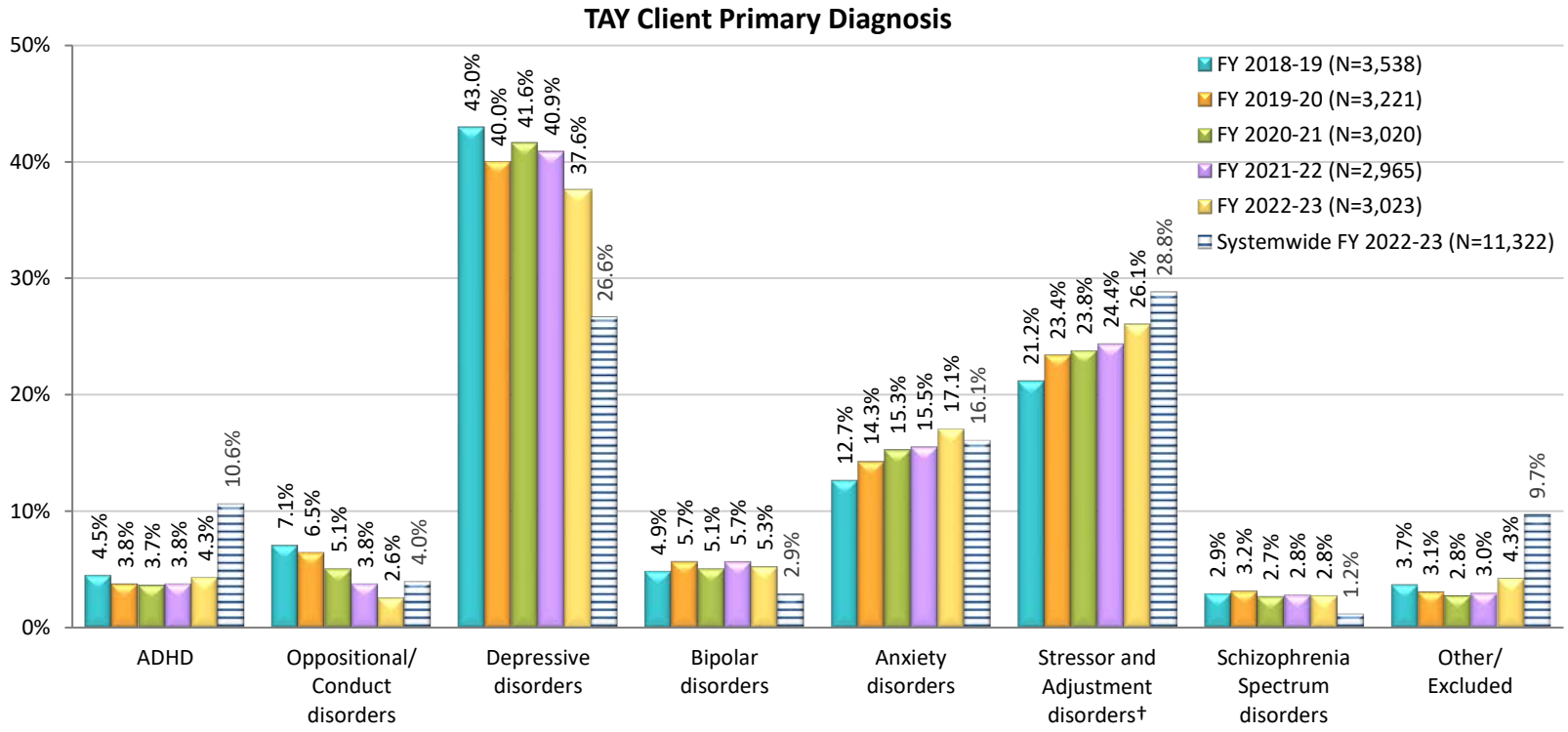


**Not Reported category includes Fee-for-Service providers for whom data were not available.*
†Asexual was added as a response option in FY 2021-22. Transgender is now classified with gender identity and has been excluded from historical data.

Who Are We Serving?
Transition Age Youth

*TAY Primary Diagnosis**

The most common primary diagnoses among age TAY clients served by BHS-CY in FY 2022-23 were: Depressive disorders (n=1,136, 38%), Stressor and Adjustment disorders (n=788; 26%), and Anxiety disorders (n=516; 17%).

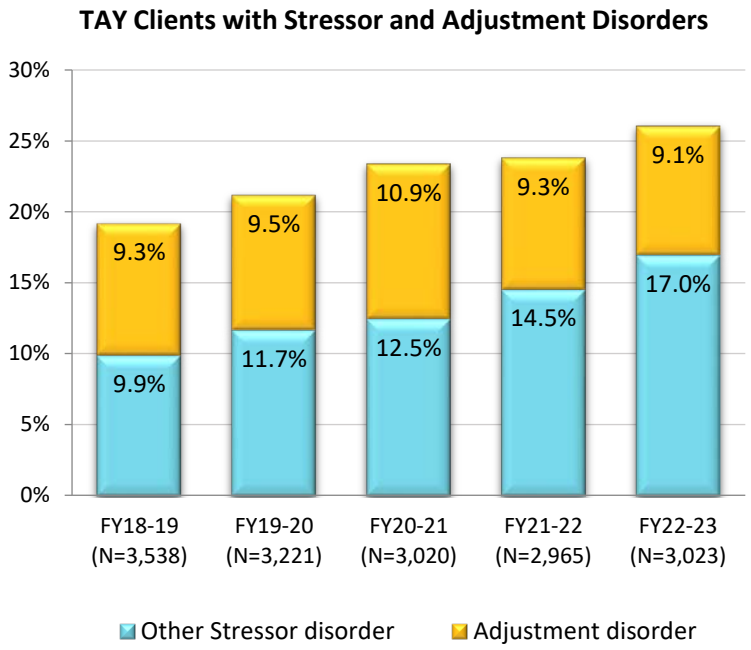


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Transition Age Youth

*TAY Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Stressor disorder diagnosis among TAY clients has increased steadily over the past five years, from 10% in FY 2018-19 to 17% in FY 2022-23.



*TAY Co-occurring Substance Use***

In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form. In FY 2022-23, 38% of TAY youth had a co-occurring substance use issue.

FY 2022-23 BHS-CY Youth	TAY Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**38% (1,164 of 3,057)**	**27% (1,882 of 7,083)**
BHS-CY Youth with Co-occurring Substance Use Issue	**TAY Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program†	50% (584 of 1,164)	45% (854 of 1,882)
Received services from SUD program	15% (176 of 1,164)	15% (276 of 1,882)
BHS-CY youth who received services from SUD program who also had dual diagnosis	61% (108 of 176)	56% (154 of 276)

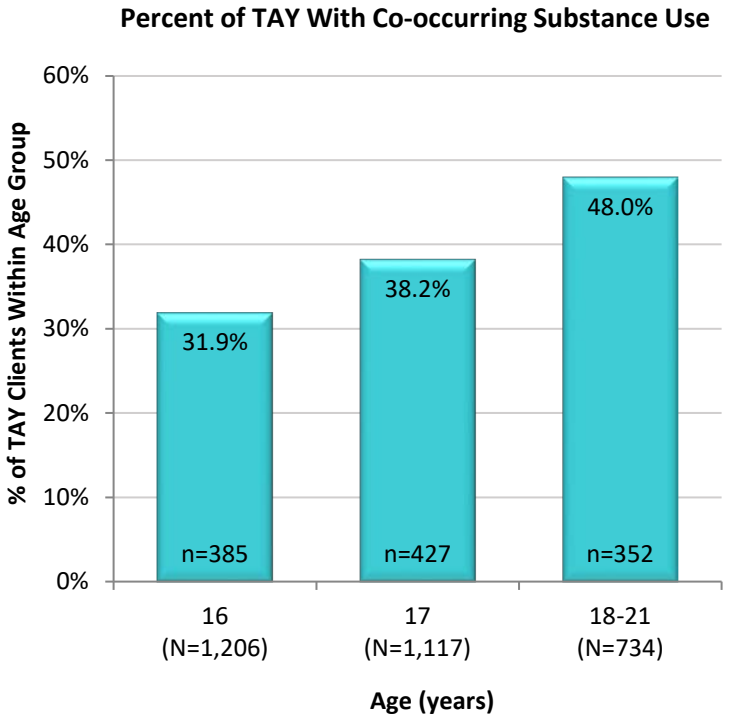
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?
Transition Age Youth

385 of 1,164 TAY clients (33%) with a co-occurring substance use problem were age 16. 711 of 1,164 (61%) TAY clients with a co-occurring substance use problem identified as Hispanic.

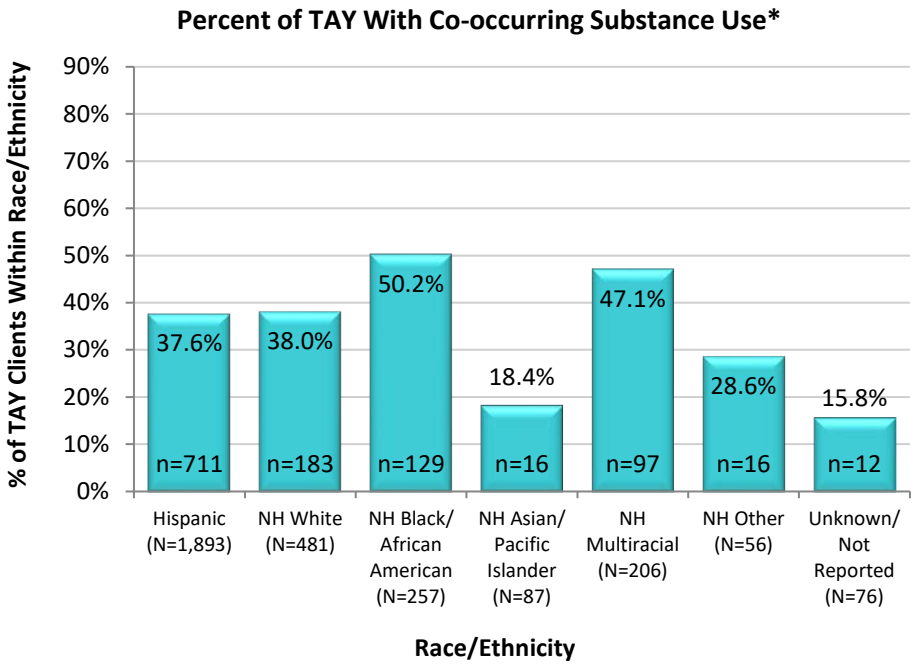
TAY Co-occurring Substance Use—Age

Approximately 32% of 16-year-olds and 38% of 17-year-olds who received services from the BHS-CY system were identified as having a substance use issue.



TAY Co-occurring Substance Use—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Black/African American TAY served by BHS-CY had the highest proportion of co-occurring substance use (129 of 257 clients, 50%). Asian/Pacific Islander TAY had the lowest proportion (16 of 87 clients, 18%).

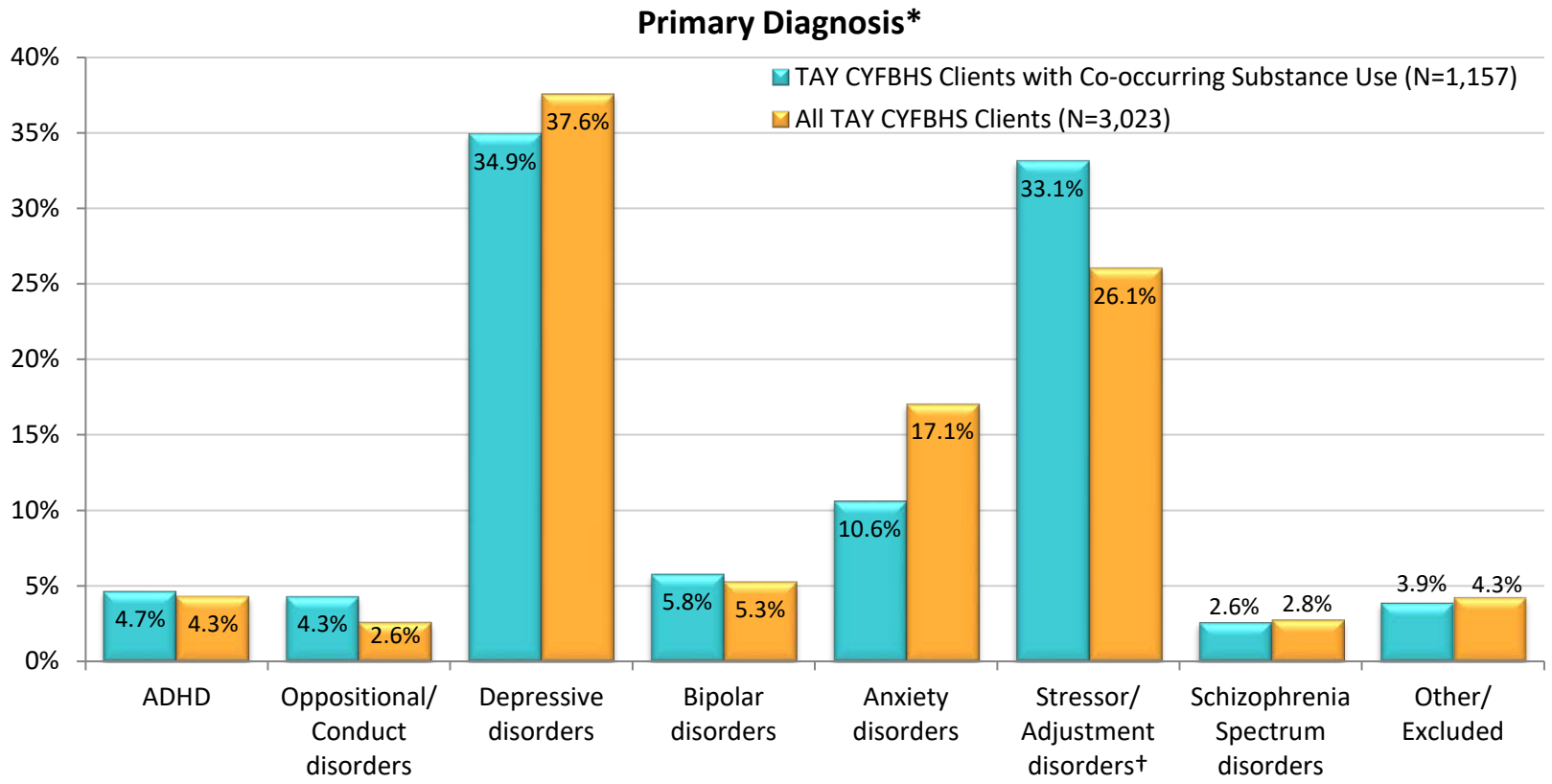


**Clients with unknown race/ethnicity were excluded from this analysis. Only one TAY client was identified as Native American and is not included in these results.*

Who Are We Serving?
Transition Age Youth

TAY Co-occurring Substance Use and Primary Diagnosis

As compared to TAY clients overall, TAY clients with co-occurring substance use problems were less likely to have a Depressive or Anxiety disorder, and more likely to have an Oppositional/Conduct or Stressor/Adjustment disorder.

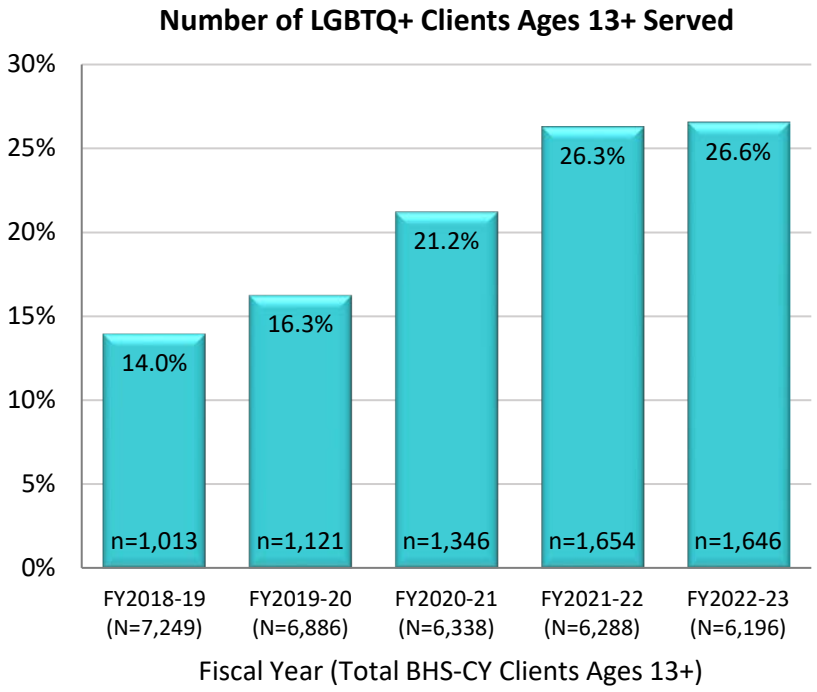


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
LGBTQ+ Youth

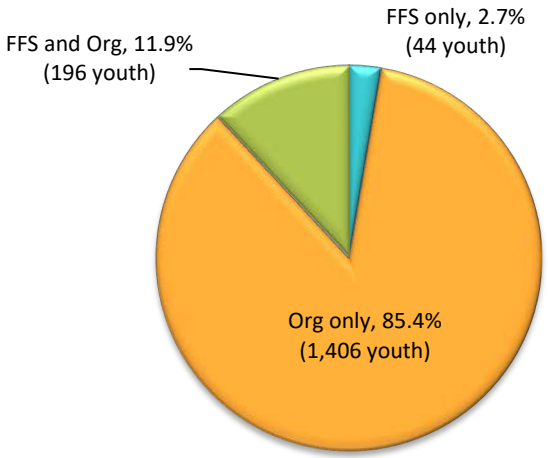
Age of LGBTQ+ Clients (13+ years)

1,646 LGBTQ+ youth (who identified as non-heterosexual or non-cisgender) ages 13 and up were served in FY 2022-23, representing 27% of 6,196 youth ages 13 and up in the BHS-CY population. Factors contributing to the 13-percentage-point increase over the past five years include but are not limited to: reduced stigma, enhanced provider education, increased awareness, and more robust community support networks.



LGBTQ+ Client Service Provider Type

The majority (85%) of LGBTQ+ clients were served *only* by Org providers in FY 2022-23.

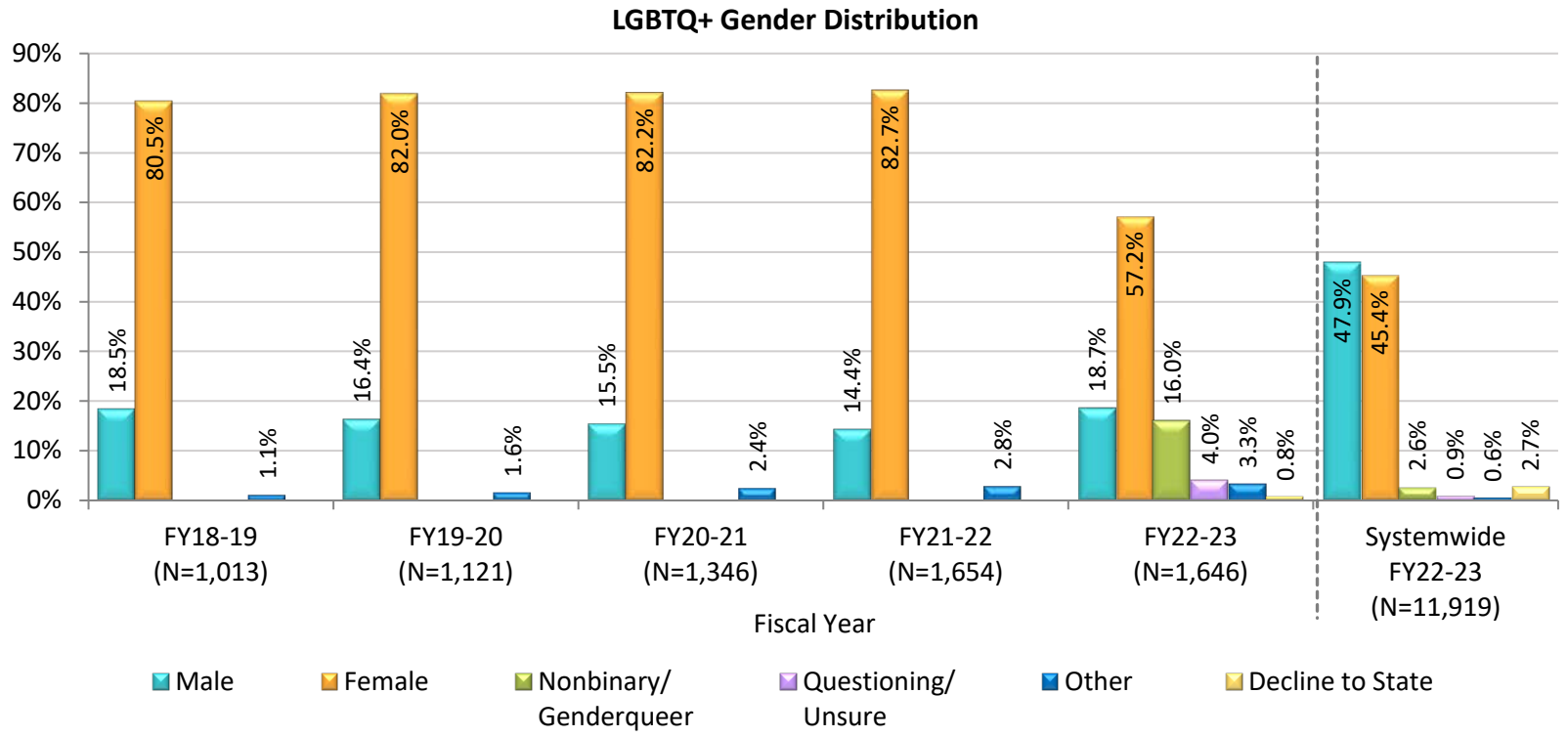


Who Are We Serving?
LGBTQ+ Youth

As part of the County of San Diego's ongoing efforts to improve cultural awareness and sensitivity, gender reporting was enhanced in FY 2022-23 to reflect and respect gender nonconforming youth. Gender reported here reflects youths' current identification, not sex assigned at birth.

*LGBTQ+ Client Gender**

942 (57%) LGBTQ+ clients who received BHS-CY services in FY 2022-23 identified as female; 264 (16%) identified as nonbinary or genderqueer.



**Gender methodology was enhanced in FY 2022-23; data may not be directly comparable to previous years.*

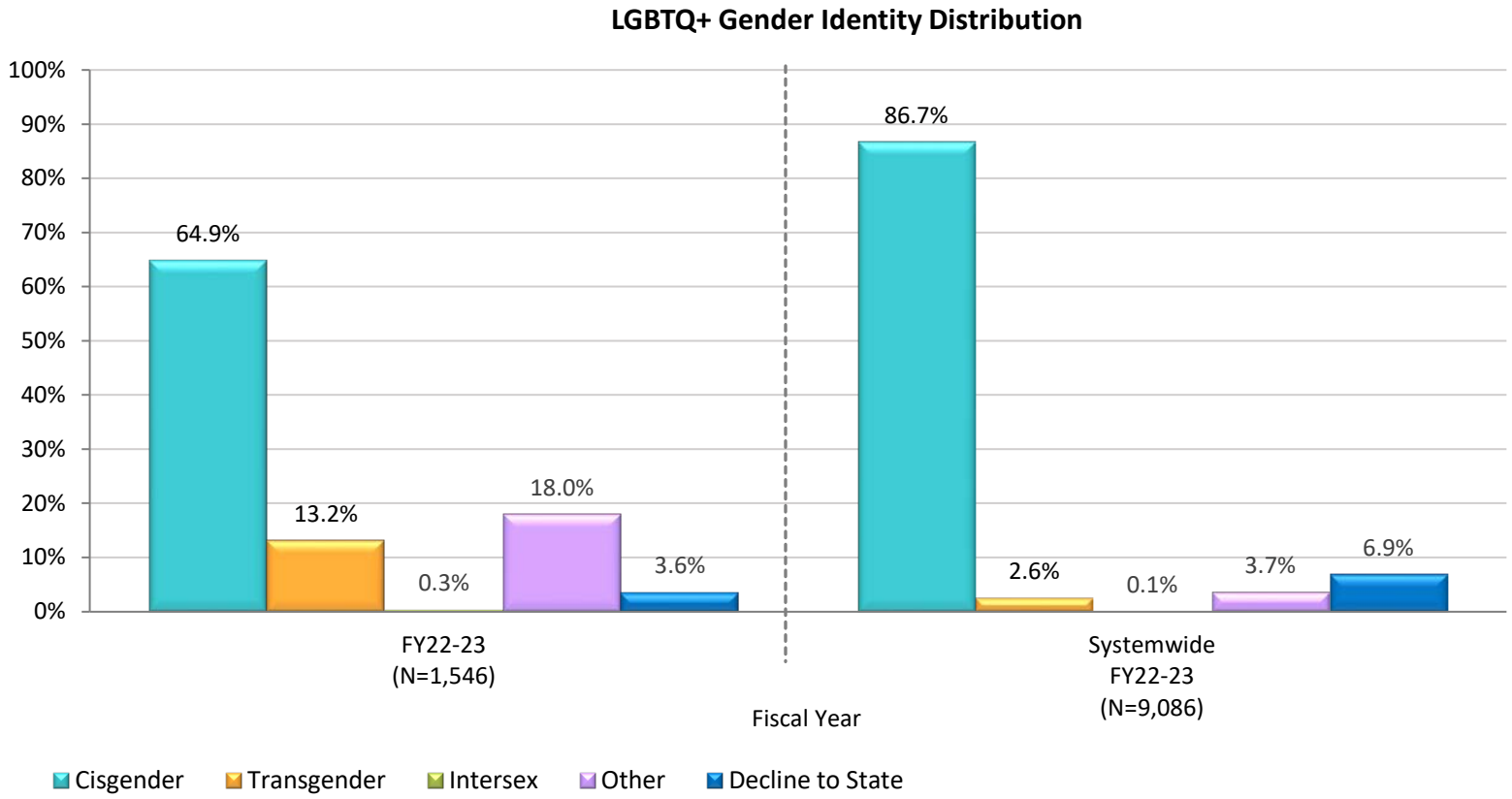
LGBTQ+ (13+ years) (N=1,646)

Who Are We Serving?
LGBTQ+ Youth

Gender reporting was expanded in FY 2022-23 to include self-reported gender identity.

LGBTQ+ Client Gender Identity

- 1,546 (94%) LGBTQ+ clients who received BHS-CY services endorsed a gender identity in FY 2022-23.
- Of these 1,546 clients, 1,003 (65%) identified as cisgender and 204 (13%) identified as transgender.

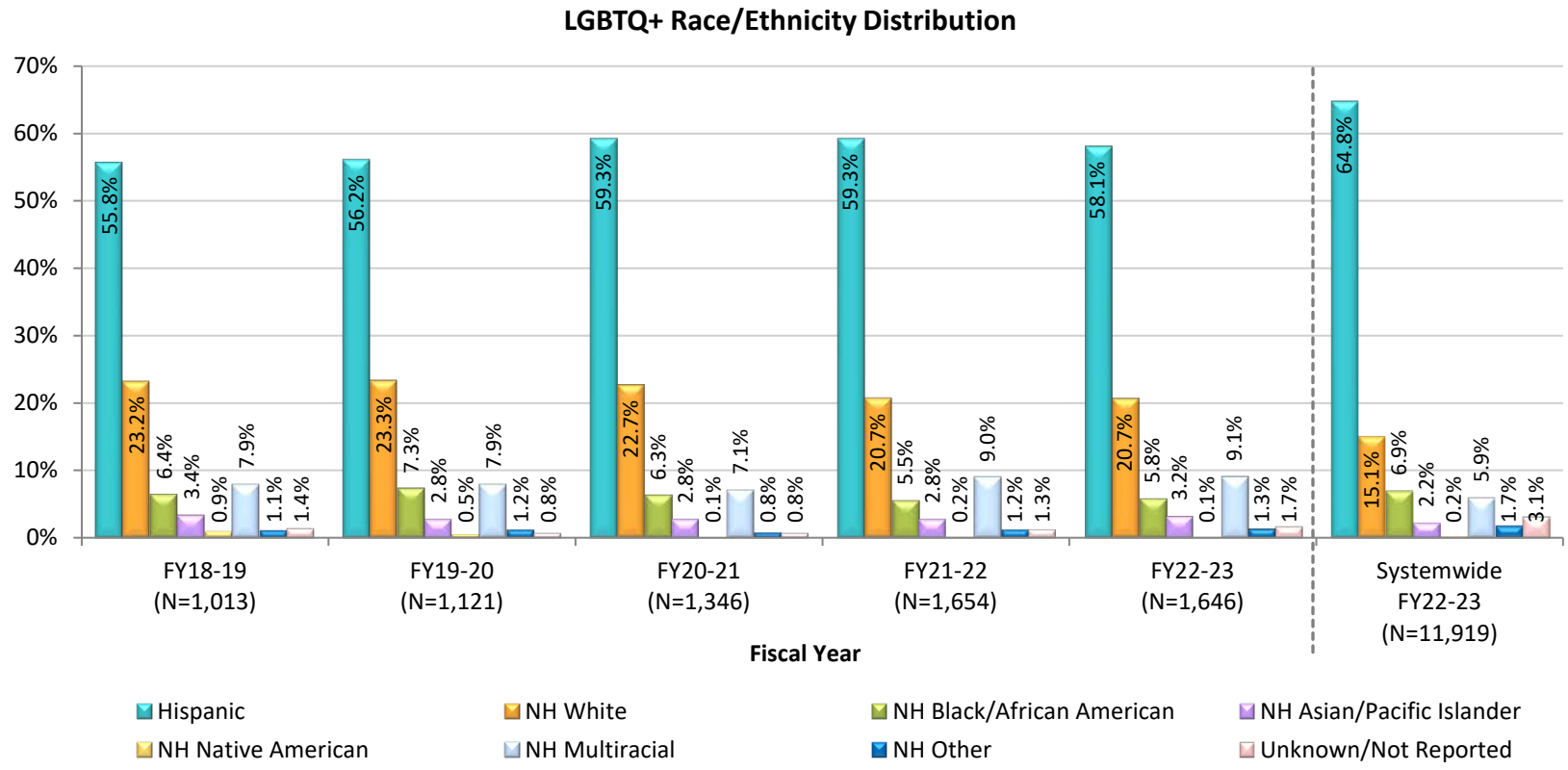


LGBTQ+ (13+ years) (N=1,646)

Who Are We Serving?
LGBTQ+ Youth

LGBTQ+ Client Race/Ethnicity

- 957 (58%) LGBTQ+ clients who received BHS-CY services in FY 2022-23 were identified as Hispanic.
- More White and Multiracial clients, and less Hispanic clients, identified as LGBTQ+ as compared to the BHS-CY systemwide averages.

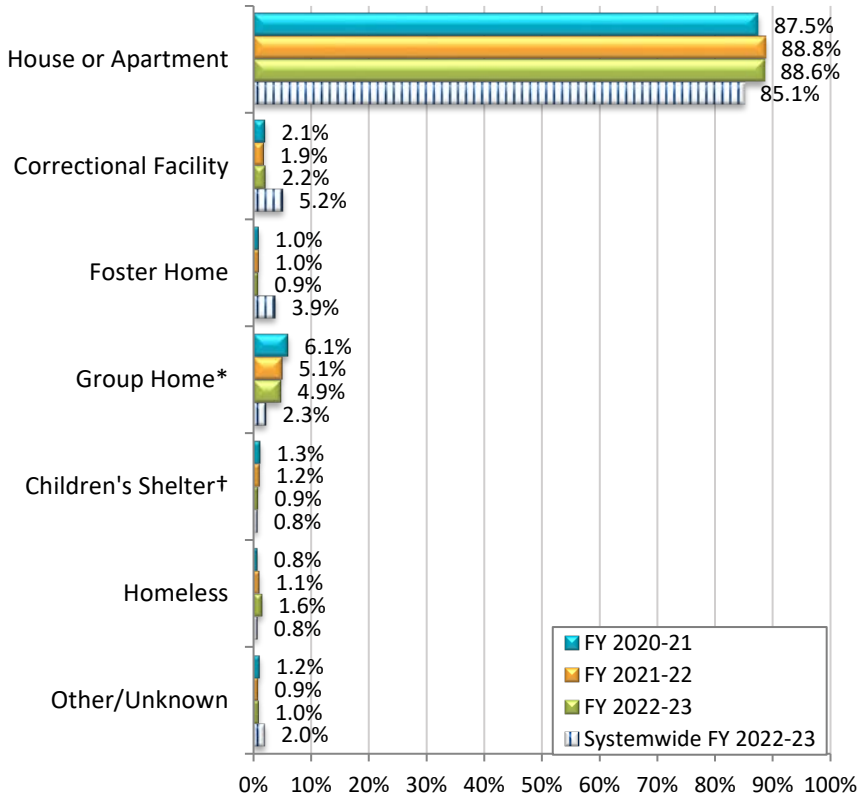


LGBTQ+ (13+ years) (N=1,646)

Who Are We Serving?
LGBTQ+ Youth

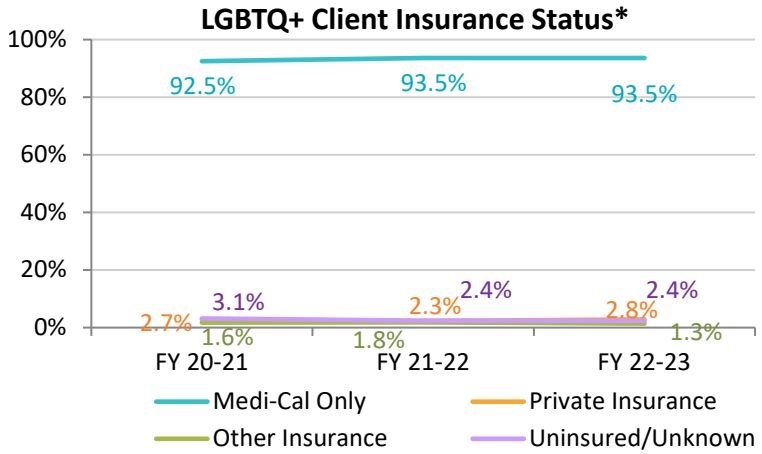
LGBTQ+ Client Living Situation

1,458 (89%) LGBTQ+ clients served by BHS-CY lived in a family home or apartment at some point during FY 2022-23. 80 (5%) LGBTQ+ clients lived in a Group Home in FY 2022-23, twice the proportion of the BHS-CY systemwide average.



LGBTQ+ Health Care Coverage

1,539 (94%) LGBTQ+ clients who received services from BHS-CY during FY 2022-23 were covered exclusively by Medi-Cal. This is comparable to 94% of BHS-CY clients systemwide that were covered exclusively by Medi-Cal in FY 2022-23.



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

LGBTQ+ Primary Care Physician (PCP) Status†

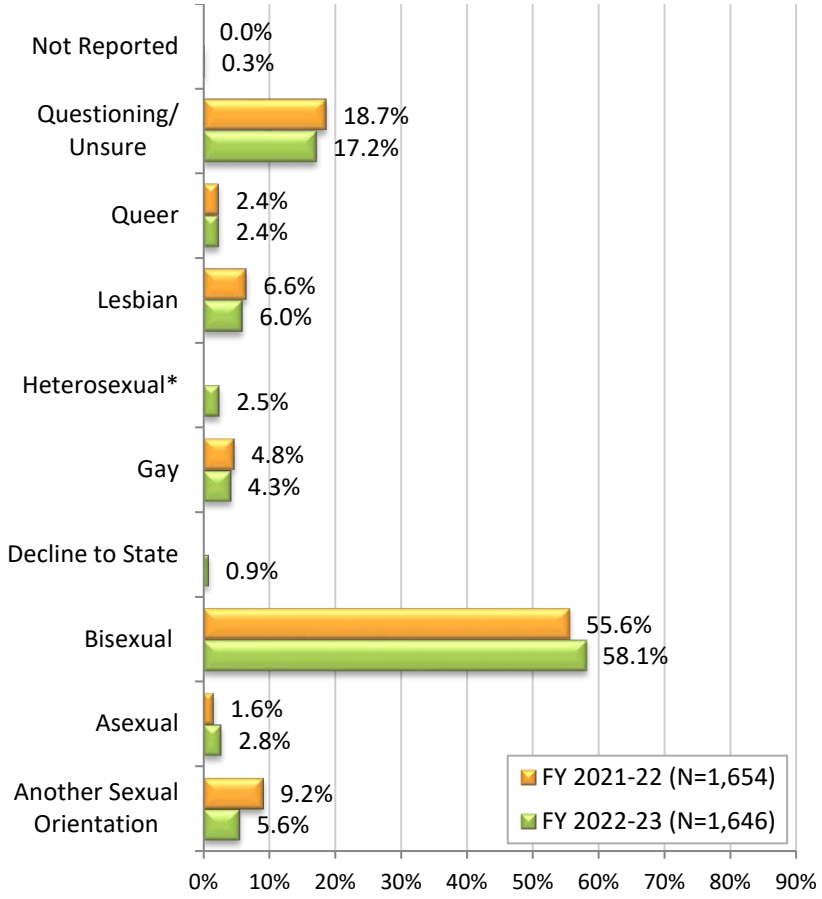
Of the 1,623 LGBTQ+ clients for whom PCP status was known, 1,526 (94%) had a PCP in FY 2022-23. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

**Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.*
†The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
LGBTQ+ Youth

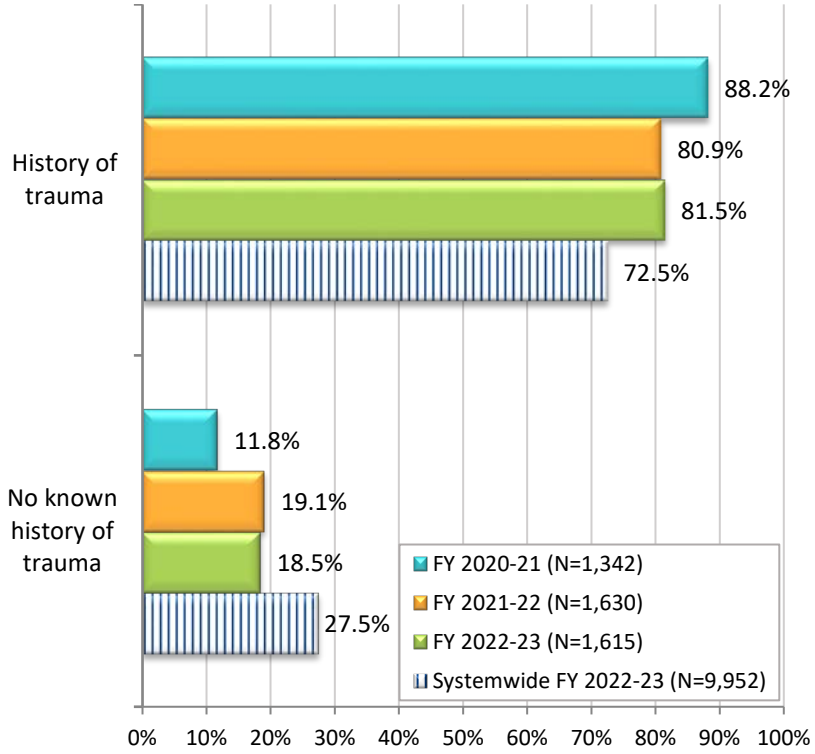
LGBTQ+ Sexual Orientation

957 (58%) LGBTQ+ clients served by BHS-CY identified as bisexual during FY 2022-23.



LGBTQ+ History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 1,615 clients (98% of the LGBTQ+ population) in FY 2022-23; of these 1,615 clients, 1,316 (81%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.

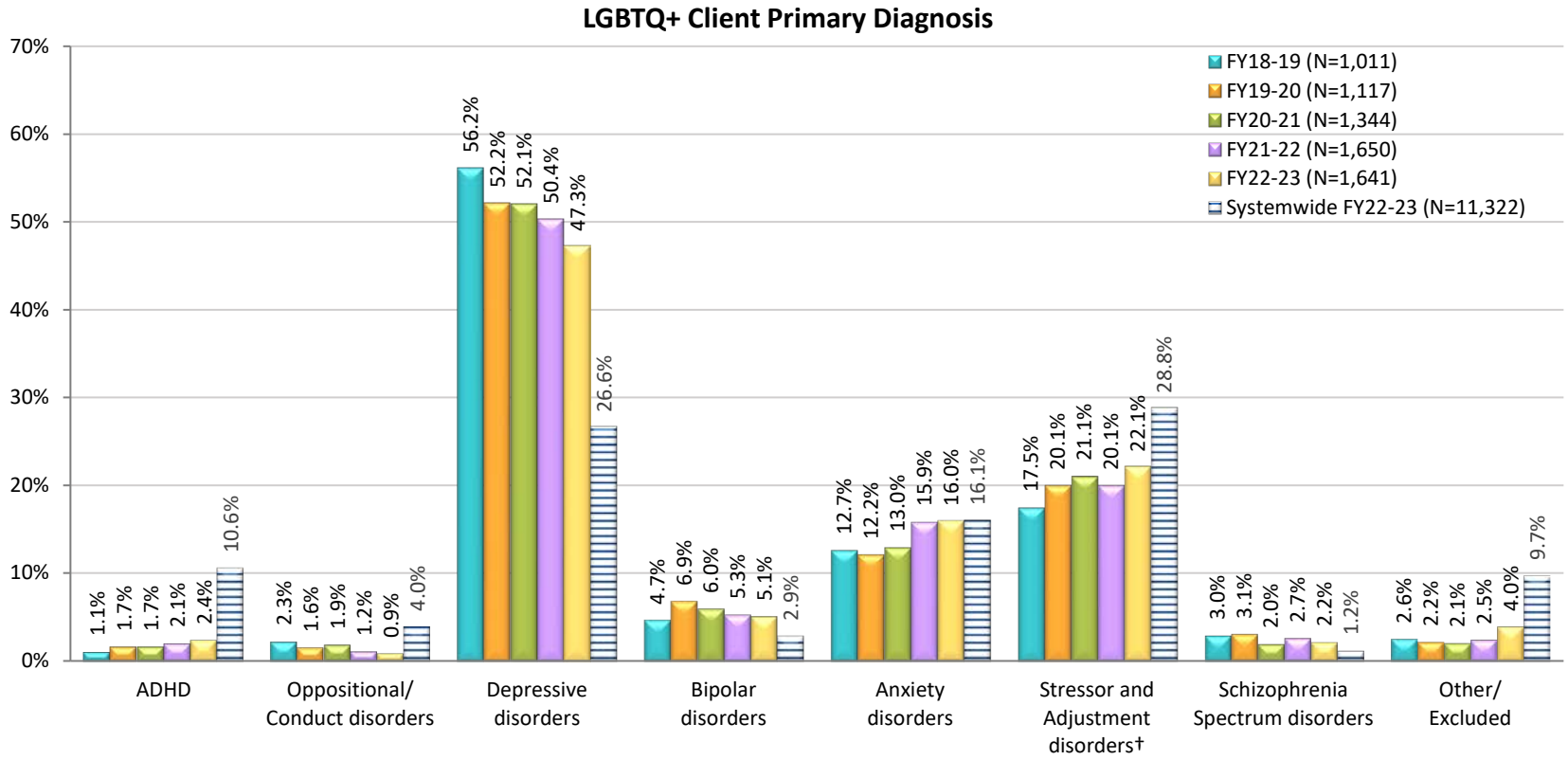


**Transgender is now classified with gender identity and has been excluded from historical data; some transgender clients identify as heterosexual.*

Who Are We Serving?
LGBTQ+ Youth

*LGBTQ+ Primary Diagnosis**

The most common primary diagnoses among LGBTQ+ clients served by BHS-CY in FY 2022-23 were: Depressive disorders (n=776, 47%), Stressor and Adjustment disorders (n=363; 22%), and Anxiety disorders (n=262; 16%). Rates of Depressive disorder diagnoses were far greater than the BHS-CY systemwide average.

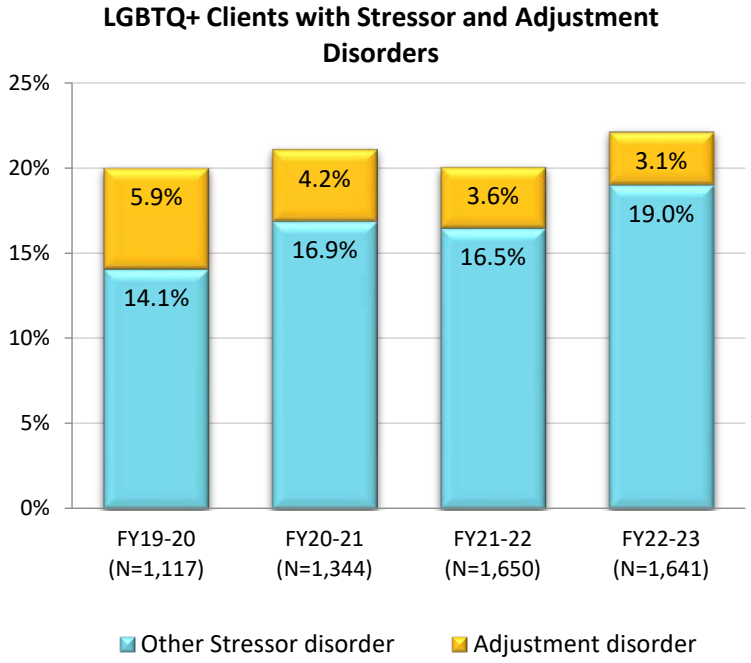


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
LGBTQ+ Youth

*LGBTQ+ Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The proportion of Stressor disorder diagnoses within the Stressor and Adjustment category has increased over the past three years.



*LGBTQ+ Co-occurring Substance Use (12+ years)***

In the BHS-CY system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form for clients ages 12+. In FY 2022-23, 32% of LGBTQ+ youth had a co-occurring substance use issue.

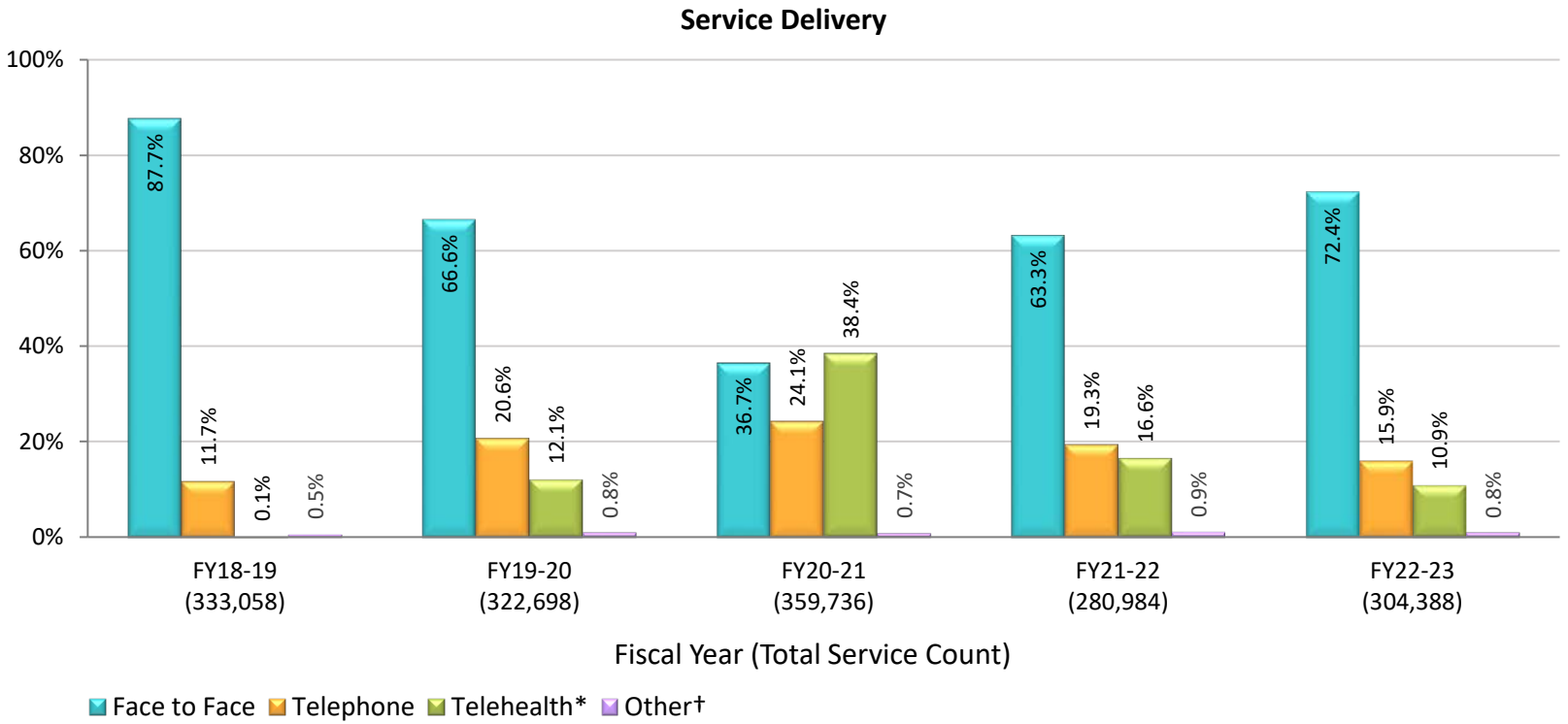
FY 2022-23 BHS-CY Youth	LGBTQ+ Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**32% (524 of 1,646)**	**27% (1,882 of 7,083)**
BHS-CY Youth with Co-occurring Substance Use Issue	**LGBTQ+ Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program†	43% (224 of 524)	45% (854 of 1,882)
Received services from SUD program	10% (54 of 524)	15% (276 of 1,882)
BHS-CY youth who received services from SUD program who also had dual diagnosis	61% (33 of 54)	56% (154 of 276)

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

How Are We Serving?

Mode of Service Delivery

Mental health services are primarily delivered in person, on the phone, or via videoconference. Prior to the COVID-19 pandemic in March 2020, services were overwhelmingly delivered in person (88%) and less than one percent took place online. During the first full year of the pandemic in FY 2020-21, only 37% of services were in person, while 63% of interactions took place via call or video. In FY 2022-23, while services have largely returned to face-to-face, 27% continue to be delivered by phone or online.



Services refer to outpatient billable contacts (e.g., therapy, case management, medication check, etc.) where the client and family or the client and family/legal guardian were contacted.
**Telehealth can include both video and telephone services.*
†Other includes NULL, Correspondence, No Contact, and TTY

Where Are We Serving?

In FY 2022-23, BHS-CY served clients in six HHSA regions.*

Demographics By Region	Central		East		North Central		North Coastal		North Inland		South		Systemwide‡	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Total Number of Clients†	*2,383*	**20%**	*2,095*	**18%**	*1,212*	**10%**	*1,303*	**11%**	*2,073*	**17%**	*2,782*	**23%**	*11,919*	**100%**
Age														
Age 0-5	*243*	**10%**	*240*	**11%**	*136*	**11%**	*193*	**15%**	*251*	**12%**	*364*	**13%**	*1,442*	**12%**
Age 6-11	*791*	**33%**	*662*	**32%**	*330*	**27%**	*399*	**31%**	*571*	**28%**	*631*	**23%**	*3,394*	**28%**
Age 12-17	*1,211*	**51%**	*1,079*	**52%**	*655*	**54%**	*633*	**49%**	*1,141*	**55%**	*1,592*	**57%**	*6,349*	**53%**
Age 18+	*138*	**6%**	*114*	**5%**	*91*	**8%**	*78*	**6%**	*110*	**5%**	*195*	**7%**	*734*	**6%**
Gender														
Female	*1,128*	**47%**	*960*	**46%**	*547*	**45%**	*614*	**47%**	*981*	**47%**	*1,140*	**41%**	*5,410*	**45%**
Male	*1,115*	**47%**	*1007*	**48%**	*593*	**49%**	*573*	**44%**	*928*	**45%**	*1,464*	**53%**	*5,706*	**48%**
Other/Unknown	*140*	**6%**	*128*	**6%**	*72*	**6%**	*116*	**9%**	*164*	**8%**	*178*	**6%**	*72*	**1%**
Race/Ethnicity														
Hispanic	*1,765*	**74%**	*1041*	**50%**	*551*	**45%**	*829*	**64%**	*1,362*	**66%**	*2,140*	**77%**	*7,725*	**65%**
NH White	*105*	**4%**	*516*	**25%**	*268*	**22%**	*300*	**23%**	*409*	**20%**	*185*	**7%**	*1,795*	**15%**
NH Black/African American	*211*	**9%**	*163*	**8%**	*111*	**9%**	*44*	**3%**	*82*	**4%**	*202*	**7%**	*823*	**7%**
NH Asian/Pacific Islander	*73*	**3%**	*25*	**1%**	*73*	**6%**	*14*	**1%**	*31*	**1%**	*49*	**2%**	*266*	**2%**
NH Native American	*1*	**0%**	*9*	**0%**	*4*	**0%**	*7*	**1%**	*5*	**0%**	*3*	**0%**	*29*	**0%**
NH Multiracial	*122*	**5%**	*166*	**8%**	*132*	**11%**	*71*	**5%**	*102*	**5%**	*110*	**4%**	*707*	**6%**
Other/Unknown	*106*	**4%**	*175*	**8%**	*73*	**6%**	*38*	**3%**	*82*	**4%**	*93*	**3%**	*574*	**5%**
Most Common Diagnoses														
Total Valid Diagnoses	*1,882*	**86%**	*1,523*	**84%**	*928*	**84%**	*1,022*	**87%**	*1,686*	**88%**	*2,215*	**87%**	*11,322*	**95%**
Depressive Disorders	*617*	**28%**	*460*	**25%**	*315*	**29%**	*344*	**29%**	*575*	**30%**	*690*	**27%**	*3,017*	**27%**
Stressor & Adjustment Disorders	*637*	**29%**	*584*	**32%**	*328*	**30%**	*268*	**23%**	*547*	**29%**	*879*	**34%**	*3,262*	**29%**
Anxiety Disorders	*376*	**17%**	*277*	**15%**	*180*	**16%**	*256*	**22%**	*352*	**18%**	*370*	**14%**	*1,818*	**16%**
Attention Deficit Hyperactivity Disorders	*252*	**11%**	*202*	**11%**	*105*	**10%**	*154*	**13%**	*212*	**11%**	*276*	**11%**	*1,204*	**11%**

**Region identified by client address; clients served outside of these regions were excluded from analysis.*
†Clients may be duplicated as they may be served in more than one region.
‡Systemwide includes unique clients only.

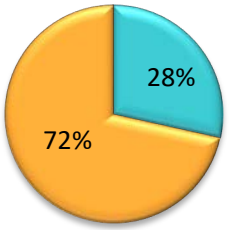
Where Are We Serving?
SchooLink Services

BHS-CY has partnered with school districts since the late 1990s to offer outpatient specialty mental health and substance use disorder (SUD) treatment on school campuses that serve Medi-Cal and unfunded students. In FY 2019-20, SchooLink to Behavioral Health Services (SchooLink) was launched to implement standardized practices and increase collaboration between schools and providers for both mental health and SUD treatment programs. SchooLink providers deploy clinicians to designated schools who work closely with school personnel to engage and support youth and families, as well as provide outreach. There are 35 Specialty Mental Health Services SchooLink contracts that deploy clinicians to school campuses. Additionally, 8 SUD contractors provide SchooLink services.

*Clients Receiving SchooLink Mental Health Services.**

3,211 (28%) of 11,279 BHS-CY clients served during FY 2022-23 received at least one school site service, as compared to 2,511 (22%) of 11,541 in FY 2021-22.

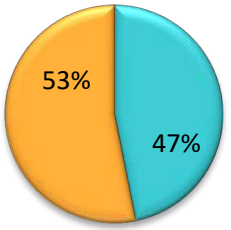
Of these 3,211 clients, 15 (<1%) received non-treatment services only, there was no change from FY 2021-22.‡



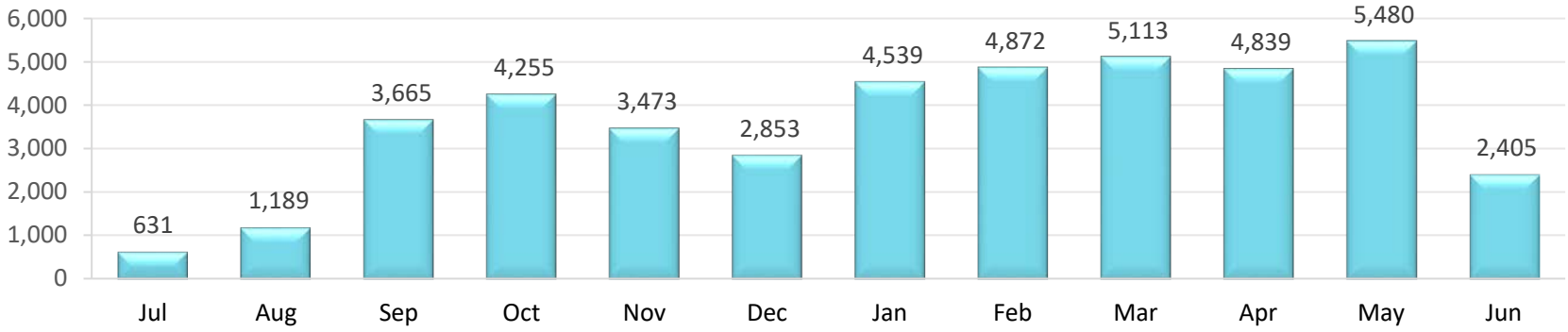
Mental Health Treatment Services Provided in Schools.†

394 of 840* schools (47%) in the County of San Diego had at least one school site treatment service during FY 2022-23, as compared to 350 (42%) of 840 in FY 2021-22.

Non-treatment services were provided at 4 additional schools.‡



SchooLink Service Contacts by Month (Treatment & Non-Treatment)*



**Data Source: CCBH Extract 2/09/2024*
†Data Source: CA Department of Education, FY 2022-23
‡Non-treatment services offered at SchooLink school sites include Collateral, Case Management, Intensive Care Coordination, and Assessment services

Where Are We Serving?
School Site Services

Number of Unique Clients by School Site, FY 2022-23 (N =3,211)†*

Of 42 school districts in San Diego County, 33 provided onsite SchooLink services.

School District/Site	N	%	School District/Site	N	%
Alpine Union School District	8	0.2%	National School District	57	1.8%
Bonsall Unified School District	0	0.0%	Oceanside Unified School District	121	3.8%
Borrego Springs Unified School District	2	0.1%	Poway Unified School District	12	0.4%
Cajon Valley Union School District	83	2.6%	Ramona Unified School District	104	3.2%
Cardiff School District	0	0.0%	Rancho Santa Fe Elementary School District	0	0.0%
Carlsbad Unified School District	1	0.0%	San Diego County Office of Education	99	3.1%
Chula Vista Elementary School District	72	2.2%	San Diego Unified School District	1,365	42.5%
Coronado Unified School District	0	0.0%	San Dieguito Union High School District	27	0.8%
Dehesa School District	0	0.0%	San Marcos Unified School District	131	4.1%
Del Mar Union School District	0	0.0%	San Pasqual Union School District	0	0.0%
Encinitas Union School District	12	0.4%	San Ysidro School District	42	1.3%
Escondido Union School District	251	7.8%	Santee School District	38	1.2%
Escondido Union High School District	75	2.3%	Solana Beach School District	2	0.1%
Fallbrook Union Elementary School District	64	2.0%	South Bay Union School District	31	1.0%
Fallbrook Union High School District	44	1.4%	Spencer Valley School District	3	0.1%
Grossmont Union High School District	97	3.0%	Sweetwater Union High School District	41	1.3%
Jamul-Dulzura Union School District	8	0.2%	Vallecitos School District	0	0.0%
Julian Union School District	5	0.2%	Valley Center-Pauma Unified School District	0	0.0%
Julian Union High School District	3	0.1%	Vista Unified School District	236	7.3%
La Mesa-Spring Valley School District	172	5.4%	Warner Unified School District	4	0.1%
Lakeside Union School District	8	0.2%	Preschools	0	0.0%
Lemon Grove School District	16	0.5%	Private Schools	112	3.5%
Mountain Empire Unified School District	55	1.7%			

**Data Source: CCBH Extract 2/09/2024*

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

Where Are We Serving?
School Site Services

*SchooLink On-Campus Client and Service Thresholds**

To ensure resources are optimally deployed, SchooLink minimum thresholds were established in FY 2019-20 based on FY 2018-19 data. SchooLink sites and providers have committed to these goals: a minimum of 10 on-campus services per client, and a minimum of 10 clients served on each designated SchooLink campus. 55% of SchooLink clients received at least 10 services on the school campus in FY 2022-23. 31% of school sites served 10 clients or more in FY 2022-23.

Number of Clients by Service Range

Services Provided	*Number of Clients (N=2,496)*	*Percent of Clients*
1	224	7.0%
2-5	634	19.7%
6-9	582	18.1%
10-19	1,126	35.1%
20-29	391	12.2%
30-39	139	4.3%
40-49	52	1.6%
50-59	22	0.7%
60-69	11	0.3%
70-79	9	0.3%
80-89	3	0.1%
90-99	7	0.2%
100+	11	0.3%

44.8% of clients received <10 services

55.2% of clients received 10+ services

Number of Schools by Unique Clients Served

Clients Served	*Number of Schools (n=350)*	*Percent of Schools*
1	85	21.6%
2-5	103	26.1%
6-9	85	21.6%
10-19	92	23.4%
20-29	20	5.1%
30-39	4	1.0%
40-49	3	0.8%
50-59	1	0.3%
60-69	0	0.0%
70+	1	0.3%

69.3% of schools served <10 clients

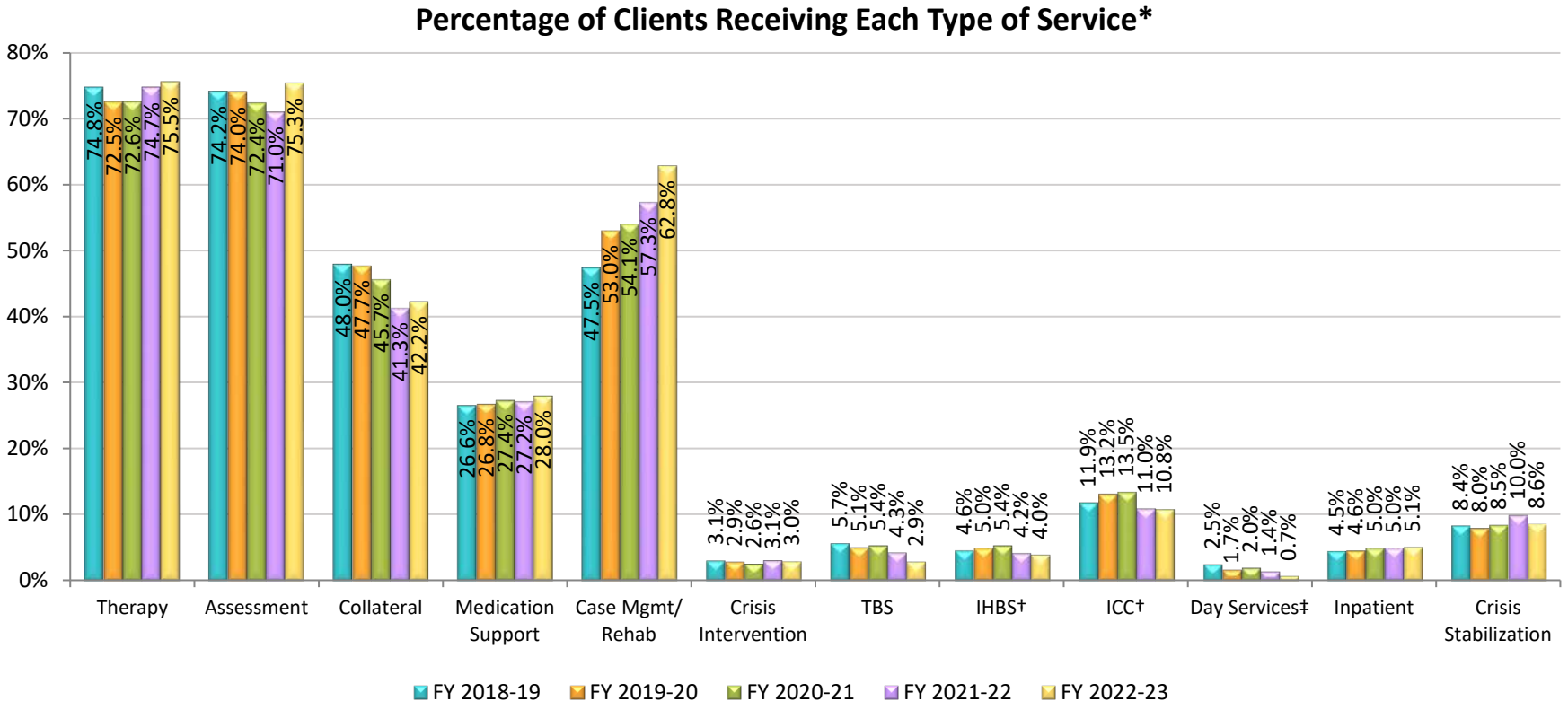
30.7% of schools served 10+ clients

**Data Source: CCBH Extract 2/09/2024*

What Kind of Services Are Being Used?

Types of Services Used

Children and youth may receive multiple services in the course of a year, and the amount and type of each service received can vary widely by client. In FY 2022-23, Therapy, Assessment, and Case Management services were the highest utilized. **Trending across the past five years**, the percentage of clients receiving Collateral, TBS, and Day Services has declined, and the percentage of clients receiving Case Management has increased.



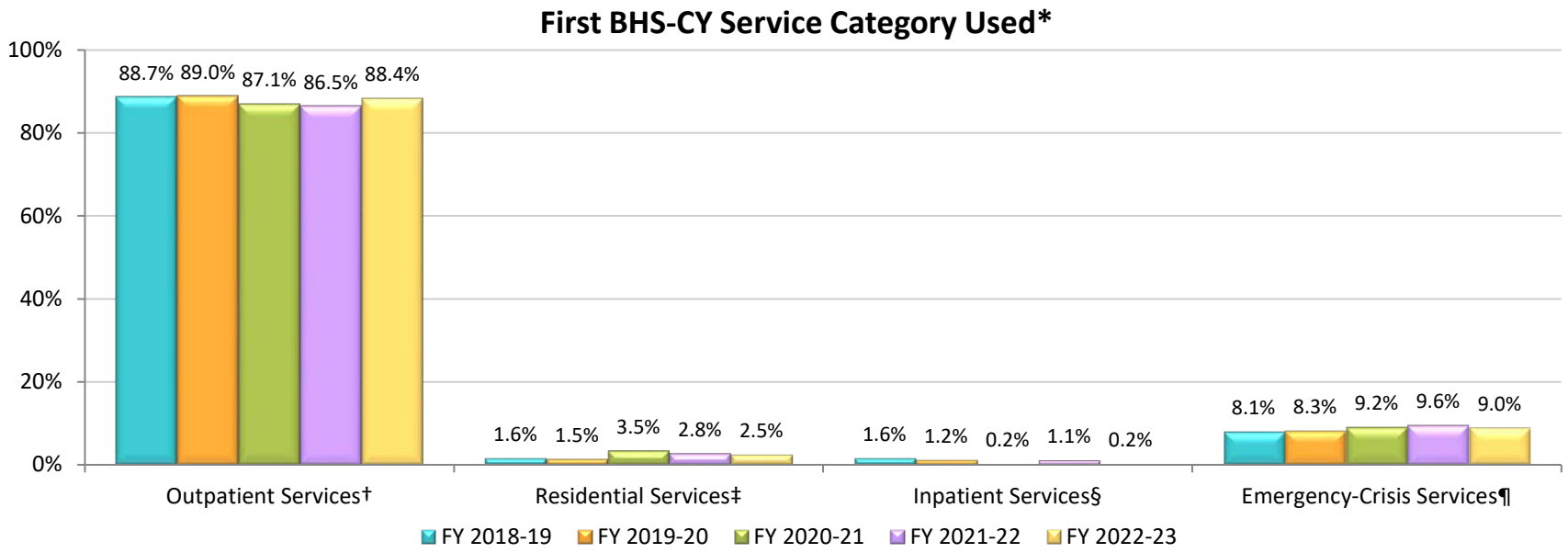
**These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being.
‡In FY 2017-18, day services further unbundled from day services to outpatient services, with a return to some day services in FY 2019-20.

What Kind of Services Are Being Used?

*First Service Ever Used by BHS-CY Clients**

Individual services are rolled up into four service categories: Outpatient, Residential Services, Inpatient, and Emergency-Crisis. First service ever received in BHS-CY (from FY 2008-09) was calculated for unduplicated clients active in a given fiscal year.

Trending data are complicated to interpret. Some of these clients received their first service more than 10 years ago; many clinical and administrative changes have taken place in that period of time. Several system shifts may have contributed to the increase in Emergency-Crisis as a first service over the past five years: increase in PERT services and staffing beginning in FY 2016-17, introduction of MCRT services in January 2021, ESU bed expansion in 2018. The proportion of Outpatient as first service is comparable to pre-COVID-19 rates for BHS-CY clients.



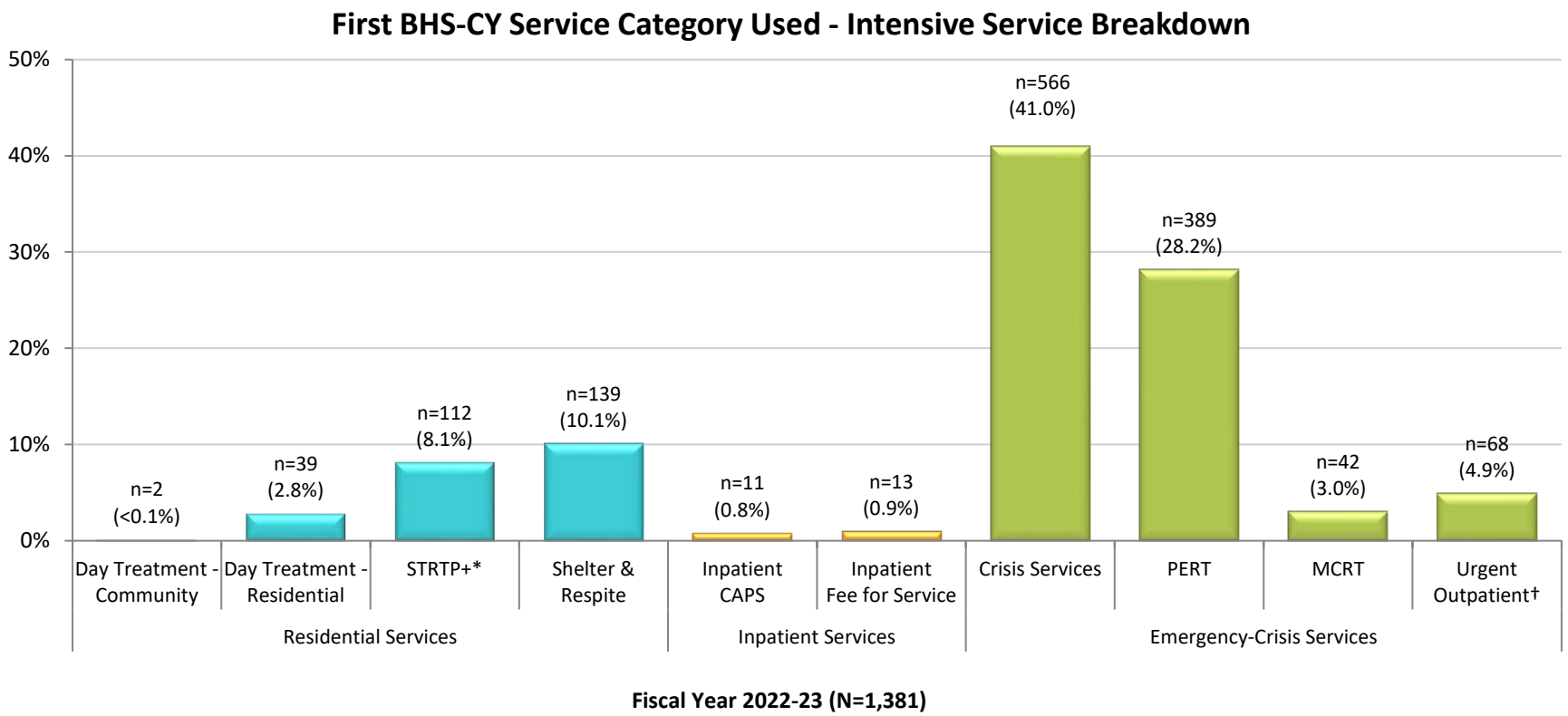
**Specific service types vary across fiscal years.*
†In FY 2022-23, Outpatient Services included: all Outpatient programs (including Outpatient Fee-for-Service programs), Wraparound programs, Juvenile Forensic Service programs, and Therapeutic Behavioral Services programs.
‡In FY 2022-23, Residential Services included: Day Treatment, STRTP+ (Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, San Pasqual Academy) and Shelter & Respite.
§In FY 2022-23, Inpatient Services included: Inpatient Contracted programs and Inpatient Fee-for-Service programs.
¶In FY 2022-23, Emergency-Crisis services included: Crisis Stabilization, PERT, MCRT, and Urgent Outpatient services.

What Kind of Services Are Being Used?

First Service Ever Used by BHS-CY Clients Active in FY 2022-23—Intensive Services

First service ever received in BHS-CY (from FY 2008-09) was identified for 11,898 youth in FY 2022-23; 1,381 (12%) entered the BHS-CY system by way of an intensive service; a small decrease from 1,546 (13%) of 11,469 in FY 2021-22.

1,065 (77%) of these 1,381 youth entered the system via Emergency-Crisis Services. More than half of the 1,065 youth whose first BHS-CY service was Emergency-Crisis were served by a Crisis Services program. More than one-third of these 1,065 youth entered BHS-CY via a PERT program.

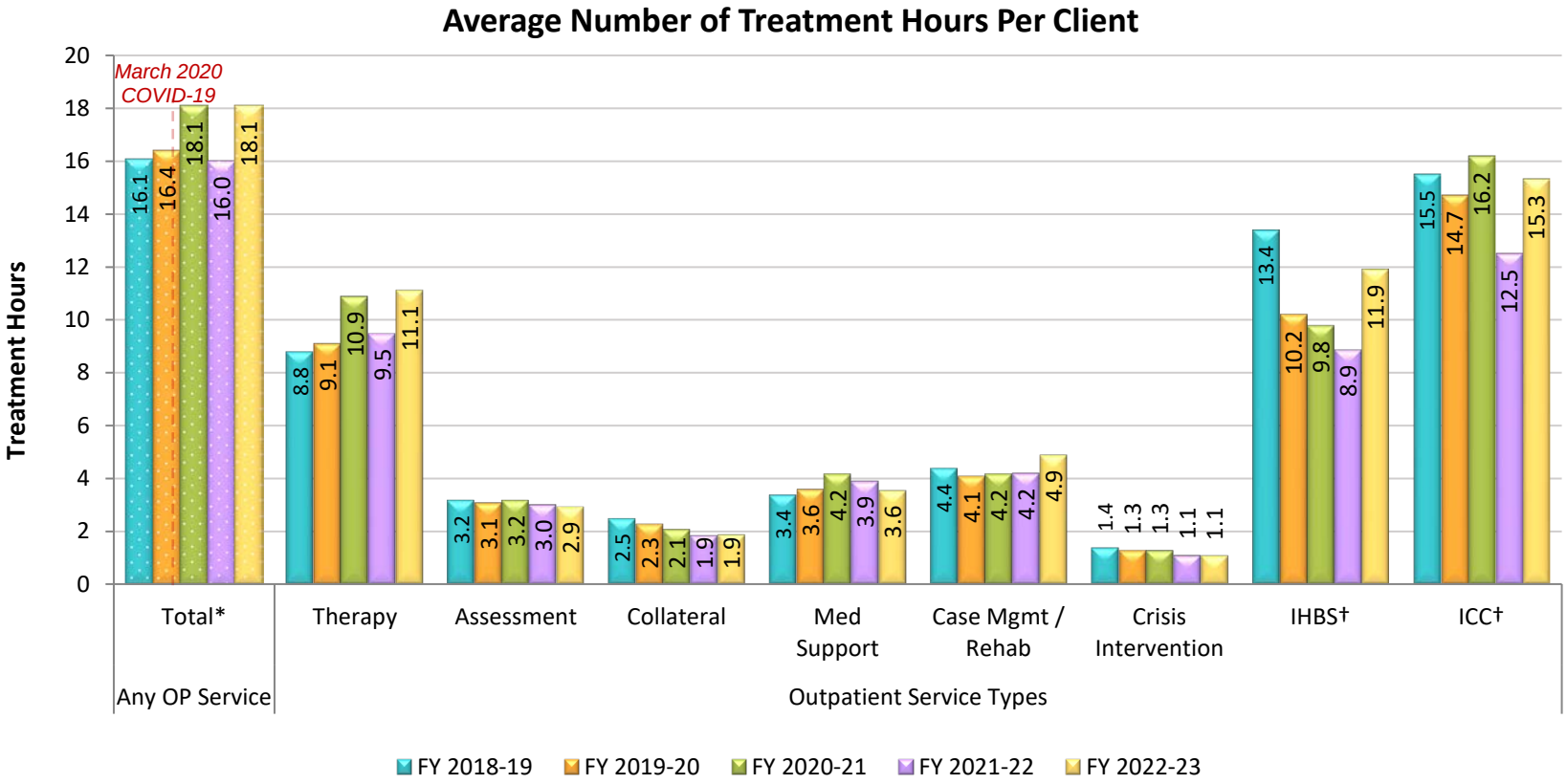


**STRTP+ includes: Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, and San Pasqual Academy.*
†Urgent Outpatient services are limited to Emergency Medication Management Services.

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

On average, clients received **18.1 hours of Outpatient Services** in FY 2022-23. As compared to the previous fiscal year, Collateral and Crisis Intervention service treatment hours stayed the same, and Assessment and Med Support service treatment hours decreased. All other outpatient service treatment hours increased. The change in IHBS and ICC service treatment hours was most notable, with a more than 20% increase following a sharp decline in FY 2021-22.



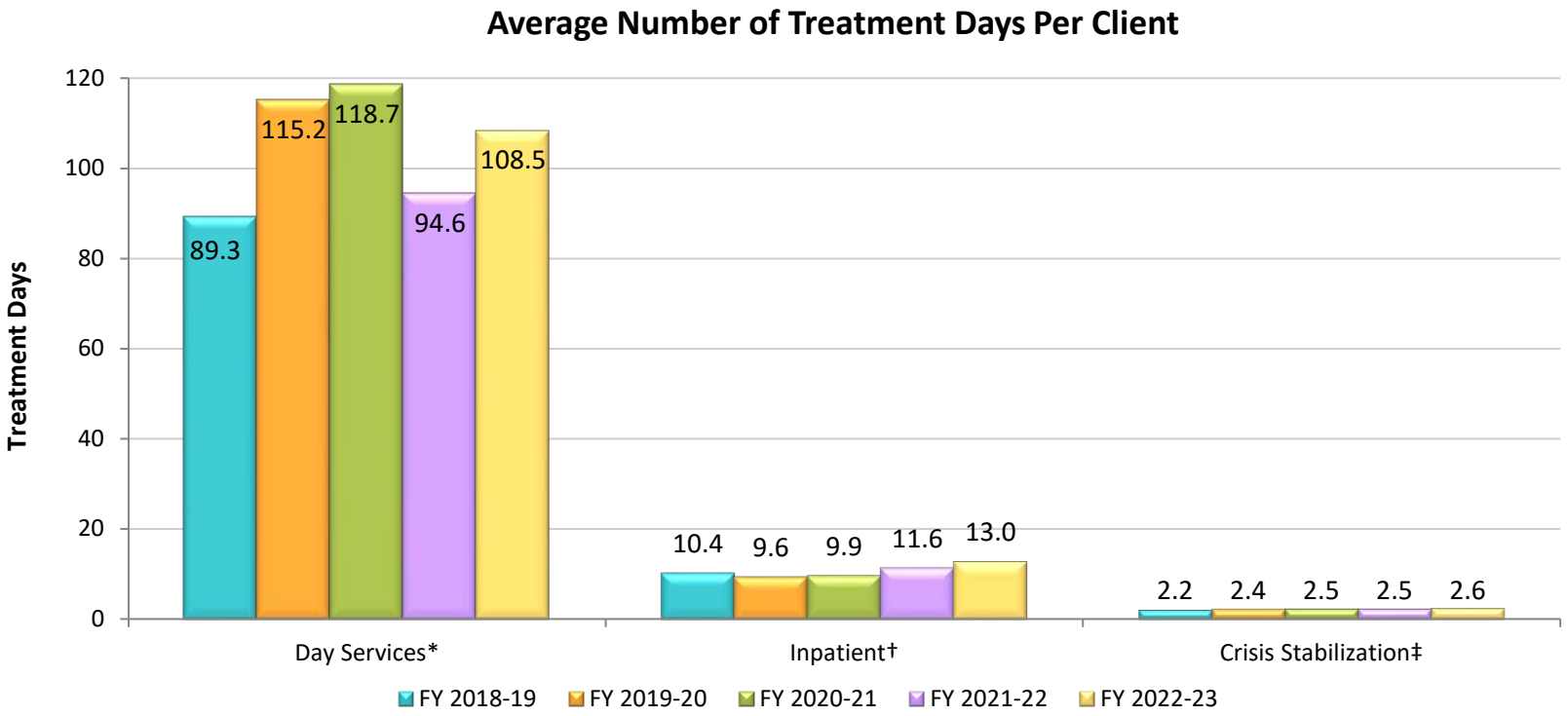
**Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being.

What Kind of Services Are Being Used?

Service Treatment Days

The average number of treatment days in **Day Services (108.5 days)** increased 15% following a 2-year increase and 1-year decrease during the COVID-19 pandemic. **Inpatient** treatment days (13.0 days) increased 12% from 11.6 days in FY 2022-23 following a 3-year increase that aligned with the beginning of the COVID-19 pandemic.

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

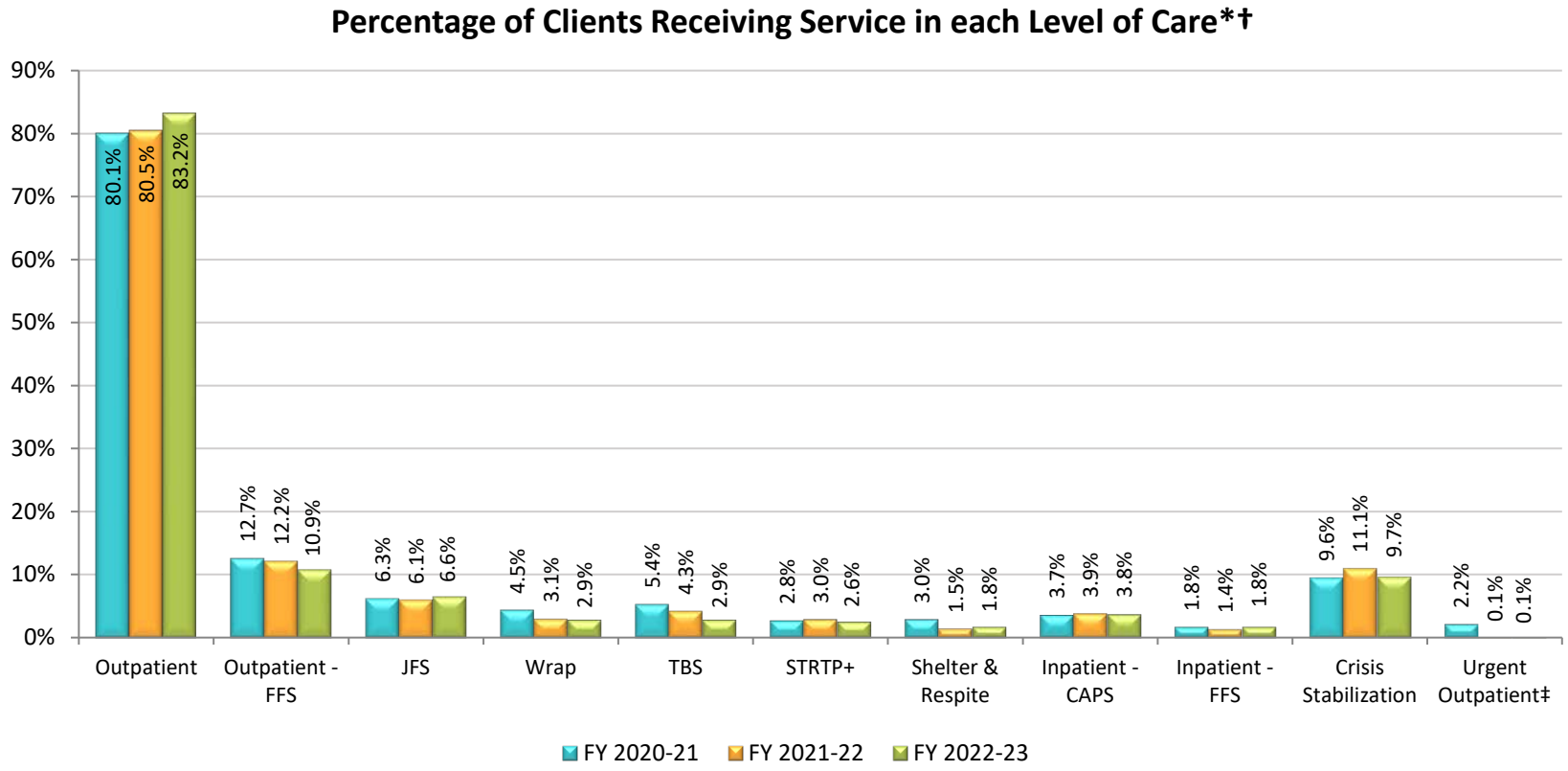


**In FY 2017-18, day services further unbundled from day services to outpatient services, with a return to some day services in FY 2019-20.*
†Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.
‡Crisis Stabilization days may be artificially inflated due to emergency service discharge protocols.

What Kind of Services Are Being Used?

Level of Care (LOC)

There are several levels of treatment for youth receiving mental health services, based on need and severity. Children and youth may receive services across multiple LOCs in the course of a year. Level of Care designations were enhanced in FY 2020-21 to more accurately reflect services provided; data from previous years are not comparable.



**Clients may have received services in more than one level of care.*
†Level of Care designations were reclassified in FY 2020-21; data from previous years are not comparable.
‡Urgent Outpatient services are limited to Emergency Medication Management Services as of FY 2021-22.

What Kind of Services Are Being Used?

Average Length of Service (ALOS) by Level of Care

ALOS for Outpatient, Residential, and Emergency/Crisis service categories was calculated as average days from first service to last service for MHS clients who completed a service episode during the fiscal year. Outpatient and Outpatient Fee for Service levels of care were limited to clients who had more than one service contact. ALOS for Inpatient service categories was calculated as average days from open to close for MHS clients who completed a service episode.

Clients may have had multiple discharges across levels of care in the fiscal year.

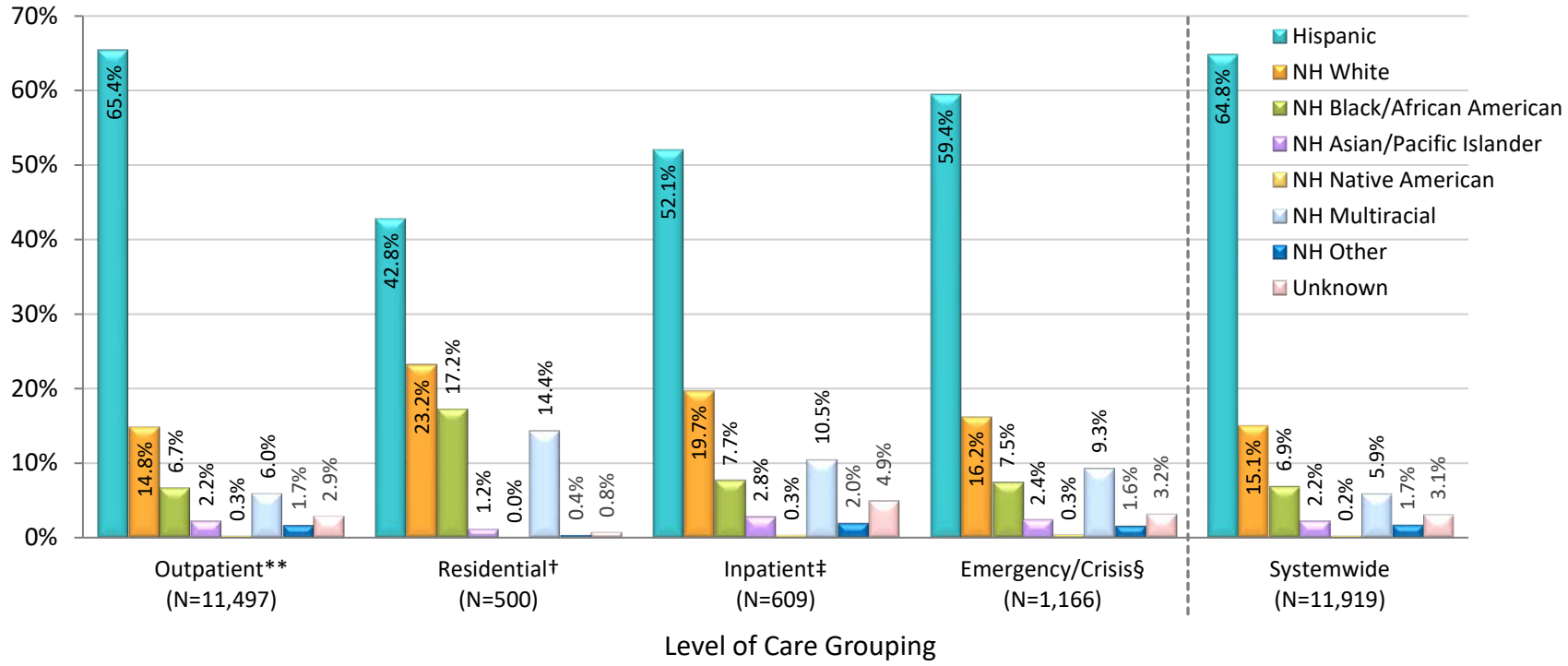
Average Length of Service by Level of Care	Clients (duplicated)			ALOS (days)		
Outpatient Services	**FY 2021-22**	**FY 2022-23**	***CHANGE (n)***	**FY 2021-22**	**FY 2022-23**	***CHANGE (days)***
Outpatient	5,882	6,157	*275*	202.3	205.3	*3.0*
Outpatient - Fee for Service	445	405	*-40*	163.6	171.9	*8.3*
Juvenile Forensic Services	598	643	*45*	77.9	78.8	*0.9*
Wraparound	266	172	*-94*	231.8	207.4	*-24.4*
Therapeutic Behavioral Services (TBS)	407	275	*-132*	115.3	121	*5.7*
Residential Services	**FY 2021-22**	**FY 2022-23**	***CHANGE (n)***	**FY 2021-22**	**FY 2022-23**	***CHANGE (days)***
Short Term Residential Therapeutic Programs+	232	231	*-1*	211.5	251.4	*39.9*
Shelter & Respite	158	197	*39*	51.5	41.6	*-9.9*
Inpatient Services	**FY 2021-22**	**FY 2022-23**	***CHANGE (n)***	**FY 2021-22**	**FY 2022-23**	***CHANGE (days)***
Inpatient - CAPS	442	446	*4*	6.5	6.4	*-0.1*
Inpatient - FFS	156	206	*50*	6.7	8.6	*1.9*
Emergency/Crisis Services	**FY 2021-22**	**FY 2022-23**	***CHANGE (n)***	**FY 2021-22**	**FY 2022-23**	***CHANGE (days)***
Crisis Stabilization*	1,281	1,158	*-123*	1.8	1.8	*0*
Urgent Outpatient†	9	10	*1*	1.0	1.0	*0.0*

**Crisis Stabilization ALOS may be artificially inflated due to episodes remaining open until client is connected with an OP provider.*
†Urgent Outpatient services are limited to Emergency Medication Management Services as of FY 2021-22.

What Kind of Services Are Being Used?

*Level of Care (LOC) Grouping by Client Race/Ethnicity**

Compared to systemwide averages in FY 2022-23, Black/African American and Multiracial youth were more than twice as likely to receive Residential services. White clients were more likely to receive Residential or Inpatient services. Hispanic clients were less likely to receive Residential or Inpatient services. The proportional distribution of race/ethnicity in Outpatient and Emergency/Crisis groupings was similar to the system as a whole.



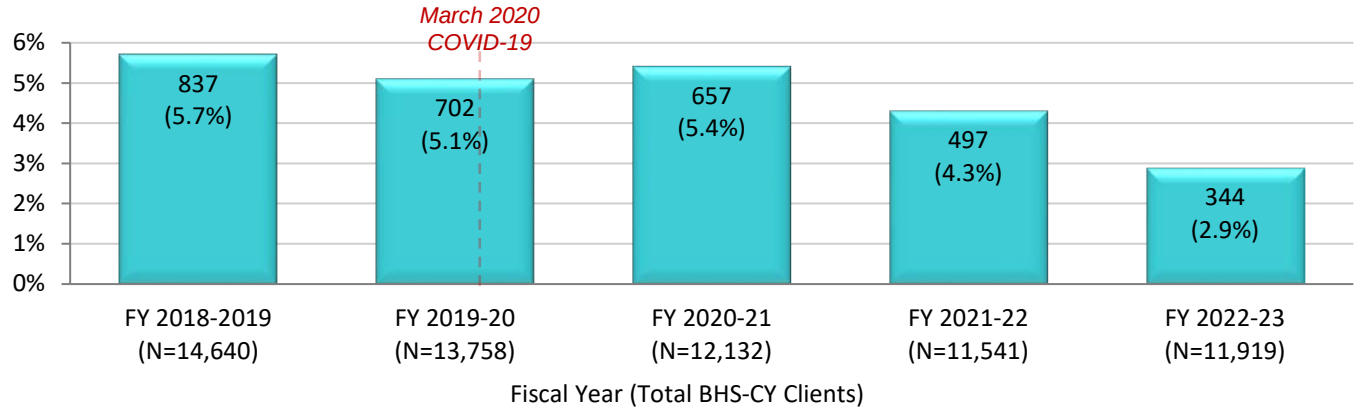
NH=Non-Hispanic
**Clients may have received services in more than one level of care.*
***Outpatient includes: Outpatient Contracted, Outpatient Fee-for-Service, Wraparound, Juvenile Forensic Service, and Therapeutic Behavioral Services programs.*
†Residential includes: STRTP+ (Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, San Pasqual Academy) and Shelter & Respite.
‡Inpatient includes: Inpatient Contracted and Inpatient Fee-for-Service programs.
§Emergency/Crisis includes: Crisis Stabilization and Urgent Outpatient services.

What Kind of Services Are Being Used?

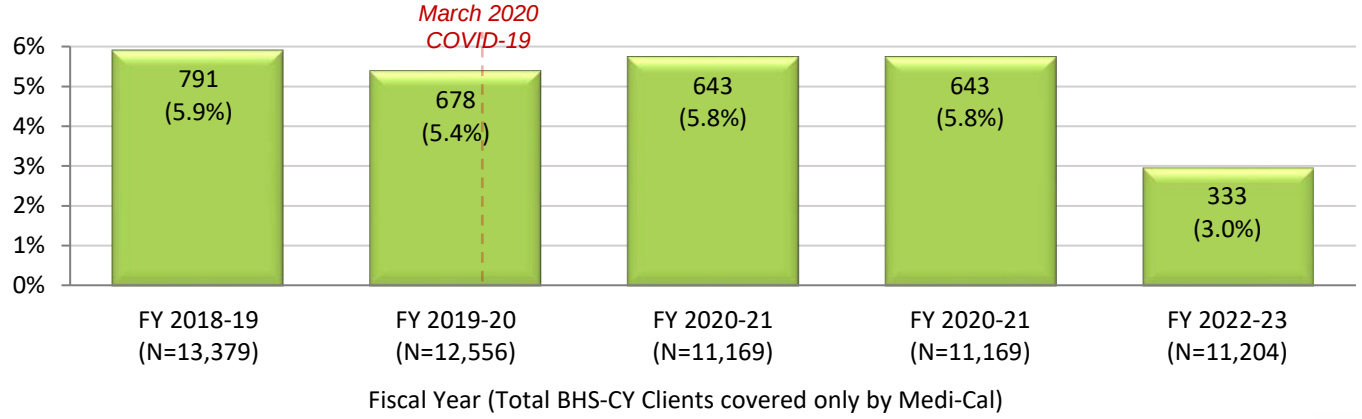
Therapeutic Behavioral Services (TBS)

TBS services are ancillary intensive coaching services designed to help stabilize environments or avoid the need for a more restrictive level of care. TBS services were initiated in BHS-CY in 2001 for Medi-Cal beneficiaries upon the establishment of the service in California following a class action settlement agreement.

TBS Clients within Systemwide BHS-CY Clients



Medi-Cal Only TBS Clients within Medi-Cal Only BHS-CY Clients



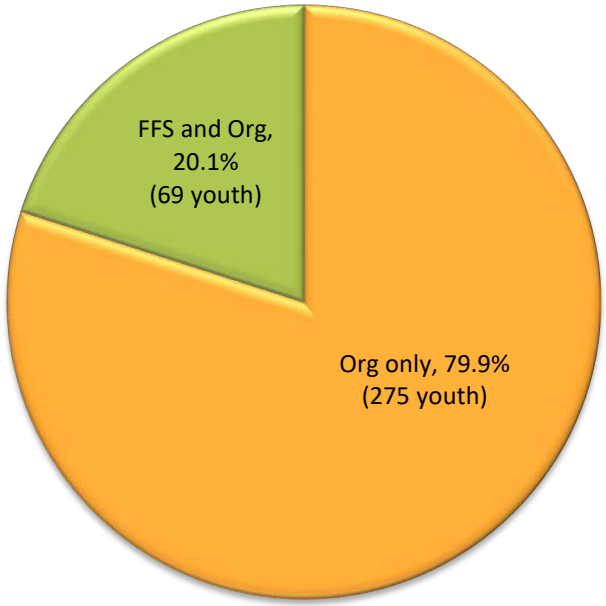
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

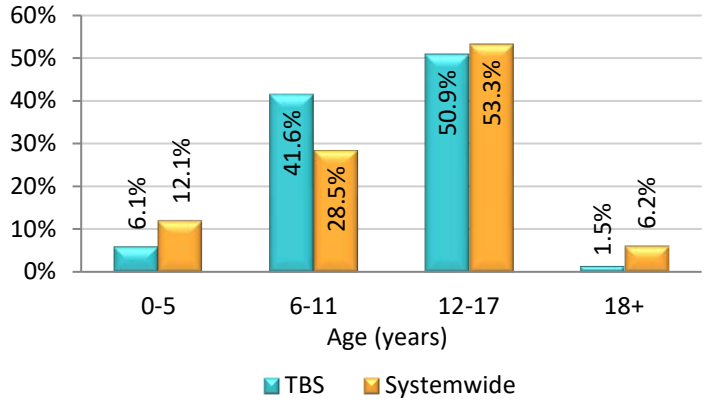
Clients receiving TBS services were younger and less likely to be female than the systemwide averages.

Service Provider Type

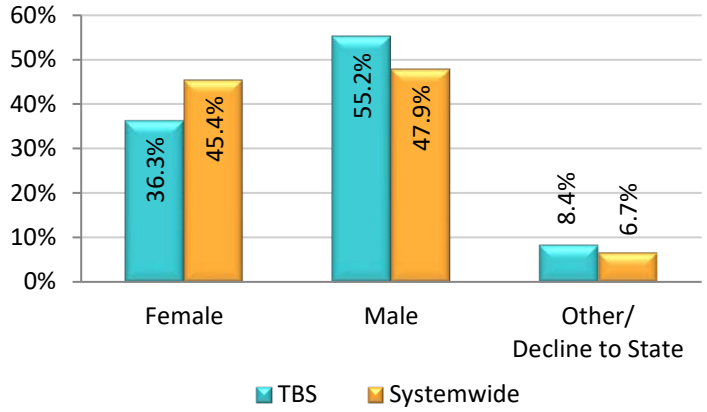
TBS requires a Specialty Mental Health Provider (SMHP). The majority (80%) of BHS-CY TBS clients were served *only* by Org providers in FY 2022-23. No TBS clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2021-22.



TBS Client Age (N=344)



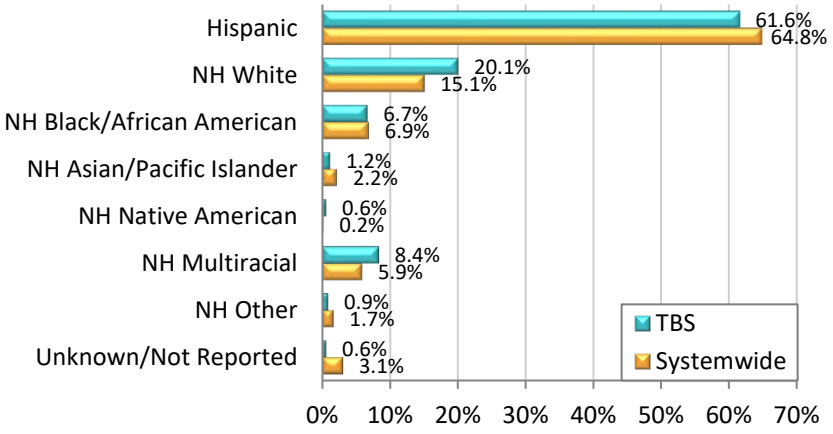
TBS Client Gender (N=344)



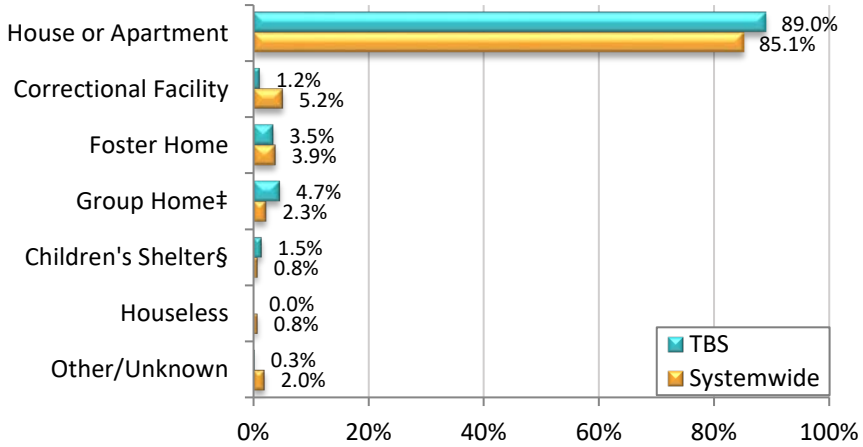
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Race/Ethnicity (N=344)

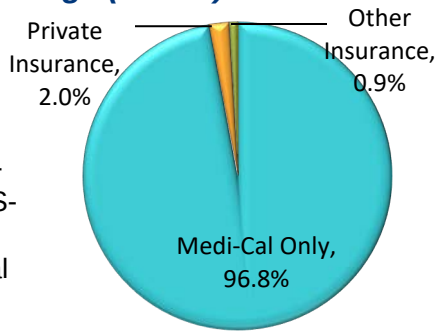


TBS Client Living Situation (N=344)†



TBS Client Health Care Coverage (N=344)

333 (97%) clients who received TBS from BHS-CY during FY 2022-23 were covered exclusively by Medi-Cal, a decrease from 98% in FY 2021-22. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.

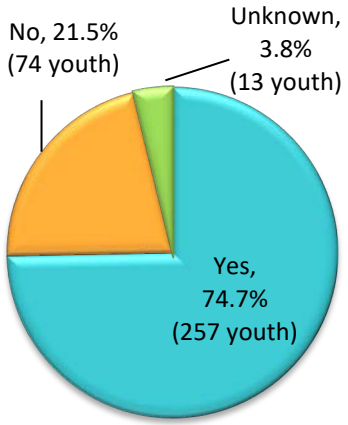


*TBS Client Primary Care Physician (PCP) Status**

Of the 332 TBS clients for whom PCP status was known, 320 (96%) had a PCP in FY 2022-23, a decrease from 98% in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

*TBS Client History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 331 clients (96% of the TBS population) in FY 2022-23; of these 331 clients, 257 (78%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.



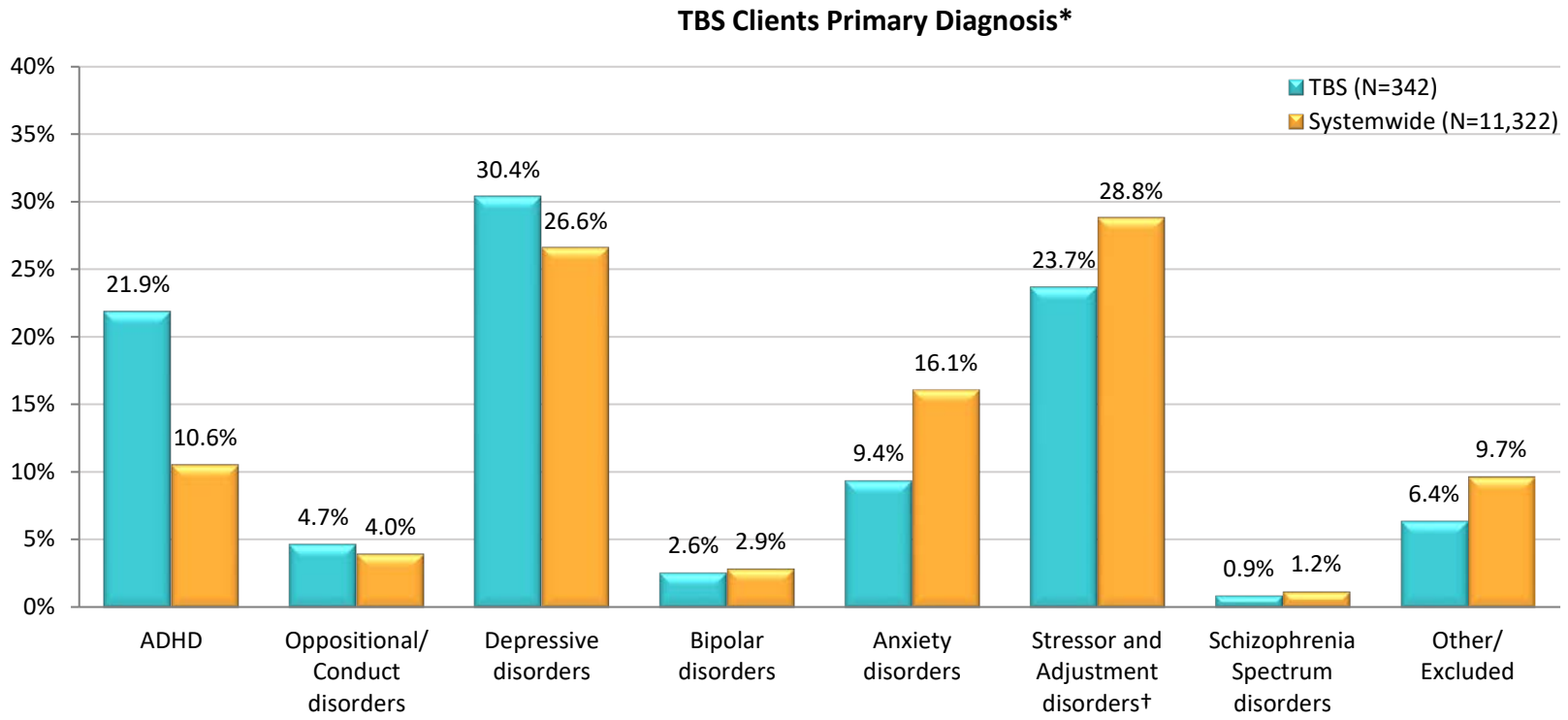
**Unknown category includes Fee-for-Service providers for whom data were not available.*
†Most recent living situation recorded in the fiscal year; TBS service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

*TBS Clients Primary Diagnosis**

The most common diagnosis for TBS clients in FY 2022-23 was Depressive disorders (30%). TBS clients were twice as likely to have an ADHD diagnosis, and nearly half as likely to have an Anxiety disorder. TBS clients were less likely than the systemwide average to have a Stressor/Adjustment disorder, and more likely to have an Depressive disorder.



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

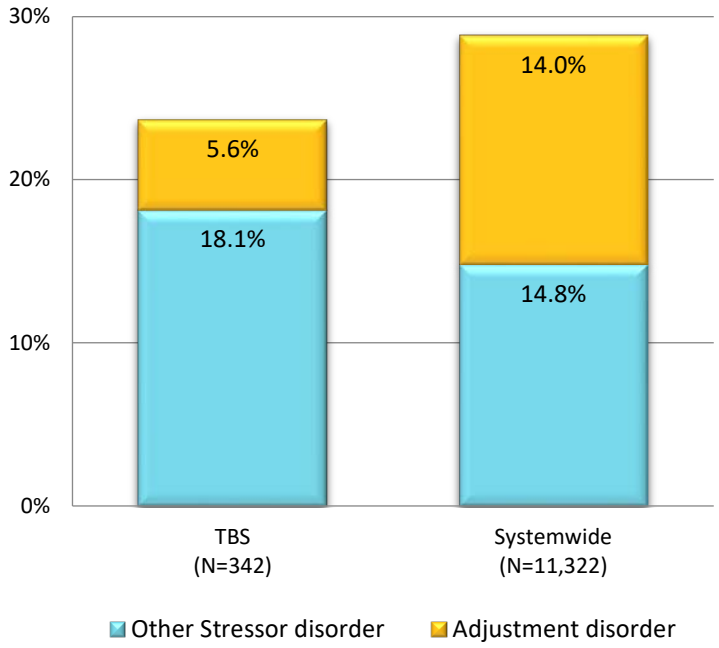
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

*TBS Client Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among TBS clients in FY 2022-23, as compared to BHS-CY overall.

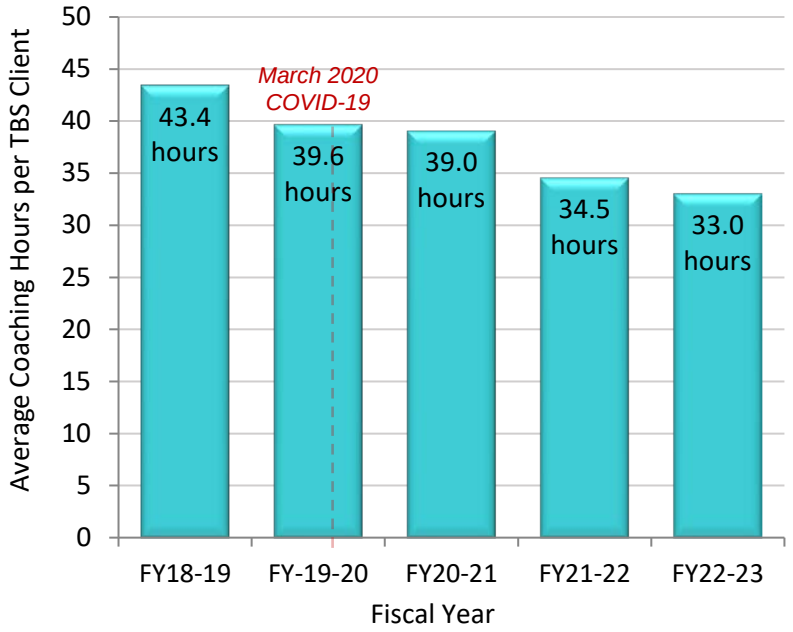
TBS Clients with Stressor and Adjustment Disorders



Coaching Hours for TBS Clients†

275 (80%) of 344 TBS clients received coaching as part of their services. The average number of coaching hours (33.0) per TBS client in FY 2022-23 decreased by more than 10 hours from FY 2018-19.

The ALOS for a TBS client discharging in FY 2022-23 was 121 days; by comparison, the ALOS for a TBS client discharging in FY 2021-22 was 115 days (see page 87).



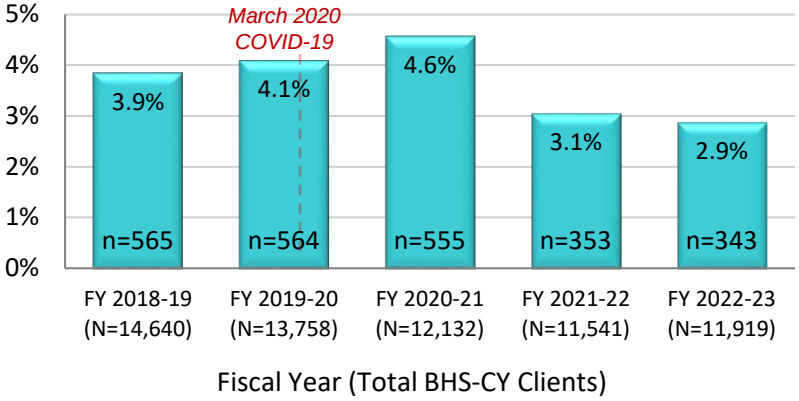
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Coaching hours are identified by service code 47: "TBS Intervention"

What Kind of Services Are Being Used?

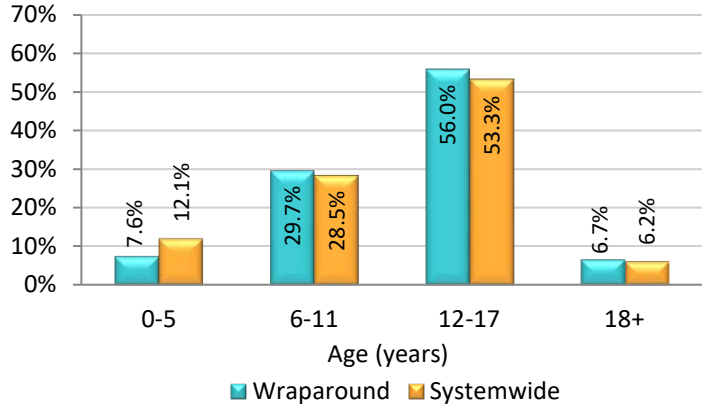
Wraparound Programs

Wraparound is a comprehensive and research-based treatment modality which partners mental health professionals with families for youth needing intensive supports in their home community. The majority (83%) of BHS-CY Wraparound clients were served *only* by Org providers in FY 2022-23. No Wraparound clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2021-22 and FY 2020-21. Wraparound clients were older than the systemwide averages.

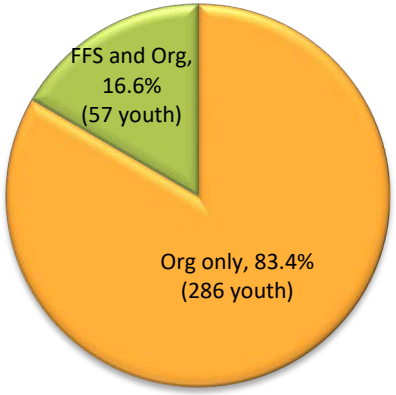
Clients in Wraparound Programs



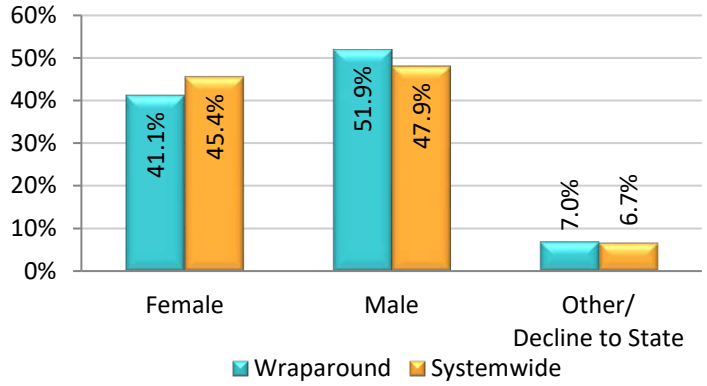
Wraparound Program Clients Age (N=343)



Service Provider Type



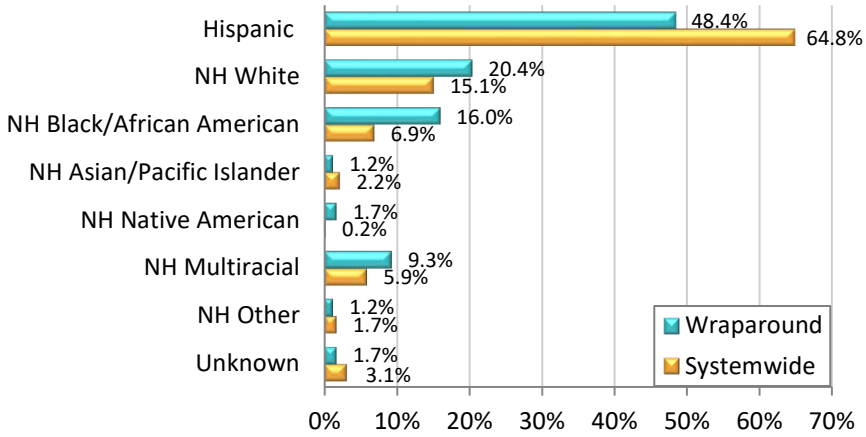
Wraparound Program Clients Gender (N=343)



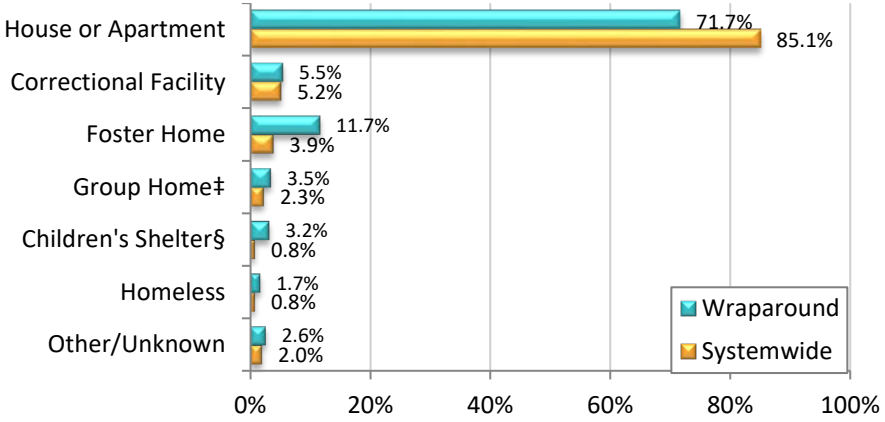
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=343)

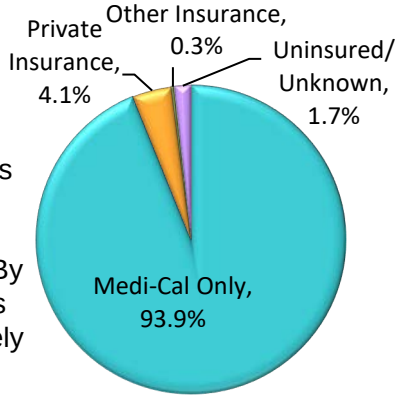


Wraparound Program Clients Living Situation (N=343)†



Wraparound Program Clients Health Care Coverage (N=343)

322 (94%) clients who received services from Wraparound programs during FY 2022-23 were covered exclusively by Medi-Cal, a slight increase from 93% in FY 2021-22. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.

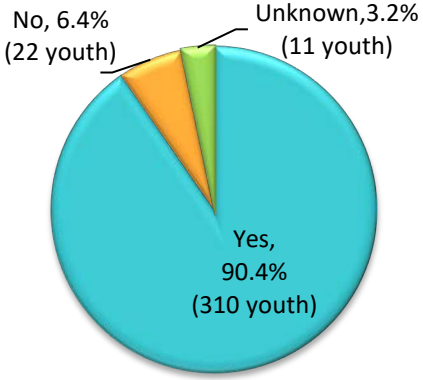


Wraparound Program Clients Primary Care Physician (PCP) Status*

Of the 333 clients in Wraparound programs for whom PCP status was known, 313 (94%) had a PCP in FY 2022-23 a decrease from 96% in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

Wraparound Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 332 clients (97% of the Wraparound population) in FY 2022-23; of these 332 clients, 310 (93%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.



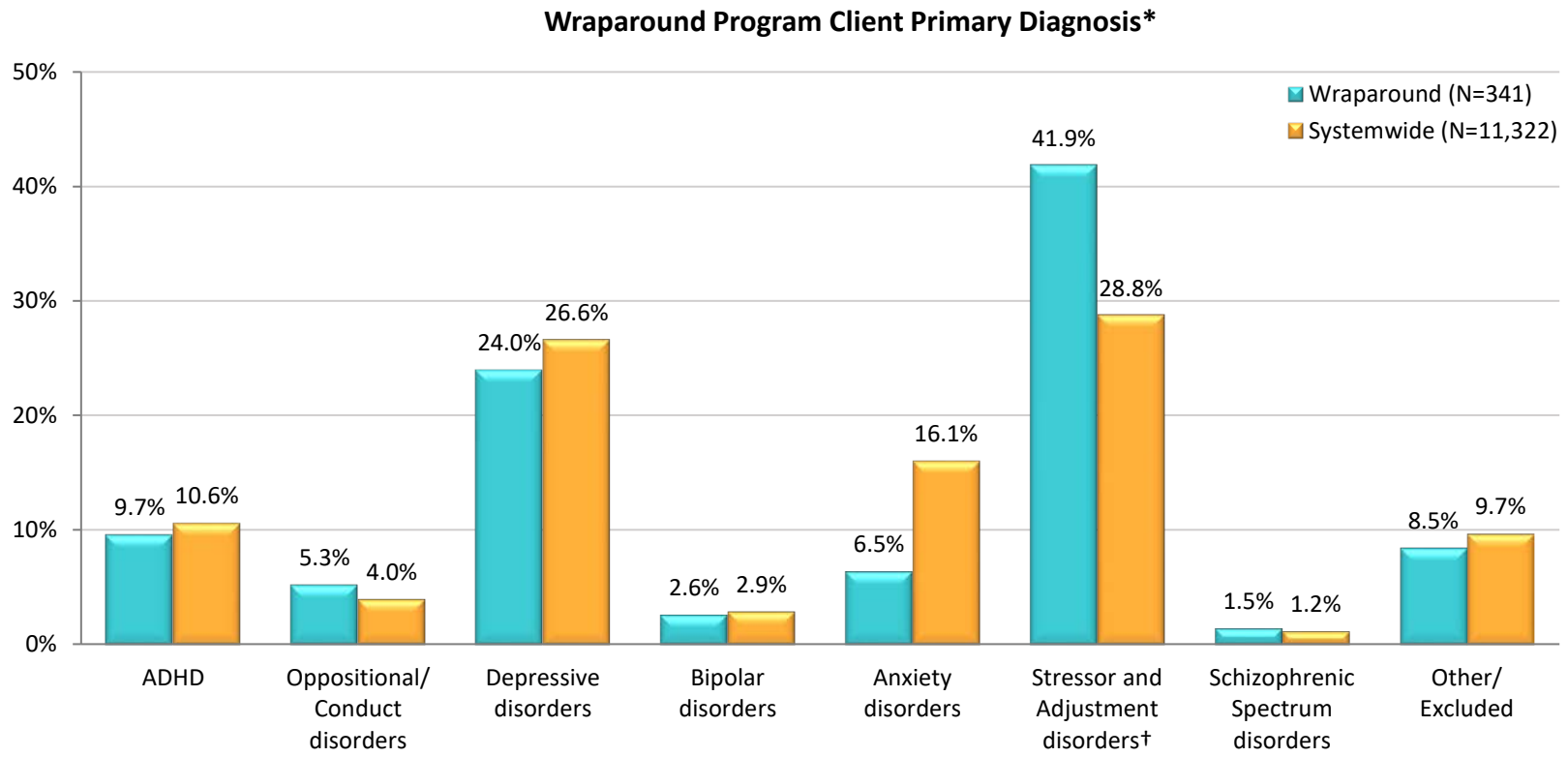
*Unknown category includes Fee-for-Service providers for whom data were not available.
†Most recent living situation recorded in the fiscal year; Wraparound service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

Wraparound Programs

*Wraparound Program Clients Primary Diagnosis**

The most common diagnoses for Wraparound Program clients in FY 2022-23 were Stressor and Adjustment (42%) and Depressive disorders (24%). These clients were far less likely to have an Anxiety disorder, and more likely to have a Stressor and Adjustment or Oppositional/Conduct disorder as compared to BHS-CY clients overall.



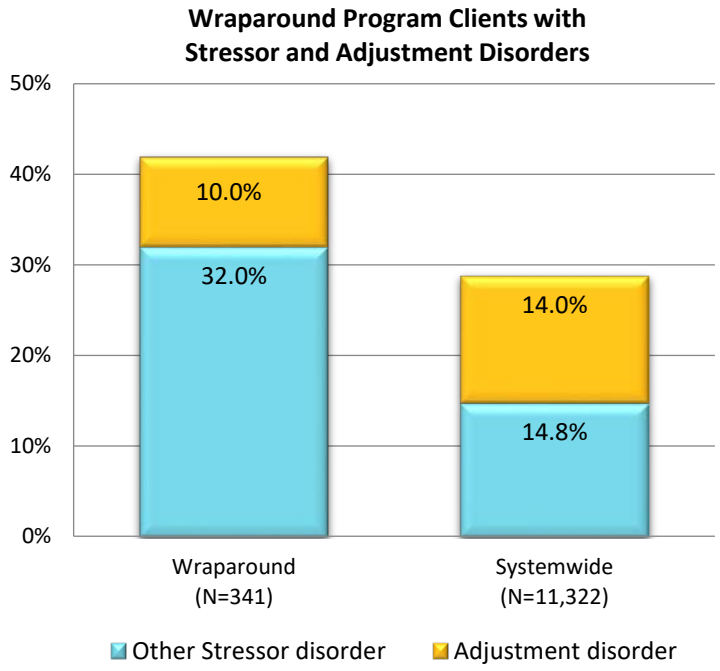
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Stressor and Adjustment Disorders*

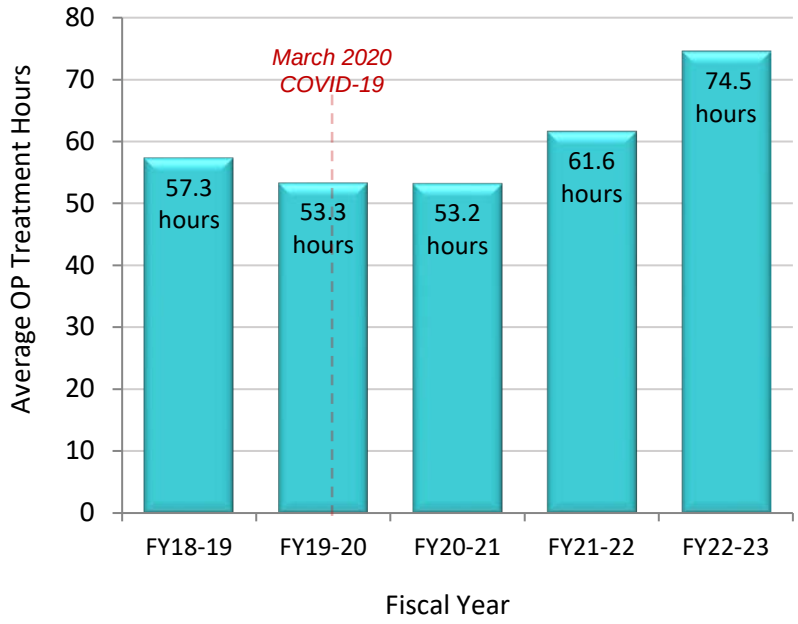
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among Wraparound Program clients in FY 2022-23, as compared to BHS-CY overall.



Outpatient Treatment Hours for Clients in Wraparound Programs†

The average number of Outpatient hours for clients in Wraparound programs increased from 62 hours in FY 2021-22 to 75 hours in FY 2022-23.

The ALOS for a Wraparound Program client discharging in FY 2022-23 was 207 days by comparison; the ALOS for Wraparound client discharging in FY 2021-22 was 232 days (see page 87).



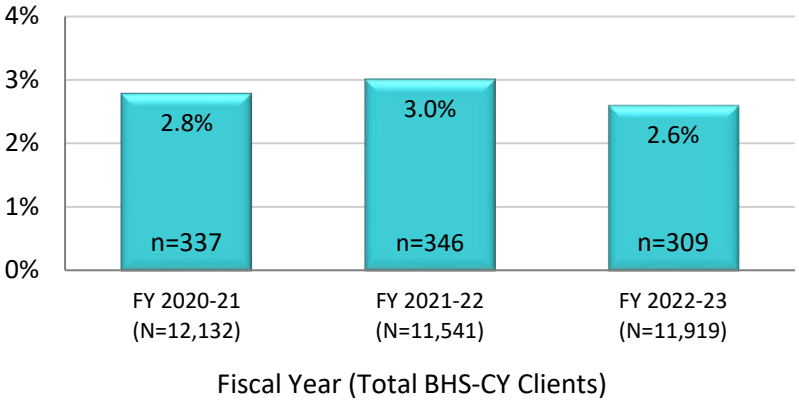
*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
†Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.

What Kind of Services Are Being Used?

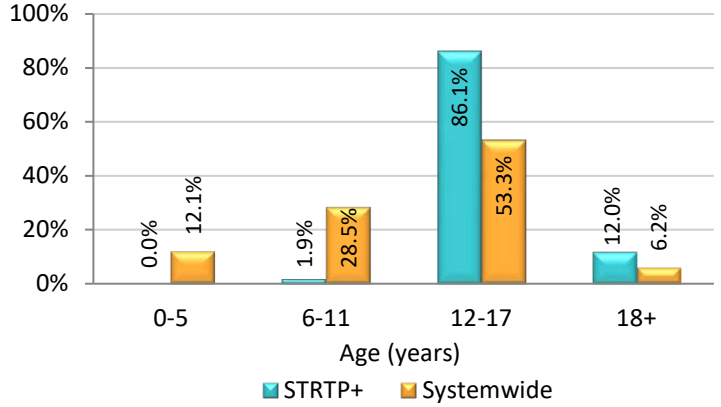
STRTP+ Programs

Short-Term Residential Therapeutic Programs Plus (STRTP+) is a level of care comprised of STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF), and San Pasqual Academy. These are residential settings where youth receive short-term intensive services in order to stabilize and return to a home-based family setting. STRTP+ was established as a BHS-CY LOC in FY 2020-21. The majority (90%) of STRTP+ clients were served *only* by Org providers in FY 2022-23.

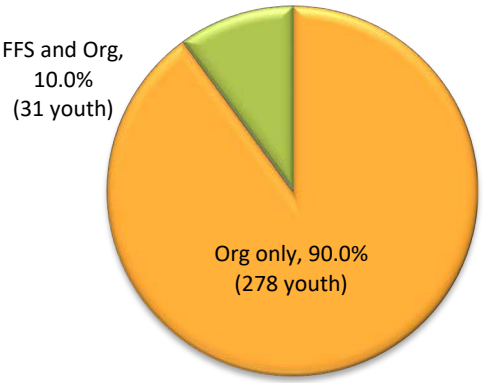
Clients in STRTP+ Programs



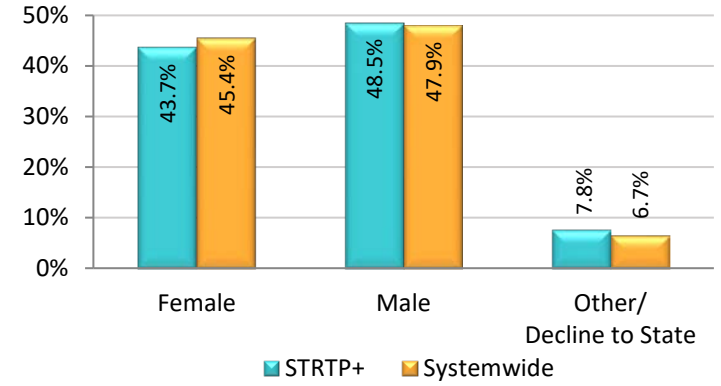
STRTP+ Program Clients Age (N=309)



Service Provider Type



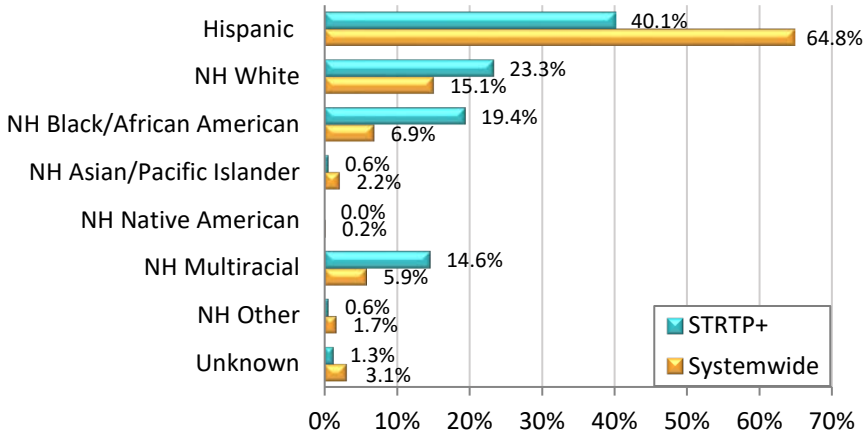
STRTP+ Program Clients Gender (N=309)



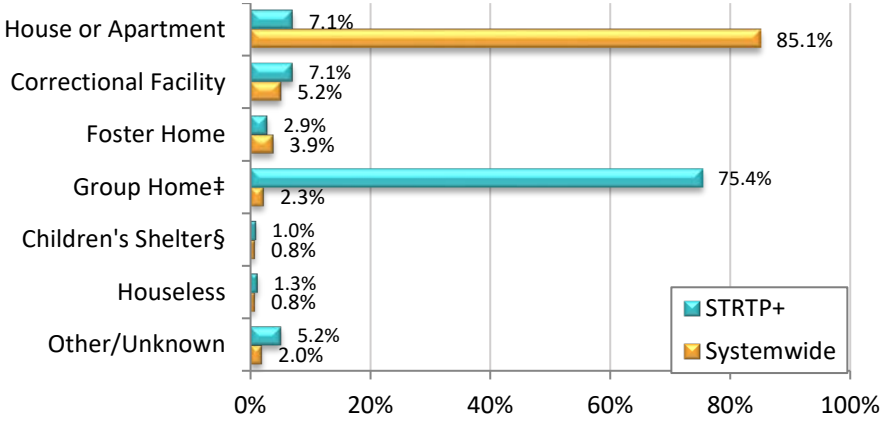
What Kind of Services Are Being Used?

STRTP+ Programs

STRTP+ Program Clients Race/Ethnicity (N=309)

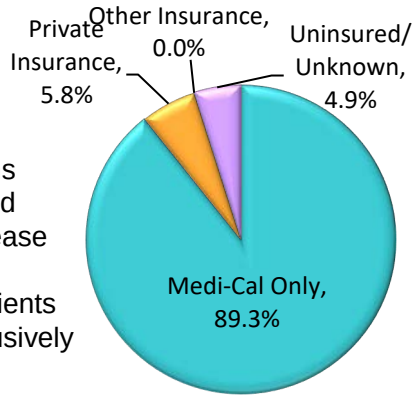


STRTP+ Program Clients Living Situation (N=309)†



STRTP+ Program Clients Health Care Coverage (N=309)

276 (89%) clients who received services from STRTP+ programs during FY 2022-23 were covered exclusively by Medi-Cal a decrease from 92% in FY 2021-22. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.

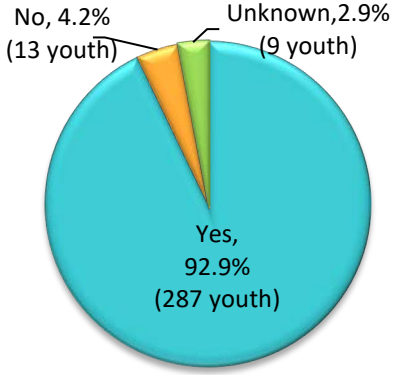


STRTP+ Program Clients Primary Care Physician (PCP) Status*

Of the 303 clients in STRTP+ programs for whom PCP status was known, 282 (93%) had a PCP in FY 2022-23, an increase from 92% in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

STRTP+ Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 300 clients (97% of the STRTP+ population) in FY 2022-23; of these 300 clients, 287 (96%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.



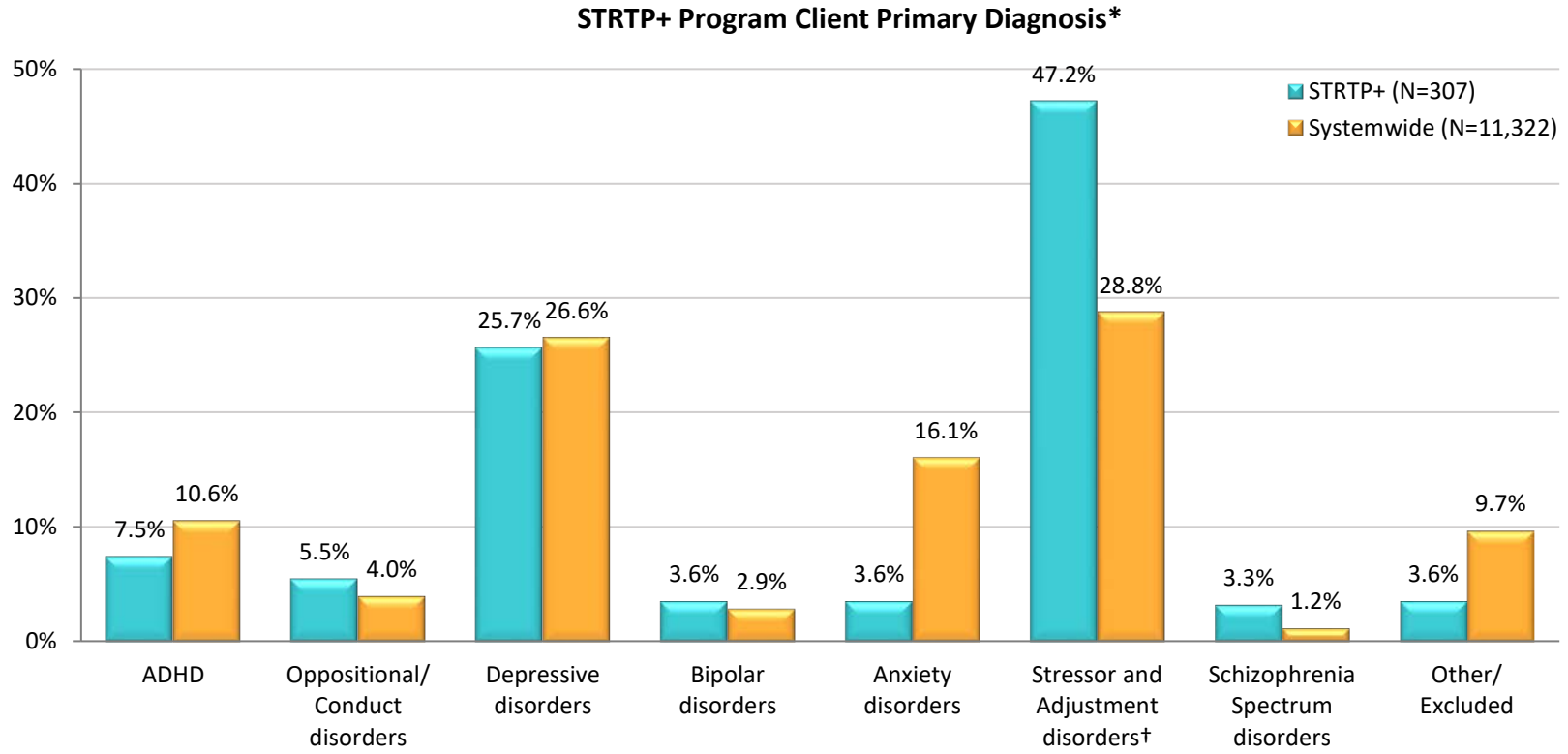
*Unknown category includes Fee-for-Service providers for whom data were not available.
†Most recent living situation recorded in the fiscal year; Wraparound service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

STRTP+ Programs

*STRTP+ Program Clients Primary Diagnosis**

The most common diagnoses for STRTP+ Program clients in FY 2022-23 were Stressor and Adjustment (47%) and Depressive disorders (26%). These clients were less likely to have a ADHD or Anxiety disorder, and more likely to have a Stressor and Adjustment, Oppositional/Conduct, or Schizophrenia Spectrum disorders, as compared to BHS-CY clients overall.



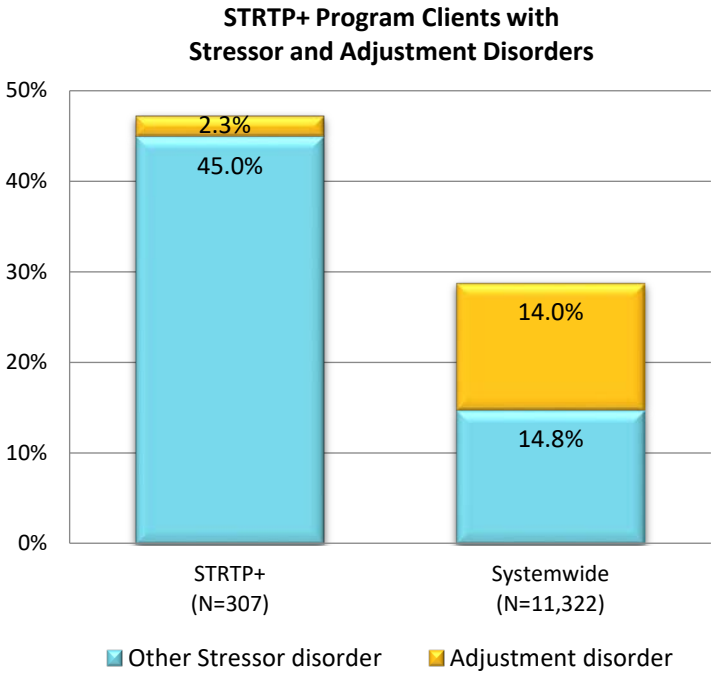
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

STRTP+ Programs

STRTP+ Program Clients Stressor and Adjustment Disorders*

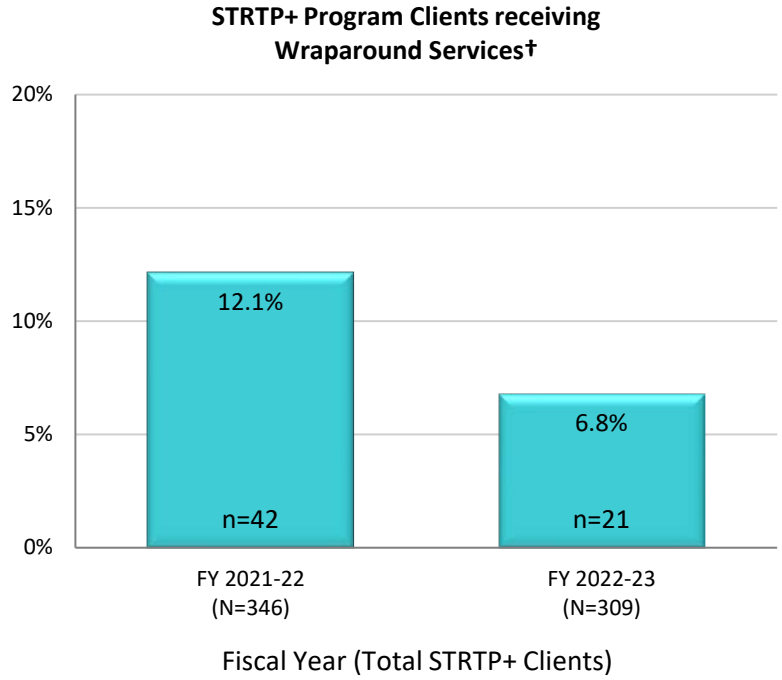
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among STRTP+ Program clients in FY 2022-23, as compared to BHS-CY overall.



Wraparound Connection for Clients in STRTP+ Programs

On 10/1/2021 the Qualified Individual Assessment for STRTP placements was launched with the minimum 6 month after care with high fidelity wraparound for youth transitioning out of STRTPs.

In FY 2022-23, 21 (7%) of STRTP+ clients also received Wraparound services at some point during the fiscal year, a decrease from 12% in FY 2021-22.



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Wraparound service may have been prior, concurrent, or subsequent to STRTP+ episode.

What Kind of Services Are Being Used?

The Integrated Core Practice Model

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

Continuum of Care Reform

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

Assembly Bill 2083

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

Family First Prevention Services Act

The federal FFPSA was enacted under Public Law 115-123 in 2018. The intent of this legislation is to enhance support services for families to help children remain at home and reduce the use of unnecessary congregate care placements by increasing options for prevention services, increased oversight and requirements for placements, and enhancing the requirements for congregate care placement settings.

What Kind of Services Are Being Used?

Pathways to Well-Being

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

Pathways Eligible Clients Served*†§

	FY 18-19	FY 19-20	FY 20-21#	FY 21-22#	FY 22-23#
Total Clients‡ with Open Assignment	940	736	477	309	312

Clients Eligible for Enhanced Services*†¶

	FY 18-19	FY 19-20	FY 20-21#	FY 21-22#	FY 22-23#
Total Clients‡ with Open Assignment	744	850	841	816	745
Pathways Service					
ICC	622	682	702	694	645
IHBS	209	224	265	287	284

**Data Source: Pathways to Well-Being Annual Dashboard, BHS QI PIT*
†Clients may be duplicated between Eligible and Enhanced categories
‡Unduplicated Clients
§Pathways Eligible was previously Katie A class
¶Eligible for Enhanced Services was previously Katie A Subclass
#Due to methodology change in FY 2020-21, data may not be directly comparable to previous FYs

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

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

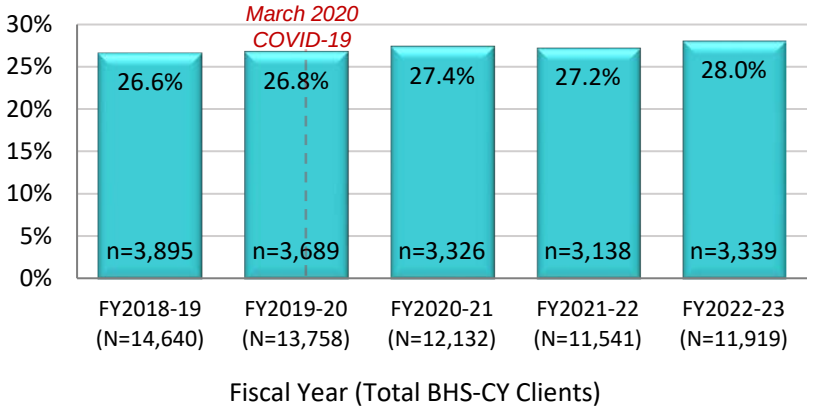
Locally, ICC and IHBS were launched in August 2013. As of 7/1/2016, the state expanded ICC and IHBS services to be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services.

What Kind of Services Are Being Used?

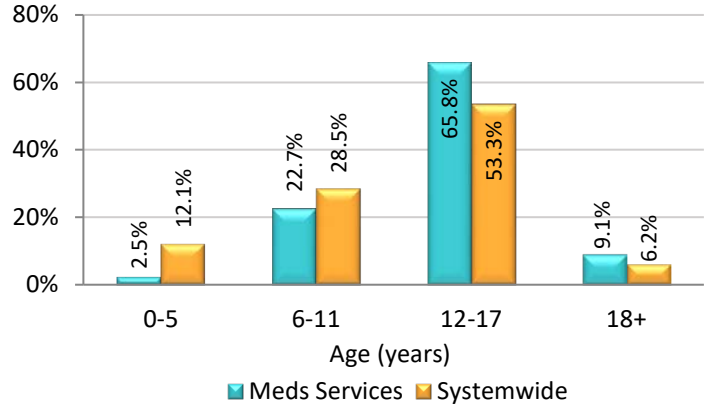
Medication Services*

BHS-CY provides medication services along with other services or as an independent service through the Fee-for-Service (FFS) network. The majority (83%) of these clients were served *only* by Org providers in FY 2022-23. In FY 2022-23, <1% of these clients received medication services with no other concurrent services. This section summarizes demographics and client data for all children and youth who received any medication services during the fiscal year.

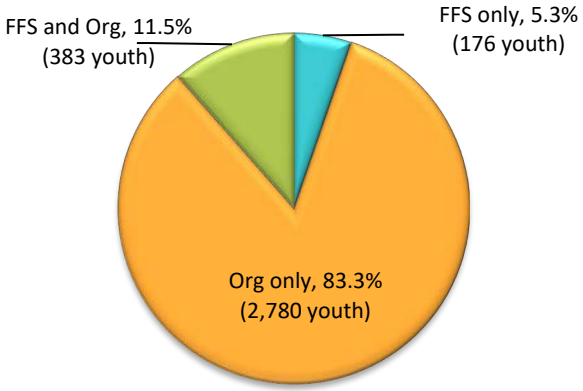
Clients Receiving Medication Services from BHS-CY



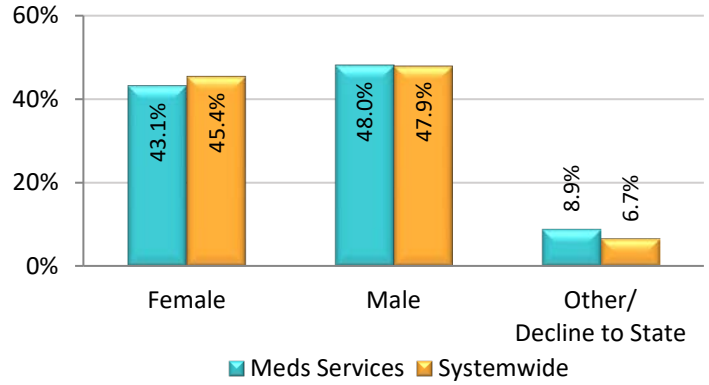
Medication Services Clients Age (N=3,339)



Service Provider Type



Medication Services Clients Gender (N=3,339)

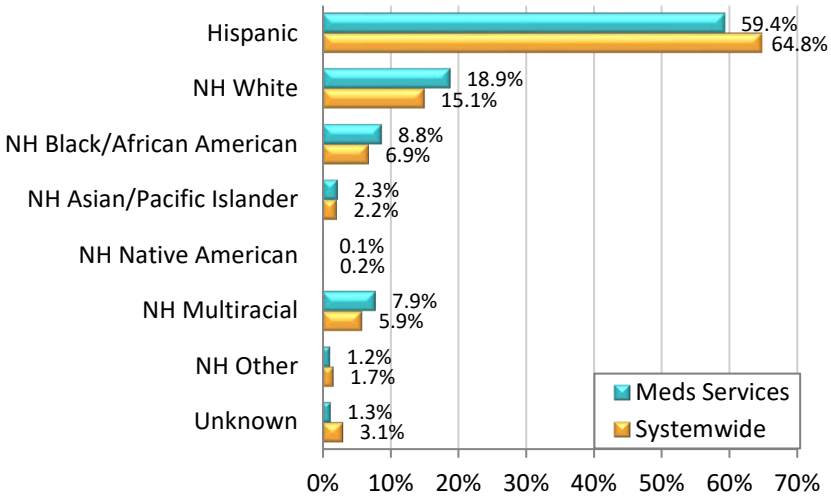


*Some clients may receive medication services outside of the BHS-CY system.

What Kind of Services Are Being Used?

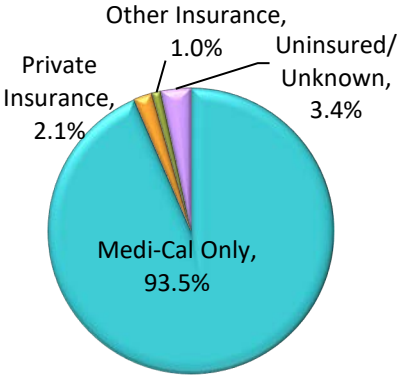
Medication Services*

Medication Services Clients Race/Ethnicity (N=3,339)



Medication Services Clients Health Care Coverage (N=3,339)

3,121 (94%) clients who received medication services in BHS-CY during FY 2022-23 were covered exclusively by Medi-Cal, a slight increase from FY 2021-22 (93%). By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.

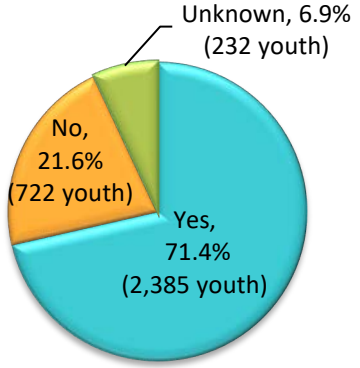


Medication Services Clients Primary Care Physician (PCP) Status†

Of the 3,164 clients who received medication services for whom PCP status was known, 3,011 (95%) had a PCP in FY 2022-23, a slight decrease from 96% in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

Medication Services Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 3,107 clients (93% of the medication services population) in FY 2022-23; of these 3,107 clients, 2,385 (77%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.



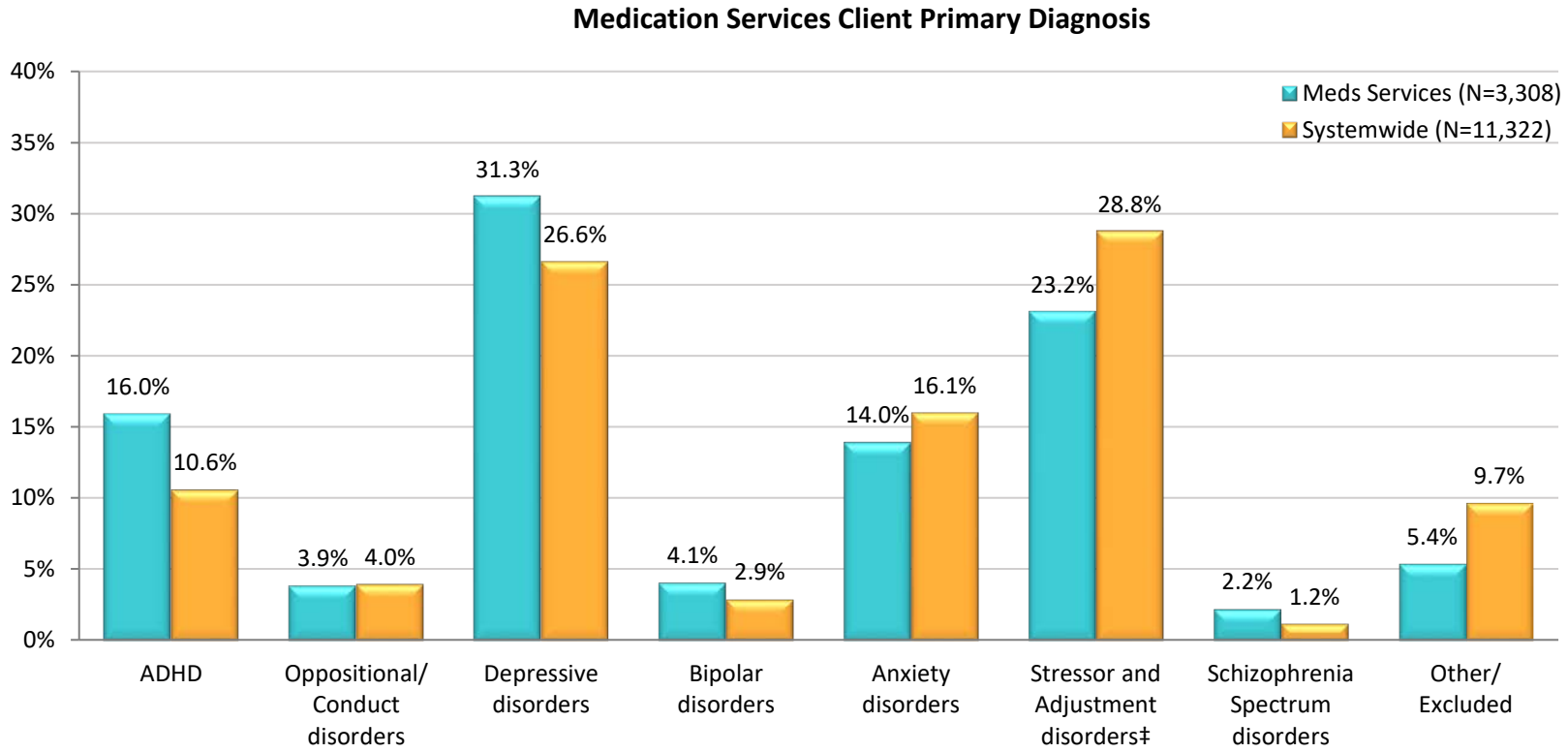
**Some clients may receive medication services outside of the BHS-CY system.*
†Unknown category includes Fee-for-Service providers for whom data were not available.

What Kind of Services Are Being Used?

*Medication Services**

Medication Services Clients Primary Diagnosis†

The most common diagnoses for clients receiving Medication Services in FY 2022-23 were Depressive disorders (31%). These clients were more likely than BHS-CY clients overall to have ADHD, Depressive, Bipolar, or Schizophrenia Spectrum disorders. They were less likely to be diagnosed with Stressor/Adjustment or Anxiety disorders.



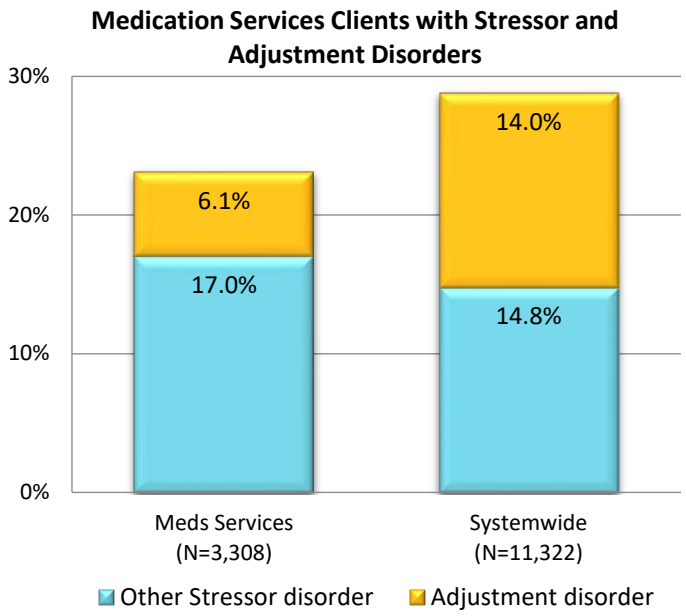
**Some clients may receive medication services outside of the BHS-CY system.*
†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

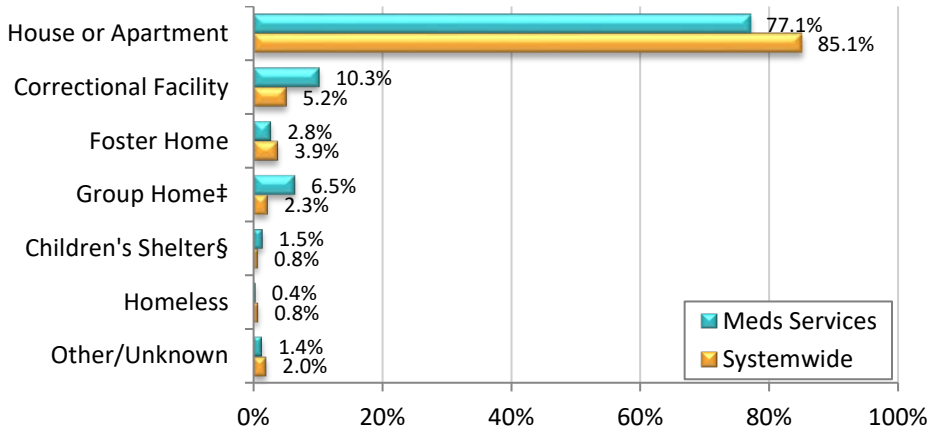
*Medication Services**

Medication Services Clients with Stressor and Adjustment Disorders†

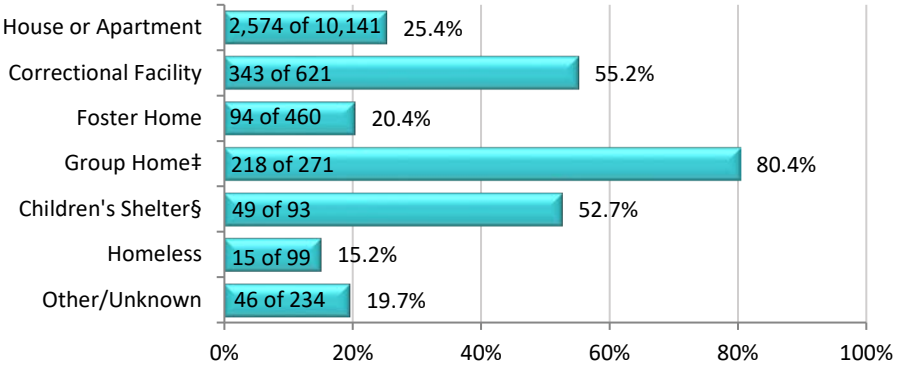
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among clients receiving Medication Services in FY 2022-23, as compared to BHS-CY overall.



Medication Services Clients Living Situation (N=3,339)



Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals for each Living Situation Category

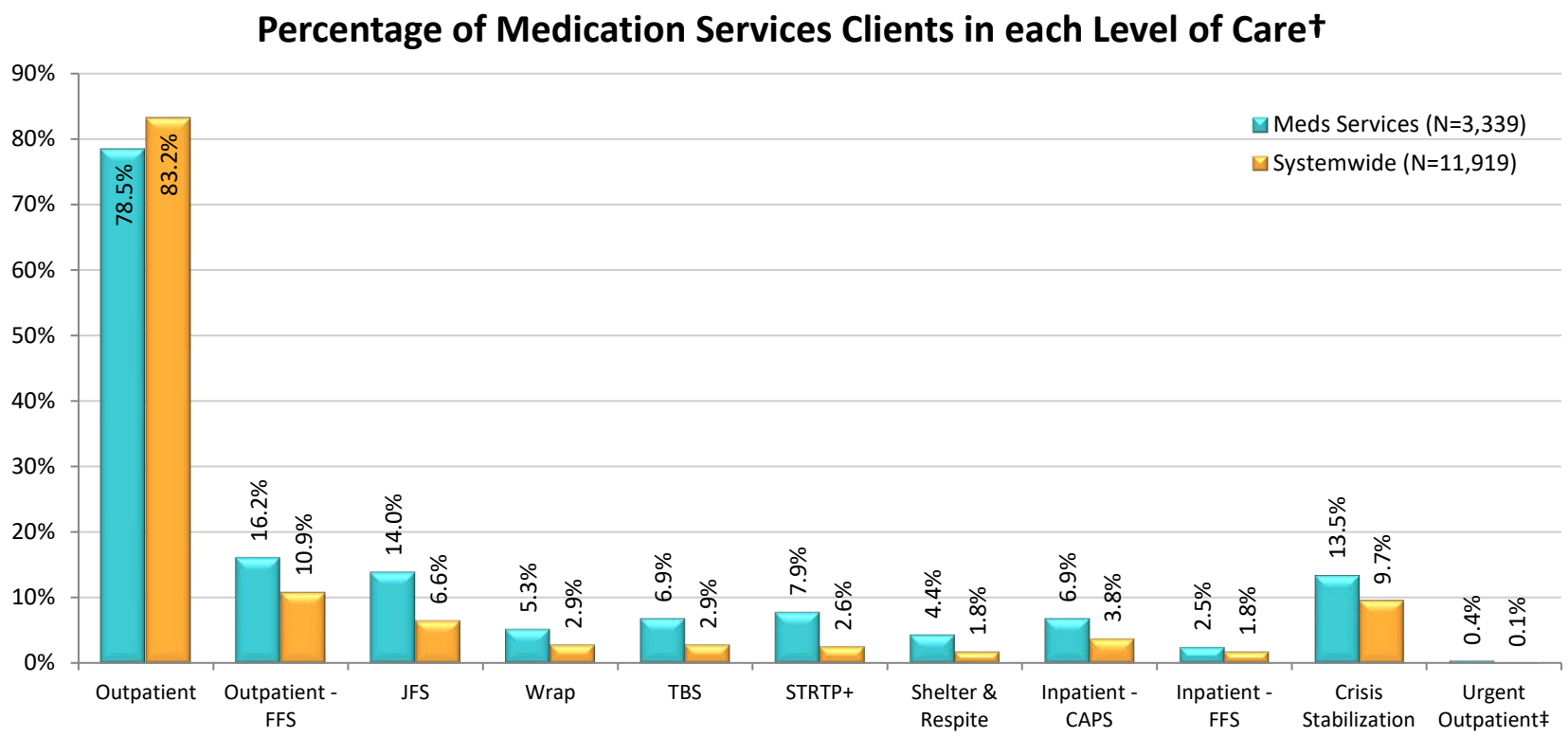
**Some clients may receive medication services outside of the BHS-CY system.*
†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

*Medication Services**

Level of Care (LOC)

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



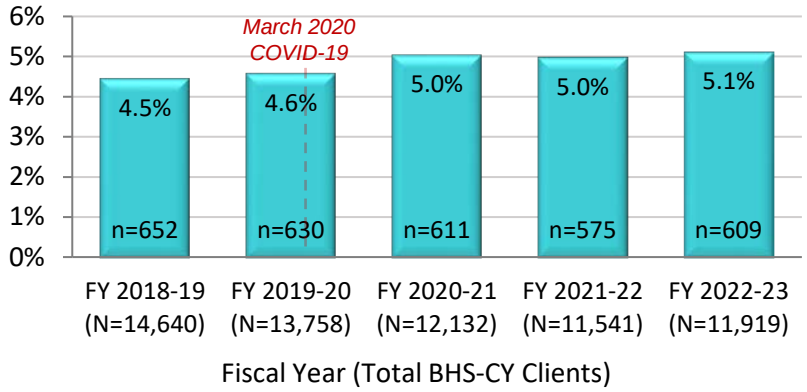
**Some clients may receive medication services outside of the BHS-CY system.*
†Clients may have received services in more than one level of care.
‡Urgent Outpatient services are limited to Emergency Medication Management Services as of FY 2021-22.

What Kind of Services Are Being Used?

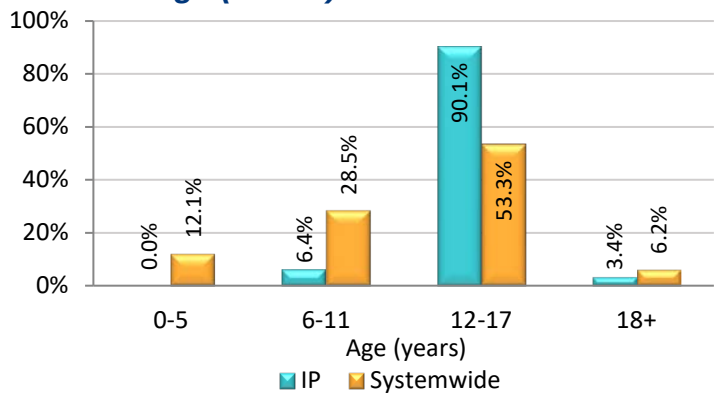
Inpatient (IP) Services

BHS-CY provides inpatient services to children and adolescents under age 18. The proportion of clients receiving IP services slightly increased from 5.0% (575) in FY 2021-22 to 5.1% (609) in FY 2022-23. The proportion of females receiving IP services is greater than the BHS-CY systemwide average. Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any Out-of-County hospitals utilized.

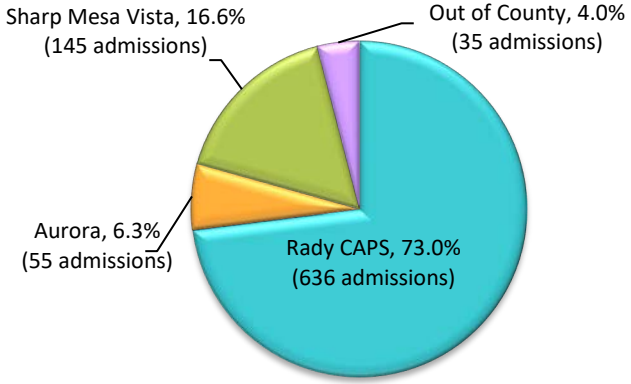
Clients Receiving IP Services



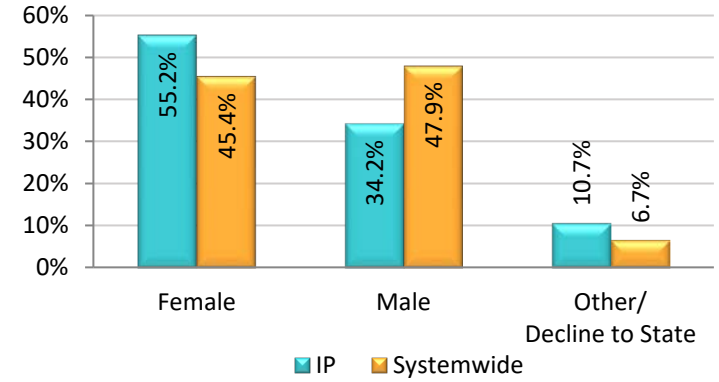
IP Clients Age (N=609)



Admissions by Provider (N=871)*



IP Clients Gender (N=609)

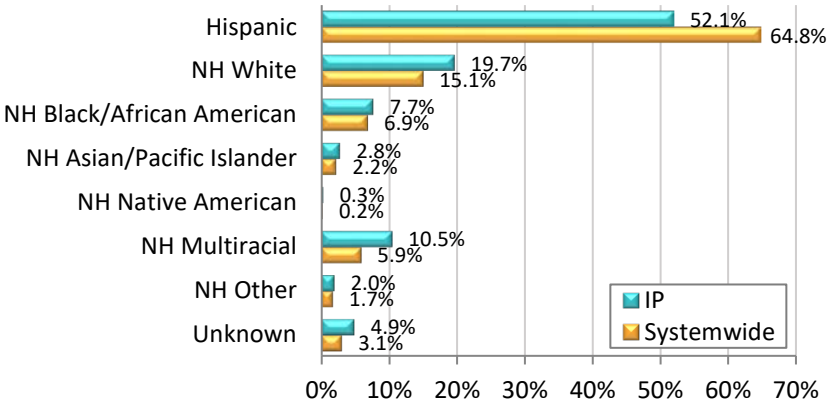


*Includes duplicated clients within and between providers.

What Kind of Services Are Being Used?

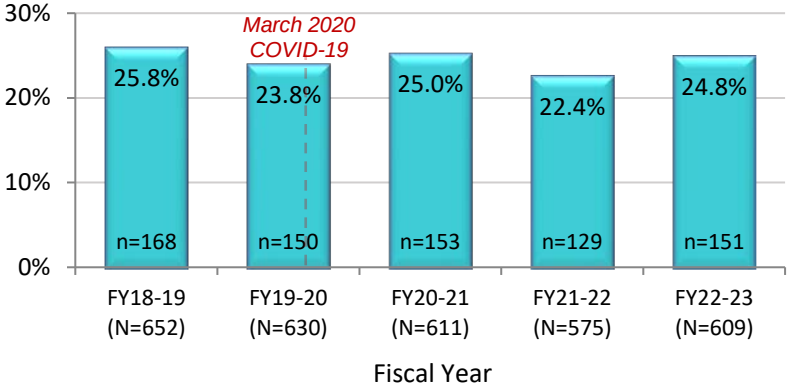
Inpatient (IP) Services

IP Clients Race/Ethnicity (N=609)



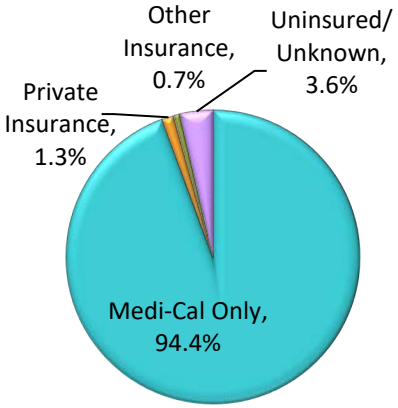
Recurring IP Episodes (Readmission)

151 (25%) of 609 children receiving IP services had more than one IP episode in FY 2022-23; an increase from 129 (22%) of 575 in FY 2021-22.



IP Clients Health Care Coverage (N=609)

575 (94%) BHS-CY clients who received IP services during FY 2022-23 were covered exclusively by Medi-Cal, no change from 94% in FY 2021-22. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.

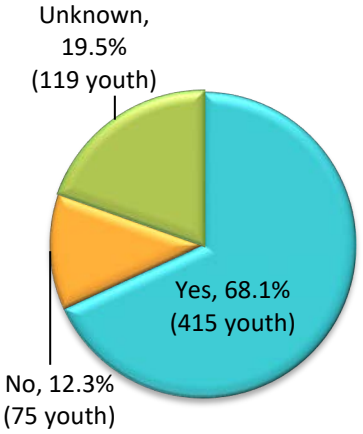


*IP Clients Primary Care Physician (PCP) Status**

Of the 511 IP clients for whom PCP status was known, 470 (92%) had a PCP in FY 2022-23, a decrease from 95% in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

*IP Clients History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 490 clients (81% of the IP population) in FY 2022-23; of these 490 clients, 415 (85%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.



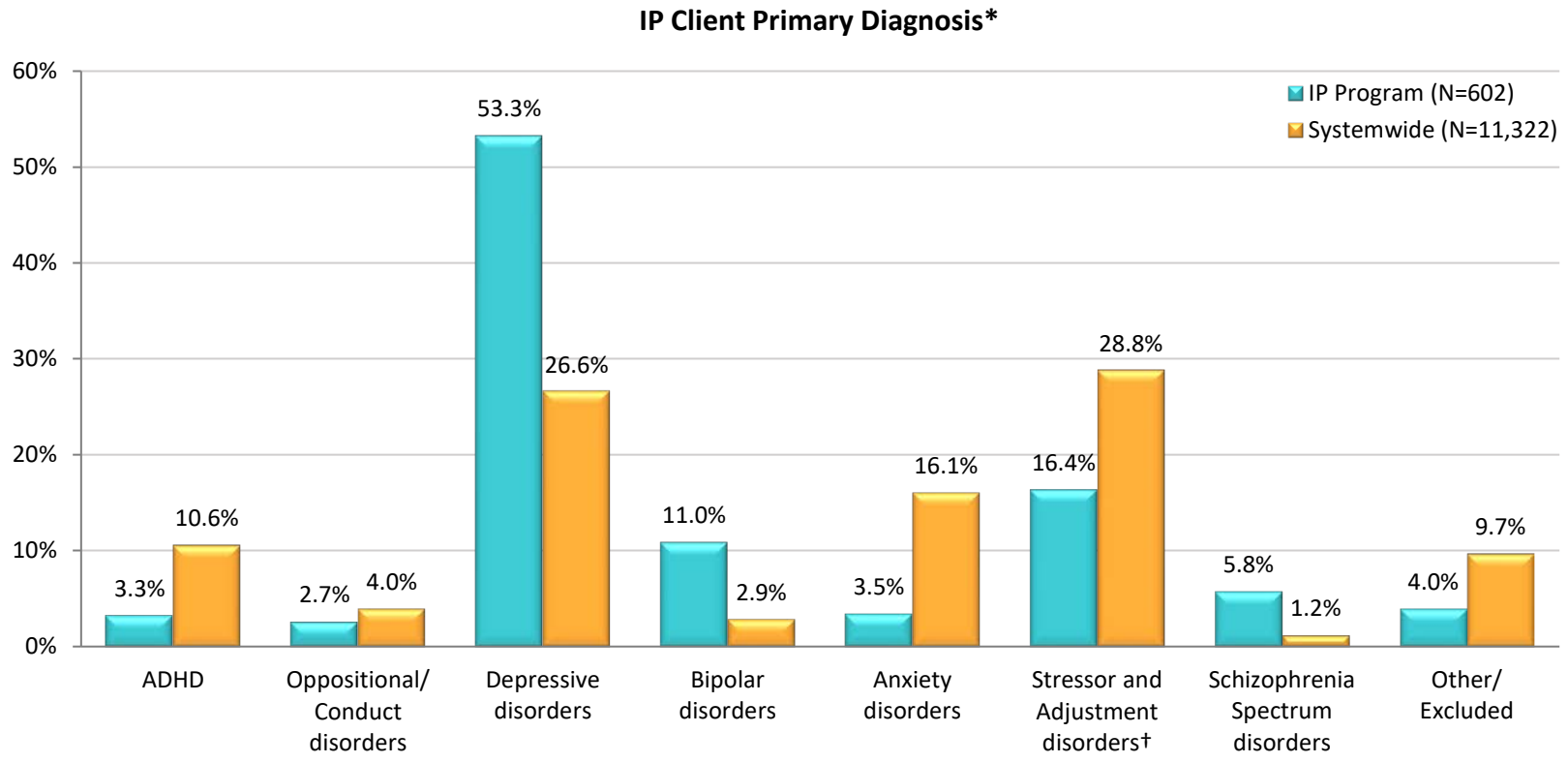
**Unknown category includes Fee-for-Service providers for whom data were not available.*

What Kind of Services Are Being Used?

Inpatient (IP) Services

*IP Clients Primary Diagnosis**

The most common diagnosis for clients receiving IP services in FY 2022-23 was Depressive disorders (53%); this is a decrease from 55% in FY 2021-22 but still much higher than the systemwide average of 27%. IP clients were less likely than BHS-CY clients overall to have ADHD, Oppositional/Conduct, Anxiety, or Stressor and Adjustment disorders. These youth were more likely to have a Depressive, Bipolar or Schizophrenic Spectrum disorder.



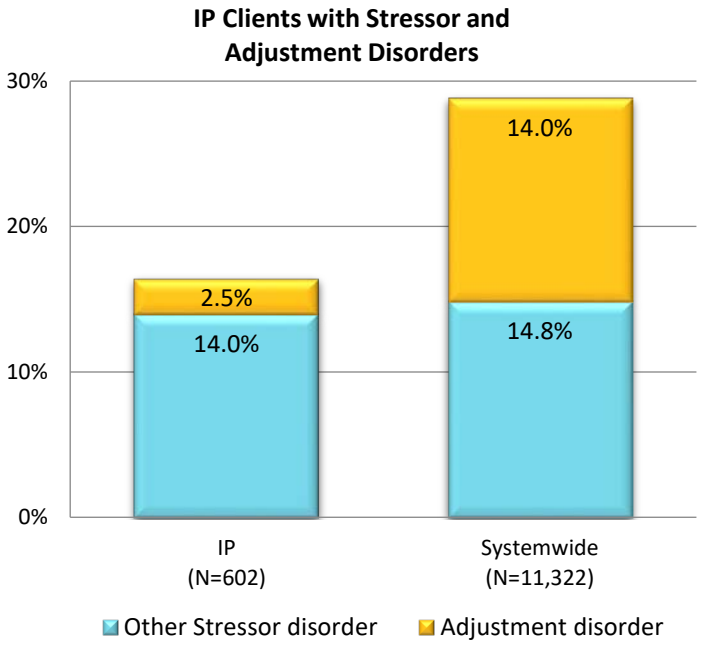
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

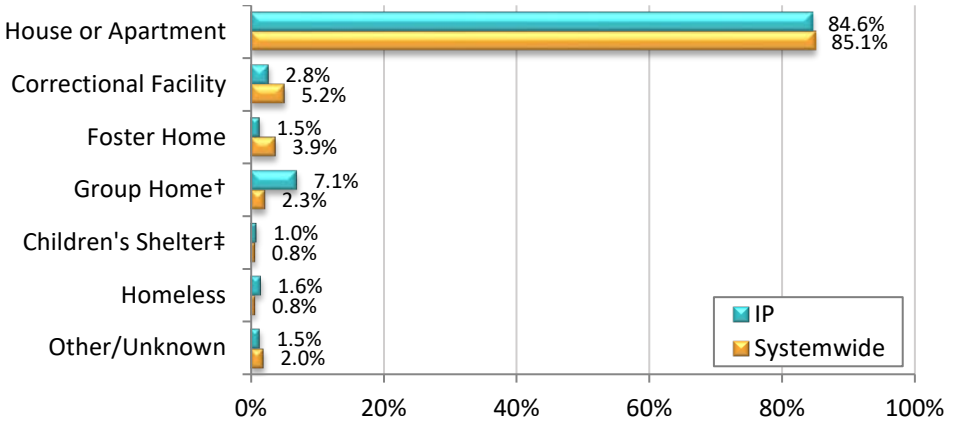
Inpatient (IP) Services

*IP Clients with Stressor and Adjustment Disorders**

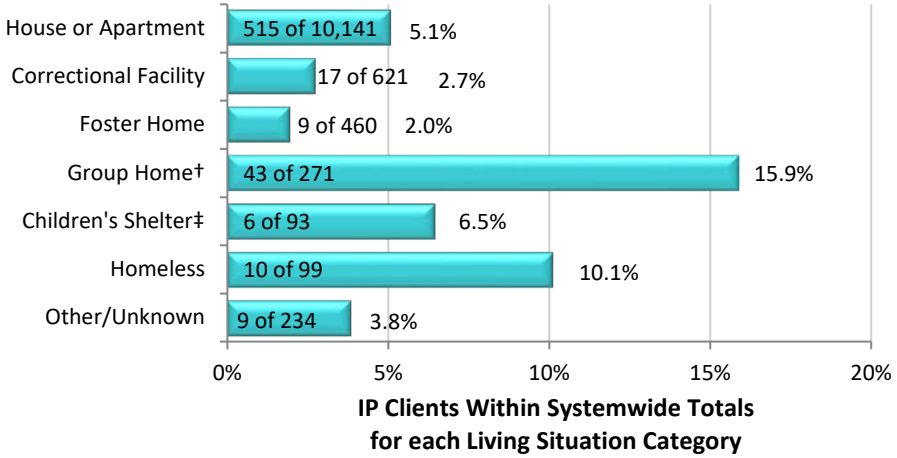
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving IP services in FY 2022-23 was much lower than BHS-CY overall.



IP Clients Living Situation (N=609)



IP Clients Within Living Situation



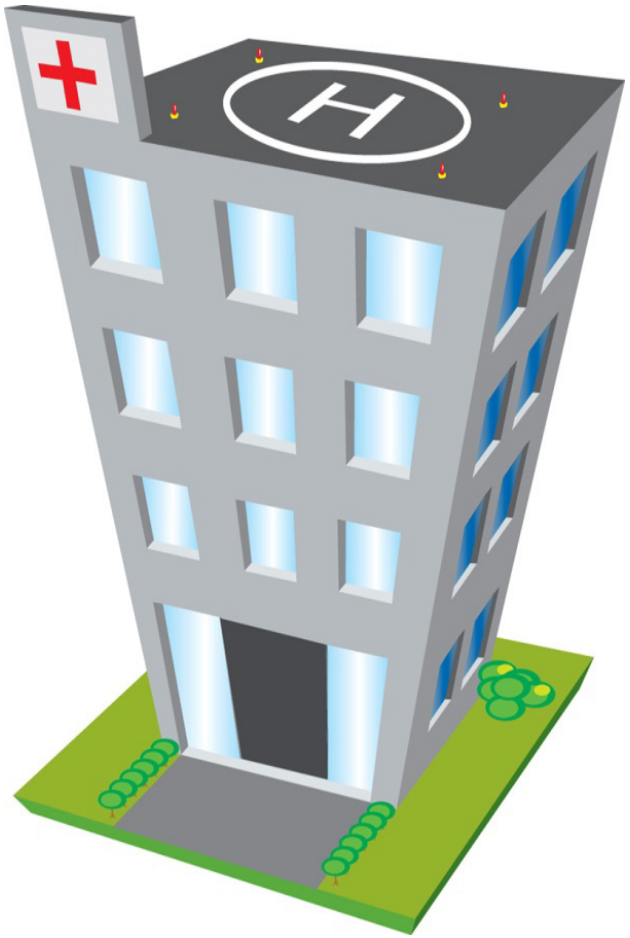
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

Urgent Outpatient (UO) Services

Urgent Outpatient services are provided for children and youth in San Diego County by New Alternatives Inc. Emergency Medication Management program.

- 12 (<1%) of 11,919 unduplicated clients received Urgent Outpatient services in FY 2022-23
  - No change from 14 (<1%) of 11,541 in FY 2021-22.
  - As of FY 2021-22, UO is comprised of the Emergency Medication Management program only. Crisis, Intervention & Response (CIR) team programs are no longer included in the UO level of care.



*Psychiatric Emergency Response Team (PERT)**

The Psychiatric Emergency Response Team (PERT) provides emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement through phone calls from community members or in-field law enforcement request for emergency assistance.

- 1,180 youth under the age of 18 received PERT services in FY 2022-23, as compared to 1,273 in FY 2021-22.

*Mobile Crisis Response Teams (MCRT)**

In January 2021, the County of San Diego activated Mobile Crisis Response Teams (MCRT) as a service option for individuals experiencing a mental health or substance use crisis that does not include a threat of violence or a medical emergency.

- 336 youth under the age of 18 received MCRT services in FY 2022-23, as compared to 168 youth in FY 2021-22.

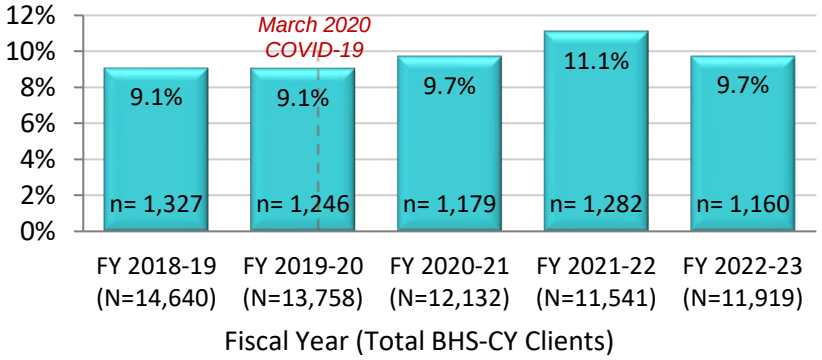
**These youth may have been served by the Adult/Older Adult Behavioral Health Services system*

What Kind of Services Are Being Used?

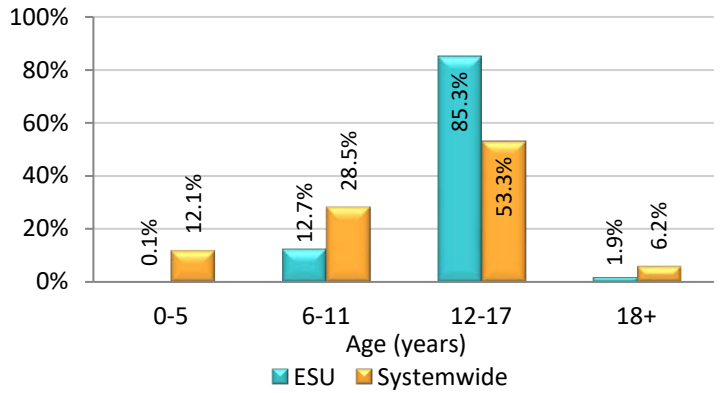
Emergency Screening Unit (ESU)

The Emergency Screening Unit (ESU) provides crisis stabilization to children and adolescents under age 18. BHS-CY expanded ESU capacity from 4 to 12 beds in January 2018. The proportion of clients receiving ESU services decreased from 11% (1,282) in FY 2021-22 to 10% (1,160) in FY 2022-23. The proportion of females receiving ESU services is greater than the BHS-CY systemwide average.

Clients Receiving Services from ESU*

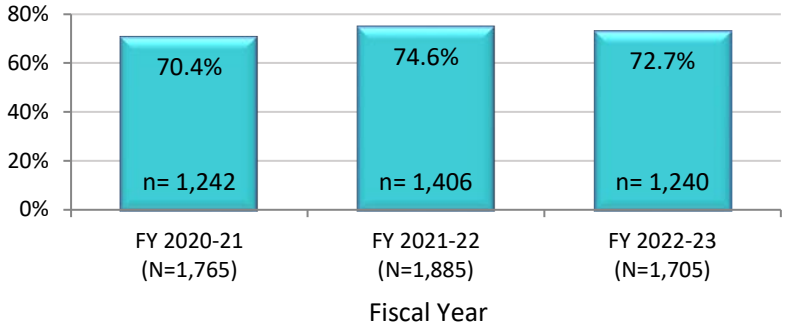


ESU Program Clients Age (N=1,160)*

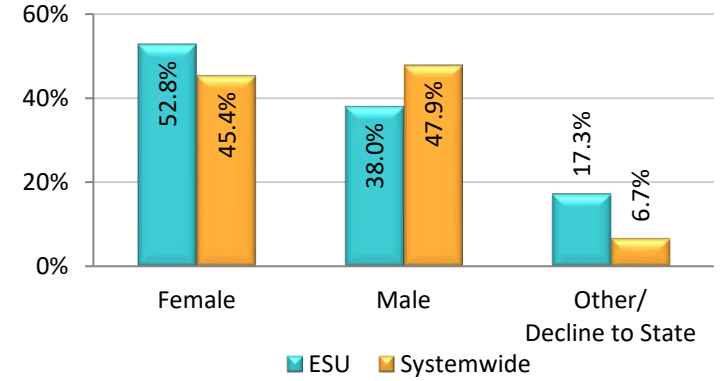


Diversion†

Of 1,705 ESU visits‡ in FY 2022-23, 1,240 (73%) were diverted from an IP admission.



ESU Program Clients Gender (N=1,160)*

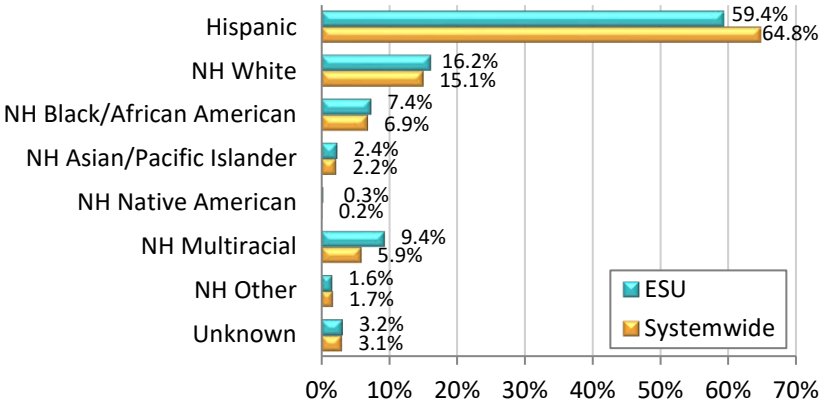


ESU unduplicated client count includes direct admits.
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/10/2022)
‡ESU visits include duplicated clients and direct admits.

What Kind of Services Are Being Used?

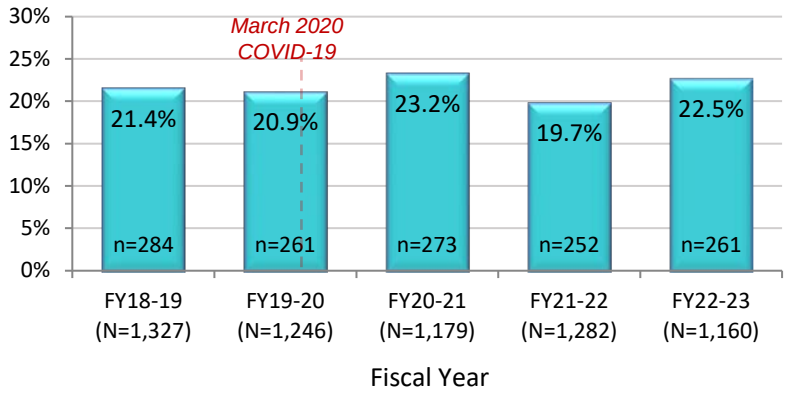
Emergency Screening Unit (ESU)

ESU Clients Race/Ethnicity (N=1,160)



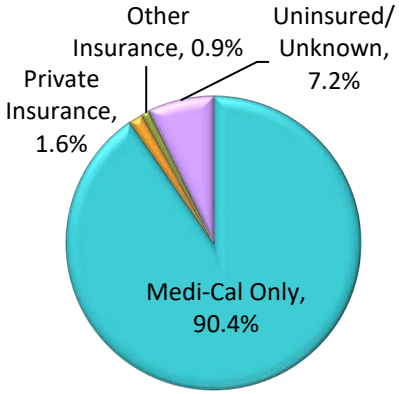
Recurring ESU Visits (Readmission)

261 (23%) of 1,160 children receiving services from ESU had more than one ESU visit in FY 2022-23; an increase from 252 (20%) of 1,282 in FY 2021-22.



ESU Clients Health Care Coverage (N=1,160)

1,049 (90%) BHS-CY clients who received services from ESU during FY 2022-23 were covered exclusively by Medi-Cal, a decrease from 92% in FY 2021-22. By comparison, 94% of BHS-CY clients systemwide were covered exclusively by Medi-Cal in FY 2022-23.

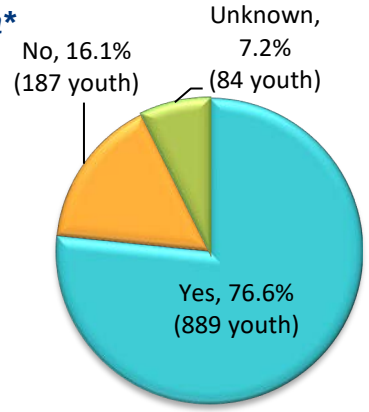


*ESU Clients Primary Care Physician (PCP) Status**

Of the 1,040 ESU clients for whom PCP status was known, 966 (93%) had a PCP in FY 2022-23, a decrease from 95% in FY 2021-22. By comparison, 95% of BHS-CY clients systemwide had a PCP in FY 2022-23.

*ESU Clients History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 1,076 clients (93% of the ESU population) in FY 2022-23; of these 1,076 clients, 889 (83%) had a **history of trauma**. By comparison, 72% of BHS-CY clients systemwide for whom this information was known had a **history of trauma** in FY 2022-23.



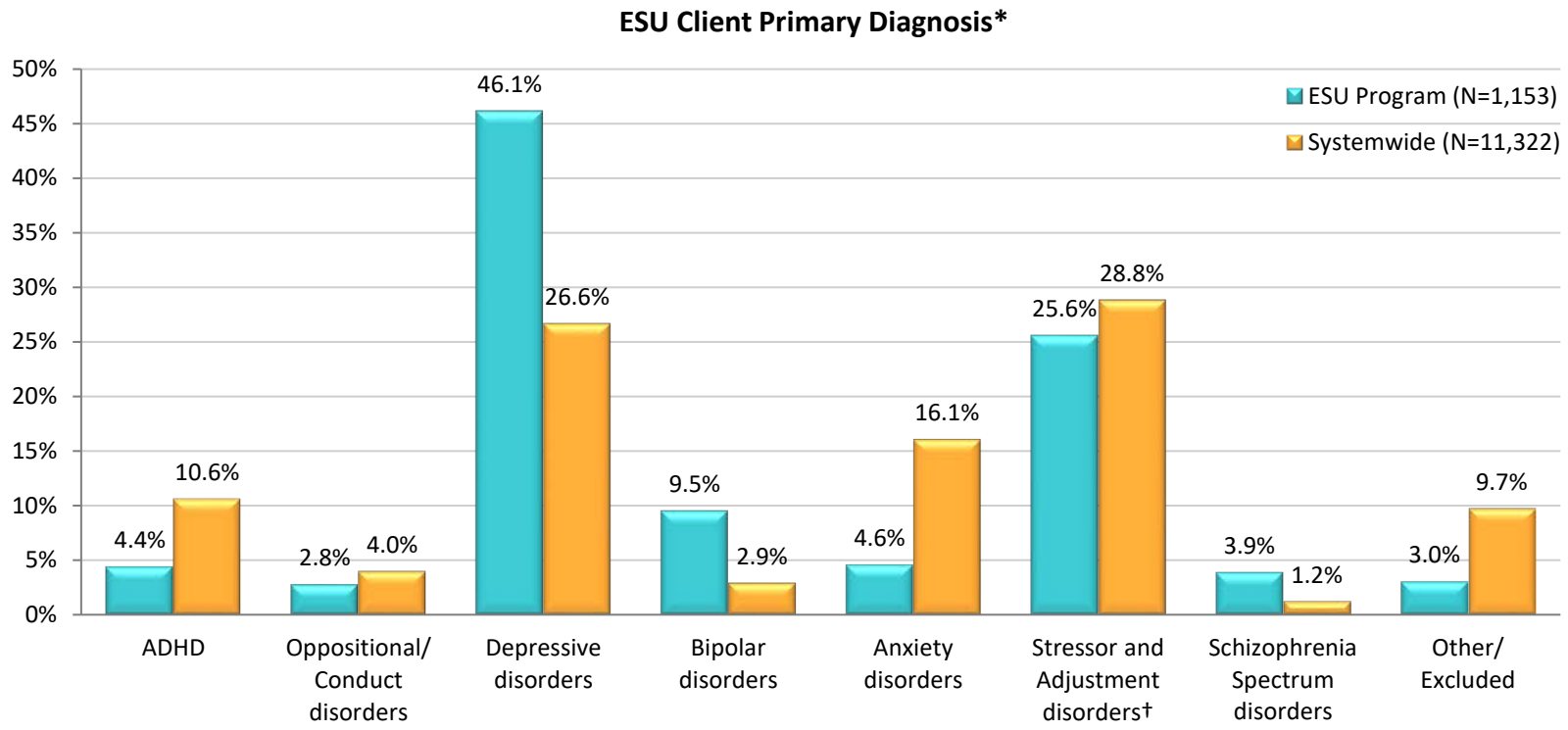
**Unknown category includes Fee-for-Service providers for whom data were not available.*

What Kind of Services Are Being Used?

Emergency Screening Unit (ESU)

*ESU Clients Primary Diagnosis**

The most common diagnosis for clients receiving ESU program services in FY 2022-23 was Depressive disorders (46%); a decrease from 50% in FY 2021-22, and much higher than the systemwide average of 27%. The rate of Stressor/Adjustment disorder (26%) increased from 23% in FY 2021-22 but remained slightly less than the systemwide average of 29%. ESU clients were far less likely than BHS-CY clients overall to have ADHD or an Anxiety disorder, and more likely to have a Depressive, Bipolar or Schizophrenia Spectrum disorder.



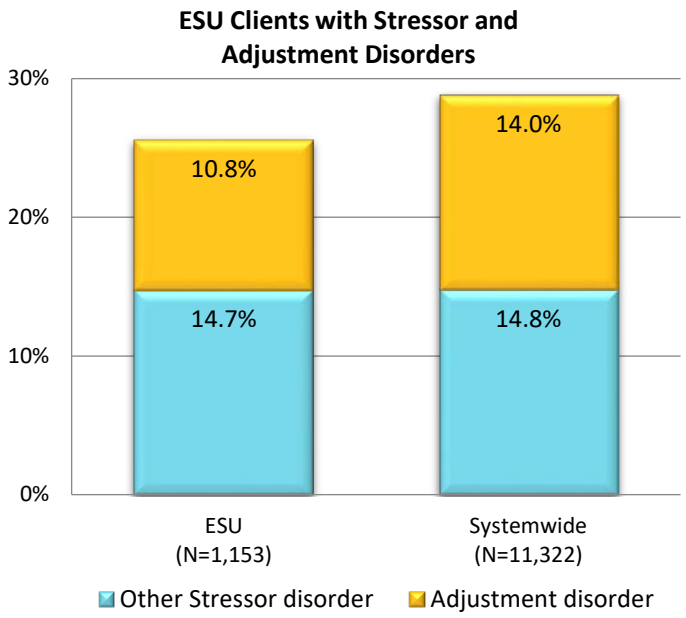
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

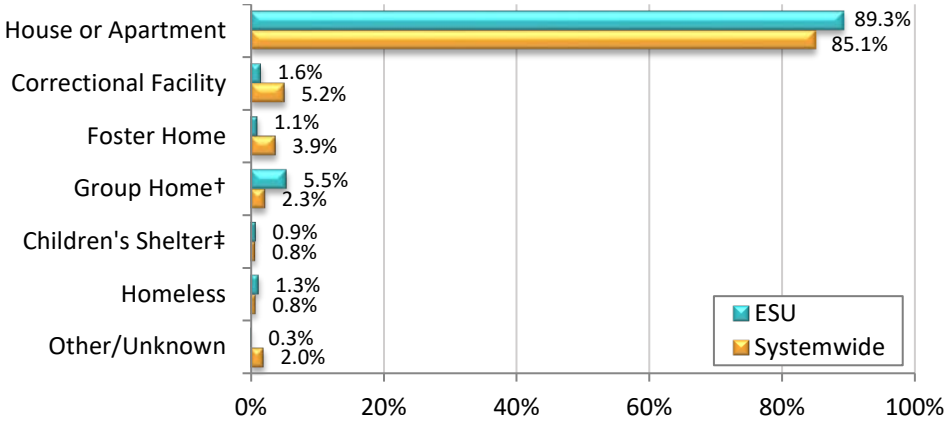
Emergency Screening Unit (ESU)

*ESU Clients with Stressor and Adjustment Disorders**

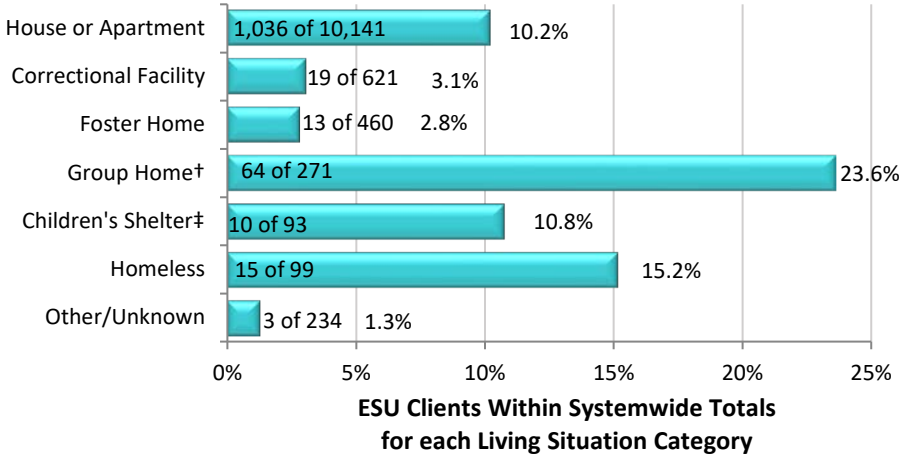
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving services in the ESU in FY 2022-23 was slightly less than BHS-CY overall.



ESU Clients Living Situation (N=1,160)



ESU Clients Within Living Situation

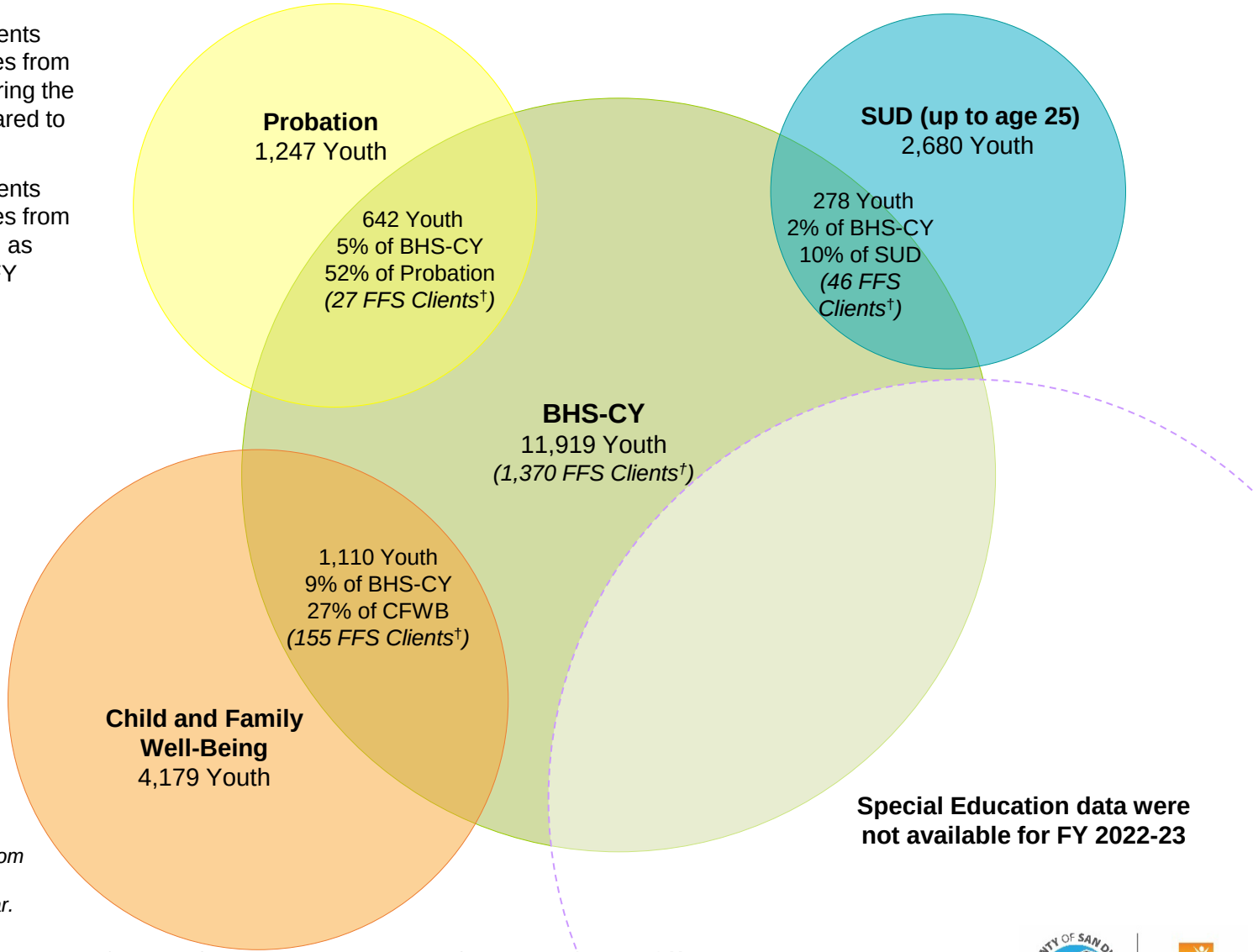


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2023; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
† Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

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

- 9% of BHS-CY clients also received services from the CFWB sector during the fiscal year, as compared to 11% in FY 2021-22.
- 5% of BHS-CY clients also received services from the Probation sector, as compared to 5% in FY 2021-22.
- 2% of BHS-CY clients also received services from the SUD sector during the fiscal year, as compared to 2% in FY 2021-22.



Special Education data were not available for FY 2022-23

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

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

What Kind of Services Are Being Used?

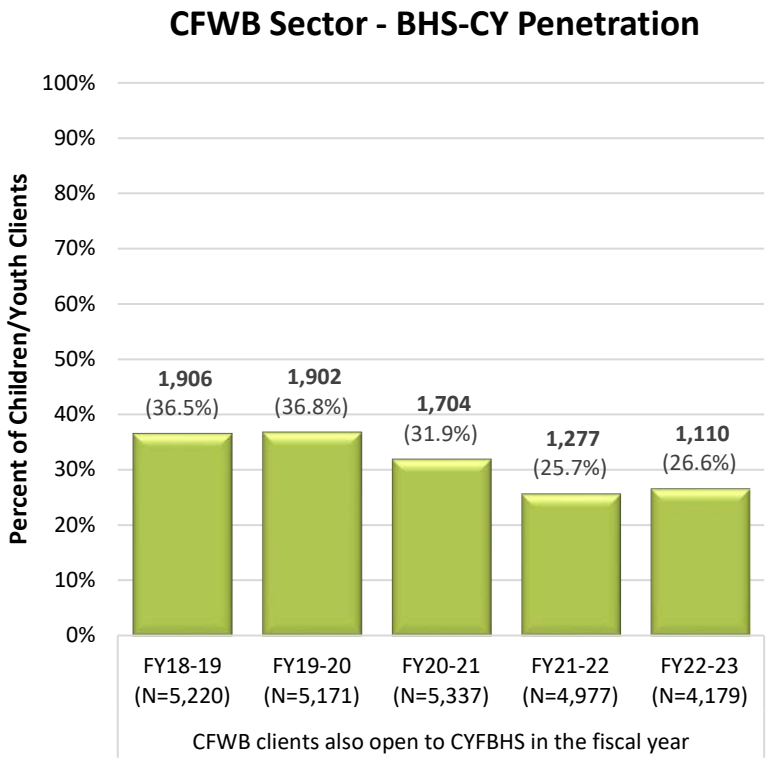
Service Use by Children Involved in More than One Public Sector

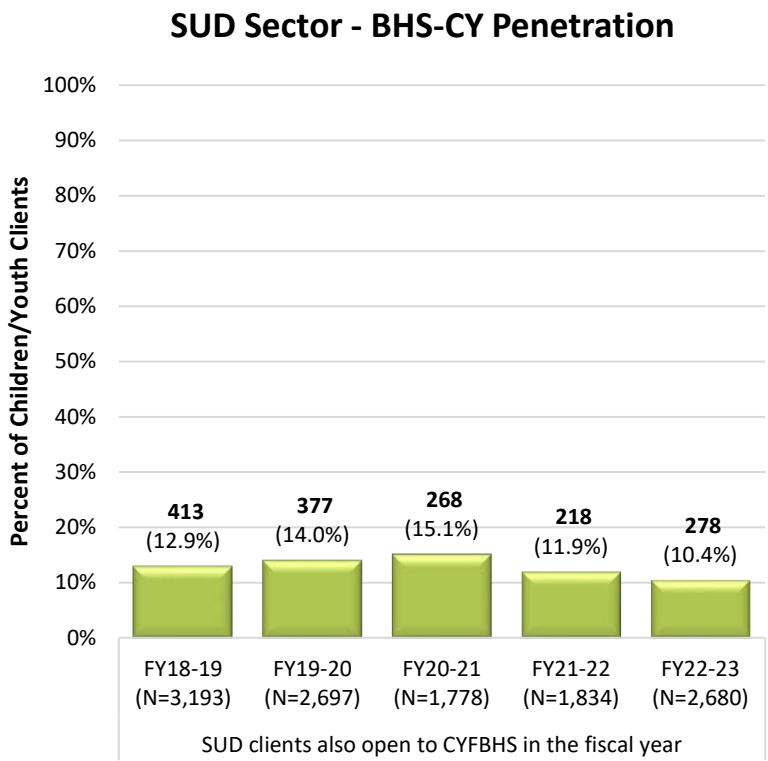
BHS-CY and Child and Family Well-Being (n=1,110)

- The proportion of youth in CFWB also receiving services from BHS-CY (27%, n=1,110) increased by one percentage point as compared to FY 2021-22 (26%, n=1,277).

BHS-CY and Substance Use Disorder (n=278)

- The proportion of youth up to age 25 in the SUD sector also receiving services from BHS-CY (10%, n=278) decreased by 2 percentage points as compared to FY 2021-22 (12%, n=218).



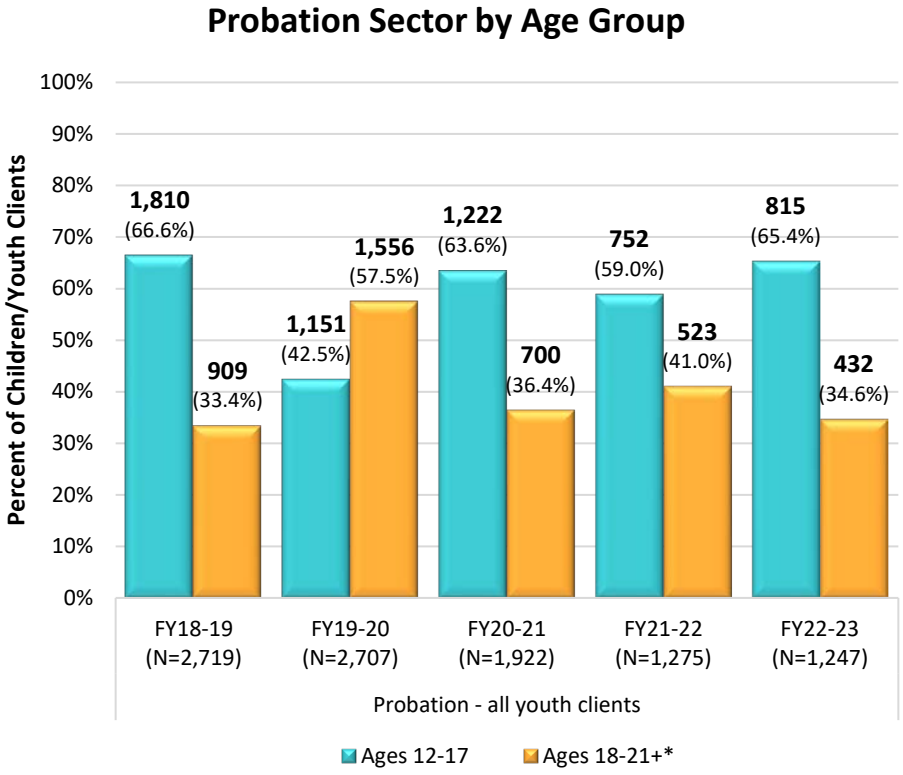


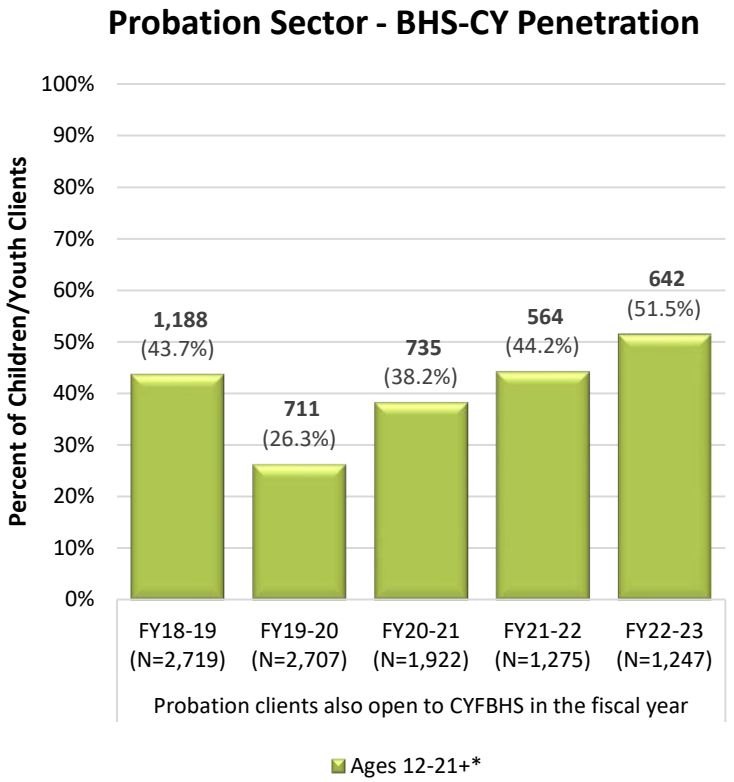
What Kind of Services Are Being Used?

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

BHS-CY and Probation (n=642)

- The proportion of youth in Probation also receiving services from BHS-CY (52%, n=642) increased 8 percentage points as compared to FY 2021-22 (44%, n=564). Age distribution of youth in Probation fluctuated in FY 2019-20, but has been relatively consistent over the past three years. Potential effects of the COVID-19 pandemic beginning March 2020 are still under evaluation.



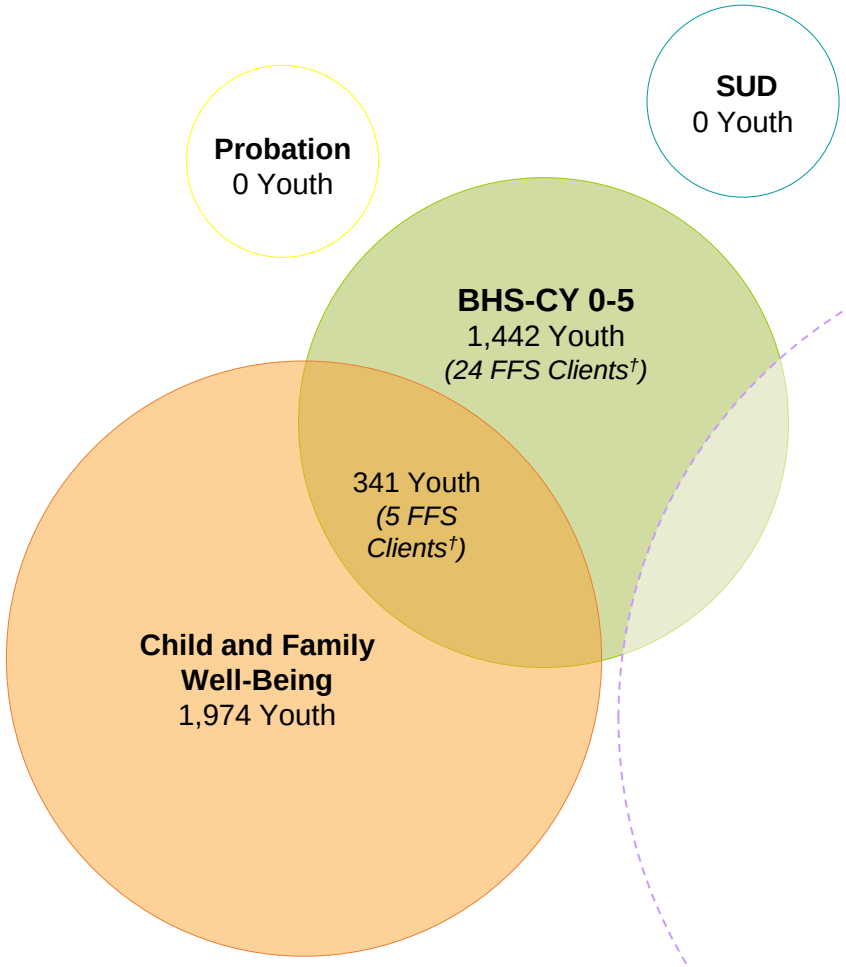


**Less than 0.1% of the youth Probation population was over the age of 21.*

What Kind of Services Are Being Used?

BHS-CY and Other Sectors – Ages 0-5*

- 24% of BHS-CY clients ages 0-5 also received services from the CFWB sector during the fiscal year, as compared to 34% in FY 2021-22.
- No age 0-5 BHS-CY clients were open to the Probation or SUD sectors in FY 2022-23; this was also true in FY 2021-22.



Special Education data were not available for FY 2022-23

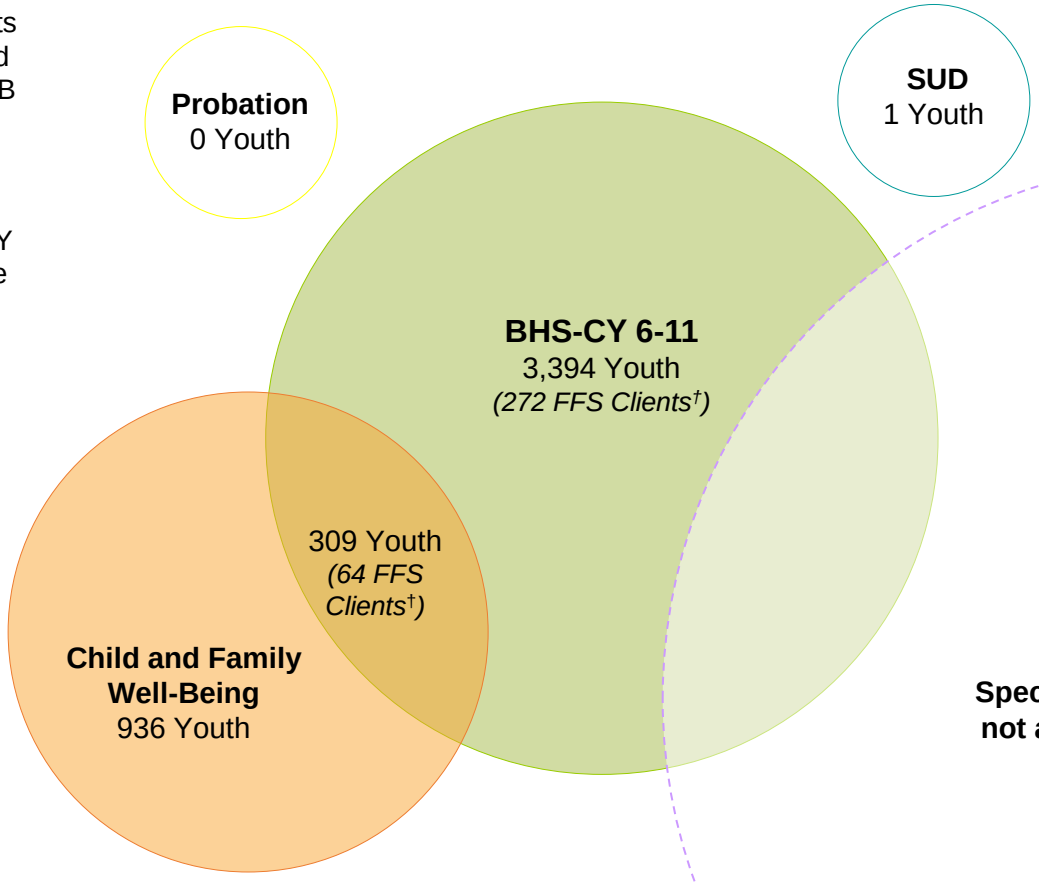
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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

What Kind of Services Are Being Used?

BHS-CY and Other Sectors – Ages 6-11*

- 9% of BHS-CY clients ages 6-11 also received services from the CFWB sector during the fiscal year, as compared to 11% in FY 2021-22.
- No age 6-11 BHS-CY clients were open to the Probation or SUD sectors in FY 2022-23; this was also true in FY 2021-22.



Special Education data were not available for FY 2022-23

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

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

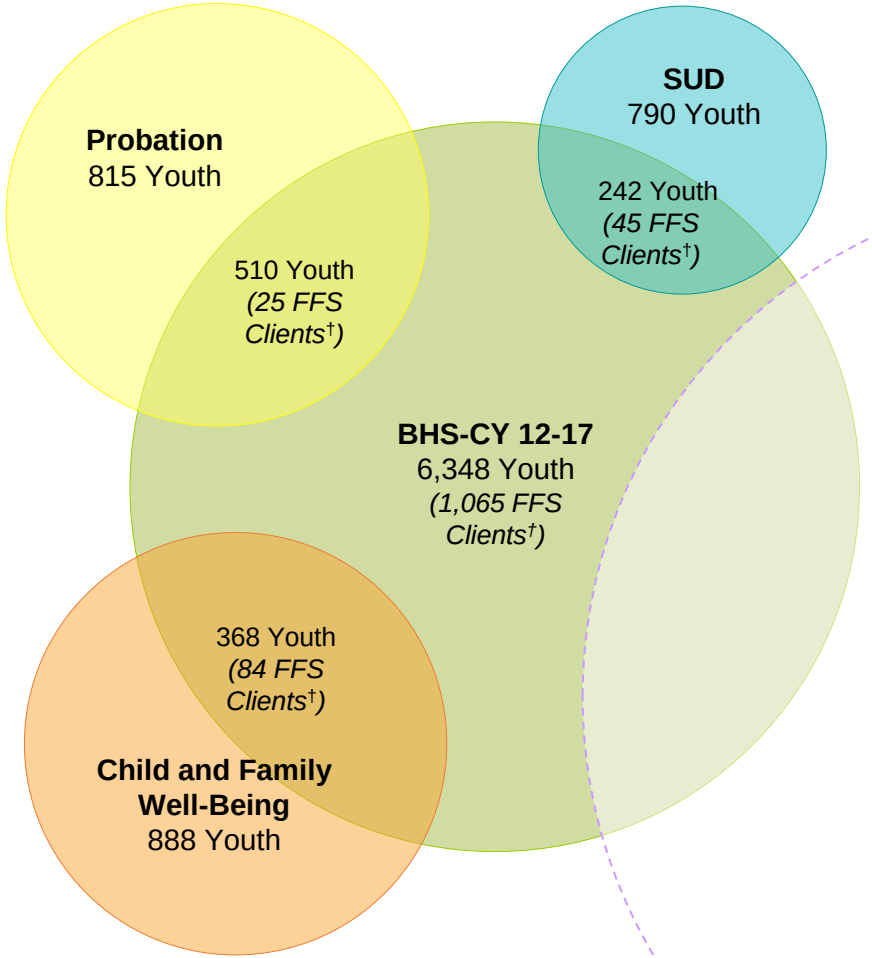
What Kind of Services Are Being Used?

BHS-CY and Other Sectors – Ages 12-17*

- 6% of BHS-CY clients ages 12-17 also received services from the CFWB sector during the fiscal year, as compared to 7% in FY 2021-22.
- 8% of BHS-CY clients ages 12-17 also received services from the Probation sector during the fiscal year, as compared to 7% in FY 2021-22.
- 4% of BHS-CY clients ages 12-17 also received services from the SUD sector during the fiscal year, as compared to 3% in FY 2021-22.

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

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

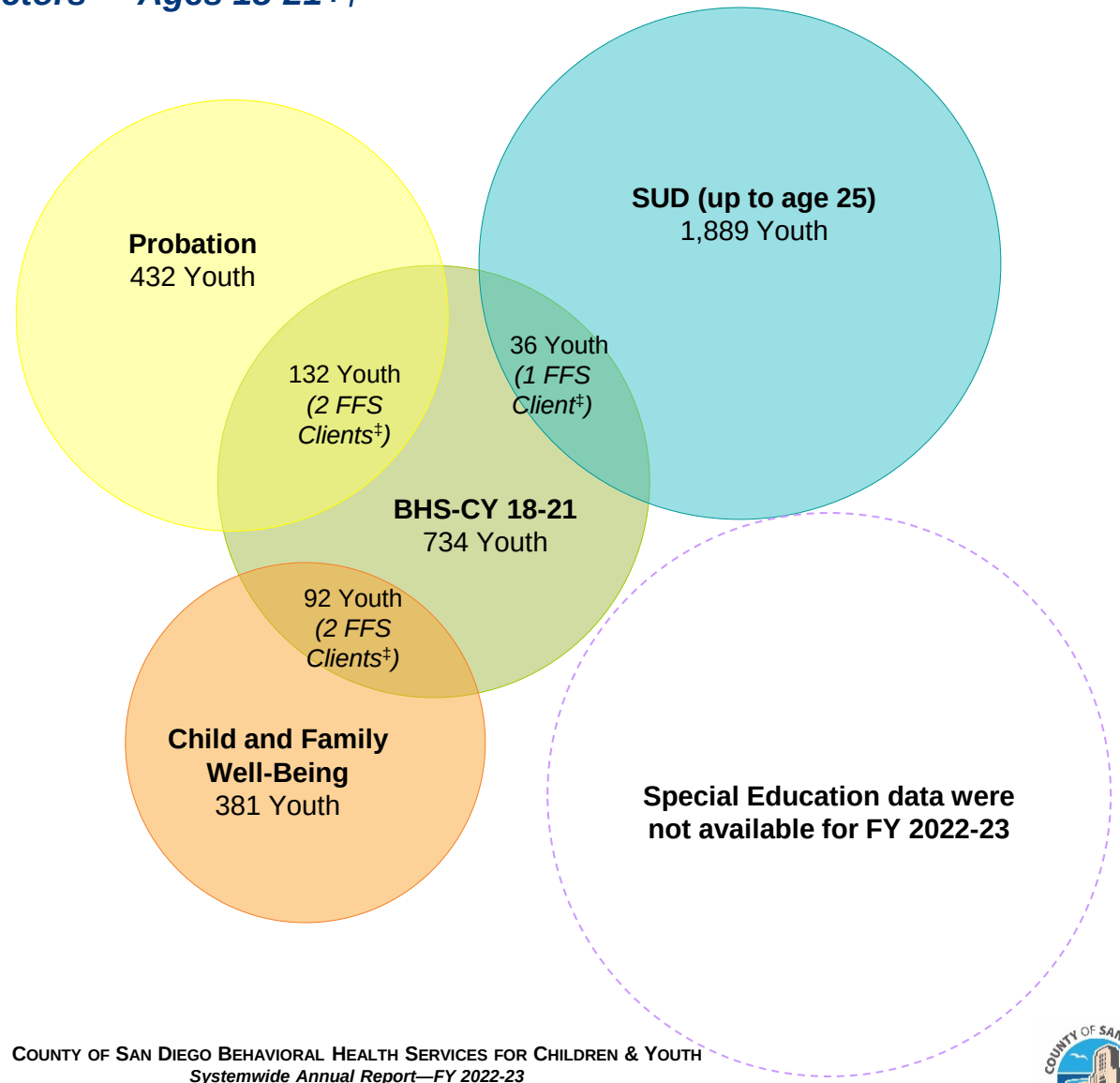


Special Education data were not available for FY 2022-23

What Kind of Services Are Being Used?

BHS-CY and Other Sectors – Ages 18-21+†*

- 13% of BHS-CY clients ages 18-21 also received services from the CFWB sector during the fiscal year, as compared to 12% in FY 2021-22.
- 18% of BHS-CY clients ages 18-21 also received services from the Probation sector during the fiscal year, as compared to 19% in FY 2021-22.
- 5% of BHS-CY clients ages 18-21 also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2021-22.



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

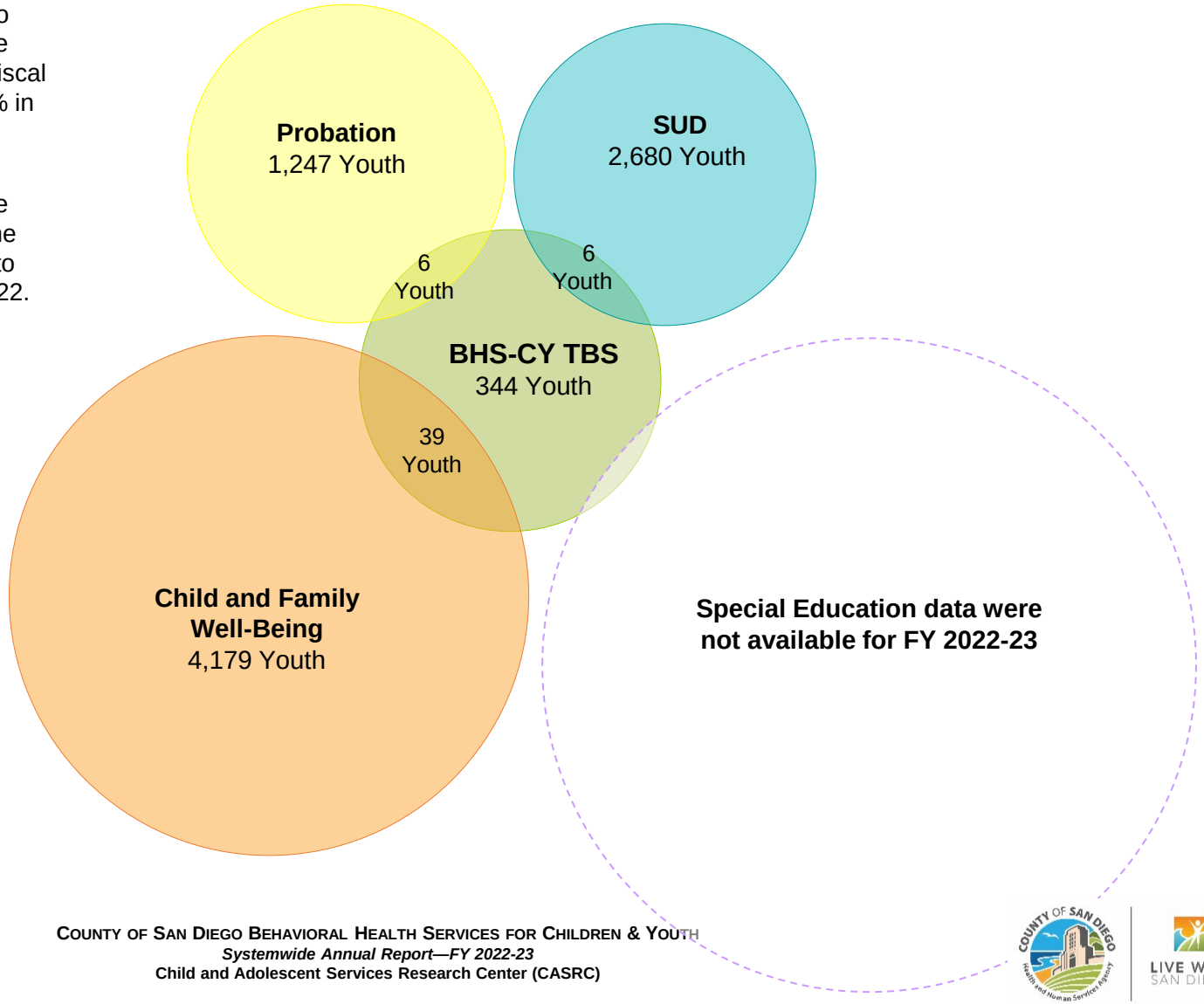
†Less than 0.01% of the BHS-CY population was over the age of 21.

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

What Kind of Services Are Being Used?

*BHS-CY TBS Programs and Services From Other Sectors**

- 11% of TBS clients also received services from the CFWB sector during the fiscal year, as compared to 12% in FY 2021-22.
- 2% of TBS clients also received services from the Probation sector during the fiscal year, as compared to less than 1% in FY 2021-22.
- 2% of TBS clients also received services from the SUD sector during the fiscal year, as compared to 2% in FY 2021-22.

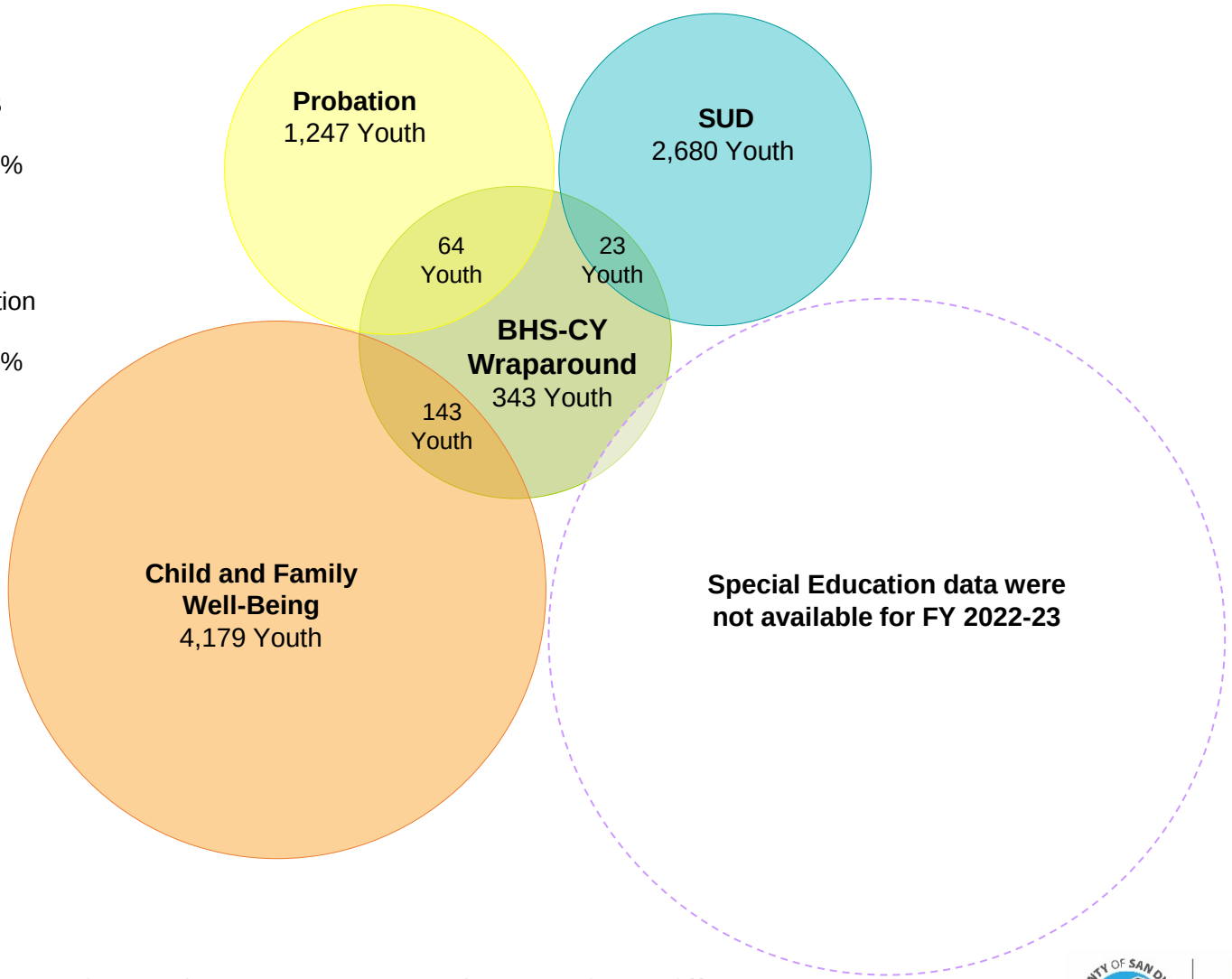


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*BHS-CY Wraparound Programs and Services From Other Sectors**

- 42% of Wraparound clients also received services from the CFWB sector during the fiscal year, as compared to 44% in FY 2021-22.
- 19% of Wraparound clients also received services from the Probation sector during the fiscal year, as compared to 22% in FY 2021-22.
- 7% of Wraparound clients also received services from the SUD sector during the fiscal year, as compared to 6% in FY 2021-22.

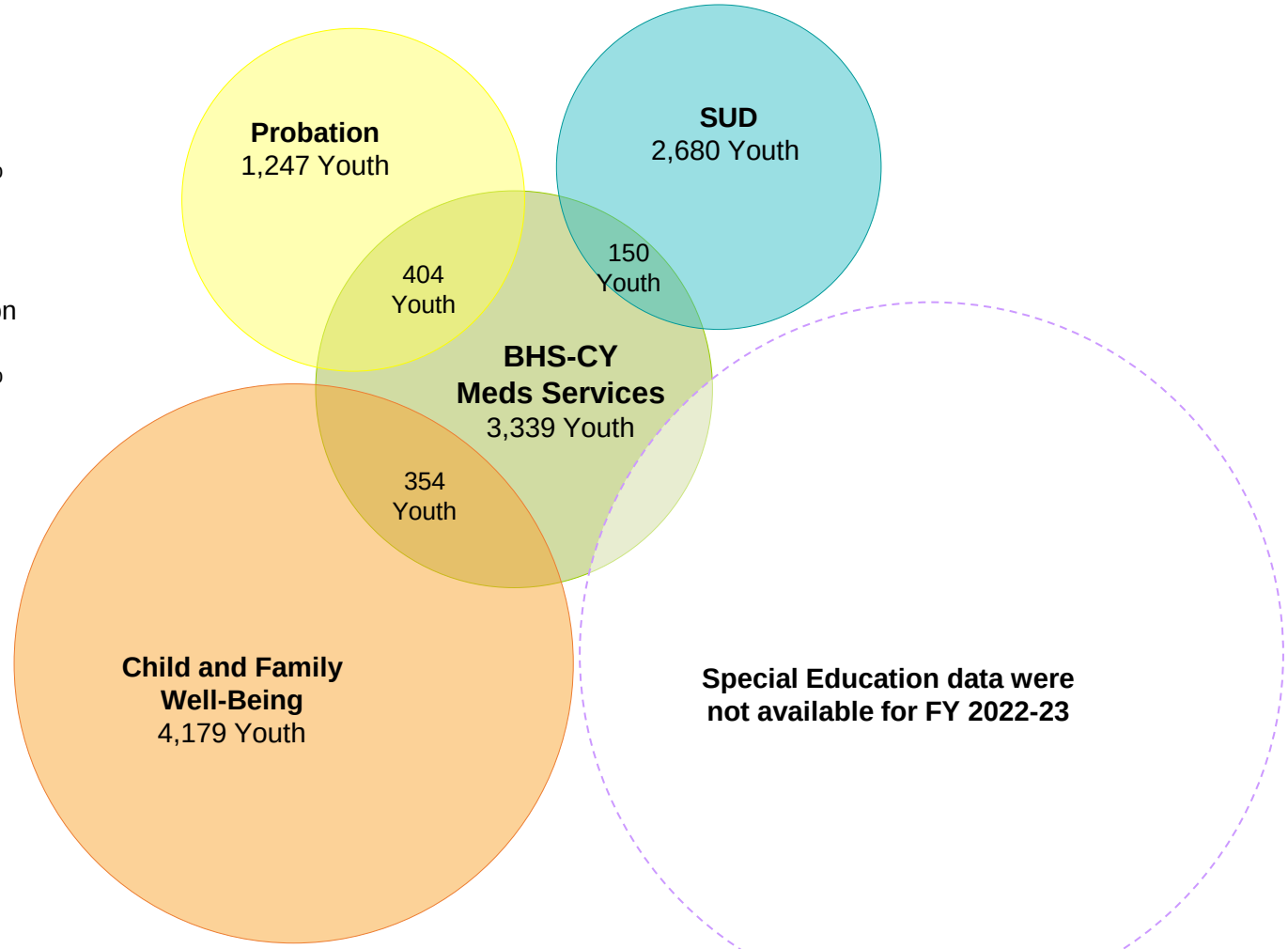


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*BHS-CY Medication Services and Services From Other Sectors**

- 11% of Meds Services clients also received services from the CFWB sector during the fiscal year, as compared to 13% in FY 2021-22.
- 12% of Meds Services clients also received services from the Probation sector during the fiscal year, as compared to 11% in FY 2021-22.
- 4% of Meds Services clients also received services from the SUD sector during the fiscal year, as compared to 4% in FY 2021-22.

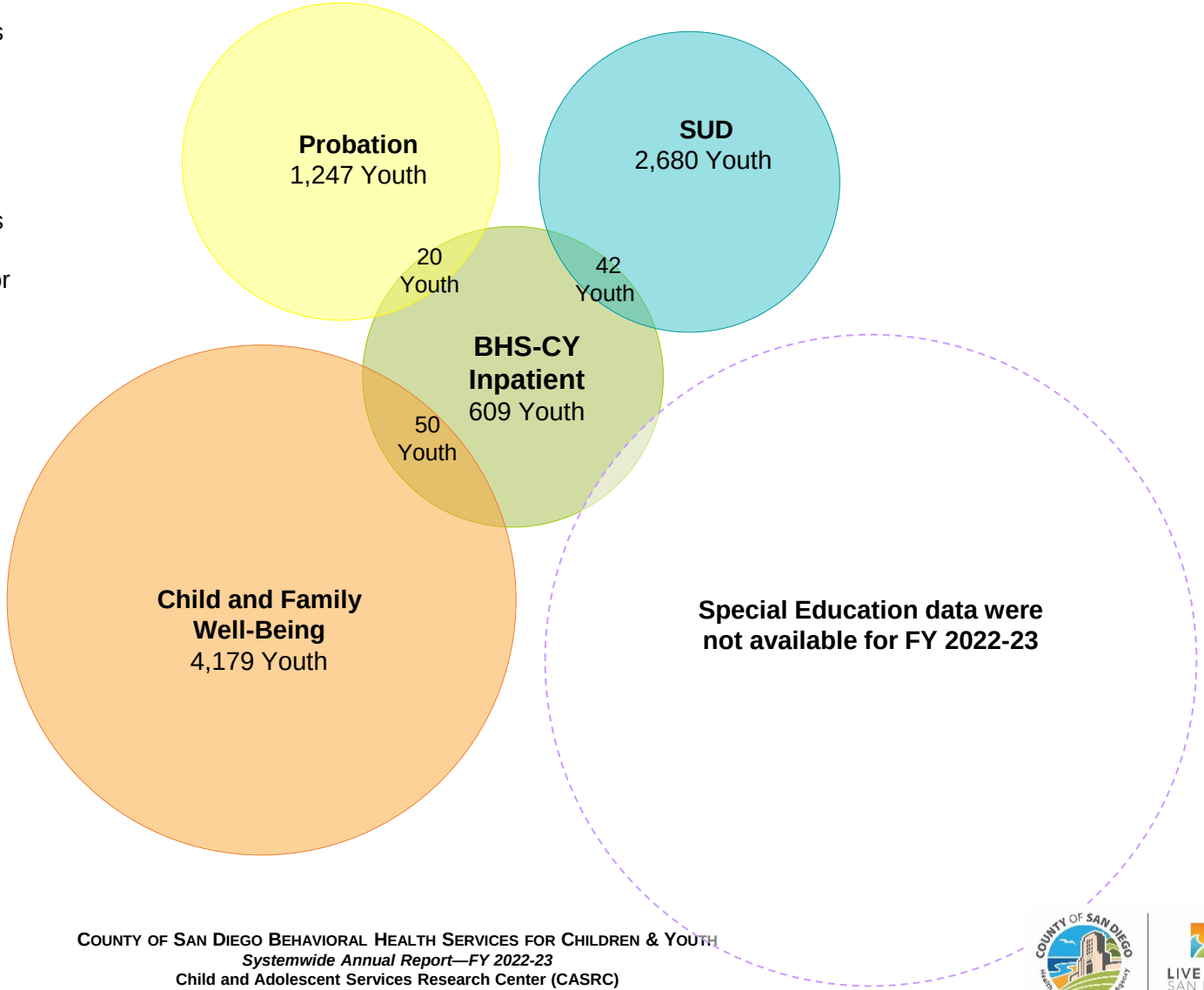


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*BHS-CY Inpatient Programs and Services From Other Sectors**

- 8% of Inpatient clients also received services from the CFWB sector during the fiscal year, as compared to 7% in FY 2021-22.
- 3% of Inpatient clients also received services from the Probation sector during the fiscal year, as compared to 2% in FY 2021-22.
- 7% of Inpatient clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2021-22.

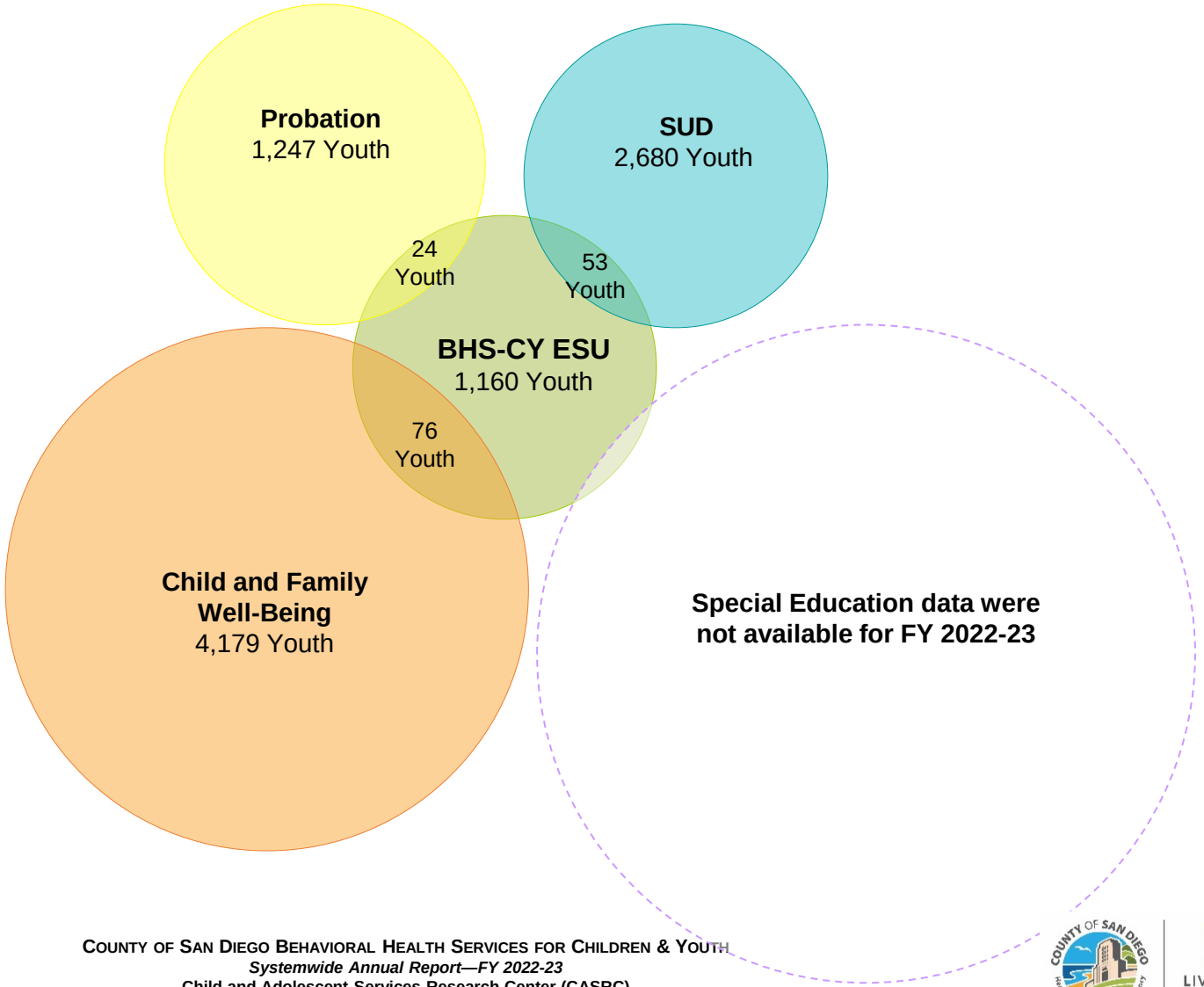


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*BHS-CY Emergency Screening Unit (ESU) Program and Services From Other Sectors**

- 7% of ESU clients also received services from the CFWB sector during the fiscal year, as compared to 6% in FY 2021-22.
- 2% of ESU clients also received services from the Probation sector during the fiscal year, as compared to 1% in FY 2021-22.
- 5% of ESU clients also received services from the SUD sector during the fiscal year, as compared to 3% in FY 2021-22.



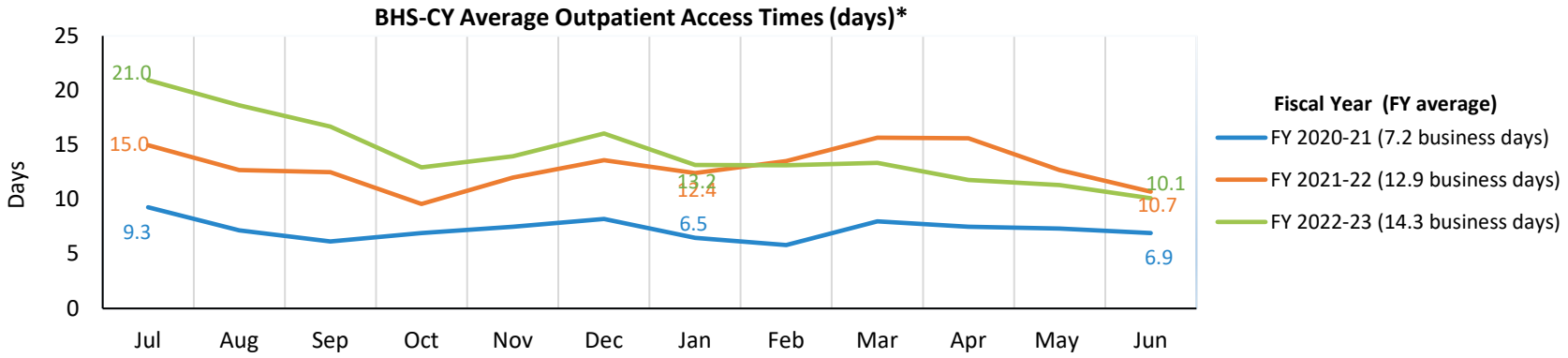
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

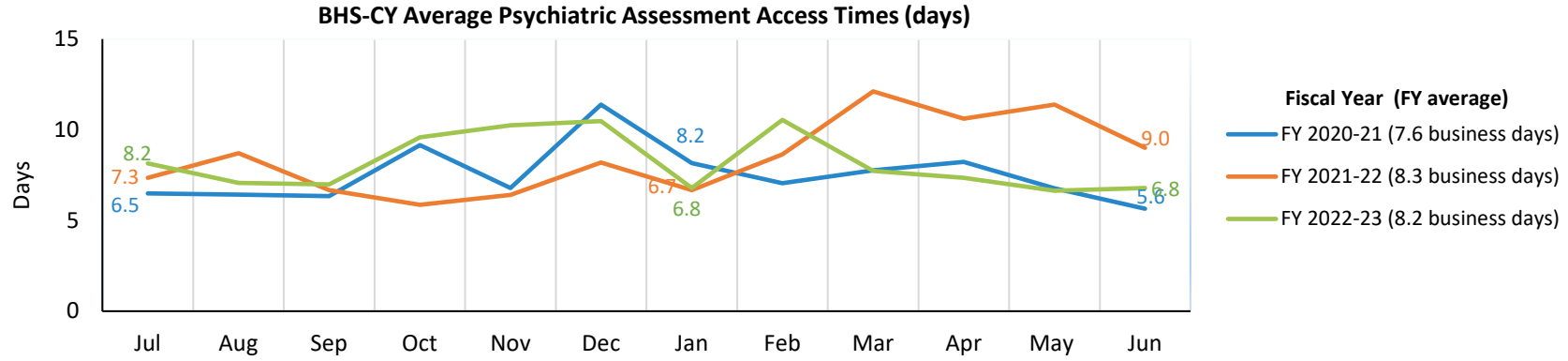
How Quickly Can Clients Access Services?

Access Time

Access times vary greatly by program, with a few sites having a long wait to receive specialty outpatient mental health services and others being able to offer immediate access. Families are informed of the access point options available to them.

In FY 2022-23, children waited an average of **14.3 business days** to access an outpatient appointment. Average psychiatric assessment appointment access time was **8.2 business days** in FY 2022-23. By way of context, DHCS access time standards are 10 business days for routine outpatient assessment and 15 business days for psychiatric assessment.





**Methodology to calculate outpatient access days was enhanced in FY 2021-22; data from previous years may not be directly comparable.*

Are Clients Getting Better?

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

Outcome Measures

- The Pediatric Symptom Checklist (PSC), a measure of youth emotional and behavioral problems completed by youth ages 11 to 18, and/or caregivers of youth ages 3 to 18.
- The Child and Adolescent Needs and Strengths (CANS), a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21.
- The Early Childhood Child and Adolescent Needs and Strengths (CANS-EC), a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 0 through 5.
- Inpatient and Emergency Screening Unit Readmission Rates
- Goals Met at Discharge

Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) Results

The PSC measures a child's behavioral and emotional problems. In FY 2022-23, the PSC was typically administered at intake, at utilization management/review (UM/UR), and at discharge to parents/caregivers of youth ages 3 to 18, and to youth ages 11 to 18. The PSC was not administered in any inpatient setting.

PSC scores were evaluated for youth discharged from services in FY 2022-23 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Improvement on the PSC is evaluated three ways:

❖ *Amount of Improvement*

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

❖ *Reliable Improvement*

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

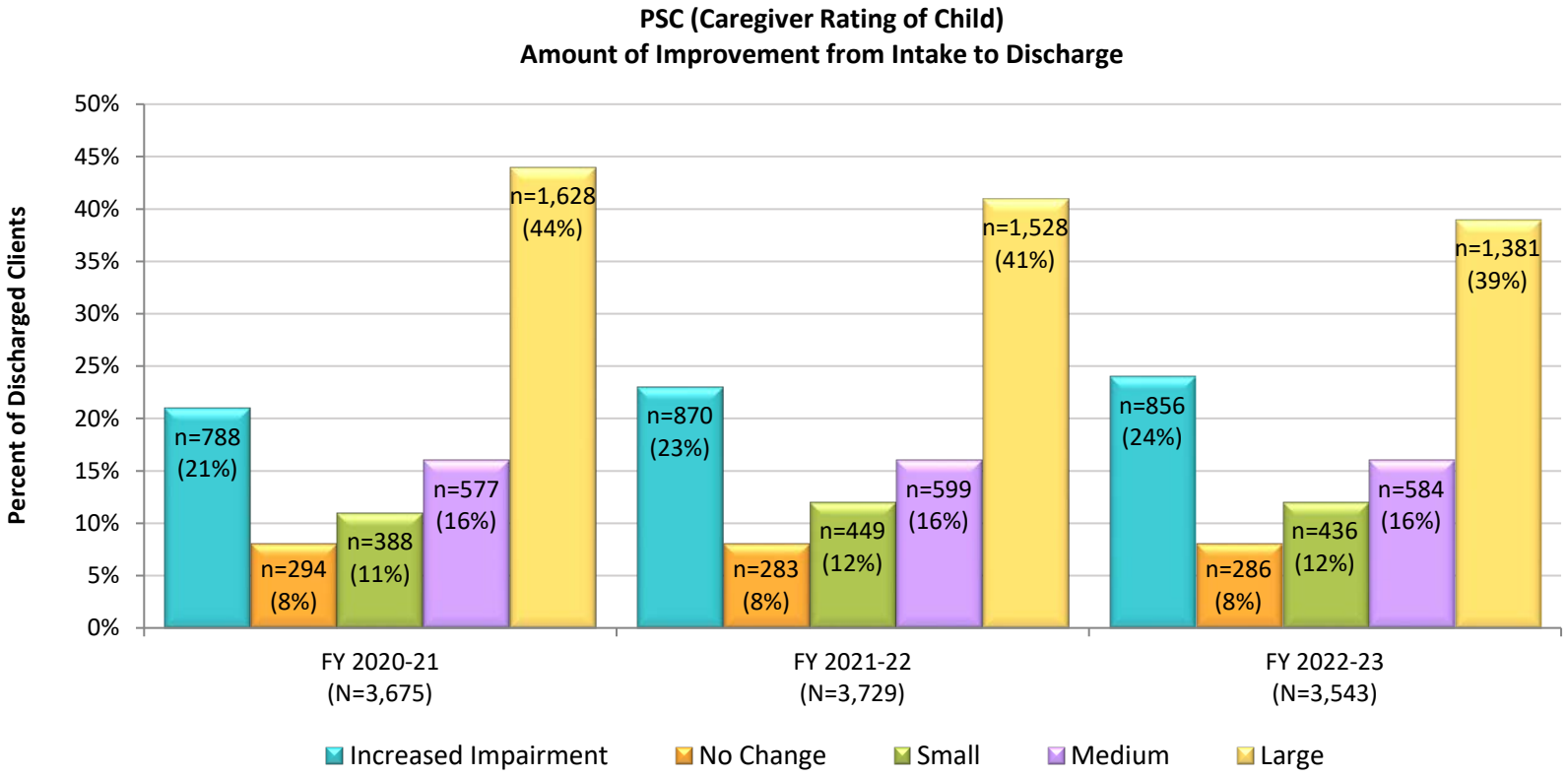
❖ *Clinically Significant Improvement*

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

Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Amount of Improvement

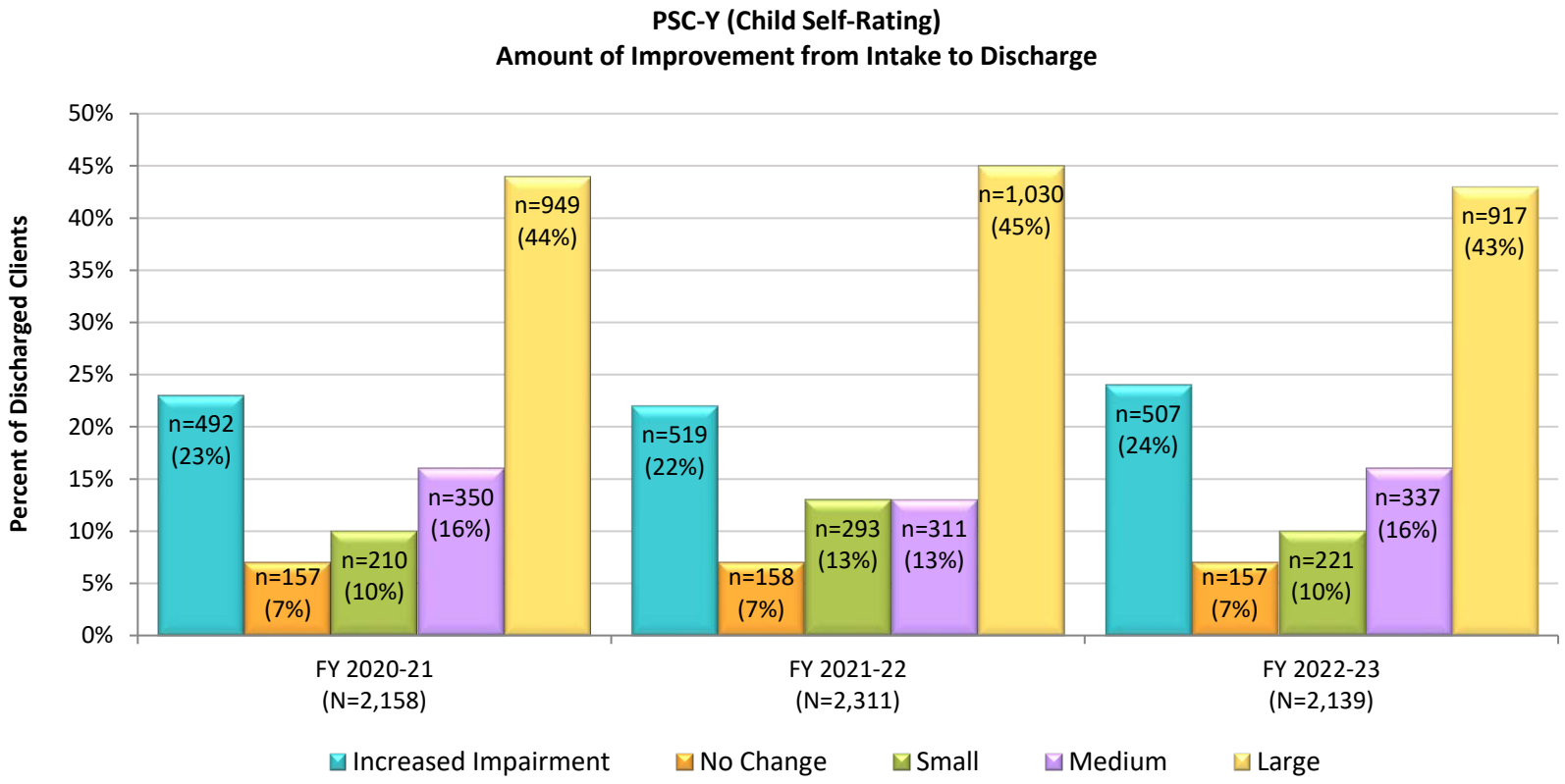
Amount of improvement on the PSC was evaluated for eligible youth discharged from services in FY 2022-23 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).



Are Clients Getting Better?

Pediatric Symptom Checklist, Youth (PSC-Y) – Amount of Improvement

Amount of improvement on the PSC-Y was evaluated for eligible youth discharged from services in FY 2022-23 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).

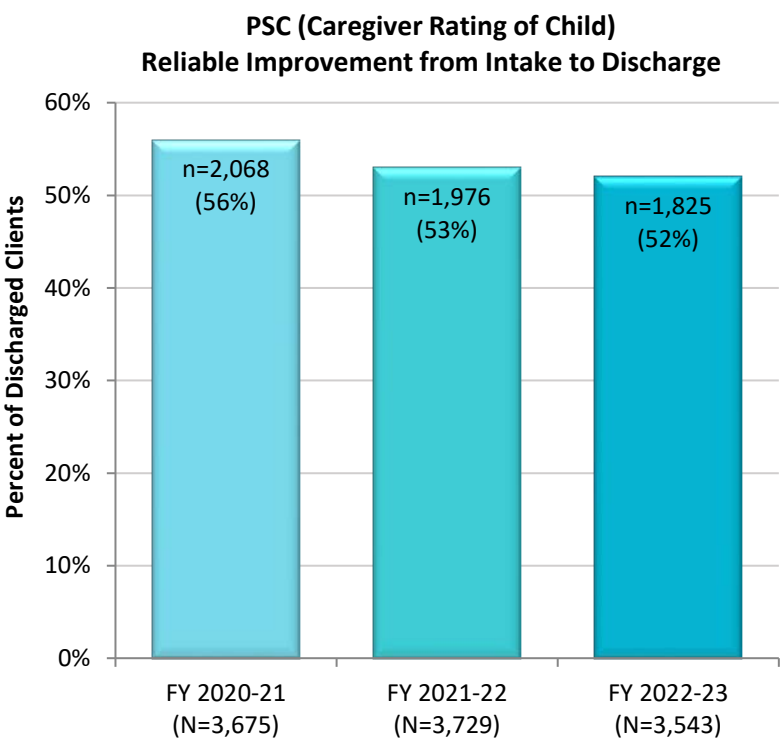


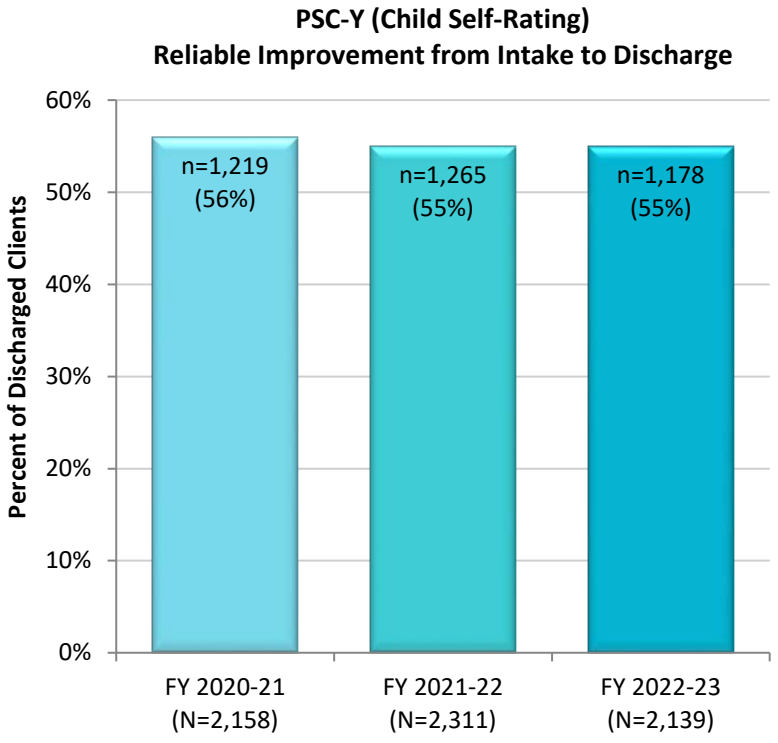
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Reliable Improvement

Reliable improvement as measured by the PSC (6+ point improvement on the total scale score) was evaluated for eligible youth discharged from services in FY 2022-23 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Caregiver and report of reliable improvement have remained relatively consistent over the past three years.

- By way of context, 33% of clients at Mass General reliably improved after 3 months of treatment.[3]





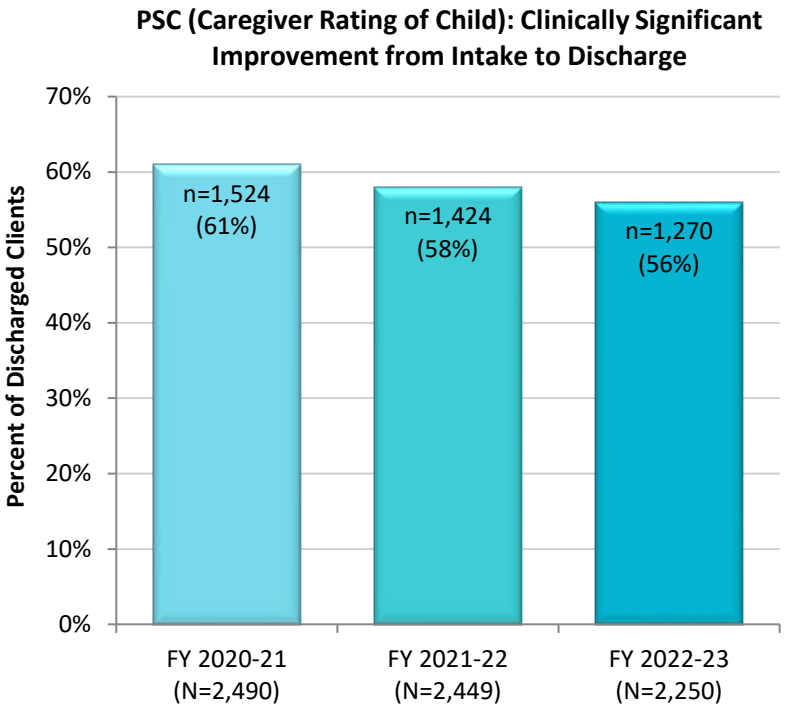
[3]*Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. Clinical child psychology and psychiatry, 20(1), 39-52.*

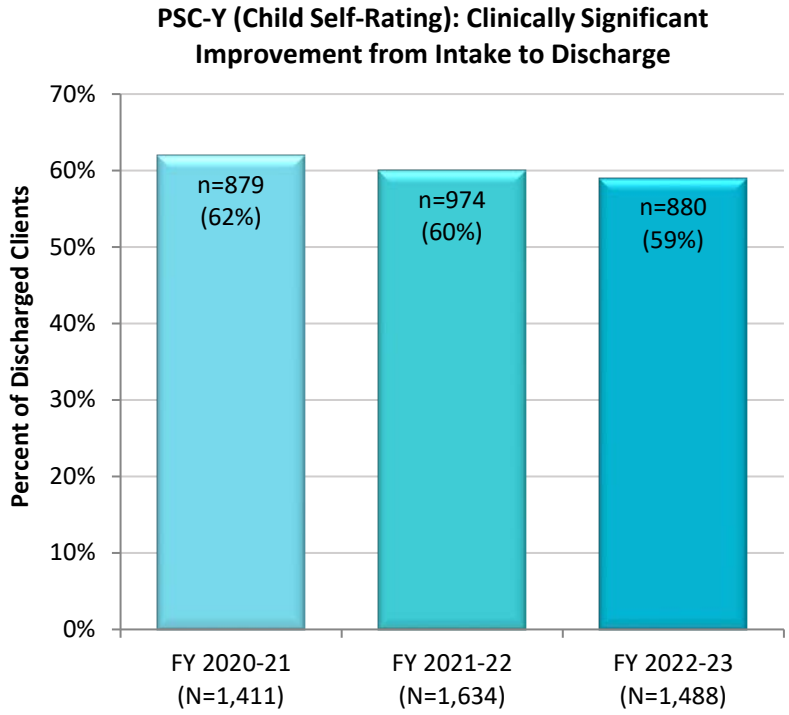
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Clinically Significant Improvement

Clinically significant improvement as measured by the PSC (6+ point improvement on at least one of the three subscales or the total scale score *and* crossing the clinical cutoff threshold) was evaluated for eligible youth discharged from services in FY 2022-23 who were **above the clinical cutoff** at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed. Caregiver and youth report of clinically significant improvement have remained relatively consistent over the past three years

- By way of context, 23% of parents surveyed at Mass General reported clinically significant improvement at 3 months. [3]





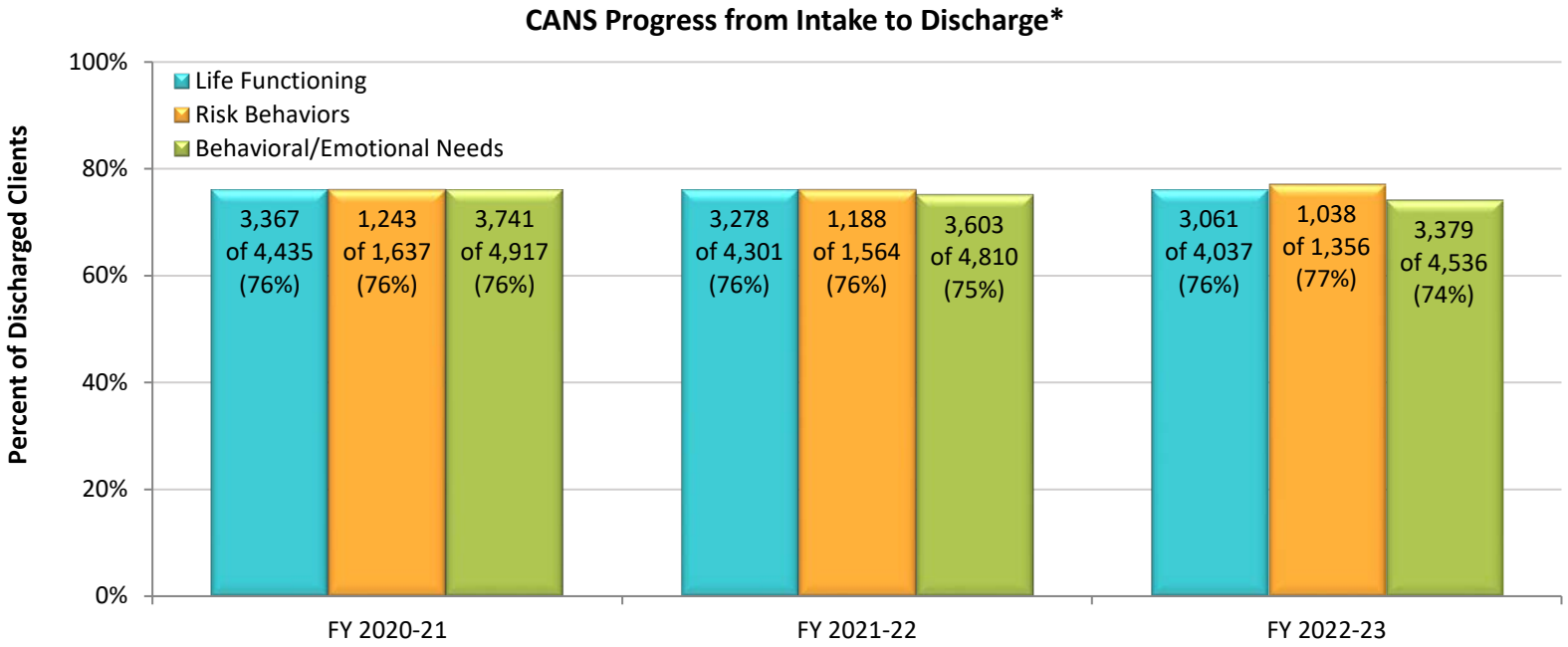
[3]*Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. Clinical child psychology and psychiatry, 20(1), 39-52.*

Are Clients Getting Better?

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

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. CANS progress at discharge was evaluated for eligible youth discharged from services in FY 2022-23 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

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



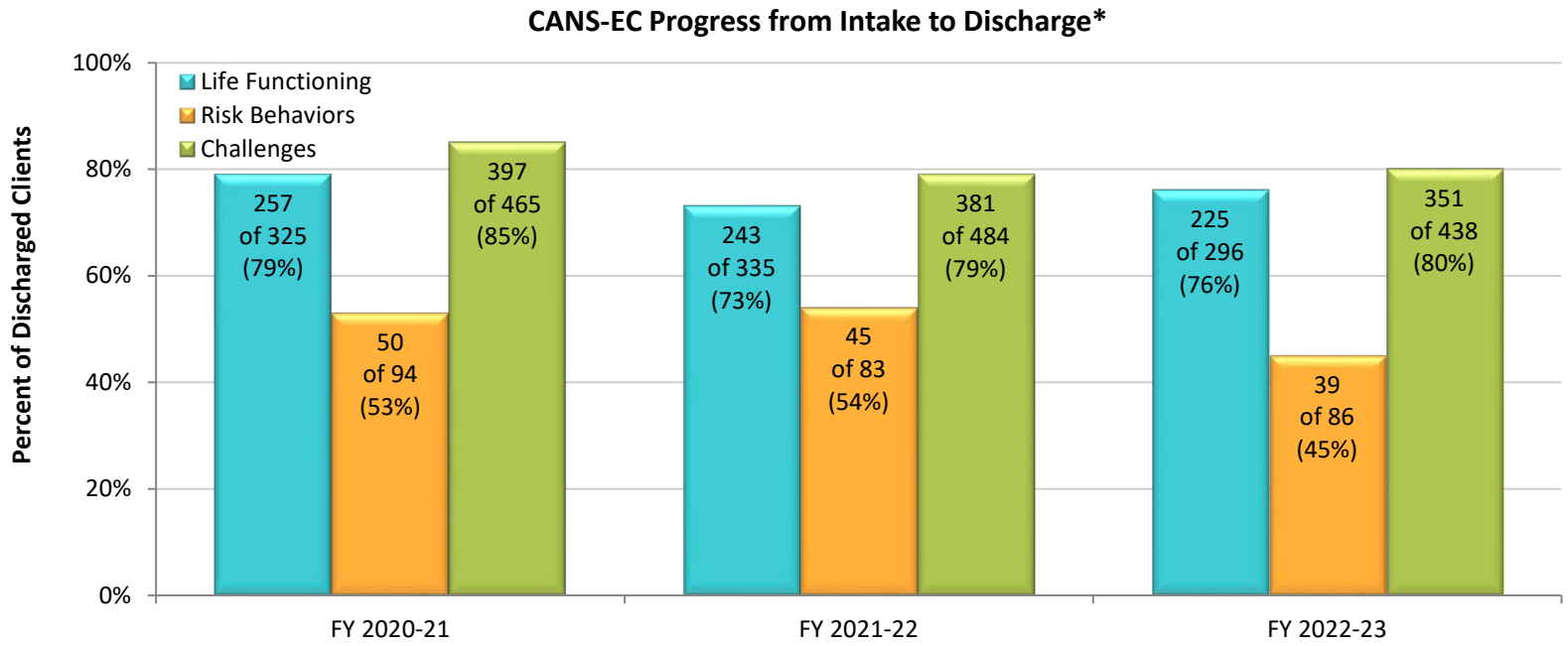
**Progress is measured for each domain independently, based on the number of youth for whom a need was identified within the domain.*

Are Clients Getting Better?

Early Childhood Child and Adolescent Needs and Strengths (CANS-EC) – Progress at Discharge

The CANS-EC is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 0 through 5. CANS-EC progress at discharge was evaluated for eligible youth discharged from services in FY 2022-23 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

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



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

Are Clients Getting Better?

Readmission to High-Level Services

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

Inpatient (IP) Services*

- 151 (25%) of the 609 clients who received IP care had more than one IP episode (ranging from 1 to 16) in FY 2022-23—an **increase** from 22% (129 of 575) in FY 2021-22.
  - Of the 151 clients with more than one IP episode, 77 (51%) were re-admitted for IP services within 30 days of the previous IP discharge. IP readmission methodology was enhanced in FY 2021-22 and is not directly comparable to previous years.

Emergency Screening Unit (ESU) Services

- 261 (23%) of the 1,160 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 12) in FY 2022-23—an **increase** from 252 (20%) of 1,282 in FY 2021-22.
  - Of the 261 clients with more than one ESU episode, 127 (49%) were re-admitted to the ESU within 30 days of the previous ESU discharge—a decrease from 51% (129 of 252) in FY 2021-22.

Diversion†

- Of 1,705 ESU visits‡ in FY 2022-23, 1,240 (73%) were diverted from an IP admission—a **decrease** from 75% (1,406 of 1,885) in FY 2021-22.

Goals Met at Discharge

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

- Of 6,152 discharged clients in FY 2022-23, 3,007 (49%) met goals, 1,943 (32%) partially met goals, and 1,202 (20%) did not meet goals within the service period.

**Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.*
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/10/2022)
‡ESU visits include duplicated clients

Are Clients Satisfied With Services?

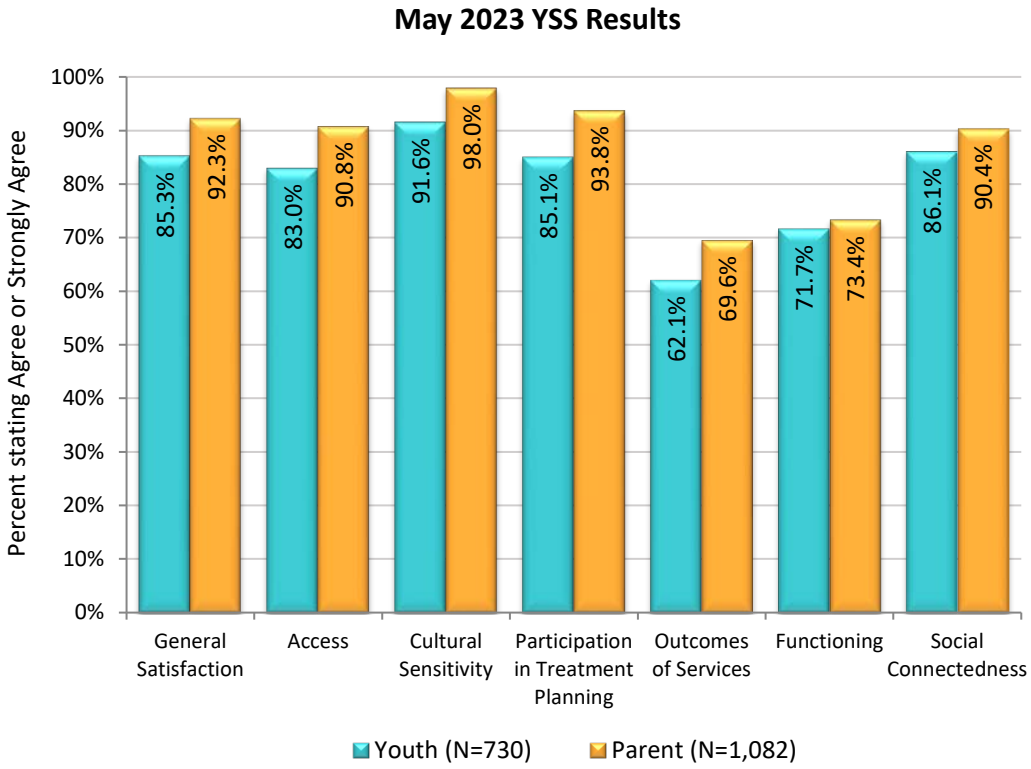
The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a state-mandated survey administered to mental health clients ages 13 and older, as well as the parents/caregivers of youth receiving services regardless of age. Youth and their caregivers report their degree of satisfaction with mental health services received. In FY 2022-23 the YSS was administered to clients during one 1-week period in May 2023; data from 1,812 completed surveys were analyzed.

YSS Satisfaction questions were grouped into seven domains:

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

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



NOTE: Not every youth/caregiver completed responses for every domain.
Full YSS Reports are available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.

BHS-CY
Substance Use Disorder

Substance Use Disorder (SUD)

BHS contracts with local agencies to provide Substance Use Disorder (SUD) programs through an integrated system of community-based alcohol and other drug prevention, treatment, and recovery services throughout San Diego County. BHS-CY SUD programs serve adolescents and women, including pregnant/parenting women, who are using substances or have co-occurring mental health disorders. Services include Outpatient and Residential Treatment, Withdrawal Management, Case Management, programs for Justice-Involved individuals, Specialized Services including Medication-Assisted Treatment (MAT), and Ancillary Services (i.e., HIV/Hepatitis C counseling and testing, TB testing). These strength-based, trauma-informed, culturally competent SUD treatment services involve the family unit in the recovery processes within a safe and sober environment.

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

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

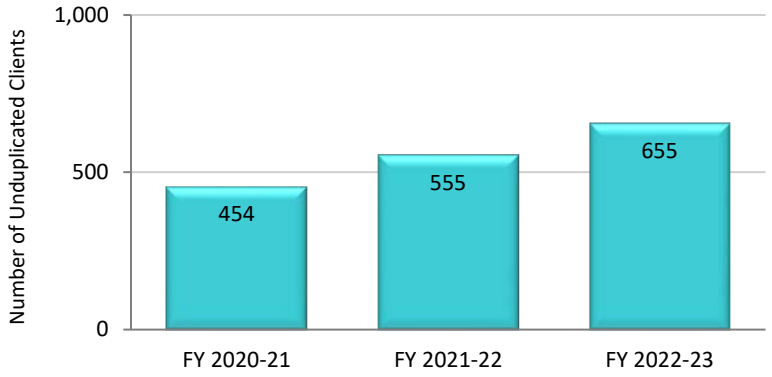
ASAM Criteria

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

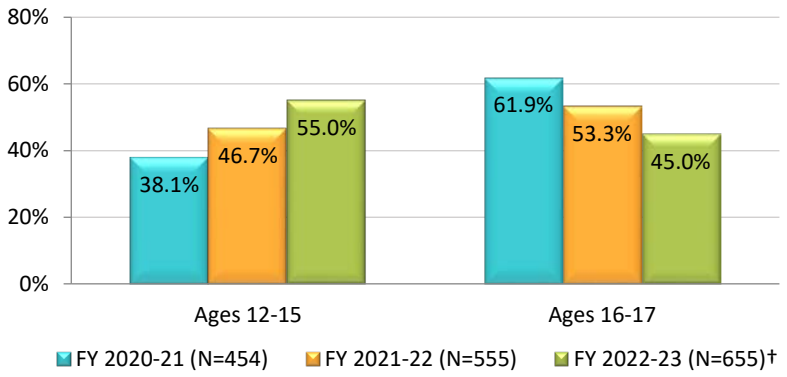
Substance Use Disorder (SUD) – Youth

Substance Use Disorder (SUD) programs provided services to 655 unduplicated youth under the age of 18 in FY 2022-23. This represents a 18% increase in services provided from FY 2021-22.

*Number of SUD Youth Clients Served (N=655)**

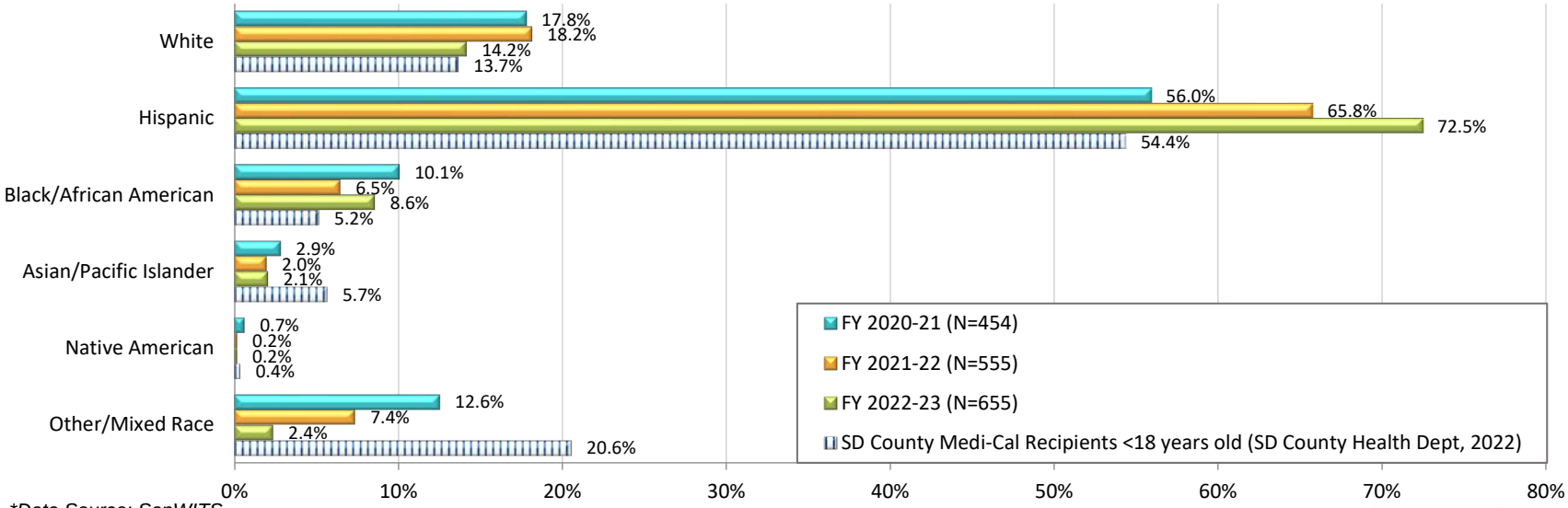


*SUD Youth Client Age (N=655)**



† Data range in FY 2022-23 changed to include ages 11-15.

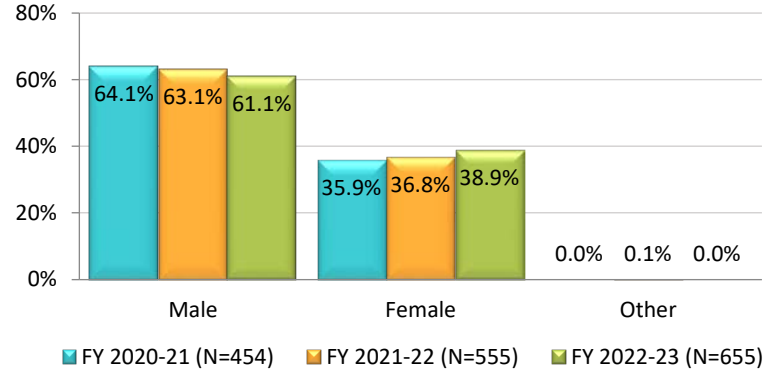
*SUD Youth Client Race and Ethnicity (N=655)**



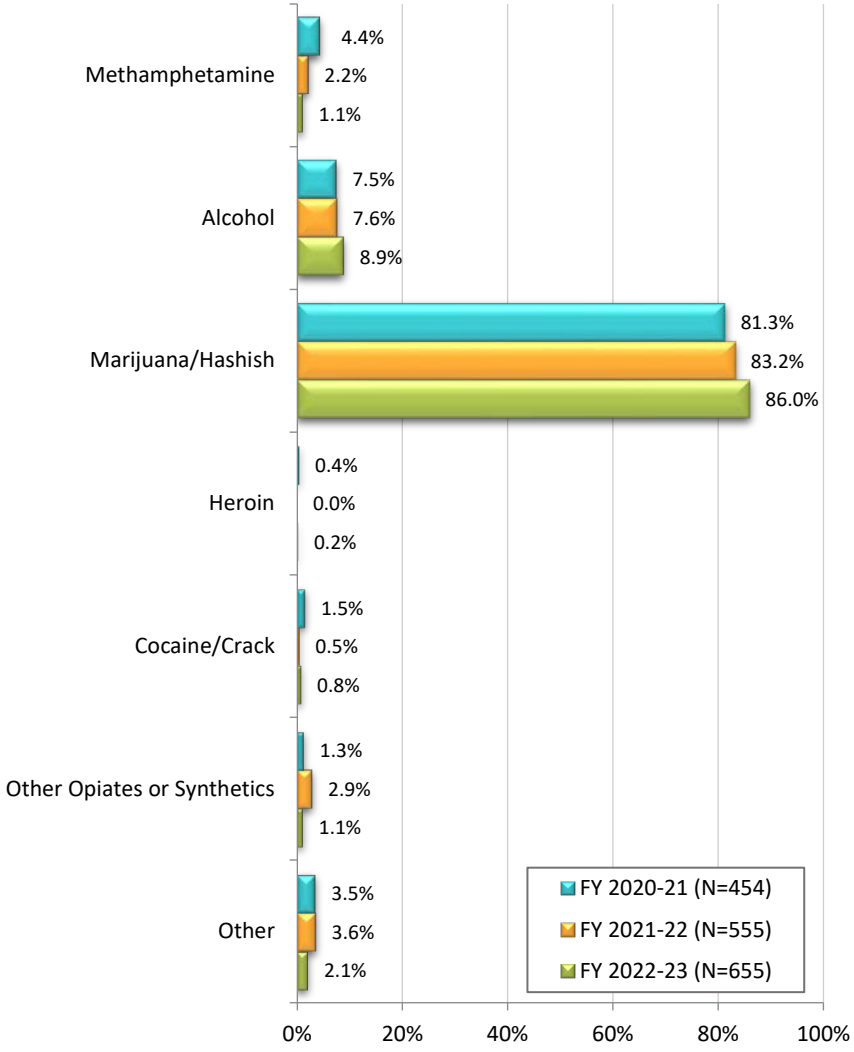
**Data Source: SanWITS*

Substance Use Disorder (SUD) – Youth

SUD Youth Client Gender (N=655)*

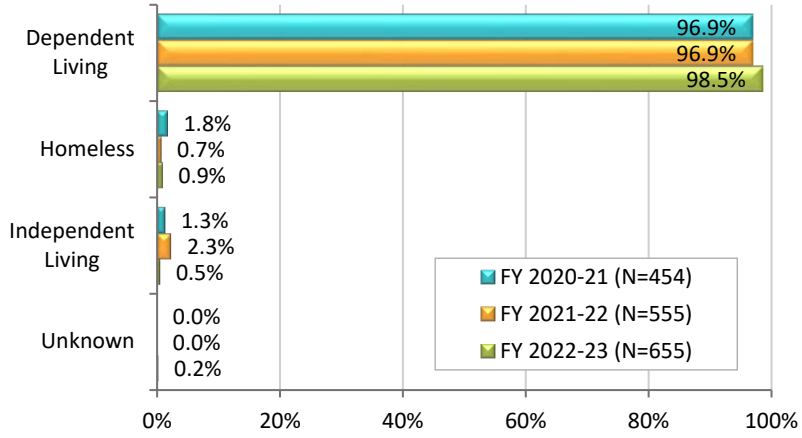


SUD Youth Client Primary Substance Used (N=655)*



SUD Youth Client Living Situation (N=655)*

While the proportion of youth living as dependents with family is largely stable, there was a decrease in clients living independently for youth in FY 2022-23.

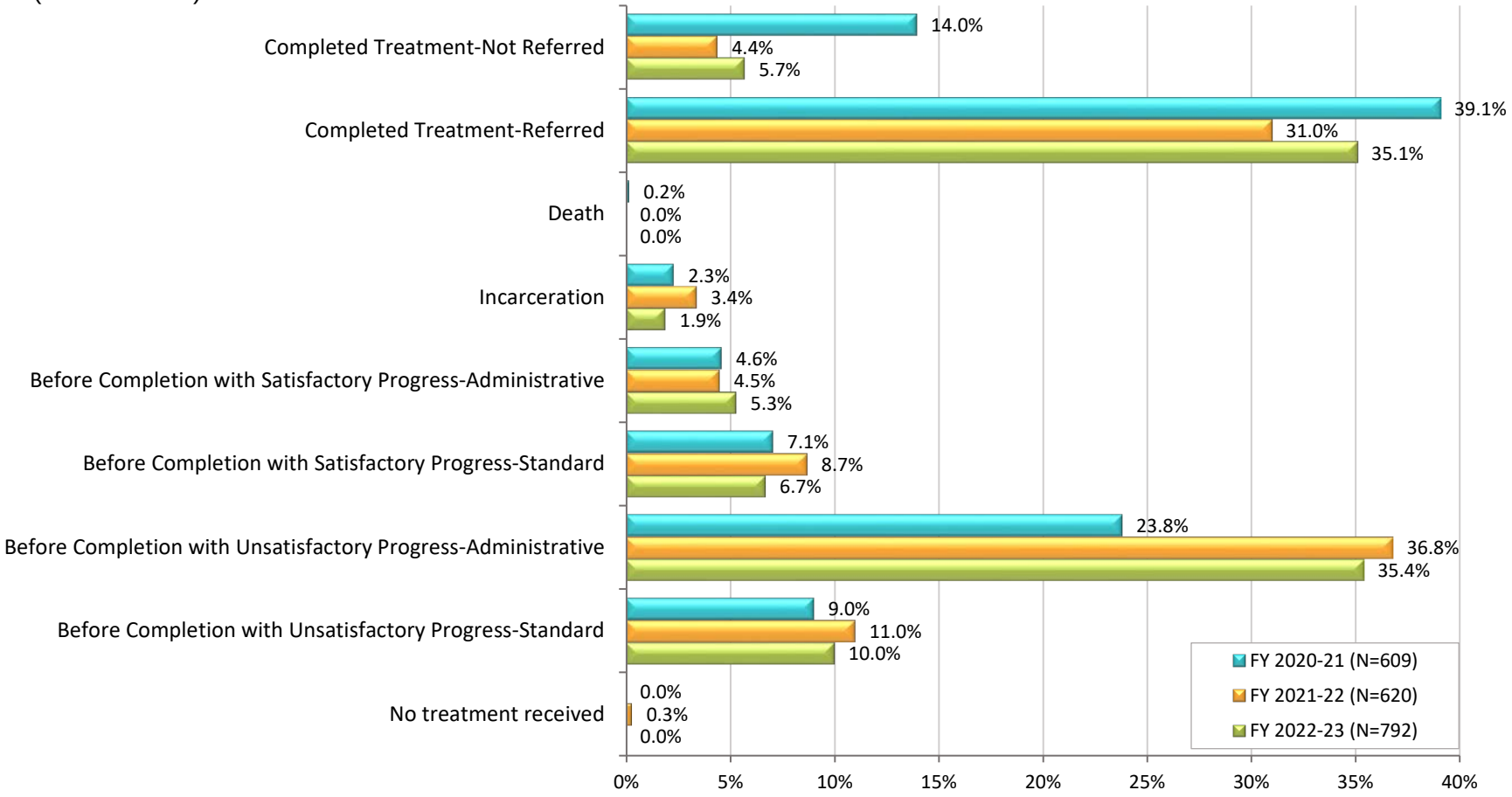


Data Source: SanWITS.

Substance Use Disorder (SUD) – Youth

SUD Youth Client Type of Discharge (N=792)†‡*

The most common SUD youth discharge type in FY 2022-23 was discharge before treatment completion with unsatisfactory progress (administrative).



**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.*
†Data Source: SanWITS
‡Discharge status definitions are available in the CalOMS Tx Data Collection Guide: https://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Substance Use Disorder (SUD) – Youth

Other SUD Services for Teens

Behavioral Health Services provides Teen Recovery Center (TRC) services to youth ages 12 through 17. TRC services are age-appropriate substance use treatment services for adolescents and their families in outpatient treatment settings that include school sites. There are 7 TRC regional sites with 2 or more school sites per region, offering group and individual therapy, co-occurring disorder services, life skills and introduction to prosocial activities, tobacco cessation, and trauma-informed care to help adolescents recover in a safe and supportive, alcohol and other drug-free environment. The System of Care also offers residential SUD treatment services as well as Medication Assisted Treatment (MAT) services.

What Kind of Services Are Being Used?

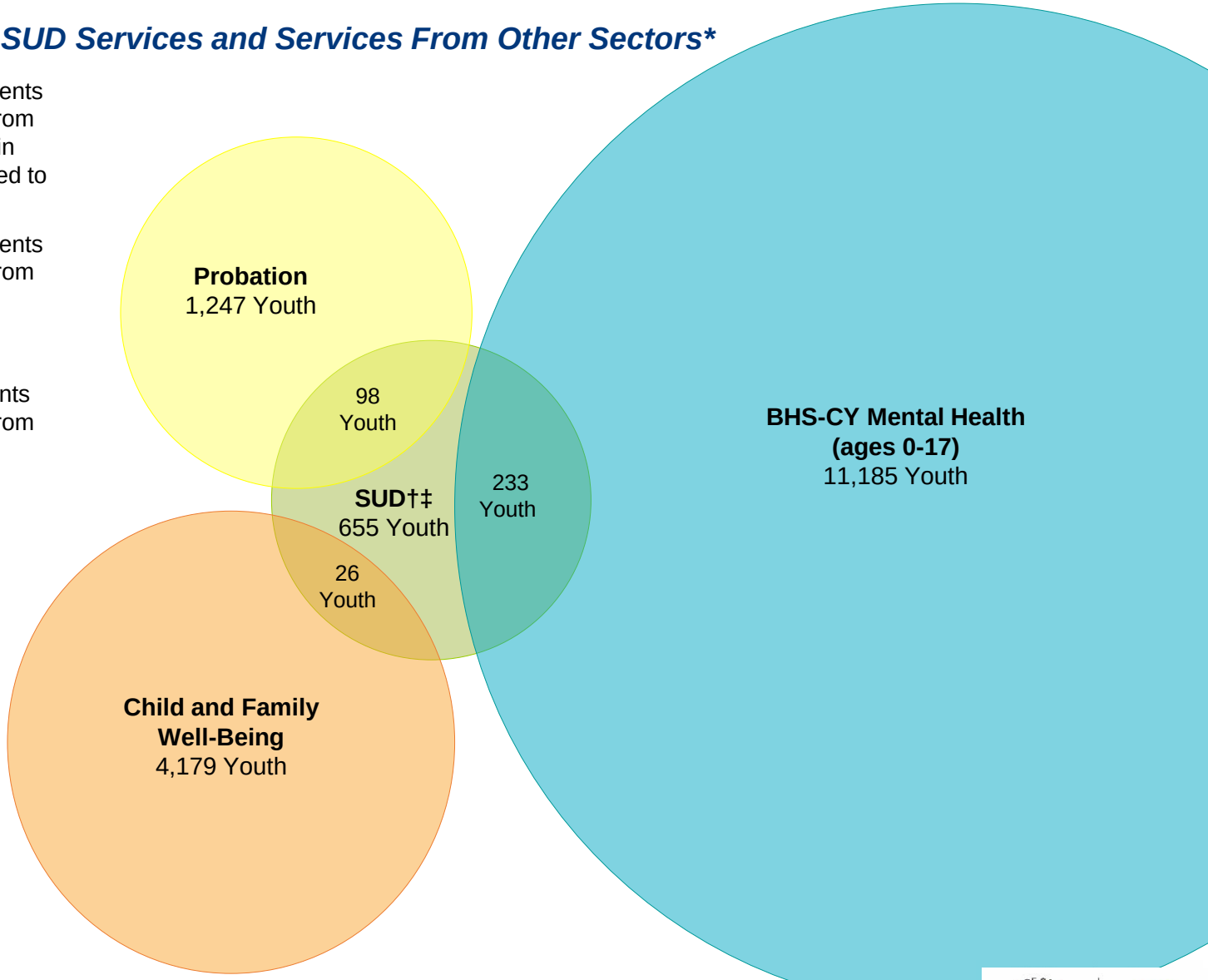
*Youth Receiving SUD Services and Services From Other Sectors**

- 36% of SUD youth clients also received services from BHS-CY Mental Health in FY 2022-23, as compared to 39% in FY 2021-22.
- 15% of SUD youth clients also received services from the Probation sector, as compared to 19% in FY 2021-22.
- 4% of SUD youth clients also received services from the CFWB sector, as compared to 7% in FY 2021-22.

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

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

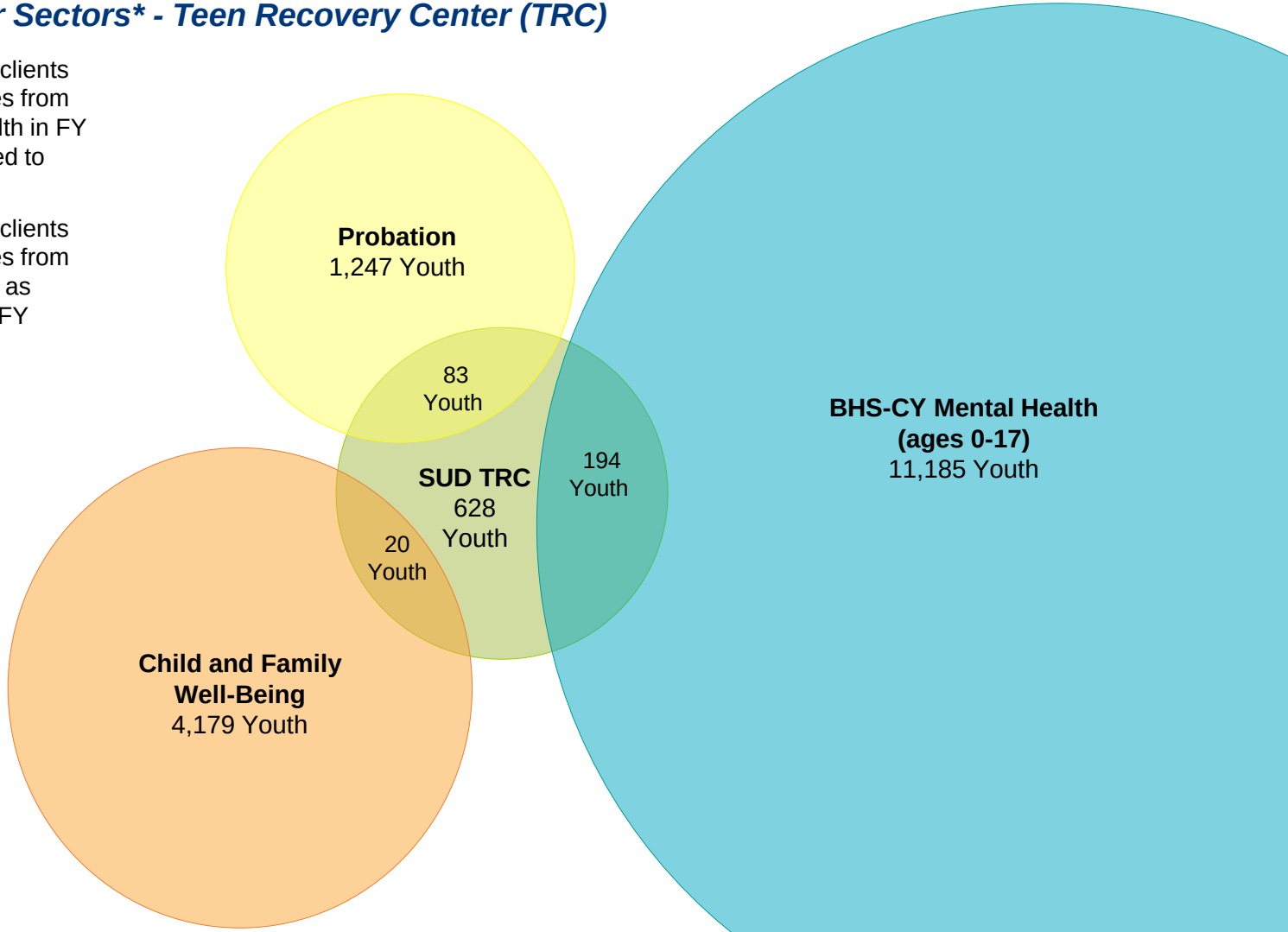
‡Age is captured differently for cross-sector matching purposes, thus the number of unique clients may not match the CYF SUD section total.



What Kind of Services Are Being Used?

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

- 31% of SUD TRC clients also received services from BHS-CY Mental Health in FY 2022-23, as compared to 34% in FY 2021-22.
- 13% of SUD TRC clients also received services from the Probation sector, as compared to 17% in FY 2021-22.
- 3% of SUD TRC clients also received services from the CFWB sector, as compared to 5% in FY 2021-22.



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

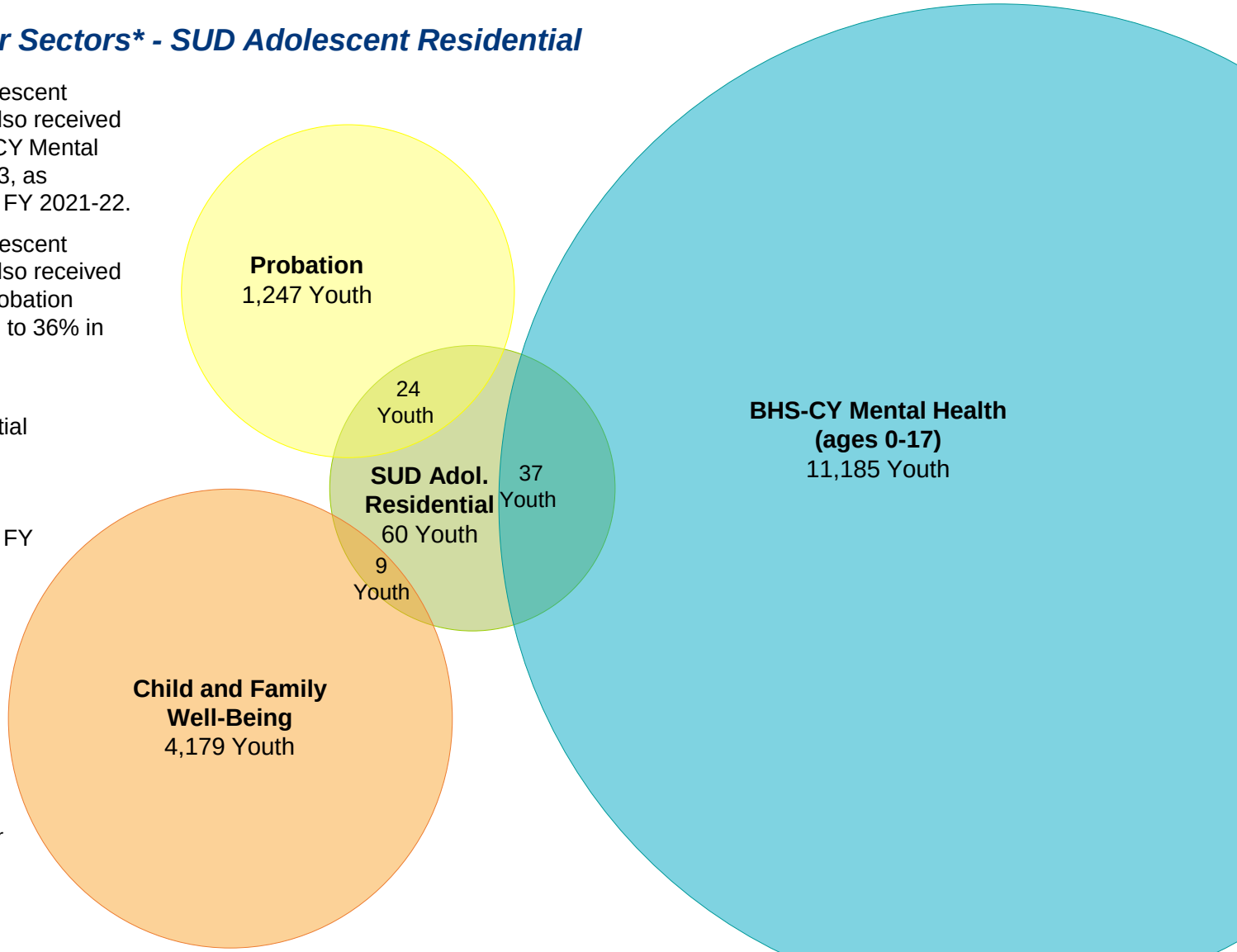
What Kind of Services Are Being Used?

SUD and Other Sectors - SUD Adolescent Residential*

- 62% of SUD Adolescent Residential clients also received services from BHS-CY Mental Health in FY 2022-23, as compared to 80% in FY 2021-22.
- 40% of SUD Adolescent Residential clients also received services from the Probation sector, as compared to 36% in FY 2021-22.
- 15% of SUD Adolescent Residential clients also received services from the CFWB sector, as compared to 17% in FY 2021-22.

Due to the very small number of clients, these data are difficult to reliably interpret.

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



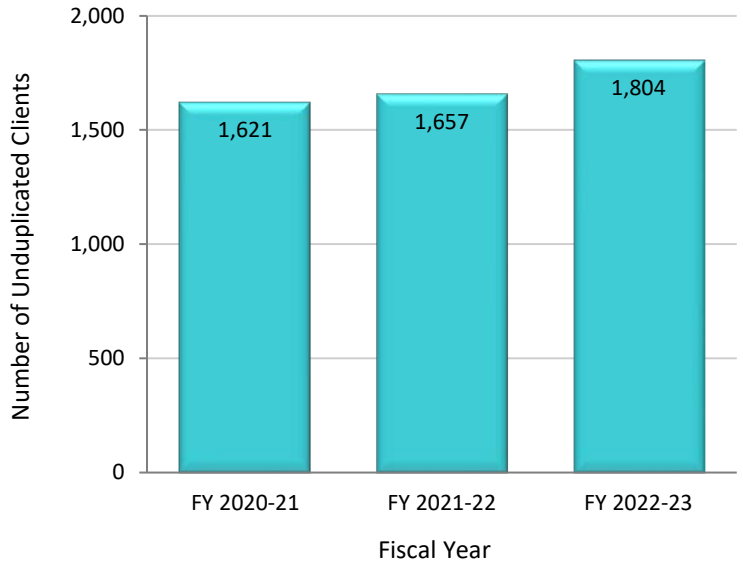
Substance Use Disorder (SUD)
Perinatal Services

The County of San Diego has a Perinatal System of Care that provides a wide array of gender-responsive, trauma-informed SUD treatment services to meet the needs of women and teens, including those who are pregnant and/or parenting. Perinatal SUD treatment is available throughout the county and includes: residential treatment for women and their children, perinatal withdrawal management, outpatient services for women and teens, and intensive field-based perinatal case management services to high risk pregnant women or teens.

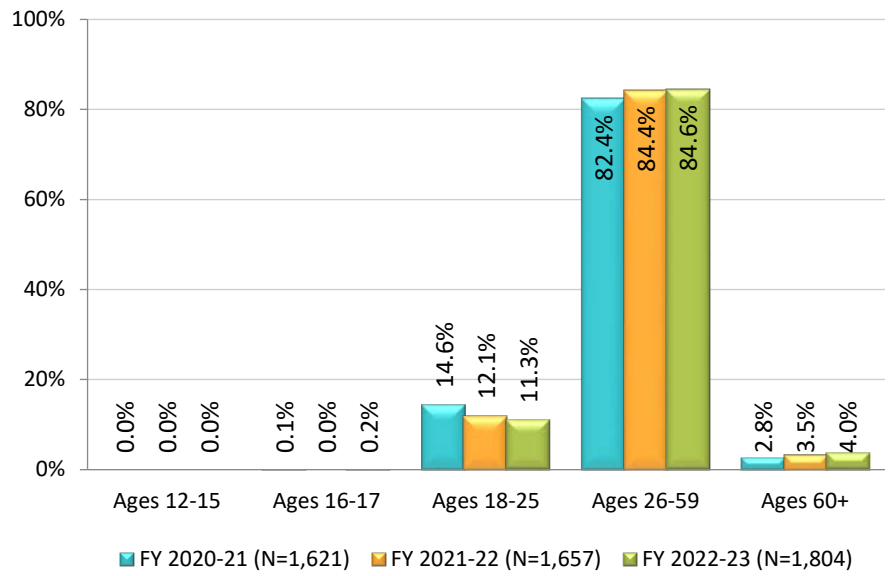
The Perinatal SUD treatment programs support the additional needs of mothers through parenting classes, behavioral health screening and intervention for children, life skills, healthy relationships, recovery groups, education, transportation, care coordination, linkage and coordination with physical healthcare providers, peer support, and onsite childcare. Perinatal women have priority admission into any county funded SUD program.

Perinatal SUD programs provided services to 1,804 unduplicated perinatal women and teens in FY 2022-23.

*Number of Perinatal SUD Clients Served (N=1,804)**



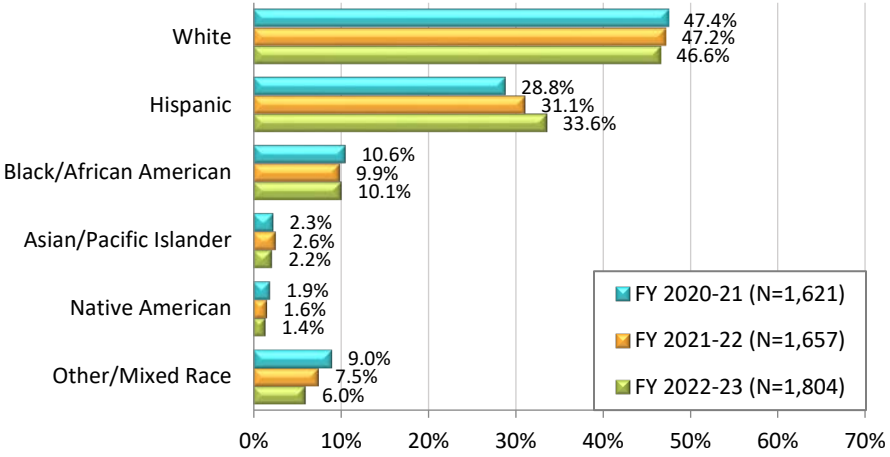
*Perinatal SUD Client Age (N=1,804)**



**Data Source: SanWITS*

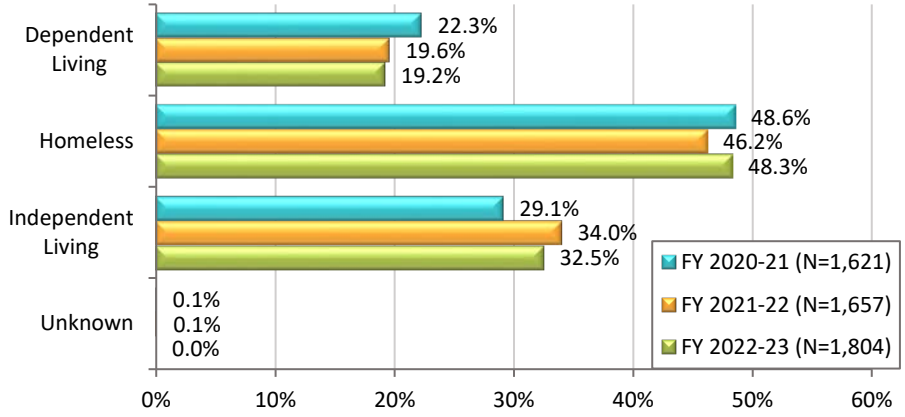
Substance Use Disorder (SUD)
Perinatal Services

*Perinatal SUD Client Race/Ethnicity (N=1,804)**



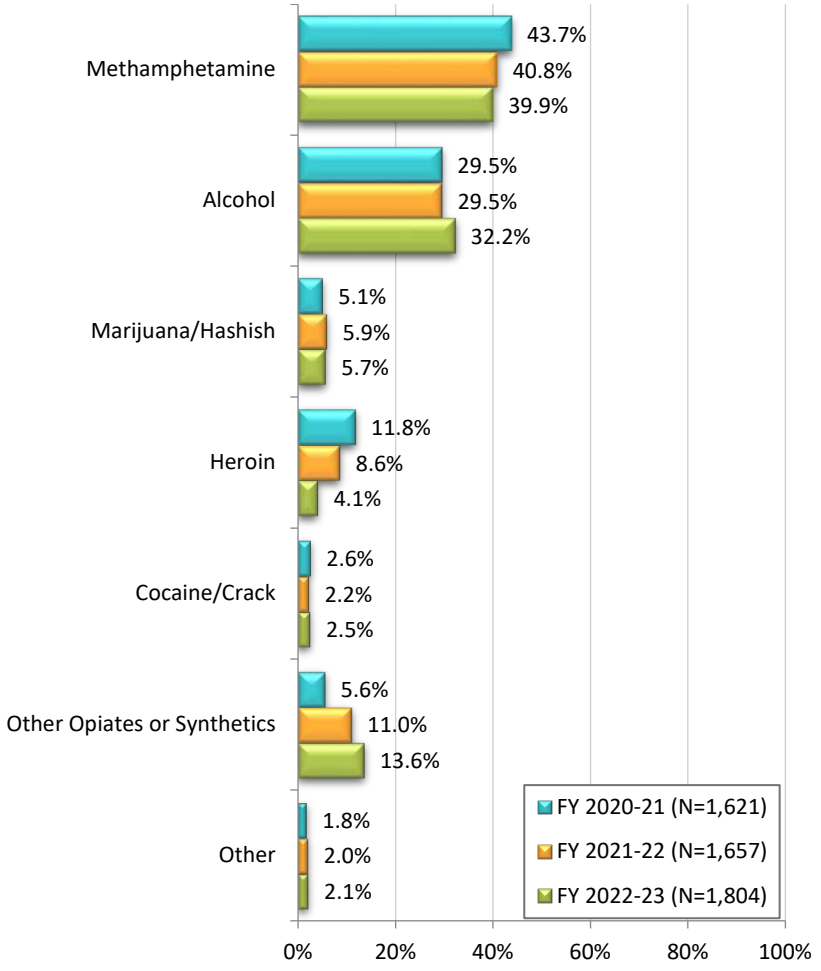
*Perinatal SUD Client Living Situation (N=1,804)**

48% of Perinatal SUD clients were experiencing homelessness during FY 2022-23.



Data Source: SanWITS

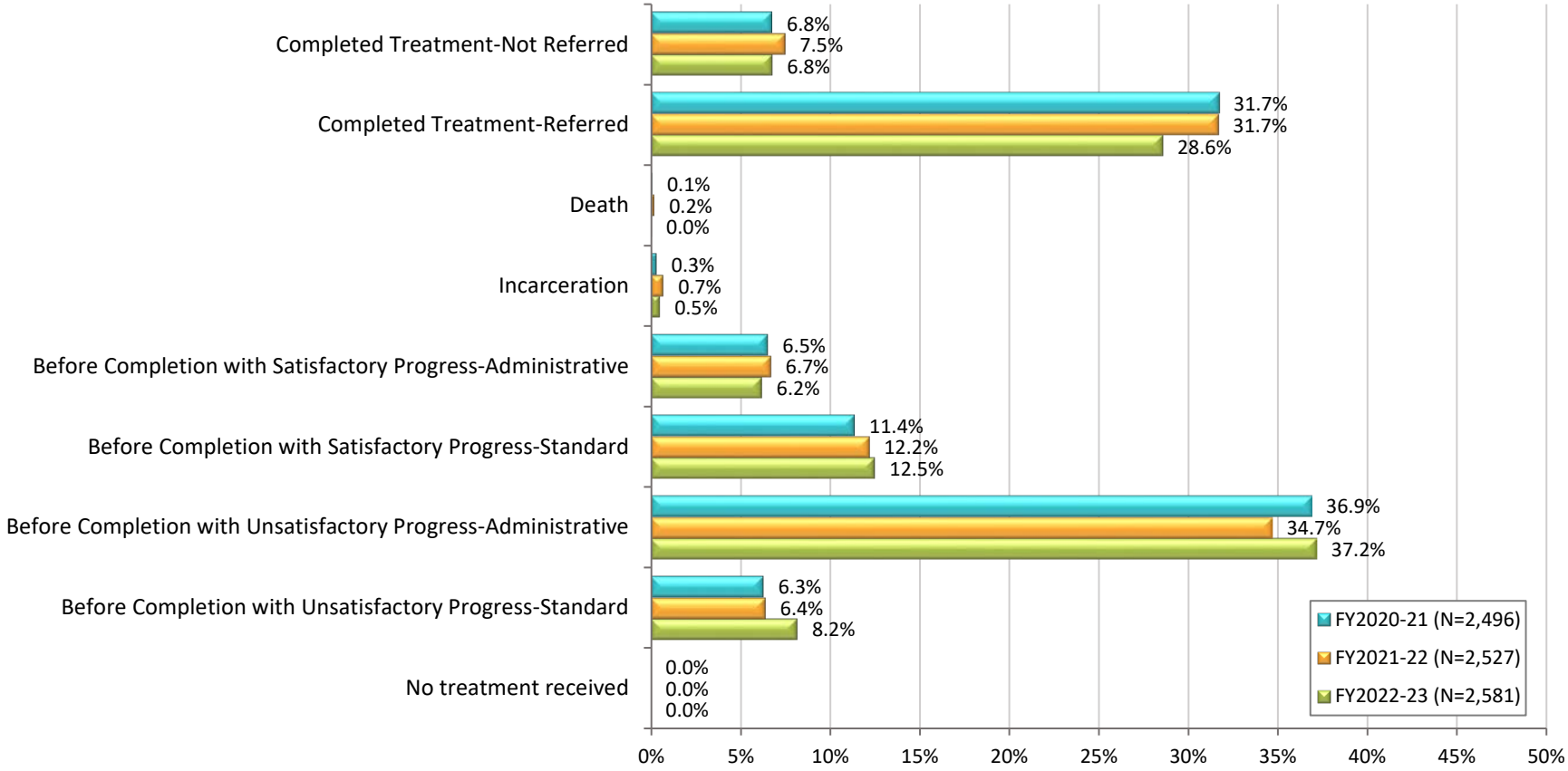
*Perinatal SUD Client Primary Substance Used (N=1,804)**



Substance Use Disorder (SUD)
Perinatal Services

Perinatal SUD Client Type of Discharge (N=2,581)†‡*

The most common Perinatal SUD discharge type in FY 2022-23 was discharge before treatment completion with unsatisfactory progress (administrative).



**Data Source: SanWITS*
†Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.
‡Discharge status definitions are available in the CalOMS Tx Data Collection Guide: https://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Are Clients Satisfied With Services?

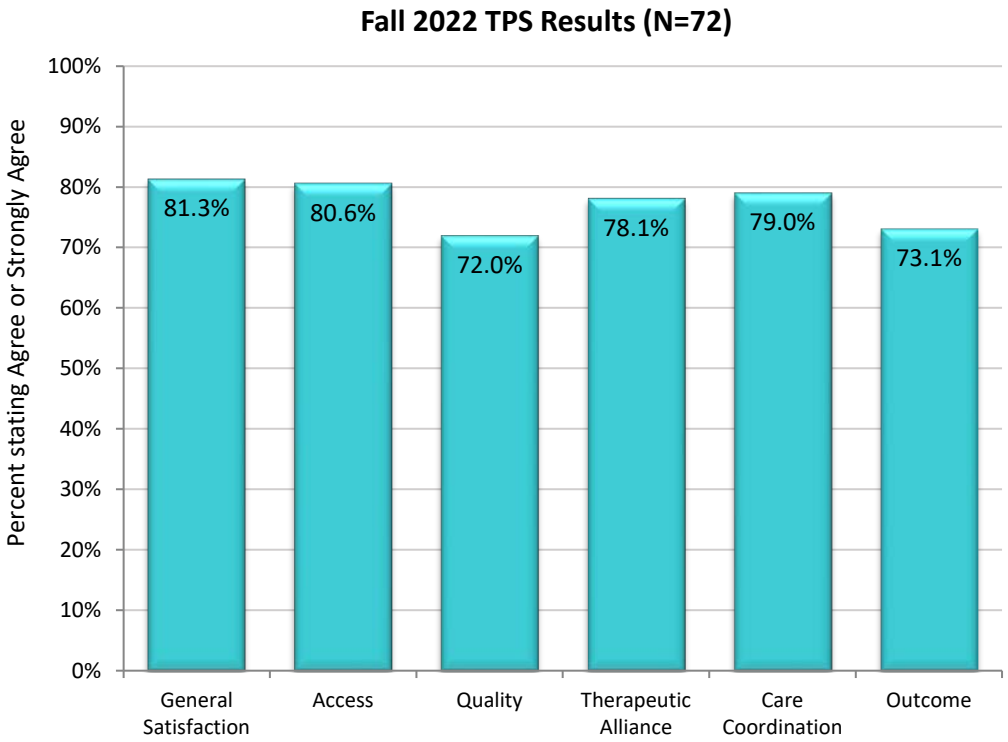
The Youth Treatment Perception Survey (TPS)—Satisfaction By Domain

The Youth Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client 18 years old or younger served by a Substance Use Disorder (SUD) Teen Recovery Center (TRC) program. Youth clients report their degree of satisfaction with SUD services received. In FY 2022-23 the TPS was administered in October 2022. Data from 72 completed surveys were analyzed.

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

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

- Youth clients were most satisfied with the *General Satisfaction domain*.
- Youth clients were least satisfied on the *Quality and Appropriateness* domain.



NOTE: Not every youth completed responses for every domain.

Are Clients Satisfied With Services?

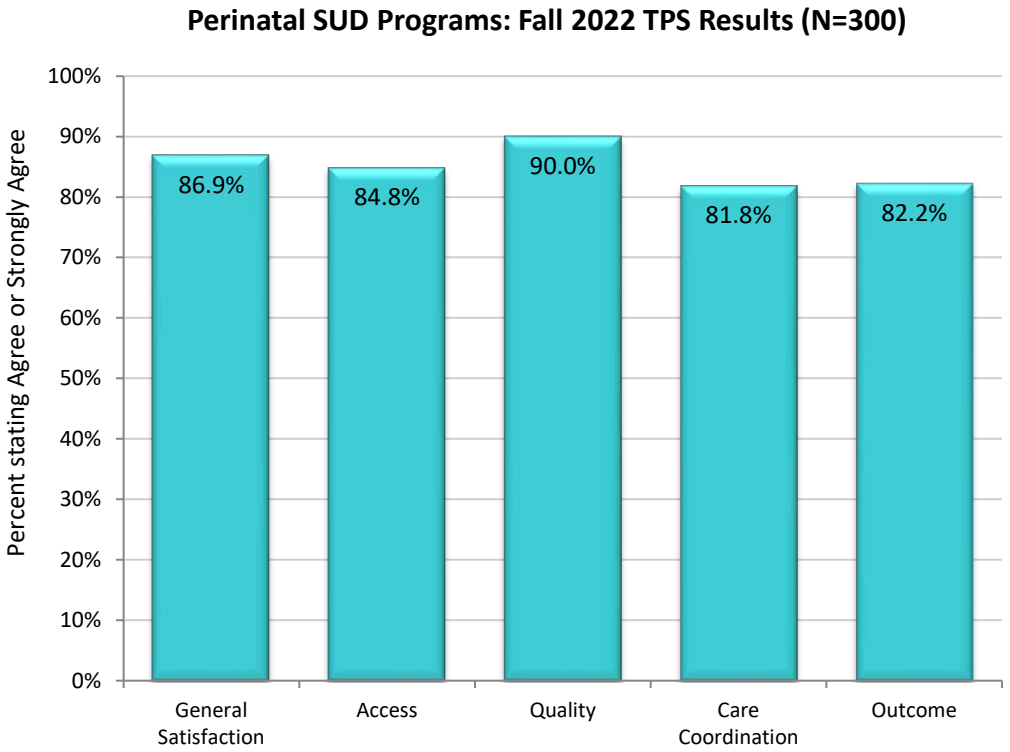
The Treatment Perception Survey (TPS)—Satisfaction By Domain

The Adult Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client served by a Substance Use Disorder (SUD) Perinatal or Adult program. Clients report their degree of satisfaction with SUD services received. In FY 2022-23 the TPS was administered in October 2022. Data from 300 completed surveys collected at Perinatal SUD programs were analyzed.

Individual items on the TPS were grouped into five domains:

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

- Perinatal clients were most satisfied with the *Quality and Appropriateness* domain.
- Perinatal clients were least satisfied on the *Care Coordination* domain.



NOTE: Not every client completed responses for every domain.

How Quickly Can SUD Clients Access Services?

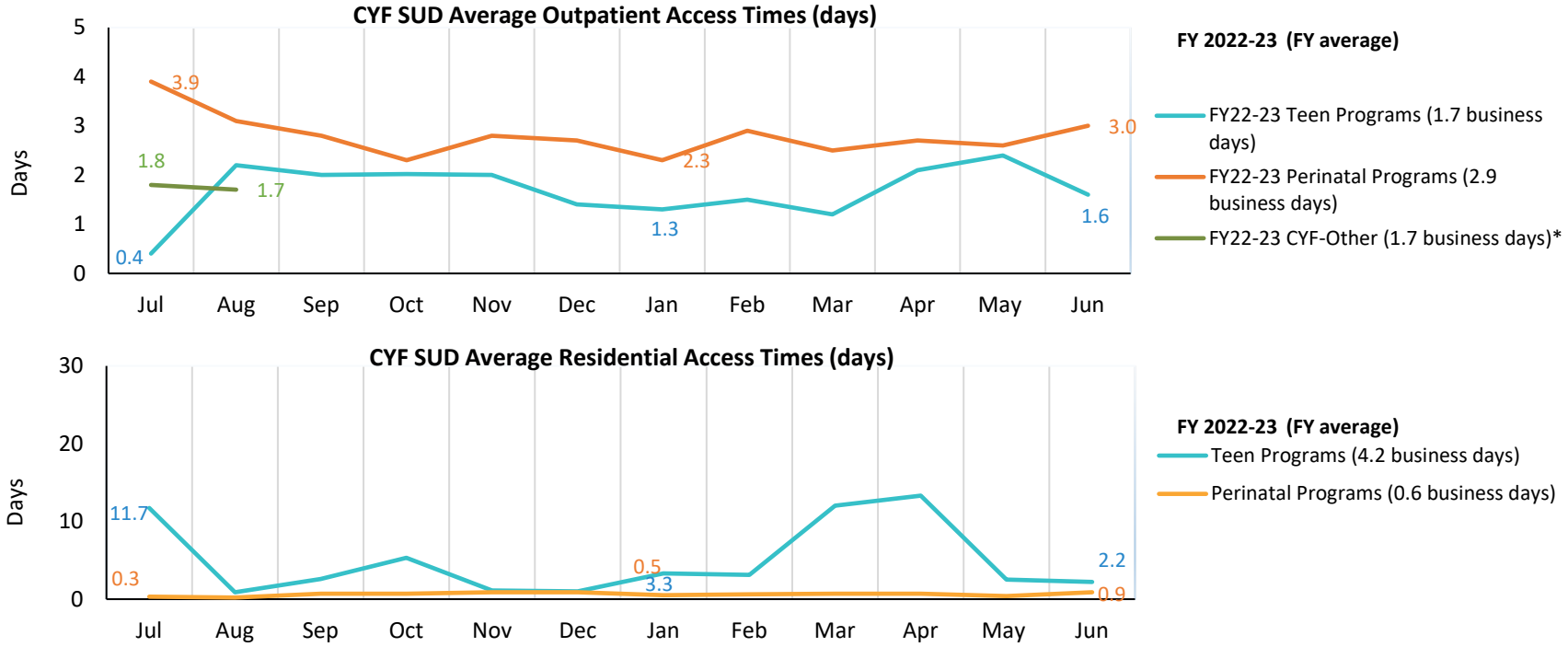
Access Time

Access time for SUD services is calculated from Initial Request to First Offered Intake/Screening Appointment. DMC-ODS access time standards are 10 business days for outpatient services and 24 hours for residential authorization only.

In FY 2022-23, youth in SUD Teen programs waited an average of **1.7 business days** for outpatient services and **4.2 business days** for residential services, which indicates a decrease from an average wait time of 2.2 business days for outpatient services and a decrease from an average wait time of 7.5 business days for residential services in FY 2021-22.

In FY 2022-23, clients in SUD Perinatal programs waited an average of **2.9 business days** for outpatient services and **0.6 business days** for residential services, compared to 3.4 business days for outpatient services and 2.6 business days for residential services in FY 2021-22.

In FY 2022-23 Clients in SUD CYF-Other programs waited an average of **1.7 business days** for outpatient services.

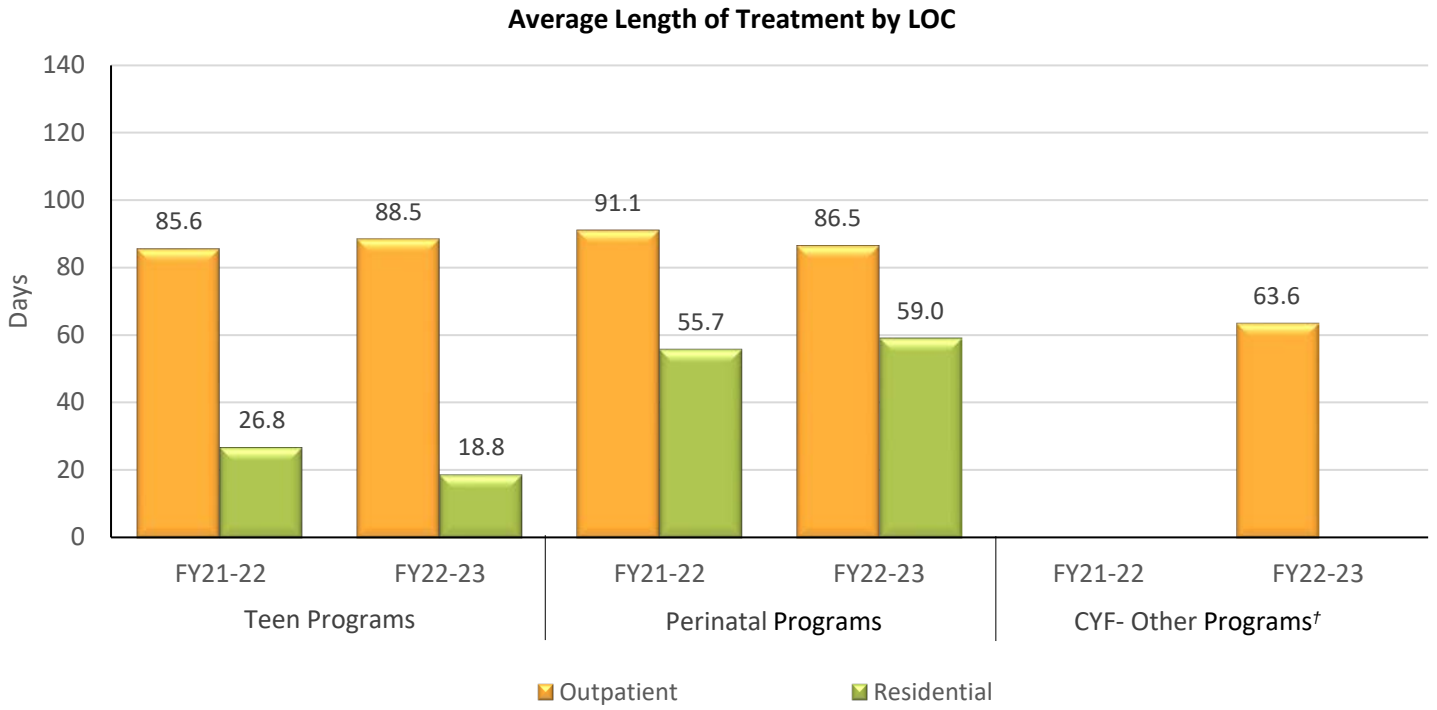


**Due to the restructuring of BHS the CYF-Other Program Category was added to account for programs that were unable to be assigned a SUD category.*

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

There are two levels of care for SUD, *Outpatient* and *Residential*, with service modalities at different levels of intensity within these levels of care based on the American Society of Addiction Medicine (ASAM). The Outpatient level of care has two modalities: *Outpatient Services* (OS – ASAM Level 1) and *Intensive Outpatient Services* (IOS – ASAM Level 2.1). The Residential level of care has three service modalities: *Residential 3.1* (ASAM Level 3.1) *Residential 3.5* (ASAM Level 3.5), and *Withdrawal Management 3.2* (ASAM 3.2).

*Average Length of Treatment**

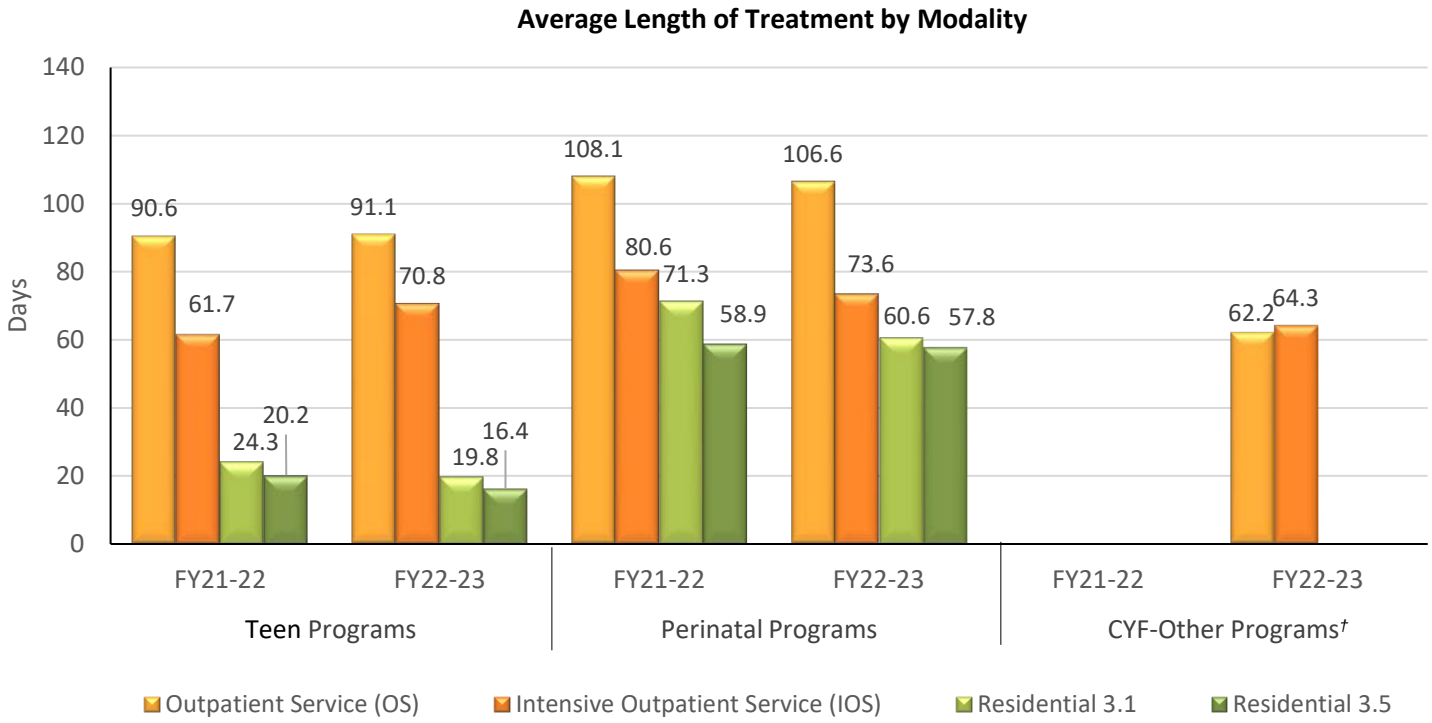


**Clients may be served in multiple levels of care or modalities.*
†Due to the restructuring of BHS the CYF-Other Program Category was added to account for programs that were unable to be assigned a SUD category.

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

There are two levels of care for SUD, *Outpatient* and *Residential*, with service modalities at different levels of intensity within these levels of care based on the American Society of Addiction Medicine (ASAM). The Outpatient level of care has two modalities: *Outpatient Services* (OS – ASAM Level 1) and *Intensive Outpatient Services* (IOS – ASAM Level 2.1). The Residential level of care has three service modalities: *Residential 3.1* (ASAM Level 3.1) *Residential 3.5* (ASAM Level 3.5), and *Withdrawal Management 3.2* (ASAM 3.2).

*Average Length of Treatment Continued**

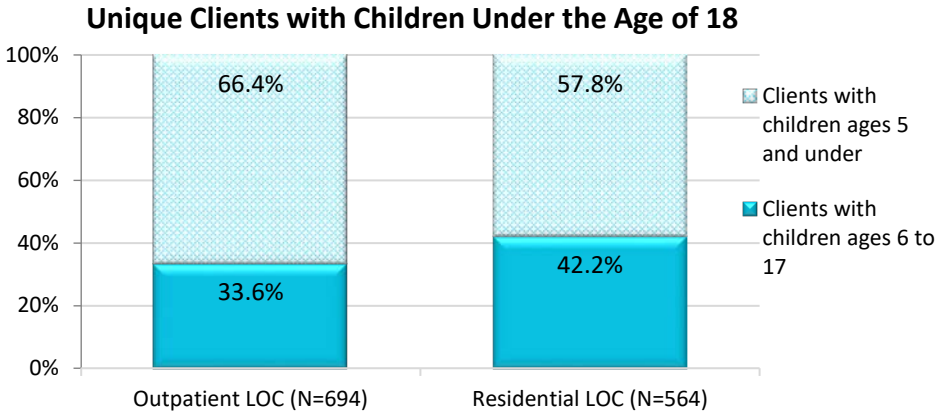


**Clients may be served in multiple levels of care or modalities.*
†Due to the restructuring of BHS the CYF-Other Program Category was added to account for programs that were unable to be assigned a SUD category.

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

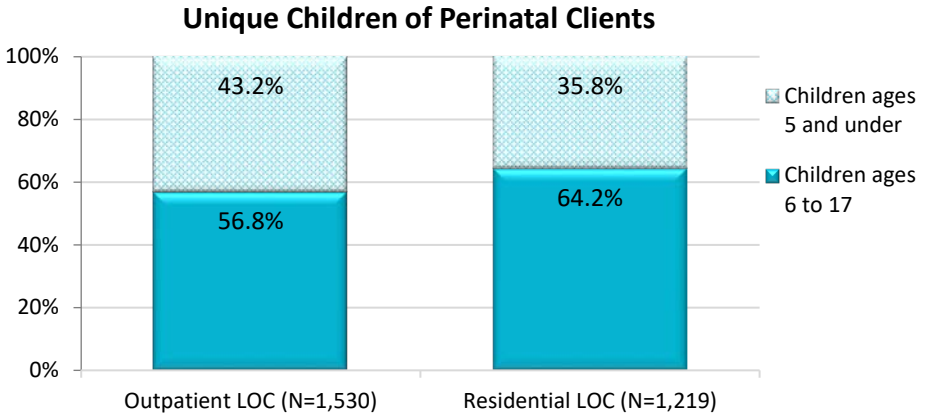
*Perinatal Services: Clients with Children in FY 2022-23**

LOC	Modality	Number of Clients w/ Children	
		0 to 18	5 and under†
Outpatient	OS	361	238
	IOS	477	320
Residential	RES 3.1	321	177
	RES 3.5	373	226



*Perinatal Services: Children of Clients in FY 2022-23**

LOC	Modality	Number of Children	
		0 to 18	5 and under†
Outpatient	OS	798	344
	IOS	1071	459
Residential	RES 3.1	741	239
	RES 3.5	786	305



**Totals include clients who received services in more than one level of care and/or modality during the fiscal year.*
†The number of children age 5 and younger is a subset of the number of children under 18.

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

*CYF SUD unique clients within LOC/Modality**

Unique clients by LOC (FY 2022-23)	CYF SUD Programs	Perinatal	Teens	CYF-Other†
Outpatient	1,606	941	644	21
Residential	1,025	938	87	0

Unique clients by Modality (FY 2022-23)	CYF SUD Programs	Perinatal	Teens	CYF-Other†
Outpatient Services (OS)	1,076	475	591	10
Intensive Outpatient Services (IOS)	761	656	85	20
Residential 3.1 (RES 3.1)	592	526	66	0
Residential 3.5 (RES 3.5)	647	620	27	0

**Totals include clients who received services in more than one level of care and/or modality during the fiscal year.*
†Due to the restructuring of BHS the CYF-Other Program Category was added to account for programs that were unable to be assigned a SUD category.

Mental Health Services

Substance Use Disorder

MHSA

BHS-CY
MHSA

Mental Health Service Act (MHSA) Components

Community Services and Supports

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

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

Innovations

The goal of INN programs is to develop and implement promising and proven practices to increase access to mental healthcare. INN programs are defined as novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning rather than a primary focus on providing a service. INN programs are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. INN promotes recovery and resilience, reduces disparities in mental health services and outcomes and leads to learning that advances mental health in California in the directions articulated by the MHSA.

The INN component allows counties the opportunity to "try out" new approaches that can inform current and future mental health practices. **Innovations are reported separately.**

MHSA

MHSA Components, continued

Workforce Education and Training (WET)

The WET component addresses the shortage of qualified, culturally diverse individuals providing services in the County's Public Behavioral Health System. The system includes community-based organizations and individuals in small group practices who provide publicly funded behavioral health services, along with County Behavioral Health Services (BHS) operated programs. All education, training and workforce development programs and activities contribute to developing and maintaining a culturally and linguistically competent workforce, including individuals with lived experience, who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes.

WET has five categories:

- Workforce Staffing Support
- Training and Technical Assistance
- Mental Health Career Pathway Programs
- Residency and Internship Programs
- Financial Incentive Programs

Capital Facilities and Technological Needs (CFTN)

The CF component works towards the creation of facilities that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. The TN objective is to improve the infrastructure of California's mental health system. TN projects demonstrate the ability to serve and support the MHSA objectives through cost effective and efficient improvements to data processing and communication.

TN has two primary goals: 1) Increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings, and 2) Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

To learn more about the MHSA, visit https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html

MHSA Components, continued

Prevention and Early Intervention (PEI) Programs

PEI supports the design of programs to prevent mental illness from becoming severe and disabling, with an emphasis on improving timely access to services to underserved populations. PEI services promote wellness and healthy living choices that foster resiliency for the broader community. PEI targets children and families at risk of developing issues and those that do not meet threshold criteria for receiving mental health services.

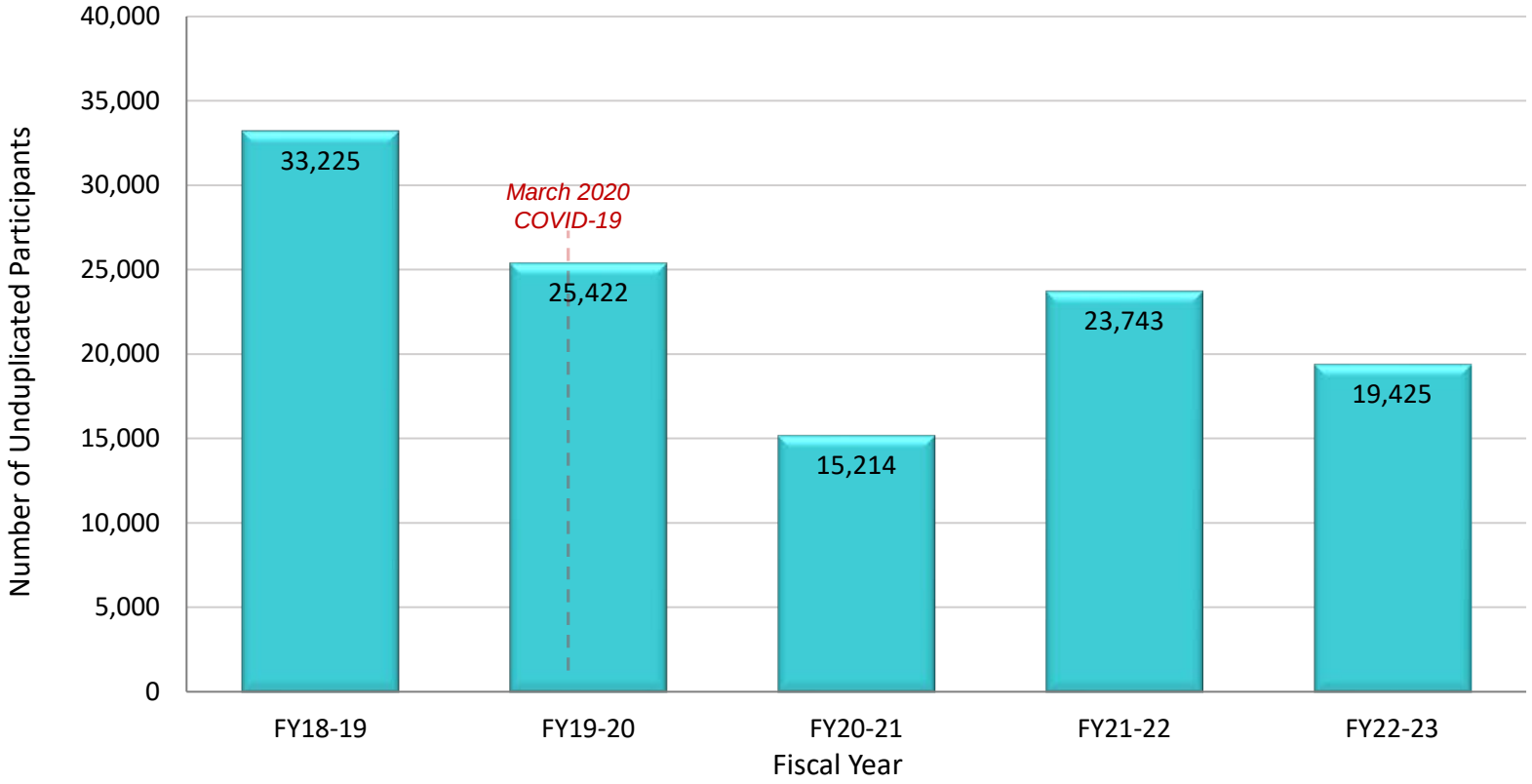
In FY 2022-23, San Diego County funded 15 programs to provide PEI services for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. **PEI youth and family participants comprise a different population than youth and family served by BHS-CY treatment providers**; a demographic summary is reported here, detailed findings are reported separately. (http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports)

CYF PEI Program Names – FY 2022-23
Come Play Outside Program
Community County-Wide Violence Response Team
Community Services for Families
Positive Parenting Program (Triple P)
KickStart
Dream Weaver Consortium: Indian Health Council Program
Dream Weaver Consortium: Southern Indian Health Council Program
Dream Weaver Consortium: San Diego American Indian Health Center
Incredible Years East County Program
Incredible Years North Coastal Program
Incredible Years North Inland Program/PROMOTE!
Incredible Years South Program
Incredible Years SDUSD Central/South Eastern Program
Incredible Years SDUSD Central/North Central Program
HERE Now Program

MHSA Components, continued

More than 19,000 youth and family PEI participants were served in FY 2022-23. PEI participant count can vary widely from year to year. This is due in part to structural and contracting changes within the PEI providers; as the programs evolve, some components are modified, affecting the number of participants served. PEI data collection and reporting may have been impacted starting March 2020 due to COVID-19.

CYF PEI Number of Participants Served



MHSA Components, continued

BHS-CY PEI Participant Demographics (N=19,425)

Age (years)	N	%	▲
0-15	11,023	57%	-2%
16-25	1,757	9%	-5%
26-59	3,937	20%	3%
60 and older	233	1%	0%
Prefer not to answer	1,028	5%	-1%
Unknown/Missing	1,447	7%	3%
Gender	**N**	**%**	**▲**
Female	8,767	45%	1%
Male	5,674	29%	-2%
Prefer not to answer	287	1%	-1%
Other/Unknown/Missing	4,697	24%	1%

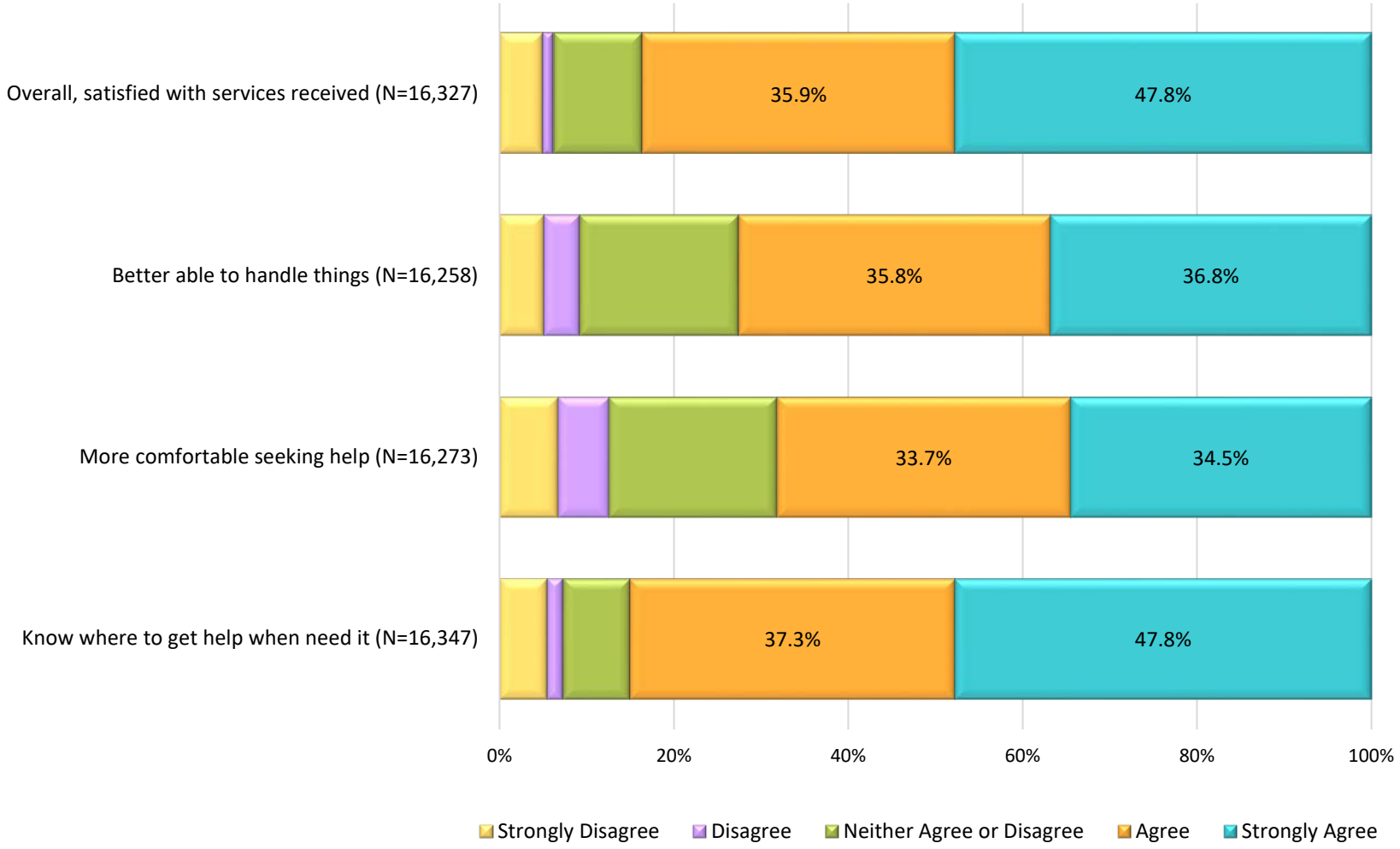
Race	N	%	▲
White	5,316	27%	-1%
Black/African-American	1,055	5%	0%
Asian	1,224	6%	-4%
Pacific Islander	155	<1%	-1%
American Indian/Alaska Native	414	2%	0%
Multiracial	1,794	9%	-2%
Other	606	3%	-1%
Prefer not to answer	380	2%	0%
Unknown/Missing*	8,481	44%	6%
Ethnicity	**N**	**%**	**▲**
Hispanic or Latino	7,767	40%	3%
Non-Hispanic or Non-Latino	6,768	35%	-3%
More than one ethnicity	3,190	16%	-3%
Other	149	<1%	-1%
Prefer not to answer	380	2%	0%
Missing	1,171	6%	2%

▲ = *Percentage point change from previous fiscal year.*

**The unknown/missing category includes clients who only endorsed being Hispanic/Latino and did not indicate a racial category.*

MHSA Components, continued

BHS-CY PEI Participant Satisfaction Survey Results



MHSA PEI

Glossary of Terms

- **Assessment** includes intake diagnostic assessments and psychological testing.
- **Case management services** can be provided in conjunction with other services or they can be a stand-alone service that “connects” children, youth and families to the services they need, monitors their care, and oversees the components of care provided to the child and family.
- **Co-occurring Substance Use** is operationally defined as a dual diagnosis and/or involvement with SUD and/or endorsement of any of the following substance abuse-related items on a BHS Behavioral Health Assessment (BHA) form: "Does client have a co-occurring condition;” “Recommendation for further substance use treatment;” “Stages of Change: Substance Use Recovery” (Active or Maintenance response).
- **Collateral services** include case consultations, teacher or other professional consultations, attendance at Individualized Education Program (IEP) meetings or any other conversations related to the client and treatment plan.
- **Crisis stabilization services** are short term and are provided by the Emergency Screening Unit (ESU) for children and adolescents throughout San Diego County. Services are available 24 hours / 7 days a week.
- **Day Services** are designed to provide alternatives to 24–hour care and supplement other modes of treatment and residential services. These service functions are the following: (a) Day Care Intensive Services, (b) Day Care Habilitative Services, (c) Vocational Services, (d) Socialization Services

  NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.
- **Diversion** occurs when successful crisis stabilization precludes acute psychiatric hospitalization. The design of ESU crisis stabilization services is to divert the need for hospitalization as well as, facilitate admission to inpatient psychiatric care as needed or provide appropriate referrals and linkage to community resources.
- **Dual diagnosis** occurs when an individual has both a valid mental health disorder diagnosis and an active substance abuse/ dependency diagnosis.
- **Fee-for-Service providers** are primarily licensed **clinicians in private practice** who provide services to clients on a fee-for-service basis or through Medi-Cal coverage. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients. There are also two fee-for-service inpatient hospitals that provide services for children and adolescents in San Diego County (Aurora Hospital and Sharp Mesa Vista Hospital).
- **Full-service partnership (FSP)** programs are comprehensive programs funded by MHSA-CSS which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community.
- **Inpatient (IP) services** are delivered in psychiatric hospitals.
- **Intensive Care Coordination (ICC) Services** facilitate assessment, care planning, and coordination of services.
- **Intensive Home Based Services (IHBS)** are rehab-like services with a focus on building functional skills.

Glossary of Terms

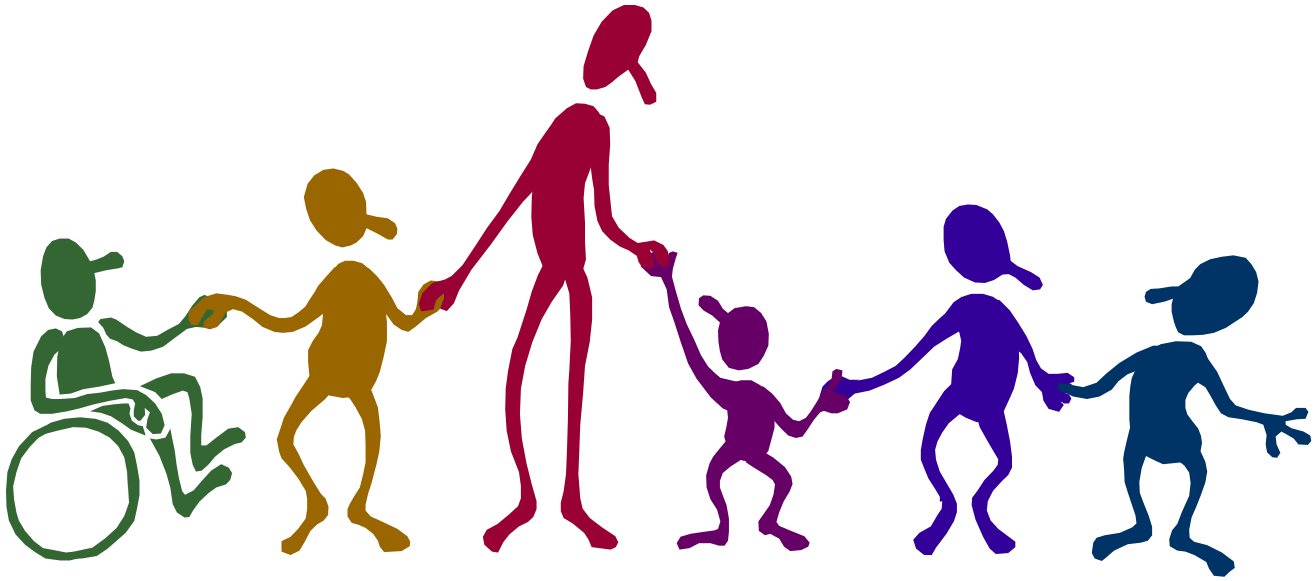
- **Juvenile Forensic Services** are provided primarily in Probation institutions within San Diego County. Juvenile Forensic Services include assessment, individual therapy, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court (both dependents and delinquents). Services are provided throughout the County at sites including Juvenile Hall (Kearny Mesa and East Mesa) and Girls' Rehabilitation Facility, and Urban Camp.
- **Medication services** include medication evaluations and follow-up services.
- **Mobile Crisis Response Teams (MCRT)** are a service option for individuals experiencing a mental health or substance use crisis. MCRTs are comprised of licensed mental health clinicians, case managers, and peer support specialists who can respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies.
- **Organizational providers** are community-based agencies and county-operated sites that are either part of the Health & Human Services Agency (HHSA) or have contracts with HHSA to provide mental health treatment services to specified target populations. These clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g., school, home).
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.
- **Primary Diagnosis:** Primary Diagnosis was determined by identifying the last Priority 1 diagnosis assigned prior to the end of the current reporting period. ***Excluded*** diagnoses are those categorized as "excluded" by Title 9 (e.g., psychiatric disorders due to general medical conditions, autism, substance use disorders, learning disabilities). The ***Other*** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Reactive Attachment Disorder, elimination disorders, and eating disorders. Excluded and Other diagnoses were combined for reporting purposes. ***Invalid*** diagnoses were either missing or not a valid psychiatric diagnosis. Diagnoses were then grouped into meaningful diagnostic categories according to Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses, the most recent DSM, and/or the most recent ICD. One primary diagnosis was indicated per client for these analyses.
- **The Psychiatric Emergency Response Team (PERT)** provides emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement through phone calls from community members or in-field law enforcement request for emergency assistance. PERT pairs licensed mental health clinicians with uniformed law enforcement officers/deputies. PERT evaluates the situation, assesses the individual's mental health condition and needs, and, if appropriate, transports individual to a hospital or other treatment center, or refers them to a community-based resource or treatment facility.
- **Short-Term Residential Therapeutic Programs (STRTP)** are residential settings where youth receive short-term intensive services in order to stabilize and return to a home-based family setting.
- **Therapeutic Behavioral Services (TBS)** include services conducted by paraprofessionals to assist youth in obtaining functional skills in the community, and are provided by programs with a TBS contract.
- **Therapy** includes individual, family, and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18+) who received mental health services through BHS-CY providers.

References

[1]Broman, C. L., Wright, M. K., Broman, M. J., & Bista, S. (2019). Self-medication-and substance use: A test of the hypothesis. *Journal of Child & Adolescent Substance Abuse, 28(6),* 494-504.

[2]Wolraich, M. L., Hagan, J. F., Allan, C., Chan, E., Davison, D., Earls, M., ... & Zurhellen, W. (2019). Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics, 144(4)*.

[3]Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. *Clinical Child Psychology and Psychiatry, 20(1)*, 39-52.



Contact Us

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http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html
or in hard copy from BHSQIPIT@sdcounty.ca.gov

The Child & Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly funded behavioral health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

Appendices

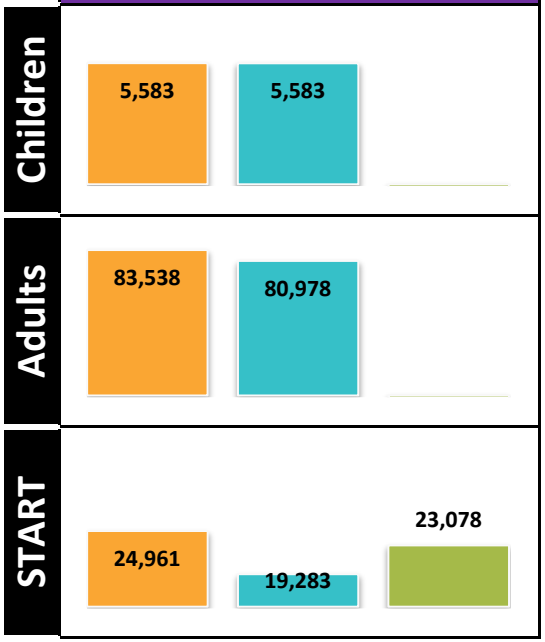
Appendix A:

Hospital Dashboard 3 Year Trend

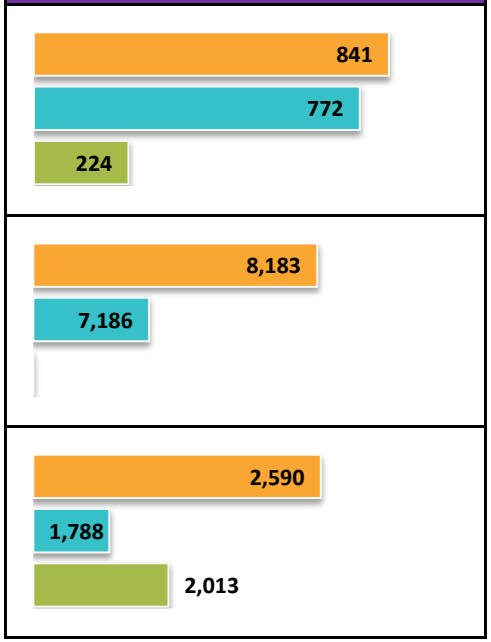
Hospital Dashboard 3 Year Trend

FY 2020-21 | FY 2021-22 | FY 2022-23

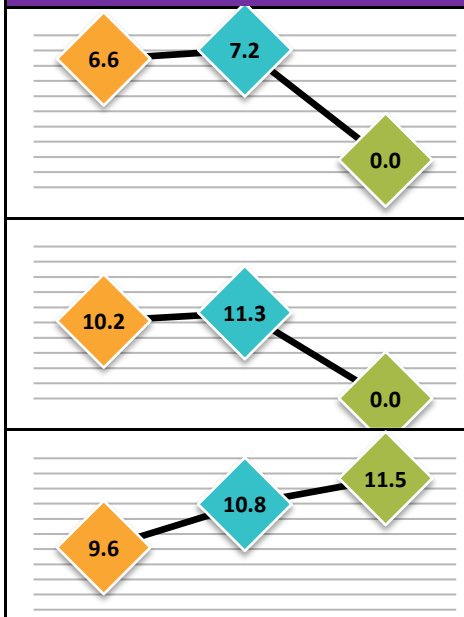
Days



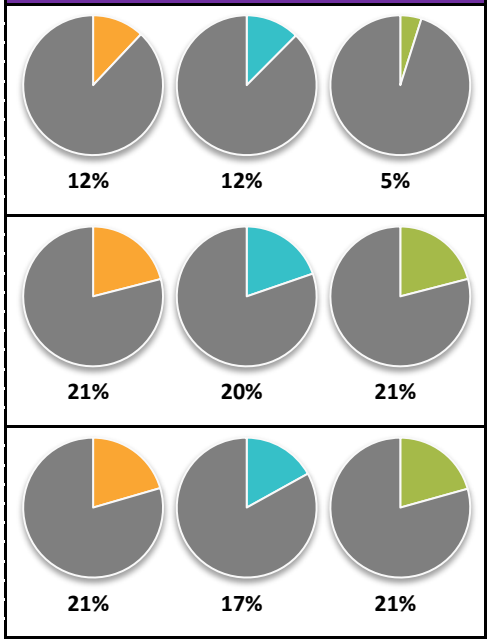
Discharges



Average Length of Stay



Readmission Rate



PERT

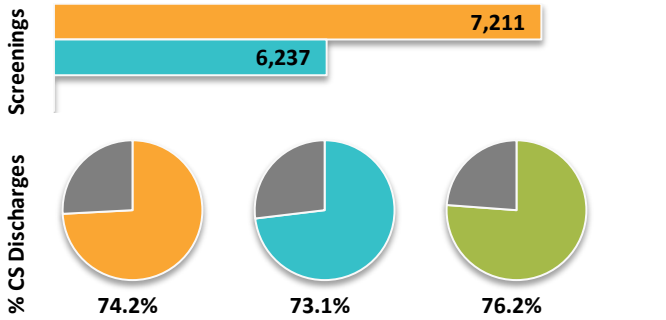
Children

Contacts	1,605	1,743	1,691
FFS & CAPS Admits	83	58	64
ESU Visits	500	619	508

Adults

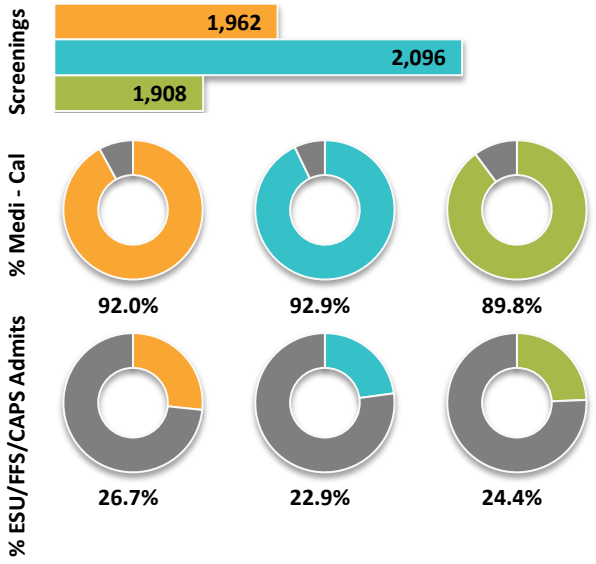
Contacts	11,155	9,267	8,693
FFS Admits	729	522	481
EPU Screenings	1,063	929	720
PERT-EPU-SDCPH	402	368	292

EPU



Medi-Cal Only	60.3%	62.6%	62.8%
Medicare Only	2.0%	1.9%	1.9%
Medi-Medi	9.7%	10.9%	11.0%
Other	28.0%	24.5%	24.3%

ESU



Data Source: CO-3A, CO3B, CO-3D, CO-22A, CO-4A, CO-4B, CO-22A, CO-3E, CO-26A, CO-26B, CO-26C. **BHS Data Science (DP,AT) | 8/24/2023**

HHSA | LIVE WELL SAN DIEGO

Appendices

Appendix B:

Pathways to Well Being Dashboard

County of San Diego Behavioral Health Services
Pathways to Wellbeing Summary Report

Fiscal Years 16-17 thru 22-23

FY 2022-23 YTD (7/1/2022-6/30/2023)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	320	145	23
Katie A Subclass	730	635	285
Unduplicated Non-CWS Clients		652	185
Total Clients		1,432	493
CFT Meetings			
Total CFT Meetings (ICC Clients Only)		4,774	

FY 2021-22 YTD (7/1/2021-6/30/2022)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	300	74	25
Katie A Subclass	812	689	284
Unduplicated Non-CWS Clients		636	215
Total Clients		1,399	524
CFT Meetings			
Total CFT Meetings (ICC Clients Only)		4,491	

FY 2020-21 YTD (7/1/2020-6/30/2021)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	474	195	53
Katie A Subclass	833	688	258
Unduplicated Non-CWS Clients		933	378
Total Clients		1,816	689
CFT Meetings			
Total CFT Meetings (ICC Clients Only)		8,553	

FY 2019-20 YTD (7/1/2019-6/30/2020)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	598	261	48
Katie A Subclass	829	681	225
Unduplicated Non-CWS Clients		1,093	452
Total Clients		2,035	725
CFT Meetings			
Total CFT Meetings (ICC Clients Only)		7,697	

FY 2018-19 YTD (7/1/2018-6/30/2019)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	799	232	22
Katie A Subclass	738	629	194
Unduplicated Non-CWS Clients		1,073	478
Total Clients		1,934	694
CFT Meetings			
Total CFT Meetings (ICC Clients Only)		7,583	

FY 2017-18 YTD (7/1/2017-6/30/2018)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	678	134	21
Katie A Subclass	718	570	194
Unduplicated Non-CWS Clients		1,238	452
Total Clients		1,942	667
CFT Meetings			
Total CFT Meetings (ICC Clients Only)		1,215	

FY 2016-17 YTD (7/1/2016-6/30/2017)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	848	82	13
Katie A Subclass	763	658	244
Unduplicated Non-CWS Clients		1,155	511
Total Clients		1,895	768
CFT Meetings			
Total CFT Meetings (ICC Clients Only)		1,807	

Appendices

Appendix C:

BHS-CY Performance Dashboards

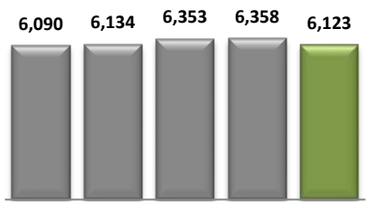
Q1 Mental Health Performance Dashboard - CYF

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

FY 2022-23 | **County of San Diego Behavioral Health Services** | **Children, Youth & Families**

Client Counts

Clients Served



6,123	Clients Served in Q1 (-3.7%)
156	Katie A. Class (10.6%)
407	Katie A. Subclass (-6.4%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.0	Urgent Assessments	NA‡
5.7	Routine Assessments	10.3
Mental Health	**Average Access Times† By Language**	**Psychiatric (Days)**
5.9	English (1274 inquiries)	10.2
4.5	Spanish (173 inquiries)	11
15.4	Arabic (5 inquiries)	NA‡
3.6	Not Reported (5 inquiries)	NA‡
4.7	Mandarin (4 inquiries)	3.0

*Urgent assessments reported in calendar days, routine assessments reported in business days.
†Access Times for routine assessments, prioritized by number of inquiries.
‡NA = No psychiatric service inquiries.

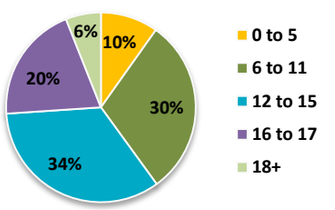
Utilization by Program Type*

Mental Health Services	N	%	▲
Emergency/Crisis	328	5%	-1%
Inpatient	184	3%	0%
Juvenile Forensic Services	358	6%	1%
Outpatient	5,403	88%	0%
Shelter and Respite	67	1%	0%
Short-Term Residential Therapeutic Program+†	188	3%	0%
Therapeutic Behavioral Services	149	2%	-1%
Wraparound	162	3%	1%
Inpatient Discharges (<18 years; N=203)	**N**	**%**	**▲**
Without Readmission	175	86%	2%
30 Day Readmission	28	14%	-2%
7 Day Connection to Services	101	50%	9%
30 Day Connection to Services	140	69%	13%

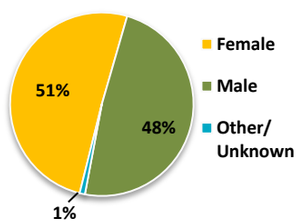
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

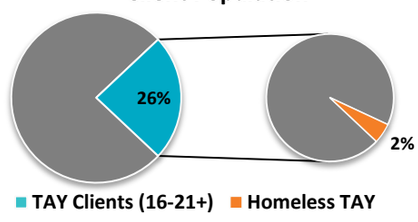
Age



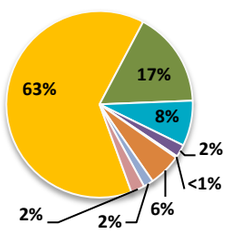
Gender



Client Population

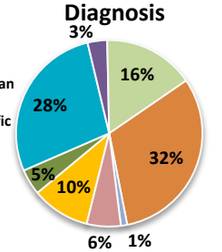


Race/Ethnicity*



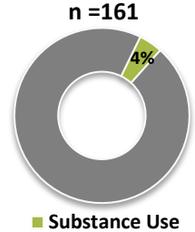
*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n =161



Quality of Life

Client Indicator	▲
94% Attend School	-1%
94% Are Insured by Medi-Cal†	0%
99% Are Housed	0%
94% Have a Primary Care Physician	9%
57% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	5%
52% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	1%

▲= Percentage point change from previous quarter.
†Excludes clients receiving other types of insurance.

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 11/2022 2) CYF mHOMS: PSC 11/2022 3) SDBHS : Q1 FY 2022-23 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q1 FY 2022-23 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 12/06/2022

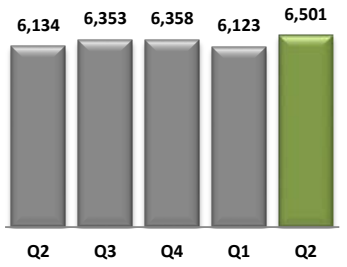
Q2 Mental Health Performance Dashboard - CYF

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

FY 2022-23 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



6,501	Clients Served in Q2 (6.2%)
178	Katie A. Class (14.1%)
421	Katie A. Subclass (3.4%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.3	Urgent Assessments	NA‡
7.9	Routine Assessments	11.4

Mental Health	Average Access Times† By Language	Psychiatric (Days)
8.1	English (1397 inquiries)	11.2
6.9	Spanish (226 inquiries)	12.9
6.8	ASL (4 inquiries)	NA‡
0.0	Not Reported (3 inquiries)	NA‡
1.0	Russian (2 inquiries)	NA‡

*Urgent assessments reported in calendar days, routine assessments reported in business days.
†Access Times for routine assessments, prioritized by number of inquiries.
‡NA = No psychiatric service inquiries.

Utilization by Program Type*

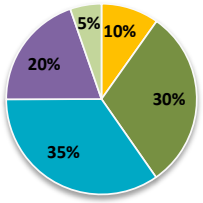
Mental Health Services	N	%	▲
Emergency/Crisis	328	5%	0%
Inpatient	134	2%	-1%
Juvenile Forensic Services	383	6%	0%
Outpatient	5,722	88%	0%
Shelter and Respite	88	1%	0%
Short-Term Residential Therapeutic Program+†	183	3%	0%
Therapeutic Behavioral Services	146	2%	0%
Wraparound	187	3%	0%

Inpatient Discharges (<18 years; N=192)	N	%	▲
Without Readmission	172	90%	4%
30 Day Readmission	20	10%	-4%
7 Day Connection to Services	75	39%	-11%
30 Day Connection to Services	106	55%	-14%

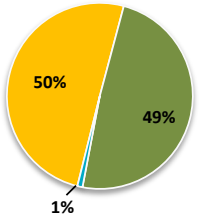
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

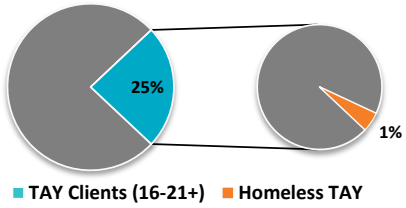
Age



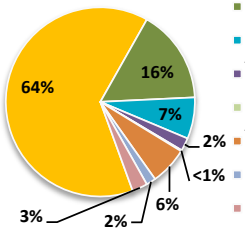
Gender



Client Population

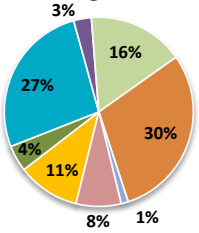


Race/Ethnicity*



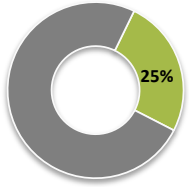
*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n =983



Quality of Life

Client Indicator	▲
98% Attend School	4%
95% Are Insured by Medi-Cal†	2%
99% Are Housed	0%
86% Have a Primary Care Physician	-8%
54% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-3%
52% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	0%

▲= Percentage point change from previous quarter.
†Excludes clients receiving other types of insurance.

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 03/2023 2) CYF mHOMS: PSC 03/2023 3) SDBHS : Q2 FY 2022-23 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q2 FY 2022-23 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 03/15/2023

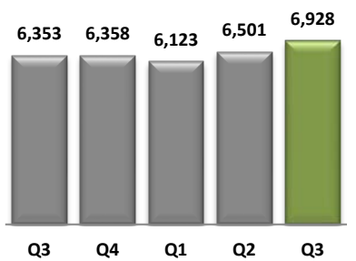
Q3 Mental Health Performance Dashboard - CYF

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

FY 2022-23 | **County of San Diego Behavioral Health Services** | **Children, Youth & Families**

Client Counts

Clients Served



6,928	Clients Served in Q3 (6.6%)
185	Katie A. Class (3.9%)
441	Katie A. Subclass (4.8%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.2	Urgent Assessments	NA‡
8.0	Routine Assessments	9.1

Mental Health	Average Access Times† By Language	Psychiatric (Days)
8.1	English (1786 inquiries)	8.9
7.2	Spanish (283 inquiries)	10.1
20.0	Not Reported (10	25.0
7.3	Mandarin (5 inquiries)	2.0
3.0	Arabic (3 inquiries)	NA‡

*Urgent assessments reported in calendar days, routine assessments reported in business days.
†Access Times for routine assessments, prioritized by number of inquiries.
‡NA = No psychiatric service inquiries.

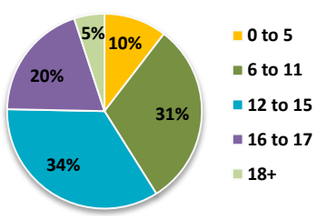
Utilization by Program Type*

Mental Health Services	N	%	▲
Emergency/Crisis	370	5%	0%
Inpatient	195	3%	1%
Juvenile Forensic Services	422	6%	0%
Outpatient	6,086	88%	0%
Shelter and Respite	82	1%	0%
Short-Term Residential Therapeutic Program+†	196	3%	0%
Therapeutic Behavioral Services	157	2%	0%
Wraparound	210	3%	0%
Inpatient Discharges (<18 years; N=228)	**N**	**%**	**▲**
Without Readmission	188	82%	-8%
30 Day Readmission	40	18%	8%
7 Day Connection to Services	104	46%	7%
30 Day Connection to Services	140	61%	6%

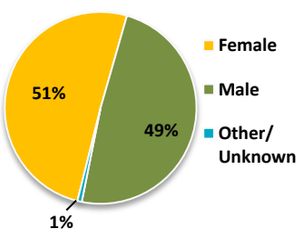
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

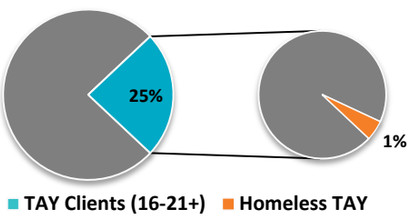
Age



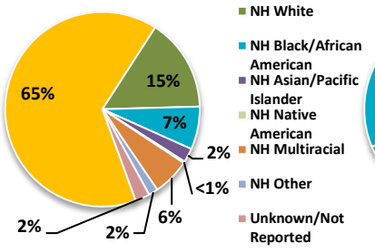
Gender



Client Population

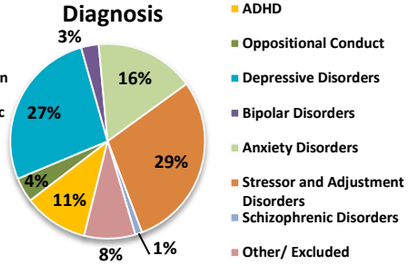


Race/Ethnicity*



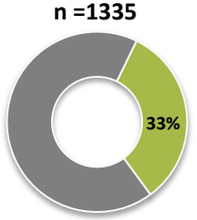
*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n =1335



Quality of Life

Client Indicator	▲
98% Attend School	0%
96% Are Insured by Medi-Cal†	1%
99% Are Housed	0%
85% Have a Primary Care Physician	-1%
53% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-1%
51% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	-1%

▲= Percentage point change from previous quarter.
†Excludes clients receiving other types of insurance.

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 05/2023 2) CYF mHOMS: PSC 03/2023 3) SDBHS : Q3 FY 2022-23 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q3 FY 2022-23 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 06/01/2023

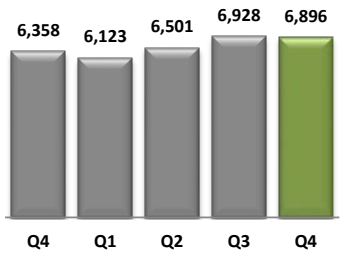
Q4 Mental Health Performance Dashboard - CYF

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

FY 2022-23 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



6,896	Clients Served in Q4 (-0.5%)
166	Katie A. Class (-10.3%)
463	Katie A. Subclass (5.0%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.0	Urgent Assessments	NA‡
9.4	Routine Assessments	7.5

Mental Health	Average Access Times† By Language	Psychiatric
9.5	English (1,182 inquiries)	7.8
8.1	Spanish (170 inquiries)	6.1
28.3	Not Reported (4 inquiries)	NA‡
2.5	Other Non-English (2 inquiries)	NA‡
1.0	Cambodian (1 inquiries)	NA‡

*Urgent assessments reported in calendar days, routine assessments reported in business days.
†Access Times (in business days) for routine assessments, prioritized by number of inquiries.
‡NA = No psychiatric service inquiries.

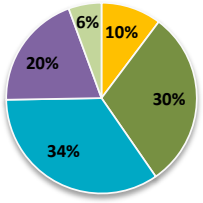
Utilization by Program Type*

Mental Health Services	N	%	▲
Emergency/Crisis	321	5%	0%
Inpatient	194	3%	0%
Juvenile Forensic Services	483	7%	1%
Outpatient	6,058	88%	0%
Shelter and Respite	81	1%	0%
Short-Term Residential Therapeutic Program+†	173	3%	0%
Therapeutic Behavioral Services	148	2%	0%
Wraparound	223	3%	0%
Inpatient Discharges (<18 years; N=212)	**N**	**%**	**▲**
Without Readmission	183	86%	4%
30 Day Readmission	29	14%	-4%
7 Day Connection to Services	112	53%	7%
30 Day Connection to Services	134	63%	2%

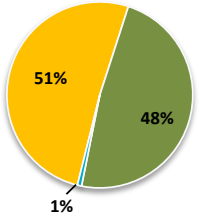
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

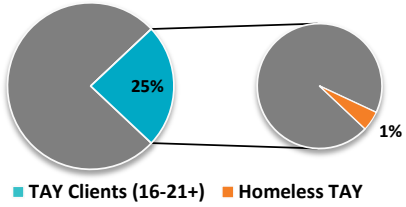
Age



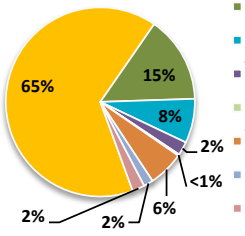
Gender



Client Population

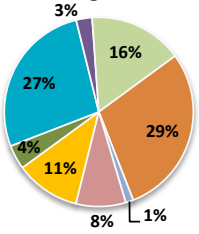


Race/Ethnicity*



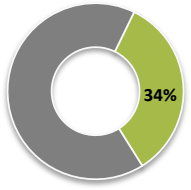
*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n =1,393



Quality of Life

Client Indicator	▲
98% Attend School	0%
95% Are Insured by Medi-Cal†	-1%
99% Are Housed	0%
85% Have a Primary Care Physician	0%
55% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	2%
50% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	-1%

▲= Percentage point change from previous quarter.
†Excludes clients receiving other types of insurance.

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 07/2023 2) CYF mHOMS: PSC 08/2023 3) SDBHS : Q4 FY 2022-23 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q4 FY 2022-23 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 08/30/2023

Appendices

Appendix D:

BHS-CY Special Populations Report

FY 2022-23

Special Populations Report - CYF

County of San Diego Behavioral Health Services

Children, Youth & Families

Homeless (1% n=99)

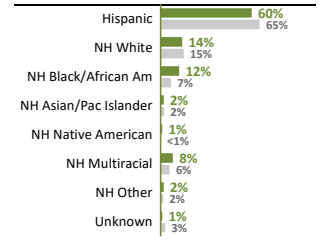
HOMELESS | CYF

LOC†	%	CYF%
Outpatient Services	90%	90%
JFS	0%	7%
Wraparound	6%	3%
TBS	0%	3%
Residential	6%	4%
Emergency/Crisis	16%	10%
Inpatient	10%	5%

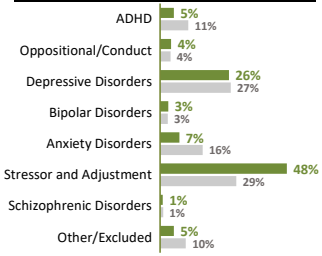
Insurance	%	CYF%
Medi-Cal Only	88%	94%
Any Private Insurance	3%	2%
Other	0%	1%
Uninsured/Unknown	9%	4%

Living Arrangement	%
Unhoused	26%
Temporary Shelter	22%
Couch Surfing	52%

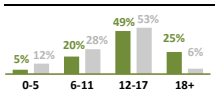
Race/Ethnicity*



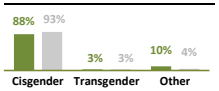
Diagnosis



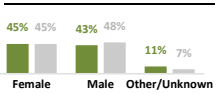
Age

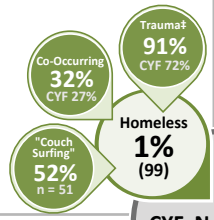


Gender Identity



Gender¶





LGBTQ+ (14% n=1,646)

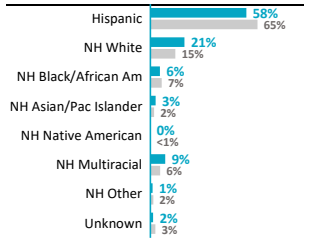
LGBTQ | CYF

LOC†	%	CYF%
Outpatient Services	91%	90%
JFS	4%	7%
Wraparound	4%	3%
TBS	4%	3%
Residential	9%	4%
Emergency/Crisis	21%	10%
Inpatient	12%	5%

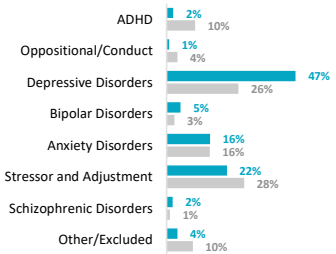
Insurance	%	CYF%
Medi-Cal Only	93%	94%
Any Private Insurance	3%	2%
Other	1%	1%
Uninsured/Unknown	2%	4%

Orientation	13-15	16-17	18+
Lesbian	7%	5%	5%
Gay	4%	5%	5%
Bisexual/Pansexual	54%	62%	63%
Queer	1%	3%	4%
Asexual	2%	3%	3%
Questioning/Unsure	22%	14%	10%
Other§	9%	7%	8%

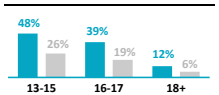
Race/Ethnicity*



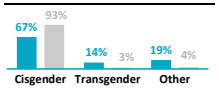
Diagnosis



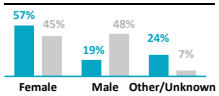
Age

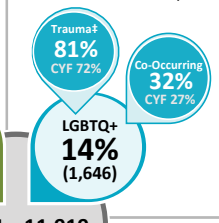


Gender Identity



Gender¶





CYF N = 11,919

Probation & CYFBHS (5% n=642)

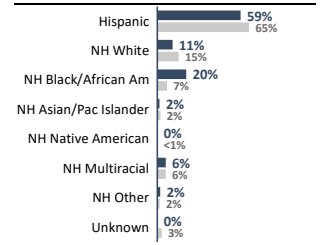
PROBATION/CYF | CYF

LOC†	%	CYF%
Outpatient Services	25%	90%
JFS	90%	7%
Wraparound	10%	3%
TBS	1%	3%
Residential	10%	4%
Emergency/Crisis	4%	10%
Inpatient	3%	5%

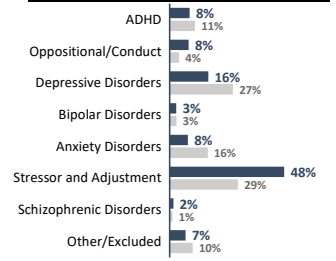
Insurance	%	CYF%
Medi-Cal Only	80%	94%
Any Private Insurance	3%	2%
Other	1%	1%
Uninsured/Unknown	17%	4%

Living Arrangement	%	CYF%
House or Apartment	22%	85%
Correctional Facility	70%	5%
Foster Home	<1%	4%
Group Home	6%	2%
Children's Shelter	<1%	1%
Homeless	1%	1%
Other	<1%	1%

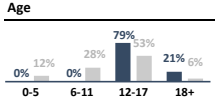
Race/Ethnicity*



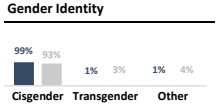
Diagnosis



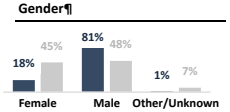
Age

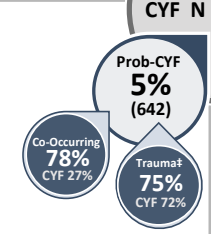


Gender Identity



Gender¶





Child and Family Well-Being & CYFBHS (9% n=1,110)

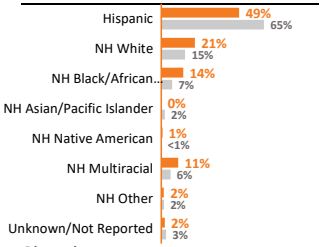
CFWB/CYF | CYF

LOC†	%	CYF%
Outpatient	87%	90%
JFS	6%	7%
Wraparound	13%	3%
TBS	4%	3%
Residential	23%	4%
Emergency/Crisis	7%	10%
Inpatient	5%	5%

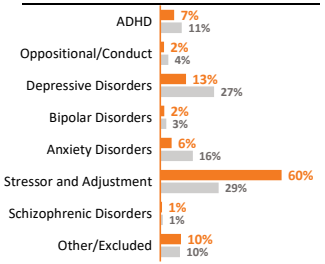
Insurance	%	CYF%
Medi-Cal Only	97%	94%
Any Private Insurance	2%	2%
Other	0%	1%
Uninsured/Unknown	1%	4%

Living Arrangement	%	CYF%
House or Apartment	39%	85%
Correctional Facility	3%	5%
Foster Home	36%	4%
Group Home	9%	2%
Children's Shelter	7%	1%
Homeless	1%	1%
Other	2%	1%

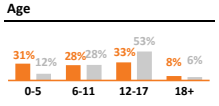
Race/Ethnicity*



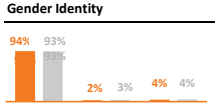
Diagnosis



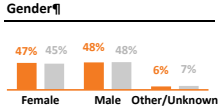
Age

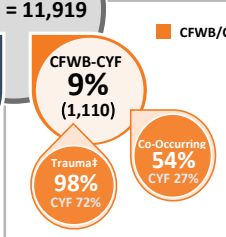


Gender Identity



Gender¶





*NH refers to Non-Hispanic/Latino.
†Level of Care designations were updated in FY 2020-21 and may not be directly comparable to previous years.
‡Excludes clients for whom history of trauma was unknown.
§Other sexuality includes heterosexual.
¶Gender is how clients currently identify, not sex assigned at birth.
Please note: Data may be impacted starting March 2020 due to COVID-19. This report is limited to Mental Health Services clients.

Report Date: 6/6/2024

CASRC (AEC, CB)
Data Source: CCBH, CFWB, Probation 10/2023

FY 2022-23 Special Populations Report - CYF

County of San Diego Behavioral Health Services

Key Findings

Homeless (1% n=99)

- Only 9 youth experiencing homelessness were served in the CYFBHS system in FY 2022-23. These data should be interpreted with caution due to the very small number.
- Youth experiencing homelessness were more likely than the CYFBHS systemwide averages to be over the age of 18, and have a stressor/adjustment disorder diagnosis.
- Ninety-one percent of youth experiencing homelessness were reported to have a history of trauma, as compared to 72% systemwide.
- Youth experiencing homelessness were more likely to receive emergency/crisis services.
- Thirty-two percent of youth ages 12+ experiencing homelessness were identified as having a co-occurring substance use issue, as compared to 27% systemwide.

LGBTQ+ (14% n=1,646)

- Sexual orientation and gender identity are currently evaluated only for youth ages 13 and up.
- LGBTQ+ youth were more likely to identify as female (fifty-seven percent) and other gender (twenty-four percent) than the CYFBHS systemwide average.
- LGBTQ+ youth were more than twice as likely to receive services in both emergency/crisis and inpatient levels of care.
- Forty-seven percent of LGBTQ+ youth were diagnosed with a depressive disorder, as compared to 26% in the CYFBHS systemwide average.
- Thirty-two percent of LGBTQ+ youth ages 13+ were identified as having a co-occurring substance use issue, as compared to 27% systemwide.

CYF
N = 11,919

Probation & CYFBHS (5% n=642)

- Youth open to both the Probation and CYFBHS sectors were more likely than the CYFBHS sytemwide averages to be older, male, and Black/African American.
- These youth were twice as likely to be diagnosed with an oppositional/conduct disorder as compared to the CYFBHS systemwide average. The rate of stressor/adjustment disorder diagnosis among these youth has increased from 38% in FY 2020-21 to 49% in FY 2022-23.
- Youth open to both the Probation and CYFBHS sectors were the primary utilizers of outpatient Juvenile Forensic Services.
- Seventy-eight percent of youth ages 12+ open to both the Probation and CYFBHS sectors were identified as having a co-occurring substance use issue, as compared to 27% systemwide.

Child and Family Well-Being & CYFBHS (9% n=1,110)

- Youth open to both the Child Welfare and CYFBHS sectors were more likely to be younger and less likely to be Hispanic, as compared to CYFBHS systemwide averages.
- These youth were most likely to have a diagnosis of stressor/adjustment disorder.
- Youth open to both the Child Welfare and CYFBHS sectors were more likely to receive residential services than any other CYF Special Population.
- These youth were more likely than any other CYF Special Population to have experienced trauma.
- Fifty-four percent of youth ages 12+ open to both the Child Welfare and CYFBHS sectors were identified as having a co-occurring substance use issue, as compared to 27% systemwide.

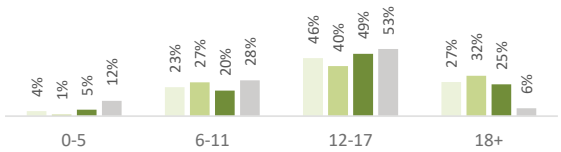
3-Year Trend Special Populations Report - CYF

County of San Diego Behavioral Health Services

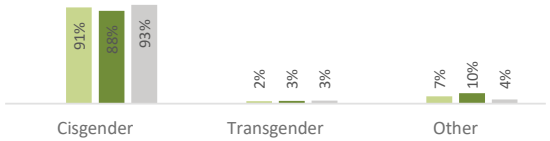
Legend: FY 2020-21 (n=74) | FY 2021-22 (n=78) | FY 2022-23 (n=99) | Systemwide FY 2022-23 (n=11,919)

Homeless

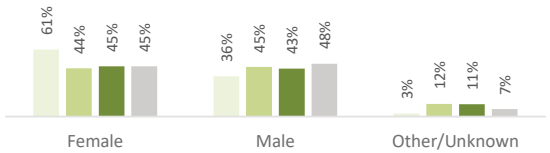
Age



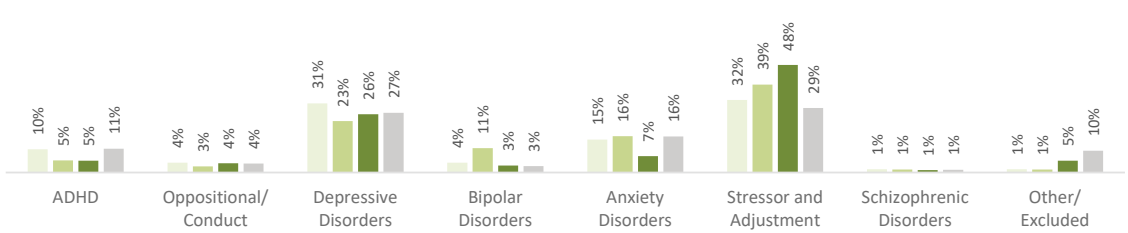
Gender Identity



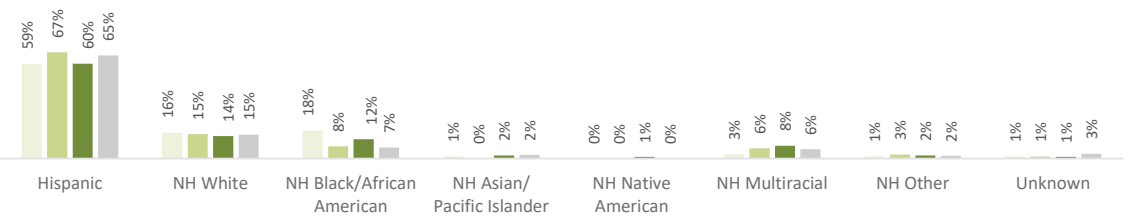
Gender¶



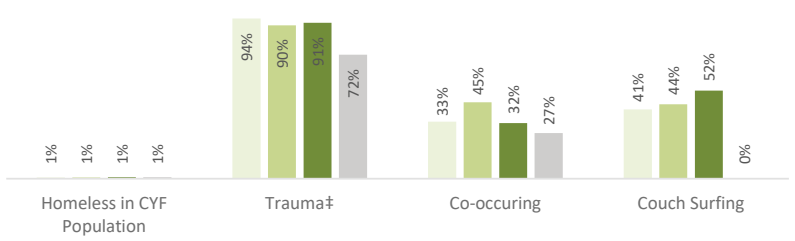
Diagnosis



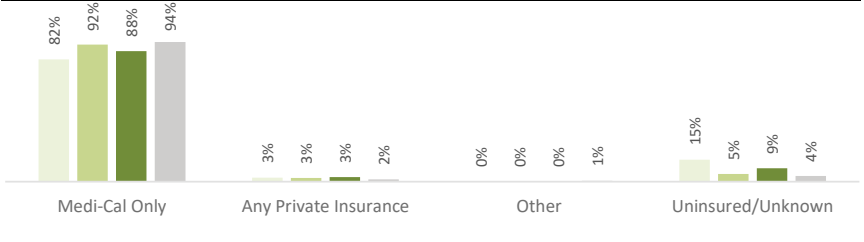
Race/Ethnicity*



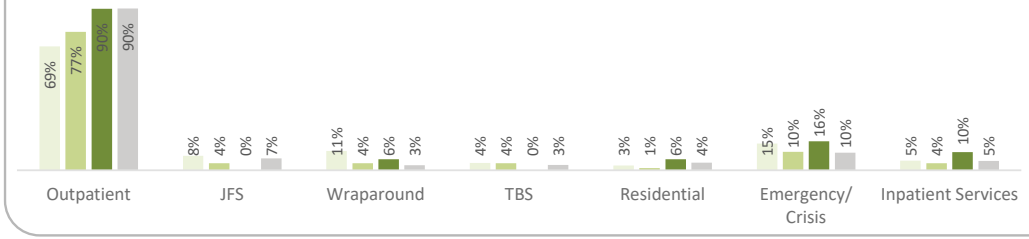
Special Population Characteristics



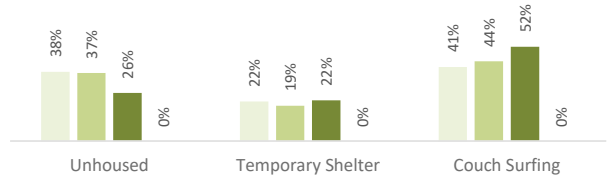
Insurance



LOC†



Living Arrangement



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Please note: Data may be impacted starting March 2020 due to COVID-19. This report is limited to Mental Health Services clients.

Report Date: 6/6/2024

CASRC (AEC, CB)
Data Source: CCBH 10/2023

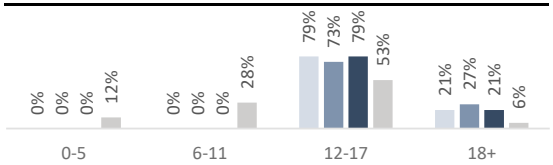
3-Year Trend Special Populations Report - CYF

County of San Diego Behavioral Health Services

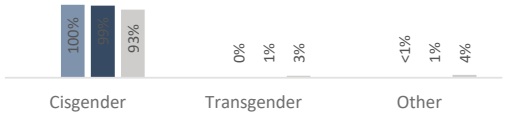
Legend: FY 2020-21 (n=735) | FY 2021-22 (n=564) | FY 2022-23 (n=642) | FY 2022-23 Systemwide (n=11,919)

Probation

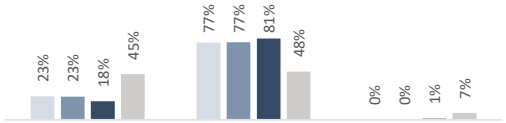
Age



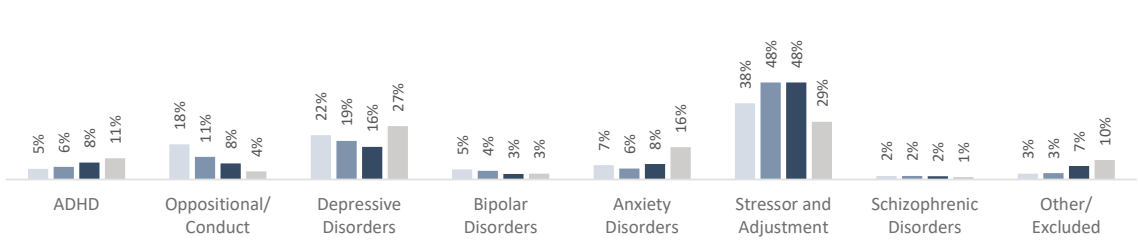
Gender Identity



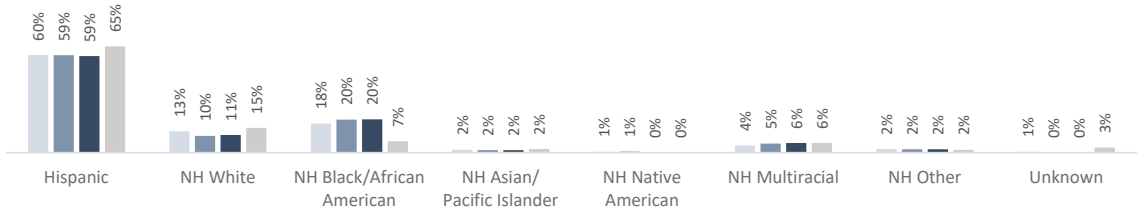
Gender¶



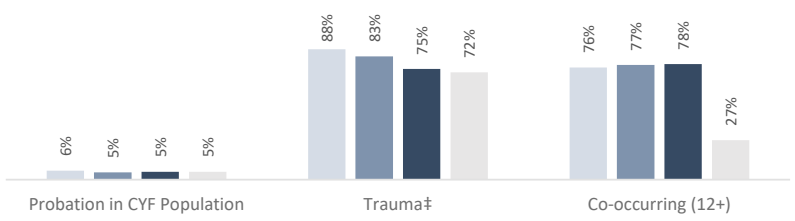
Diagnosis



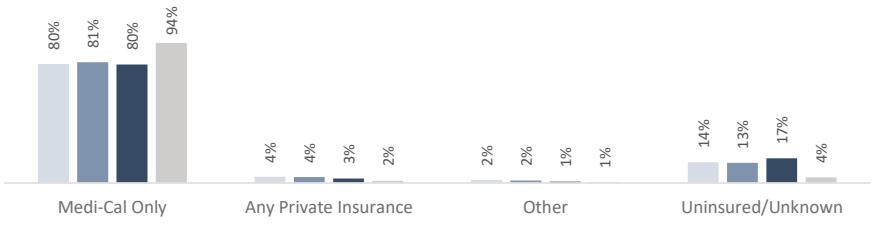
Race/Ethnicity*



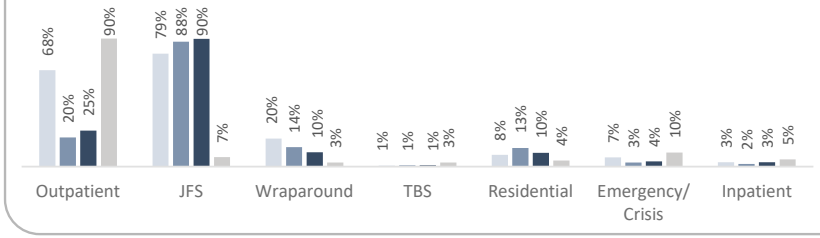
Special Population Characteristics



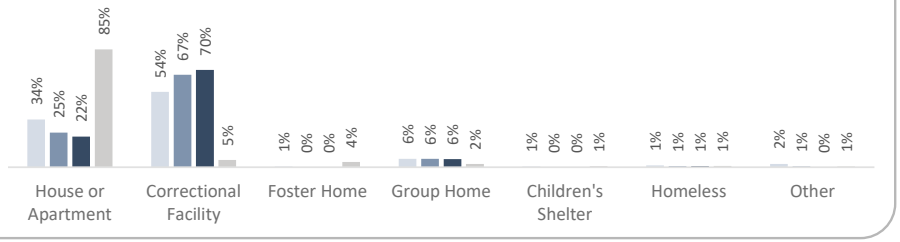
Insurance



LOC†



Living Arrangement



**NH refers to Non-Hispanic/Latino.*
†Level of Care designations were updated in FY 2020-21 and may not be directly comparable to previous years.
‡Excludes clients for whom history of trauma was unknown.
¶Gender is how clients currently identify, not sex assigned at birth.
Please note: Data may be impacted starting March 2020 due to COVID-19. This report is limited to Mental Health Services clients.

Report Date: 6/6/2024

CASRC (AEC, CB)
Data Source: CCBH, Probation 10/2023

3-Year Trend

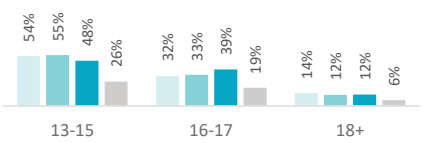
Special Populations Report - CYF

County of San Diego Behavioral Health Services

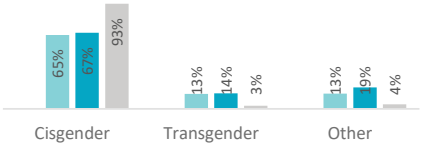
Legend: FY 2020-21 (n=-1,346) | FY 2021-22 (n=1,702) | FY 2022-23 (n=1,646) | FY 2022-23 Systemwide (n=11,919)

LGBTQ+

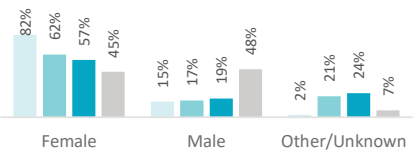
Age



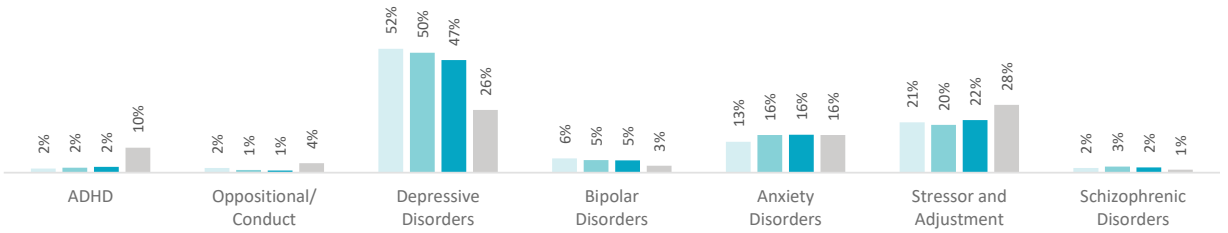
Gender Identity



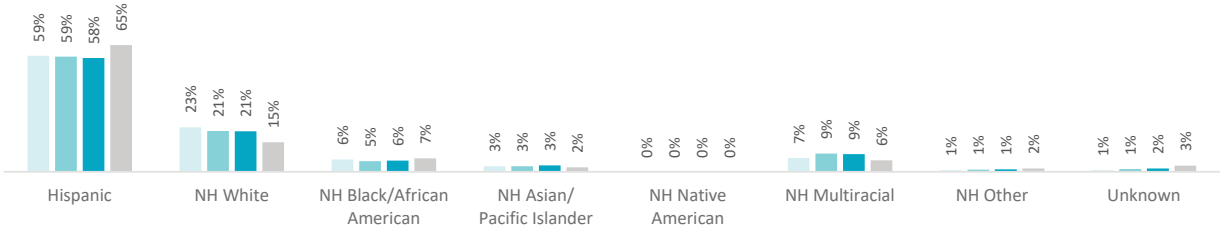
Gender¶



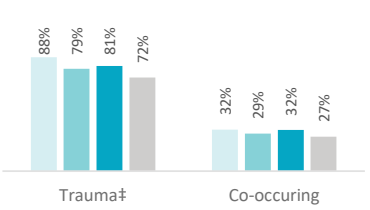
Diagnosis



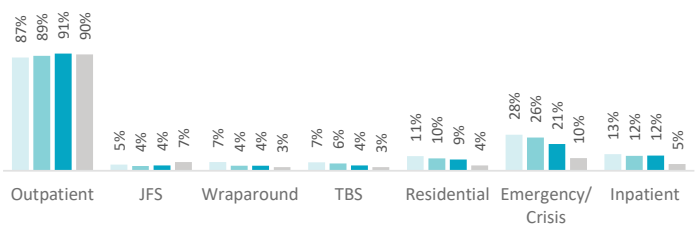
Race/Ethnicity*



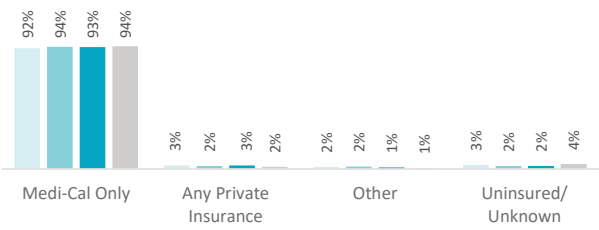
Special Population Characteristics



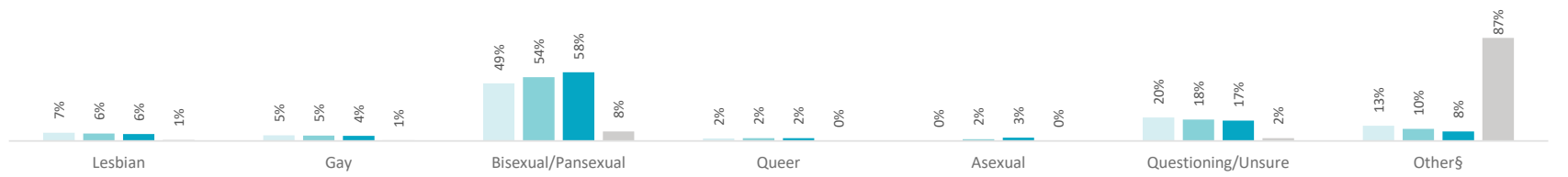
LOC†



Insurance



Orientation



*NH refers to Non-Hispanic/Latino.
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‡Excludes clients for whom history of trauma was unknown.
§Other sexuality includes heterosexual.
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Report Date: 6/6/2024

CASRC (AEC, CB)
Data Source: CCBH 10/2023

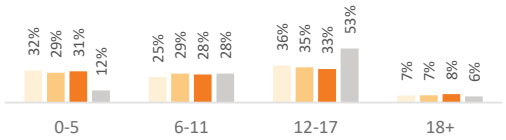
3-Year Trend Special Populations Report - CYF

County of San Diego Behavioral Health Services

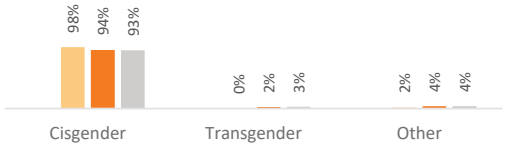
Legend: FY 2019-20 (n=1,704) | FY 2020-21 (n=1,277) | FY 2021-22 (n=1,110) | FY 2022-23 Systemwide (n=11,919)

Child and Family Well-Being

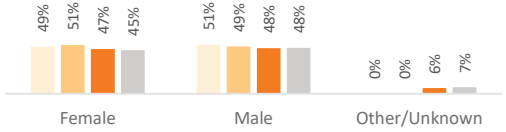
Age



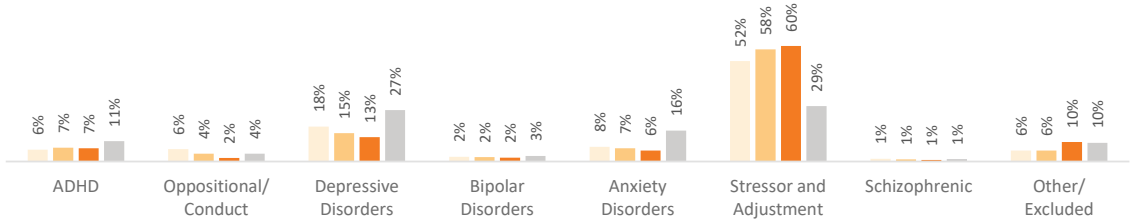
Gender Identity



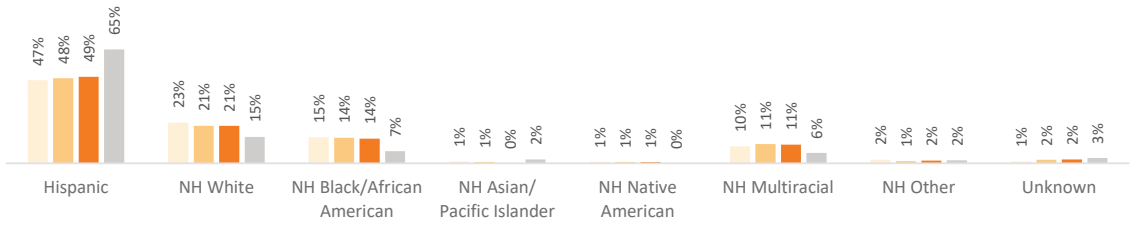
Gender¶



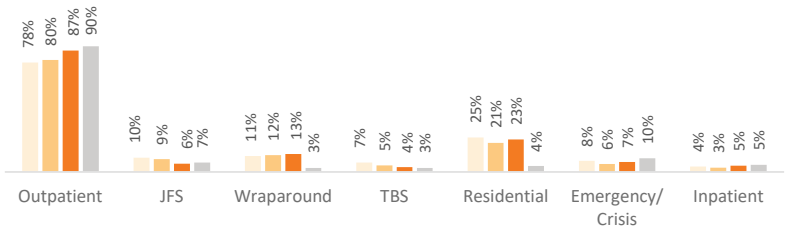
Diagnosis



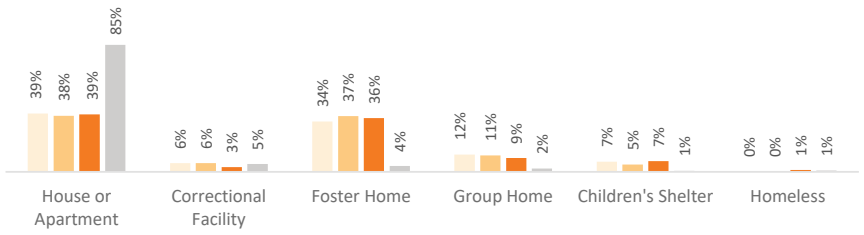
Race/Ethnicity*



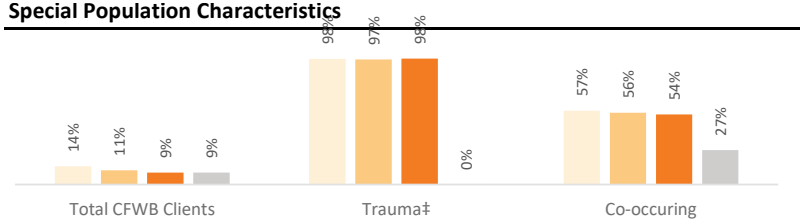
LOC†



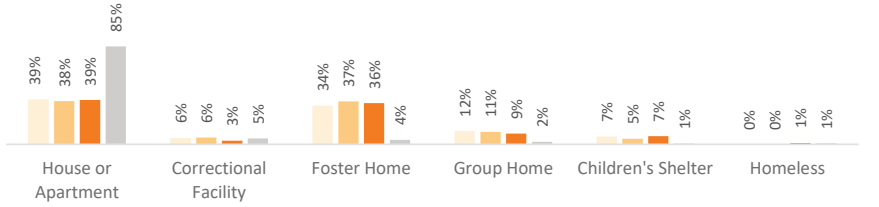
Living Situation



Special Population Characteristics



Living Arrangement



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Report Date: 6/6/2024

CASRC (AEC, CB)
Data Source: CCBH, CFWB 10/2023

Appendices

Appendix E:

BHS-CY Areas of Influence Report

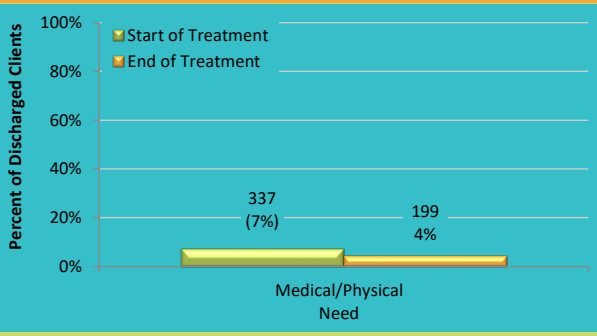
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2022-23

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2022 and June 2023. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.

HEALTH (N=4,856)

Physical Activity
Connection to Health Home
Healthy Food
Immunizations

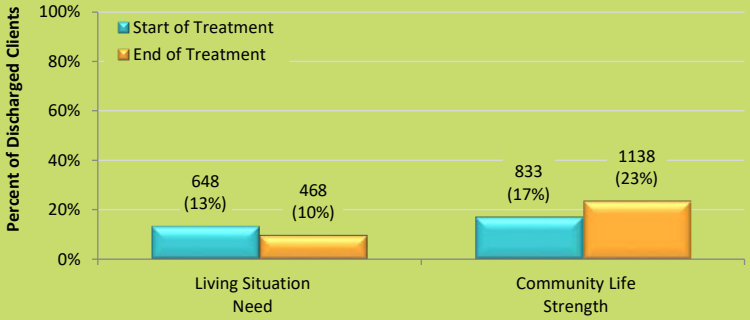


CANS items
Medical/Physical Need

COMMUNITY (N=4,856)

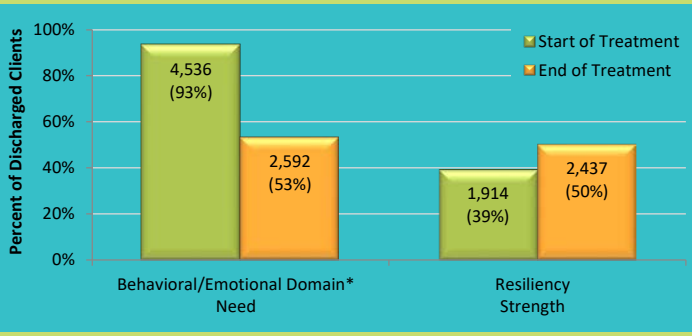
Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

CANS items
Living Situation Need
Community Life Strength



STANDARD OF LIVING (N=4,856)

Access to Healthcare
Access to Behavioral Health Services



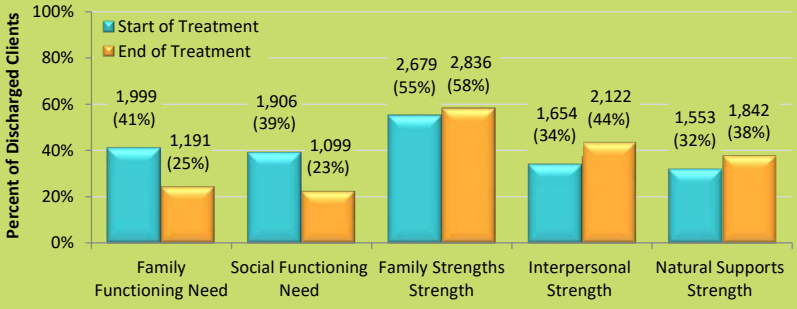
CANS items
Behavioral/Emotional Need
Resiliency Strength

*This Domain is comprised of 9 individual behavioral and emotional needs

SOCIAL (N=4,856)

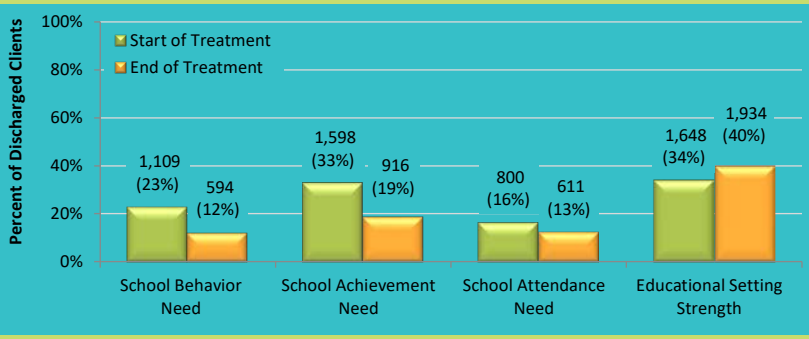
Supportive Families
Nurturing Communities
Connection to Natural Supports

CANS items
Family & Social Functioning Needs
Family Strength
Interpersonal Strength
Natural Supports Strength



KNOWLEDGE (N=4,856)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions



CANS items
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

NOTE: All changes from intake to discharge were statistically significant. However, due to large sample sizes, they were not necessarily clinically meaningful.

SOCE system of care evaluation
LIVE WELL SAN DIEGO
COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
CASRC Child and Adolescent Services Research Center