County of San Diego
Health and Human Services Agency

Children, Youth & Families Behavioral Health Services

Systemwide Annual Report, FY 2019-20

CASRC Child and Adolescent Services Research Center
v. 5/27/2021
COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY
LIVE WELL SAN DIEGO

Children, Youth & Families Behavioral Health Services
Systemwide Annual Report

Health and Human Services Agency

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Acknowledgments

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

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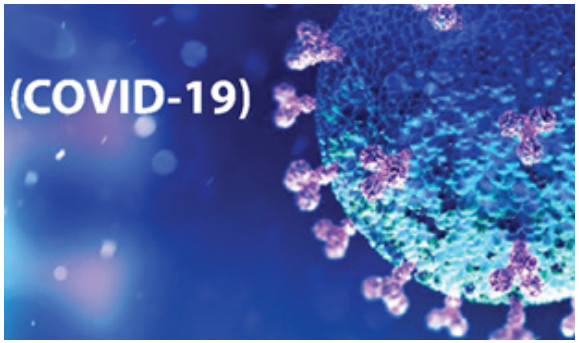
Systemwide Annual Report



This report summarizes cumulative system demographics and clinical outcomes for children and adolescents served by the County of San Diego's, Health and Human Services Agency (HHSA), Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year (FY) 2019-20 (July 2019 – June 2020). CYFBHS System of Care serves children and youth up to age 21, as well as a perinatal population. The primary focus of this annual report is CYFBHS mental health services, with limited information also available on prevention, early intervention, and addiction treatment. **It is important to note that the COVID-19 pandemic and accompanying stay-at-home order began March of 2020, which may have affected FY 2019-20 data in myriad ways.** CYFBHS and CASRC are working to understand the impact of the pandemic on youth and families in San Diego County.

Children, Youth & Families Behavioral Health System of Care

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

Live Well San Diego

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

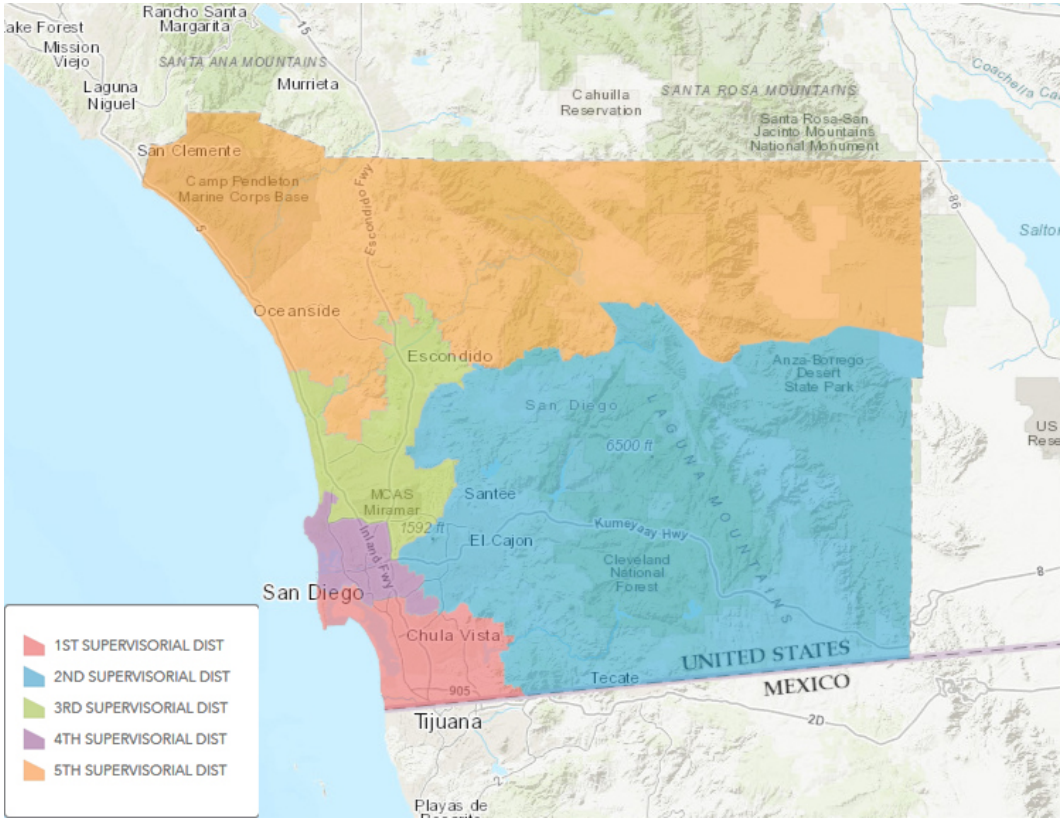
The Importance of Assessment

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

Introduction

Provider Systems

In FY 2019-20, CYFBHS served children and youth with serious emotional disturbance (SED) through two provider systems distributed throughout San Diego County: **Organizational Providers** and **Fee-for-Service (FFS) Providers**. Organizational providers offer coordinated multidisciplinary services, while the FFS system is comprised of 371 individual practitioners throughout the community with a wide range of specialties; 219 FFS providers are credentialed to provide services for children and youth.



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

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

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

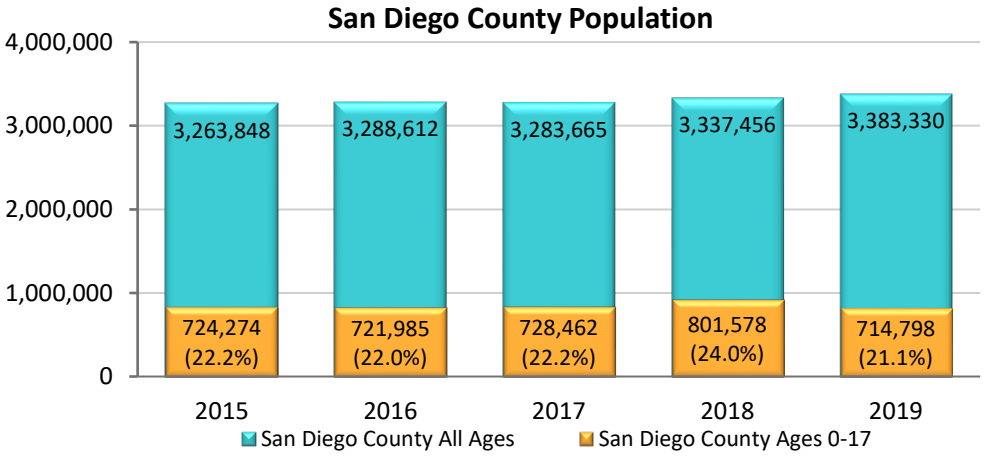
- Outpatient Services (OS)
- Intensive Outpatient Services (IOS)
- Opioid Treatment Programs (OTP)
- Residential 3.1
- Residential 3.5
- Withdrawal Management 3.2
- Recovery Services

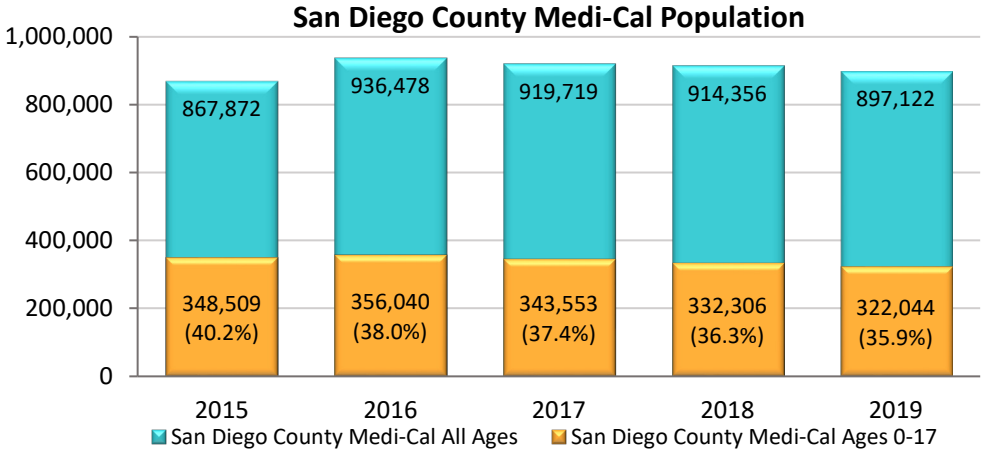
Note: *Discrepancies between service data in the FY 2019-20 Annual Report and the FY 2019-20 Databook for CYFBHS are due to differences in how the data are generated; by program modality for the Databook and by service code for the Annual Report.*
Note: *Percentages may not add up to 100% due to rounding.*

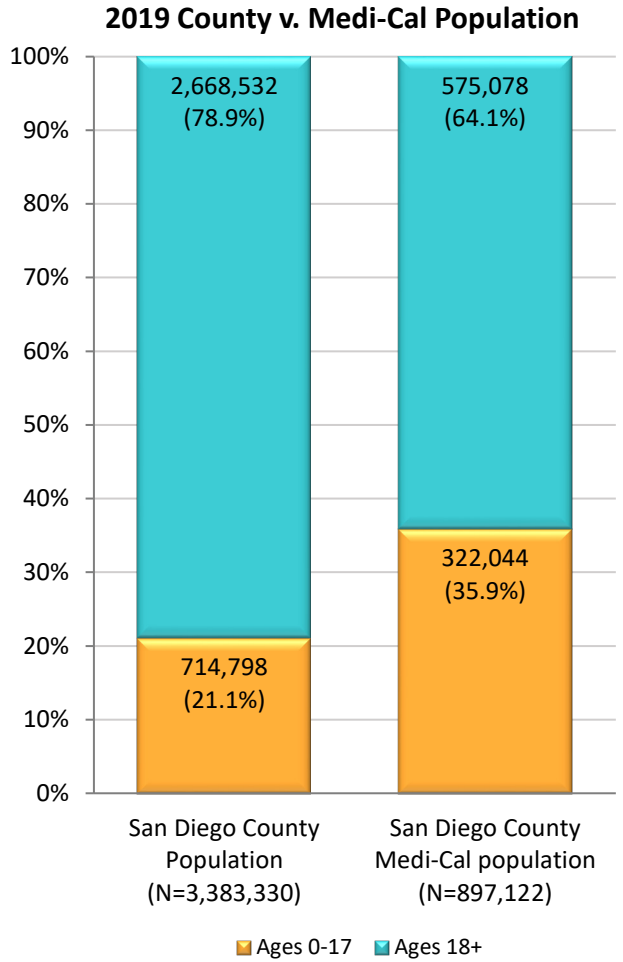
Introduction

San Diego County

The estimated population of San Diego County in 2019 (Source: US Census Bureau estimate, accessed 1/20/2021) was 3,383,330 residents, 714,798 (21%) of whom were under the age of 18. In 2019, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 1/20/21) was 897,122 residents, 322,044 (36%) of whom were ages 0-17 years.





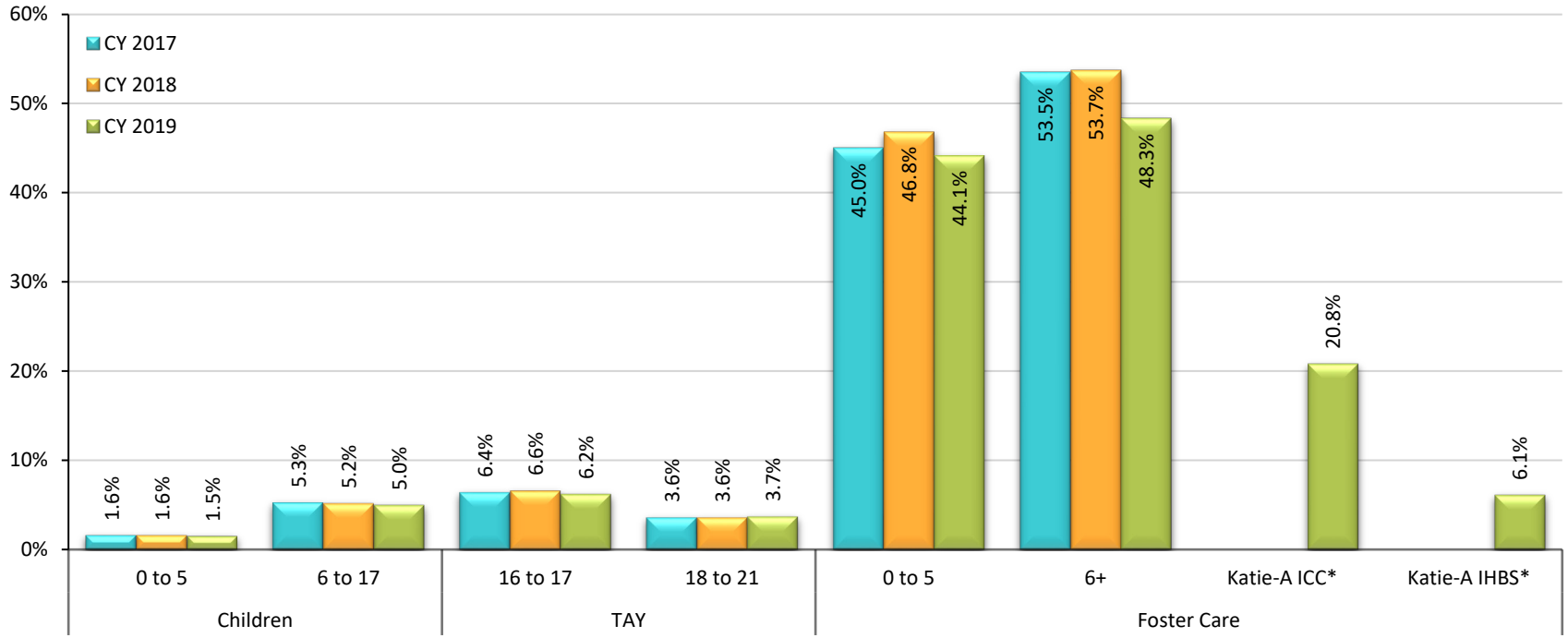


Medi-Cal Penetration Rates

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 CYFBHS mental health treatment system, compared to the total number of Medi-Cal beneficiaries in San Diego County. CYFBHS penetration rates remained relatively consistent over the three calendar years for all children and TAY, decreased for youth in foster care, and increased for youth with Katie-A status.

San Diego County CYF Client SMHS Medi-Cal Penetration Rates
Calendar Year (CY) 2017 to 2019



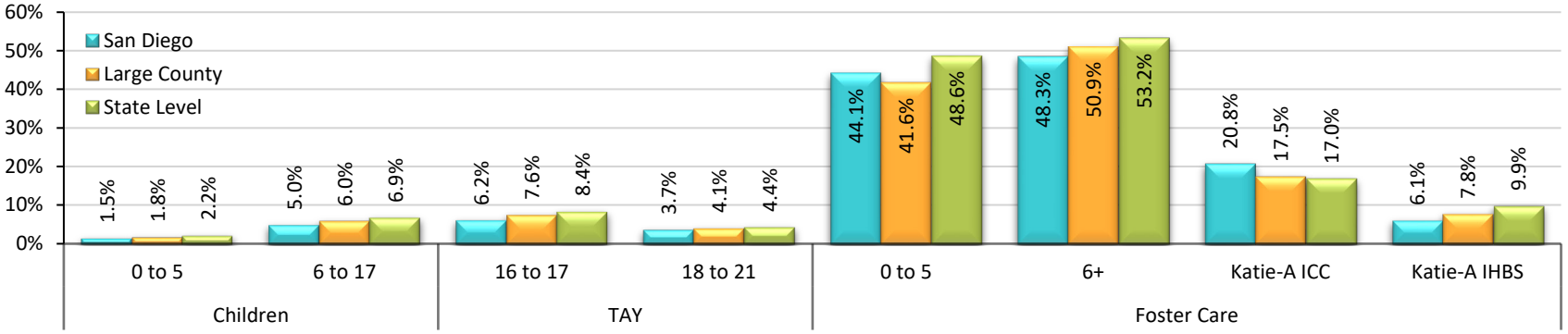
**Prior to 2019, ICC and IHBS penetration rate data were reported together*
Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2020

Medi-Cal Penetration Rates

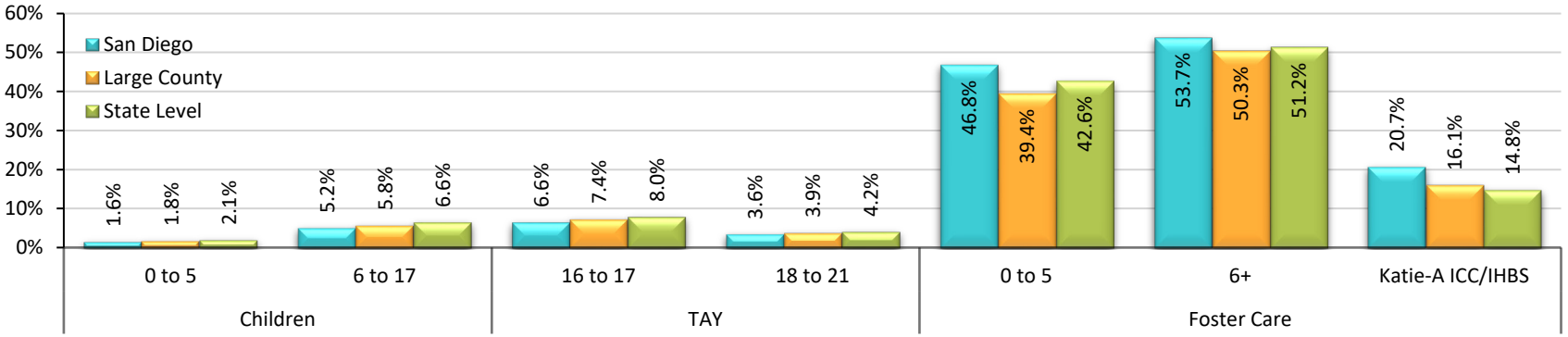
Penetration Rate of SMHS Medi-Cal Beneficiaries in San Diego County, Large Counties, and California

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 2019, San Diego County had a lower penetration rate than other large counties and California overall across all age groups. Youth ages 0-5 in foster care in San Diego had a larger penetration rate than other large counties but lower than California overall.

CYF Client SMHS Medi-Cal Penetration Rates by San Diego, Large Counties, and California: CY 2019



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



Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2020

Youth Population Health Data

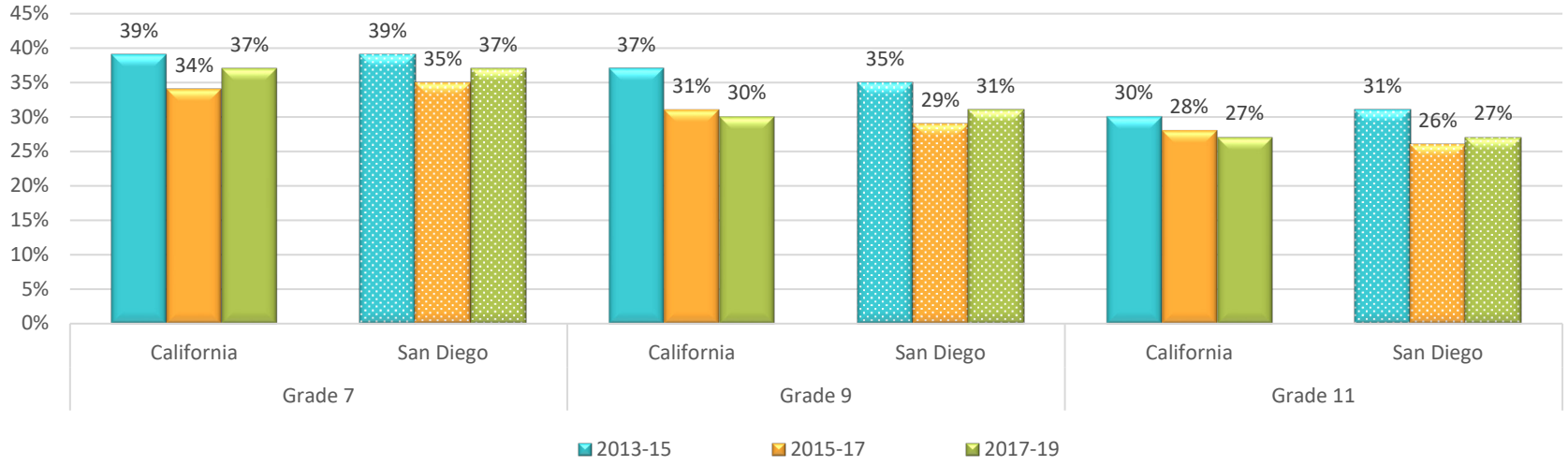
California Healthy Kids Survey (CHKS)

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: harassment/bullying, chronic sadness/hopelessness, and suicidal ideation.

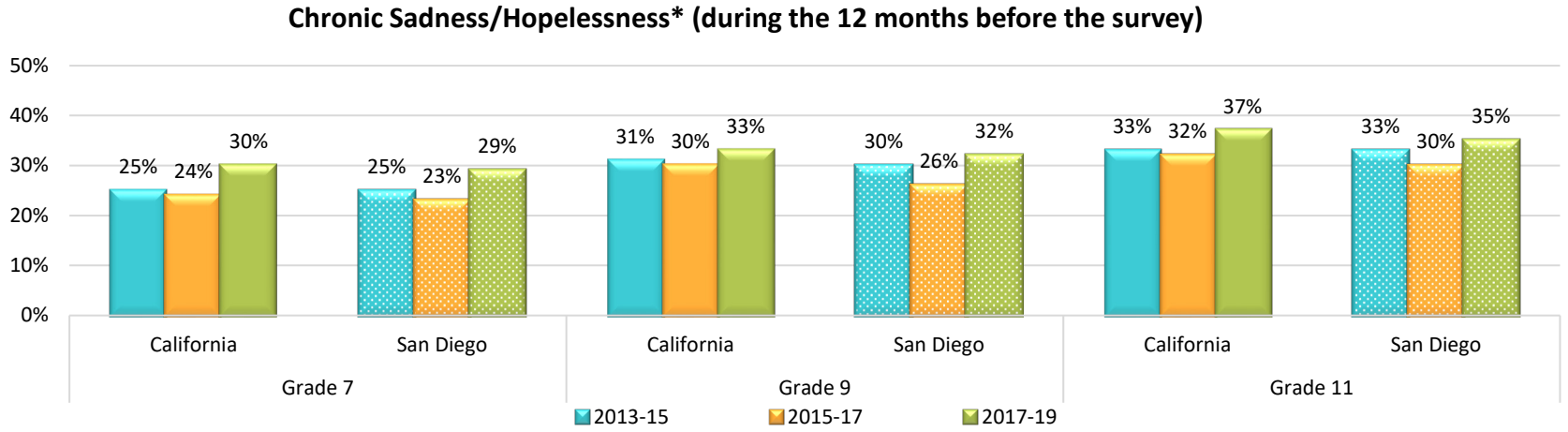
Harassed or Bullied at School (during the 12 months before the survey)

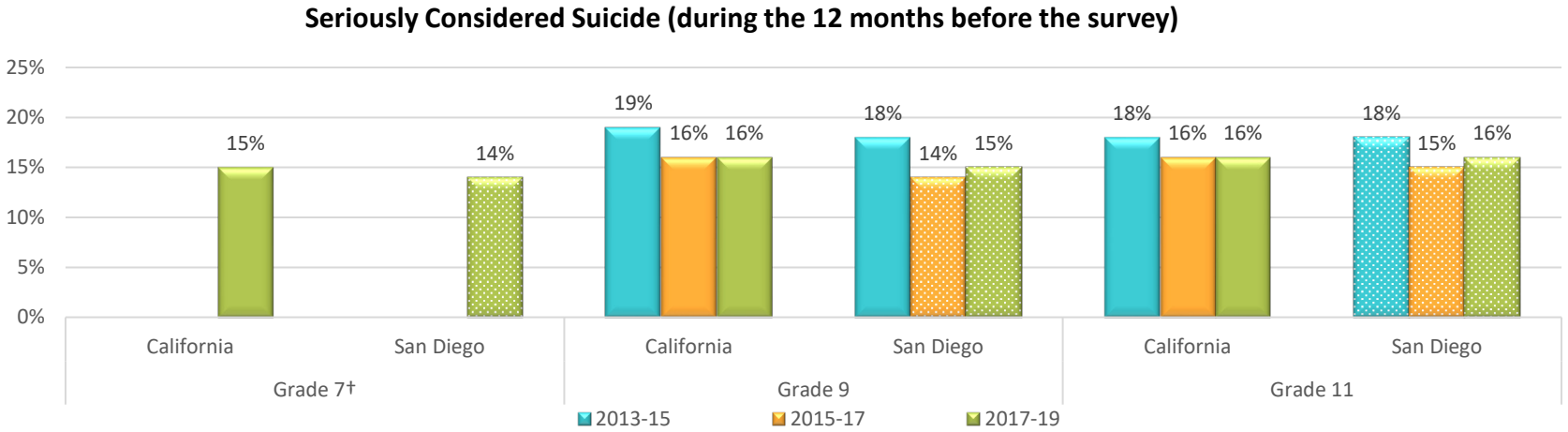


Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 3/15/2021

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 3/15/2021

Youth Population Health Data

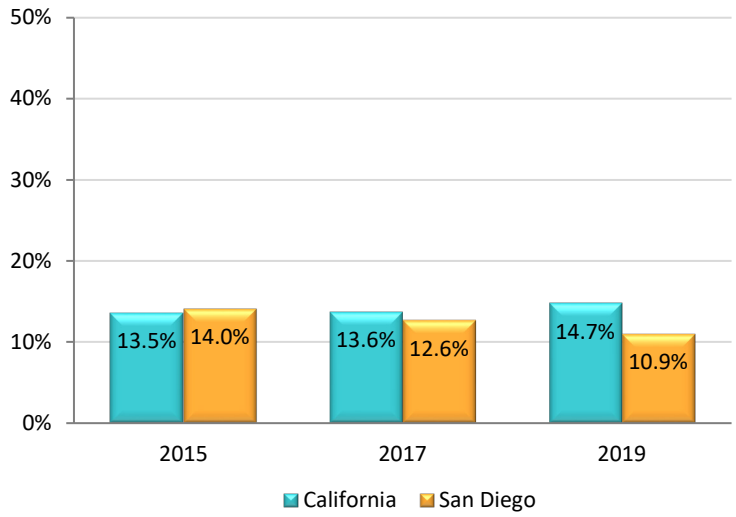
Youth Risk Behavior Survey (YRBS)

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.

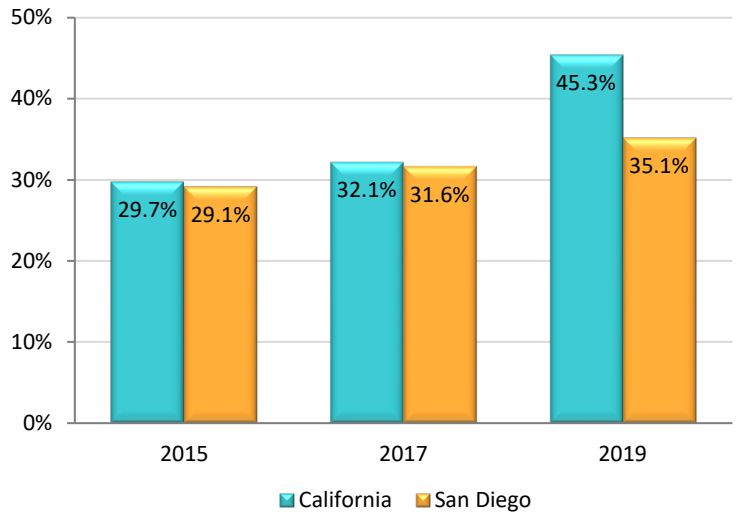
- Anonymous
- Self-administered, computer-scannable questionnaire or answer sheet
- Completed in one class period (45 minutes)
- Conducted biennially usually during the spring

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.

Were Electronically Bullied*‡



Felt Sad or Hopeless†‡

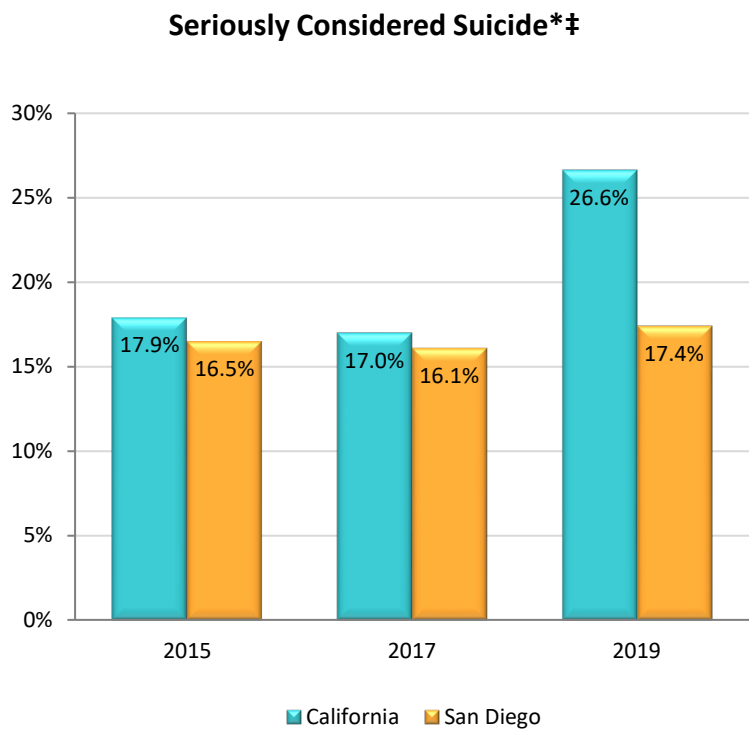


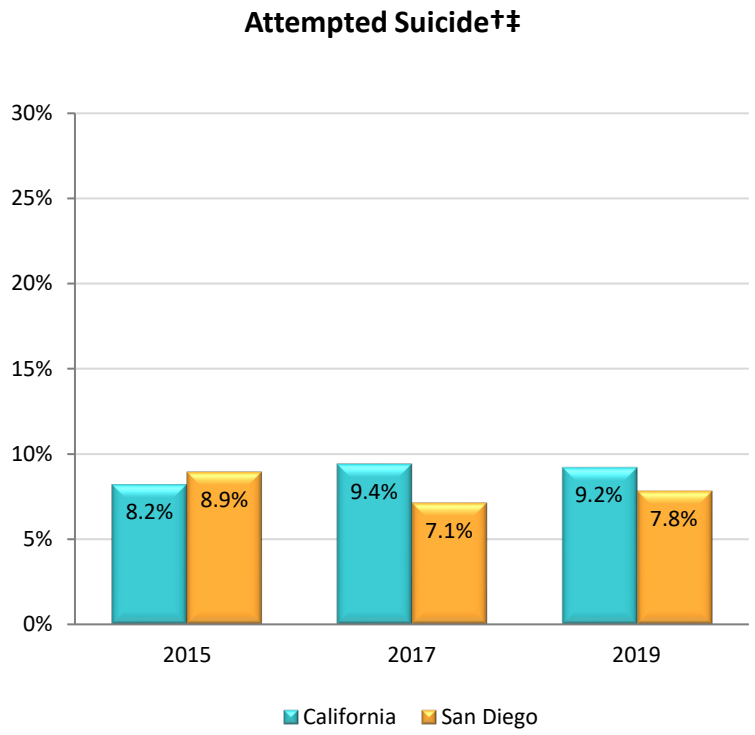
**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.
‡This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)

Compared to California survey results, fewer high school students in San Diego Unified School District reported seriously considering or attempting suicide.



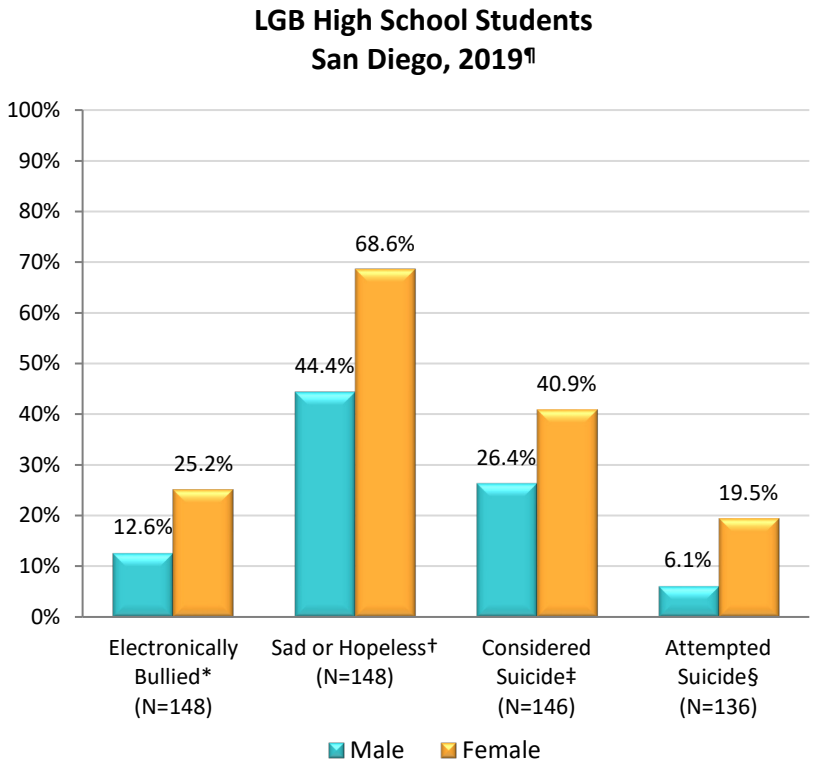


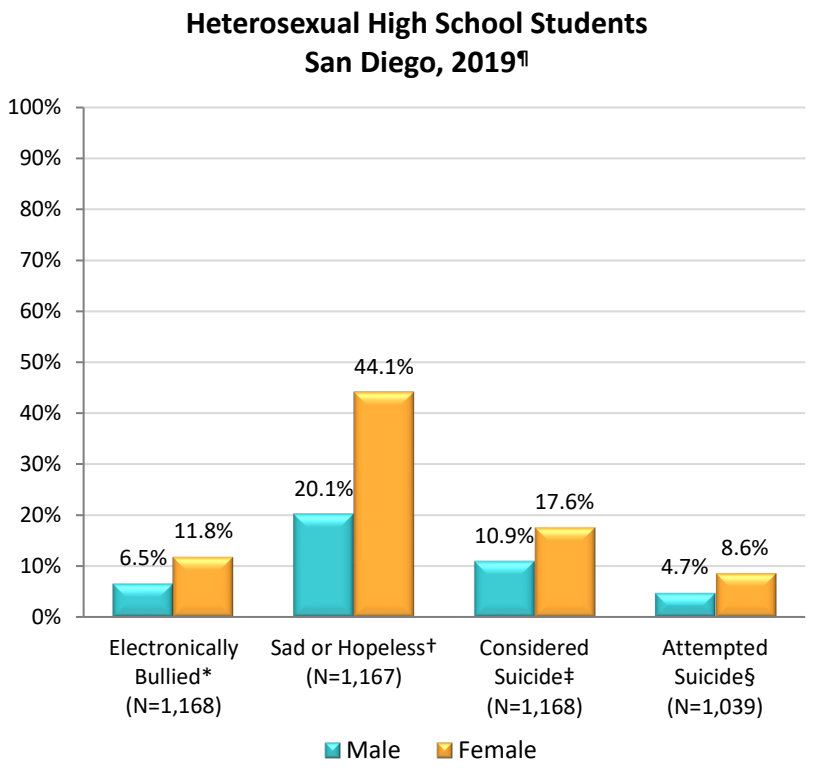
**Seriously considered attempting suicide during the 12 months before the survey.*
†Actually attempted suicide one or more times during the 12 months before the survey.
‡This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

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. Females were at greater risk regardless of sexual orientation; this disparity was most pronounced in self-reported suicide attempts.





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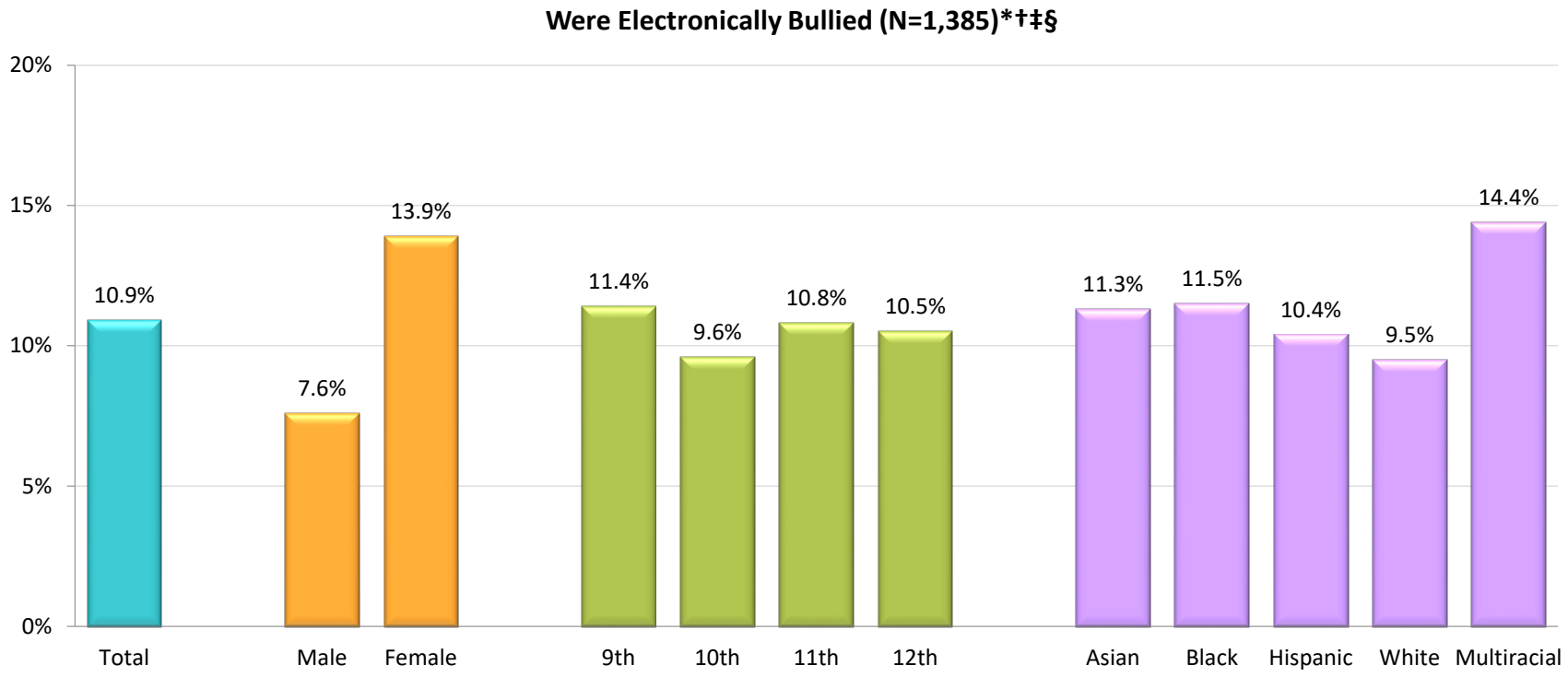
‡Seriously considered attempting suicide during the 12 months before the survey.
§Actually attempted suicide one or more times during the 12 months before the survey.
¶This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/22/2021

Youth Population Health Data

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

Among San Diego high school students in 2019, females were nearly twice as likely to report being electronically bullied.



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†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.
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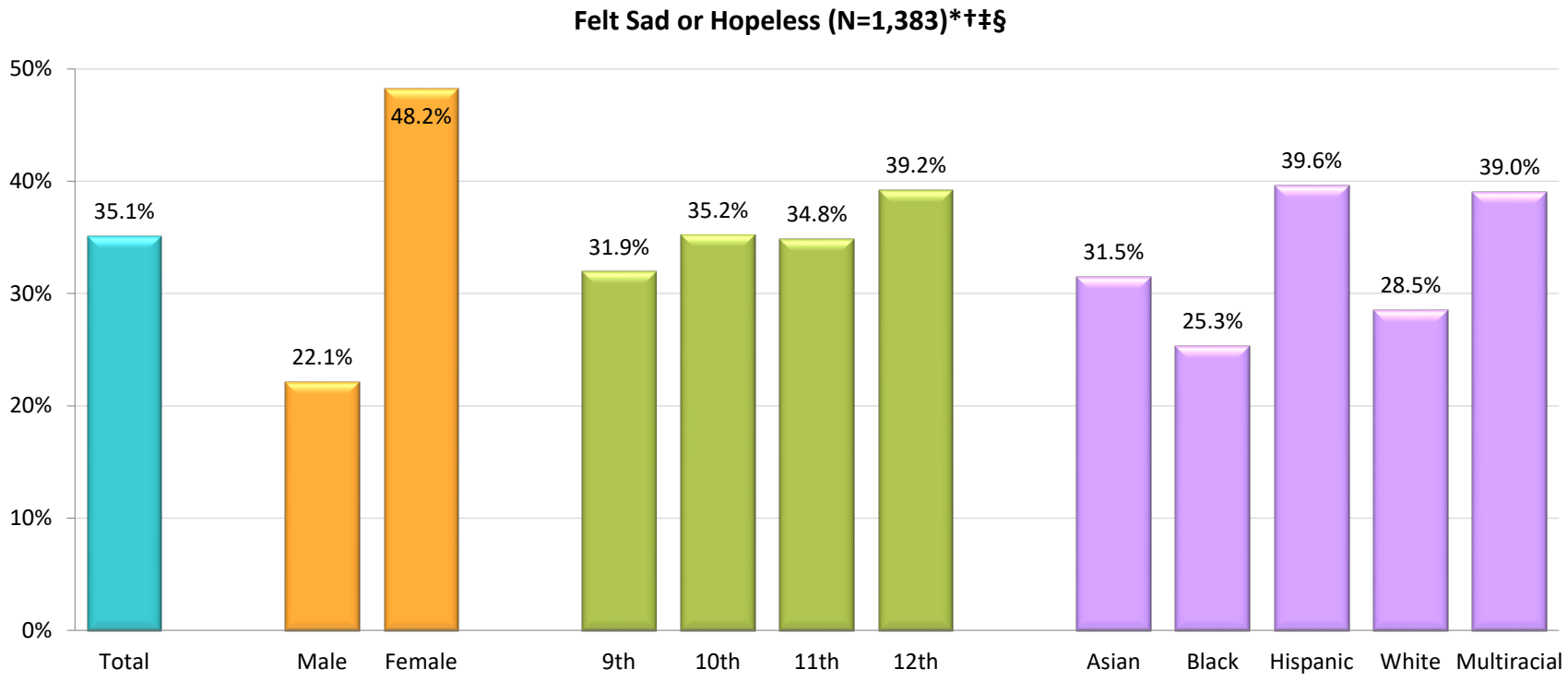
Youth Population Health Data

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

Among San Diego high school students in 2019, females were more than twice as likely to report feeling sad or hopeless.



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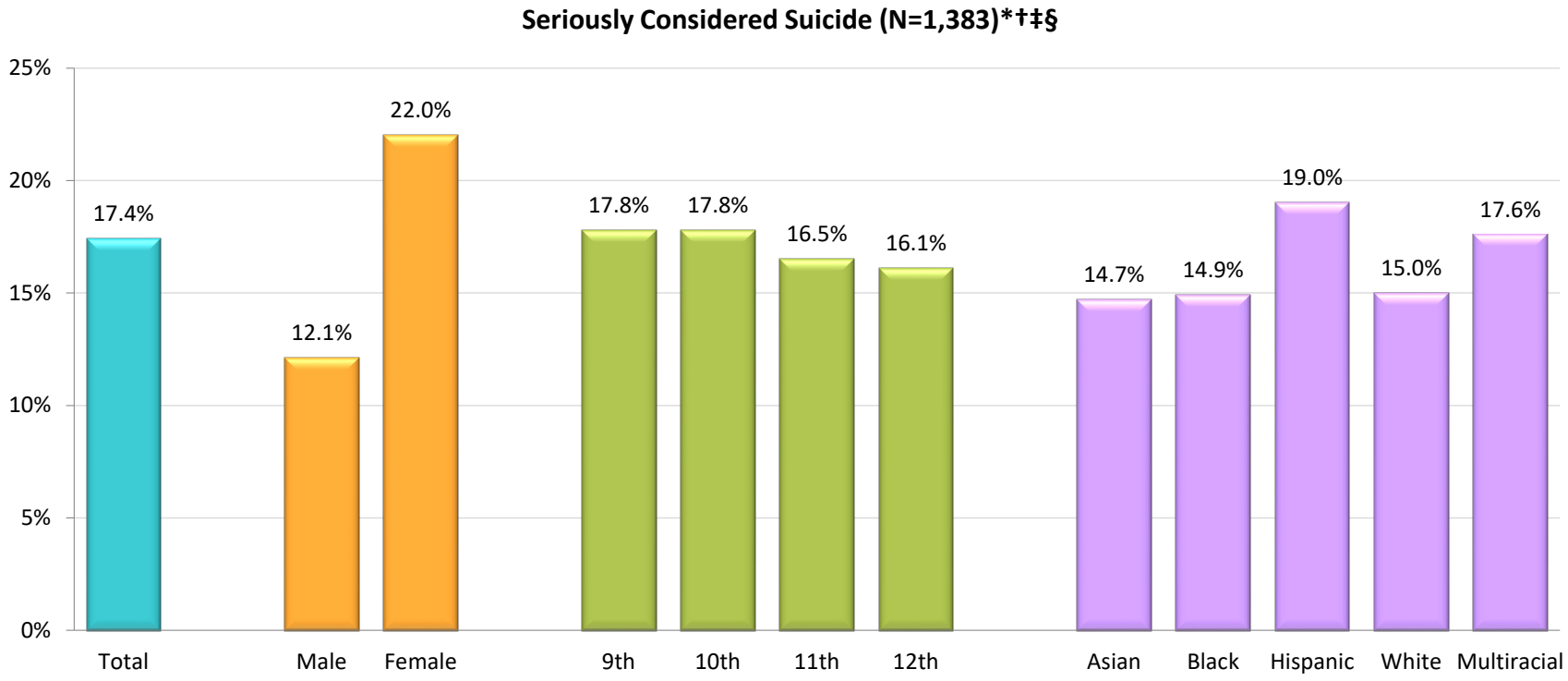

**Seriously considered attempting suicide during the 12 months before the survey.*
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Youth Population Health Data

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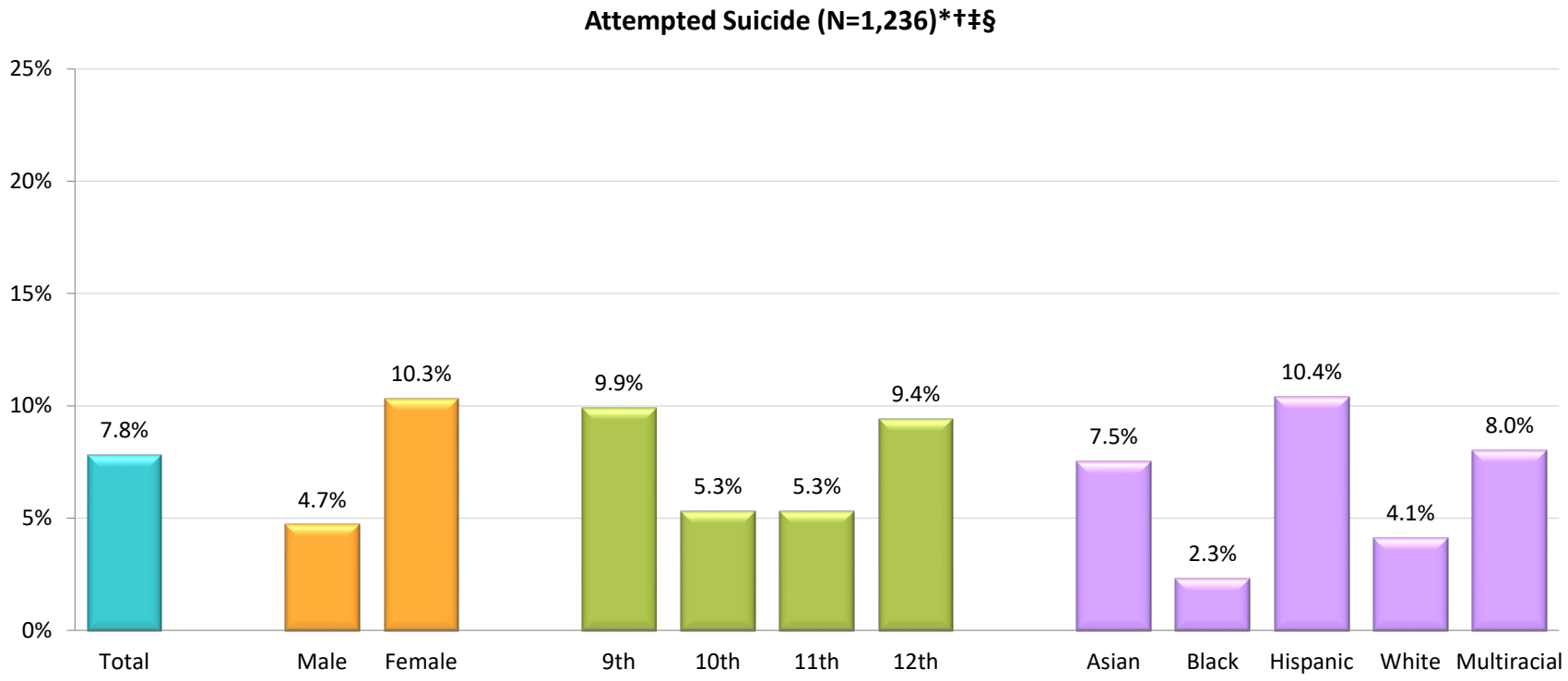
Among San Diego high school students in 2019, females were more than twice as likely to report attempting suicide.



**Actually attempted suicide one or more times during the 12 months before the survey.*
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Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS)
Specialty Mental Health Services (SMHS)
Fiscal Year 2019-20

1. The COVID-19 pandemic and accompanying stay-at-home order began March of 2020, which affected FY 2019-20 data in myriad ways yet to be determined. Data presented here may not be directly comparable to previous or future years.

2. 13,758 youth received services through the San Diego County CYFBHS SMHS system, a 6% decrease from the 14,640 served in FY 2018-19. Total youth served has decreased 20% over the past five years (from 17,301 in FY 2015-16).

3. 53% of clients were male. The proportion of females served by CYFBHS has increased over time; from 44% in FY 2015-16 to 47% in FY 2019-20.

4. 63% of clients were Hispanic; this proportion has increased steadily from 57% in FY 2015-16. As compared to the San Diego County estimated population in 2019, CYFBHS served a larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients.

5. 82% of clients served by CYFBHS lived in a family home or apartment at some point during FY 2019-20, an increase from 80% in FY 2018-19.
   - 25% of children ages 0-5 lived in a foster home during FY 2019-20, as compared to 5% systemwide.
   - 21% of TAY clients in CYFBHS lived in a correctional facility during FY 2019-20, as compared to 6% systemwide.

6. The four most common diagnostic categories were depressive disorders, stressor and adjustment disorders, anxiety disorders, and attention deficit hyperactivity disorder (ADHD).
   - There were considerable differences in the distribution of diagnoses by age and by gender.
   - Systemwide, the rate of stressor disorder diagnoses has increased steadily over the past five years, from 4.8% in FY 2015-16 to 11.3% in FY 2019-20. Conversely, the rate of adjustment disorder diagnoses decreased 4 percentage points over five years, from 20.7% in FY 2015-16 to 16.8% in FY 2019-20.

7. 12,556 (91%) clients had health coverage exclusively by Medi-Cal in FY 2019-20; similar to 13,379 (91%) in FY 2018-19.

Key Findings, continued

8. 778 (6%) clients had co-occurring substance use issues, defined as a dual diagnosis and/or involvement with the Substance Use Disorder (SUD) system. This is comparable to 832 (6%) clients with substance use issues in FY 2018-19.
   - African-American youth served by CYFBHS had the highest proportion of co-occurring substance use (7.3%), while Asian/Pacific Islanders had the lowest proportion (2.8%).
   - 377 (48%) clients with substance use issues also received treatment from the SUD system during the fiscal year.
     - 111 (29%) of these 377 clients receiving SUD services had a dual diagnosis in the MH system.

9. The proportion of clients receiving Day Services has decreased by more than half over the past five years, from 4.3% in FY 2015-16 to 1.7% in FY 2019-20. The decrease correlates with the systemwide shift to an Outpatient treatment modality within Residential programs, which are now Short Term Residential Treatment Programs (STRTPs). Of note, the average number of Day Services treatment days in FY 2019-20 (115.2) increased sharply from the previous fiscal year (89.3 days).

10. On average, clients received 16.4 hours of Outpatient Services in FY 2019-20. Case Management and Collateral service treatment hours have declined by more than 40% since FY 2015-16, correlating with the expansion of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all eligible CYFBHS clients.

11. The majority (89%) of clients active in FY 2019-20 entered the system via Outpatient services.

12. Outpatient and Intensive service use varied widely by client race/ethnicity.
    - Hispanic youth were more likely than any other race/ethnicity to receive Outpatient Therapy, and least likely to receive intensive services (Inpatient, Day Treatment, and Crisis Stabilization).
    - Asian/Pacific Islander youth were less likely than any other race/ethnicity to receive Outpatient Therapy, and most likely to receive Inpatient and Crisis Stabilization services. Strengthening engagement efforts for this population could increase outpatient service use while decreasing intensive service use.
    - African-American youth were more likely than any other race/ethnicity to receive Medication Support, and were almost twice as likely than the CYFBHS average to receive ICC and IHBS services.
    - Native American youth were less likely on average to receive most outpatient services, however they were the highest utilizers of ICC and IHBS. They were more likely than the CYFBHS average to receive any intensive service. Strengthening engagement efforts for this population could increase outpatient service use while decreasing intensive service use.
    - White youth were more likely than any other race/ethnicity to receive Outpatient Crisis Intervention and TBS services.

Key Findings, continued

13. 630 (4.6%) clients used Inpatient (IP) services in FY 2019-20, similar to 652 (4.5%) clients in FY 2018-19.
    - 150 (24%) of 630 IP clients received multiple IP services within the fiscal year, a slight decrease from 168 (26%) of 652 in FY 2018-19.
        - The proportion of these clients readmitted to IP services within 30 days of the previous IP discharge decreased from 80 (48%) of 168 in FY 2018-19 to 60 (40%) of 150 in FY 2019-20.
14. 1,246 (9%) clients (inclusive of direct admits) received services from the Emergency Screening Unit (ESU) in FY 2019-20, nearly double the 809 (5%) in FY 2016-17. The increase is aligned with a system expansion in January 2018, which increased Crisis Stabilization beds from 4 to 12.
    - 261 (21%) of 1,246 ESU clients had multiple ESU visits within the fiscal year; no change from 284 (21%) of 1,327 in FY 2018-19.
        - The proportion of these clients readmitted to ESU within 30 days of the previous ESU discharge decreased from 150 (53%) of 284 in FY 2018-19 to 126 (48%) of 261 in FY 2019-20.
    - Of 1,854 ESU visits within the fiscal year, 1,317 (71%) were diverted from an IP admission.
15. Clients served by CYFBHS and another public service sector (Child Welfare Services, Probation, or Substance Use Disorder system) were more than four times as likely to receive Day Services than the systemwide average. These clients were more likely to be male, African-American, and have a primary diagnosis of a Stressor/Adjustment disorder. There was a sharp decrease in CYFBHS clients also receiving services from the Probation sector in FY 2019-20: 5% of the CYFBHS total and 26% of the Probation total, compared to 8% and 44% respectively in FY 2018-19.
16. As measured by the Pediatric Symptom Checklist (PSC), approximately 50% clients experienced reliable improvement and approximately 60% experienced clinically significant improvement in behavioral and emotional well-being following receipt of mental health services.
17. 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.

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.

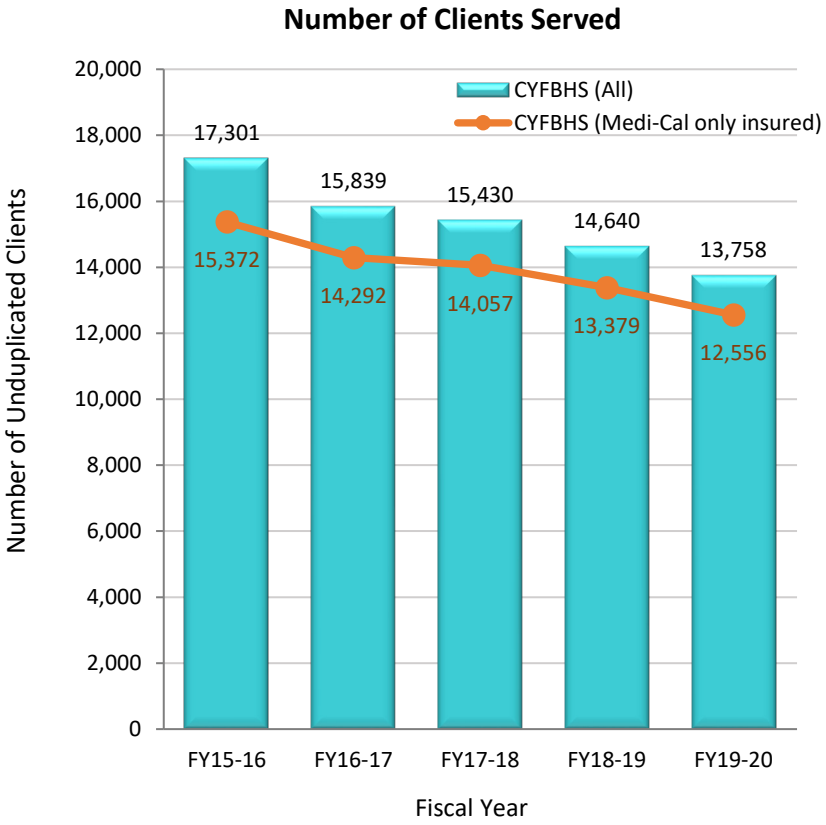
CYFBHS
Mental Health Services

Who Are We Serving?

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

Number of Clients

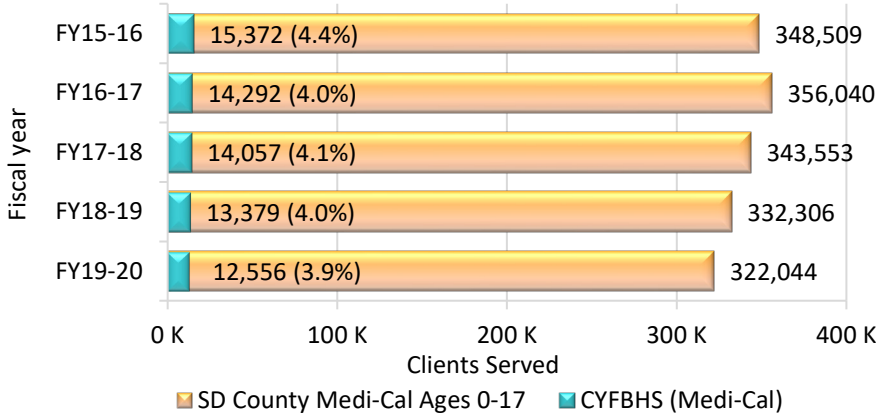
In FY 2019-20, CYFBHS delivered mental health treatment services to 13,758 youth. Among those youth, more than 12,500 were insured exclusively by Medi-Cal.



*Medi-Cal data are reported by calendar year.

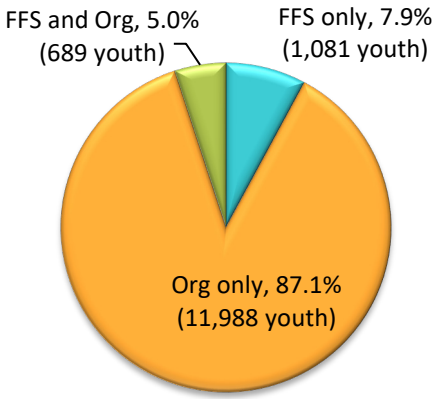
Number of Clients Within Medi-Cal Youth Population*

The proportion of Medi-Cal youth served by CYFBHS has declined in the past five years, from 5% in FY 2015-16 to 4.3% in FY 2019-20.



Service Provider Type

The majority (87%) of CYFBHS youth were served *only* by Organizational (Org) providers in FY 2019-20, as compared to 85% in FY 2018-19. Eight percent received services exclusively from Fee-for-Service (FFS) providers.

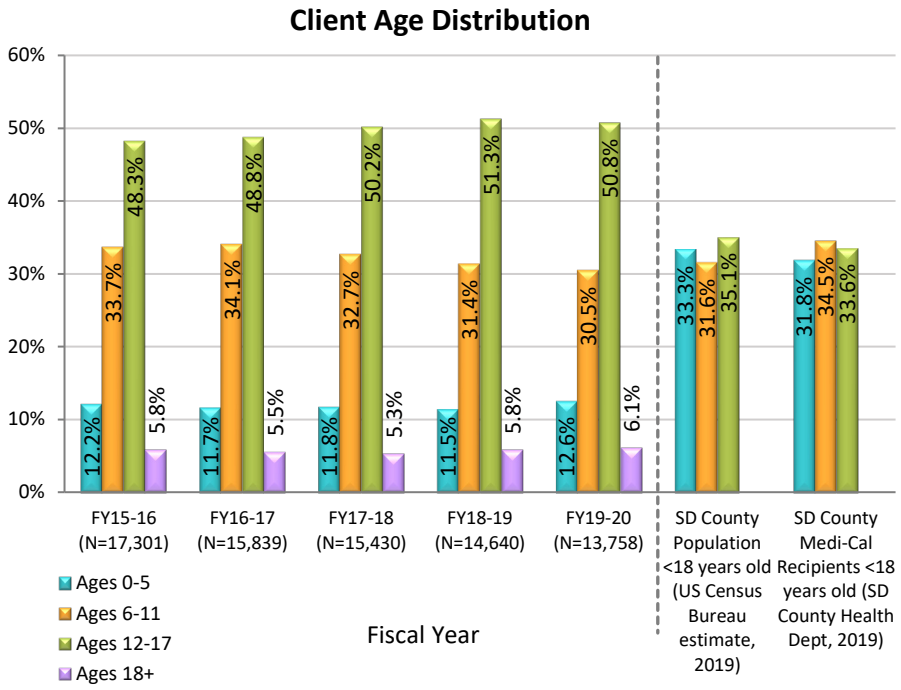


Who Are We Serving?

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

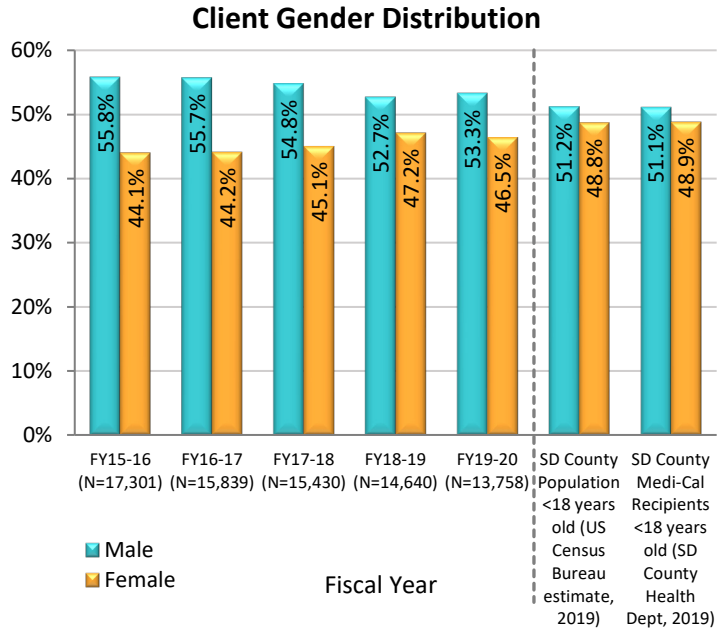
Age of Clients

- Adolescents (12-17 years) comprised 51% of the CYFBHS population.
- School-age clients (6-11 years) comprised 31% of the CYFBHS population.
- Children ages 0-5 comprised 13% of the CYFBHS population.



Client Gender

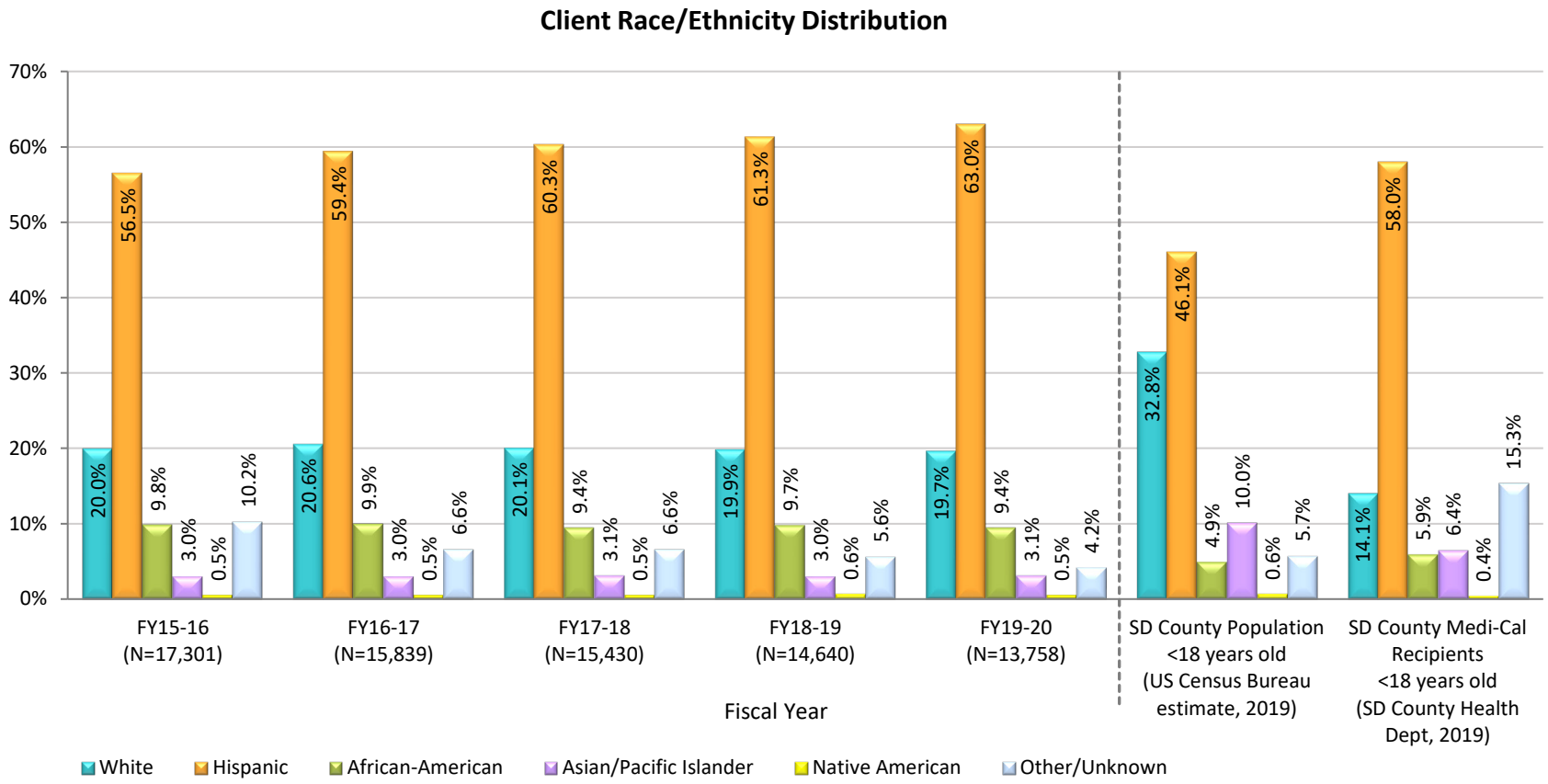
- The gender gap of clients served in CYFBHS has narrowed by half over the past five years.
- The male to female client ratio is slightly greater than the San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- 7,330 (53%) clients who received CYFBHS services in FY 2019-20 were male.



Who Are We Serving?

Client Race/Ethnicity

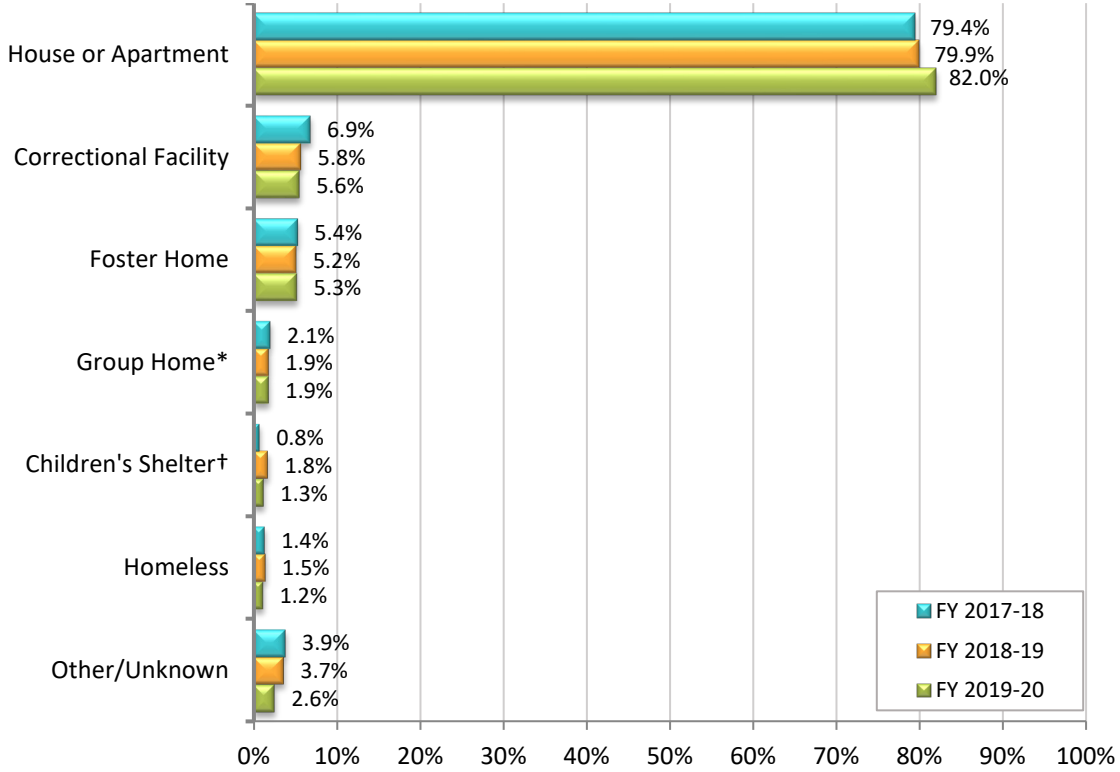
- 8,669 (63%) clients who received CYFBHS services in FY 2019-20 were identified as Hispanic.
- A larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were more comparable to the San Diego Medi-Cal youth population.



Who Are We Serving?

Client Living Situation

Eighty-two percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2019-20. The proportional decrease of youth served within correctional facilities aligns with the Public Safety Group (PSG) focus on decreasing detention while increasing community supports.

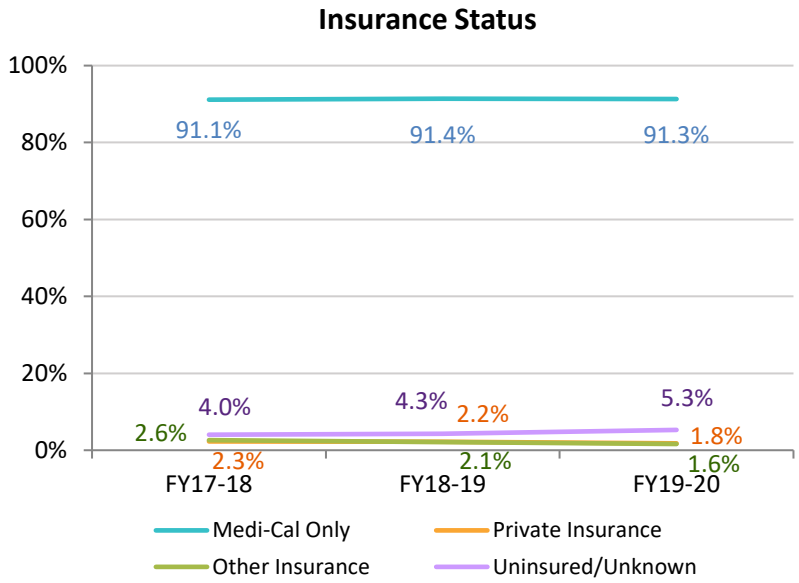


**Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.*
†The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?

Health Care Coverage

12,556 (91%) children and youth who received services from CYFBHS during FY 2019-20 were covered exclusively by Medi-Cal.



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

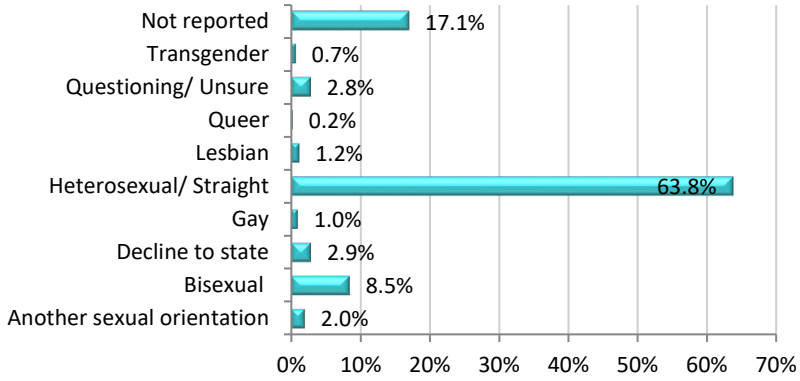
Primary Care Physician (PCP) Status*

Of the 11,156 clients for whom PCP status was known, 10,614 (95%) had a PCP in FY 2019-20; no change from 95% in FY 2018-19.

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

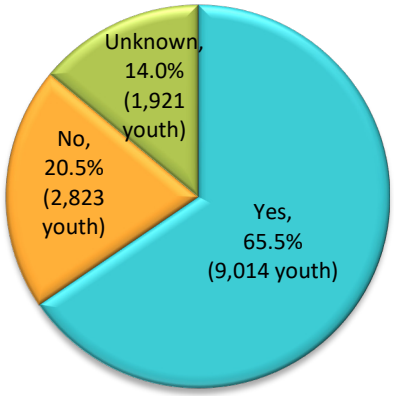
Sexual Orientation*

Of 6,868 CYFBHS clients **age 13 or older**, 4,379 (64%) were reported to be heterosexual (as compared to 66% in FY 2018-19). 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 11,837 clients (86% of the CYFBHS population) in FY 2019-20; of these clients, 9,014 (76% of the 11,837 clients for whom this information was known) had a **history of trauma**. By comparison, 75% of clients in FY 2018-19 had a reported history of trauma.

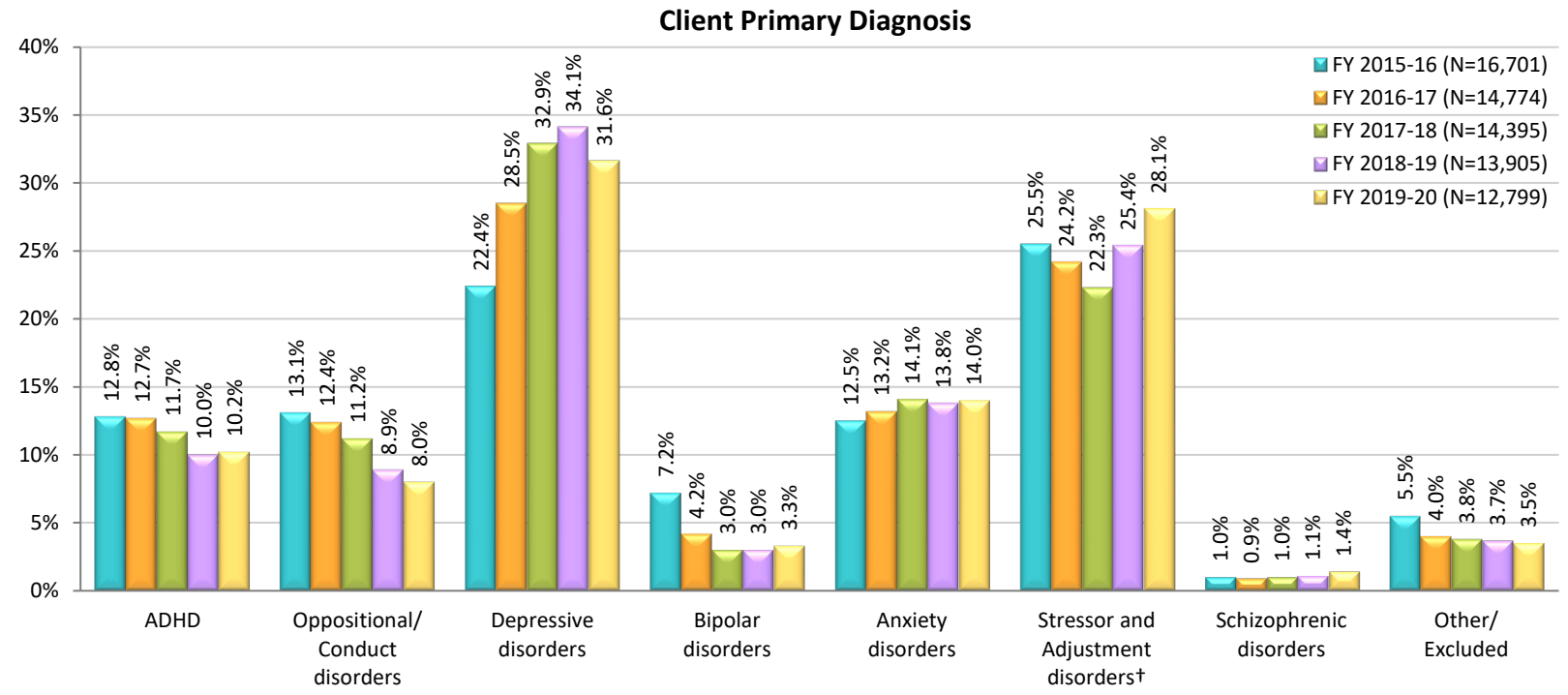


Who Are We Serving?

Interpretation of diagnosis trends in FY 2019-20 is challenging, given the unknown effects of the pandemic and lockdowns in Q4. The rate of Depressive disorder diagnoses decreased from the previous fiscal year, but has risen more than 9 percentage points in the past five years, from 22.4% in FY 2015-16 to 31.6% in FY 2019-20. The rate of Oppositional/Conduct disorder diagnoses decreased from 13.1% in FY 2015-16 to 8.0% in FY 2019-20. The rate of Stressor and Adjustment disorder diagnoses increased from 22% in FY 2017-18 to 28% in FY 2019-20.

*Primary Diagnosis**

The most common primary diagnoses among children and youth served by CYFBHS in FY 2019-20 were: Depressive disorders (n=4,042; 31.6%), Stressor and Adjustment disorders (n=3,595; 28.1%), Anxiety disorders (n=1,792; 14.0%), and ADHD (n=1,304; 10.2%).



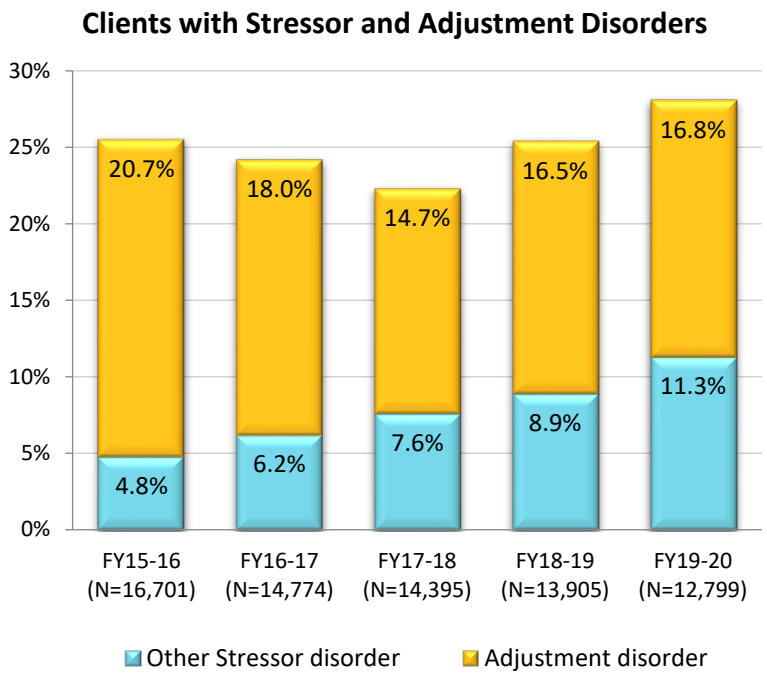
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and 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. Six percent of CYFBHS youth were identified as having a co-occurring substance use issue; only 29% of CYFBHS youth also receiving SUD services 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 has increased steadily over the past five years, from 4.8% in FY 2015-16 to 11.3% in FY 2019-20.



Co-occurring Substance Use

In the CYFBHS system, co-occurring substance use is operationally defined as a dual diagnosis (a secondary substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services. In FY 2019-20, 6% of CYFBHS youth had a co-occurring substance use issue, no change from FY 2018-19.

CYFBHS Youth	Systemwide % (n of N)	
	FY 2018-19	FY 2019-20
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	**6% (832 of 14,640)**	**6% (778 of 13,758)**
Had dual diagnosis through mental health program†	4% (563 of 14,640)	4% (512 of 13,758)
CYFBHS Youth with Co-occurring Substance Use Issue	**Systemwide % (n of N)**	
	FY 2018-19	**FY 2019-20**
Had dual diagnosis through mental health program	68% (563 of 832)	66% (512 of 778)
Received services from SUD program	50% (413 of 832)	48% (377 of 778)
CYFBHS youth who received services from SUD program who also had dual diagnosis	35% (144of 413)	29% (111 of 377)

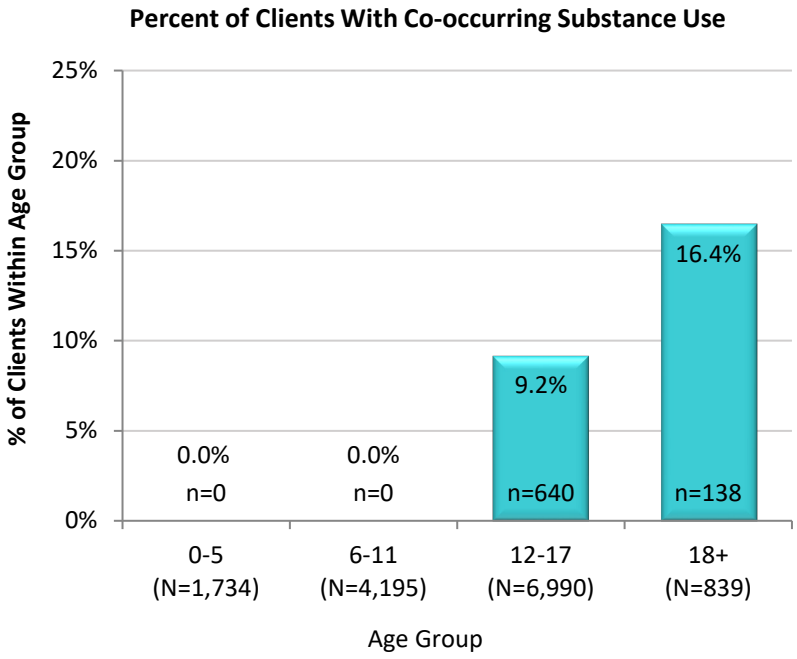
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?

640 of 778 (82%) clients with a co-occurring substance use problem were ages 12-17, as compared to 646 of 832 (78%) in FY 2018-19. 514 of 778 (66%) clients with a co-occurring substance use problem were Hispanic, as compared to 530 of 832 (64%) in FY 2018-19.

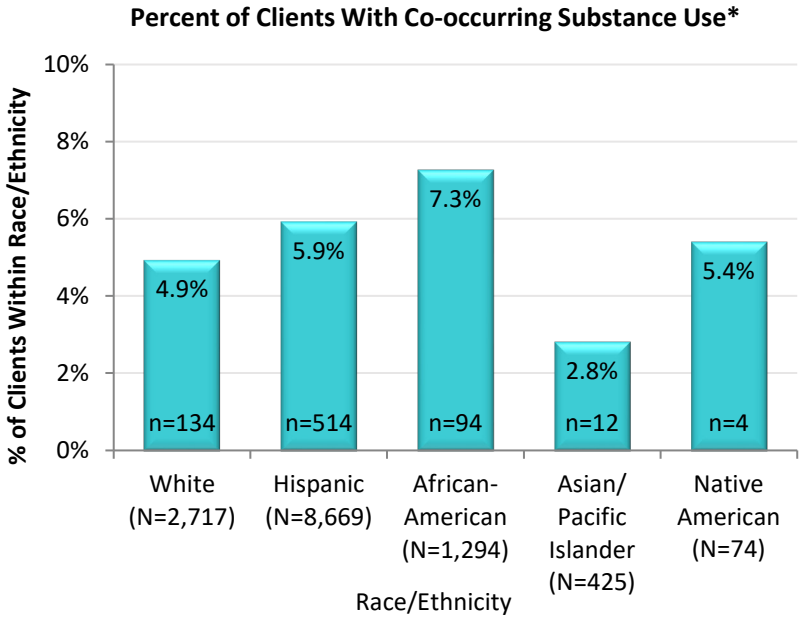
Co-occurring Substance Use—Age

Sixteen percent of CYFBHS youth ages 18 and older, and 9% of CYFBHS youth ages 12-17, were identified as having a co-occurring substance use issue (dual diagnosis and/or enrollment in a SUD program). By comparison, in FY 2018-19, 22% of CYFBHS youth ages 18 and older and 9% of CYFBHS youth ages 12-17 had a co-occurring substance use issue.



Co-occurring Substance Use—Race/Ethnicity

African-American youth served by CYFBHS had the highest proportion of co-occurring substance use (94 of 1,294 clients), while Asian/Pacific Islanders had the lowest proportion (12 of 425 clients). By comparison, in FY 2018-19, Native American youth served by CYFBHS had the highest proportion of co-occurring substance use (8 of 83 clients), while Asian/Pacific Islanders had the lowest proportion (10 of 440 clients).

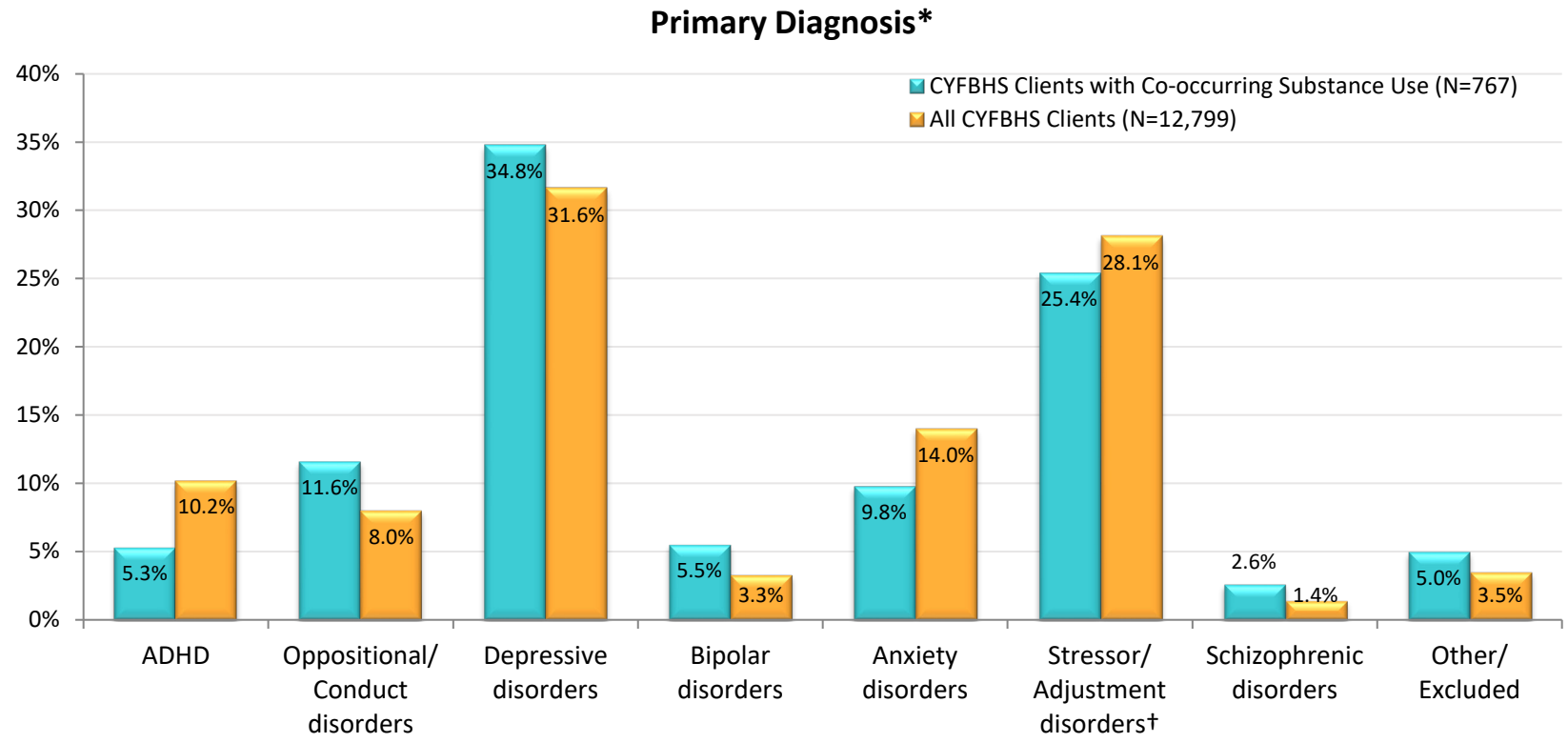


Clients with unknown race/ethnicity were excluded from this analysis.

Who Are We Serving?

Co-occurring Substance Use and Primary Diagnosis

Youth with co-occurring substance use problems who received a valid diagnosis were more likely to have a diagnosis of Depressive, Oppositional/Conduct, Bipolar, or Schizophrenic disorder than youth in CYFBHS overall. The rate of Stressor and Adjustment disorder diagnoses (25.4%) among youth with co-occurring substance use problems increased nearly 5 percentage points from FY 2018-19 (20.6%).



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; 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

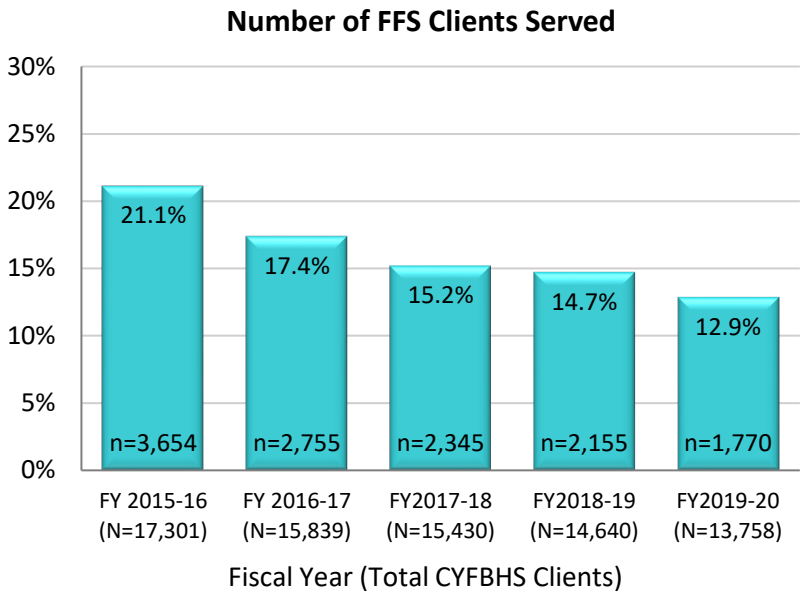
CYFBHS utilizes two provider systems: Organizational Providers and Fee-for-Service (FFS) Providers. This section focuses on clients who received any services from Fee-for-Service (FFS) providers during the fiscal year, even if they also received services from Organizational Provider programs.

CYFBHS FFS providers actively serving these clients within the FY were comprised of 42 Group Practices, 40 MFTs, 19 Psychologists, 18 LCSWs, 15 Psychiatrists, and 1 LPCC.

FFS Clients

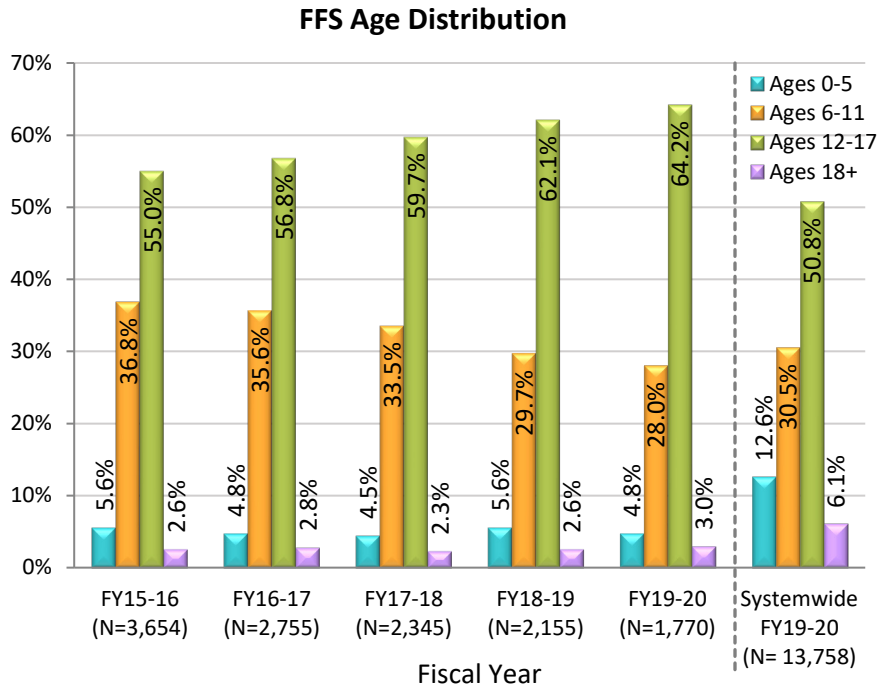
1,770 CYFBHS clients were served by an FFS provider at some point in FY 2019-20.

❖ The proportion of clients served by FFS providers has decreased 8 percentage points over the past five years.



Age of FFS Clients

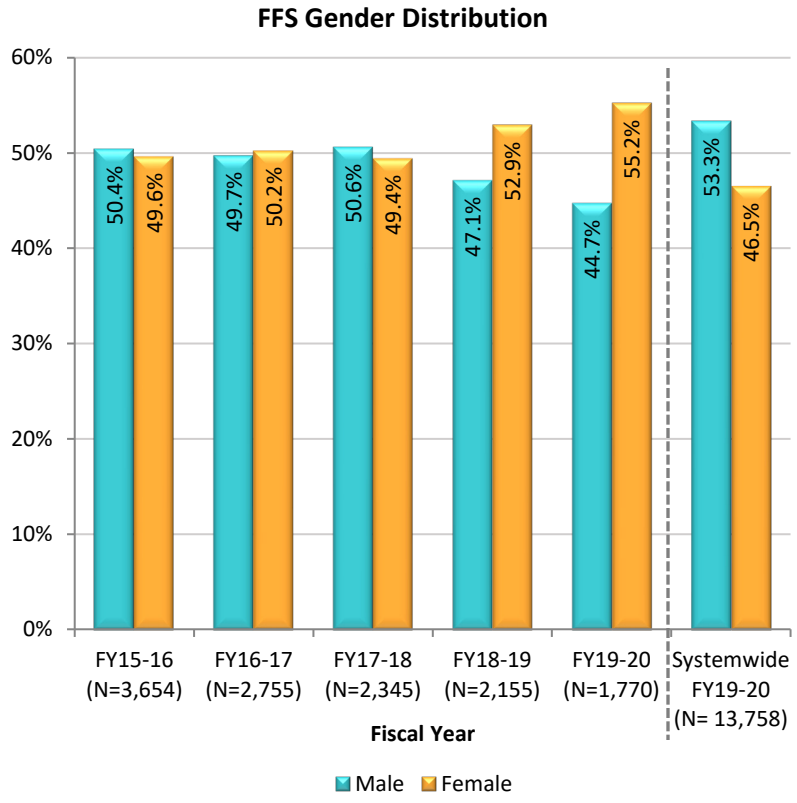
1,136 (64%) clients served by FFS providers in CYFBHS were ages 12-17.



Who Are We Serving?
Fee-for-Service Youth

FFS Client Gender

❖ 977 (55%) clients served by CYFBHS FFS providers in FY 2018-19 were female. This is the opposite of the systemwide proportion.

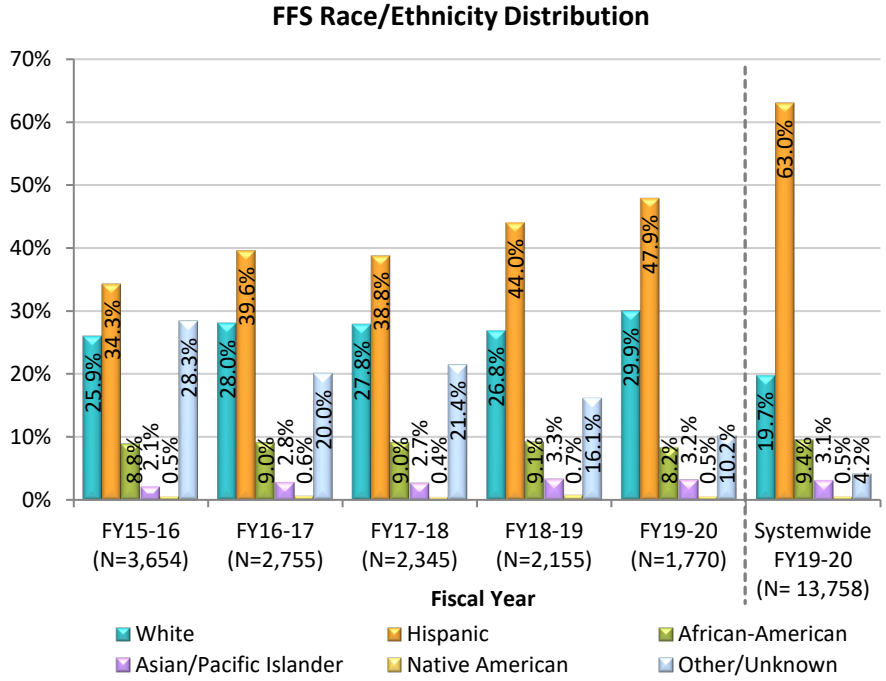


FFS Client Race/Ethnicity

❖ Race/ethnicity data were not reported by 8% of clients who were served by CYFBHS FFS providers in FY 2019-20.

❖ 847 (48%) clients who were served by CYFBHS FFS providers in FY 2019-20 identified themselves as Hispanic.

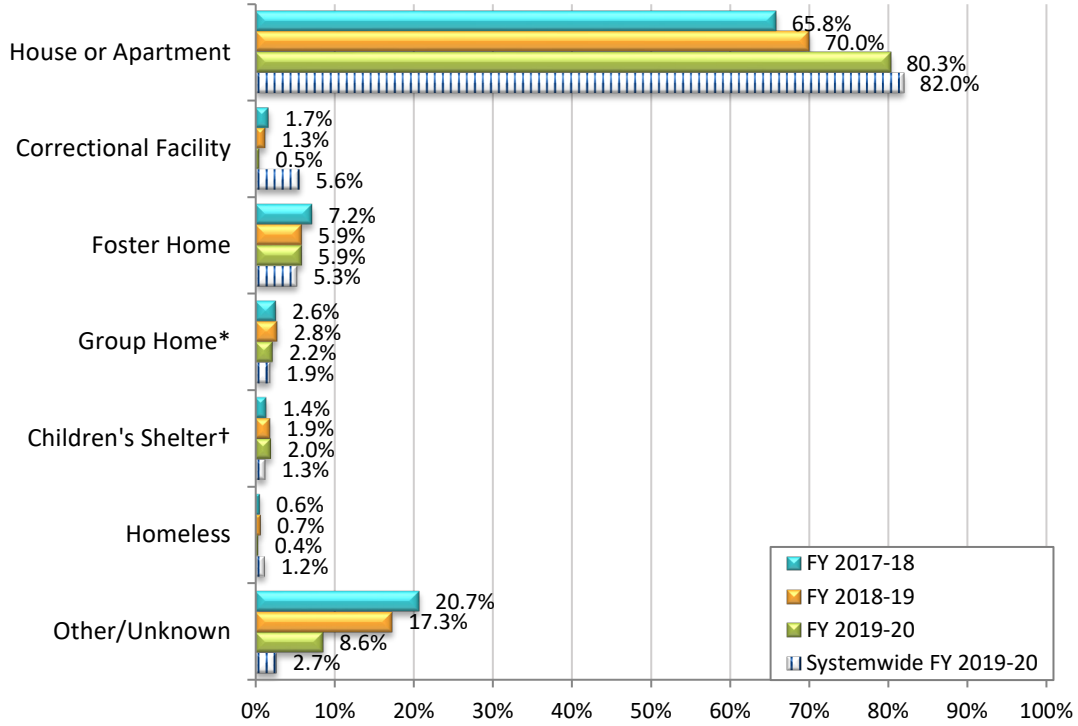
❖ Proportionally, more White youth and fewer Hispanic youth were served by FFS providers compared to systemwide averages.



Who Are We Serving?
Fee-for-Service Youth

FFS Client Living Situation

Living Situation was not reported for 7% of clients who were served by CYFBHS FFS providers in FY 2019-20. 1,422 (80%) clients who were served by CYFBHS FFS providers lived in a family home or apartment at some point during FY 2019-20; 105 (6%) lived in a Foster Home.

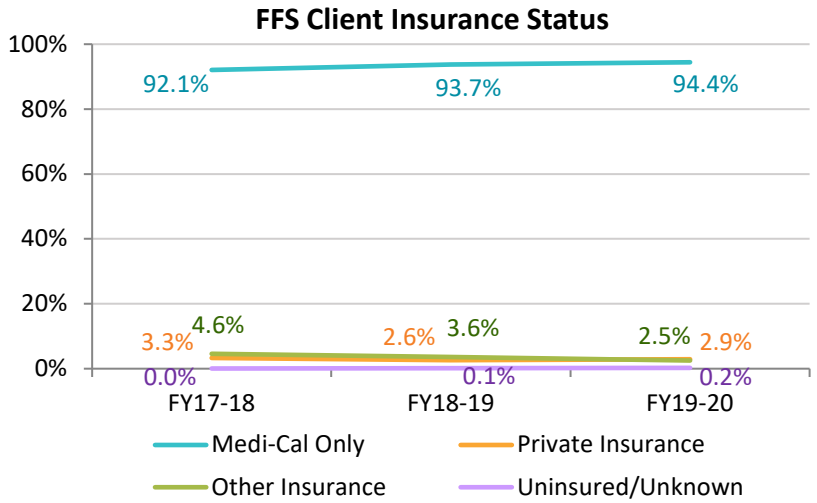


**Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.*
† The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Fee-for-Service Youth

FFS Health Care Coverage

1,671 (94%) clients who were served by CYFBHS FFS providers in FY 2019-20 were covered exclusively by Medi-Cal. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2019-20.



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

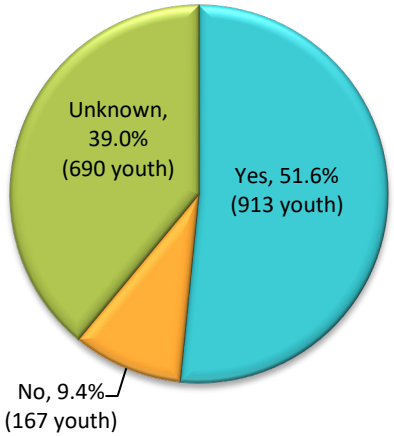
FFS Primary Care Physician (PCP) Status

Of the 753 FFS clients for whom PCP status was known, 735 (98%) had a PCP in FY 2019-20; this is higher than the previous fiscal year (96%), and 3 percentage points more than the 95% of CYFBHS clients systemwide in FY 2019-20. PCP status was not reported for 56% of FFS clients in FY 2019-20.

**Active FFS Providers in FY 2019-20*

FFS History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 1,080 clients (61% of the FFS population) in FY 2019-20; of these clients, 913 (85% of the 1,080 clients for whom this information was known) had a **history of trauma**. History of trauma was not reported for 39% of FFS clients in FY 2019-20. By comparison, 76% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2019-20.



*FFS Provider Type**

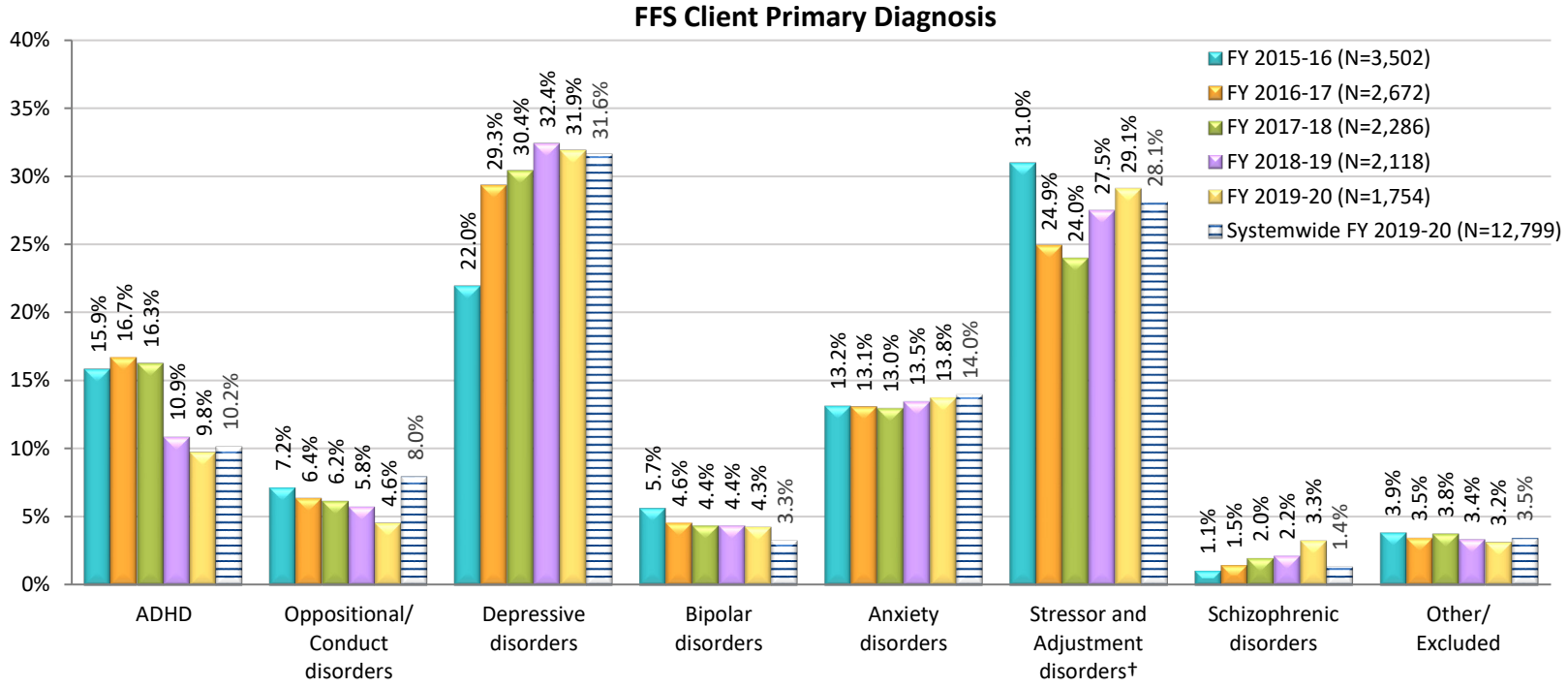
961 (54%) clients who were served by CYFBHS FFS providers in FY 2019-20 were seen at Group Practice providers. These clients may have been seen by more than one provider during the fiscal year.

Provider Type	FFS clients (duplicated)
Group Practice	54% (961 of 1,770)
Psychiatrist	17% (301 of 1,770)
MFT	14% (255 of 1,770)
LCSW	12% (220 of 1,770)
Psychologist	6% (105 of 1,770)
LPCC	<1% (<5 of 1,770)

Who Are We Serving?
Fee-for-Service Youth

*FFS Primary Diagnosis**

The most common primary diagnoses among children and youth served by FFS providers in FY 2019-20 were: Depressive disorders (n=559; 31.9%), Stressor and Adjustment disorders (n=511; 29.1%), Anxiety disorders (n=242; 13.8%), and ADHD (n=172; 9.8%).

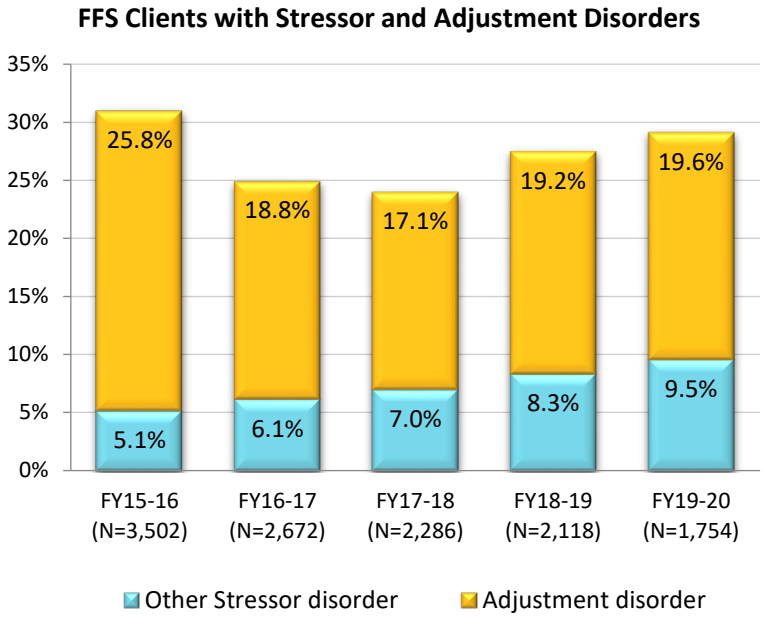


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and 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 5.1% in FY 2015-16 to 9.5% in FY 2019-20. This is consistent with systemwide trending.



FFS Co-occurring Substance Use

In the CYFBHS system, co-occurring substance use is operationally defined as a dual diagnosis (a secondary substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services. In FY 2019-20, 4% of FFS clients had a co-occurring substance use issue, no change from FY 2018-19.

FY 2019-20 CYFBHS Youth	FFS Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	**4% (69 of 1,770)**	**6% (778 of 13,758)**
Had dual diagnosis through mental health program†	2% (41 of 1,770)	4% (512 of 13,758)
CYFBHS Youth with Co-occurring Substance Use Issue	**FFS Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	59% (41 of 69)	66% (512 of 778)
Received services from SUD program	59% (41 of 69)	48% (377 of 778)
CYFBHS youth who received services from SUD program who also had dual diagnosis	32% (13 of 41)	29% (111 of 377)

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

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

Treatment and Evaluation Resource Management (TERM)

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

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

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, 2020, there were 150 total unique contracted providers. 92 of the 150 providers had an active TERM client in FY 2019-20.

- 118 Treatment Providers (Therapy Services)
- 20 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 the work product meets clinical standards. These data represent evaluations managed by the Optum TERM team.

- 25 providers administered 156 CWS TERM evaluations for children and caregivers. The majority (89) of CWS TERM evaluations were for children, many of whom were covered by Medi-Cal. One off-panel evaluations was administered.
- 22 providers administered 356 Probation TERM evaluations for youth, with an additional 22 juvenile competency evaluations.

CWS TERM Evaluations		
	FY 2018-19	**FY 2019-20**
Referrals for Evaluations (Medi-Cal)	178 (103)	203 (102)
Total Evaluations	140	156
Unique Provider Count	34	25
Psychological Evaluations - Child	94	88
Psychiatric Evaluations - Child	3	1
Psychological Evaluations - Caregiver	42	64
Psychiatric Evaluations - Caregiver	1	3
Psychological Off-Panel Evaluations	4	1
Psychiatric Off-Panel Evaluations	0	0

Probation TERM Evaluations		
	FY 2018-19	**FY 2019-20**
Total Psychological Evaluations	465	354
Total Psychiatric Evaluations	0	2
Unique Provider Count	21	22
Juvenile Competency Evaluations	51	22

Data Source: TERM Statistics FY 2019-20 (Optum)

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

TERM – Treatment Plan

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

CWS TERM Treatment Plans Reviewed		
	FY 2018-19	FY 2019-20
Total Initial Treatment Plans Reviewed	599	576
Unique Provider Count	108	105
Total Initial Treatment Plans Reviewed - Child	304	263
Total Initial Treatment Plans Reviewed - Caregiver	295	313
Total Initial Off Panel Treatment Plans Reviewed	0	14

CWS TERM Domestic Violence (DV) Victims Group Treatment Plans Reviewed		
	FY 2018-19	FY 2019-20
Total Initial Treatment Plans Reviewed	170	151
Unique Provider Count	11	11

CWS TERM Child Sexual Abuse Protection – Non-Protecting Parents (CSA-NPP) Group Treatment Plans Reviewed		
	FY 2018-19	FY 2019-20
Total Initial Treatment Plans Reviewed	22	22
Unique Provider Count	8	5

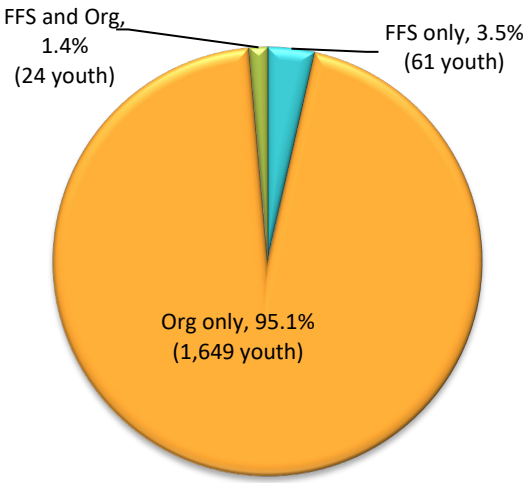
Data Source: TERM Statistics FY 2019-20 (Optum)

Who Are We Serving?
Age 0 – 5 Youth

Age 0–5 Clients

1,734 youth (13%) served by CYFBHS in FY 2019-20 were 0 to 5 years old, as compared to 12% in FY 2018-19.

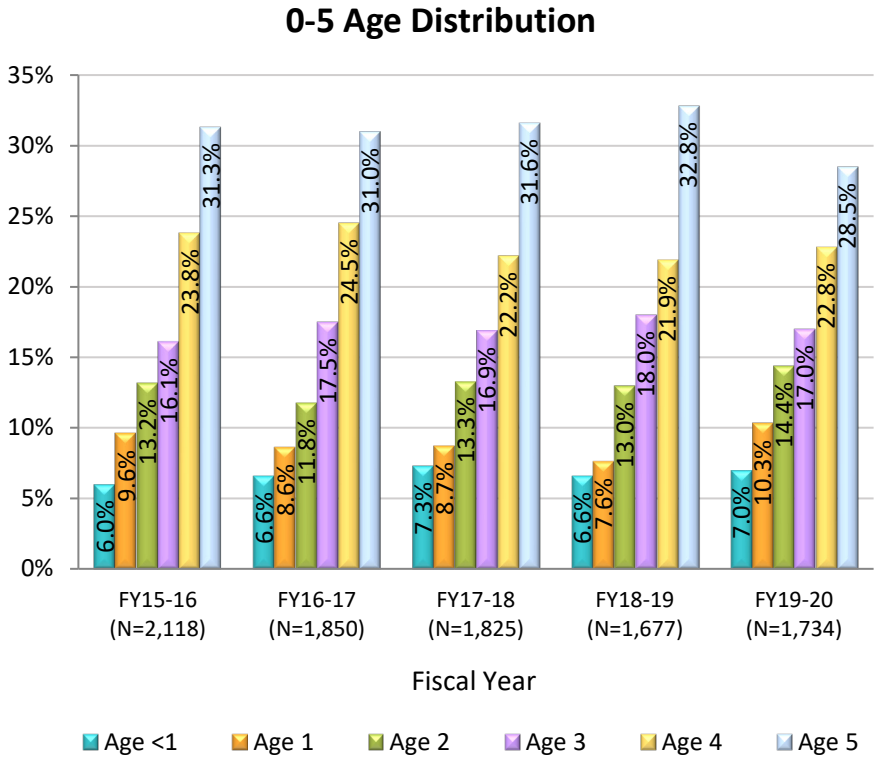
❖ The majority (95%) of 0-5 clients were served *only* by Org providers in FY 2019-20, as compared to 93% in FY 2018-19.



Age Distribution of 0–5 Clients

495 (29%) age 0-5 youth served by CYFBHS were age 5.

❖ The distribution of age 0-5 youth served by CYFBHS has remained relatively stable over the past five years (roughly 12%; see page 24).



Who Are We Serving?
Age 0 – 5 Youth

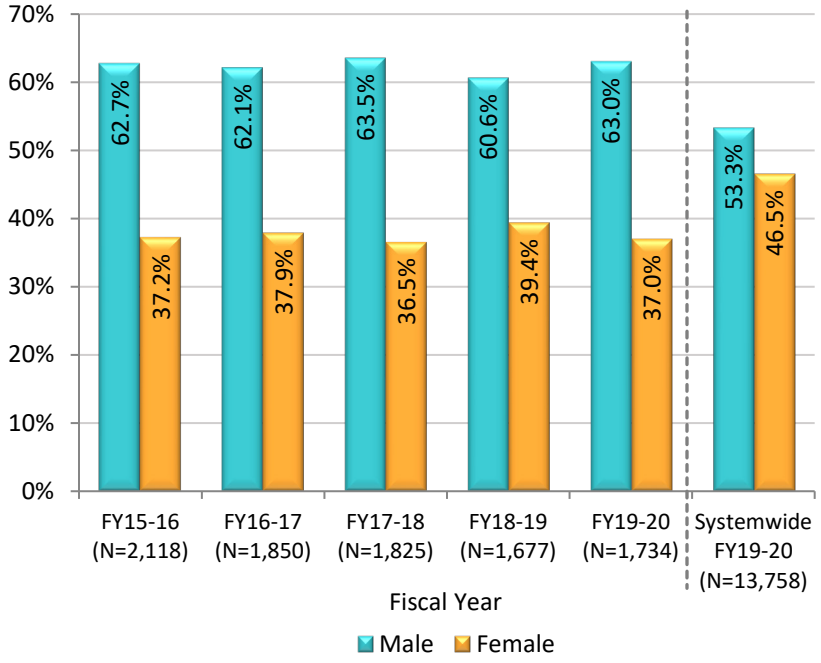
Age 0–5 Client Gender

- 1,092 (63%) age 0-5 clients who received CYFBHS services in FY 2019-20 were male.
- The gender gap of the 0-5 population is wider than the CYFBHS system as a whole.

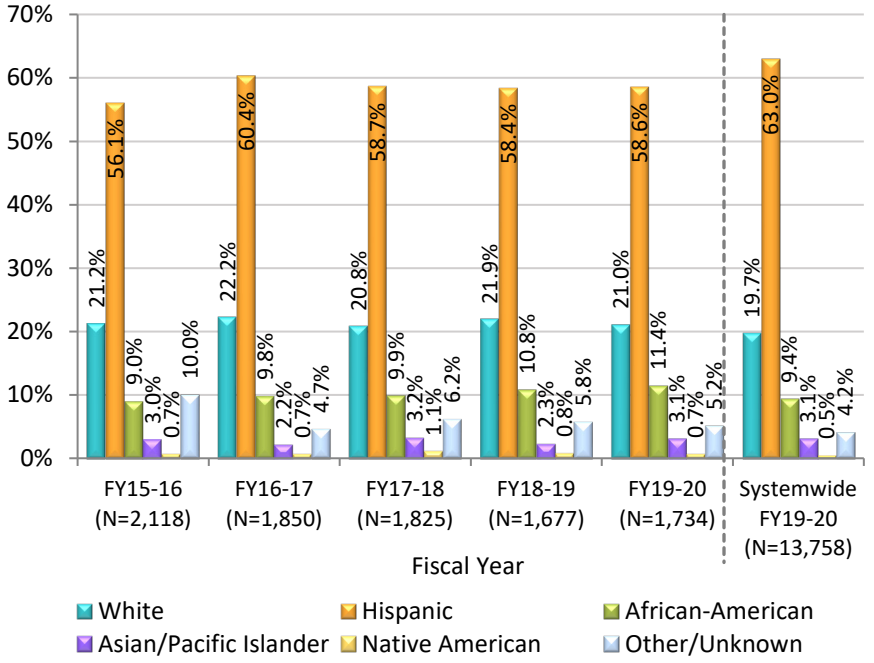
Age 0–5 Client Race/Ethnicity

- 1,016 (59%) age 0-5 clients who received CYFBHS services in FY 2019-20 were identified as Hispanic.
- The distribution of race/ethnicity among age 0-5 clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

Age 0 – 5 Gender Distribution



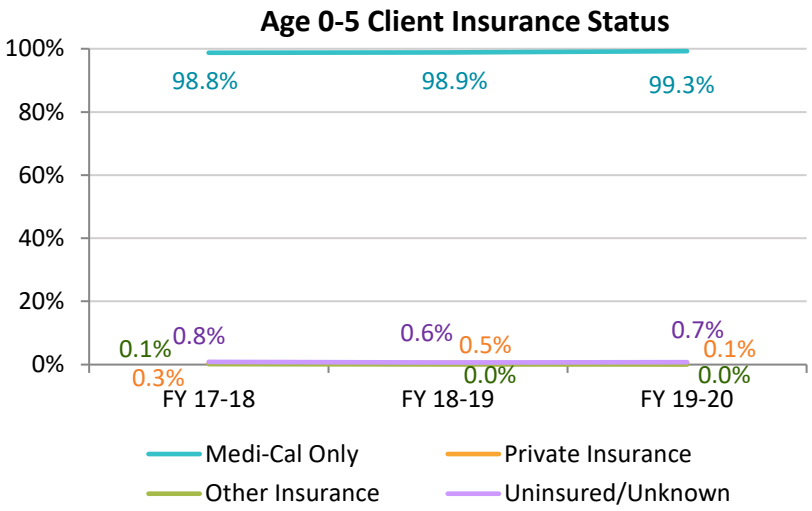
Age 0 – 5 Race/Ethnicity Distribution



Who Are We Serving?
Age 0 – 5 Youth

1,721 (99%) age 0-5 clients who received services from CYFBHS during FY 2019-20 were covered exclusively by Medi-Cal; no change from FY 2018-19. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2019-20.

Age 0-5 Health Care Coverage

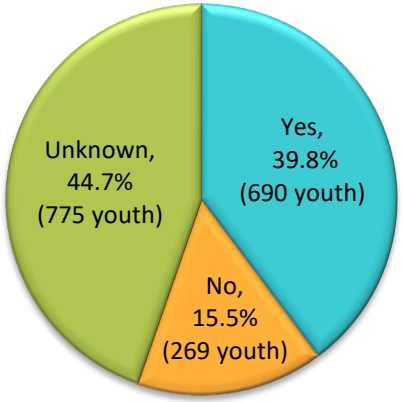


NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

*Age 0-5 History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 959 clients (55% of the age 0-5 population) in FY 2019-20; of these clients, 690 (72% of the 959 clients for whom this information was known) had a **history of trauma**.

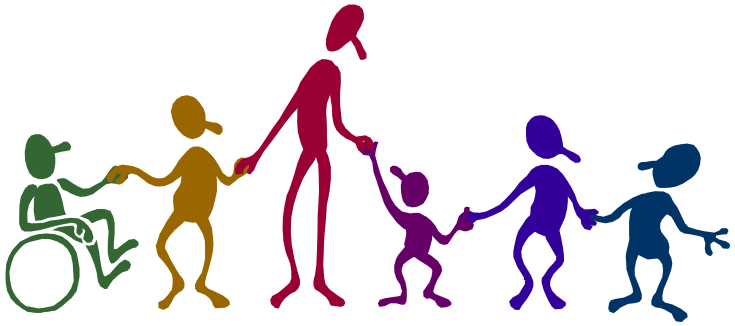
By comparison, 76% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2019-20.



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

Of the 924 age 0-5 clients for whom PCP status was known, 895 (97%) had a PCP in FY 2019-20; a slight decrease from 98% of age 0-5 clients in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2019-20.

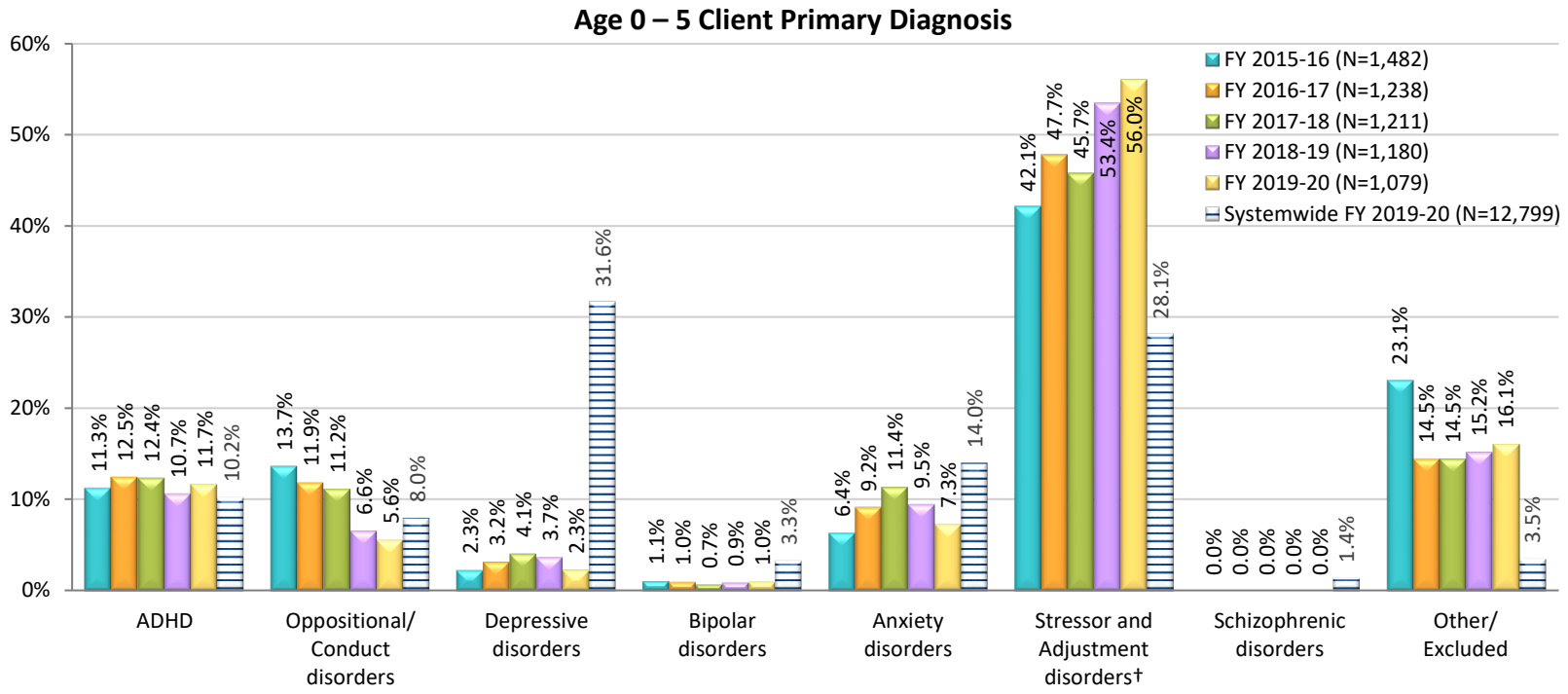
**Unknown category includes Fee-for-Service providers for whom data were not available.*



Who Are We Serving?
Age 0 – 5 Youth

*Age 0-5 Primary Diagnosis**

The most common primary diagnoses among age 0-5 clients served by CYFBHS in FY 2019-20 were: Stressor and Adjustment disorders (n=604; 56.0%), ADHD (n=126; 11.7%), and Anxiety disorders (n=79; 7.3%).

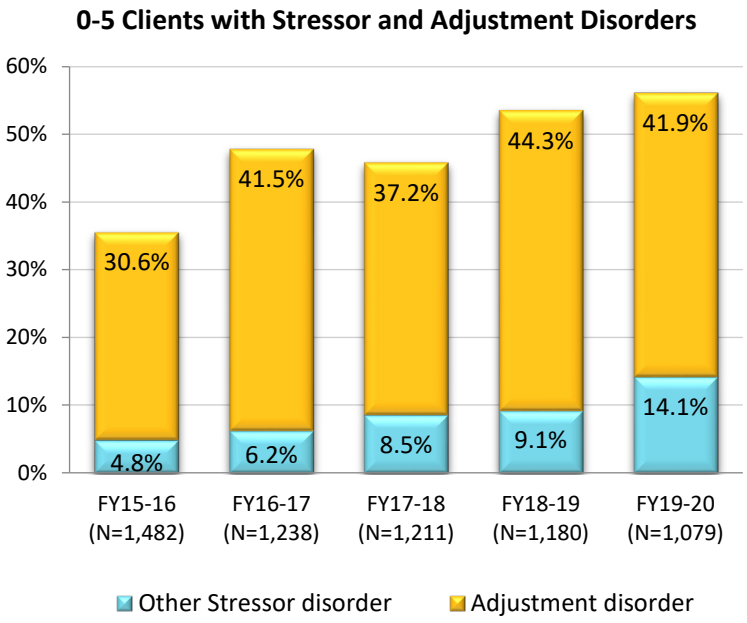


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Age 0 – 5 Youth

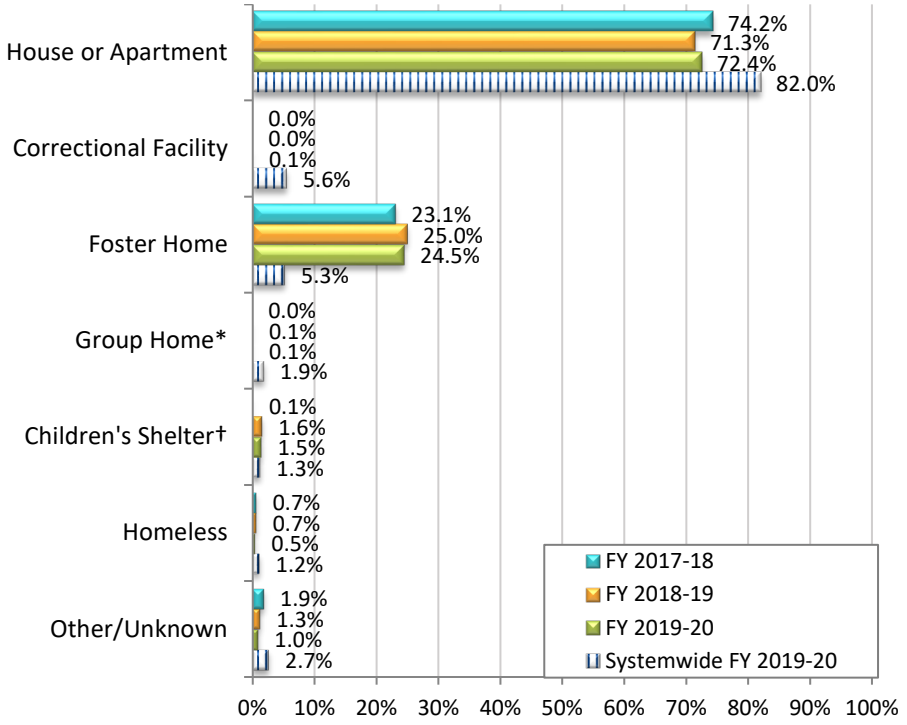
*Age 0–5 Stressor and Adjustment Disorders**

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 has increased steadily over the past five years, from 4.8% in FY 2015-16 to 14.1% in FY 2019-20.



Age 0–5 Client Living Situation

1,255 (72%) age 0-5 clients served by CYFBHS lived in a family home or apartment at some point during FY 2019-20. 424 (25%) age 0-5 clients lived in a Foster Home; as compared to 5% systemwide.



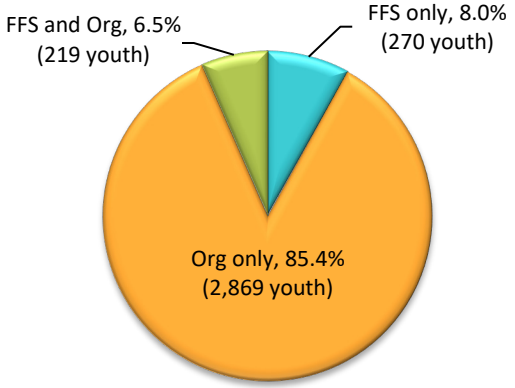
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Transition Age Youth

Transition Age Youth Clients

3,358 Transition Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served in FY 2019-20, representing 24% of the total CYFBHS population. By comparison, TAY youth represented 25% of the CYFBHS population in FY 2018-19.

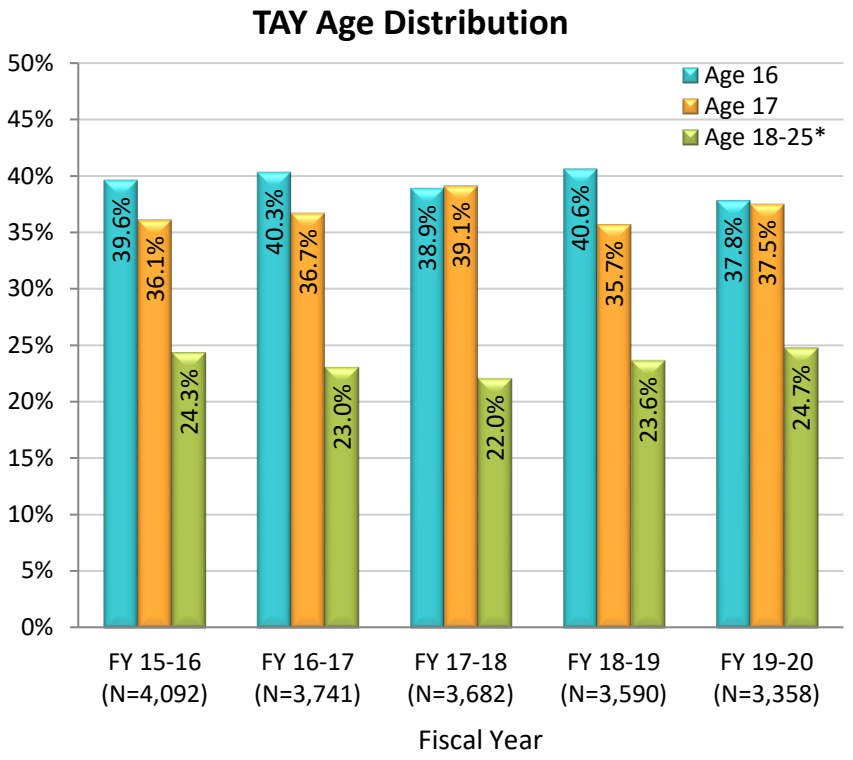
❖ The majority (85%) of TAY clients were served *only* by Org providers in FY 2019-20, as compared to 84% in FY 2018-19.



Age of TAY Clients

2,527 (75%) TAY clients served by CYFBHS were ages 16-17, as compared to 76% in FY 2018-19.

❖ The proportion of TAY clients ages 18-25 served by CYFBHS increased slightly from 24% in FY 2018-19 to 25% in FY 2019-20.

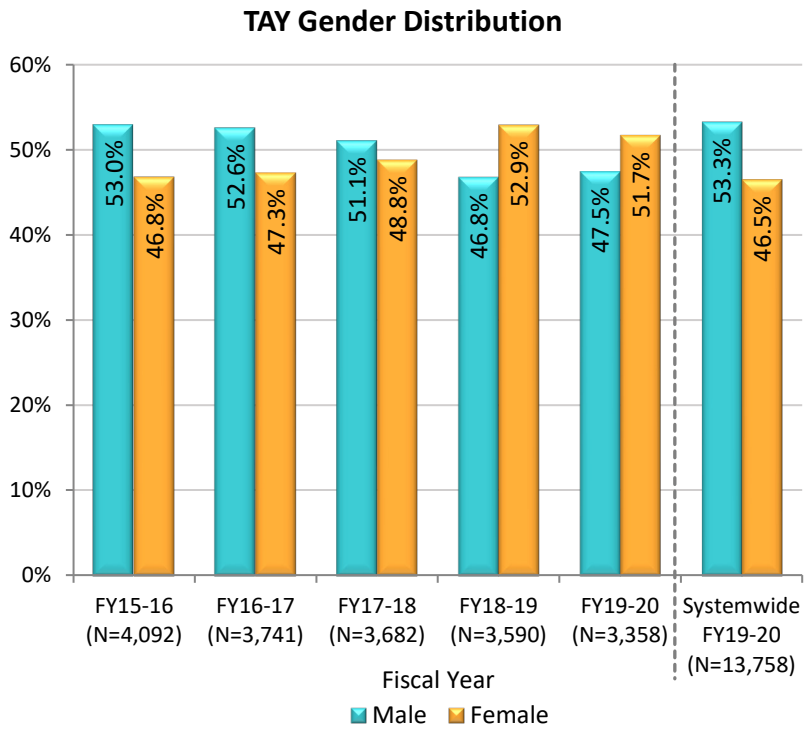


**On average, less than 1% of the TAY population in CYFBHS was over the age of 21.*

Who Are We Serving?
Transition Age Youth

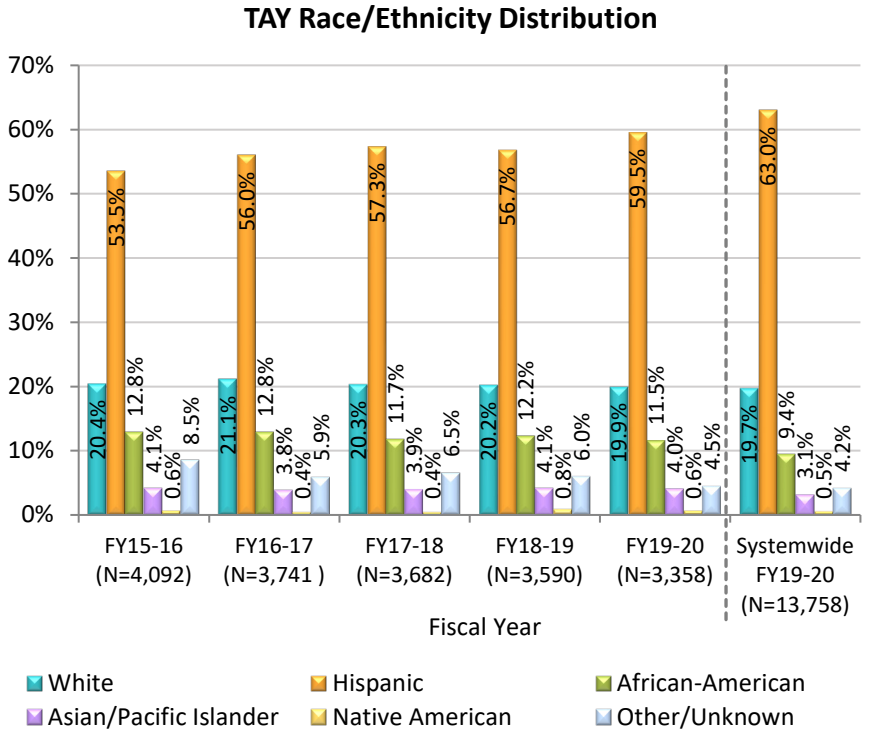
TAY Client Gender

- 1,737 (52%) TAY clients who received CYFBHS services in FY 2019-20 were female.
- The male to female TAY client ratio shifted in FY 2018-19; for the past two years, the population has been comprised of more females than males.



TAY Client Race/Ethnicity

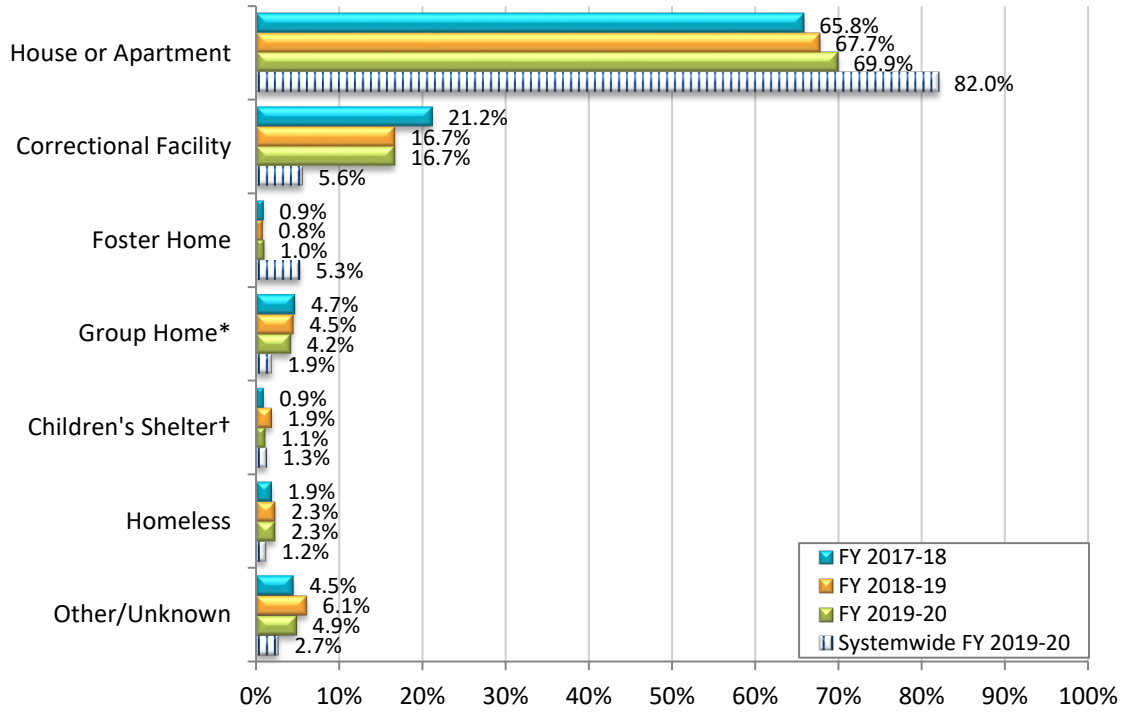
- 1,998 (60%) TAY clients who received CYFBHS services in FY 2019-20 identified themselves as Hispanic.
- The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.



Who Are We Serving?
Transition Age Youth

TAY Client Living Situation

2,346 (70%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2019-20. 560 (17%) TAY clients lived in a Correctional Facility in FY 2018-19. This represents a decrease of 4.5 percentage points from FY 2017-18, which aligns with the Public Safety Group (PSG) focus on decreasing utilization of correctional placements and increasing community supports. Proportional placement for TAY youth in correctional facilities was nearly triple the systemwide average of 6%.

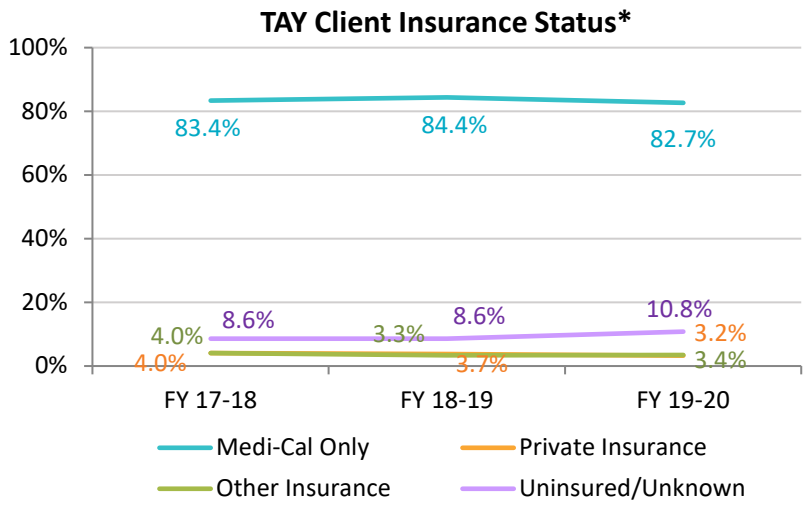


**Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.*
†The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Transition Age Youth

TAY Health Care Coverage

2,776 (83%) TAY clients who received services from CYFBHS during FY 2019-20 were covered exclusively by Medi-Cal; a slight decrease from 3,030 (84%) in FY 2018-19. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2019-20.



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

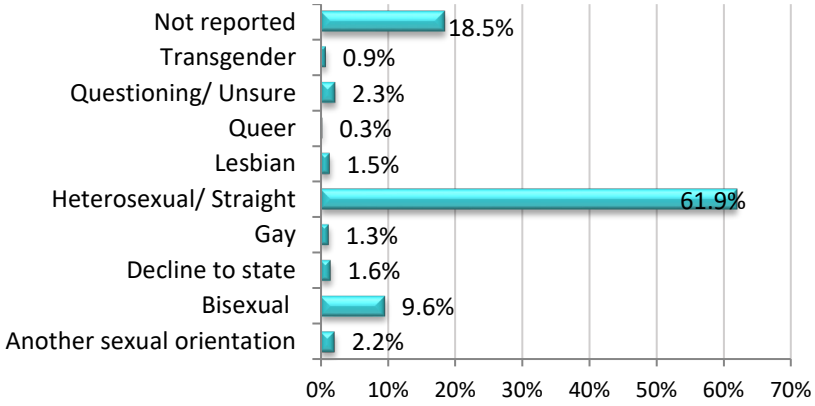
TAY Primary Care Physician (PCP) Status†

Of the 2,675 TAY clients for whom PCP status was known, 2,458 (92%) had a PCP in FY 2019-20, a slight increase from the 91% of TAY clients in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2019-20.

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

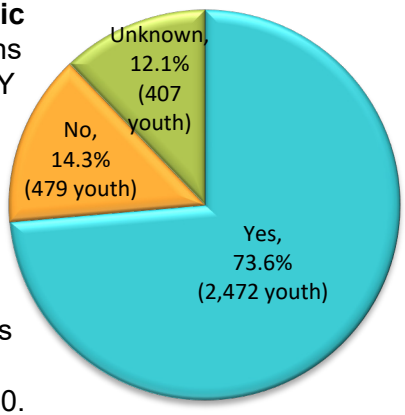
*TAY Sexual Orientation**

2,077 (62%) TAY clients served by CYFBHS identified as heterosexual during FY 2019-20 (as compared to 66% in FY 2018-19). Sexual orientation was unreported or declined to state for 20% of the TAY population, as compared to 19% in FY 2018-19.



TAY History of Trauma†

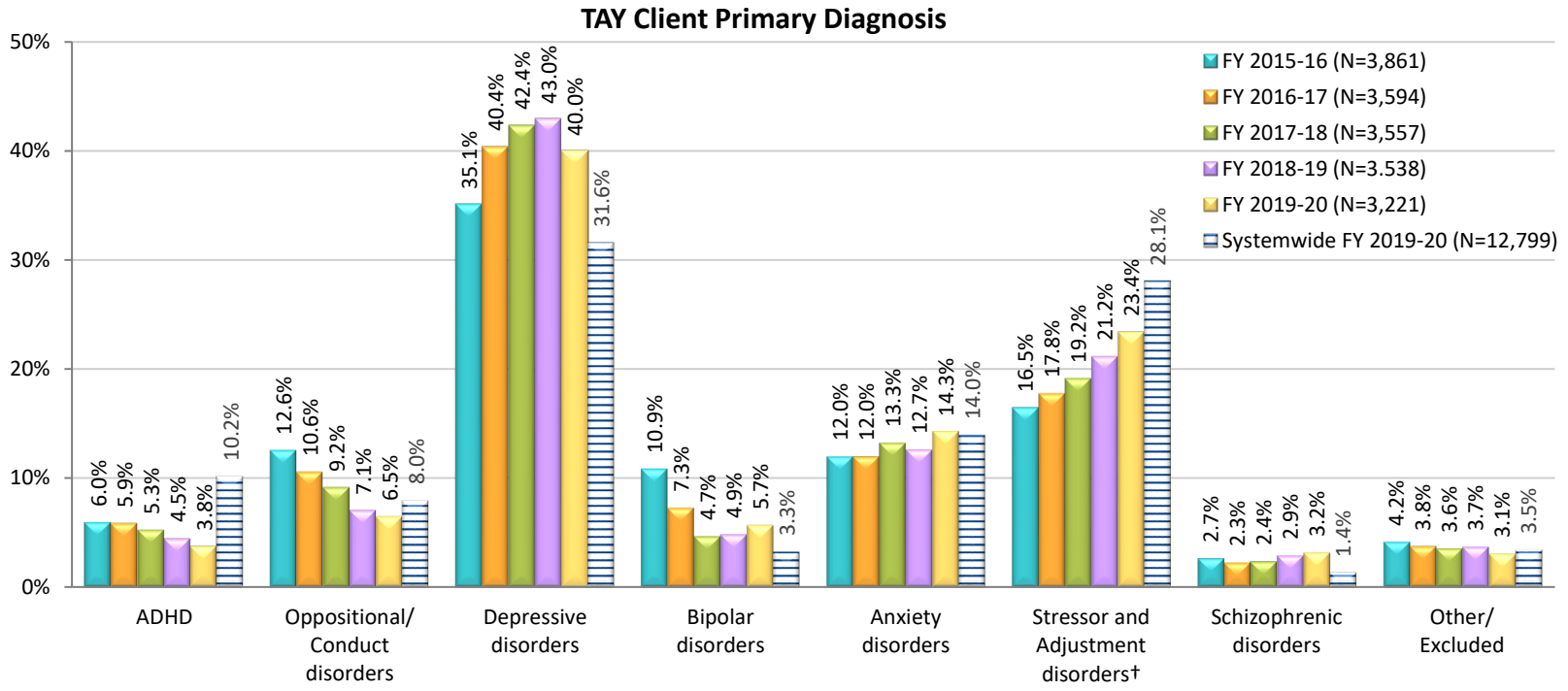
Previous experience of **traumatic events** was reported by clinicians for 2,951 clients (88% of the TAY population) in FY 2019-20; of these clients, 2,472 (84% of the 2,951 clients for whom this information was known) had a **history of trauma**. By comparison, 76% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2019-20.



Who Are We Serving?
Transition Age Youth

*TAY Primary Diagnosis**

The most common primary diagnoses among age TAY clients served by CYFBHS in FY 2019-20 were: Depressive disorders (n=1,289, 40.0%), Stressor and Adjustment disorders (n=754; 23.4%), Anxiety disorders (n=460; 14.3%), and Oppositional/Conduct disorders (n=209, 6.5%).

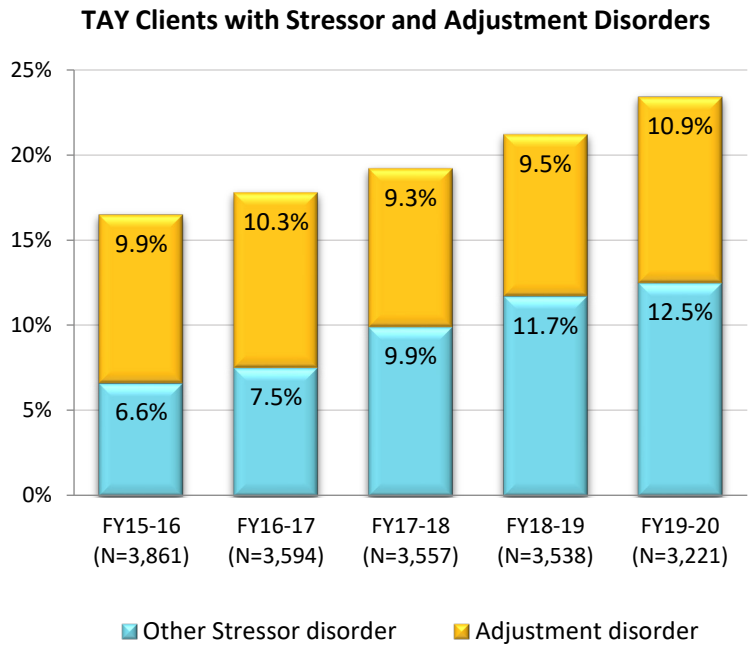


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and 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 6.6% in FY 2015-16 to 12.5% in FY 2019-20.



TAY Co-occurring Substance Use

In the CYFBHS system, co-occurring substance use is operationally defined as a dual diagnosis (a secondary substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services. In FY 2019-20, 15% of TAY youth had a co-occurring substance use issue, as compared to 16% in FY 2018-19.

FY 2019-20 CYFBHS Youth	TAY Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	**15% (518 of 3,358)**	**6% (778 of 13,758)**
Had dual diagnosis through mental health program†	11% (365 of 3,358)	4% (512 of 13,758)
CYFBHS Youth with Co-occurring Substance Use Issue	**TAY Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program	70% (365 of 518)	66% (512 of 778)
Received services from SUD program	45% (235 of 518)	48% (377 of 778)
CYFBHS youth who received services from SUD program who also had dual diagnosis	35% (82 of 235)	29% (111 of 377)

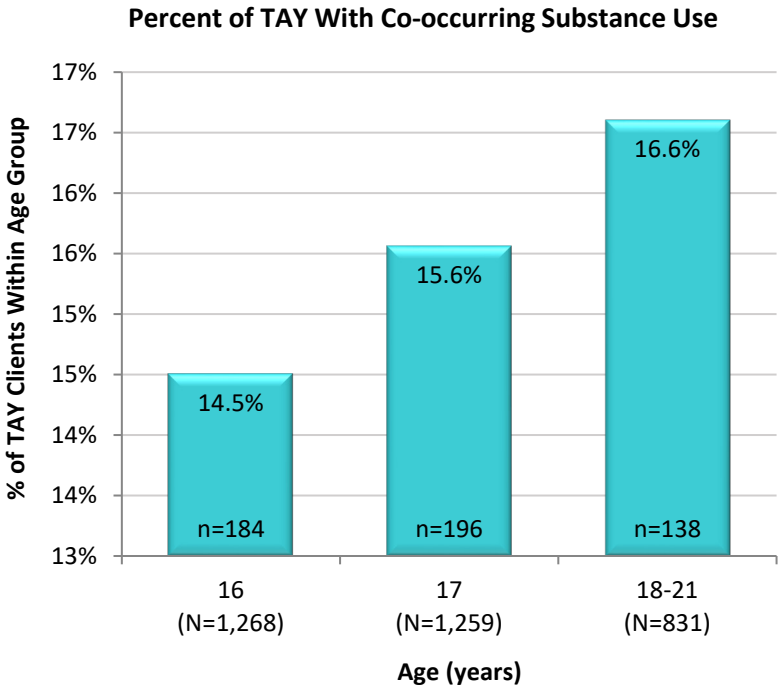
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?
Transition Age Youth

196 of 518 TAY clients (38%) with a co-occurring substance use problem were age 17. 330 of 518 (64%) TAY clients with a co-occurring substance use problem were Hispanic, as compared to 340 of 569 (60%) in FY 2018-19.

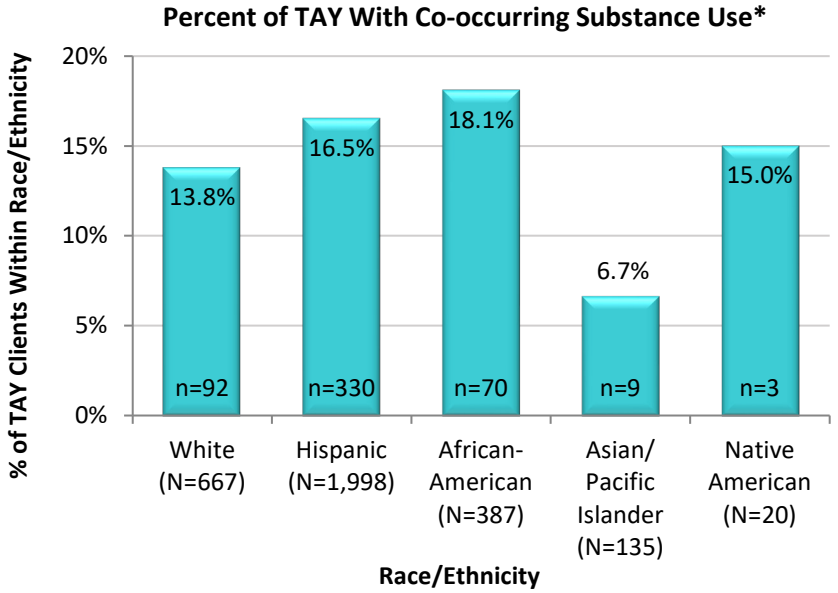
TAY Co-occurring Substance Use—Age

Approximately 15% of 16-year-olds and 16% of 17-year-olds who received services from the CYFBHS system were identified as having a substance use issue. By comparison, in FY 2018-19, 13% of 16-year-olds and 15% of 17-year-olds had a co-occurring substance use issue.



TAY Co-occurring Substance Use—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, African-American TAY served by CYFBHS had the highest proportion of co-occurring substance use (70 of 387 clients, 18%), while Asian/Pacific Islander TAY had the lowest proportion (9 of 135 clients, 7%). By comparison, in FY 2018-19, African-American youth TAY had the highest proportion of co-occurring substance use (87 of 439 clients, 20%), while Asian/Pacific Islanders had the lowest proportion (7 of 148 clients, 5%).

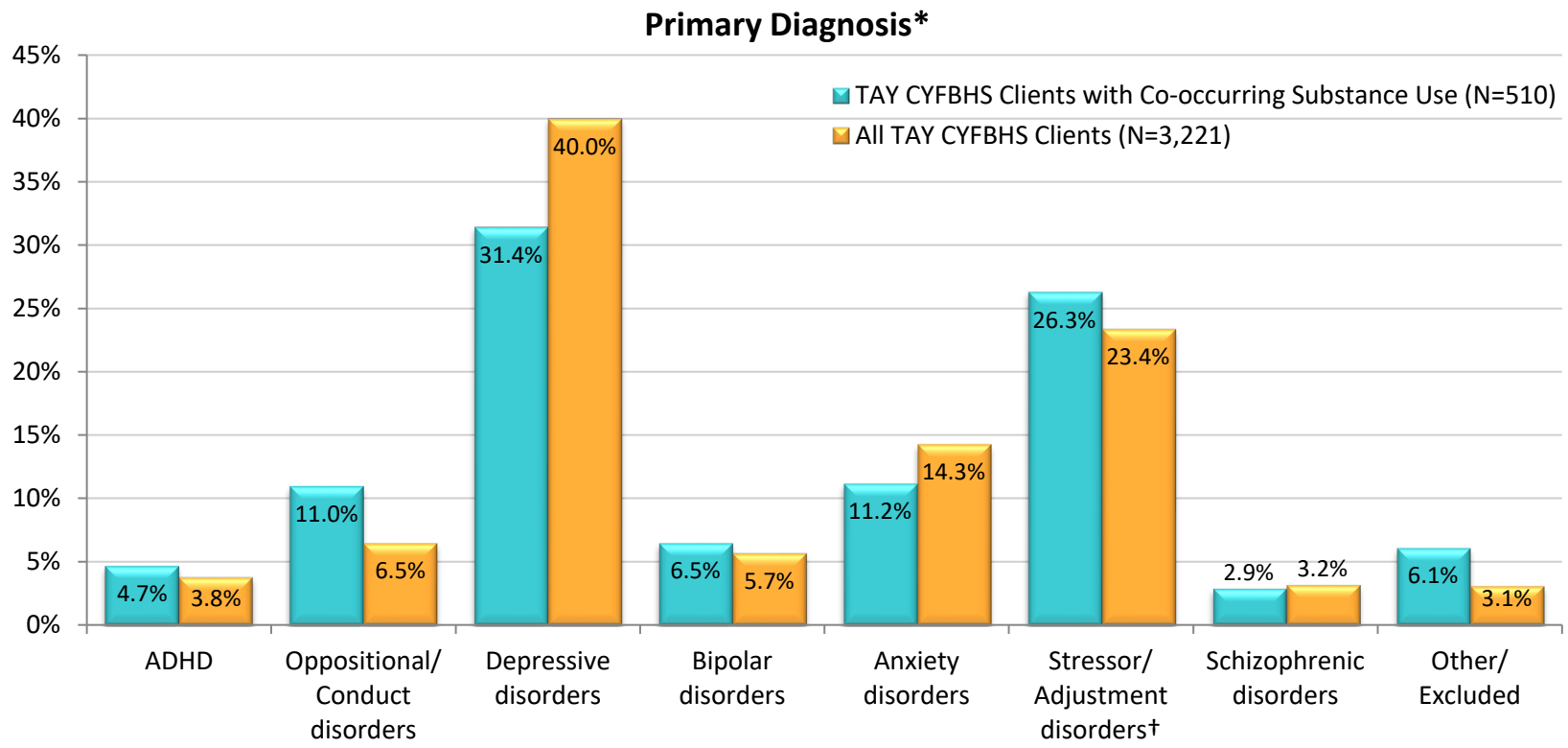


**Clients with unknown race/ethnicity were excluded from this analysis.*

Who Are We Serving?
Transition Age Youth

TAY Co-occurring Substance Use and Primary Diagnosis

TAY clients with co-occurring substance use problems were less likely to have a Depressive or Anxiety disorder, and more likely to have an Oppositional/Conduct than TAY in CYFBHS overall. These proportions are consistent with FY 2018-19 distribution of diagnoses. TAY clients with co-occurring substance use problems were more likely to have a stressor/adjustment disorder (26.3% vs. 23.4%, respectively); in FY 2018-19, the proportion was essentially the same (21.3% vs. 21.2%, respectively).



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; 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.

Where Are We Serving?

CYFBHS serves clients in six HHSA regions.*

Demographics By Region	Central		East		North Central		North Coastal		North Inland		South		Systemwide‡	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Total Number of Clients†	*2,561*	**19%**	*1,340*	**10%**	*5,768*	**42%**	*1,102*	**8%**	*1,824*	**13%**	*3,017*	**22%**	*13,758*	**100%**
Age														
Age 0-5	*35*	**1%**	*50*	**4%**	*1063*	**18%**	*208*	**19%**	*158*	**9%**	*320*	**11%**	*1,734*	**13%**
Age 6-11	*697*	**27%**	*529*	**39%**	*1,401*	**24%**	*372*	**34%**	*617*	**34%**	*769*	**25%**	*4,195*	**30%**
Age 12-17	*1,466*	**57%**	*703*	**52%**	*2,958*	**51%**	*483*	**44%**	*975*	**53%**	*1,853*	**61%**	*6,990*	**51%**
Age 18+	*363*	**14%**	*58*	**4%**	*346*	**6%**	*39*	**4%**	*74*	**4%**	*75*	**2%**	*839*	**6%**
Gender														
Female	*1054*	**41%**	*682*	**51%**	*2,401*	**42%**	*533*	**48%**	*957*	**52%**	*1,583*	**52%**	*6,395*	**46%**
Male	*1,480*	**58%**	*655*	**49%**	*3,360*	**58%**	*567*	**51%**	*867*	**48%**	*1,432*	**47%**	*7,330*	**53%**
Other/Unknown	*27*	**1%**	*3*	**0%**	*7*	**0%**	*2*	**0%**	*0*	**0%**	*2*	**0%**	*33*	**0%**
Race/Ethnicity														
White	*292*	**11%**	*384*	**29%**	*1,208*	**21%**	*265*	**24%**	*413*	**23%**	*456*	**15%**	*2,717*	**20%**
Hispanic	*1,693*	**66%**	*720*	**54%**	*3,348*	**58%**	*715*	**65%**	*1,229*	**67%**	*2,185*	**72%**	*8,669*	**63%**
African-American	*349*	**14%**	*135*	**10%**	*772*	**13%**	*51*	**5%**	*113*	**6%**	*208*	**7%**	*1,294*	**9%**
Asian/Pacific Islander	*141*	**6%**	*21*	**2%**	*187*	**3%**	*31*	**3%**	*20*	**1%**	*101*	**3%**	*425*	**3%**
Native American	*12*	**0%**	*10*	**1%**	*36*	**1%**	*5*	**0%**	*13*	**1%**	*13*	**0%**	*74*	**1%**
Other/Unknown	*74*	**3%**	*70*	**5%**	*217*	**4%**	*35*	**3%**	*36*	**2%**	*54*	**2%**	*579*	**4%**
Most Common Diagnoses														
Total Valid Diagnoses	*2,387*	**93%**	*1,329*	**99%**	*5,174*	**90%**	*965*	**88%**	*1,806*	**99%**	*2,977*	**99%**	*12,799*	**93%**
Depressive Disorders	*757*	**32%**	*427*	**32%**	*1,471*	**28%**	*341*	**35%**	*586*	**32%**	*1,205*	**40%**	*4,042*	**32%**
Stressor & Adjustment Disorders	*691*	**29%**	*423*	**32%**	*1,406*	**27%**	*208*	**22%**	*555*	**31%**	*787*	**26%**	*3,595*	**28%**
Anxiety Disorders	*326*	**14%**	*153*	**12%**	*620*	**12%**	*171*	**18%**	*259*	**14%**	*263*	**9%**	*1,792*	**14%**
Attention Deficit Hyperactivity Disorders	*212*	**9%**	*156*	**12%**	*534*	**10%**	*120*	**12%**	*202*	**11%**	*198*	**7%**	*1,304*	**10%**

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

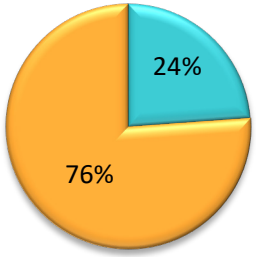
Where Are We Serving?
SchooLink Services

CYFBHS has partnered with school districts since the late 1990s to offer outpatient specialty mental health services, and substance use disorder (SUD) treatment, on school campuses that serve Medi-Cal and unfunded students. In FY 2018-19, 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 29 Specialty Mental Health Services SchooLink contracts that deploy clinicians to school campuses. Additionally, as of 2015-16, seven SUD contractors provide school-based services; these are captured in the SUD section of this report (see page 112). For more information on SchooLink services, please visit https://theacademy.sdsu.edu/rihs-schoolink/

*24% of Clients Received SchooLink Mental Health Services.**

3,282 (24%) of 13,758 CYF clients served during FY 2019-20 received at least one school site service, as compared to 27% in FY 2018-19.

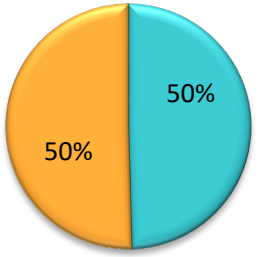
Of these 3,282 clients, 55 (2%) received *non-treatment* service/s only, as compared to 3% in FY 2018-19.‡



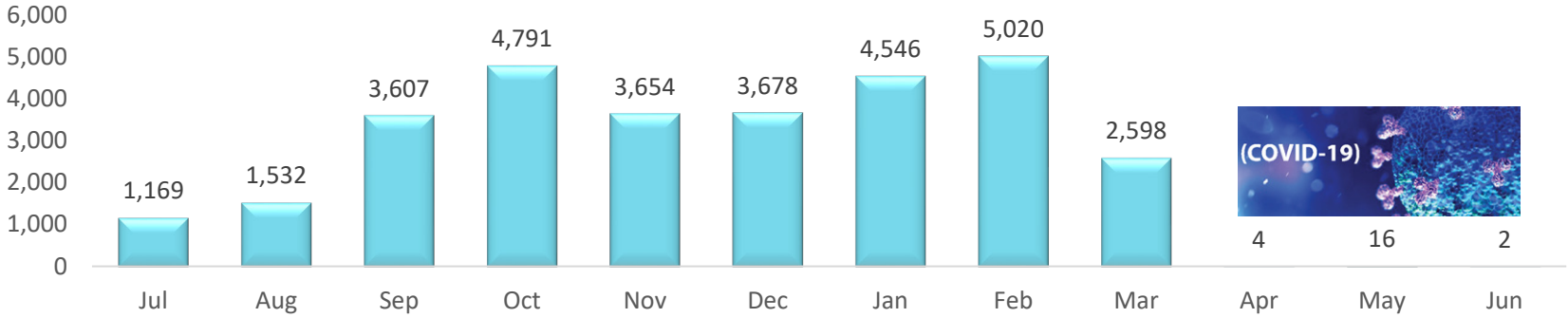
Mental Health Treatment Services Provided in 50% of Schools.†

392 of 791 schools (50%) in the County of San Diego had at least one school site treatment service during FY 2019-20, as compared to 49% in FY 2018-19.

Non-treatment services were provided at 8 additional schools, as compared to 23 in FY 2018-19.‡



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



**Data Source: CCBH Extract 09/15/2020*
†Data Source: CA Department of Education, FY 2019-20
‡Non-treatment services offered at SchooLink school sites include Collateral, Case Management, Intensive Care Coordination, and Assessment services

Where Are We Serving?
SchooLink Services

Number of Unique Clients by School District, FY 2019-20 (N = 3,227)†*

Of 42 school districts in San Diego County, 29 obtained onsite SchooLink services. Additionally, onsite SchooLink services were obtained by preschools, private schools, and San Diego Office of Education run facilities throughout the County.

School District/Site	N	%	School District/Site	N	%
Alpine Union School District	0	0.0%	National School District	62	1.9%
Bonsall Unified School District	1	0.0%	Oceanside Unified School District	128	3.8%
Borrego Springs Unified School District	6	0.2%	Poway Unified School District	1	0.0%
Cajon Valley Union School District	30	0.9%	Ramona Unified School District	146	4.4%
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	172	5.2%
Chula Vista Elementary School District	16	0.5%	San Diego Unified School District	1,475	44.3%
Coronado Unified School District	0	0.0%	San Dieguito Union High School District	0	0.0%
Dehesa School District	0	0.0%	San Marcos Unified School District	84	2.5%
Del Mar Union School District	0	0.0%	San Pasqual Union School District	0	0.0%
Encinitas Union School District	29	0.9%	San Ysidro School District	45	1.4%
Escondido Union School District	200	6.0%	Santee School District	31	0.9%
Escondido Union High School District	44	1.3%	Solana Beach School District	0	0.0%
Fallbrook Union Elementary School District	58	1.7%	South Bay Union School District	32	1.0%
Fallbrook Union High School District	25	0.8%	Spencer Valley School District	0	0.0%
Grossmont Union High School District	113	3.4%	Sweetwater Union High School District	81	2.4%
Jamul-Dulzura Union School District	2	0.1%	Vallecitos School District	0	0.0%
Julian Union School District	0	0.0%	Valley Center-Pauma Unified School District	15	0.5%
Julian Union High School District	0	0.0%	Vista Unified School District	254	7.6%
La Mesa-Spring Valley School District	86	2.6%	Warner Unified School District	12	0.4%
Lakeside Union School District	9	0.3%	Preschools	68	2.0%
Lemon Grove School District	24	0.7%	Private Schools	45	1.4%
Mountain Empire Unified School District	33	1.0%			

**Data Source: CCBH Extract 09/15/2020*

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

Where Are We Serving?
SchooLink Services

*SchooLink On-Campus Client and Service Thresholds**

To ensure resources are optimally deployed, SchooLink minimum thresholds have been 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. 36% of SchooLink clients received at least 10 services on the school campus in FY 2019-20, as compared to 44% in FY 2018-19. 36% of school sites served 10 clients or more in FY 2019-20, as compared to 40% in FY 2018-19. The reduction in services provided and clients served is likely due to school closures secondary to the COVID-19 pandemic, and attendant stay-at-home orders in Q4 of FY 2019-20.

Number of Clients by Service Range

Services Provided	*Number of Clients (N=3,282)*	*Percent of Clients*
1	307	9.3%
2-5	991	30.2%
6-9	806	24.6%
10-19	918	28.0%
20-29	145	4.4%
30-39	54	1.6%
40-49	20	0.6%
50-59	20	0.6%
60-69	9	0.3%
70-79	3	0.1%
80-89	6	0.2%
90-99	1	0.0%
100+	2	0.1%

64.1% of clients received <10 services

35.9% of clients received 10+ services

Number of Schools by Unique Clients Served

Clients Served	*Number of Schools (n=400)*	*Percent of Schools*
1	70	17.5%
2-5	107	26.8%
6-9	80	20.0%
10-19	103	25.8%
20-29	23	5.8%
30-39	9	2.3%
40-49	3	0.8%
50-59	2	0.5%
60-69	2	0.5%
70+	1	0.3%

64.3% of schools served <10 clients

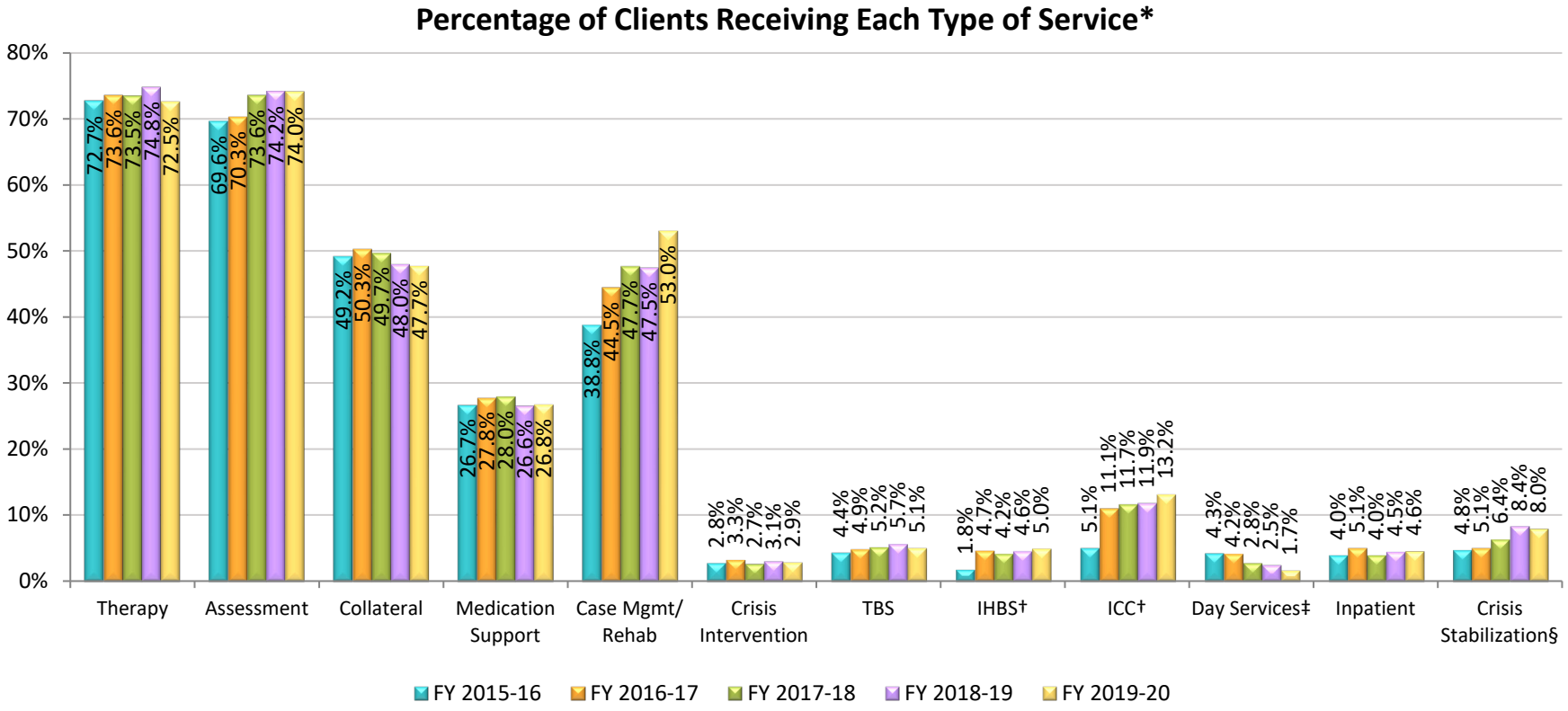
35.8% of schools served 10+ clients

**Data Source: CCBH Extract 09/15/2020*

What Kind of Services Are Being Used?

Types of Services Used

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



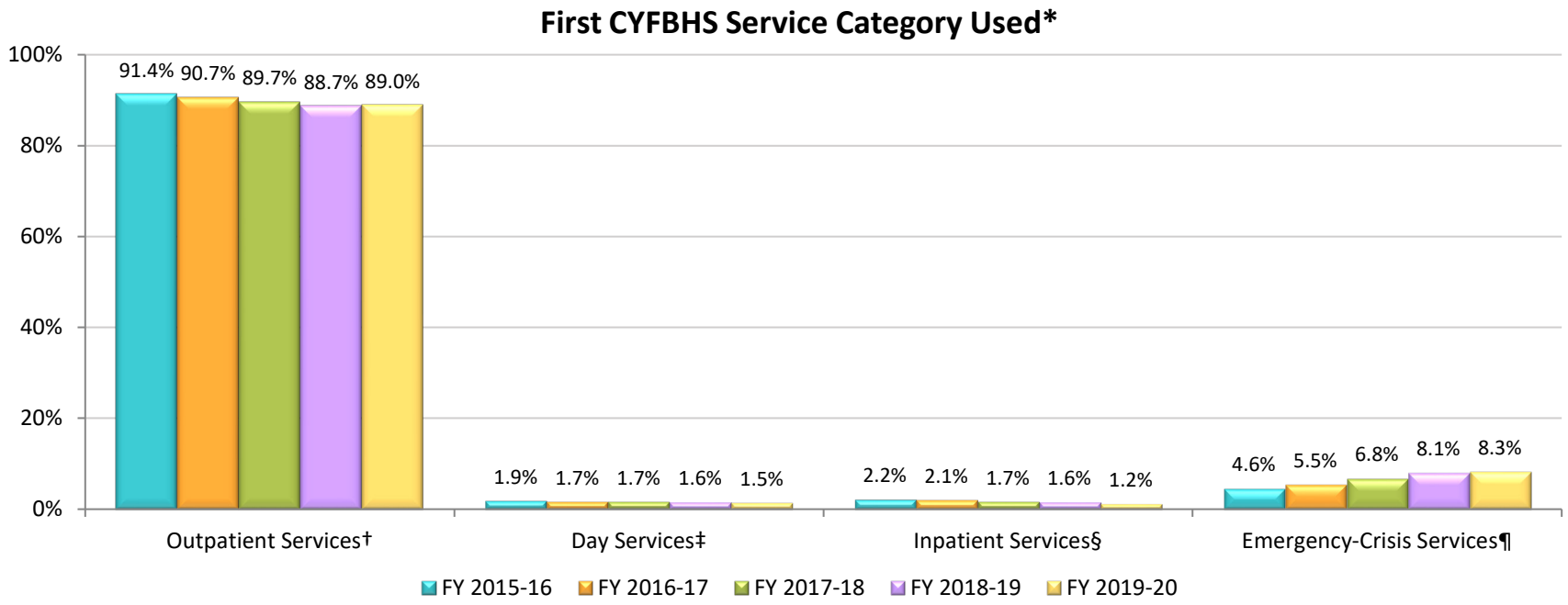
**These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being; service data became available in FY 2015-16. In FY 2016-17, ICC and IHBS services were expanded to all eligible CYFBHS clients.
‡In FY 2017-18, day services further unbundled from day services to outpatient services, with a return to some day services in FY 2019-20.
§In FY 2017-18, crisis stabilization capacity tripled (1/01/2018)

What Kind of Services Are Being Used?

*First Service Ever Used by CYFBHS Clients**

Individual services are rolled up into four service categories: Outpatient, Day Services, Inpatient, and Emergency-Crisis. First service ever received in CYFBHS (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, ESU bed expansion in 2018, and the implementation of Urgent Outpatient as a Level of Care in FY 2017-18.



**Specific service types vary across fiscal years.*
†In FY 2019-20, 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 2019-20, Day Services included: Day Treatment programs (Community, Residential, and Short-term Residential Treatment Faciliites).
§In FY 2019-20, Inpatient Services included: Inpatient Contracted programs and Inpatient Fee-for-Service programs.
¶ In FY 2019-20, Emergency-Crisis services included: Crisis Stabilization, PERT, and Urgent Outpatient services.

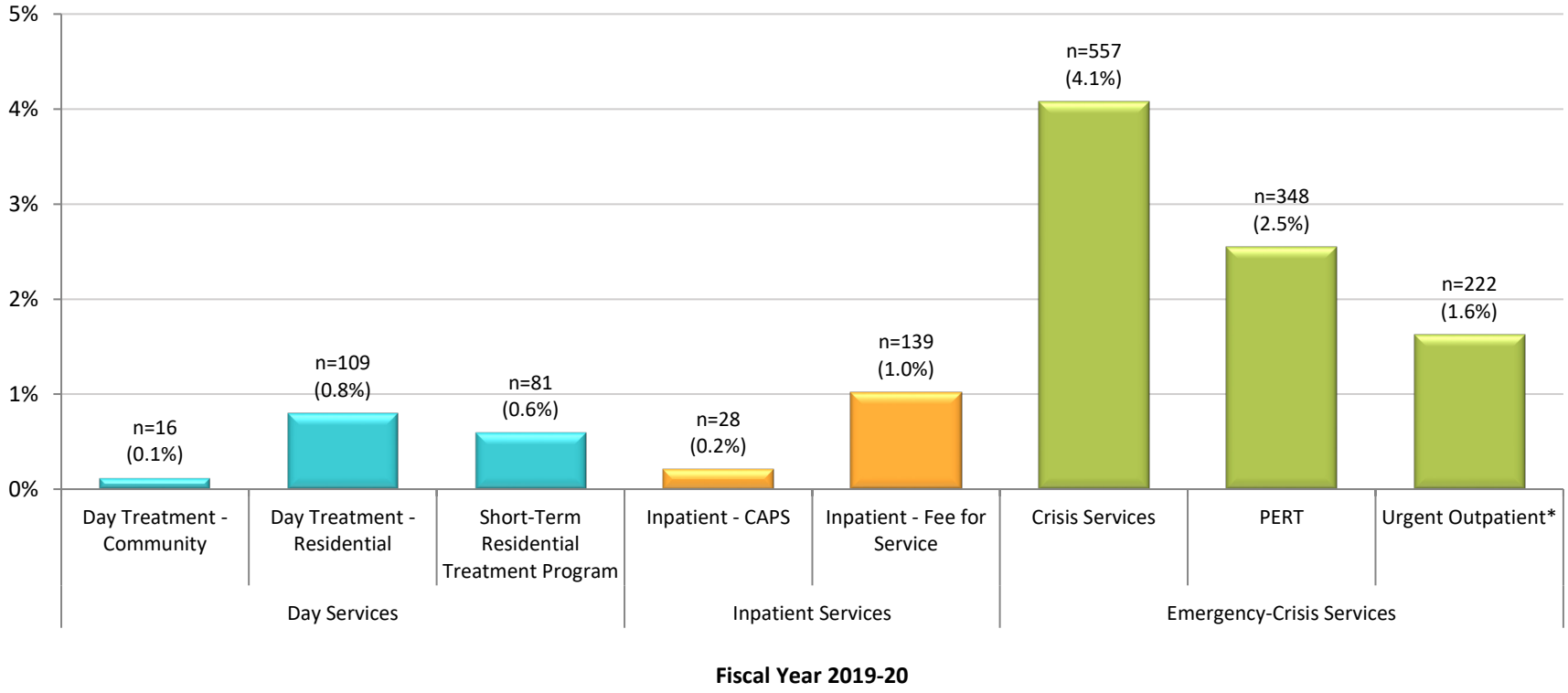
What Kind of Services Are Being Used?

First Service Ever Used by CYFBHS Clients Active in FY 2019-20—Intensive Services

First service ever received in CYFBHS (from FY 2008-09) was identified for 13,648 youth in FY 2019-20; 1,500 (11%) entered the CYFBHS system by way of an intensive service. The majority of these youth (8.3%) entered the system via Emergency-Crisis Services.

Approximately half of the 1,127 youth whose first CYFBHS service was Emergency-Crisis were served by a Crisis Services program. Nearly one-third of these youth entered CYFBHS via an Adult/Older Adult PERT program.

First CYFBHS Service Category Used - Intensive Service Breakdown

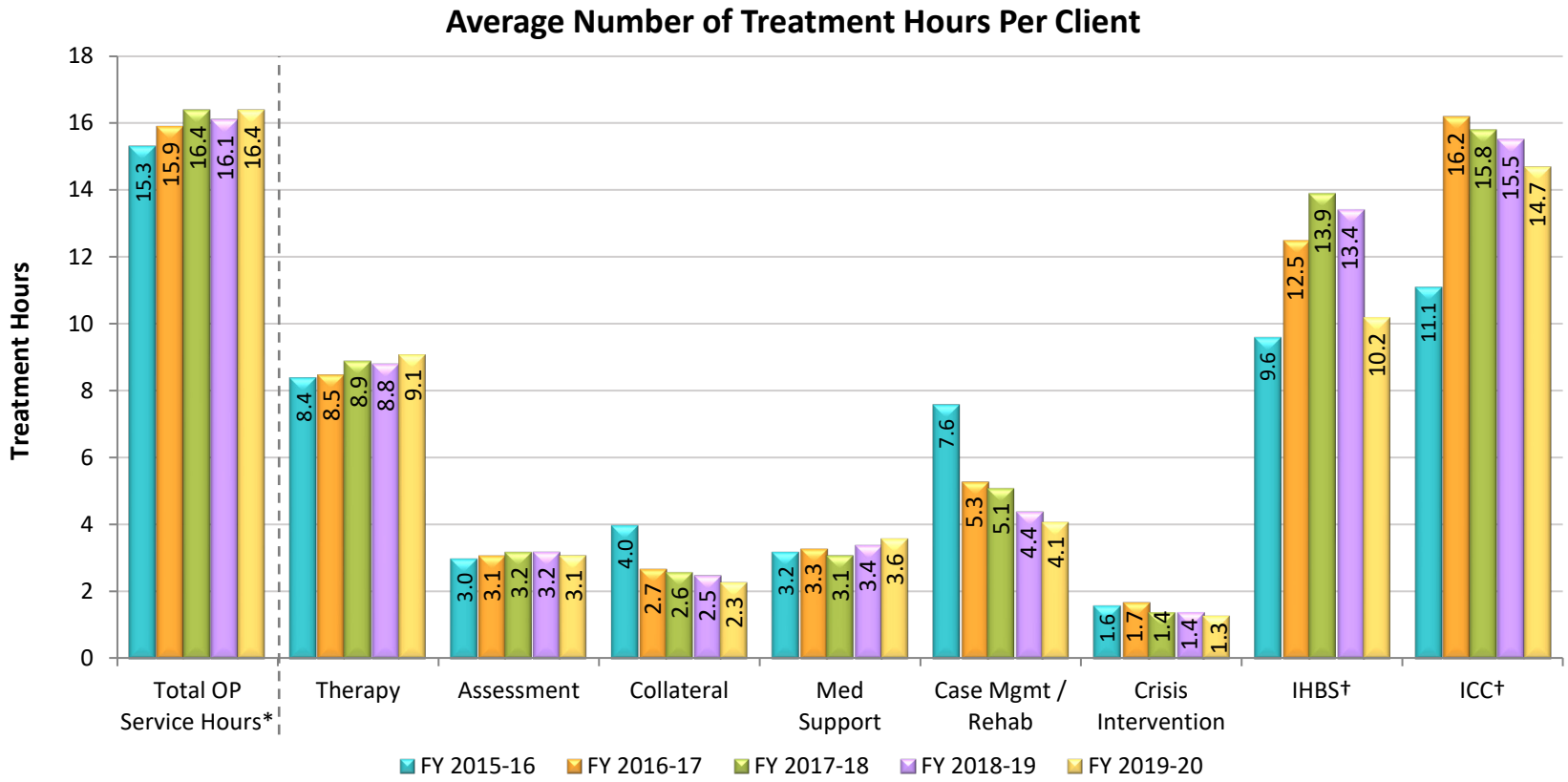


**Urgent Outpatient services are provided by Emergency Medication Management Services, Behavioral Crisis Centers, and Mobile Assessment Teams.*

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

On average, clients received **16.4 hours of Outpatient Services** in FY 2019-20. As compared to the previous fiscal year, Therapy and Medication Support service treatment hours increased; all other outpatient service treatment hours decreased. The decrease in IHBS services was most notable, from 13.4 hours in FY 2018-19 to 10.2 hours in FY 2019-20.



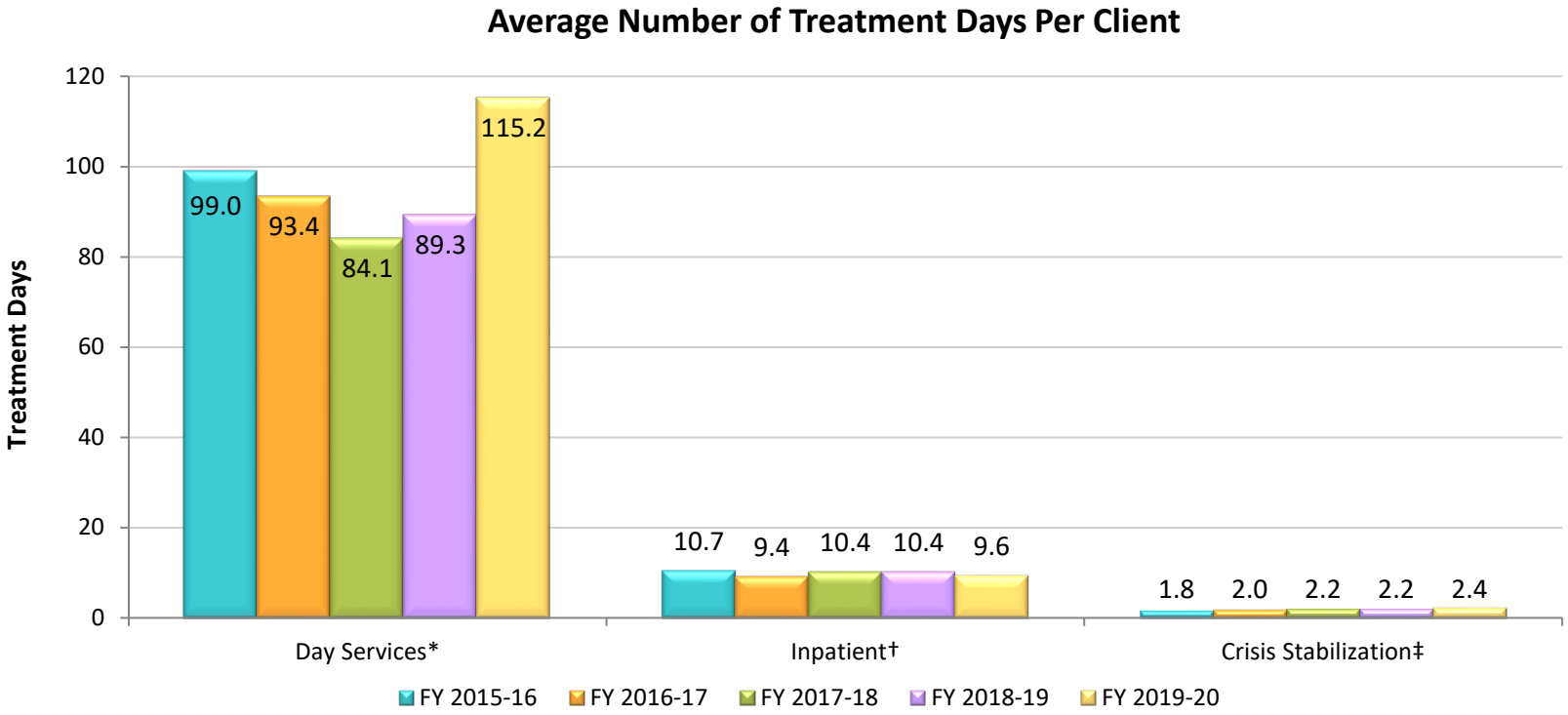
**Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being; service data became available in FY 2015-16. In FY 2016-17, ICC and IHBS services were expanded to all eligible CYFBHS clients.

What Kind of Services Are Being Used?

Service Treatment Days

The average number of treatment days in **Day Services (115.2 days) increased 29%** from the previous fiscal year (89.3 days). Day Services are services designed to provide alternatives to 24–hour care and supplement other modes of treatment and residential service.

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

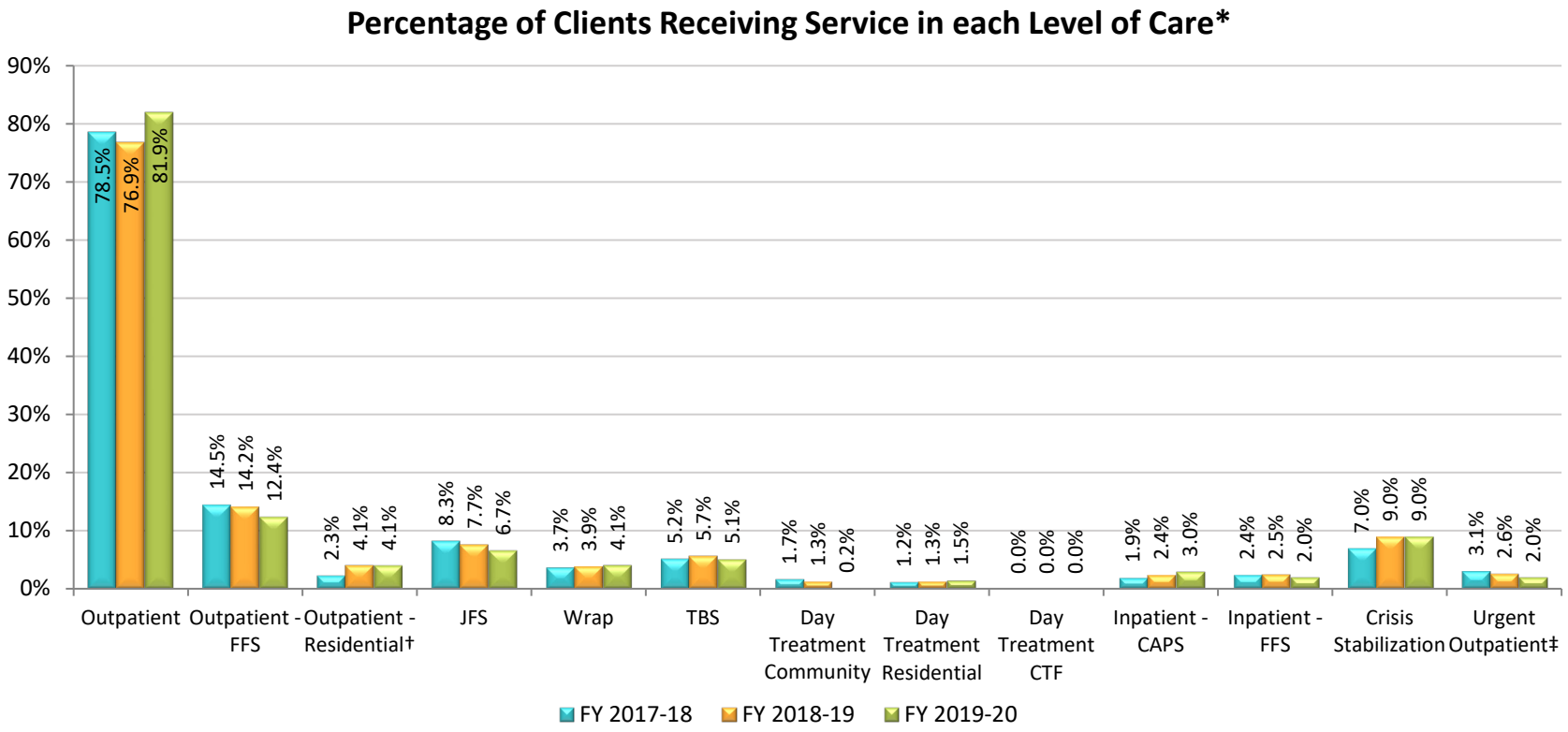


**In FY 2017-18, day services further unbundled from day services to outpatient services, with a return to some day services in FY 2019-20..*
†Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.
‡Crisis Stabilization days may be artificially 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. The increase in Crisis Stabilization utilization from 7% in 2017-18 to 9% in FY 2019-20 aligns with system capacity increasing from 4 to 12 beds on 1/01/2018. The decrease in Day Treatment Community utilization in FY 2019-20 aligns with the shift to Outpatient services due to the COVID-19 pandemic and attendant stay-at-home order issued in Q4 of this fiscal year.



**Clients may have received services in more than one level of care.*
†Increase is associated with system changes in LOC as well as decrease in utilization of congregate care.
‡Urgent Outpatient services are provided by Emergency Medication Management Services, Behavioral Crisis Centers, and Mobile Assessment Teams.

What Kind of Services Are Being Used?

Average Length of Service (ALOS) by Level of Care

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

Average Length of Service by Level of Care	FY 2018-19		FY 2019-20	
Outpatient Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Outpatient	8,192	156.7	7,317	156.0
Outpatient - Fee for Service	793	110.6	681	117.2
Outpatient - Residential	529	116.5	400	137.6
Juvenile Forensic Services	2,179	39.5	1,669	46.7
Wraparound	390	254.9	341	208.9
Therapeutic Behavioral Services (TBS)	649	115.6	580	121.9
Day Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Day Treatment - Community	160	275.5	30	276.5
Day Treatment - Residential	114	338.3	102	335.1
Day Treatment - Closed Treatment Facility	<5	451.0	0	n/a
Inpatient Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Inpatient - CAPS	537	7.5	567	6.8
Inpatient - FFS	442	6.4	322	6.7
Emergency/Crisis Services	**Clients (duplicated)**	**ALOS (days)**	**Clients (duplicated)**	**ALOS (days)**
Crisis Stabilization	1,932	6.2	1,802	5.8
Urgent Outpatient*†	386	17.7	283	18.8

**Crisis Stabilization ALOS may be artificially inflated due to episodes remaining open until client is connected with an OP provider.*
†Urgent Outpatient services are provided by Emergency Medication Management Services, Behavioral Crisis Centers, and Mobile Assessment Teams

What Kind of Services Are Being Used?

*Service Use by Primary Diagnosis**

- Compared to CYFBHS systemwide averages, youth with a Depressive Disorder diagnosis (n=4,042) were more likely to receive Outpatient Crisis Intervention and all intensive services (Crisis Stabilization, Inpatient, and Day Treatment). These youth were the highest utilizers of Case Management services.
- Youth with a Stressor and Adjustment Disorder diagnosis (n=3,595) were less likely to receive Medication services than youth with any other diagnosis. These youth were more likely to receive Outpatient Therapy, Intensive Home Based Services (IHBS), and Intensive Care Coordination (ICC) services compared to the systemwide average.
- Youth with an Anxiety Disorder diagnosis (n=1,792) were more likely than any other diagnosis to receive Outpatient Therapy and Assessment services. These youth were less likely to use intensive services, however they had the highest average hours of service in Day Treatment.
- Youth with an ADHD diagnosis (n=1,304) were the highest utilizers of Collateral and TBS services. They were more likely than the CYFBHS average to receive Medication Support services, which is consistent with the American Academy of Pediatrics recommendations to treat ADHD with medication along with parent training.[1] These youth were least likely across diagnoses to receive Outpatient Crisis Intervention, IHBS, ICC, and Inpatient services.
- Youth with an Oppositional/Conduct Disorder diagnosis (n=1,025) were more likely to receive Outpatient Therapy, Collateral, Case Management, and TBS services, as compared to the CYFBHS average. These youth were the highest utilizers of intensive Day Treatment services.
- Compared to CYFBHS systemwide averages, youth with a Bipolar Disorder diagnosis (n=418) were more likely to receive all outpatient service types except Therapy and Assessment services. These youth were the highest utilizers of IHBS services, and 2-3 times as likely to receive Inpatient and Crisis Stabilization services.
- Youth with a Schizophrenic Disorder diagnosis (n=181) were the lowest utilizers of Therapy, Assessment, and Collateral services. These youth were the highest utilizers of Medication Support, Outpatient Crisis Intervention, ICC, Inpatient, and Crisis Stabilization services; they also received the most treatment hours for these service types.

**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 138) for further information.*

[1]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).

What Kind of Services Are Being Used?

*Service Use by Race/Ethnicity**

- Hispanic clients (n=8,669) were more likely than any other racial/ethnic group to receive Therapy, Assessment, Collateral and Case Management services. Among youth with an identified race/ethnicity, they were least likely to receive Medication services and all intensive services (Inpatient, Day Treatment, and Crisis Stabilization).
- White clients (n=2,717) were more likely than any other racial/ethnic group to receive Outpatient Crisis Intervention and TBS services. These youth were less likely than the CYFBHS average to receive Outpatient Therapy services.
- African-American clients (n=1,294) were more likely than any other racial/ethnic group to receive Medication Support and Day Treatment services. These youth were nearly twice as likely as the CYFBHS average to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services.
- Asian/Pacific Islander clients (n=425) were less likely than any other racial/ethnic group to receive Outpatient Therapy, Assessment, and less likely than the CYFBHS average to receive Outpatient Crisis Intervention services. These youth were most likely to receive intensive Inpatient and Crisis Stabilization services, and they received the highest number of Inpatient service hours. Strengthening engagement efforts for Asian/Pacific Islander populations could potentially increase outpatient service use, while decreasing use of intensive services.
- Native American clients (n=74) were less likely than the CYFBHS average to receive Outpatient Therapy, Assessment, Collateral, Case Management, Crisis Intervention, and TBS services. These clients were the highest utilizers of IHBS and ICC services, and more likely than the CYFBHS average to receive all intensive services (Inpatient, Day Treatment, and Crisis Stabilization). Strengthening engagement efforts for Native American populations could increase outpatient service use while decreasing intensive service use.

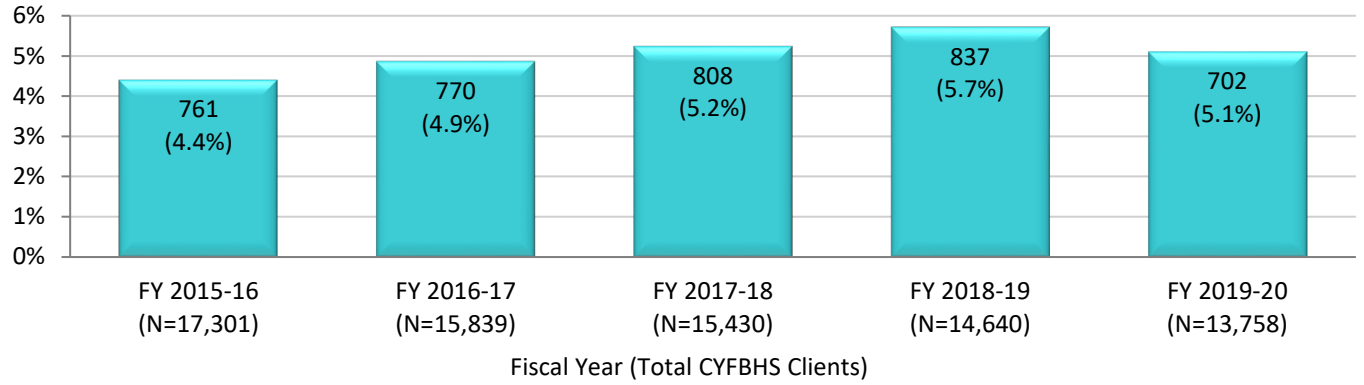
**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 138) for further information.*

What Kind of Services Are Being Used?

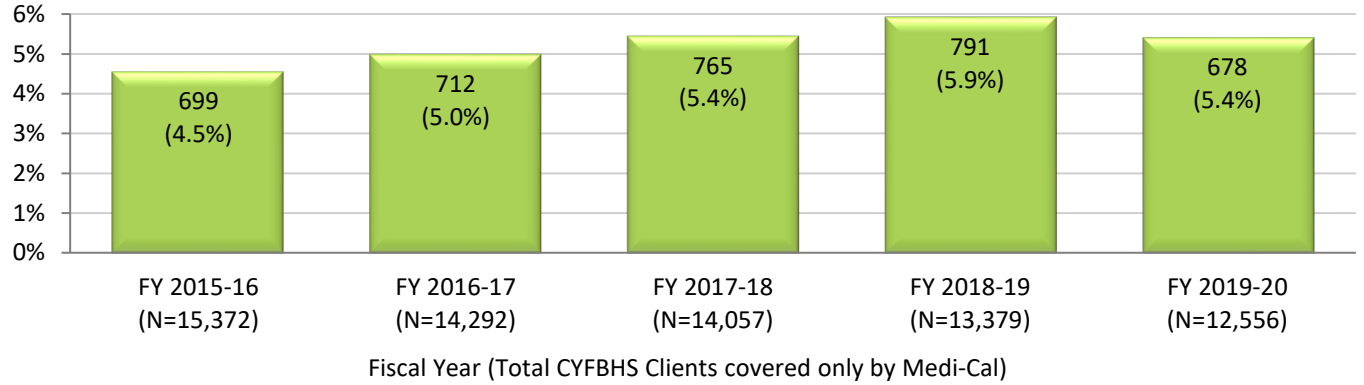
Therapeutic Behavioral Services (TBS)

TBS services are ancillary intensive coaching services designed to help stabilize environments or avoid the need for a more restrictive level of care. TBS services were initiated in CYFBHS in 2001 for Medi-Cal beneficiaries upon the establishment of the service in California following a class action settlement agreement. In FY 2019-20, San Diego County has exceeded the state-mandated 5% penetration rate of TBS for all Medi-Cal beneficiaries served. Additionally, DHCS has authorized a number of other like services throughout the San Diego County system of care.

TBS Clients within Systemwide CYFBHS Clients



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



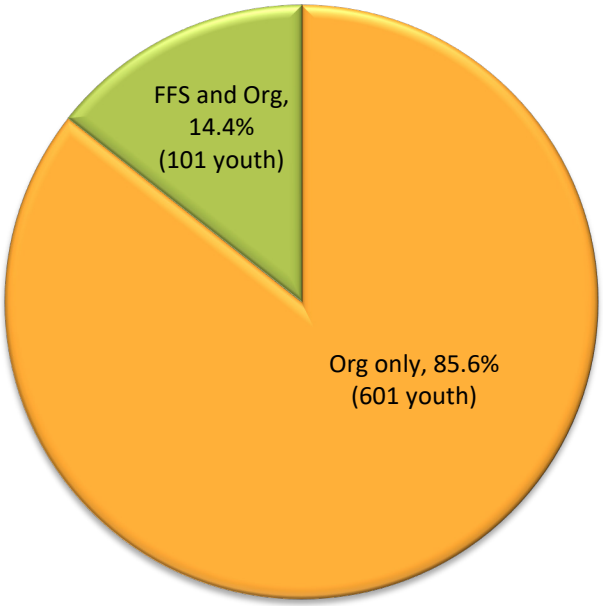
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

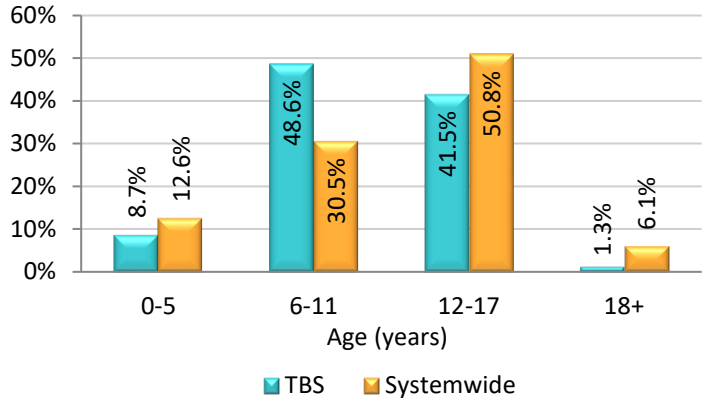
Clients receiving TBS services were younger and less likely to be female than the systemwide averages.

Service Provider Type

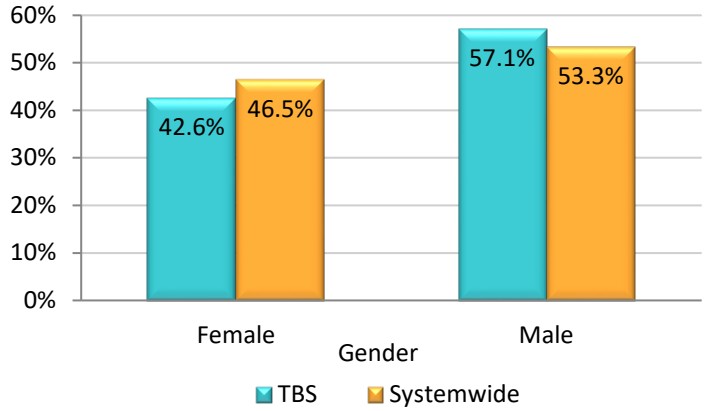
TBS requires a Specialty Mental Health Provider (SMHP). The majority (86%) of CYFBHS TBS clients were served *only* by Org providers in FY 2019-20. No TBS clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2018-19.



TBS Client Age (N=702)



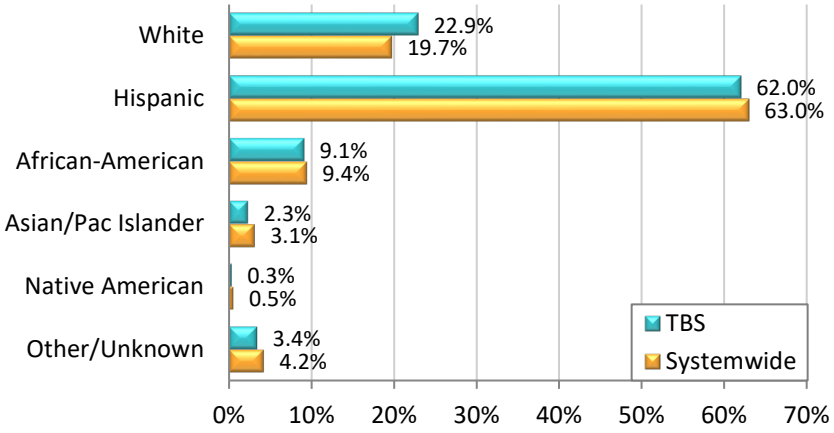
TBS Client Gender (N=702)



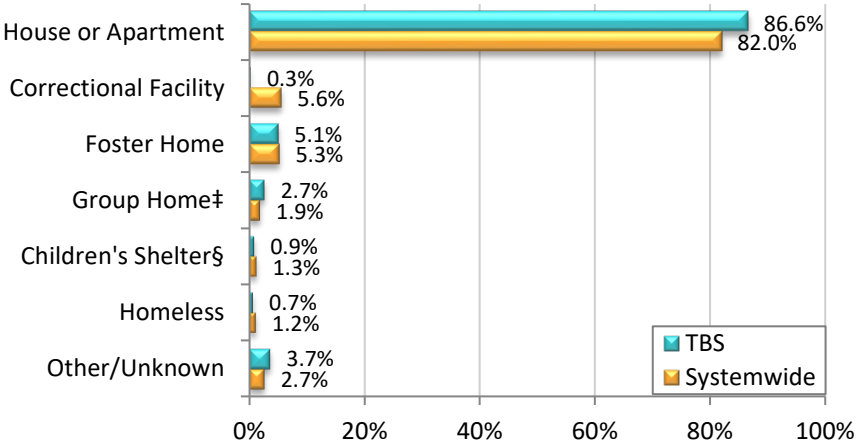
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Race/Ethnicity (N=702)

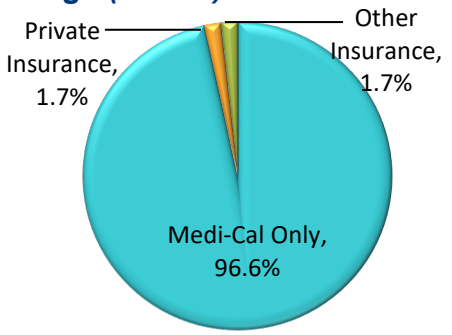


TBS Client Living Situation (N=702)†



TBS Client Health Care Coverage (N=702)

678 (97%) clients who received TBS from CYFBHS during FY 2019-20 were covered exclusively by Medi-Cal, an increase from 95% in FY 2018-19. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2019-20.

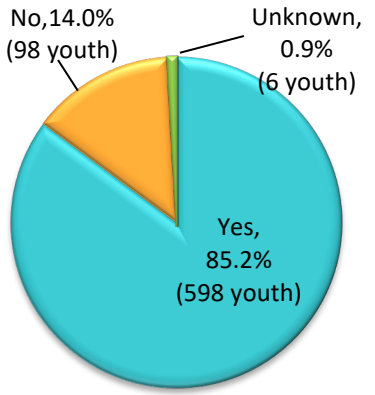


*TBS Client Primary Care Physician (PCP) Status**

Of the 680 TBS clients for whom PCP status was known, 665 (98%) had a PCP in FY 2019-20, a slight increase from 97% in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2019-20.

*TBS Client History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 696 clients (99% of the TBS population) in FY 2019-20; of these clients, 598 (86% of the 696 clients for whom this information was known) had a **history of trauma**. By comparison, 76% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2019-20.



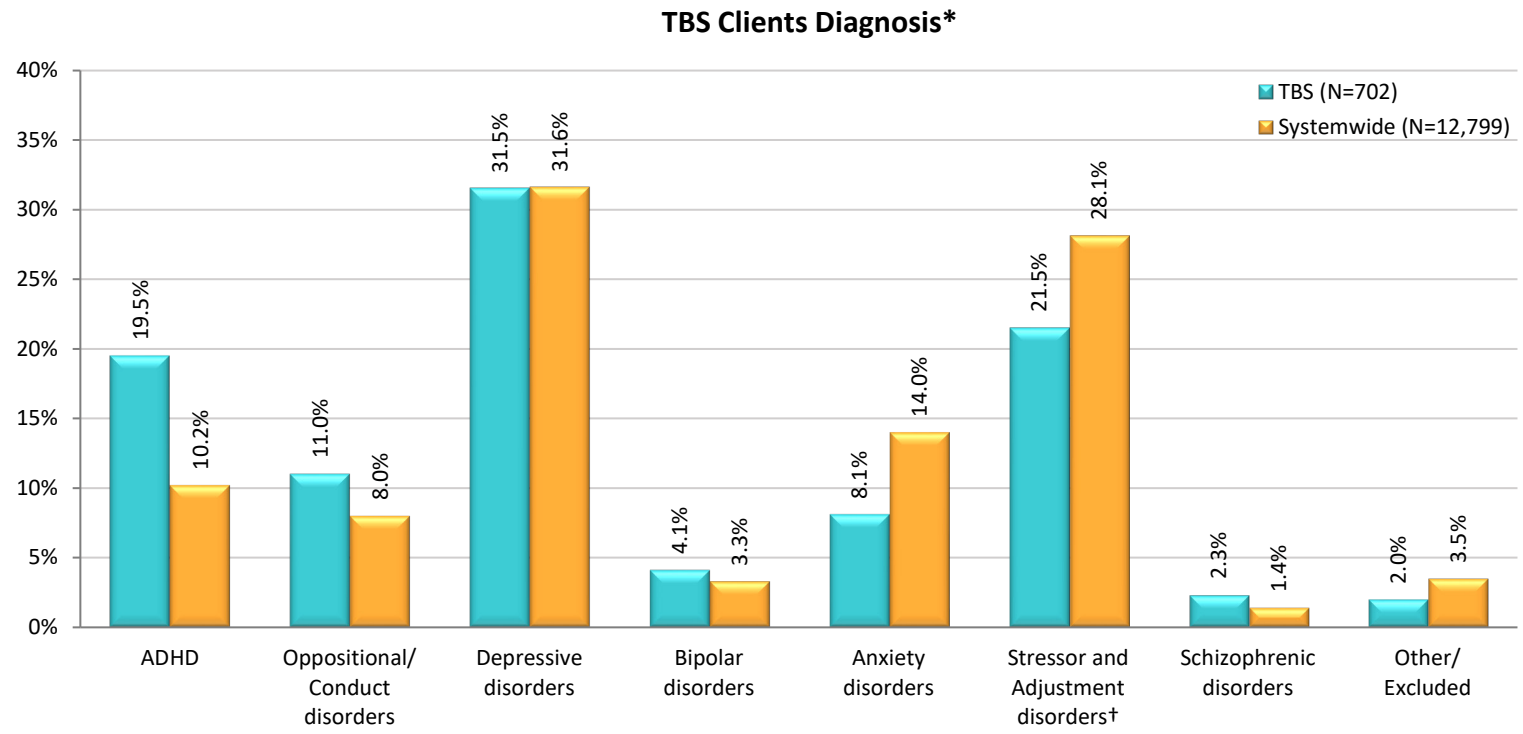
**Unknown category includes Fee-for-Service providers for whom data were not available.*
†Most recent living situation recorded in the fiscal year; TBS service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.
§The majority 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 2019-20 was Depressive disorders (32%). TBS clients were twice as likely to have an ADHD diagnosis. The rate of Stressor/Adjustment disorder (22%) increased from 17% in FY 2018-19, but remained proportionately less than the systemwide average of 28%. These clients were less likely to have an Anxiety disorder, and more likely to have an Oppositional/Conduct or Schizophrenic disorder, than CYFBHS clients overall.



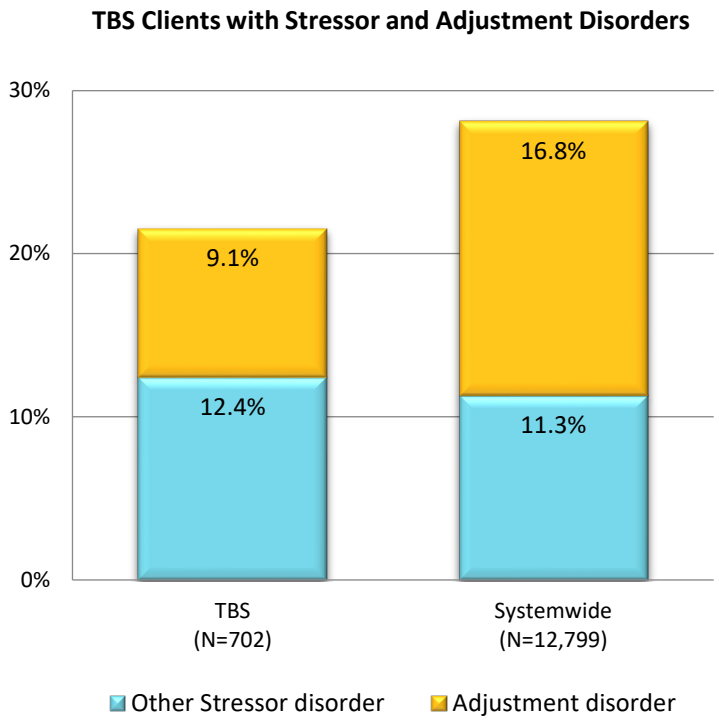
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

*TBS Client Stressor and Adjustment Disorders**

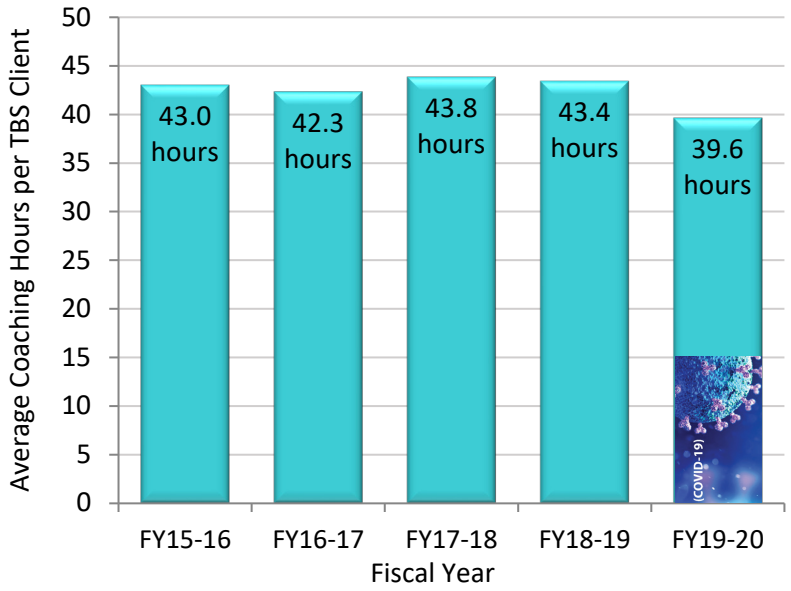
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among TBS clients in FY 2019-20, as compared to CYFBHS overall.



Coaching Hours for TBS Clients

The average number of coaching hours (identified by service code 47: "TBS Intervention") per TBS client in FY 2019-20 was nearly 4 hours less than the previous fiscal year. The decrease in in-home coaching hours is expected given the context of the COVID-19 pandemic and attendant stay-at-home order issued in Q4 of FY 2019-20.

The ALOS for a TBS client discharging in FY 2019-20 was 122 days; by comparison, the ALOS for a TBS client discharging in FY 2018-19 was 116 days (see page 64).



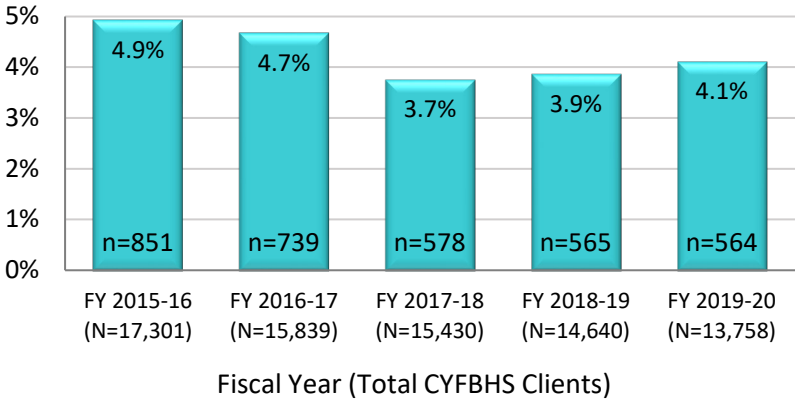
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

What Kind of Services Are Being Used?

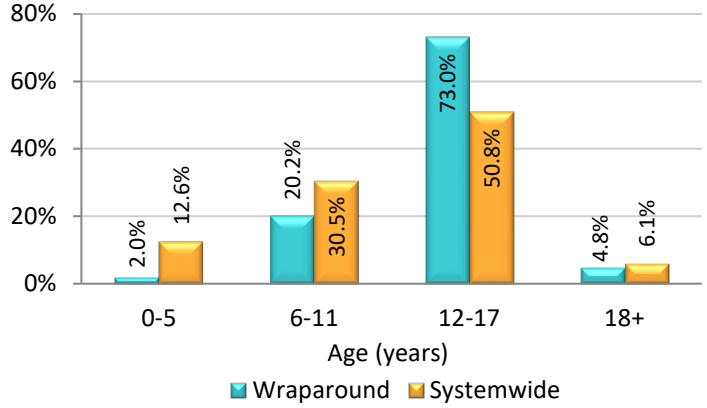
Wraparound Programs

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 (85%) of CYFBHS Wraparound clients were served *only* by Org providers in FY 2019-20. No Wraparound clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2018-19. Wraparound clients were older than the systemwide averages.

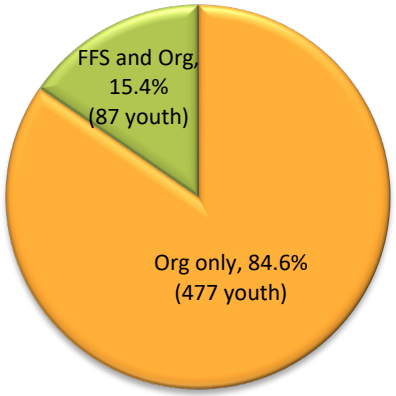
Clients in Wraparound Programs



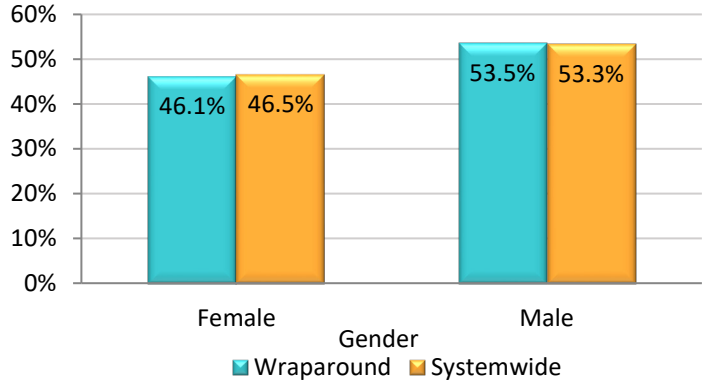
Wraparound Program Clients Age (N=564)



Service Provider Type



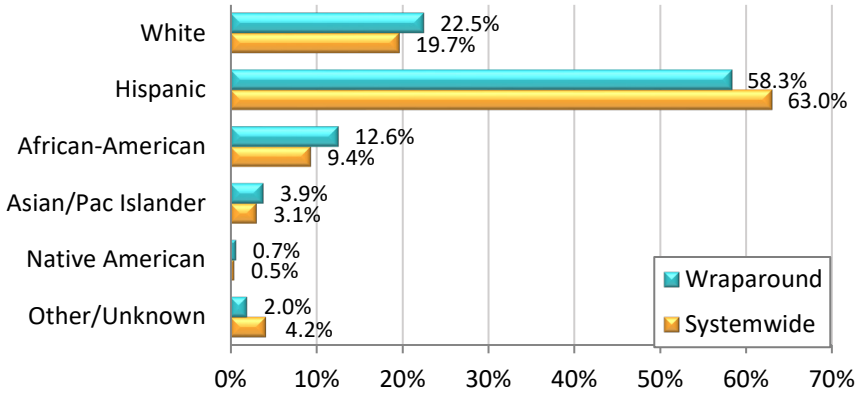
Wraparound Program Clients Gender (N=564)



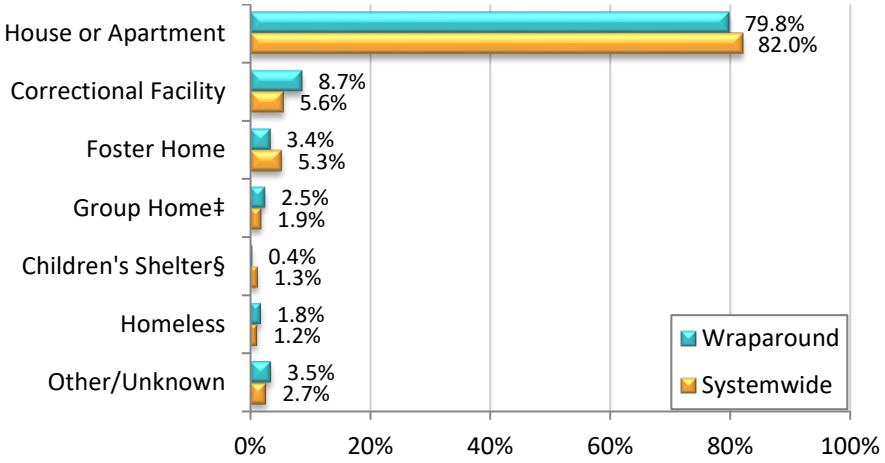
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=564)

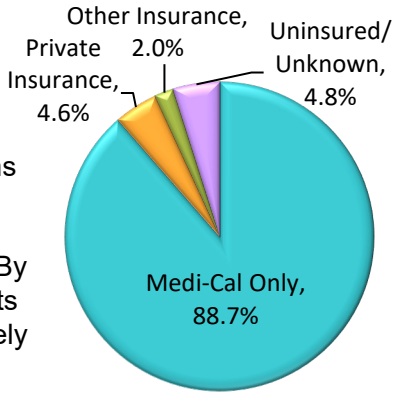


Wraparound Program Clients Living Situation (N=564)†



Wraparound Program Clients Health Care Coverage (N=564)

500 (89%) clients who received services from Wraparound programs during FY 2019-20 were covered exclusively by Medi-Cal, a slight increase from 88% in FY 2018-19. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2019-20.

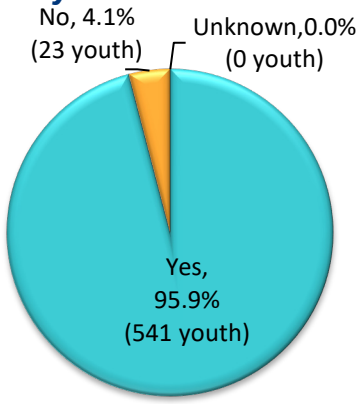


Wraparound Program Clients Primary Care Physician (PCP) Status*

Of the 555 clients in Wraparound programs for whom PCP status was known, 541 (97%) had a PCP in FY 2019-20, a slight increase from 96% in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2019-20.

Wraparound Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 564 clients (100% of the Wraparound population) in FY 2019-20; of these clients, 541 (96% of the 564 clients for whom this information was known) had a **history of trauma**. By comparison, 76% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2019-20.



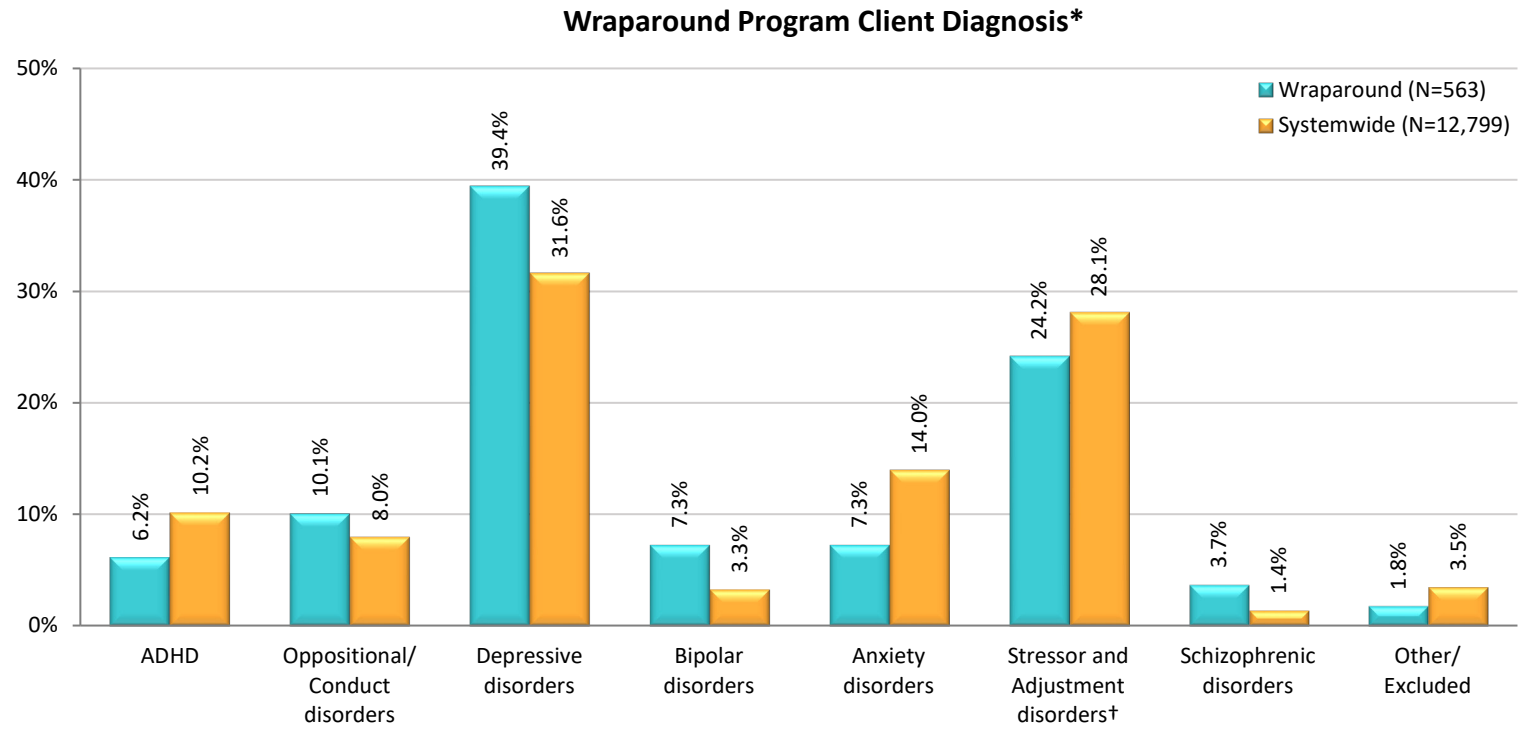
*Unknown category includes Fee-for-Service providers for whom data were not available.
†Most recent living situation recorded in the fiscal year; Wraparound service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.
§The majority 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 2019-20 were Depressive disorders (39%). These clients were twice as likely to have a Bipolar disorder diagnosis. The rate of Stressor/Adjustment disorder (24%) increased from 18% in FY 2018-19, but remained proportionately less than the systemwide average of 28%. These clients were less likely to have ADHD or an Anxiety disorder, and more likely to have an Oppositional/Conduct, Depressive, or Schizophrenic disorder, than CYFBHS clients overall.



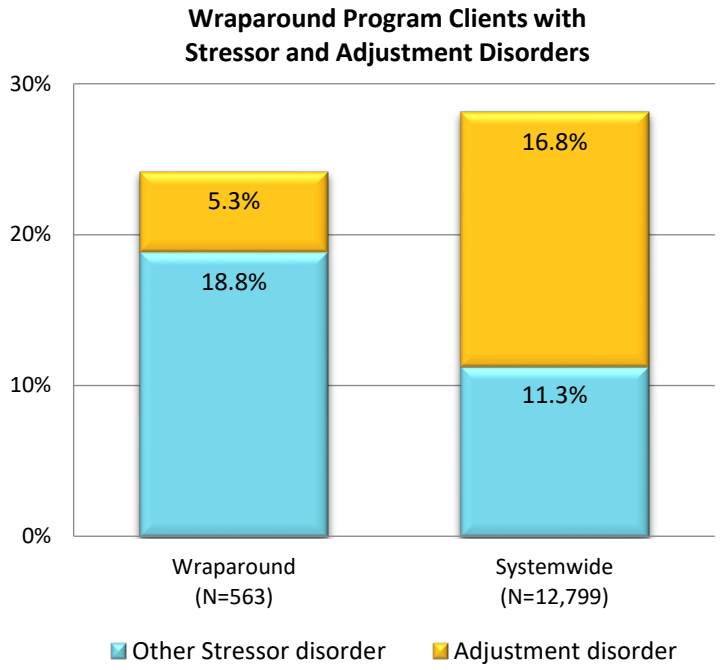
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Stressor and Adjustment Disorders*

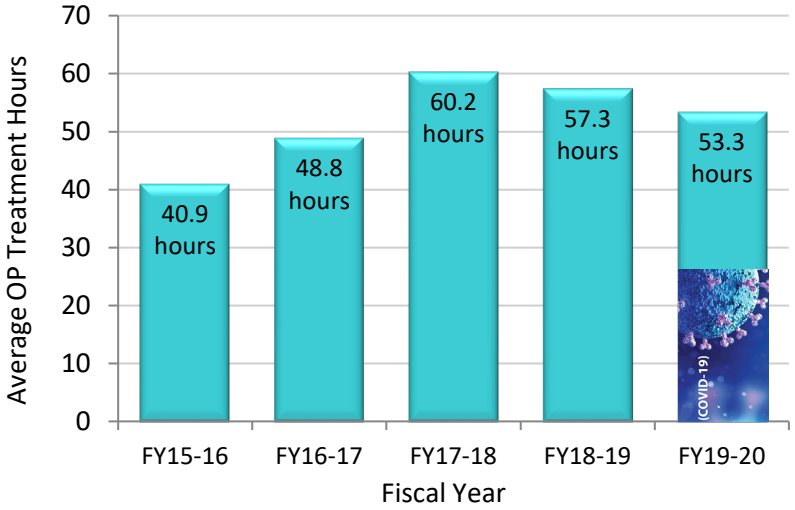
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among Wraparound Program clients in FY 2019-20, as compared to CYFBHS overall.



Outpatient Treatment Hours for Clients in Wraparound Programs†

The average number of Outpatient hours for clients in Wraparound programs has declined in the past two years, from 60 hours in FY 2017-18 to 53 hours in FY 2019-20. However, the average is more than 12 hours higher than FY 2015-16, which correlates with the expansion of ICC and IHBS services to all eligible CYFBHS clients and utilization of Child and Family Teams under Pathways to Well-Being (August 2013).

The ALOS for a Wraparound Program client discharging in FY 2019-20 was 209 days; by comparison, the ALOS for a Wraparound client discharging in FY 2018-19 was 255 days (see page 64).



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; 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?

Pathways to Well-Being

The Integrated Core Practice Model

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

Continuum of Care Reform

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

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.

What Kind of Services Are Being Used?

Pathways to Well-Being

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

Pathways Eligible Clients Served*†§

	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Total Clients‡ with Open Assignment	982	1,060	774	940	736

Clients Eligible for Enhanced Services*†¶

	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Total Clients‡ with Open Assignment	973	896	819	744	850
Pathways Service					
ICC	748	697	593	622	682
IHBS	283	258	211	209	224

**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

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

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

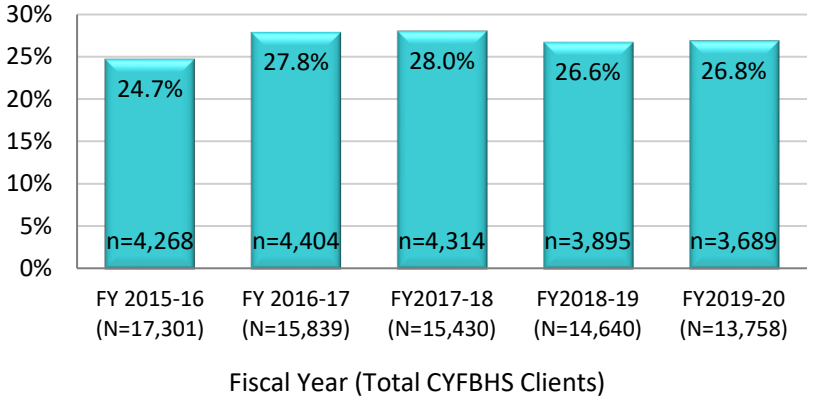
Locally, ICC and IHBS were launched in August 2013. As of 7/1/2016, the state expanded ICC and IHBS services to be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services.

What Kind of Services Are Being Used?

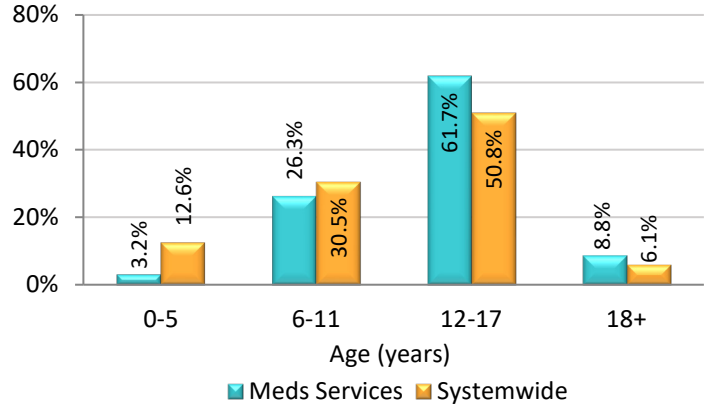
Medication Services

CYFBHS provides medication services along with other services or as an independent service through the Fee-for-Service (FFS) network. The majority (85%) of these clients were served *only* by Org providers in FY 2019-20, as compared to 81% in FY 2018-19. In FY 2019-20, only 142 (1%) of 13,758 clients received medication services with no other concurrent services. This section summarizes demographics and client data for all children and youth who received any medication services during the fiscal year.

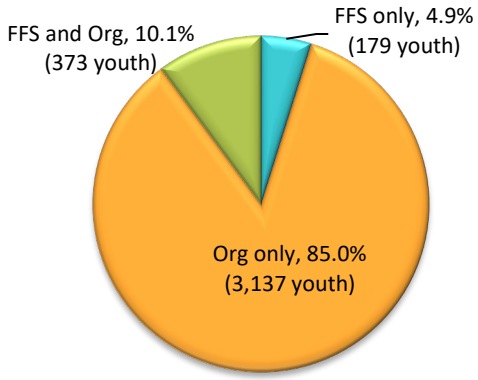
Clients Receiving Medication Services



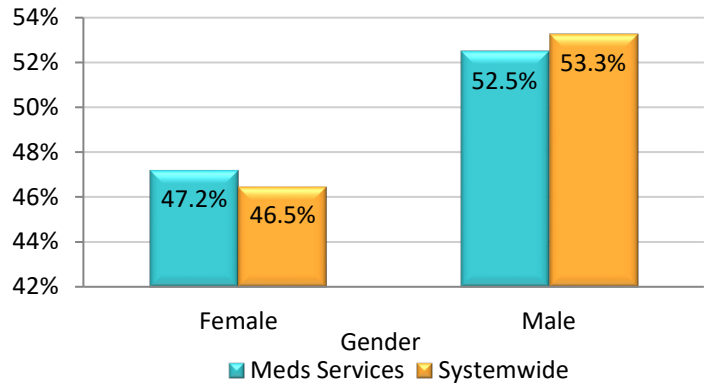
Medication Services Clients Age (N=3,689)



Service Provider Type



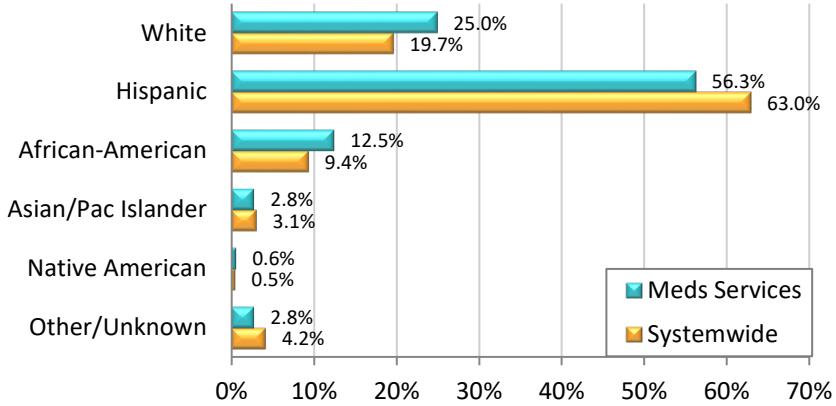
Medication Services Clients Gender (N=3,689)



What Kind of Services Are Being Used?

Medication Services

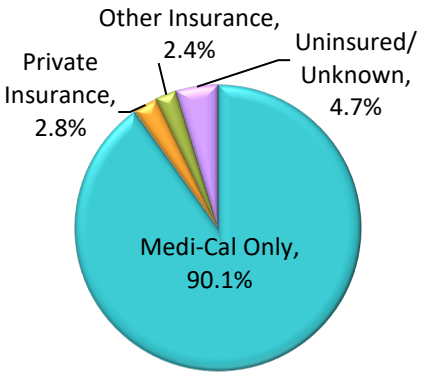
Medication Services Clients Race/Ethnicity (N=3,689)



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

Medication Services Clients Health Care Coverage (N=3,689)

3,324 (90%) clients who received medication services in CYFBHS during FY 2019-20 were covered exclusively by Medi-Cal, no change from FY 2018-19. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2019-20.

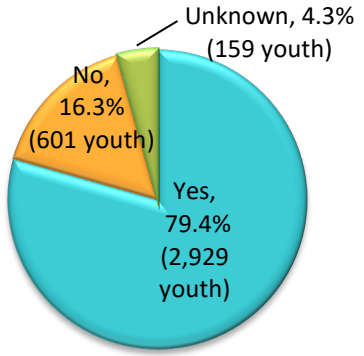


Medication Services Clients Primary Care Physician (PCP) Status*

Of the 3,383 clients who received medication services for whom PCP status was known, 3,236 (96%) had a PCP in FY 2019-20, a slight increase from 95% in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2019-20.

Medication Services Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 3,530 clients (96% of the medication services population) in FY 2019-20; of these clients, 2,929 (83% of the 3,530 clients for whom this information was known) had a **history of trauma**. By comparison, 76% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2019-20.

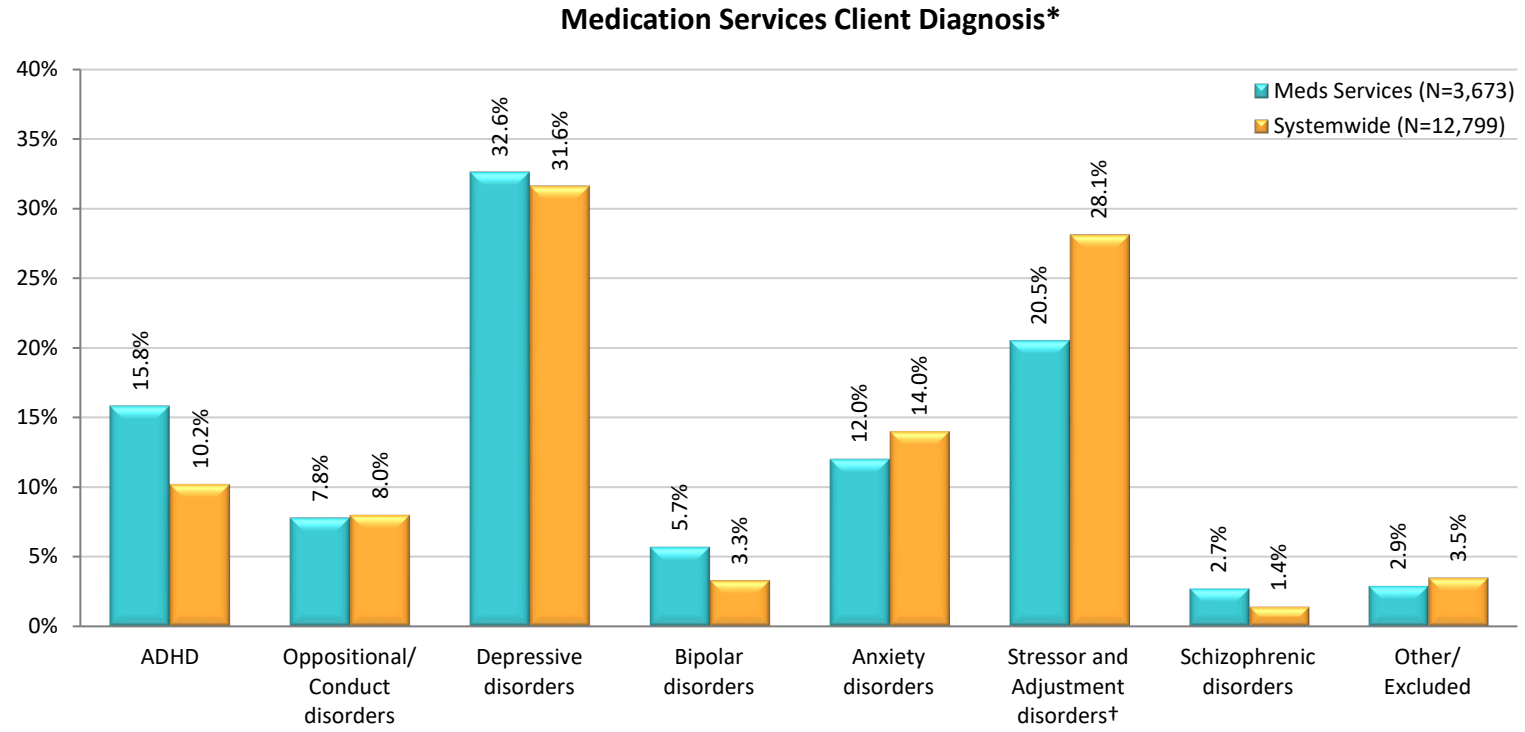


What Kind of Services Are Being Used?

Medication Services

Medication Services Clients Primary Diagnosis*

The most common diagnoses for clients receiving Medication Services in FY 2019-20 were Depressive disorders (33%). The rate of Stressor/Adjustment disorder (21%) increased from 17% in FY 2018-19, but remained proportionately less than the systemwide average of 28%. These clients were more likely than CYFBHS clients overall to have ADHD or a Bipolar or Schizophrenic disorder.



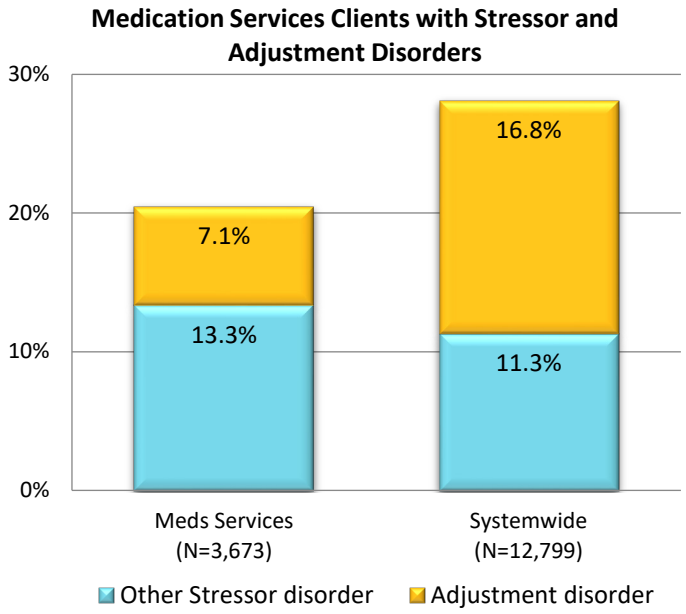
*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

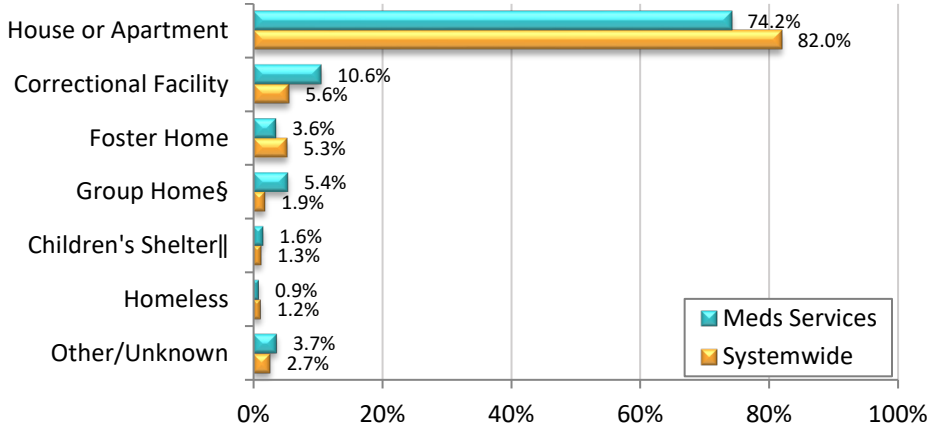
Medication Services

Medication Services Clients with Stressor and Adjustment Disorders*

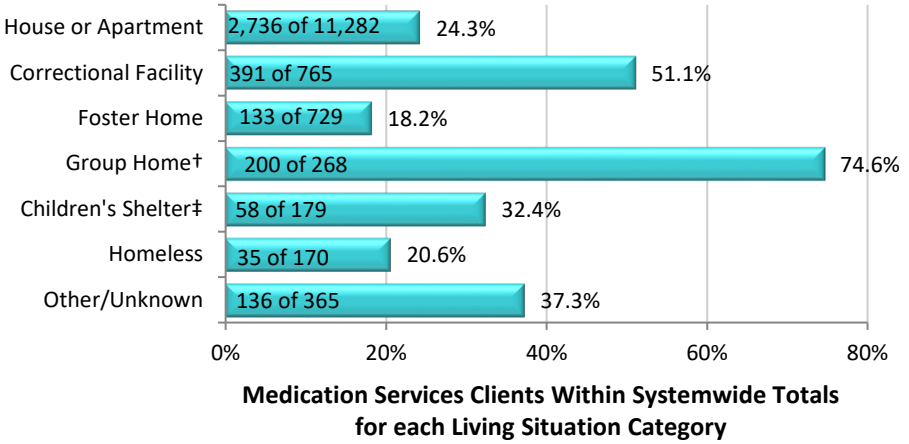
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among clients receiving Medication Services in FY 2019-20, as compared to CYFBHS overall.



Medication Services Clients Living Situation (N=3,689)



Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals for each Living Situation Category

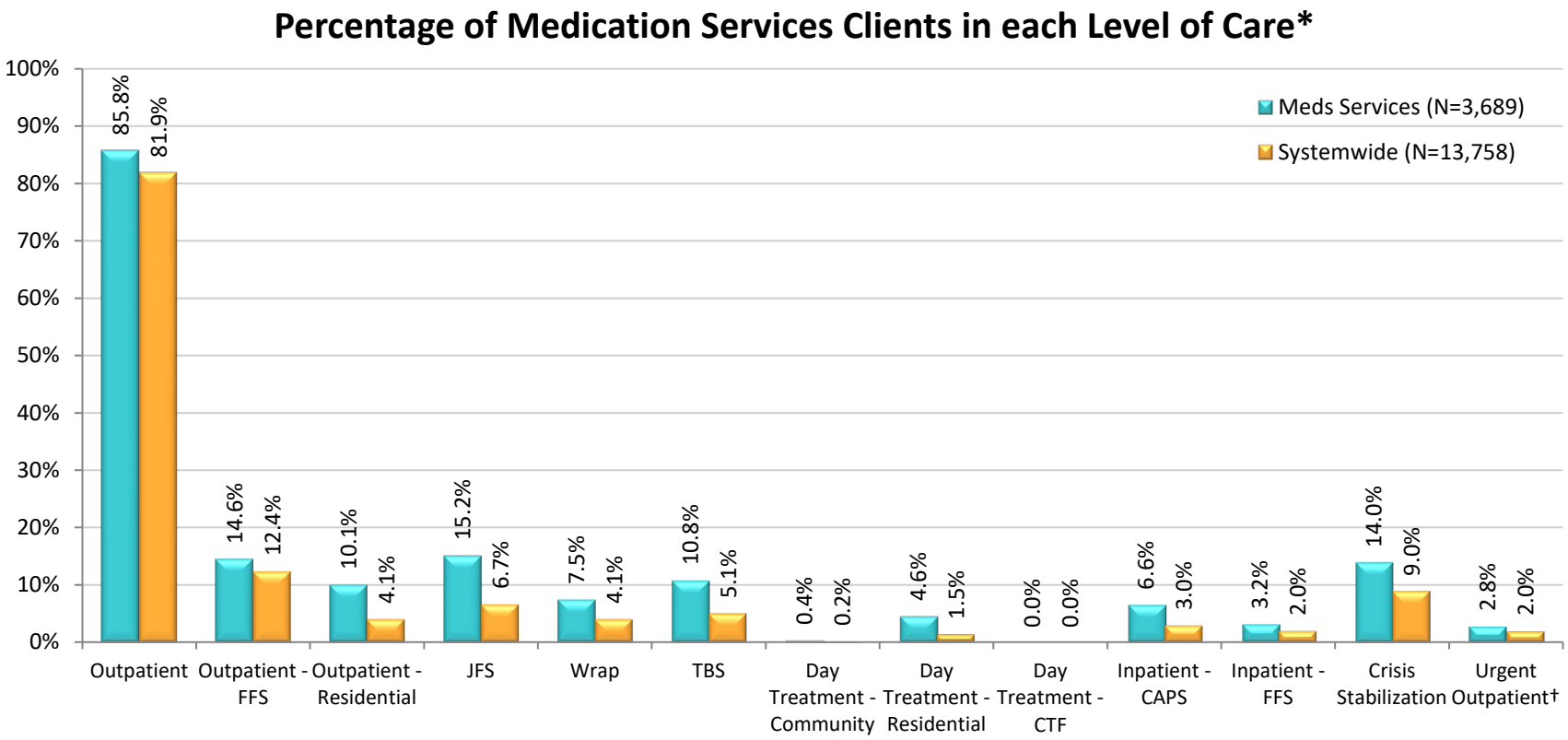
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

Medication Services

Level of Care (LOC)

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



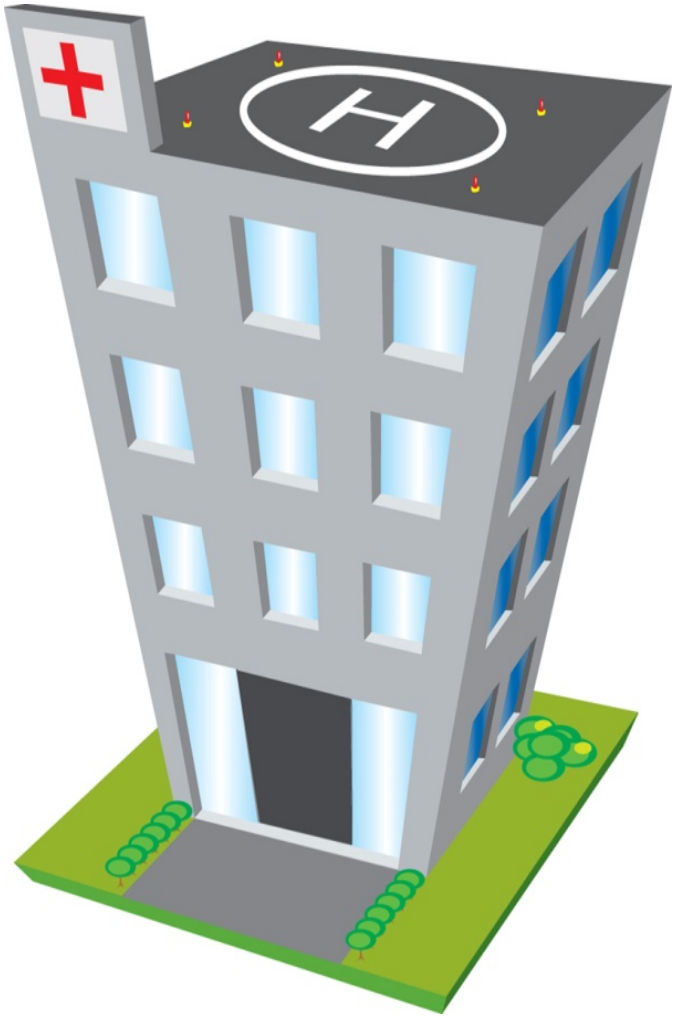
**Clients may have received services in more than one level of care.*

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

What Kind of Services Are Being Used?

*Inpatient (IP) Services (N=630)**

- 630 (4.6%) of 13,758 unduplicated clients used Inpatient services in FY 2019-20
  - An increase from 652 (4.5%) of 14,640 in FY 2018-19
  - 88% of these clients were ages 12-17
- Top 4 primary diagnoses
  - 51% Depressive disorders
  - 14% Stressor and Adjustment disorders
  - 12% Schizophrenia and Other Psychotic disorders
  - 12% Bipolar disorders
- 150 (24%) of 630 children receiving IP services had **more than one IP stay** in the fiscal year
  - A decrease from 168 (26%) of 652 in FY 2018-19



Urgent Outpatient Services (N=274)

- 274 (2.0%) of 13,758 unduplicated clients received Urgent Outpatient services in FY 2019-20
  - A decrease from 381 (2.6%) of 14,640 in FY 2018-19
- Urgent Outpatient Programs†
  - Emergency Medication Management: 33 (12%) of 274 clients
  - CIR‡ Team—Vista: 112 (41%) of 274 clients
  - CIR‡ Team—Escondido: 131 (48%) of 274 clients

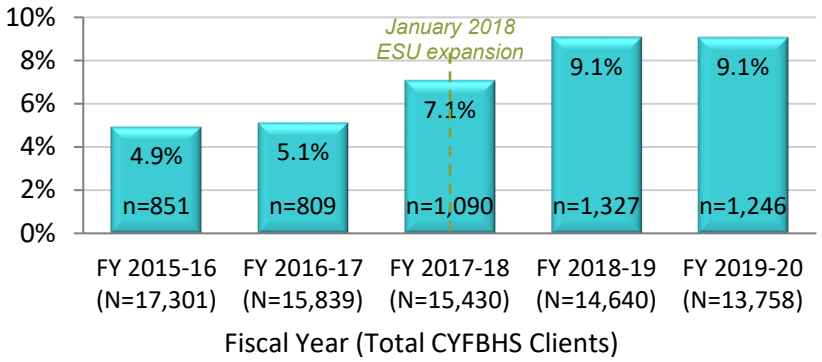
**Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.*
†Clients may have been seen at more than one Urgent Outpatient program within the fiscal year.
‡CIR=New Alternatives Inc. North County Crisis, Intervention and Response Team

What Kind of Services Are Being Used?

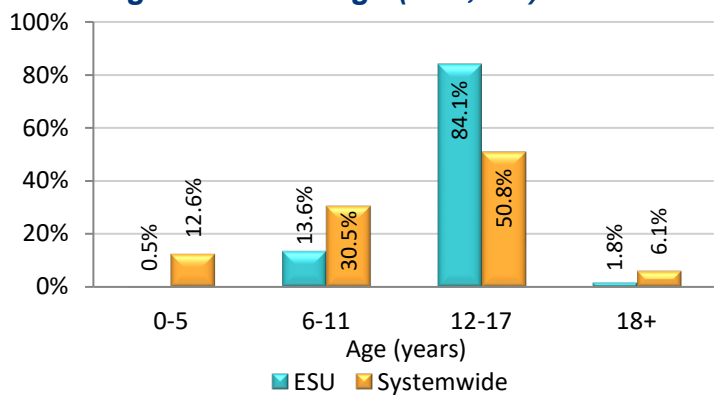
Emergency Screening Unit (ESU)

The Emergency Screening Unit (ESU) provides crisis stabilization to children and adolescents under age 18. CYFBHS expanded ESU capacity from 4 to 12 beds in January 2018. The proportion of clients receiving ESU services increased from 4.9% (851) in FY 2015-16 to 9.1% (1,246) in FY 2019-20. The proportion of females receiving ESU services is greater than the CYFBHS systemwide average.

*Clients Receiving Services from ESU**

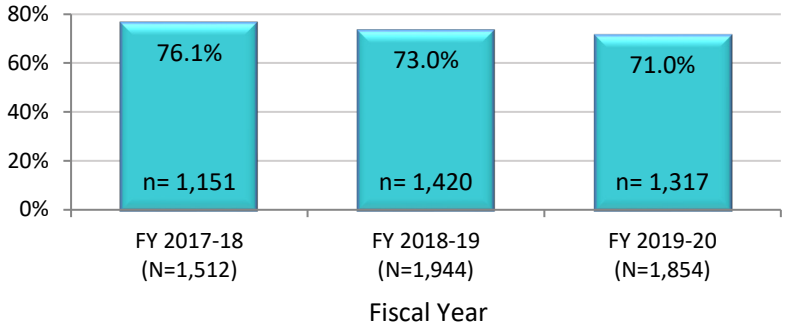


*ESU Program Clients Age (N=1,246)**

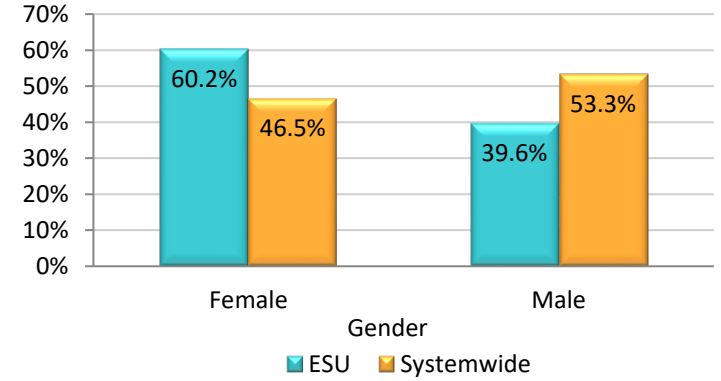


Diversion†

Of 1,854 ESU visits‡ in FY 2019-20, 1,317 (71%) were diverted from an IP admission.



*ESU Program Clients Gender (N=1,246)**

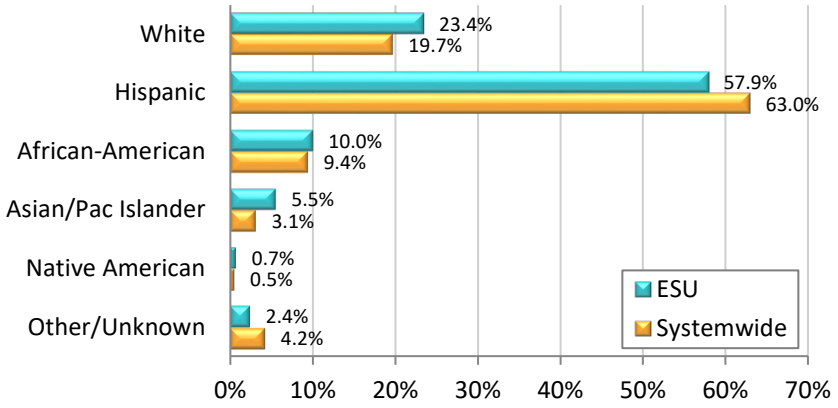


**ESU unduplicated client count includes direct admits.*
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/04/2020)
‡ESU visits include duplicated clients and direct admits.

What Kind of Services Are Being Used?

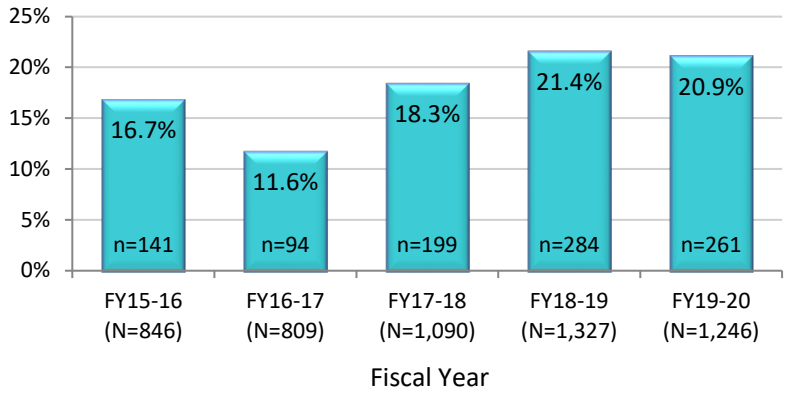
Emergency Screening Unit (ESU)

ESU Clients Race/Ethnicity (N=1,246)



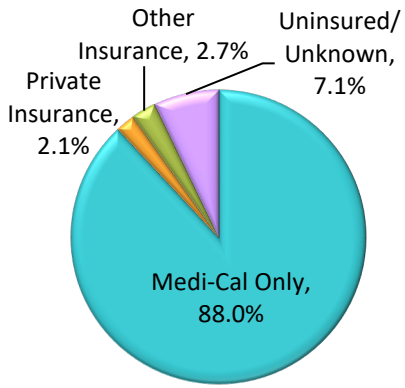
Recurring ESU Visits (Readmission)

261 (21%) of 1,246 children receiving services from ESU had more than one ESU visit in FY 2019-20; no change from 284 (21%) of 1,327 in FY 2018-19.



ESU Clients Health Care Coverage (N=1,246)

1,097 (88%) CYFBHS clients who received services from ESU during FY 2019-20 were covered exclusively by Medi-Cal, a slight increase from 87% in FY 2018-19. By comparison, 91% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2019-20.

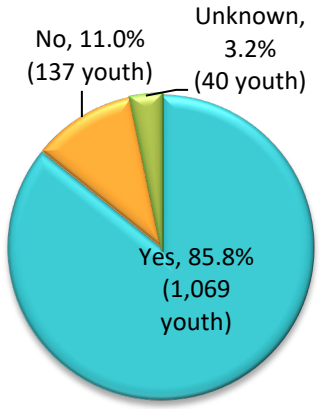


*ESU Clients Primary Care Physician (PCP) Status**

Of the 1,174 ESU clients for whom PCP status was known, 1,086 (93%) had a PCP in FY 2019-20, a slight decrease from 94% in FY 2018-19. By comparison, 95% of CYFBHS clients systemwide had a PCP in FY 2019-20.

*ESU Clients History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 1,206 clients (97% of the ESU population) in FY 2019-20; of these clients, 1,069 (89% of the 1,206 clients for whom this information was known) had a **history of trauma**. By comparison, 76% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2019-20.



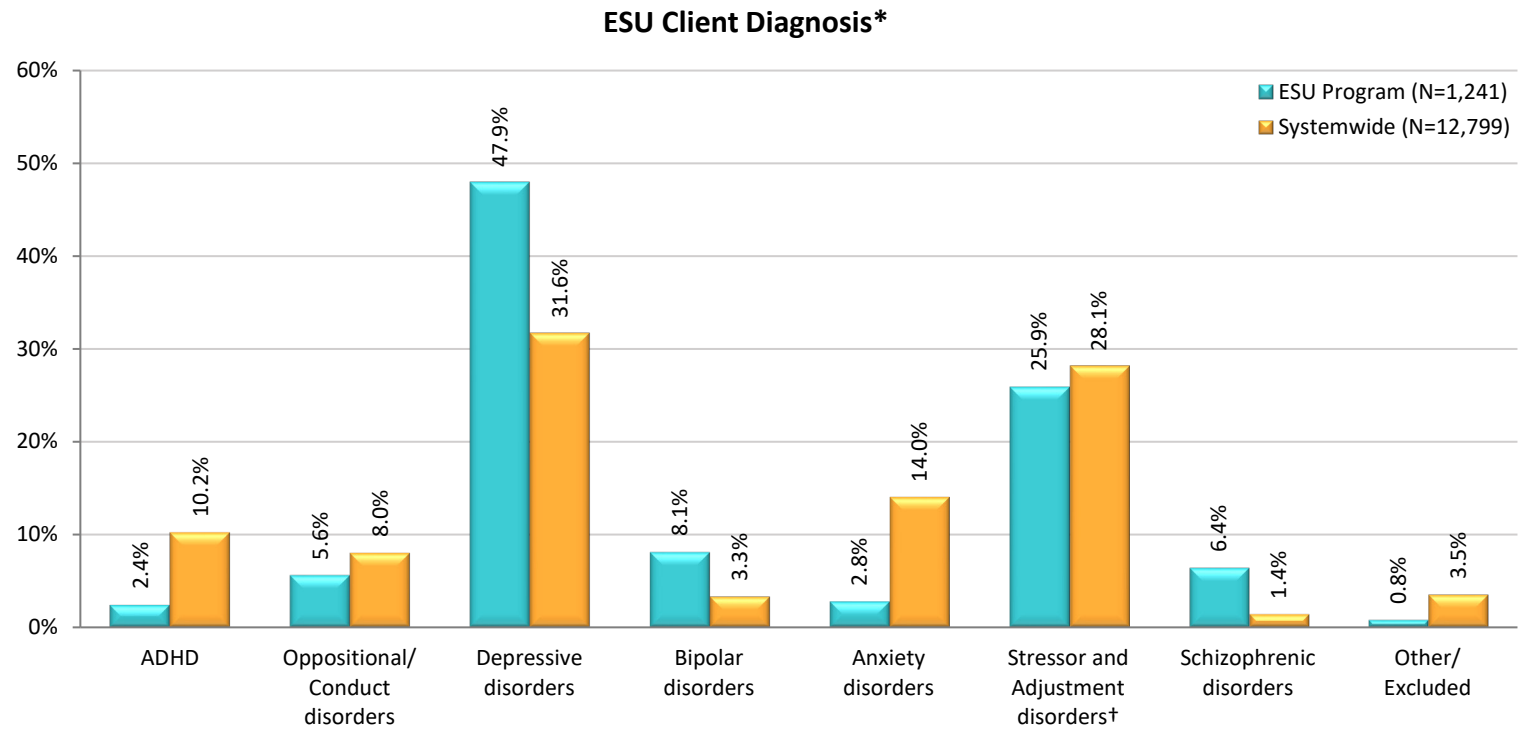
**Unknown category includes Fee-for-Service providers for whom data were not available.*

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 2019-20 was Depressive disorders (48%); much higher than the systemwide average of 32% but lower than the 55% diagnosis rate among ESU clients in FY 2018-19. The rate of Stressor/Adjustment disorder (26%) increased from 21% in FY 2018-19, but remained proportionately less than the systemwide average of 28%. ESU clients were less likely than CYFBHS clients overall to have ADHD, Oppositional/Conduct, Anxiety, and more likely to have a Bipolar or Schizophrenic disorder.



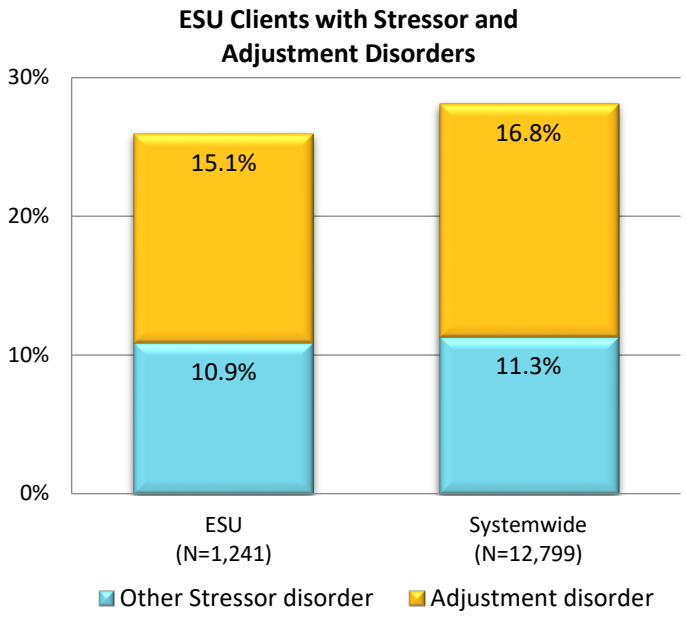
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

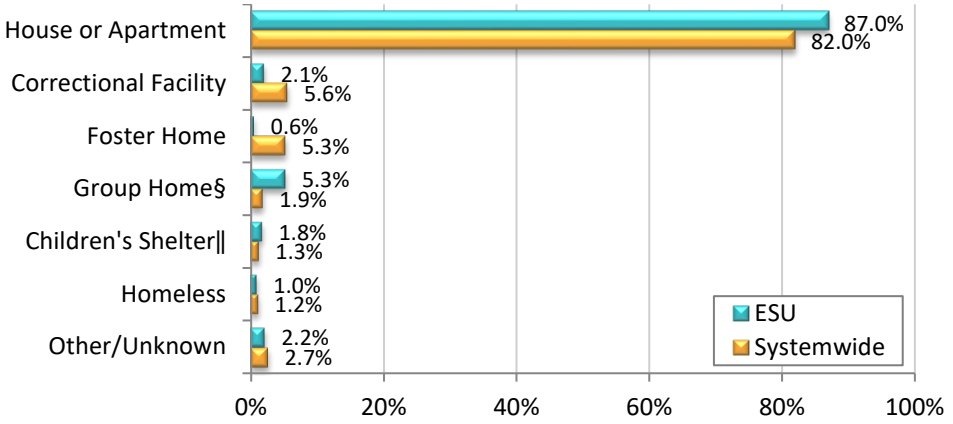
Emergency Screening Unit (ESU)

*ESU Clients with Stressor and Adjustment Disorders**

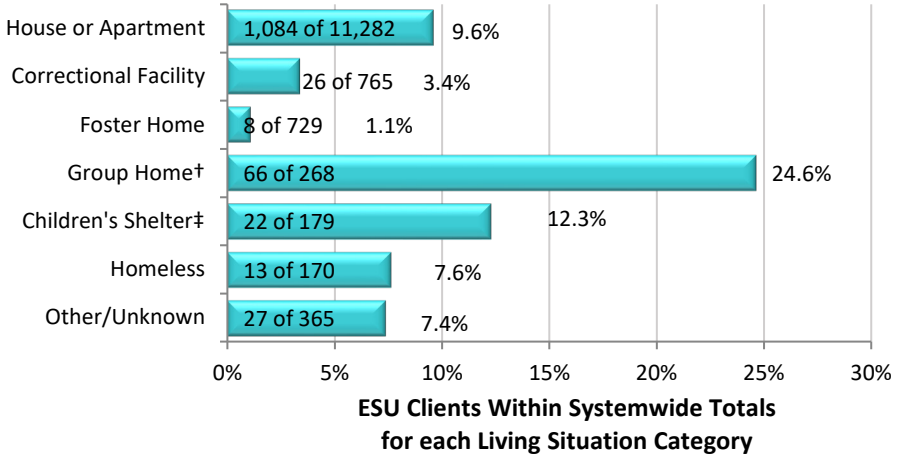
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving services in the ESU in FY 2019-20 was very similar to CYFBHS overall.



ESU Clients Living Situation (N=1,246)



ESU Clients Within Living Situation



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2020; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
† Group Home includes Residential Treatment Centers and Short-Term Residential Treatment Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

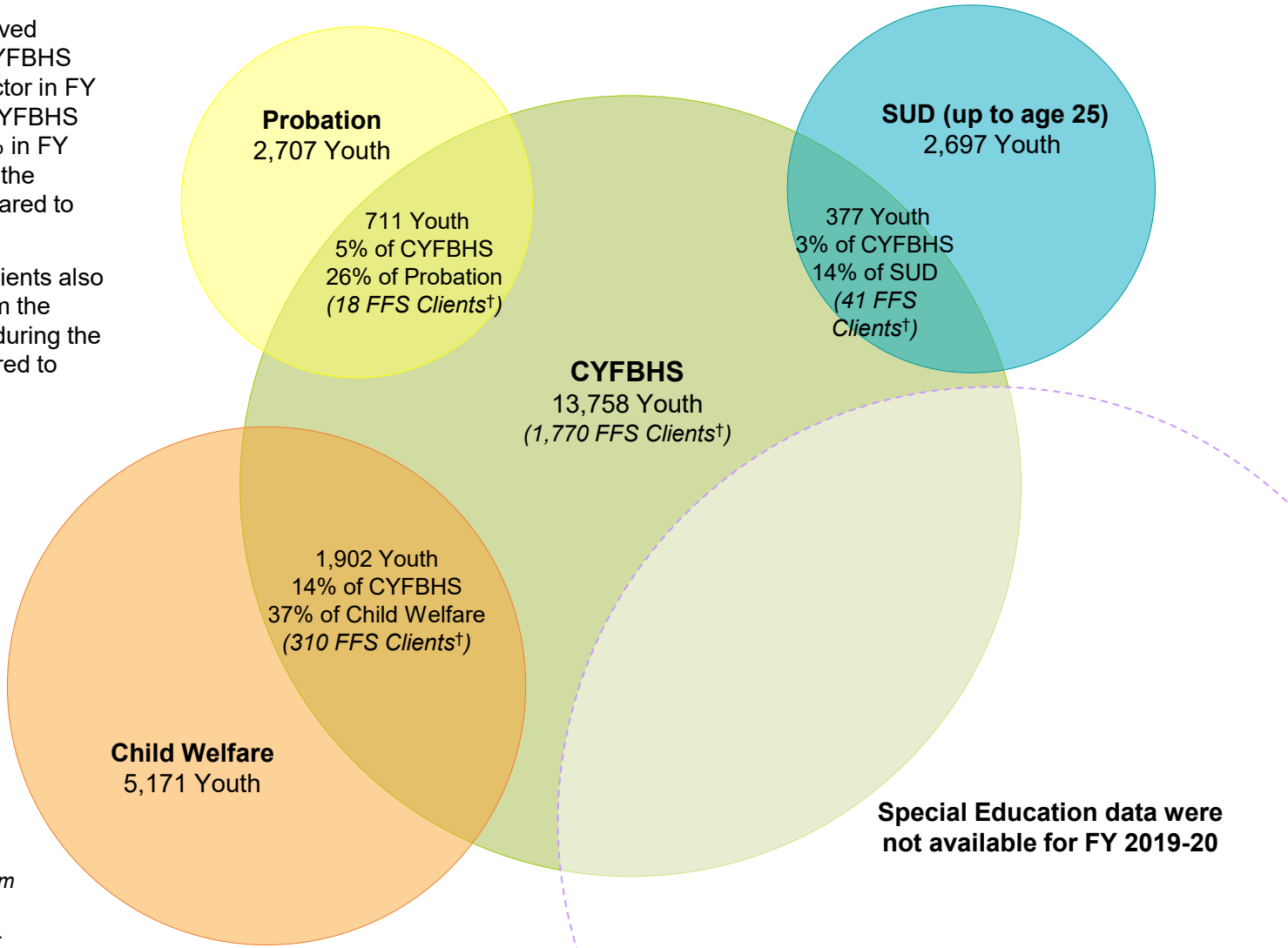
What Kind of Services Are Being Used?

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

- Fewer clients received services from both CYFBHS and the Probation sector in FY 2019-20: 5% of the CYFBHS total (compared to 8% in FY 2018-19) and 26% of the Probation total (compared to 44% in FY 2018-19.)
- 14% of CYFBHS clients also received services from the Child Welfare sector during the fiscal year, as compared to 13% in FY 2018-19.
- 3% of CYFBHS clients also received services from the SUD sector during the fiscal year, as compared to 3% in FY 2018-19.

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

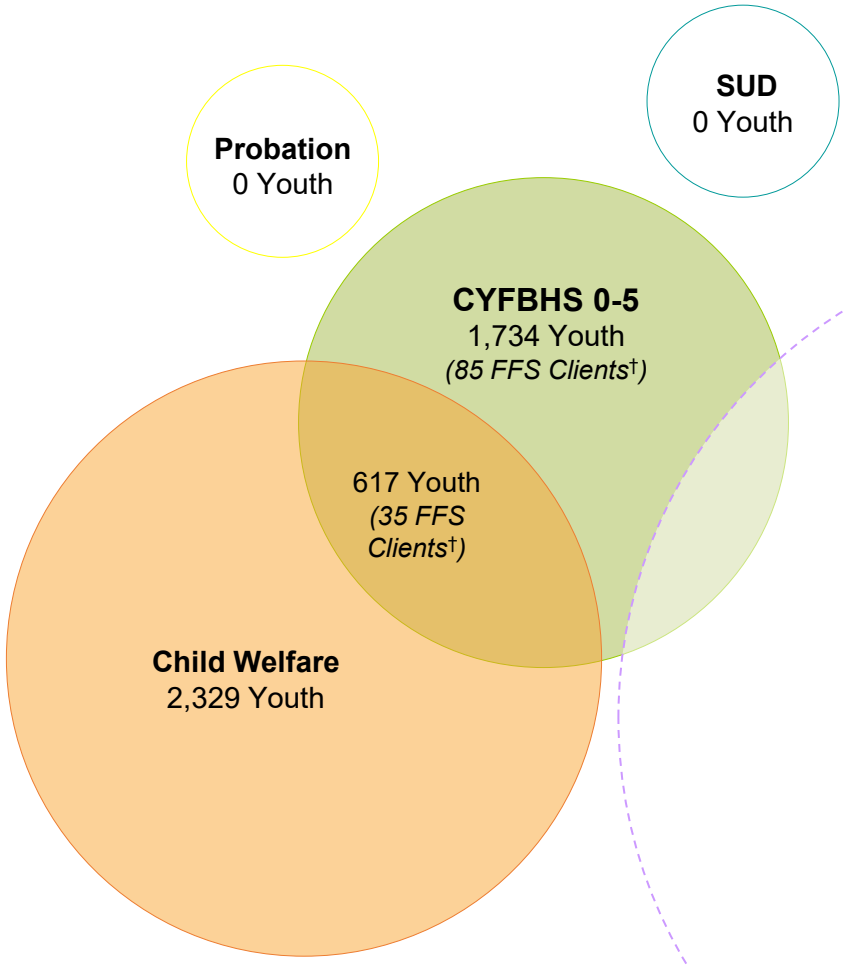
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.



What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 0-5*

- 36% of CYFBHS clients ages 0-5 also received services from the Child Welfare sector during the fiscal year, as compared to 35% in FY 2018-19.
- No age 0-5 CYFBHS clients were open to the Probation or SUD sectors in FY 2019-20; this was also true in FY 2018-19.



Special Education data were not available for FY 2019-20

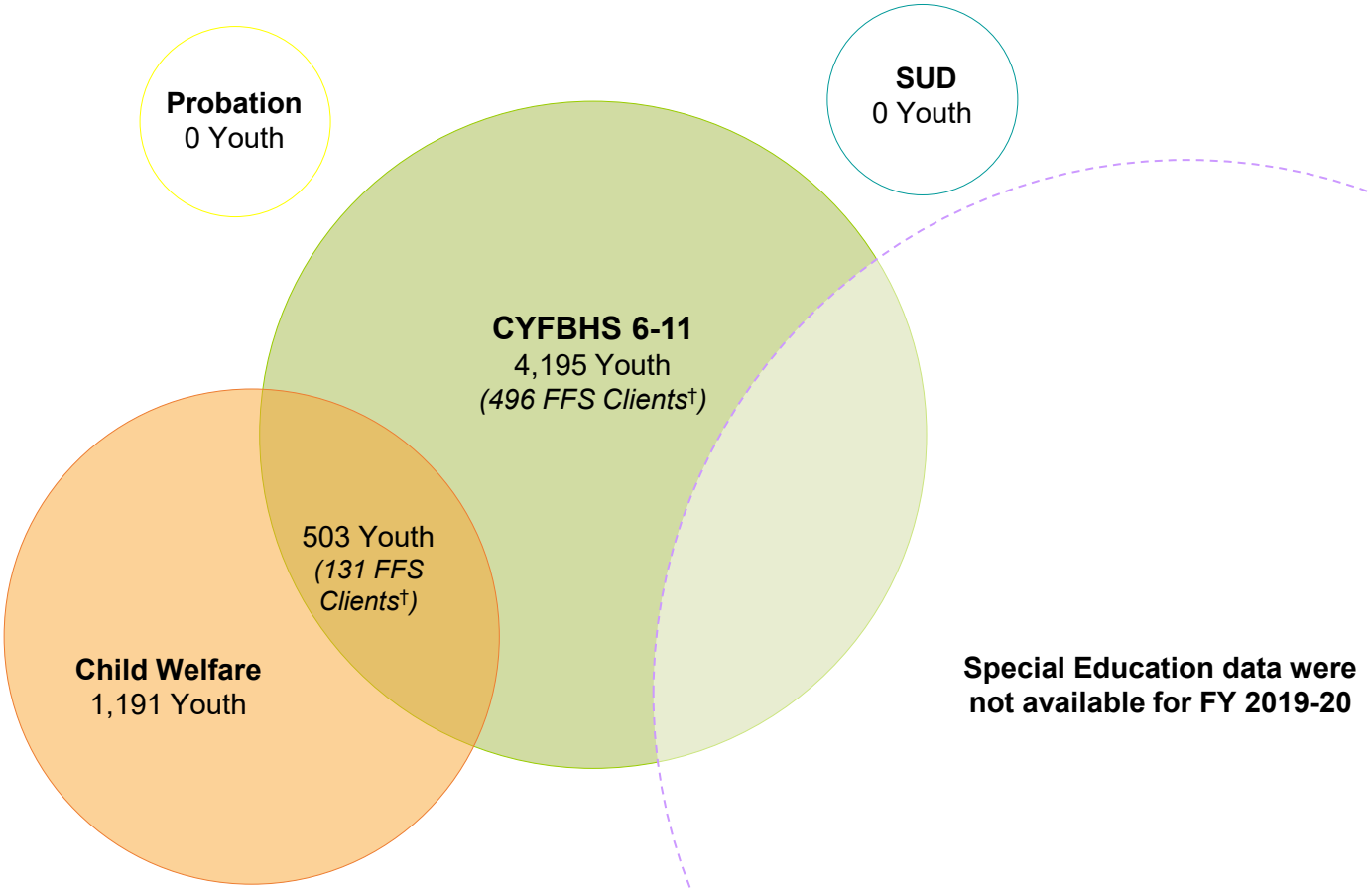
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 6-11*

- 12% of CYFBHS clients ages 6-11 also received services from the Child Welfare sector during the fiscal year, as compared to 11% in FY 2018-19.
- No age 6-11 CYFBHS clients were open to the Probation or SUD sectors in FY 2019-20; this was also true in FY 2018-19.



Special Education data were not available for FY 2019-20

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

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

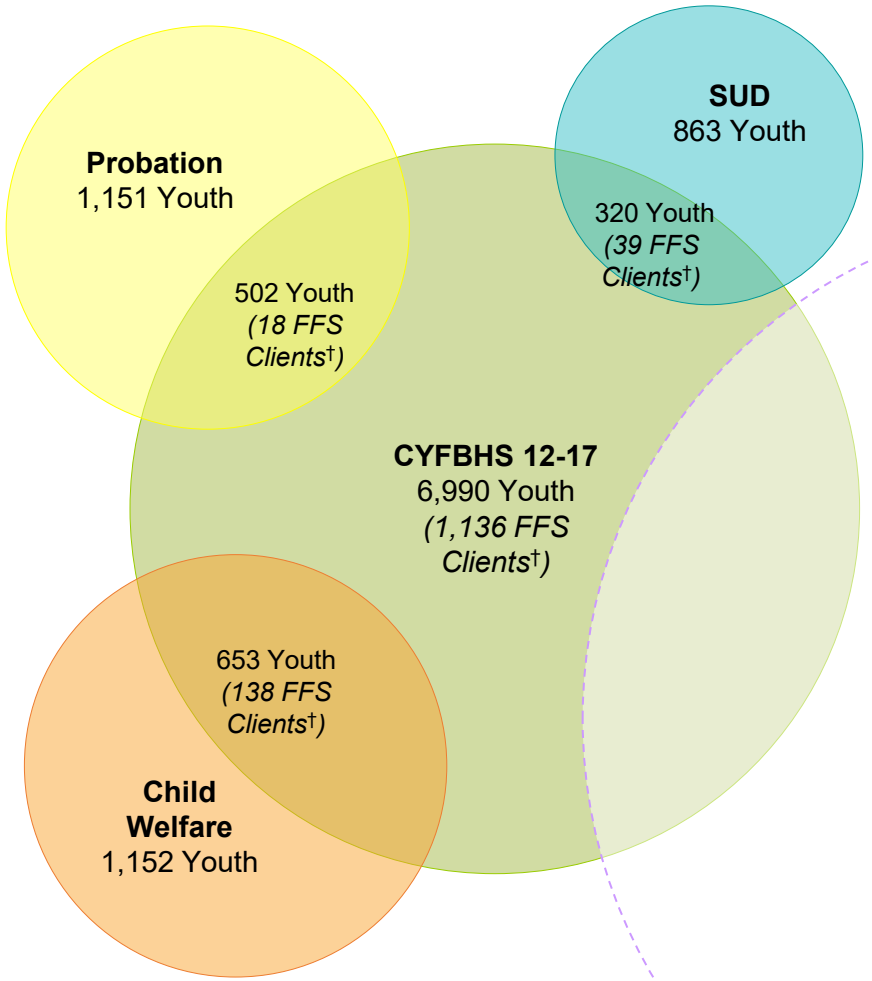
What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 12-17*

- 9% of CYFBHS clients ages 12-17 also received services from the Child Welfare sector during the fiscal year, as compared to 9% in FY 2018-19.
- 7% of CYFBHS clients ages 12-17 also received services from the Probation sector during the fiscal year, as compared to 13% in FY 2018-19.
- 5% of CYFBHS clients ages 12-17 also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2018-19.

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

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

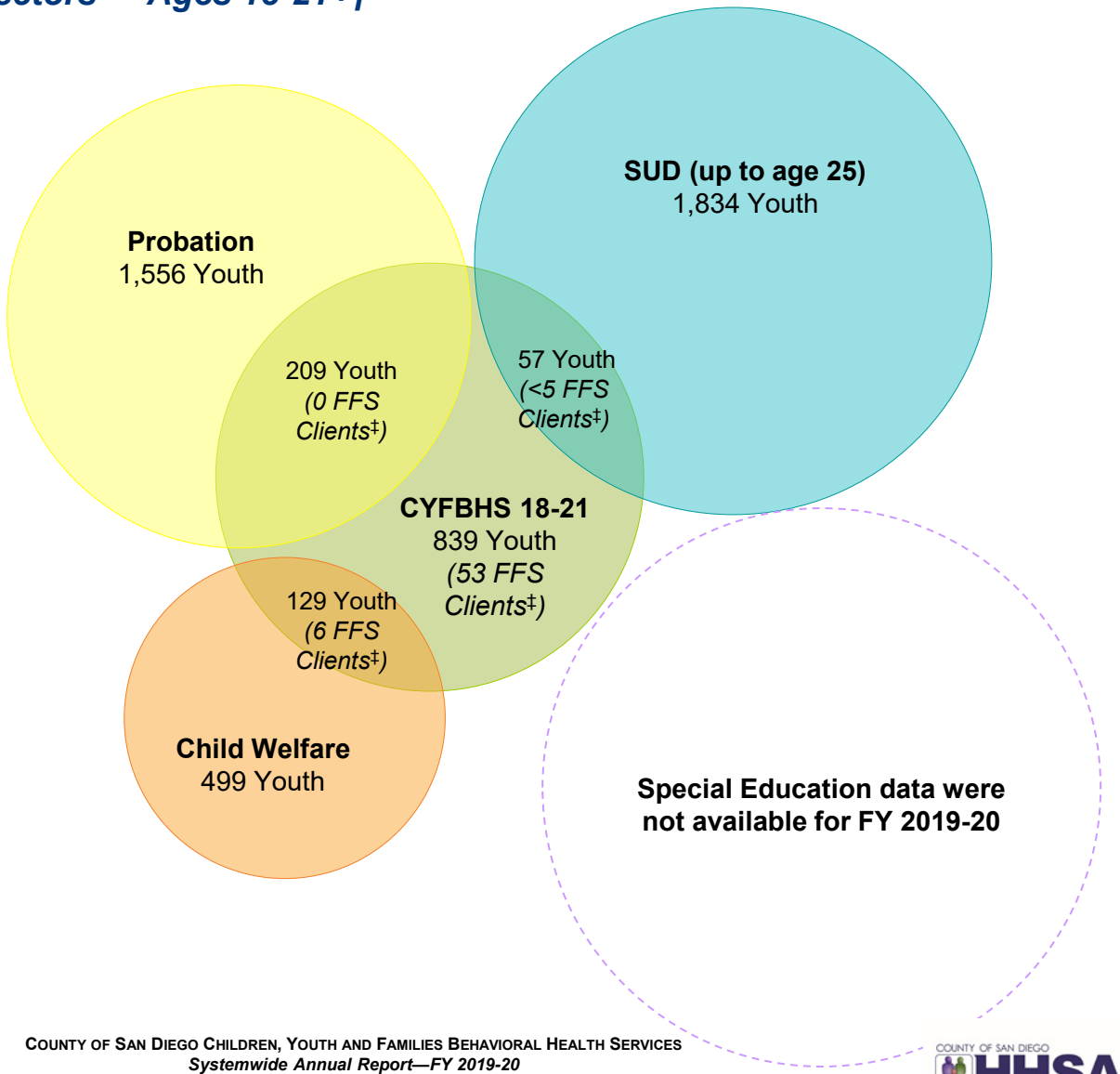


Special Education data were not available for FY 2019-20

What Kind of Services Are Being Used?

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

- 25% of CYFBHS clients ages 18-21 also received services from the Probation sector during the fiscal year, as compared to 27% in FY 2018-19.
- 15% of CYFBHS clients ages 18-21 also received services from the Child Welfare sector during the fiscal year, as compared to 17% in FY 2018-19.
- 7% of CYFBHS clients ages 18-21 also received services from the SUD sector during the fiscal year, as compared to 9% in FY 2018-19.



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

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

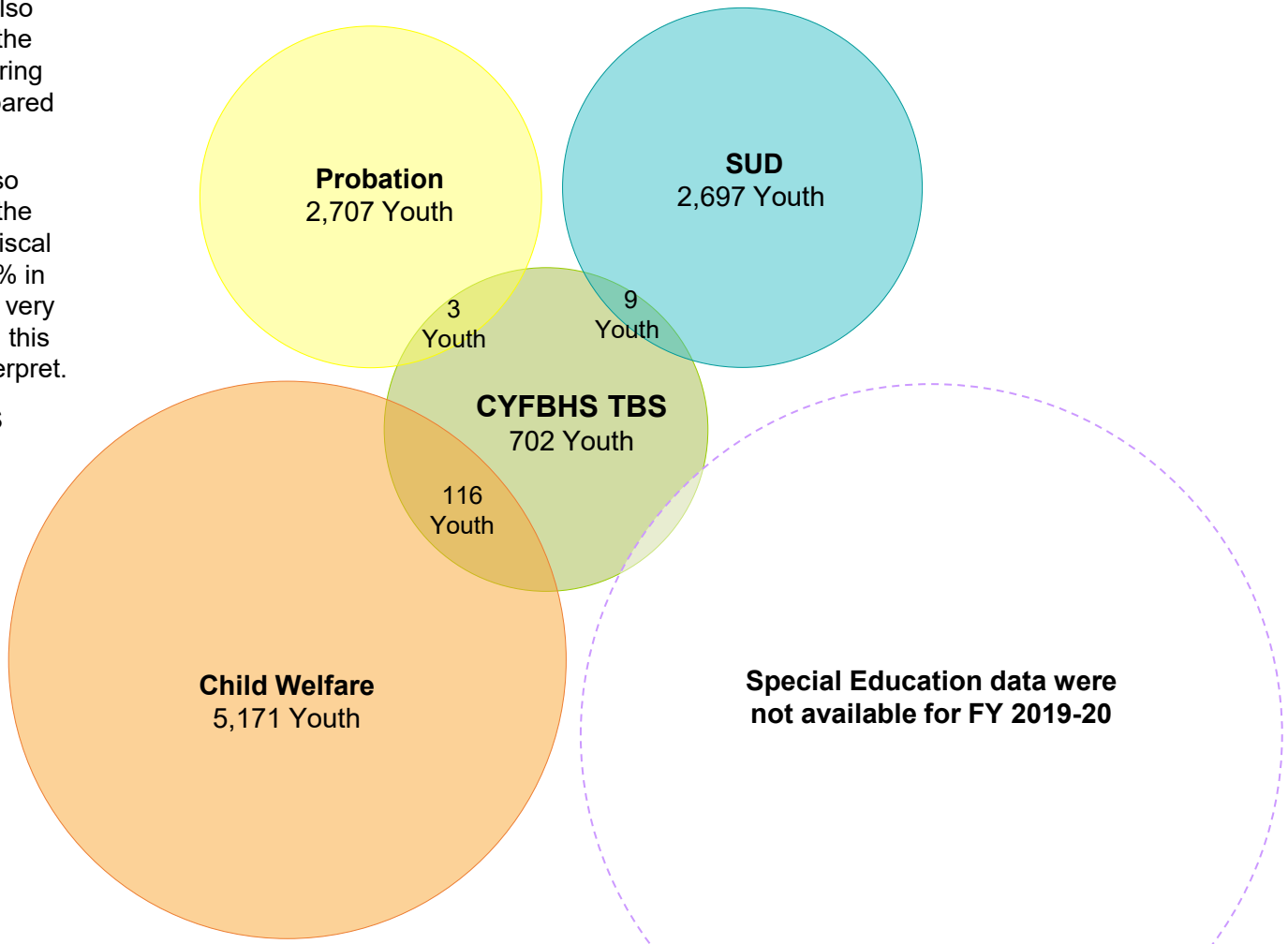
‡Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

What Kind of Services Are Being Used?

*CYFBHS TBS Programs and Services From Other Sectors**

- 17% of TBS clients also received services from the Child Welfare sector during the fiscal year, as compared to 14% in FY 2018-19.
- 1% of TBS clients also received services from the SUD sector during the fiscal year, as compared to 2% in FY 2018-19. Due to the very small number of clients, this change is difficult to interpret.
- Less than 1% of TBS clients also received services from the Probation sector during the fiscal year, as compared to 2% in FY 2018-19. Due to the very small number of clients, this change is difficult to interpret.

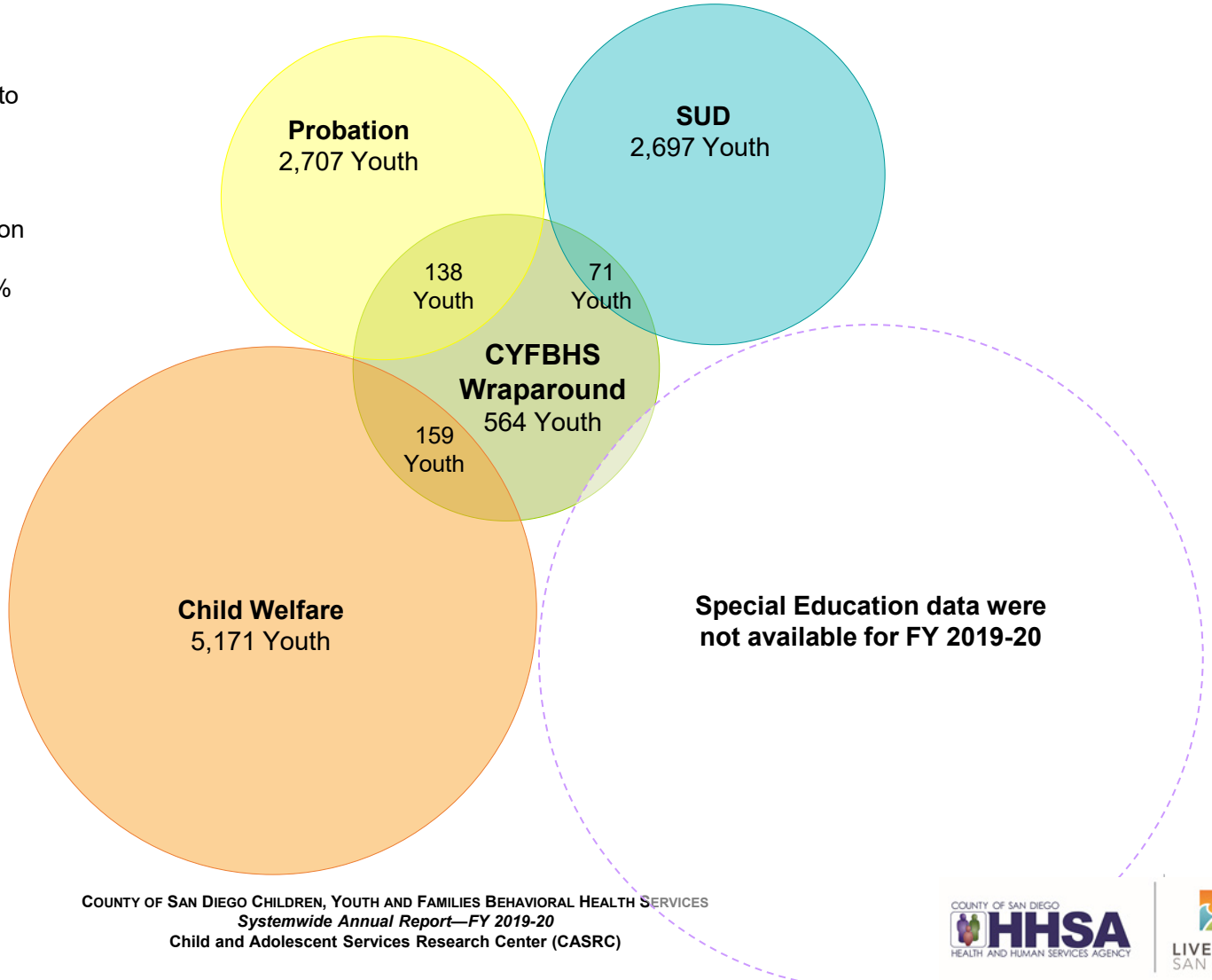
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*



What Kind of Services Are Being Used?

*CYFBHS Wraparound Programs and Services From Other Sectors**

- 28% of Wraparound clients also received services from the Child Welfare sector during the fiscal year, as compared to 24% in FY 2018-19.
- 25% of Wraparound clients also received services from the Probation sector during the fiscal year, as compared to 29% in FY 2018-19.
- 13% of Wraparound clients also received services from the SUD sector during the fiscal year, as compared to 10% in FY 2018-19.

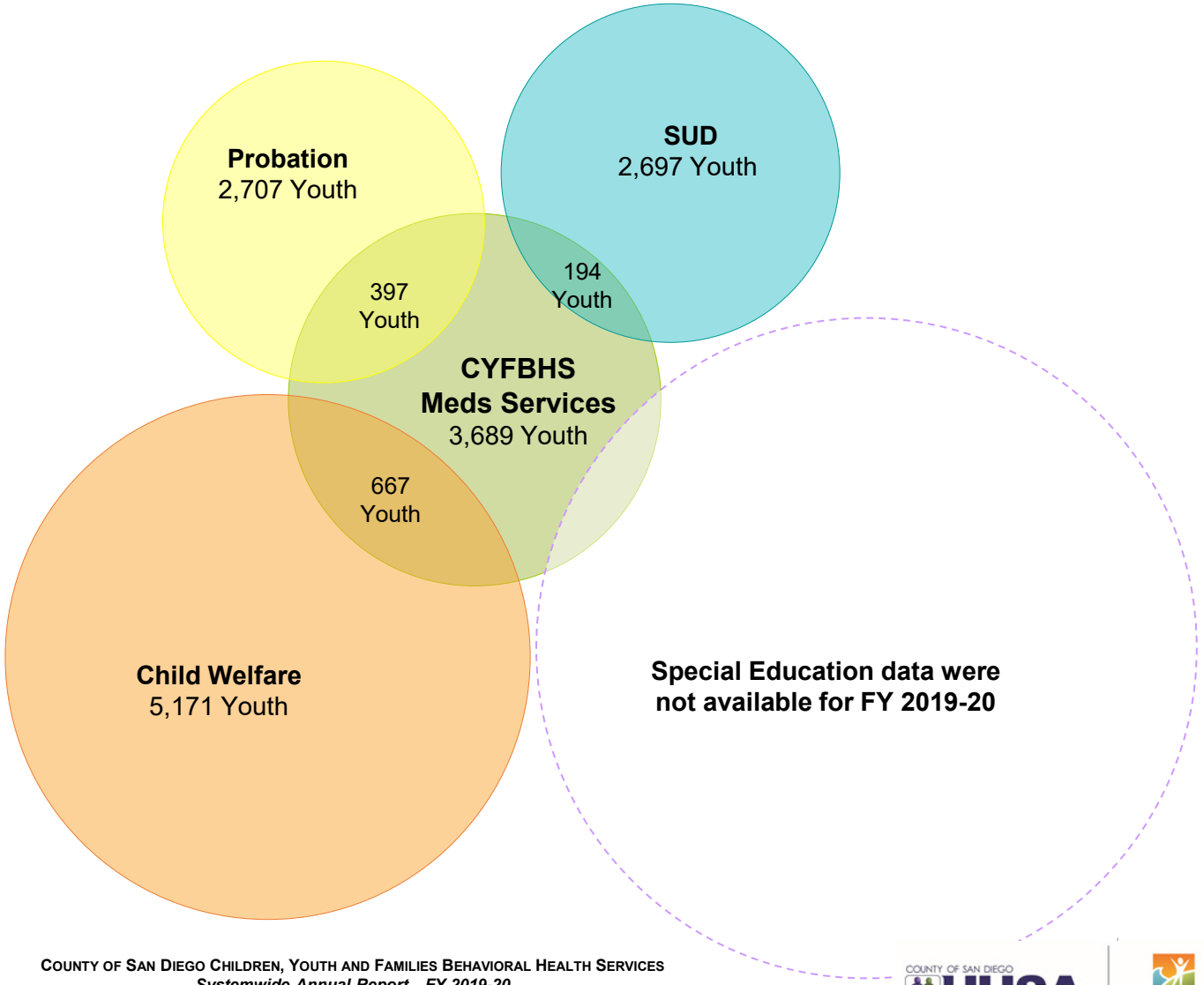


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Medication Services and Services From Other Sectors**

- 18% of Meds Services clients also received services from the Child Welfare sector during the fiscal year, as compared to 18% in FY 2018-19.
- 11% of Meds Services clients also received services from the Probation sector during the fiscal year, as compared to 17% in FY 2018-19.
- 5% of Meds Services clients also received services from the SUD sector during the fiscal year, as compared to 6% in FY 2018-19.

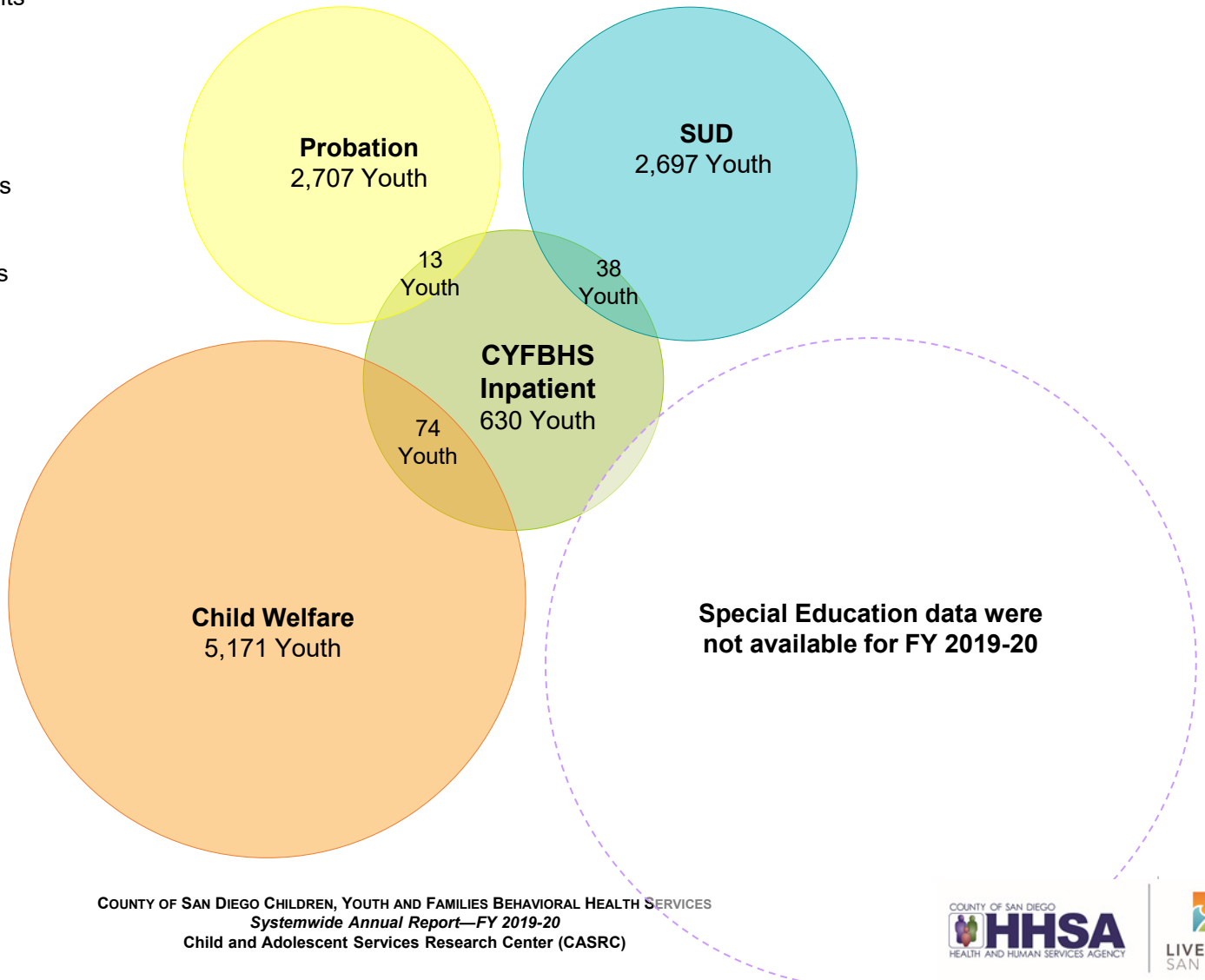


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Inpatient Programs and Services From Other Sectors**

- 12% of Inpatient clients also received services from the Child Welfare sector during the fiscal year, as compared to 10% in FY 2018-19.
- 6% of Inpatient clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2018-19.
- 2% of Inpatient clients also received services from the Probation sector during the fiscal year, as compared to 4% in FY 2018-19.

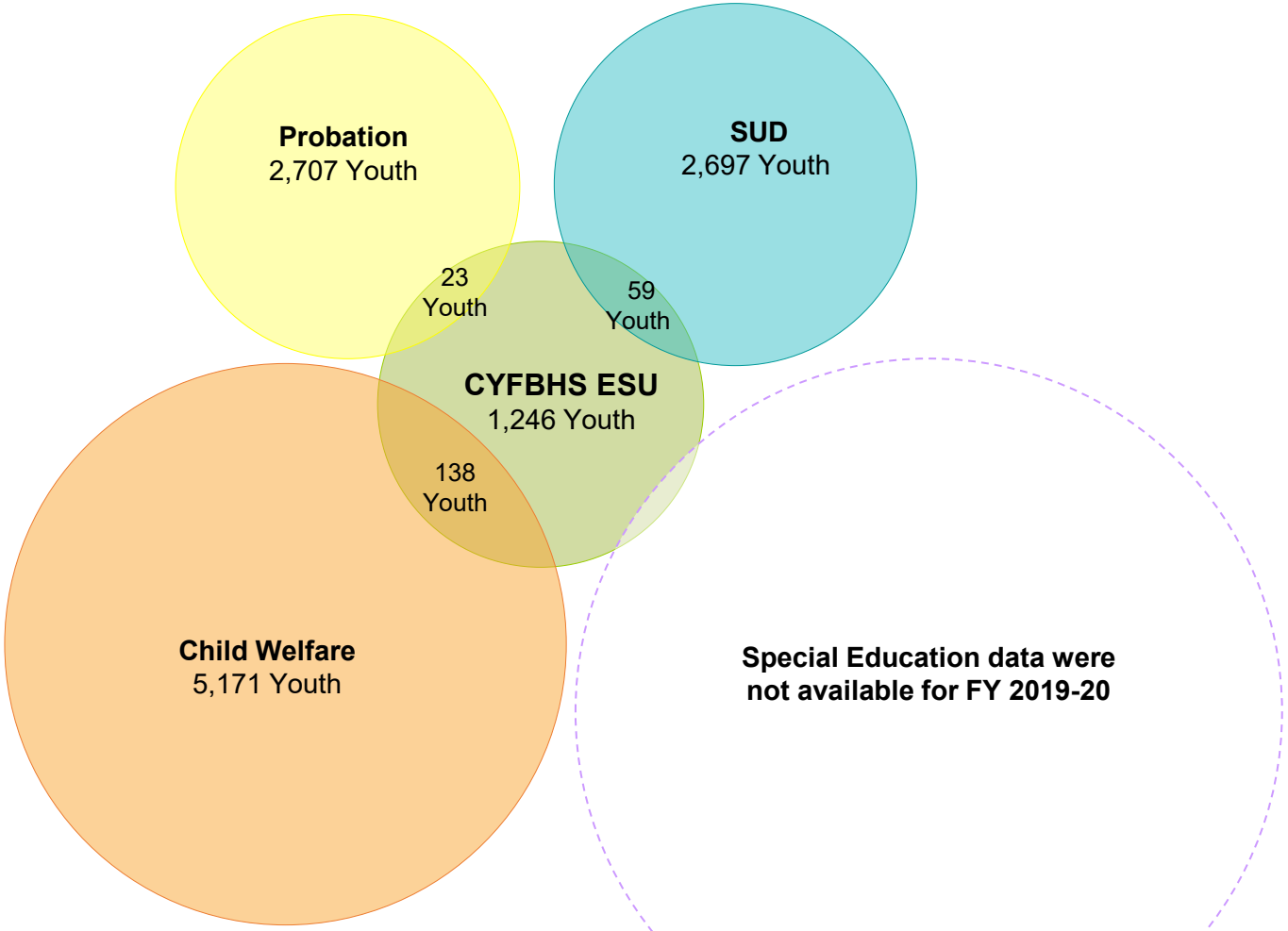


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Emergency Service Unit (ESU) Program and Services From Other Sectors**

- 11% of ESU clients also received services from the Child Welfare sector during the fiscal year, as compared to 9% in FY 2018-19.
- 5% of ESU clients also received services from the SUD sector during the fiscal year, as compared to 3% in FY 2018-19.
- 2% of ESU clients also received services from the Probation sector during the fiscal year, as compared to 4% in FY 2018-19.



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

What Kind of Services Are Being Used?

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

CYFBHS and Any Other Sector (n=2,596)

- Compared to the total youth average in the CYFBHS system, youth who received services from CYFBHS and any other public sector in FY 2018-19 were more likely to be male, African-American, and under the age of 6 or over the age of 17.
- Youth receiving services from CYFBHS and any other sector were most likely to be diagnosed with a Stressor and Adjustment disorder, due to the high number of CWS-involved youth who also received mental health services.
- Youth receiving services from CYFBHS and any other sector were more than three times as likely to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services, and more than four times as likely to receive Day Treatment Services. They were less likely than the CYFBHS average to receive intensive Crisis Stabilization services.

CYFBHS and Child Welfare Services (CWS, n=1,902)

- Youth who received services from both CYFBHS and Child Welfare Services (CWS) were nearly three times as likely to be in the 0-5 age range. These youth were more likely than the CYFBHS average to be White, African-American, or Native American, and less likely to be Hispanic.
- CYFBHS-CWS youth were twice as likely to have a Stressor and Adjustment disorder as their primary diagnosis, which is consistent with their presumed history of abuse and neglect. These youth were less likely to have a primary diagnosis of Depression or Anxiety disorder.
- CYFBHS-CWS youth were more than three times as likely to receive IHBS and ICC services, which is expected given that these services were developed in conjunction with the California Department of Social Services (CDSS) for kids in foster care. However, IHBS and ICC service hours were less than the system average. These youth were more than five times as likely to receive Day Services, which is expected as youth placed in group homes often receive Day Services at their facility.

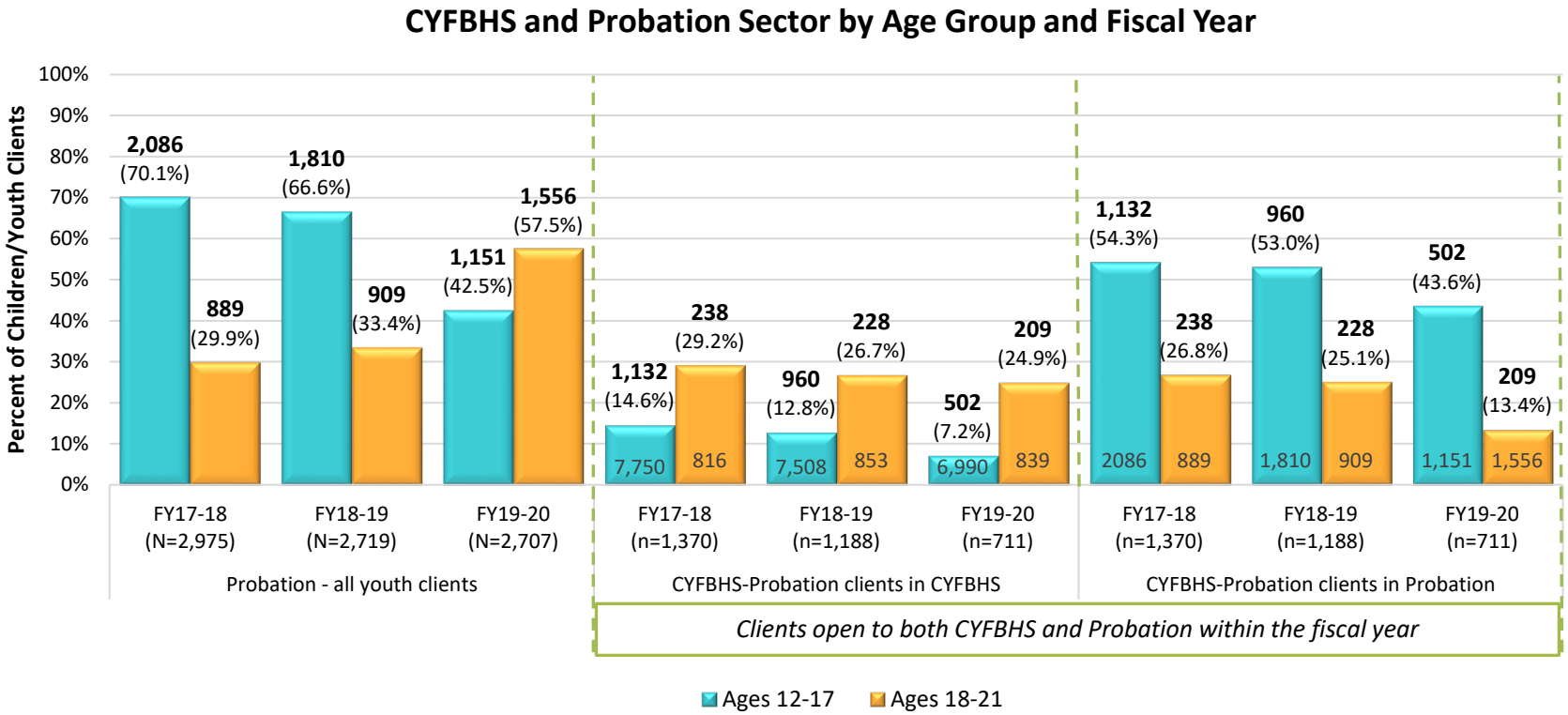
**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 138) for further information.*
†Special Education service data were unavailable for FY 2019-20.

What Kind of Services Are Being Used?

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

CYFBHS and Probation (n=711)

- The number of youth receiving services from both CYFBHS and the Probation sector (n=711) decreased sharply in FY 2019-20; by comparison, 1,188 youth in FY 2018-19 and 1,370 youth in FY 2017-18 were served by both systems. The proportion of Probation clients 18 years of age and older increased from 33% in FY 2018-19 to 58% in FY 2019-20; it is likely that many of these older clients had aged out of CYFBHS and may have been served in the AOABHS system.



**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 138) for further information.*

What Kind of Services Are Being Used?

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

CYFBHS and Probation, continued (n=711)

- Youth who received services from both CYFBHS and Probation were more likely than the CYFBHS system average to be male and African-American. None of these youth were under the age of 12. The majority of probation programs (e.g., Urban Camp) target adolescents.
- CYFBHS-Probation youth were roughly twice as likely to have an Oppositional/Conduct or Schizophrenic disorder as their primary diagnosis and were more than six times as likely to have a dual diagnosis, compared to the CYFBHS average.
- CYFBHS-Probation youth were twice as likely to receive Medication Support and Intensive Care Coordination (ICC) services, and three times as likely to receive Intensive Home Based Services (IHBS) services than the CYFBHS average. They were far less likely to receive TBS, Inpatient, and Crisis Stabilization services. CYFBHS-Probation youth were nearly three times as likely to receive Day Services, perhaps because Day Services are provided for youth in Juvenile Hall.

CYFBHS and Substance Use Disorder (SUD) services (n=377)

- Youth who received services from both CYFBHS and Substance Use Disorder Services were most likely to be male and Hispanic. None of these youth were under the age of 12.
- CYFBHS-SUD youth were most likely to have a primary diagnosis of Depression. Compared to the CYFBHS system average, these youth were more likely to have a Bipolar or Schizophrenic disorder. It is possible that these youth self-medicate for their mental health issues, leading to problematic substance use.
- CYFBHS-SUD youth were nearly twice as likely to receive Medication Support and Outpatient Crisis Intervention services, and three times as likely to receive IHBS services than the CYFBHS average. They were twice as likely to receive ICC services, and received double the amount of ICC service hours. CYFBHS-SUD youth were more likely to receive all types of intensive services (Day Treatment, Inpatient, and Crisis Stabilization), but received fewer intensive service hours on average.

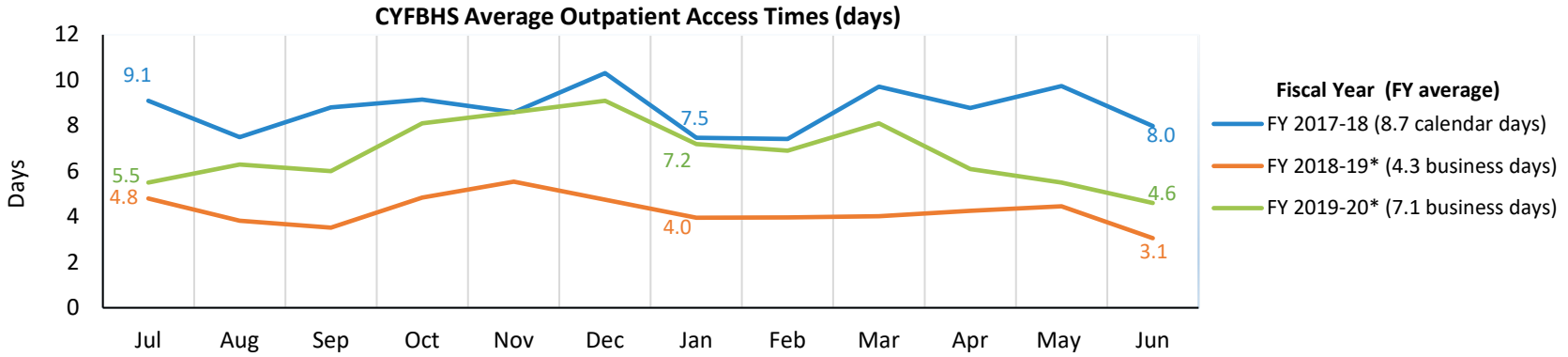
**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 138) for further information.*

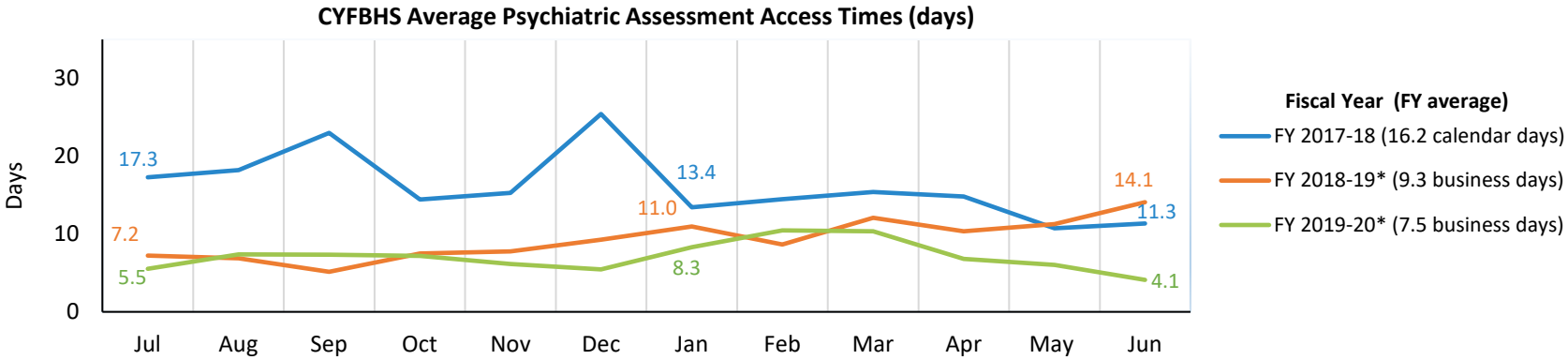
How Quickly Can Clients Access Services?

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 2019-20, children waited an average of **6.8 business days** to access an outpatient appointment. Average psychiatric assessment appointment access time was **7.1 business days** in FY 2019-20. By way of context, DHCS access time standards are 10 business days for routine outpatient assessment and 15 business days for psychiatric assessment.





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

Are Clients Getting Better?

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

Outcome Measures

- The Pediatric Symptom Checklist (PSC), a measure of youth emotional and behavioral problems completed by youth ages 11 to 18, and/or caregivers of youth ages 3 to 18.
- The Child and Adolescent Needs and Strengths (CANS), a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21.
- 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 2019-20, 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 2019-20 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.

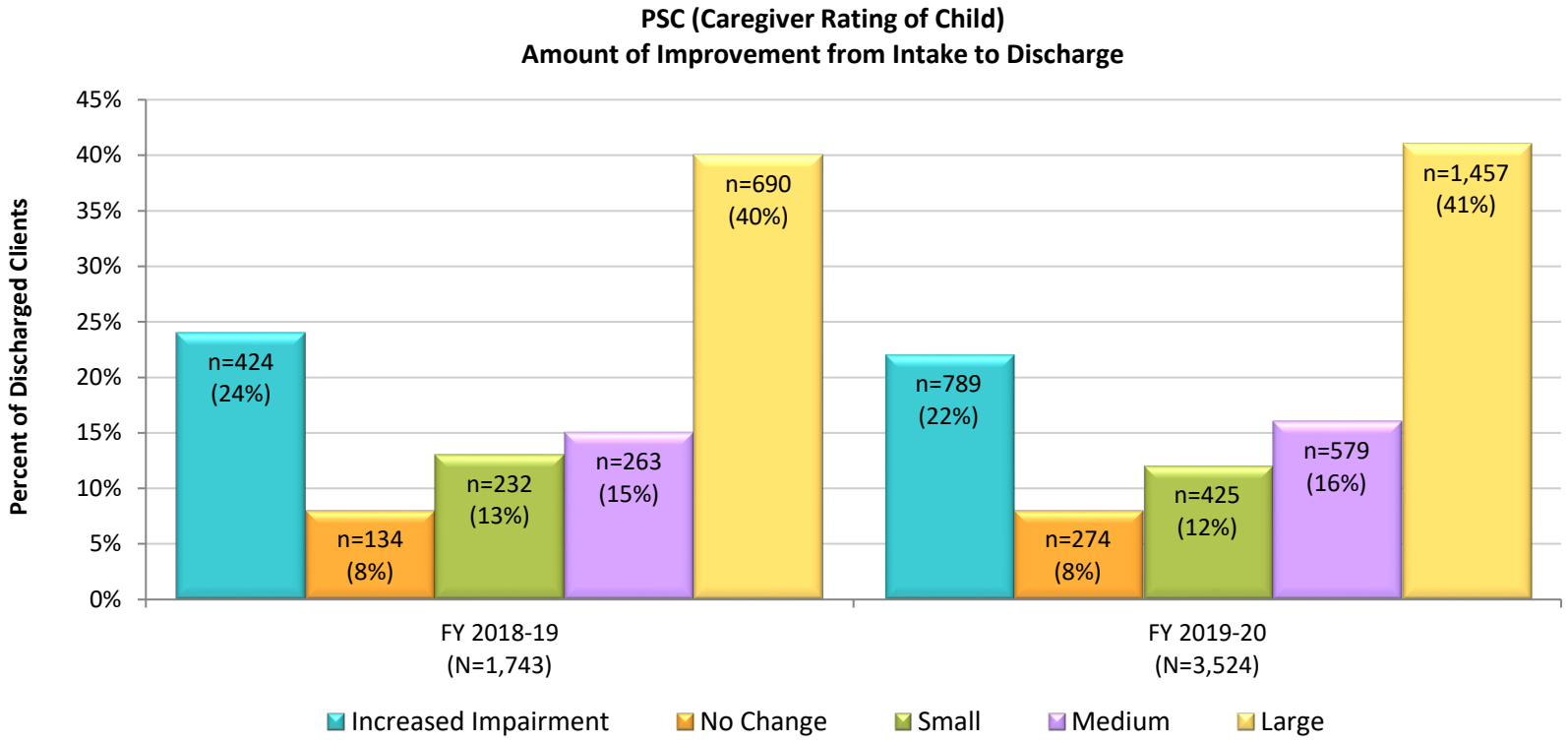
- ***Clinically Significant Improvement***

  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 2019-20 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).

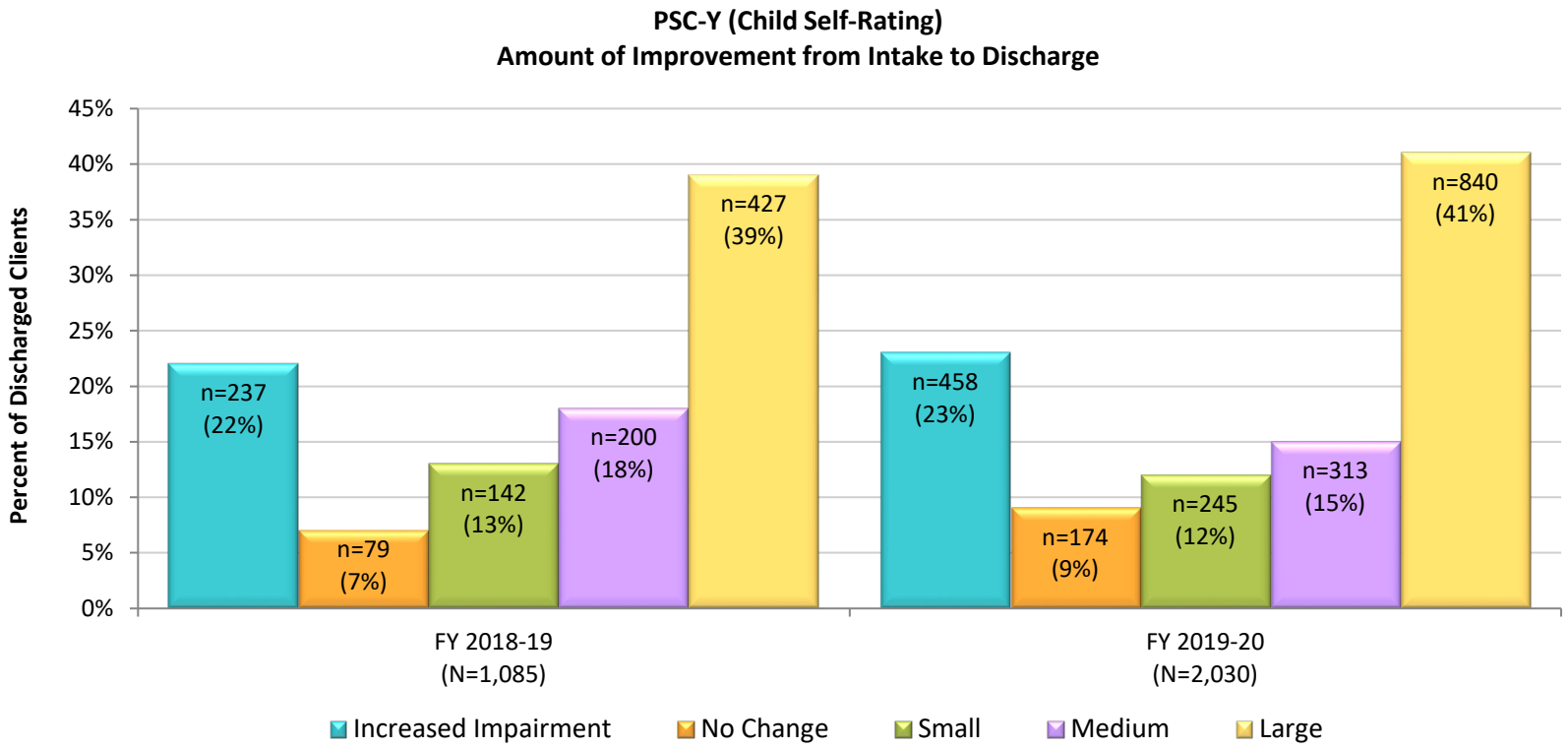


NOTE: The PSC was implemented in FY 2018-19.

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 2019-20 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).



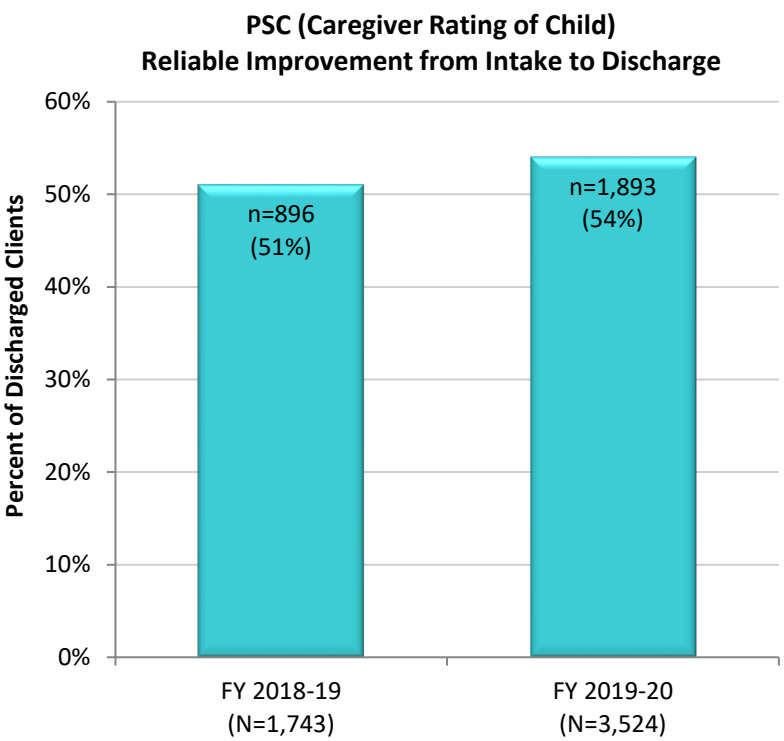
NOTE: The PSC-Y was implemented in FY 2018-19.

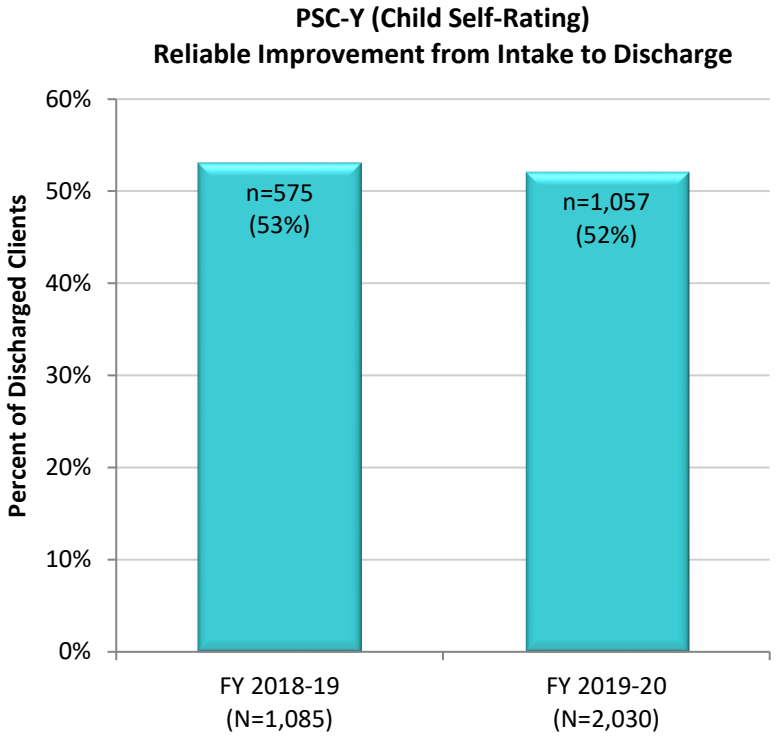
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Reliable Improvement

Reliable improvement as measured by the PSC (6+ point improvement on the total scale score) was evaluated for eligible youth discharged from services in FY 2019-20 who were in services at least 60 days and who had both initial assessment and discharge scores completed.

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





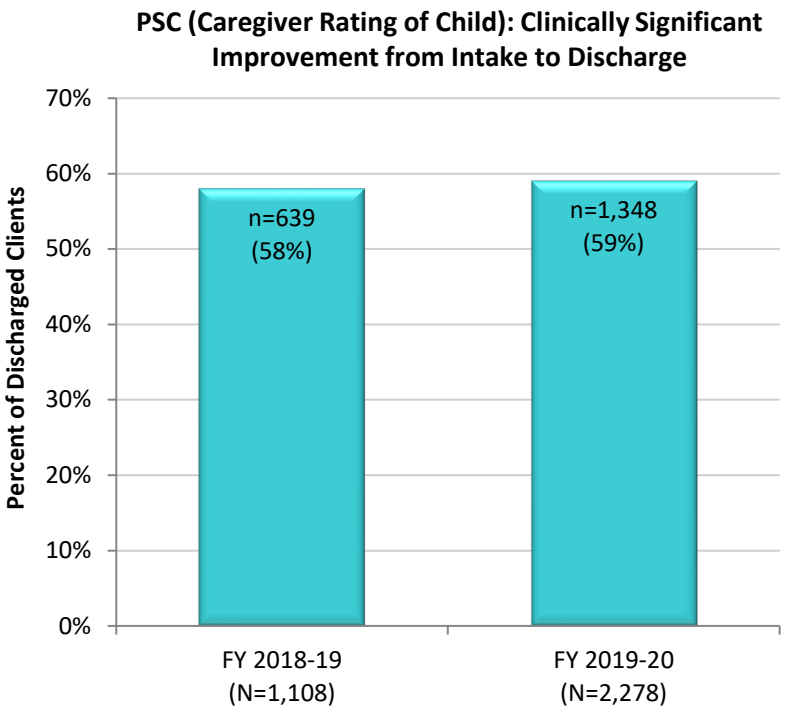
NOTE: The PSC was implemented in FY 2018-19.

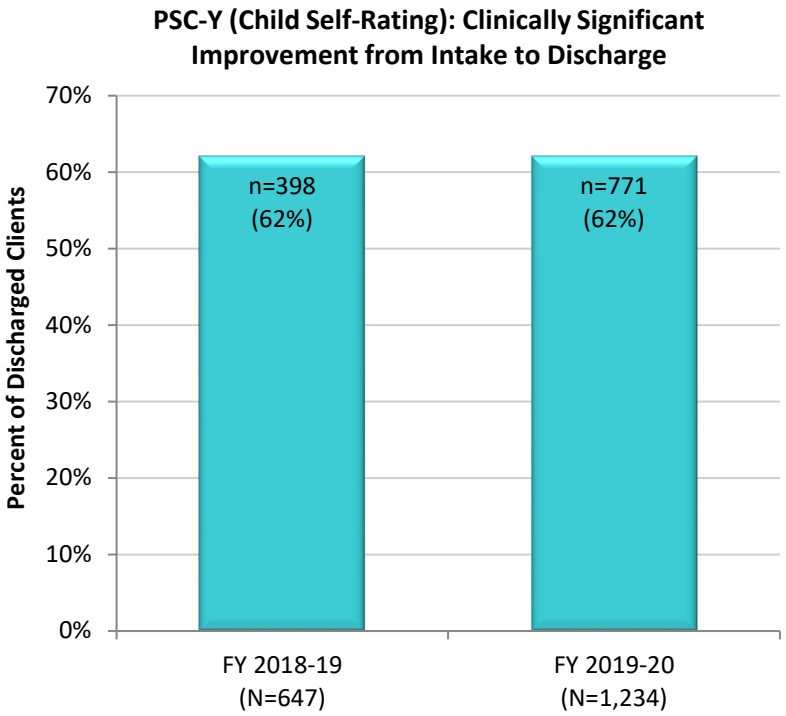
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Clinically Significant Improvement

Clinically significant improvement as measured by the PSC (6+ point improvement on the total scale score *and* crossing the clinical cutoff threshold) was evaluated for eligible youth discharged from services in FY 2019-20 who were **above the clinical cutoff** at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

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





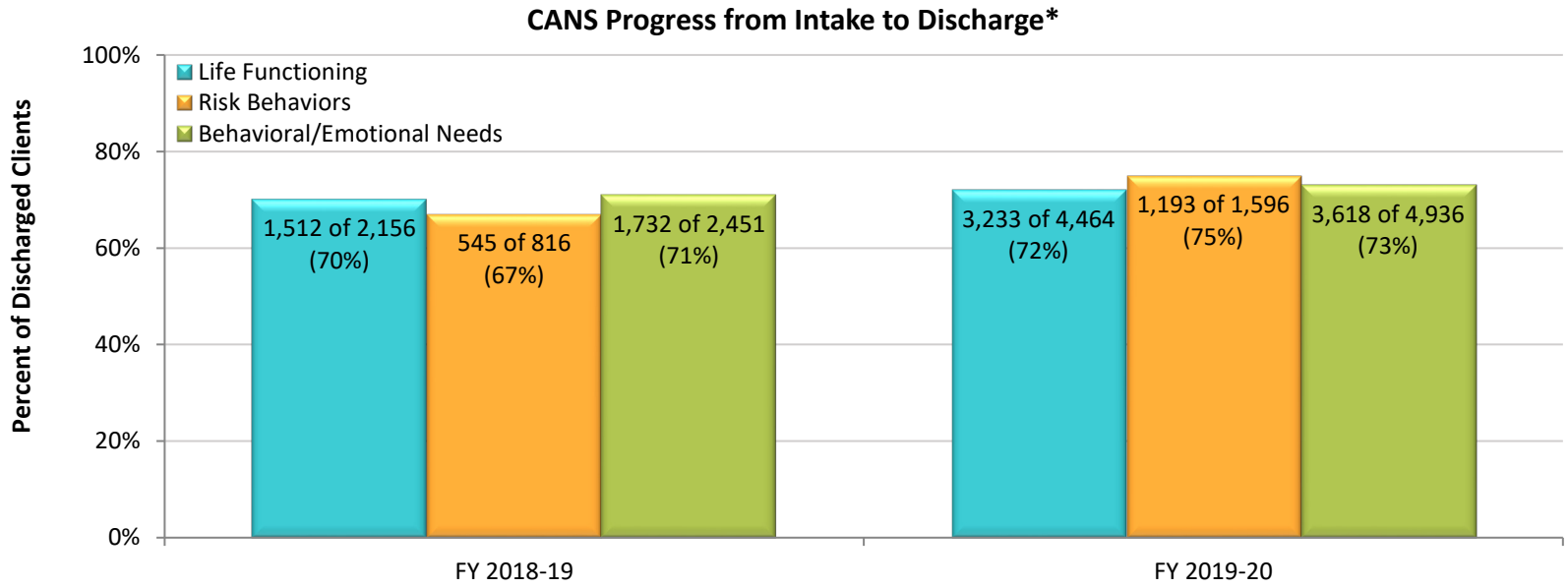
NOTE: The PSC was implemented in FY 2018-19.

Are Clients Getting Better?

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

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. CANS progress at discharge was evaluated for eligible youth discharged from services in FY 2019-20 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

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



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

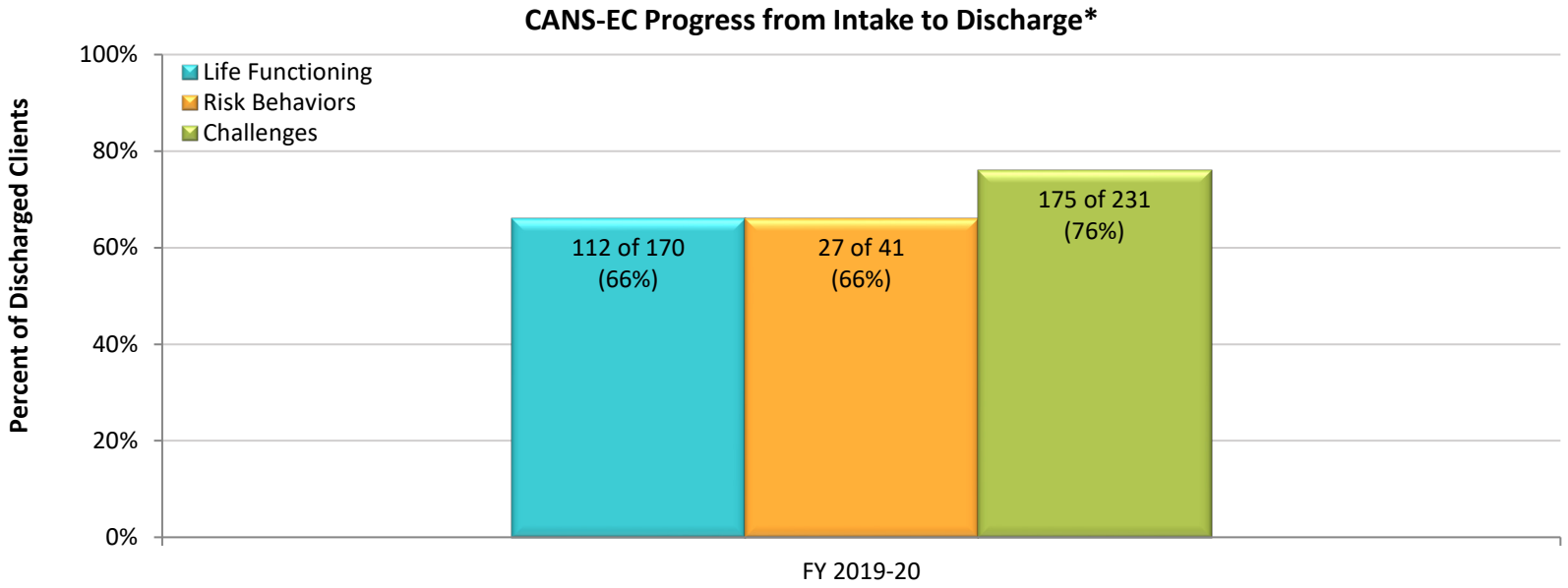
NOTE: The CANS was implemented in FY 2018-19.

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 2019-20 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.*

NOTE: Previous fiscal year data are unavailable, as the CANS-EC was implemented in FY 2019-20.

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*

- 150 (24%) of the 630 clients who received IP care had more than one IP episode (ranging from 2 to 8) in FY 2019-20—a **decrease** from 26% (168 of 652) in FY 2018-19.
  - Of the 150 clients with more than one IP episode, 60 (40%) were re-admitted to IP services within 30 days of the previous IP discharge—a **decrease** from 48% (80 of 168) in FY 2018-19.

Emergency Screening Unit (ESU) Services

- 261 (21%) of the 1,246 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 12) in FY 2019-20—no change from 21% (284 of 1,327) in FY 2018-19.
  - Of the 261 clients with more than one ESU episode, 126 (48%) were re-admitted to services at the ESU within 30 days of the previous ESU discharge—a **decrease** from 53% (150 of 284) in FY 2018-19.

Diversion†

- Of 1,854 ESU visits‡ in FY 2019-20, 1,317 (71%) were diverted from an IP admission—a decrease from 73% (1,420 of 1,944) in FY 2018-19.

Goals Met at Discharge§

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

- In FY 2019-20, this marker was reported for 6,732 (70%) of 9,586 clients discharged in FY 2019-20.
- Of these 6,732 clients, 3,179 (47%) met goals, 2,154 (32%) partially met goals, and 1,399 (21%) 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 (8/04/2020)
‡ESU visits include duplicated clients
§Excludes Fee-for-Service providers for whom data were not available.

Are Clients Satisfied With Services?

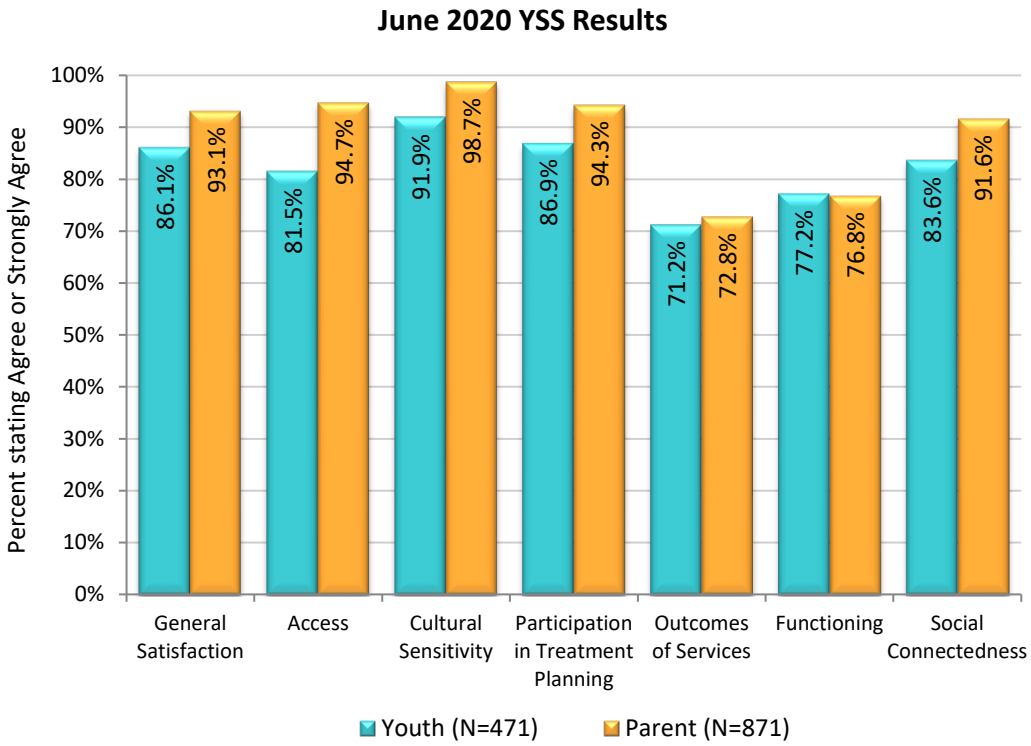
The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a biennial state-mandated survey administered to 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 2019-20 the YSS was administered to clients during two 1-week periods: the first in November 2019 and the second in June 2020; data from the June 2020 administration (1,342 completed surveys submitted) were analyzed. The June 2020 YSS was administered entirely online due to the COVID-19 pandemic and followed roughly three months of stay-at-home orders; satisfaction results may not be directly comparable to previous years.

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 except *Functioning*.
- The greatest disparity between youth and parents was found in the *Access* 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.

CYFBHS
Substance Use Disorder

Substance Use Disorder (SUD)

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

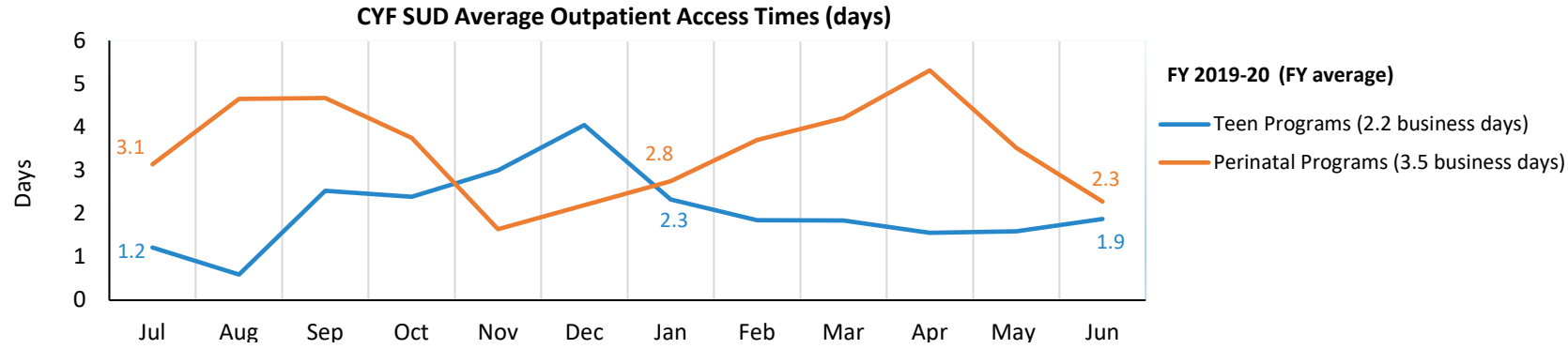
How Quickly Can SUD Clients Access Services?

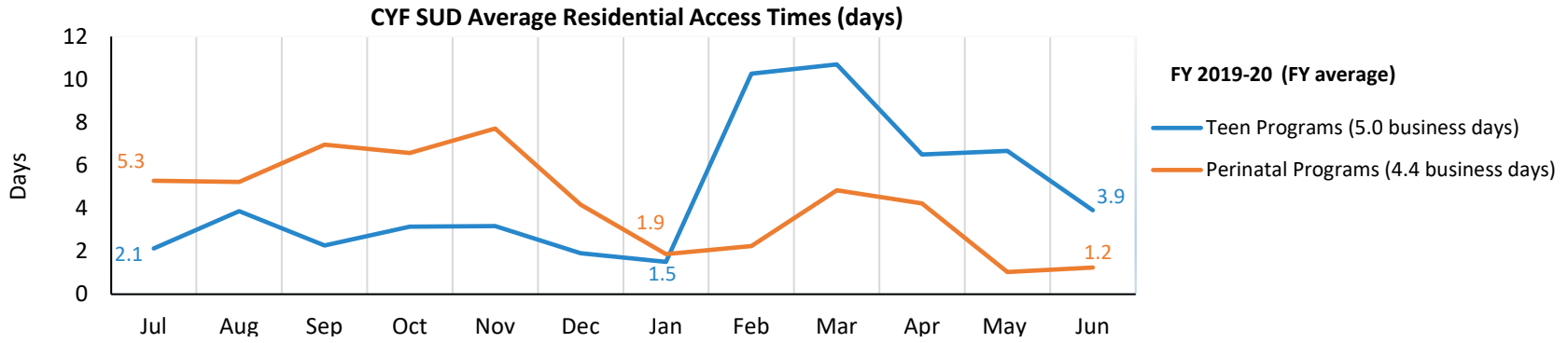
Access Time

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 2019-20, youth in SUD Teen programs waited an average of **2.2 business days** for outpatient services and **5.0 business days** for residential services, which indicates an increase from an average wait time of 2.0 business days for outpatient services and 2.9 business days for residential services in FY 2018-19.

In FY 2019-20, clients in SUD Perinatal programs waited an average of **3.5 business days** for outpatient services and **4.4 business days** for residential services, compared to 5.4 business days for outpatient services and 4.4 business days for residential services in FY 2018-19.

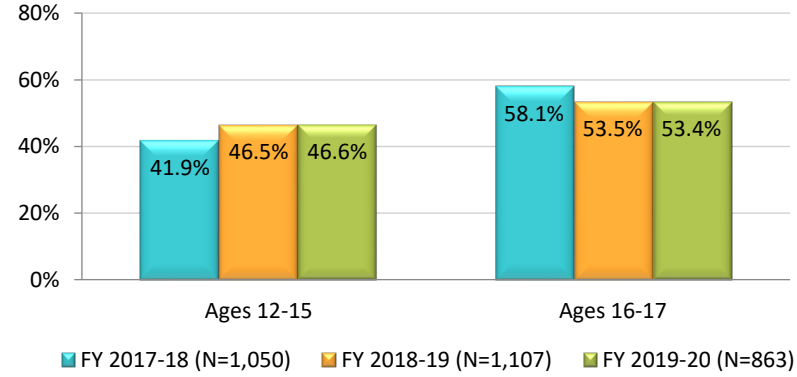




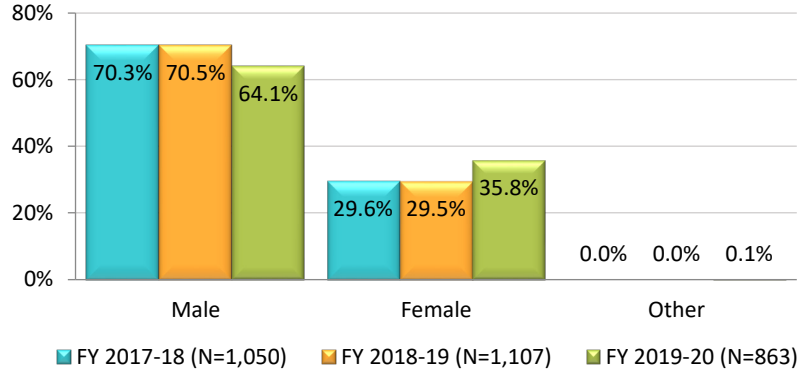
Substance Use Disorder (SUD) – Youth

Substance Use Disorder (SUD) programs provided services to 863 unduplicated youth under the age of 18 in FY 2019-20.

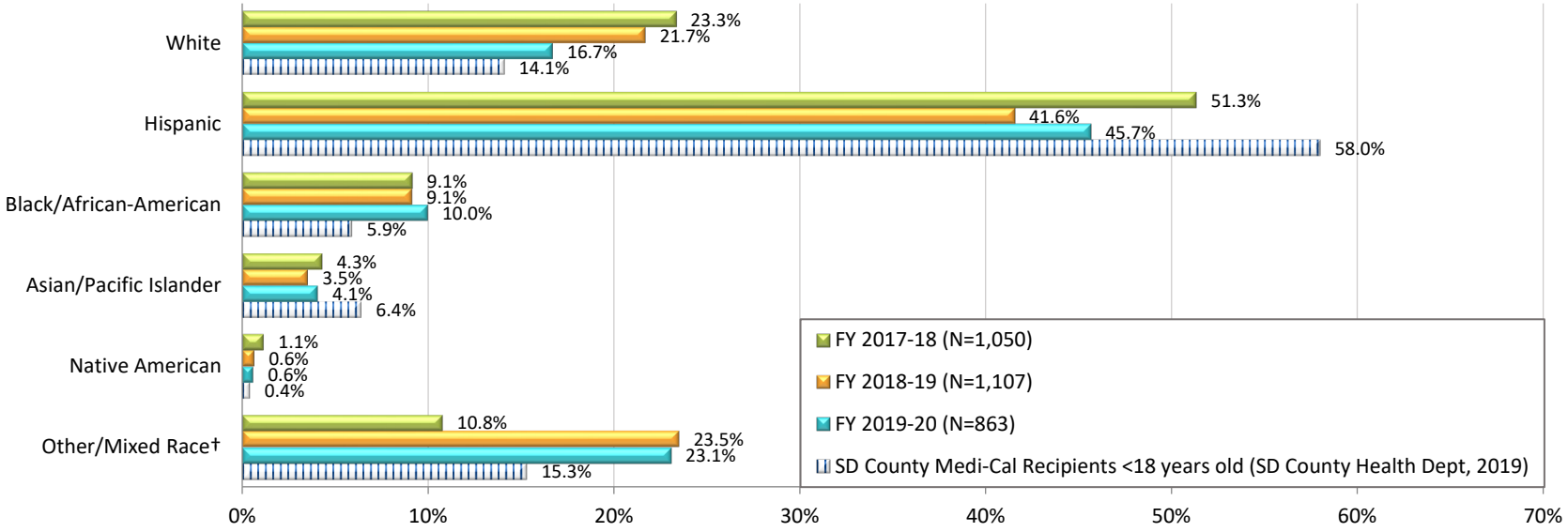
SUD Youth Client Age (N=863)*



SUD Youth Client Gender (N=863)*



SUD Youth Client Race and Ethnicity (N=863)*

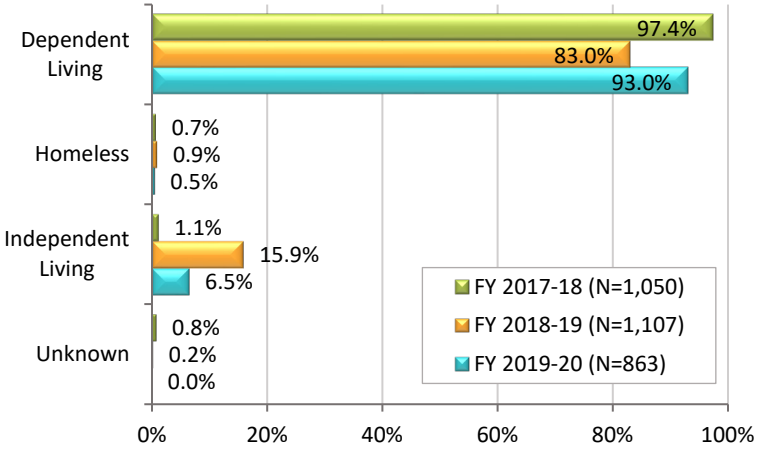


Data Source: SanWITS

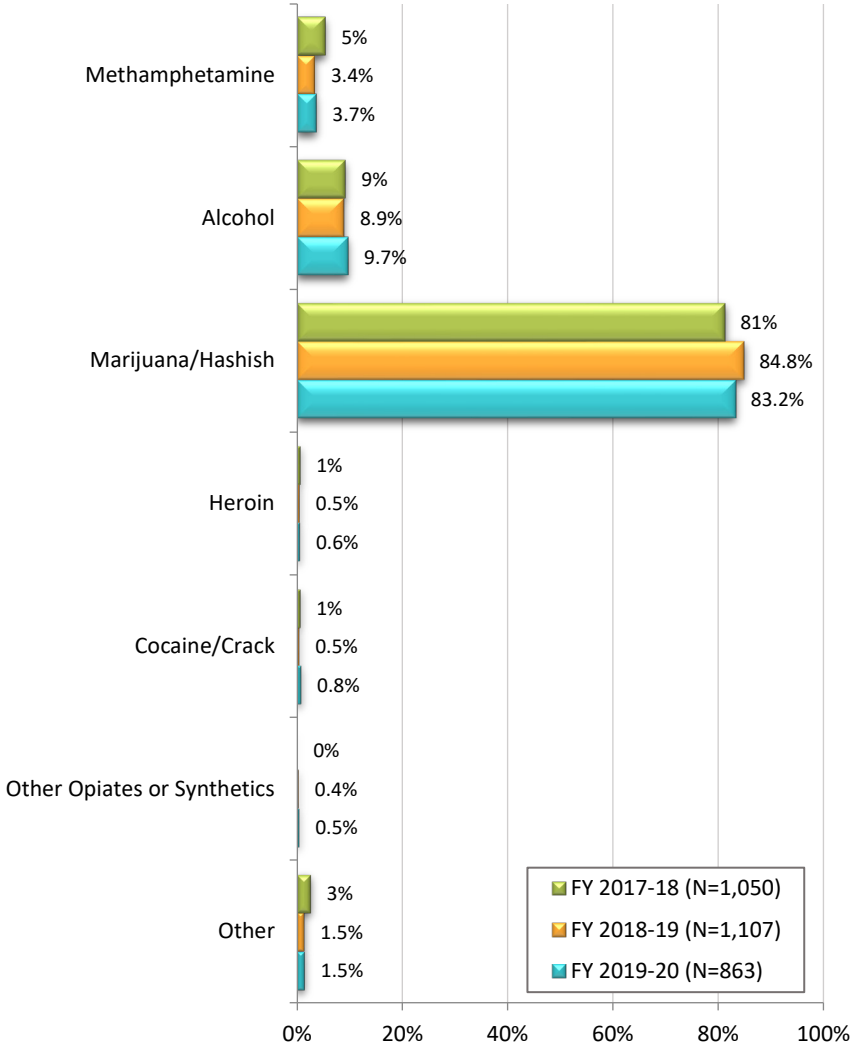
Substance Use Disorder (SUD) – Youth

*SUD Youth Client Living Situation (N=863)**

The majority of clients identified as living independently in FY 2018-19 (15.9%) and FY 2019-20 (6.5%) were served by one SUD agency and are largely the result of a data entry error at that agency. Most of these clients were in fact living as dependents with family.



*SUD Youth Client Primary Drug of Choice (N=863)**

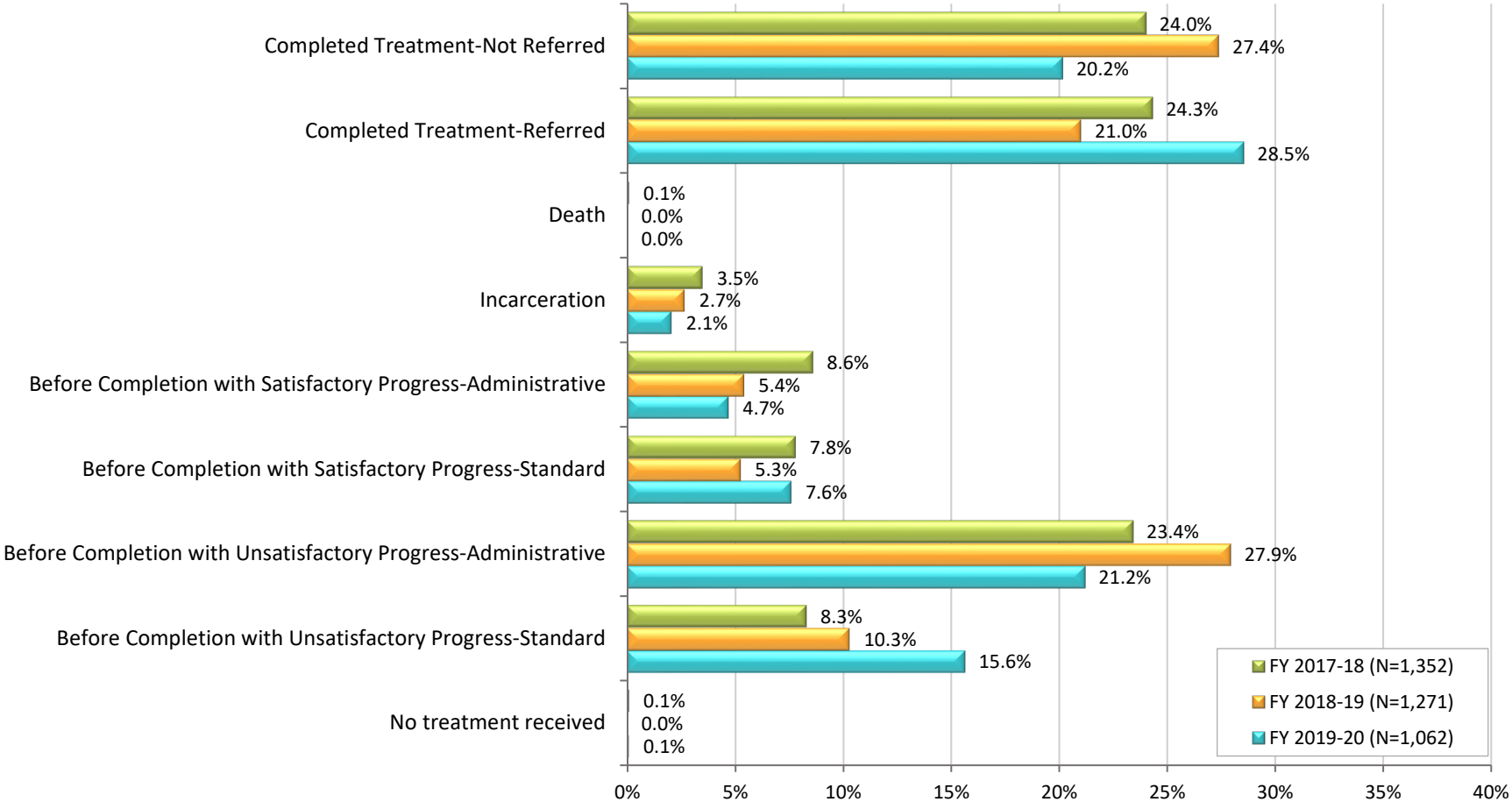


**Data Source: SanWITS*

Substance Use Disorder (SUD) – Youth

SUD Youth Client Type of Discharge (N=1,062)†*

Nearly half of SUD youth discharges followed completion of treatment in FY 2019-20.



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

Substance Use Disorder (SUD) – Youth

*Other SUD Services for Teens**

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

**Data for these SUD services are not captured in this report. For more information on SUD services in the System of Care, please refer to the Behavioral Health Outcomes Report at https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL Section 6/Behavioral Health Outcomes Triennial Report FY 17-18.pdf*

What Kind of Services Are Being Used?

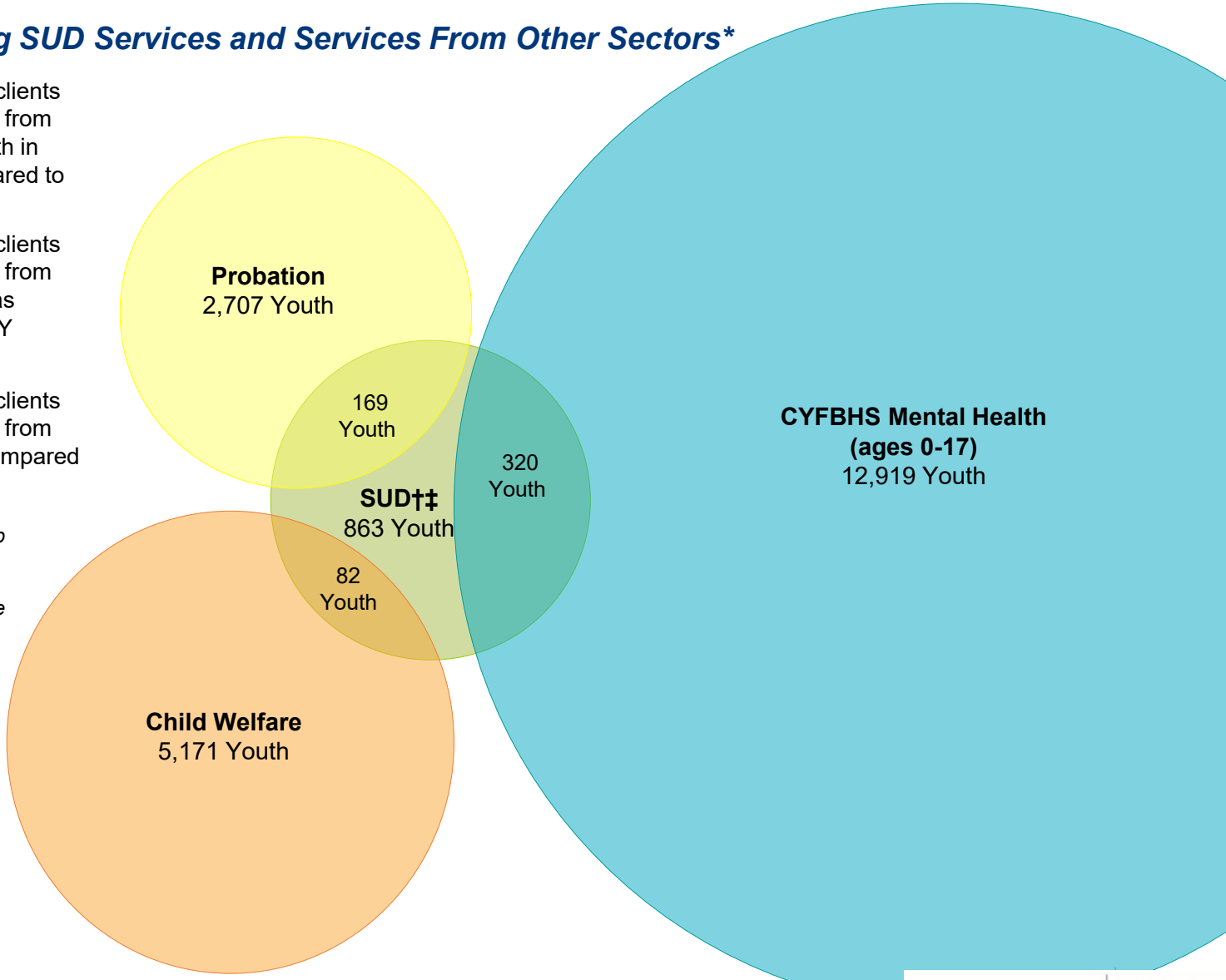
*Youth Receiving SUD Services and Services From Other Sectors**

- 37% of SUD youth clients also received services from CYFBHS Mental Health in FY 2019-20, as compared to 31% in FY 2018-19.
- 20% of SUD youth clients also received services from the Probation sector, as compared to 24% in FY 2018-19.
- 10% of SUD youth clients also received services from the CWS sector, as compared to 6% in FY 2018-19.

**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.

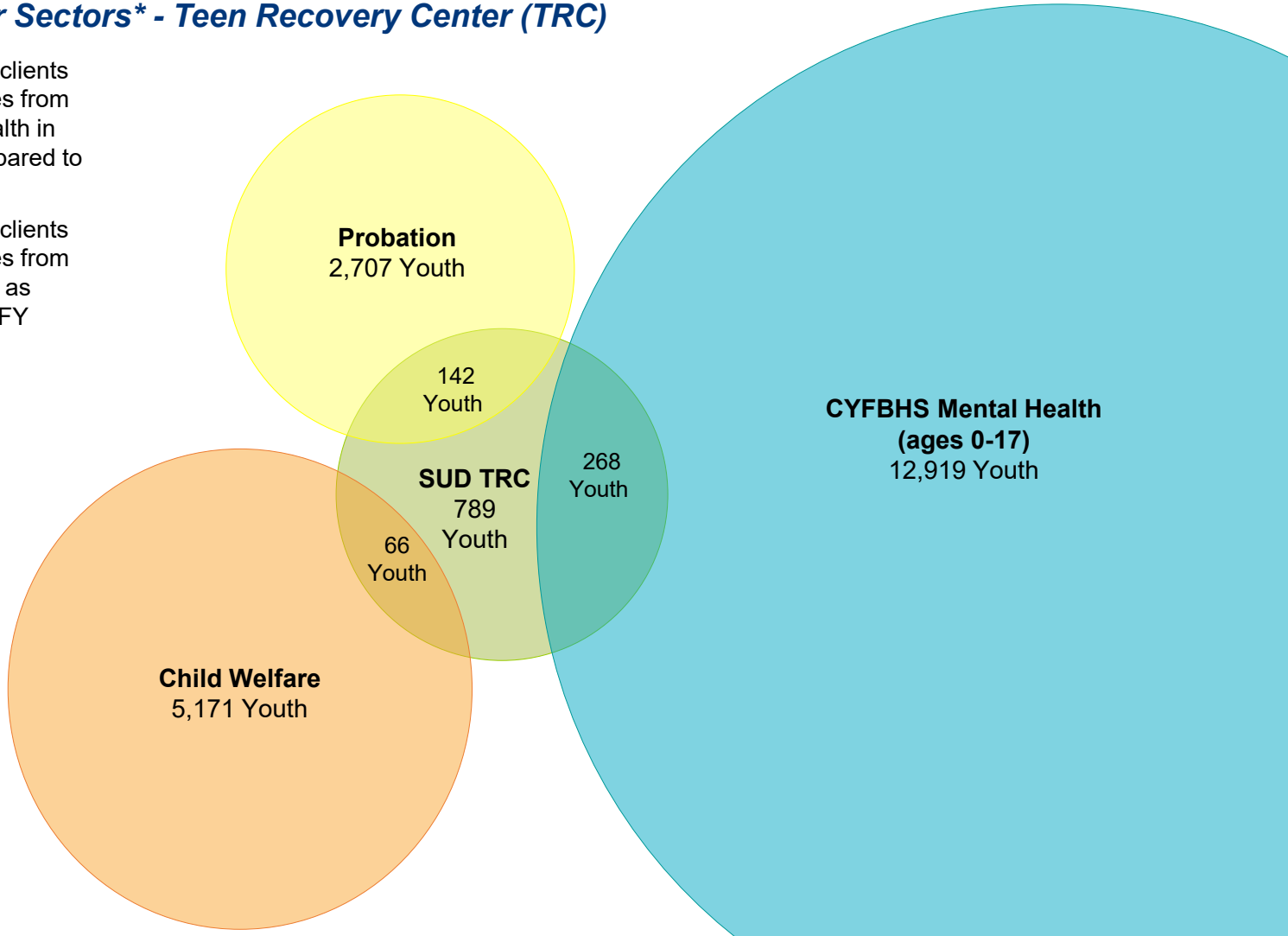
‡Age is captured differently for cross-sector matching purposes, thus the number of unique clients may not match the CYF SUD section total.



What Kind of Services Are Being Used?

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

- 34% of SUD TRC clients also received services from CYFBHS Mental Health in FY 2019-20, as compared to 29% in FY 2018-19.
- 18% of SUD TRC clients also received services from the Probation sector, as compared to 22% in FY 2018-19.
- 8% of SUD TRC clients also received services from the CWS sector, as compared to 5% in FY 2018-19.



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

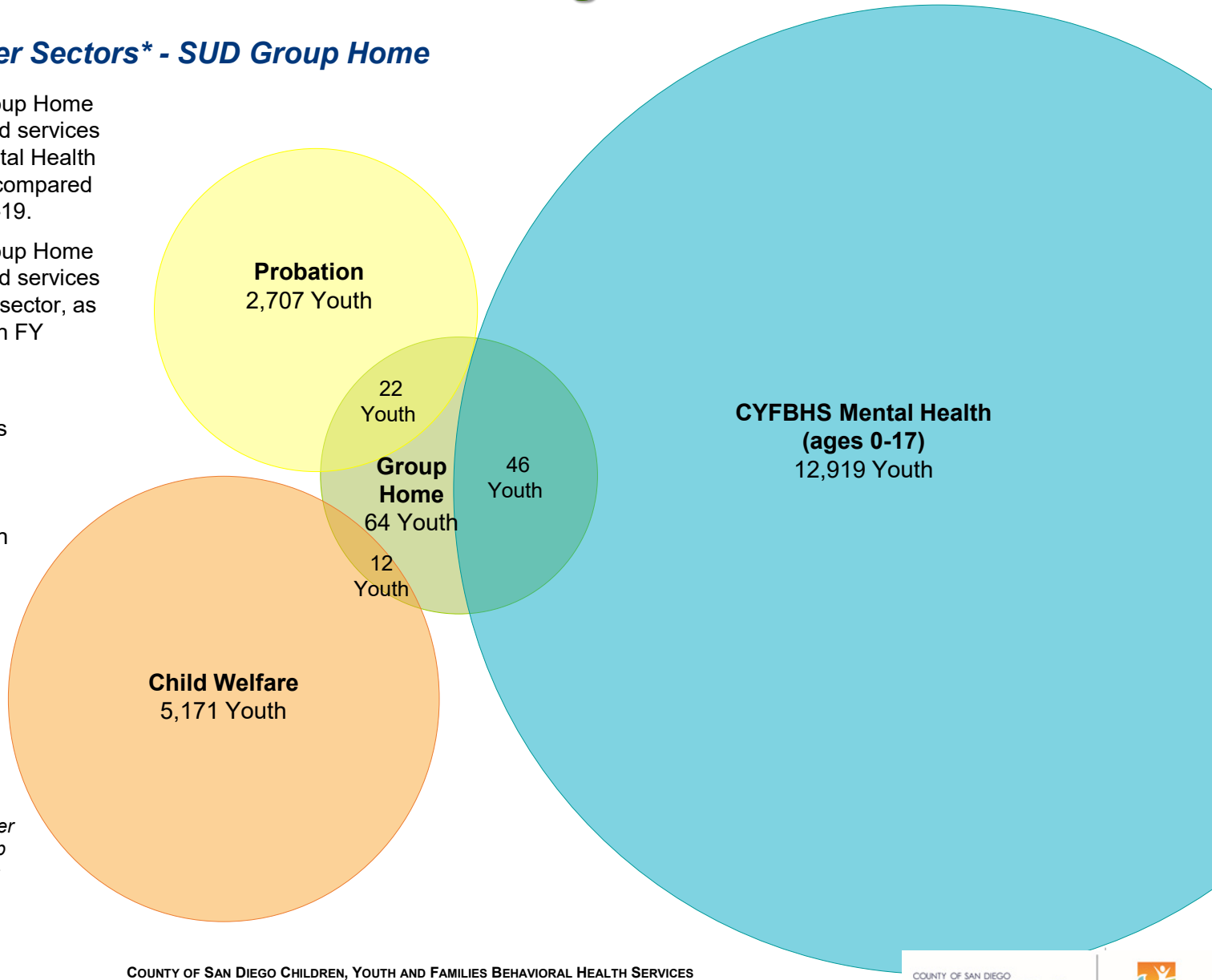
What Kind of Services Are Being Used?

SUD and Other Sectors - SUD Group Home*

- 72% of SUD Group Home clients also received services from CYFBHS Mental Health in FY 2019-20, as compared to 61% in FY 2018-19.
- 34% of SUD Group Home clients also received services from the Probation sector, as compared to 39% in FY 2018-19.
- 19% of SUD Group Home clients also received services from the CWS sector, as compared to 12% in FY 2018-19.

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

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



Are Clients Satisfied With Services?

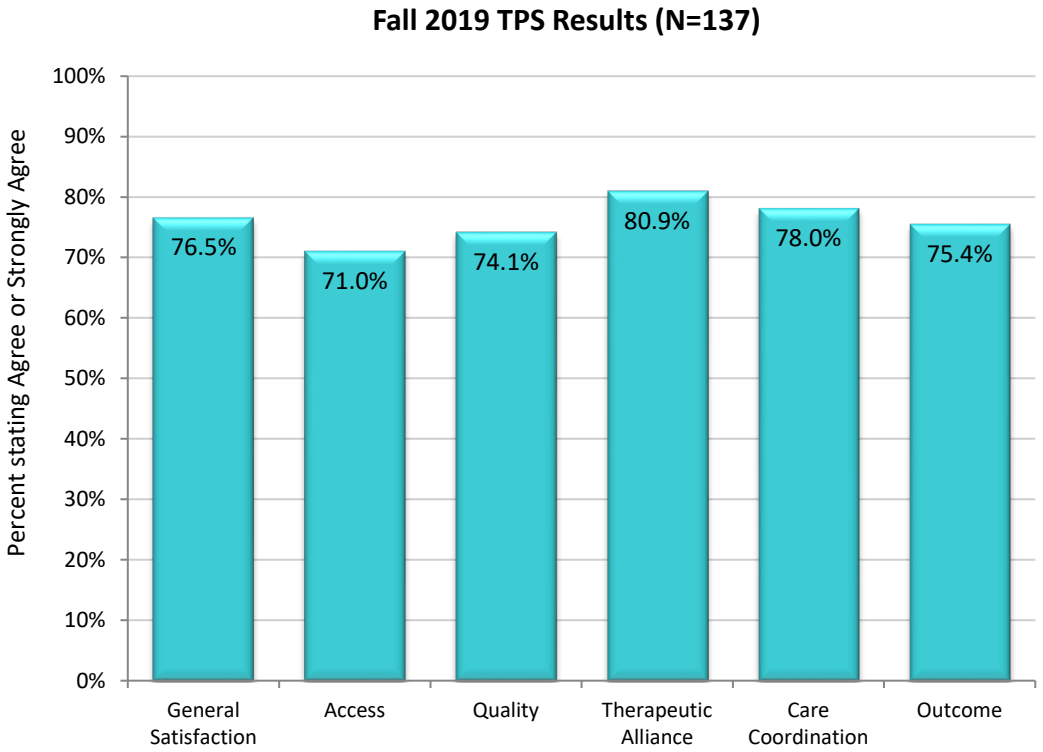
The Youth Treatment Perception Survey (TPS)—Satisfaction By Domain

The Youth Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client 18 years old or younger served by a Substance Use Disorder (SUD) program. Youth clients report their degree of satisfaction with SUD services received. In FY 2019-20 the TPS was administered in October 2019. Data from 137 completed surveys were analyzed.

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

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

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



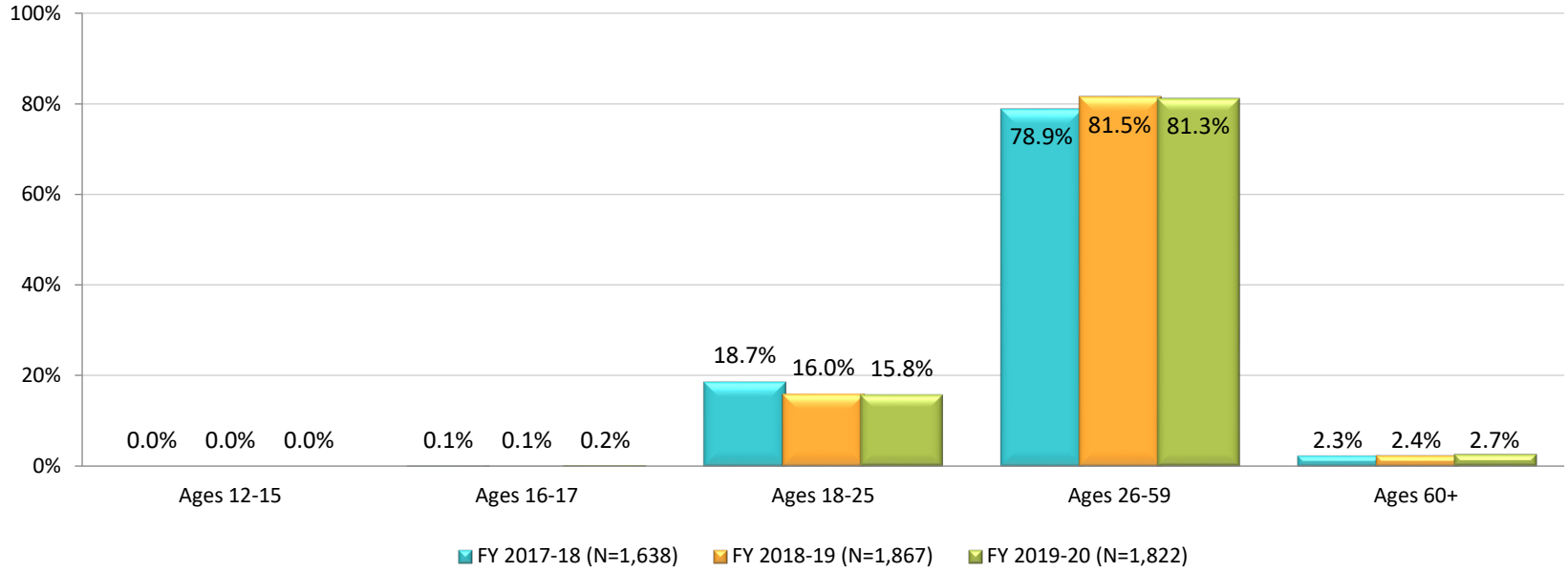
Substance Use Disorder (SUD)
Perinatal Services

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 mobile perinatal case management services to high risk pregnant women or teens.

The Perinatal SUD treatment programs support the needs of mothers through parenting classes, child therapy, life skills, healthy relationships, recovery groups, education, transportation and onsite childcare. Perinatal women have priority admission into any county funded SUD program.

Perinatal SUD programs provided services to 1,822 unduplicated perinatal women and teens in FY 2019-20.

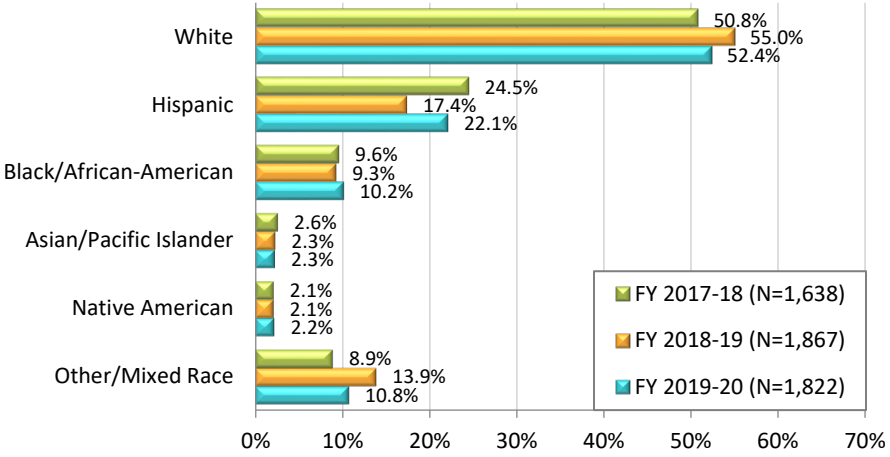
*Perinatal SUD Client Age (N=1,822)**



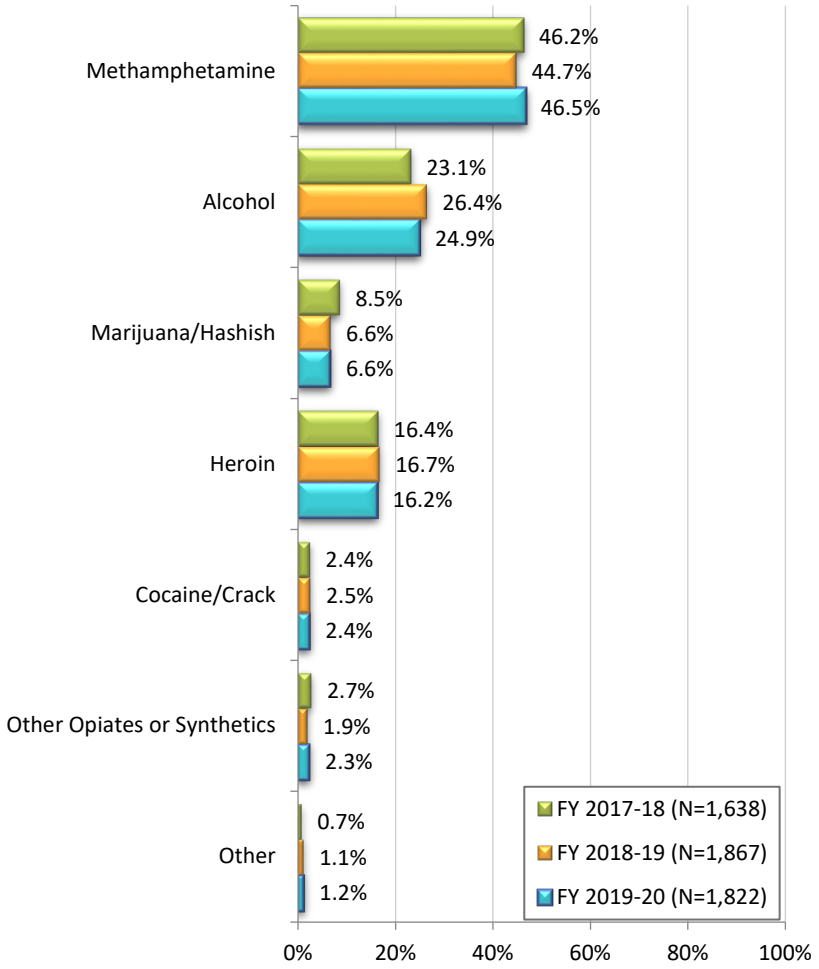
Data Source: SanWITS

Substance Use Disorder (SUD)
Perinatal Services

*Perinatal SUD Client Race/Ethnicity (N=1,822)**

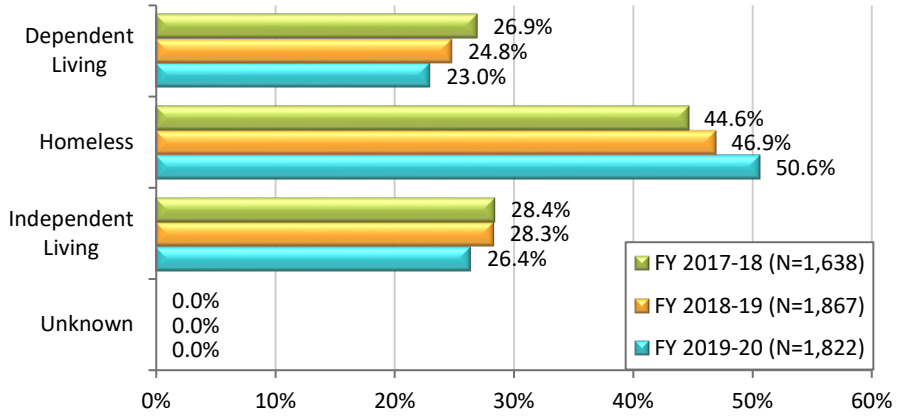


*Perinatal SUD Client Primary Drug of Choice (N=1,822)**



*Perinatal SUD Client Living Situation (N=1,822)**

51% of Perinatal SUD clients were homeless during FY 2019-20.

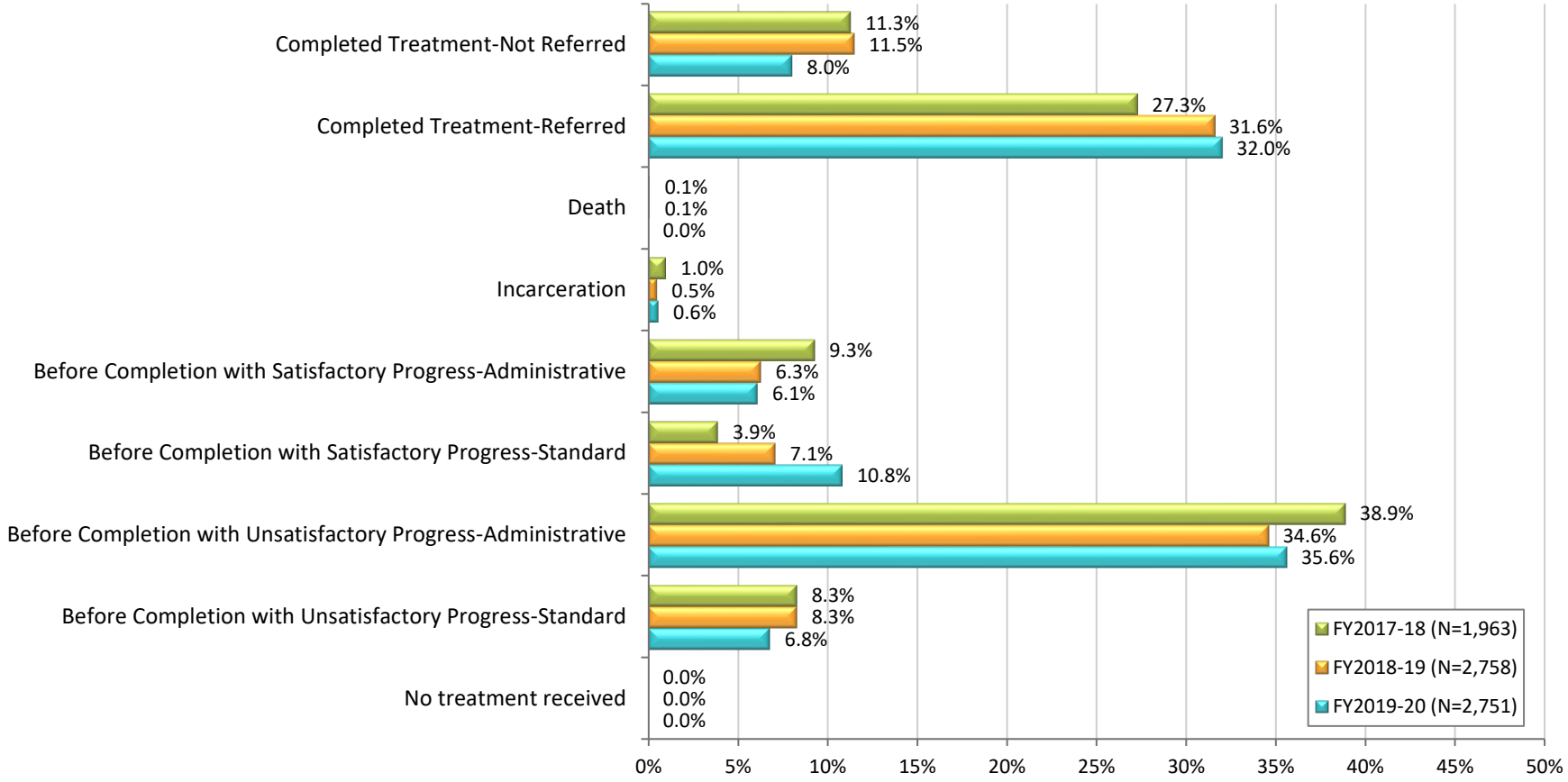


**Data Source: SanWITS*

Substance Use Disorder (SUD)
Perinatal Services

Perinatal SUD Client Type of Discharge (N=2,751)†*

The most common Perinatal SUD discharge type in FY 2019-20 was discharge before treatment completion with unsatisfactory progress (administrative).

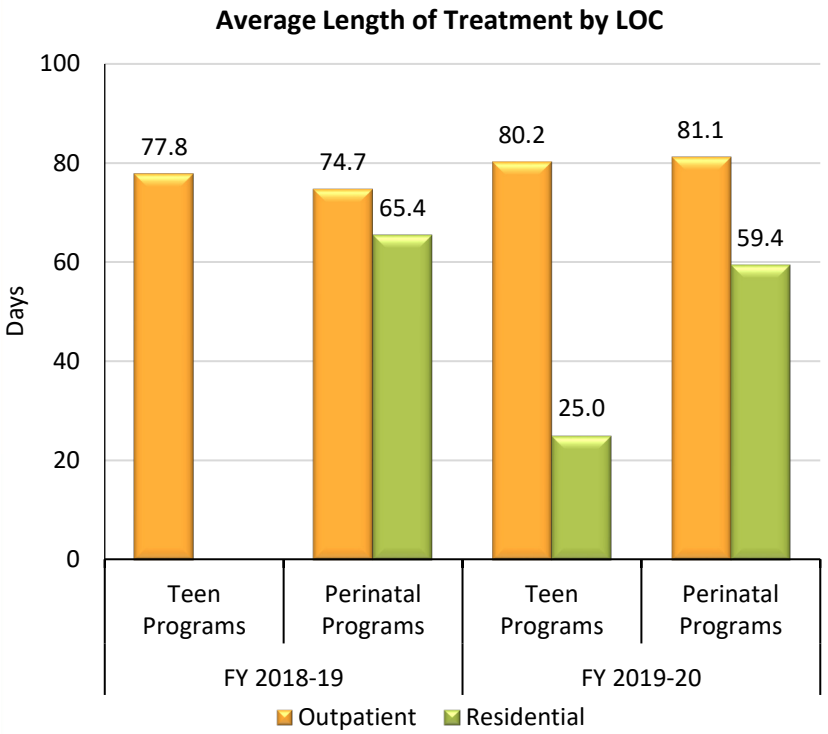


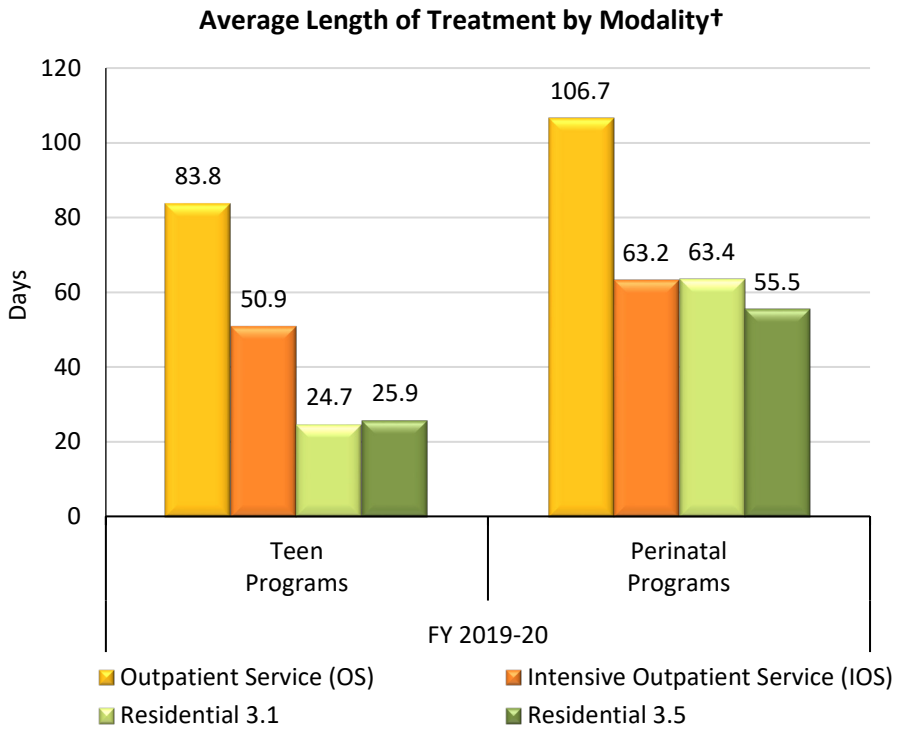
**Data Source: SanWITS*
†Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in the fiscal year.

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

There are two levels of care for 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). The *Residential Treatment/Recovery 30 days or less* (Pre-ODS), and *Residential Treatment/Recovery 31 days or more* (Pre-ODS) are rolled up to either Residential 3.1 or Residential 3.5 in FY 2019-20.

*Average Length of Treatment**



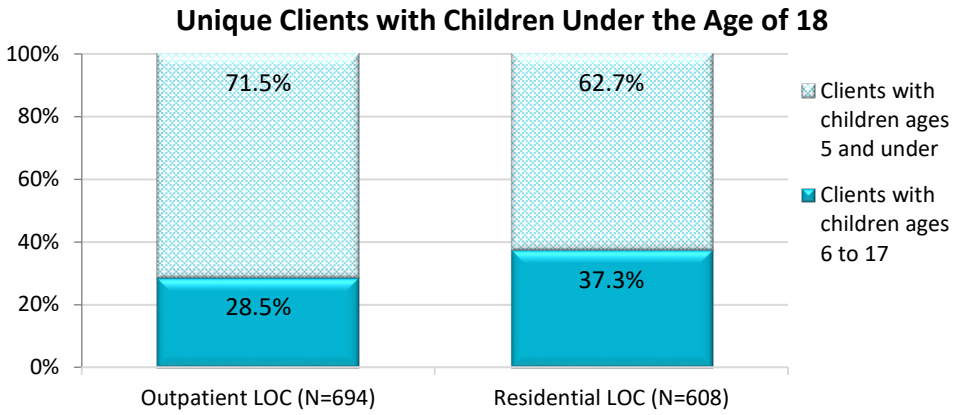


**Clients may be served in multiple levels of care or modalities.*
†There were six modalities in FY 2018-19; data are not comparable to FY 2019-20.

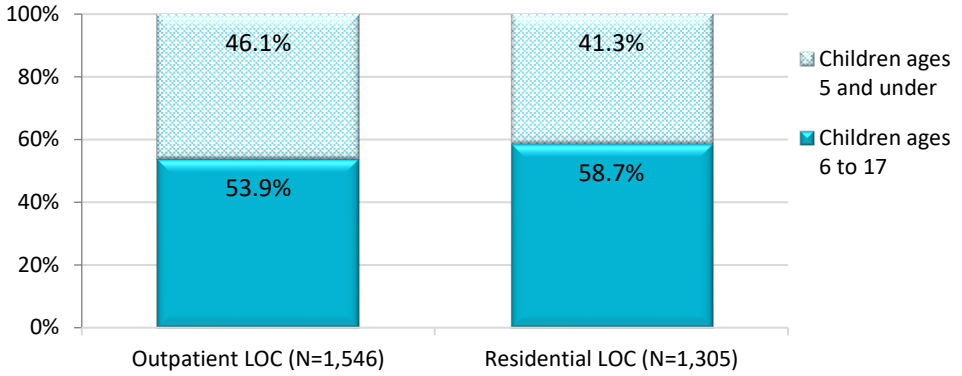
Substance Use Disorder (SUD)
Level of Care (LOC) and Modalities

*Perinatal Designated Program**

LOC	Modality	Number of Clients w/ Children	
		0 to 18	5 and under†
Outpatient	OS	365	258
	IOS	467	340
Residential	RES 3.1	407	257
	RES 3.5	420	260



LOC	Modality	Number of Children	
		0 to 18	5 and under†
Outpatient	OS	775	360
	IOS	1044	493
Residential	RES 3.1	915	375
	RES 3.5	886	362



**Clients may be served in multiple levels of care or modalities.*
†The number of children age 5 and younger is a subset of the number of children under 18.

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

*CYF SUD unique clients within LOC/Modality**

Unique clients by LOC	CYF Programs	Perinatal	Teens
Outpatient	1,812	944	869
Residential	1,097	992	106

Unique clients by Modality	CYF Programs	Perinatal	Teens
Outpatient Services (OS)	1,308	484	824
Intensive Outpatient Services (IOS)	744	636	108
Residential 3.1 (RES 3.1)	749	662	87
Residential 3.5 (RES 3.5)	703	667	36

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

Mental Health Services

Substance Use Disorder

MHSA

CYFBHS
MHSA

Mental Health Service Act (MHSA) Components

Community Services and Supports

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

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

Innovations

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 2019-20, San Diego County funded 14 programs to provide PEI services for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. **PEI youth and family participants comprise a different population than youth and family served by CYFBHS treatment providers**; a demographic summary is reported here, detailed findings are reported separately. (http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports)

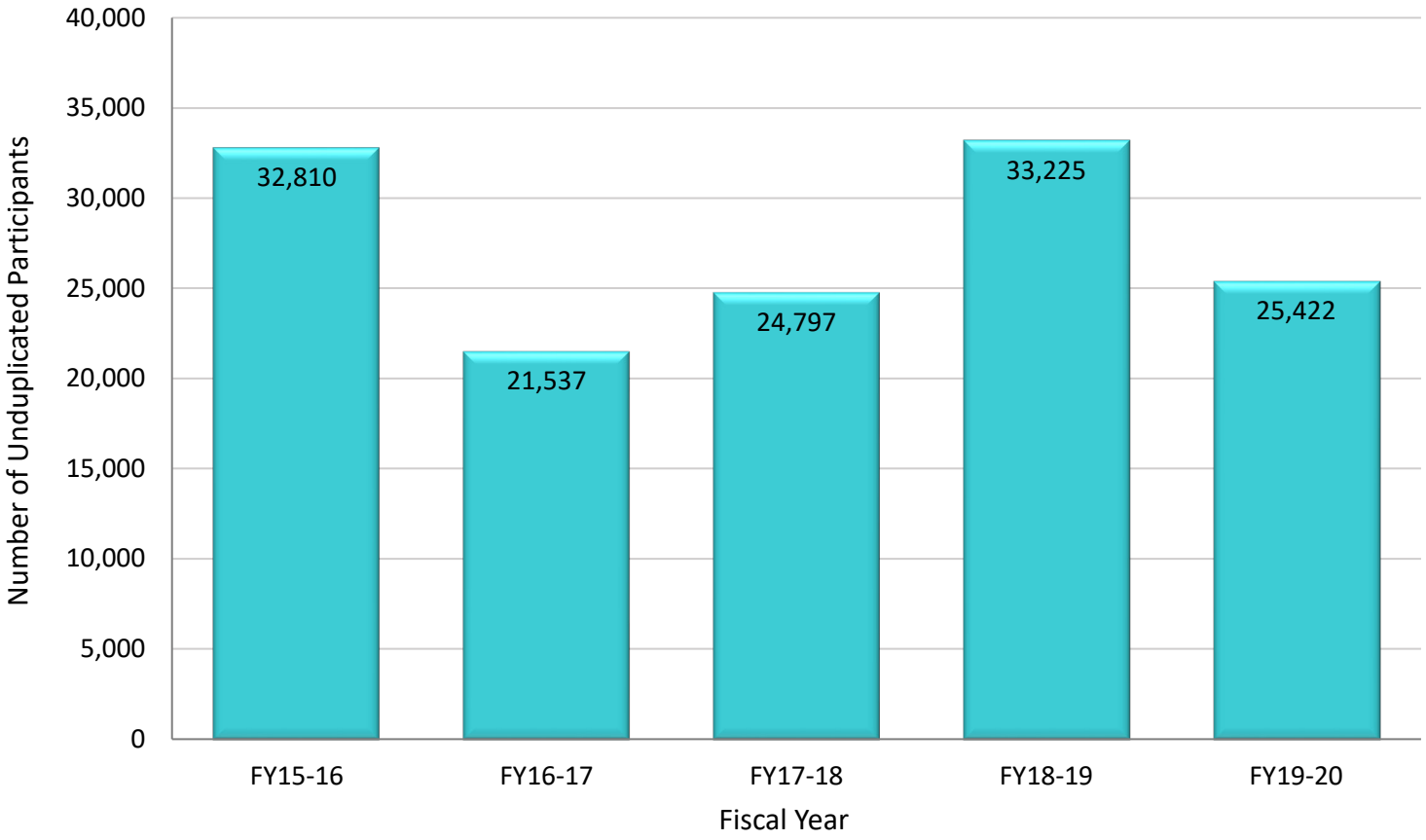
CYF PEI Program Names – FY 2019-20
Alliance for Community Empowerment
Community Services for Families
Positive Parenting Program (Triple P)
KickStart
Dream Weaver Consortium: Indian Health Council Program
Dream Weaver Consortium: Southern Indian Health Council Program
Dream Weaver Consortium: Urban Youth Center Program
Incredible Years East County Program
Incredible Years North Coastal Program
Incredible Years North Inland Program
Incredible Years South Program
Incredible Years SDUSD Central/South Eastern Program
Incredible Years SDUSD Central/North Central Program
HERE Now Program

MHSA PEI

MHSA Components, continued

More than 25,000 youth and family PEI participants were served in FY 2019-20. PEI participant count can vary widely from year to year. This is due in part to structural and contracting changes within the PEI providers; as the programs evolve, some components are modified, affecting the number of participants served.

CYF PEI Number of Participants Served



MHSA PEI

MHSA Components, continued

CYF PEI participant age and gender demographics are comparable to the previous year. Race and ethnicity data in FY 2019-20 are not comparable to previous years, in which they were combined and reported as a single race/ethnicity variable..

CYF PEI Participant Demographics (N=25,422)

Age (years)	N	%	▲
0-15	12,049	47%	-6%
16-25	3,689	15%	0%
26-59	6,276	25%	3%
60 and older	389	2%	0%
Prefer not to answer	1373	5%	4%
Unknown/Missing	1,646	6%	-3%
Gender	**N**	**%**	**▲**
Female	14,548	57%	1%
Male	9,174	36%	-3%
Prefer not to answer	269	1%	0%
Other/Unknown/Missing	1,431	6%	2%

Race	N	%	▲
White	6,454	25%	-3%
Black/African-American	1,283	5%	0%
Asian/Pacific Islander	1,771	7%	-2%
American Indian/Alaska Native	672	3%	0%
Multiracial	2,056	8%	-1%
Other	1,884	7%	2%
Prefer not to answer	336	1%	0%
Unknown/Missing*†	10,966	43%	42%
Ethnicity†	**N**	**%**	**▲**
Hispanic or Latino	11,337	45%	
Non-Hispanic or Non-Latino	8,996	35%	
More than one ethnicity	3,240	13%	
Other	203	1%	
Prefer not to answer	336	1%	
Missing	1,310	5%	

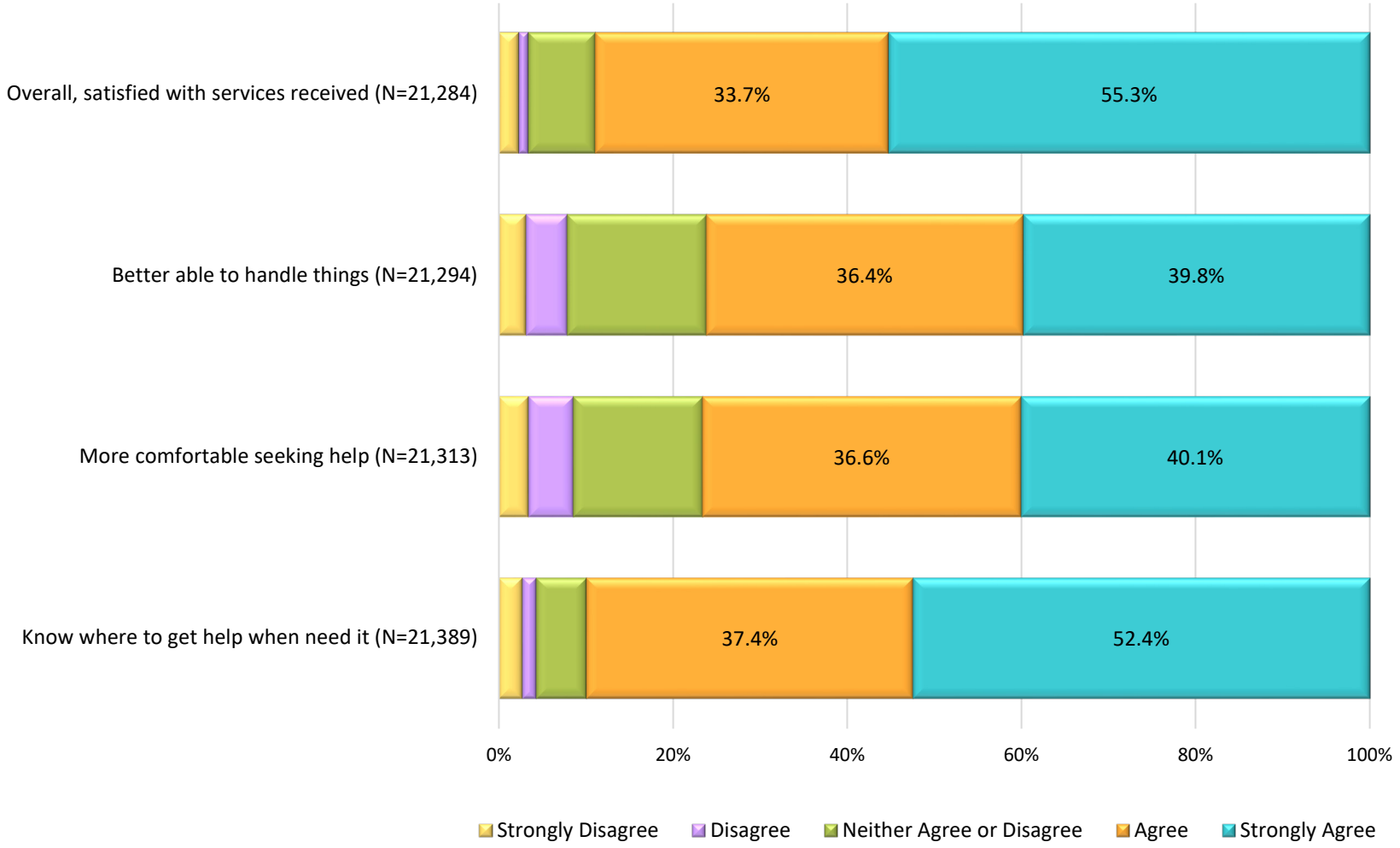
▲ = *Percentage point change from previous fiscal year.*

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

†Ethnicity was reported with race in previous years; percent change is unavailable.

MHSA Components, continued

CYF 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 (a secondary substance use diagnosis) and/or involvement with SUD.
- **Collateral services** include case consultations, teacher or other professional consultations, attendance at Individualized Education Program (IEP) meetings or any other conversations related to the client and treatment plan.
- **Crisis stabilization services** are short term and are provided by the Emergency Screening Unit (ESU) for children and adolescents throughout San Diego County. Services are available 24 hours / 7 days a week.
- **Day Services** are designed to provide alternatives to 24–hour care and supplement other modes of treatment and residential services. These service functions are the following:
  - (a) Day Care Intensive Services
  - (b) Day Care Habilitative Services
  - (c) Vocational Services
  - (d) Socialization Services

  NOTE: Authority cited: Section 5705.1, Welfare and Institutions Code. Reference: Section 5600, Welfare and Institutions Code.
- **Dual diagnosis** occurs when an individual has both a mental disorder and a substance abuse/dependency diagnosis.
- **Fee-for-Service providers** are primarily licensed **clinicians in private practice** who provide services to clients on a fee-for-service basis or through Medi-Cal coverage. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients. There are also two fee-for-service inpatient hospitals that provide services for children and adolescents in San Diego County (Aurora Hospital and Sharp Mesa Vista Hospital).
- **Full-service partnership (FSP)** programs are comprehensive programs funded by MHSA-CSS which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community.
- **Inpatient (IP) services** are delivered in psychiatric hospitals.

Glossary of Terms

- **Juvenile Forensic Services** are provided primarily in Probation institutions within San Diego County. Juvenile Forensic Services include assessment, individual therapy, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court (both dependents and delinquents). Services are provided throughout the County at sites including Juvenile Hall (Kearny Mesa and East Mesa) and Girls' Rehabilitation Facility, and Urban Camp.
- **Intensive Care Coordination (ICC) Services** facilitate assessment, care planning, and coordination of services.
- **Intensive Home Based Services (IHBS)** are rehab-like services with a focus on building functional skills.
- **Medication services** include medication evaluations and follow-up services.
- **Organizational providers** are community-based agencies and county-operated sites that are either part of the Health & Human Services Agency (HHSA) or have contracts with HHSA to provide mental health treatment services to specified target populations. These clinics can provide services to the general population, a specialized population or a population in a specific setting (e.g., school, home). Services are being delivered in almost 400 schools in 34 districts in San Diego County.
- **Outpatient services** are typically delivered in clinics, institutions, schools and homes.
- **Primary Diagnosis:** Primary Diagnosis was determined by identifying the last Priority 1 diagnosis assigned prior to the end of the current reporting period. ***Excluded*** diagnoses are those categorized as "excluded" by Title 9 (e.g., psychiatric disorders due to general medical conditions, autism, substance use disorders, learning disabilities). The ***Other*** category includes diagnoses such as Pervasive Developmental Disorder (PDD), Reactive Attachment Disorder, elimination disorders, and eating disorders. Excluded and Other diagnoses were combined for reporting purposes. ***Invalid*** diagnoses were either missing or not a valid psychiatric diagnosis. Diagnoses were then grouped into meaningful diagnostic categories according to the Title 9 Medical Necessity Criteria of the California Code of Regulations list of included diagnoses, the most recent DSM, and/or the most recent ICD. Only one primary diagnosis was indicated per client for these analyses. A Substance Use Disorder was assigned if a client had a priority 1 or 2 diagnosis that was substance related.
- **Therapeutic Behavioral Services (TBS)** include services conducted by paraprofessionals to assist youth in obtaining functional skills in the community, and are provided by programs with a TBS contract.
- **Therapy** includes individual, family, and group therapy.
- **Youth** refers to all children and adolescents (ages 0-17) and young adults (ages 18+) who received mental health services through CYFBHS providers.

Contact Us

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This report is available electronically in the Technical Resource Library at:
http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html
or in hard copy from BHSQIPIT@sdcounty.ca.gov

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

Appendices

Appendix A:

FY 2019-20 CYFBHS Factsheet

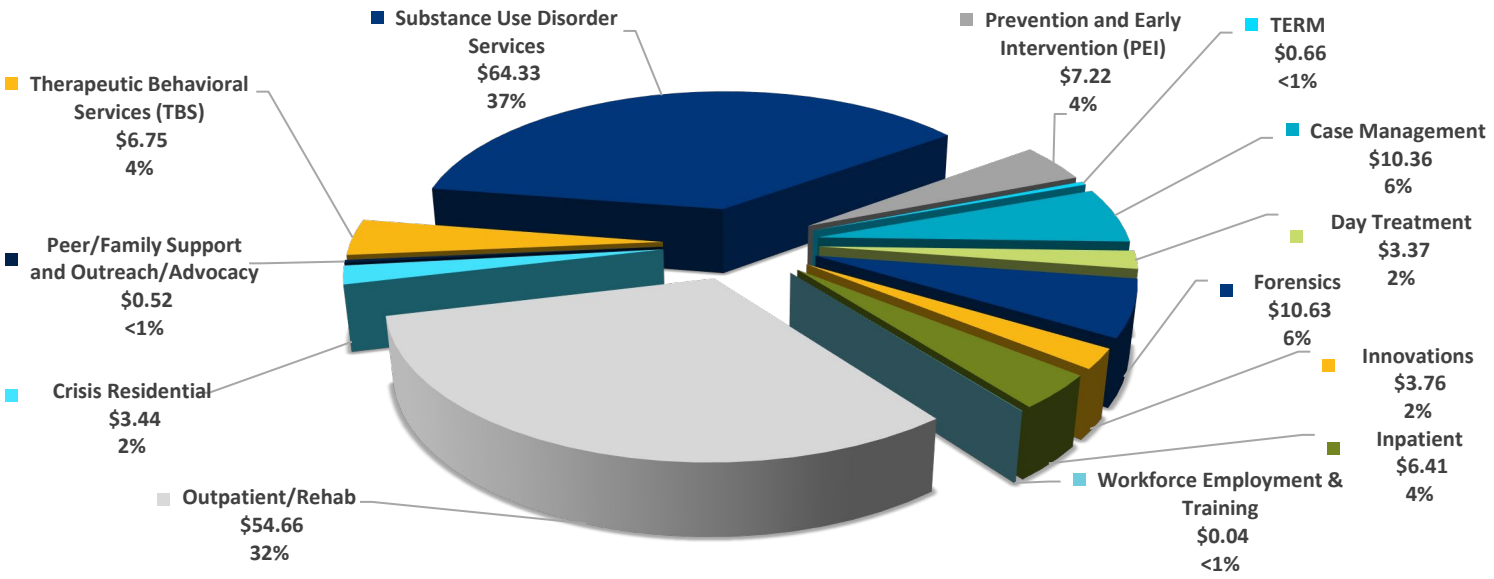
County of San Diego Health and Human Services Agency

Behavioral Health Services Fact Sheet for Fiscal Year (FY) 2019-20

Children, Youth, and Families Behavioral Health Services (CYFBHS)

CYFBHS Budget for FY 2019-20 = $172.15 million*

Direct Services Expenditures ($ in Millions)



**FY 2019-20 data is based on the level of care information that was extracted from BHS Financial Management System (Board), thus additional service categories were added.*
Data Source: COSD BHS Fiscal Management

Substance Use Disorder System of Care

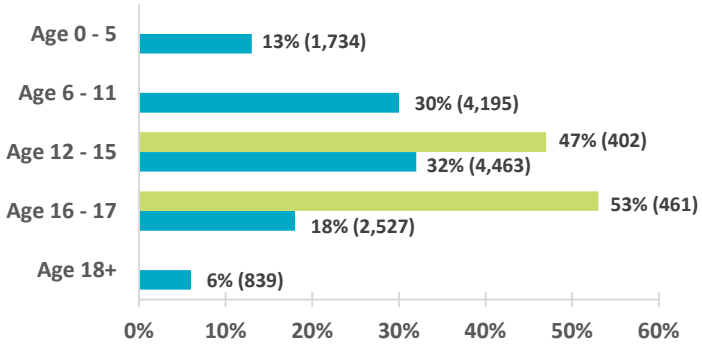
Mental Health System of Care

Children, Youth, and Families Demographics

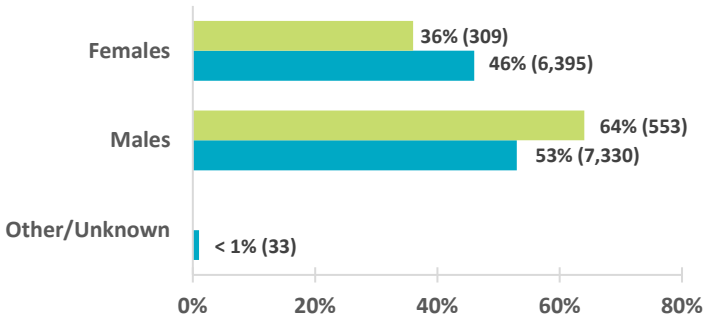
Unduplicated Substance Use Disorder Clients Served in FY 2019-20: 863

Unduplicated Mental Health Clients Served in FY 2019-20: 13,758

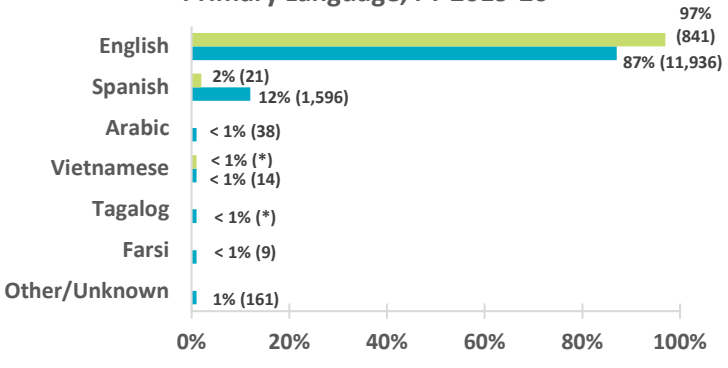
Age Distribution, FY 2019-20



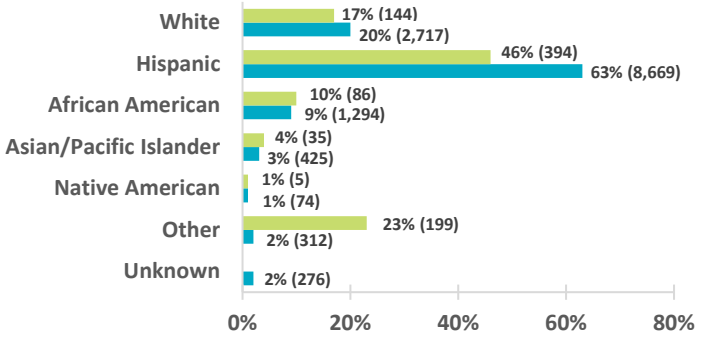
Gender Distribution, FY 2019-20



Primary Language, FY 2019-20



Race/Ethnicity, FY 2019-20



**Counts of clients less than five have been masked*

Note: Percentages may not sum to 100 due to rounding.
Data Source: CYFBHS Databook, FY 2019-20, SUD Databook Data, FY 2019-20

Source: HSRC (KR, ST)

Report date: 4/8/2021

Appendices

Appendix B:

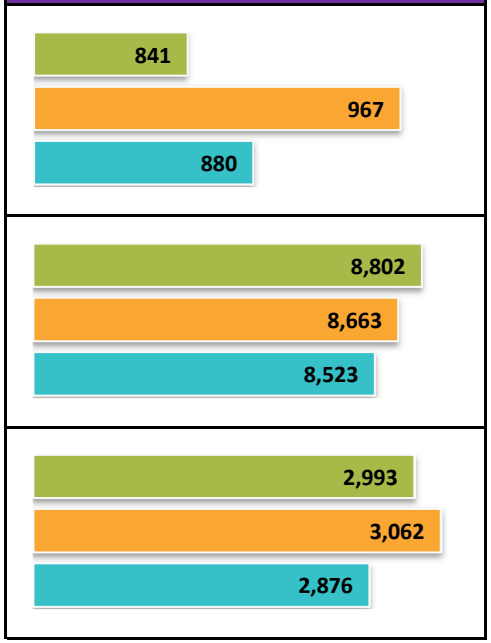
Hospital Dashboard 3 Year Trend

Hospital Dashboard 3 Year Trend

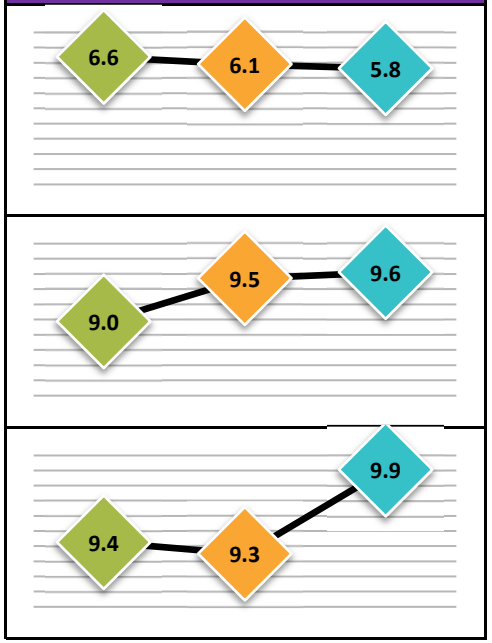
FY 2017-18 | FY 2018-19 | FY 2019-20

Days

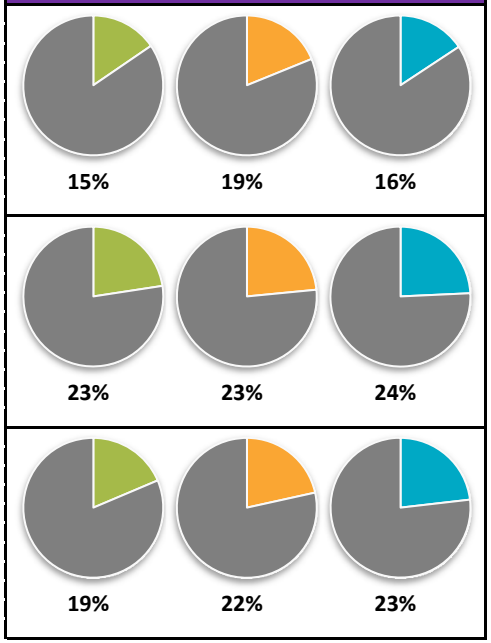
Discharges



Average Length of Stay



Readmission Rate



PERT

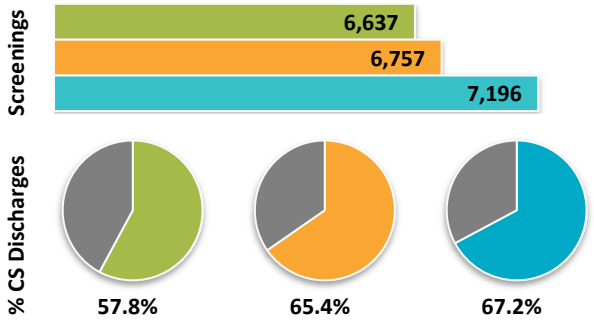
Children

Contacts	1,585	1,756	1,920
FFS & CAPS Admits	108	156	130
ESU Visits	255	470	506

Adults

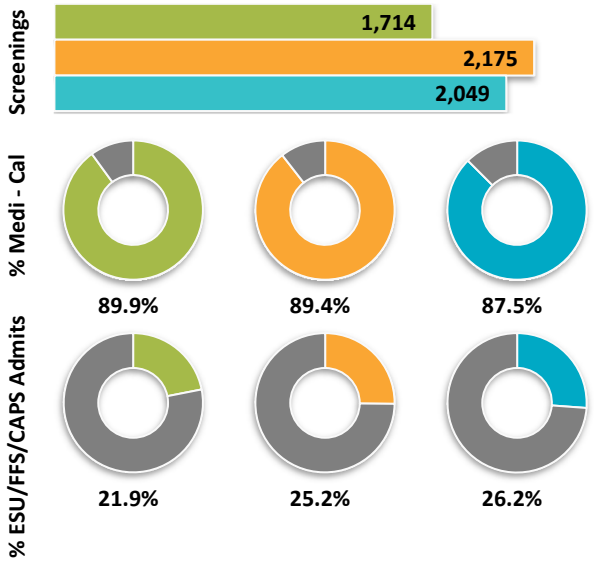
Contacts	8,569	9,737	11,142
FFS Admits	800	759	939
EPU Screenings	583	860	1,082
PERT-EPU-SDCPH	199	284	381

EPU



Medi-Cal Only	51.6%	54.4%	55.9%
Medicare Only	2.7%	3.3%	3.6%
Medi-Medi	10.3%	9.5%	8.5%
Other	35.3%	32.8%	31.9%

ESU



Performance Improvement Team
Analyzing the Past to Shape the Future

Data Source: CO-3A, CO3B, CO-3D, CO-22A, CO-4A, CO-4B, CO-22A, CO-3E, CO-26A, CO-26B, CO-26C. **BHS QI PIT (DK, DP) | 08/31/2020**

HHSA | LIVE WELL SAN DIEGO

Appendices

Appendix C:

Pathways to Well Being Dashboard

County of San Diego Behavioral Health Services

Pathways to Wellbeing Summary Report

Fiscal Years 16-17 thru 20-21

FY 2020-21 YTD (7/1/2020-1/31/2021) 7 Months of Data	Unduplicated Clients by Client Category	Clients by Services Type	
Category (One Category Per Unduplicated Client)	**Total**	**ICC**	**IHBS**
Katie A Subclass	692	506	195
Katie A Class	495	187	52
Unduplicated Non-CWS Clients		738	304
Total Clients		1,431	551
CFT Meetings			
Total CFT Meetings		5,774	

FY 2019-20 YTD (7/1/2019-6/30/2020)	Unduplicated Clients by Client Category	Clients by Services Type	
Category (One Category Per Unduplicated Client)	**Total**	**ICC**	**IHBS**
Katie A Subclass	813	621	198
Katie A Class	716	291	52
Unduplicated Non-CWS Clients		1,118	475
Total Clients		2,030	725
CFT Meetings			
Total CFT Meetings Unduplicated by Client And Service Date		7,697	

FY 2018-19 YTD (7/1/2018-6/30/2019)	Unduplicated Clients by Client Category	Clients by Services Type	
Category (One Category Per Unduplicated Client)	**Total**	**ICC**	**IHBS**
Katie A Subclass	703	583	182
Katie A Class	913	245	22
Unduplicated Non-CWS Clients		1,099	491
Total Clients		1,927	695
CFT Meetings			
Total CFT Meetings Unduplicated by Client And Service Date		7,583	

FY 2017-18 YTD (7/1/2017-6/30/2018)	Unduplicated Clients by Client Category	Clients by Services Type	
Category (One Category Per Unduplicated Client)	**Total**	**ICC**	**IHBS**
Katie A Subclass	717	548	191
Katie A Class	730	137	21
Unduplicated Non-CWS Clients		1,253	458
Total Clients		1,938	670
CFT Meetings			
Total CFT Meetings Unduplicated by Client And Service Date		1,215	

FY 2016-17 YTD (7/1/2016-6/30/2017)	Unduplicated Clients by Client Category	Clients by Services Type	
Category (One Category Per Unduplicated Client)	**Total**	**ICC**	**IHBS**

Katie A Subclass	787	654	242
Katie A Class	917	83	14
Unduplicated Non-CWS Clients		1,157	512
Total Clients		1,894	768
CFT Meetings			
Total CFT Meetings Unduplicated by Client And Service Date		1,807	

Appendices

Appendix D:

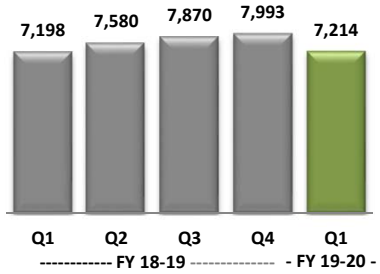
FY 2019-20 Performance Dashboards

Q1 Mental Health Performance Dashboard - CYF

FY 2019-20 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



7,214	Clients Served in Q1 (-9.7%)
331	Katie A. Class (-15.1%)
443	Katie A. Subclass (-2.0%)

Access

Mental Health	Average Number of Days for Access*	Psychiatric
0.5	Urgent Assessments	NA‡
3.7	Routine Assessments	7.6
Mental Health (Days)	**Average Access Times*† By Language**	**Psychiatric (Days)**
4.1	English (1,542 inquiries)	7.8
2.6	Spanish (258 inquiries)	4.5
2.5	Not Reported (204 inquiries)	NA‡
2.4	American Sign Language (5 inquiries)	NA‡
17.5	Arabic (4 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*

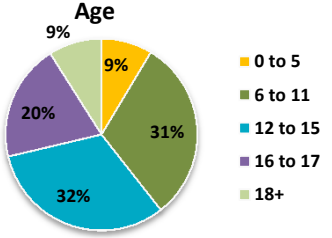
Mental Health Services	N	%	▲
Emergency/Crisis	424	6%	-1%
Inpatient	195	3%	1%
Juvenile Forensic Services	454	6%	-1%
Outpatient	6,353	88%	2%
Community Day Treatment	19	0%	-1%
Residential†	396	5%	0%
Therapeutic Behavioral Services	349	5%	0%
Wraparound	309	4%	0%

Inpatient Discharges (<18 years; N=221)	N	%	▲
Without Readmission	179	81%	-1%
30 Day Readmission	42	19%	1%
7 Day Connection to Services	129	58%	0%
30 Day Connection to Services	165	75%	5%

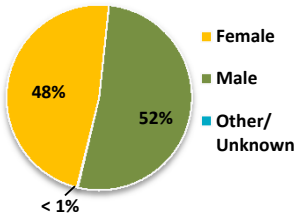
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics

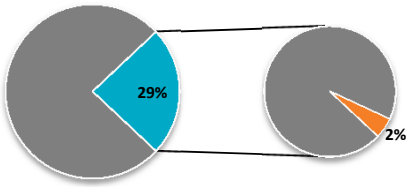
Age



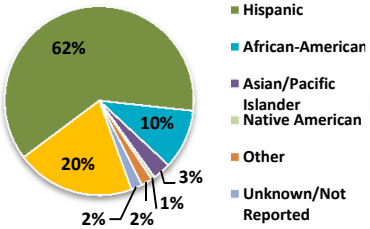
Gender



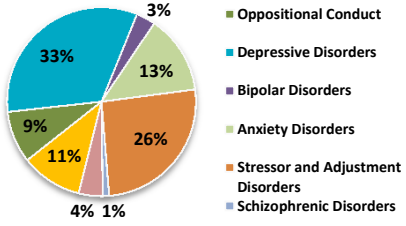
Client Population



Race/Ethnicity



Diagnosis



Substance Use (12+)

n = 298

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

Quality of Life

Client Indicator	▲
95% Attend School	0%
92% Are Insured by Medi-Cal†	1%
97% Are Housed	0%
80% Have a Primary Care Physician	-2%
52% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	N/A‡
53% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	N/A‡

▲= Percentage point change from previous quarter.
†Excludes clients receiving other types of insurance.
‡NA = Measurement of improvement was modified for FY 2019-20 and is not directly comparable to previous years.

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 10/2019 2)CYF mHOMS: PSC 10/2019 3) SDBHS : Q1 FY 2019-20 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q1 FY 2019-20 Client Services After Psychiatric Hospital Discharge Report

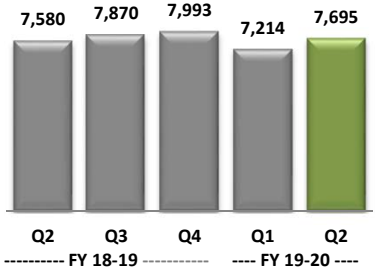
Revised Report Date: 3/02/2020

Q2 Mental Health Performance Dashboard - CYF

FY 2019-20 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



7,695	Clients Served in Q1 (6.7%)
312	Katie A. Class (-5.7%)
479	Katie A. Subclass (8.1%)

Access

Mental Health	Average Number of Days for Access*	Psychiatric
0.8	Urgent Assessments	NA‡
5.5	Routine Assessments	6.5
Mental Health (Days)	**Average Access Times† By Language**	**Psychiatric (Days)**
5.1	English (1695 inquiries)	6.3
5.1	Spanish (295 inquiries)	7.3
8.0	Not Reported (286 inquiries)	3.3
3.8	Arabic (11 inquiries)	NA‡
2.3	Other Non-English (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*

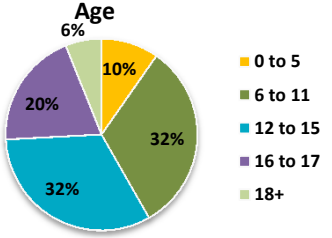
Mental Health Services	N	%	▲
Emergency/Crisis	551	7%	1%
Inpatient	215	3%	0%
Juvenile Forensic Services	462	6%	0%
Outpatient	6,779	88%	0%
Community Day Treatment	18	0%	0%
Residential†	373	5%	0%
Therapeutic Behavioral Services	306	4%	-1%
Wraparound	304	4%	0%

Inpatient Discharges (<18 years; N=238)	N	%	▲
Without Readmission	209	88%	7%
30 Day Readmission	29	12%	-7%
7 Day Connection to Services	112	47%	-11%
30 Day Connection to Services	150	63%	-12%

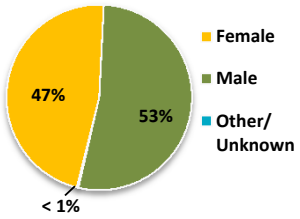
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics

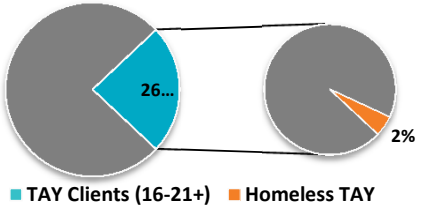
Age



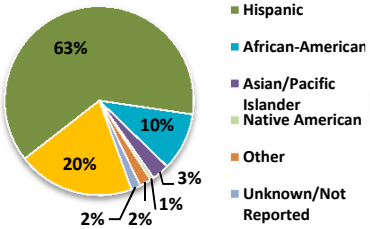
Gender



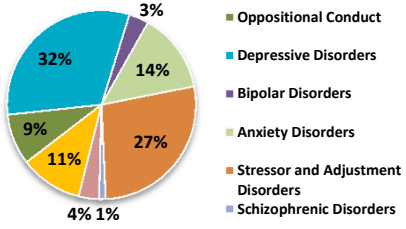
Client Population



Race/Ethnicity



Diagnosis



Substance Use (12+)

n = 289

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

Quality of Life

Client Indicator	▲
95% Attend School	0%
89% Are Insured by Medi-Cal†	-3%
98% Are Housed	1%
82% Have a Primary Care Physician	2%
54% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	2%
55% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	2%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 1/2020 2) CYF mHOMS: PSC 1/2020 3) SDBHS : Q2 FY 2019-20 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q2 FY 2019-20 Client Services After Psychiatric Hospital Discharge Report

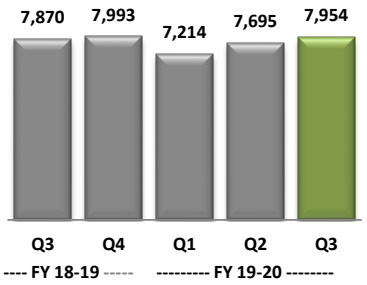
Report Date: 03/02/2020

Q3 Mental Health Performance Dashboard - CYF

FY 2019-20 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



7,954	Clients Served in Q3 (3.4%)
346	Katie A. Class (10.9%)
500	Katie A. Subclass (4.4%)

Access

Mental Health	Average Number of Days for Access*	Psychiatric
1.8	Urgent Assessments	NA‡
6.6	Routine Assessments	9.9

Mental Health (Days)	Average Access Times† By Language	Psychiatric (Days)
6.4	English (1766 inquiries)	9.9
6.3	Spanish (296 inquiries)	8.7
8.3	Not Reported (263 inquiries)	28
7.0	Other Non-English (5 inquiries)	NA‡
3.4	Arabic (5 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*

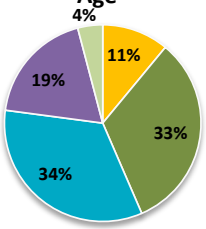
Mental Health Services	N	%	▲
Emergency/Crisis	496	6%	-1%
Inpatient	202	3%	0%
Juvenile Forensic Services	462	6%	0%
Outpatient	7,022	88%	0%
Community Day Treatment	20	0%	0%
Residential†	346	4%	-1%
Therapeutic Behavioral Services	322	4%	0%
Wraparound	320	4%	0%

Inpatient Discharges (<18 years; N=229)	N	%	▲
Without Readmission	189	83%	-5%
30 Day Readmission	40	17%	5%
7 Day Connection to Services	111	48%	1%
30 Day Connection to Services	144	63%	0%

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

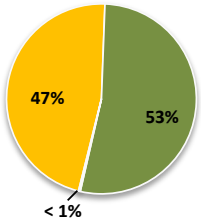
Demographics

Age



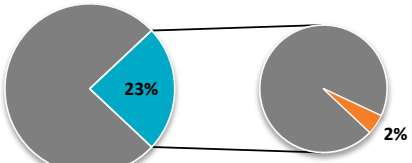
0 to 5
6 to 11
12 to 15
16 to 17
18+

Gender



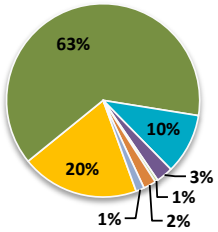
Female
Male
Other/ Unknown

Client Population



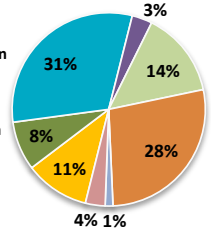
TAY Clients (16-21+)
Homeless TAY

Race/Ethnicity



White
Hispanic
African-American
Asian/Pacific Islander
Native American
Other
Unknown/Not Reported

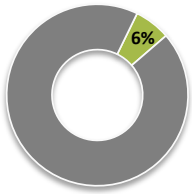
Diagnosis



ADHD
Oppositional Conduct
Depressive Disorders
Bipolar Disorders
Anxiety Disorders
Stressor and Adjustment Disorders
Schizophrenic Disorders
Other/ Excluded

Substance Use (12+)

n = 290



Substance Use

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

Quality of Life

Client Indicator	▲
94% Attend School	-1%
91% Are Insured by Medi-Cal†	2%
98% Are Housed	0%
82% Have a Primary Care Physician	0%
48% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-6%
53% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	-2%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 4/2020 2) CYF mHOMS: PSC 4/2020 3) SDBHS : Q3 FY 2019-20 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q3 FY 2019-20 Client Services After Psychiatric Hospital Discharge Report

Report Date: 06/03/2020

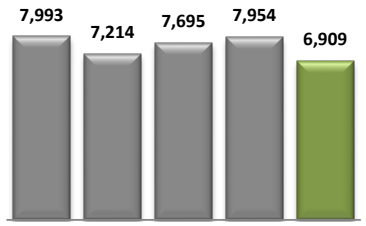
Q4 Mental Health Performance Dashboard - CYF

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

FY 2019-20 | **County of San Diego Behavioral Health Services** | **Children, Youth & Families**

Client Counts

Clients Served



6,909	Clients Served in Q4 (-13.1%)
257	Katie A. Class (-25.7%)
487	Katie A. Subclass (-2.6%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
1.5	Urgent Assessments	NA‡
5.5	Routine Assessments	5.8

Mental Health (Days)	Average Access Times† By Language	Psychiatric (Days)
5.0	English (988 inquiries)	5.6
9.9	Spanish (134 inquiries)	6.9
4.3	Not Reported (128 inquiries)	NA‡
6.0	Arabic (3 inquiries)	NA‡
21.0	Farsi (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*

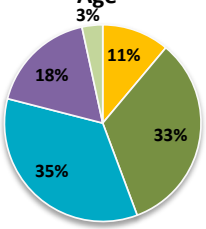
Mental Health Services	N	%	▲
Emergency/Crisis	316	5%	-1%
Inpatient	163	2%	-1%
Juvenile Forensic Services	342	5%	-1%
Outpatient	6,064	88%	0%
Community Day Treatment	0	0%	0%
Residential†	329	5%	1%
Therapeutic Behavioral Services	292	4%	0%
Wraparound	316	5%	1%

Inpatient Discharges (<18 years; N=179)	N	%	▲
Without Readmission	154	86%	3%
30 Day Readmission	25	14%	-3%
7 Day Connection to Services	81	45%	-3%
30 Day Connection to Services	118	66%	3%

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

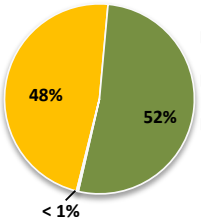
Demographics

Age



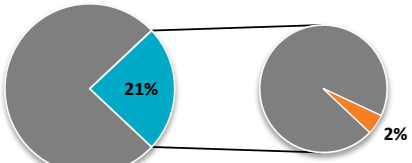
0 to 5
6 to 11
12 to 15
16 to 17
18+

Gender



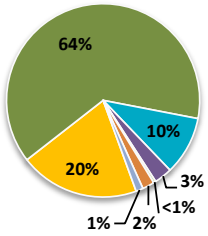
Female
Male
Other/ Unknown

Client Population



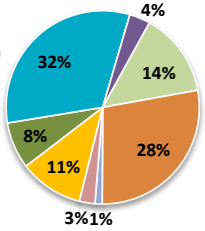
TAY Clients (16-21+)
Homeless TAY

Race/Ethnicity



White
Hispanic
African-American
Asian/Pacific Islander
Native American
Other
Unknown/Not Reported

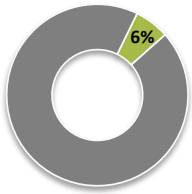
Diagnosis



ADHD
Oppositional Conduct
Depressive Disorders
Bipolar Disorders
Anxiety Disorders
Stressor and Adjustment Disorders
Schizophrenic Disorders
Other/ Excluded

Substance Use (12+)

n = 239



Substance Use

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

Quality of Life

Client Indicator	▲
94% Attend School	0%
92% Are Insured by Medi-Cal†	1%
99% Are Housed	1%
83% Have a Primary Care Physician	1%
54% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	6%
55% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	2%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 7/2020 2) CYF mHOMS: PSC 7/2020 3) SDBHS : Q4 FY 2019-20 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q4 FY 2019-20 Client Services After Psychiatric Hospital Discharge Report

Report Date: 08/28/2020

Appendices

Appendix E:

FY 2019-20 Special Populations

FY 2019-20 Special Populations Report - CYF

County of San Diego Behavioral Health Services

Children, Youth & Families

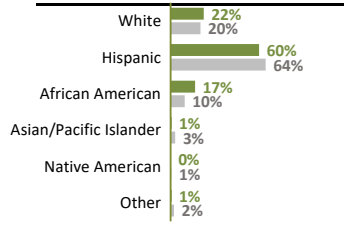
Homeless (1% n=170)

HOMELESS CYF

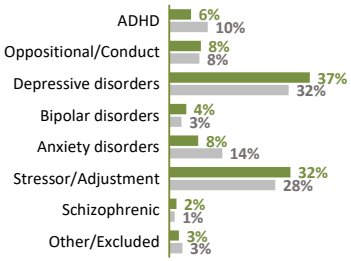
LOC	%	CYF%
Outpatient Services	82%	91%
JFS	4%	7%
Wraparound	6%	4%
TBS	3%	5%
Community Day Tx	0%	<1%
Residential	3%	5%
Emergency/Crisis	8%	10%
Inpatient	3%	5%

Insurance	%	CYF%
Medi-Cal Only	89%	91%
Any Private Insurance	1%	2%
Other	1%	2%
Uninsured/Unknown	9%	5%

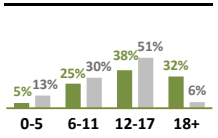
Race/Ethnicity



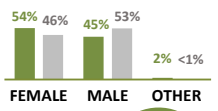
Diagnosis



Age



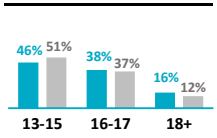
Gender



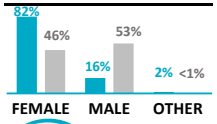
LGBTQ (8% n=1,121)

LGBTQ CYF

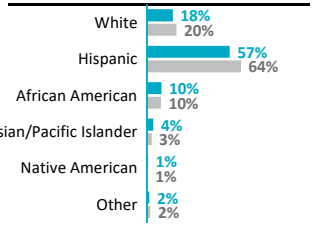
Age



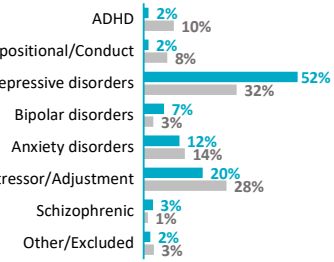
Gender



Race/Ethnicity

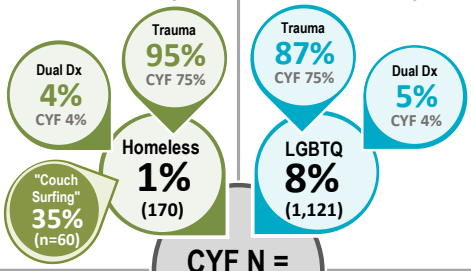


Diagnosis



LOC	%	CYF%
Outpatient Services	86%	91%
JFS	4%	7%
Wraparound	7%	4%
TBS	5%	5%
Community Day Tx	<1%	<1%
Residential	11%	5%
Emergency/Crisis	26%	10%
Inpatient	13%	5%

Orientation	13-15	16-17	18+
Bisexual	23%	20%	9%
Gay	2%	3%	1%
Lesbian	3%	3%	2%
Queer	0%	<1%	<1%
Questioning	11%	5%	1%
Transgender	2%	2%	<1%
Other	6%	4%	2%



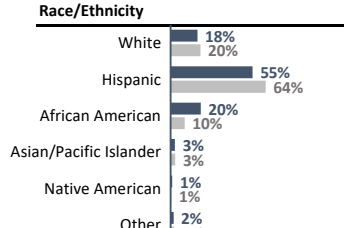
Probation & CYFBHS (5% n=711)

PROBATION/CYF CYF

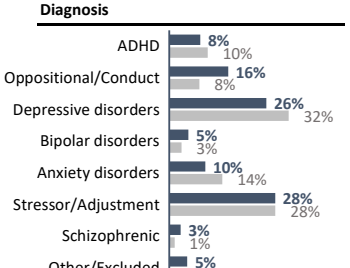
LOC	%	CYF%
Outpatient Services	81%	91%
JFS	64%	7%
Wraparound	19%	4%
TBS	<1%	5%
Community Day Tx	1%	<1%
Residential	6%	5%
Emergency/Crisis	4%	10%
Inpatient	2%	5%

Insurance	%	CYF%
Medi-Cal Only	82%	91%
Any Private Insurance	5%	2%
Other	2%	2%
Uninsured/Unknown	11%	5%

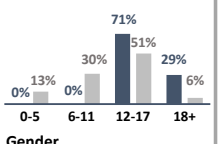
Race/Ethnicity



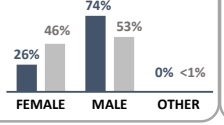
Diagnosis



Age



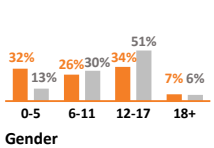
Gender



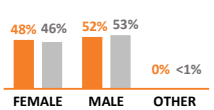
Child Welfare Services & CYFBHS (14% n=1,902)

CWS/CYF CYF

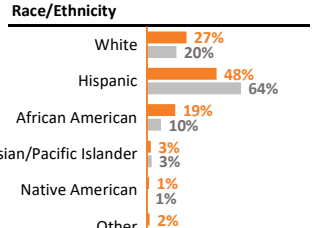
Age



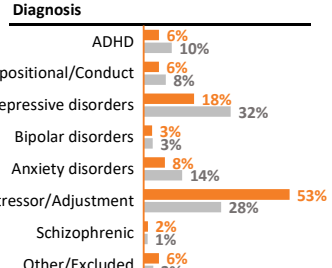
Gender



Race/Ethnicity

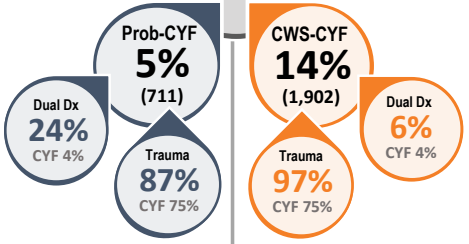


Diagnosis



LOC	%	CYF%
Outpatient Services	86%	91%
JFS	10%	7%
Wraparound	8%	4%
TBS	6%	5%
Community Day Tx	<1%	<1%
Residential	23%	5%
Emergency/Crisis	7%	10%
Inpatient	4%	5%

Insurance	%	CYF%
Medi-Cal Only	96%	91%
Any Private Insurance	2%	2%
Other	1%	2%
Uninsured/Unknown	1%	5%



Special Population Report | Source: CASRC | Data Source: CCBH 10/2020, Probation extract 11/2020, Child Welfare Services extract 12/2020
Note: This report is limited to Mental Health Services clients. | ***Please note: Data may be impacted starting March 2020 due to COVID-19.***

Report Date: 2/25/2021

Appendices

Appendix F:

FY 2019-20 Areas of Influence Report

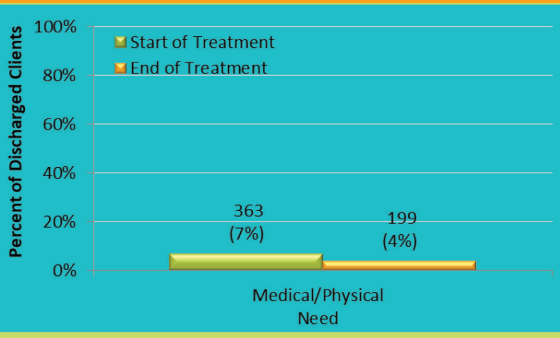
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2019-20

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2019 and June 2020. 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=5,245)

Physical activity
Connection to Health Home
Healthy Food
Immunizations

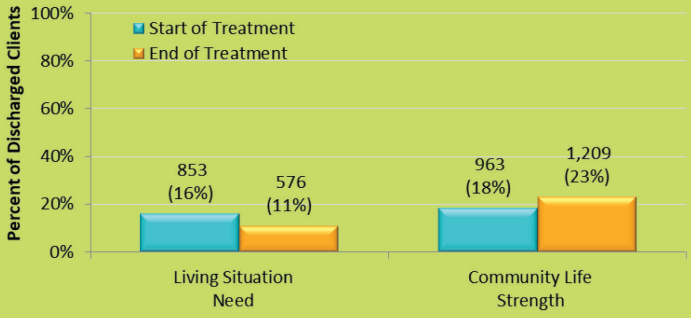


CANS items
Medical/Physical Need

COMMUNITY (N=5,245)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

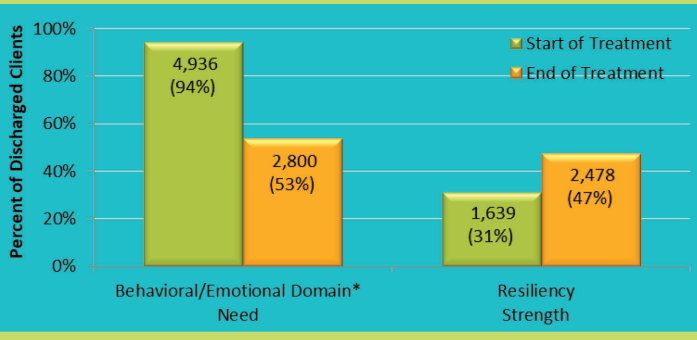
CANS items
Living Situation Need
Community Life Strength



STANDARD OF LIVING (N=5,245)

Access to Healthcare
Access to Behavioral Health Services

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

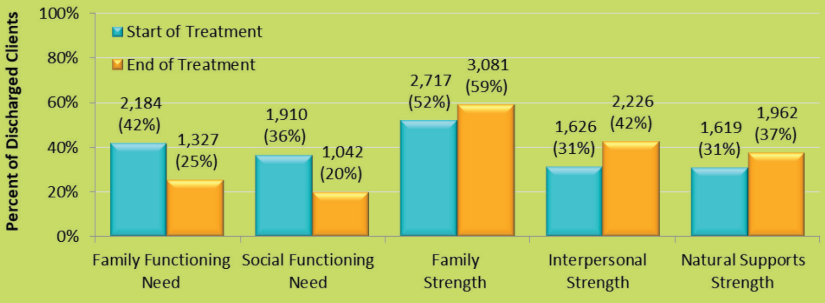


CANS items
Behavioral/Emotional Need
Resiliency Strength

SOCIAL (N=5,245)

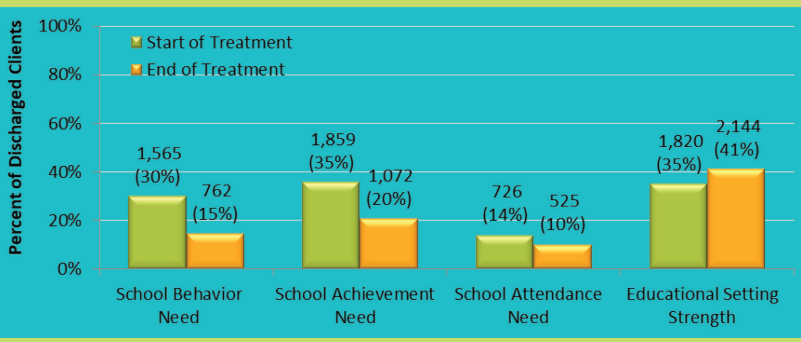
Supportive Families
Nurturing Communities
Connection to Natural Supports

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



KNOWLEDGE (N=5,245)

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
COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY
LIVE WELL SAN DIEGO
CASRC Child and Adolescent Services Research Center