

County of San Diego

Health and Human Services Agency



Children, Youth & Families Behavioral Health Services

Systemwide Annual Mental Health Services Report, FY 2014-15

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.

Children, Youth & Families Behavioral Health Services Systemwide Annual Report

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Introduction

San Diego County

As of the 2010 census, San Diego County was home to 3,095,313 residents, 724,918 (23%) of whom were under the age of 18. In 2014, the total Medi-Cal population for the County was 705,080 residents, 314,425 (45%) of whom were ages 0-17 years.

Systemwide Annual Report

This report summarizes cumulative system demographics and clinical outcomes for children and adolescents served by the County of San Diego's Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year (FY) 2014-15 (July 2014-June 2015). CYFBHS primarily serves children and adolescents ranging in age from 0 to 17 years old, with a small number of programs serving young adults ages 18 and older. The focus of this report is on mental health treatment level services.

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 is a comprehensive, integrated, community-based, culturally competent, family-centered, trauma informed, strength driven, and clinically sound structure for delivery of behavioral health and related supportive services to the children of San Diego County. The CYFBHSOC takes a broad approach, having evolved over time through the collaboration of its four strong sector partnerships: families and youth receiving services, public sector agencies, private providers, and the education system, with a recognition of the value of the faith-based communities. The multi-sector CYFBHSOC Council meets on a monthly basis to provide community oversight for the System of Care.

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 2014-15, CYFBHS served youth with severe behavioral health needs through two provider systems distributed throughout San Diego County: Organizational Providers and Fee-for-Service Providers.



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
- ❖ Emergency Services
- ❖ Inpatient care

Note: Discrepancies between service data in the FY 2014-15 Annual Report and the FY 2014-15 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.

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS) Fiscal Year 2014-15

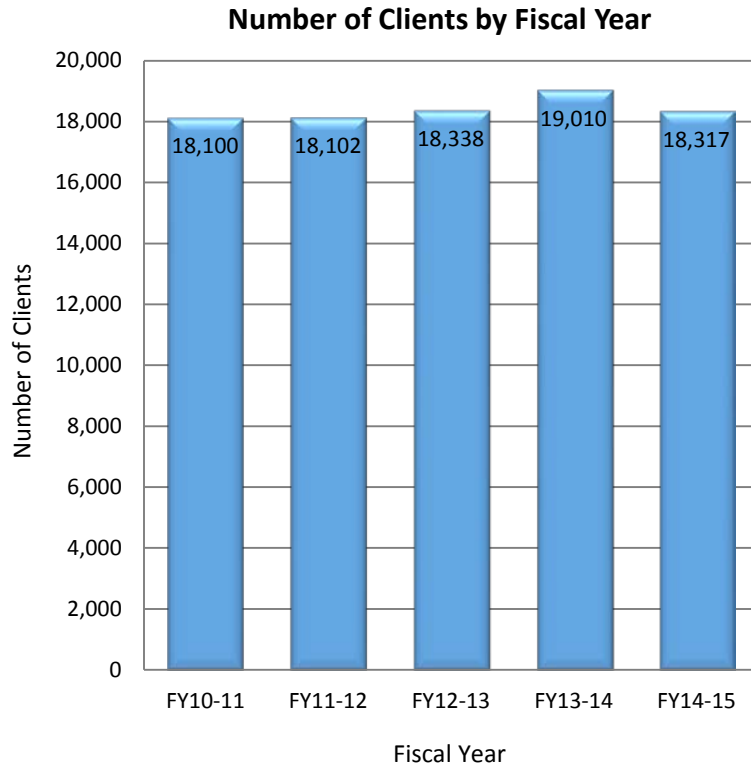
1. 18,317 youth received services through the San Diego County CYFBHS system, a 3.7% decrease from the 19,010 served in FY 2013-14.
2. 56% of clients were male. The proportion of females served continues to increase steadily over time; from 38% in FY 2010-11 to 44% in FY 2014-15.
3. 56% of clients were Hispanic, consistent with 56% in FY 2012-13 and FY 2013-14. By comparison, 60% of youth Medi-Cal beneficiaries were Hispanic.
4. 73% of youth served by CYFBHS lived in a family home or apartment at some point during FY 2014-15, compared to 75% in FY 2013-14.
5. The four most common diagnoses were stressor and adjustment disorders, depressive disorders, oppositional/conduct disorders, and attention deficit hyperactivity disorder (ADHD).
 - Diagnostic categories were reclassified in FY 2014-15 to align with ICD-10 and are therefore not directly comparable to diagnosis distribution in previous years.
 - There were considerable differences in the distribution of diagnoses by racial/ethnic groups.
6. 1,240 (7%) clients had substance abuse issues, defined as a dual diagnosis and/or involvement with Alcohol and Drug Services (ADS). This is comparable to 1,392 (7%) clients with substance abuse issues in FY 2013-14.
 - 917 (74%) clients with substance abuse issues were 16 years of age or older.
 - 540 (44%) clients with substance abuse issues received treatment from ADS during the fiscal year.
 - 223 (41%) of the 540 CYFBHS clients who received ADS services in FY 2014-15 were identified as having a dual diagnosis by their mental health provider.
7. 86% of clients were insured by Medi-Cal, an increase from 79% in FY 2013-14.

Key Findings, continued

8. 15,748 (86%) clients had health coverage exclusively by Medi-Cal in FY 2014-15; an increase from 14,920 (79%) in FY 2013-14.
9. The percentage of clients receiving Outpatient Assessment services *increased* over the past fiscal year; the percentage of clients receiving Outpatient Medication Support services *decreased* over the past fiscal year. On average, clients received 8.3 hours of Outpatient Therapy services in FY 2014-15, compared to 8.7 hours in FY 2013-14.
 - Fewer clients received Day Treatment services (5.0% as compared to 6.6% in FY 2013-14); however, average Day Treatment service hours increased by 20%, from 74.7 hours in FY 2013-14 to 89.3 hours in FY 2014-15.
10. 787 (4.3%) clients used Inpatient (IP) services in FY 2014-15, a slight decrease from 839 (4.4%) of clients in FY 2013-14.
 - 174 (22%) of 787 IP clients received multiple IP services within the fiscal year, a decrease from 207 (25%) of 839 in FY 2013-14. The proportion of these clients re-admitted to IP services within 30 days of the previous IP discharge decreased from 87 (42%) of 207 in FY 2013-14 to 62 (36%) of 174 in FY 2014-15.
11. 827 (4.5%) clients used Emergency Screening unit (ESU) services in FY 2014-15, a decrease from 1,125 (5.9%) of clients in FY 2013-14.
 - 139 (17%) of 827 ESU clients had multiple ESU visits within the fiscal year; a decrease from 226 (20%) of 1,125 in FY 2013-14. The proportion of these clients readmitted to ESU services within 30 days of the previous ESU discharge increased from 109 (48%) of 226 in FY 2013-14 to 75 (54%) of 139 in FY 2014-15.
12. Youth experienced improvements in behavior, emotional well-being, and social competence following receipt of mental health services, as measured by the CAMS (Child and Adolescent Measurement System), the CFARS (Children's Functional Assessment Rating Scale), and the ECBI (Eyberg Child Behavior Inventory) assessment tools.

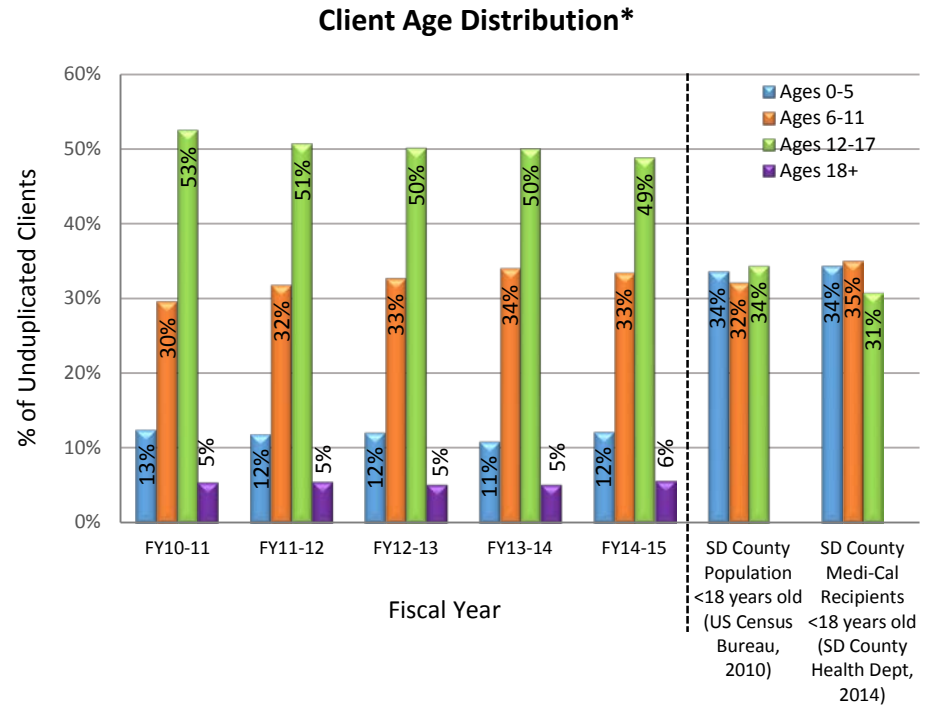
Who Are We Serving?

Number of Clients



❖ In FY 2014-15, CYFBHS delivered treatment services to more than 18,300 youth.

Age of Clients



- ❖ Adolescents (12-17 years) comprised nearly half of the CYFBHS population.
- ❖ School-age clients (6-11 years) comprised 33% of the CYFBHS population.
- ❖ Children ages 0-5 comprised 12% of the CYFBHS population.

*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

Who Are We Serving?

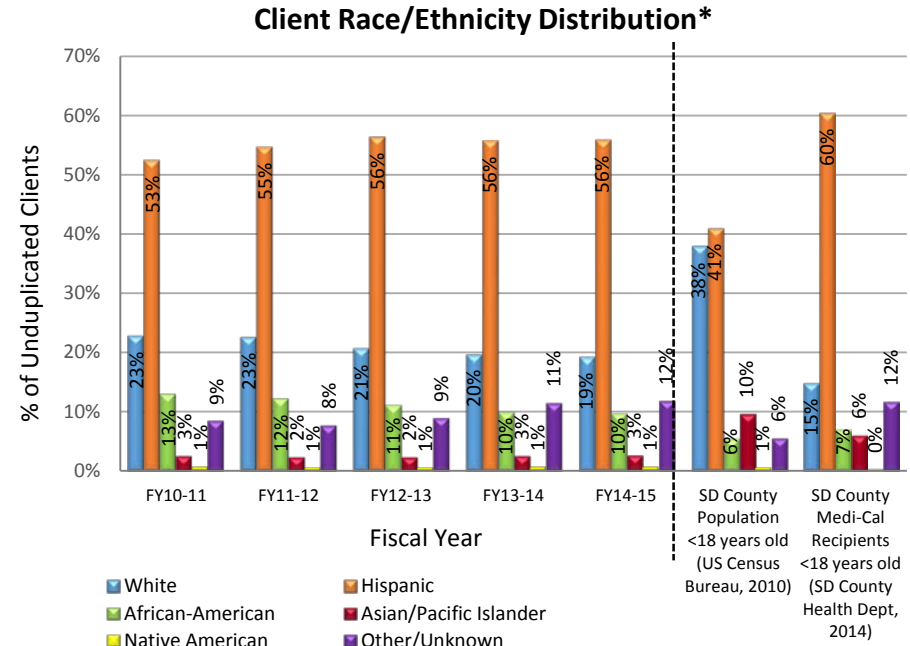
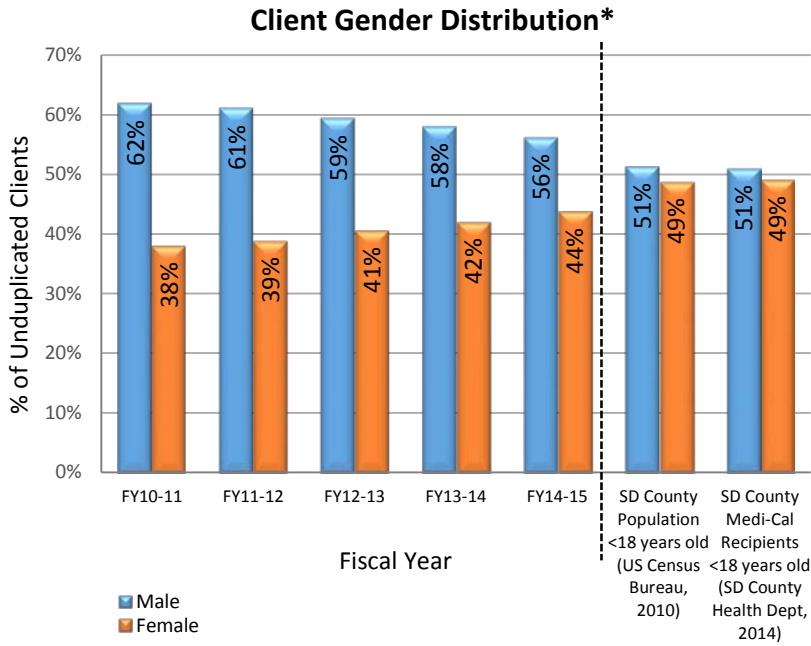
Fifty-six percent of clients were male, whereas the County youth population was more evenly divided between males and females. The majority of clients were of Hispanic ethnicity.

Client Gender

- ❖ 10,269 (56%) clients who received CYFBHS services in FY 2014-15 were male.
- ❖ The male to female client ratio is not reflective of San Diego County general or Medi-Cal youth populations, which are more evenly distributed.
- ❖ The gender gap has narrowed by half over the past four years.

Client Race & Ethnicity

- ❖ 10,205 (56%) clients who received CYFBHS services in FY 2014-15 identified themselves 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.



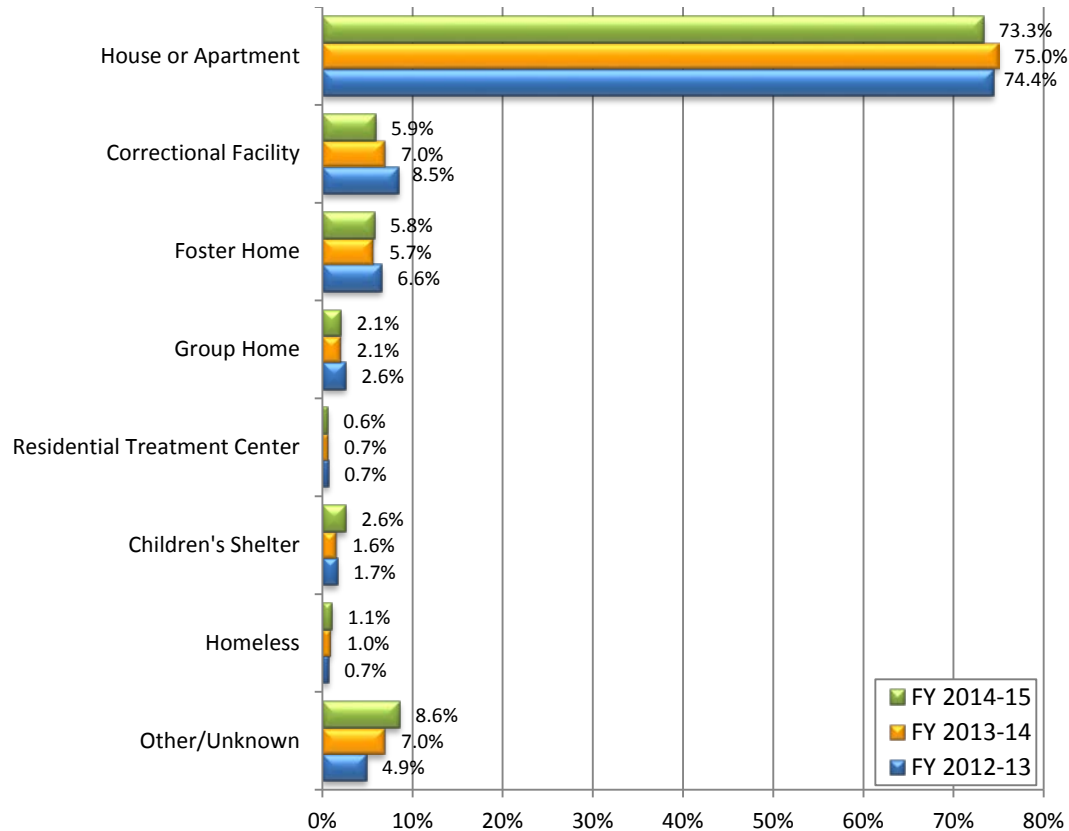
*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

Who Are We Serving?

Client Living Situation*

Seventy-three percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2014-15.

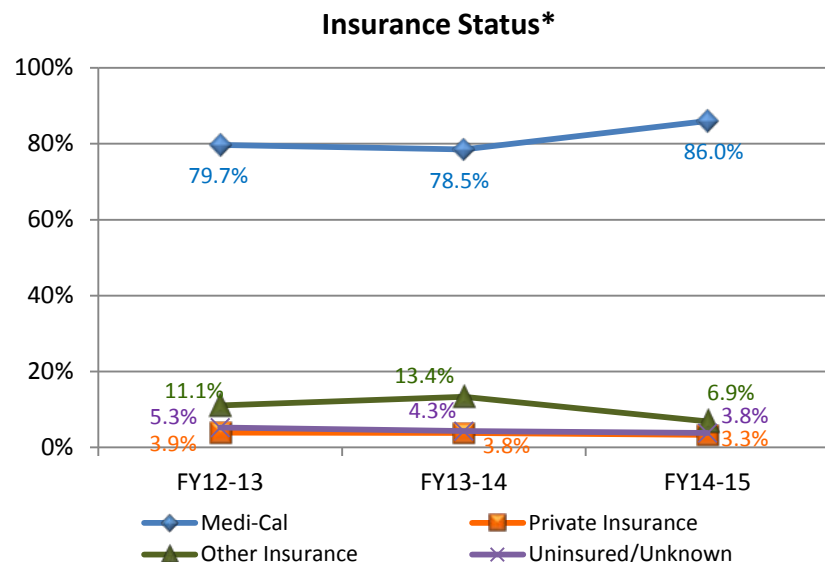


*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

Who Are We Serving?

Health Care Coverage

15,748 (86%) children and youth who received services from CYFBHS during FY 2014-15 were covered exclusively by Medi-Cal; an increase from 14,920 (79%) in FY 2013-14.



*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

Primary Care Physician (PCP) Status†

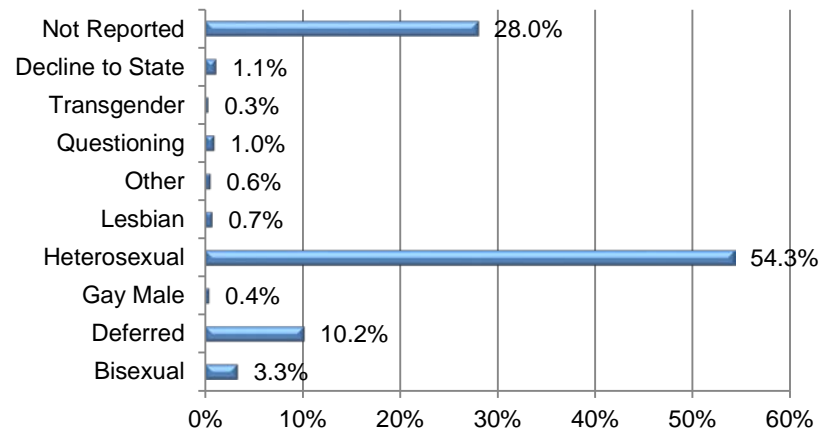
Of the 14,487 clients for whom PCP status was known, 13,453 (93%) had a PCP in FY 2014-15; an increase from 91% in FY 2013-14.

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

‡Starting in FY 2015-16, clinicians will be required to enter information about client trauma history.

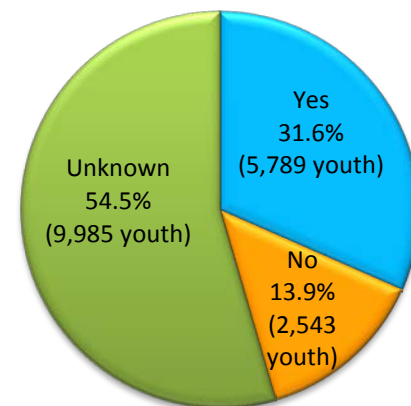
Sexual Orientation‡

Of 8,696 CYFBHS clients **age 13 or older**, 4,723 (54%) were reported to be heterosexual. Sexual orientation was unreported or deferred for 38% of the 13+ population.



History of Trauma‡

Previous experience of traumatic events was reported by clinicians for 8,332 clients (45% of the CYFBHS population) in FY 2014-15; of these clients, 5,789 (32% of the CYFBHS population) had a history of trauma.



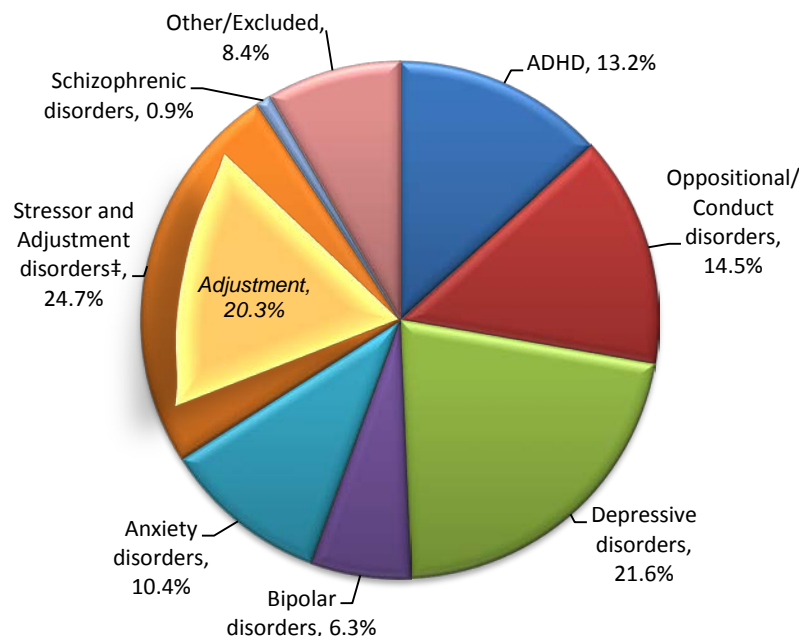
Who Are We Serving?

Clients were diagnosed with a variety of disorders, and 7% were identified as having a co-occurring substance abuse issue.

Primary Diagnosis*†

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

- ❖ Stressor and Adjustment disorders (24.7%)
- ❖ Depressive disorders (21.6%)
- ❖ Oppositional/Conduct disorders (14.5%)
- ❖ ADHD (13.2%)



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2015; or, the most recent valid diagnosis.

†Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

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

Co-occurring Substance Abuse

In the CYFBHS system, co-occurring substance abuse is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS).

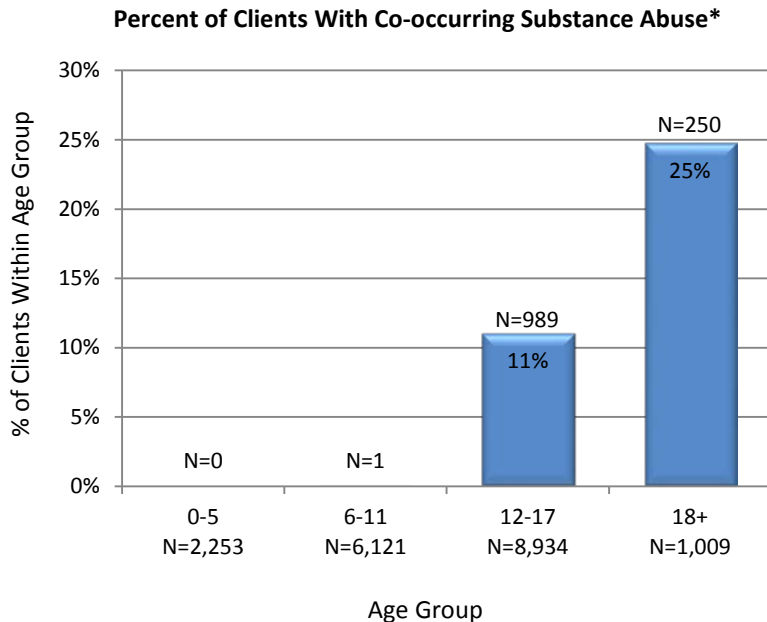
- 1,240 CYFBHS youth had a co-occurring substance abuse issue in FY 2014-15. This represents **6.8%** of the CYFBHS population, compared to 1,392 (7.3%) of 19,010 in FY 2013-14.
- 923 CYFBHS youth had a dual diagnosis in FY 2014-15. This represents **5%** of the CYFBHS population, and **74%** of the 1,240 CYFBHS youth with a co-occurring substance abuse issue. These youth may have received substance abuse counseling as part of their EPSDT mental health services.
- 540 CYFBHS youth received services from ADS in FY 2014-15. This represents **44%** of the 1,240 CYFBHS youth with a co-occurring substance abuse issue, compared to 650 (47%) of 1,392 in FY 2013-14.
 - Of these 540 youth who received services from both CYFBHS and ADS, 223 (41%) were identified as having a dual diagnosis by their mental health provider. This is an increase from 35% in the previous fiscal year.

Who Are We Serving?

Eighty percent of clients with a co-occurring substance abuse problem were ages 12-17 and the majority (61%) were Hispanic.

Co-occurring Substance Abuse—Age

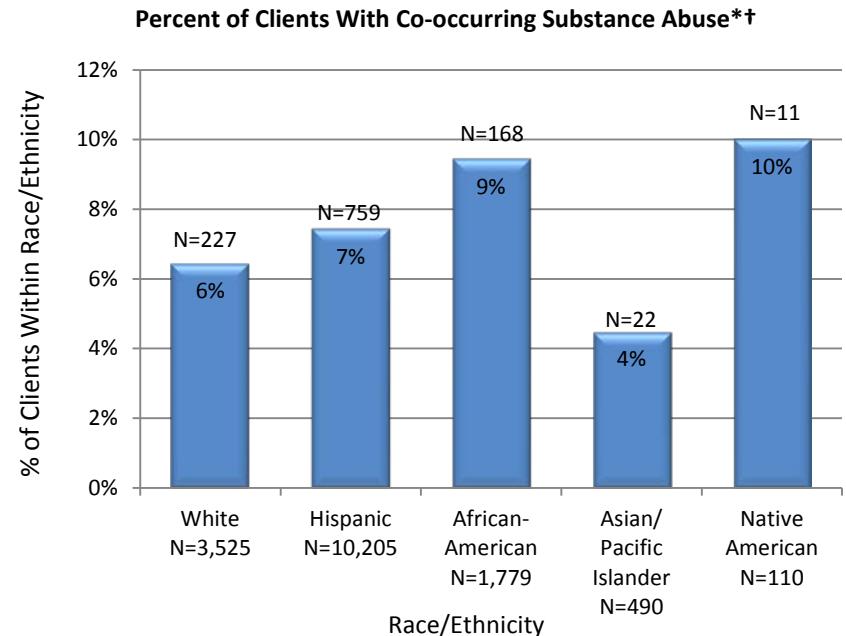
Twenty-five percent of youth ages 18 and older, and 11% of youth ages 12-17, who received services from CYFBHS in FY 2014-15 were identified as having a substance abuse issue through a substance abuse diagnosis and/or enrollment in an ADS program.



*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

Co-occurring Substance Abuse—Race/Ethnicity

Native American youth served by CYFBHS had the highest proportion of co-occurring substance abuse (11 of 110 clients), while Asian/Pacific Islanders had the lowest proportion (22 of 490 clients).



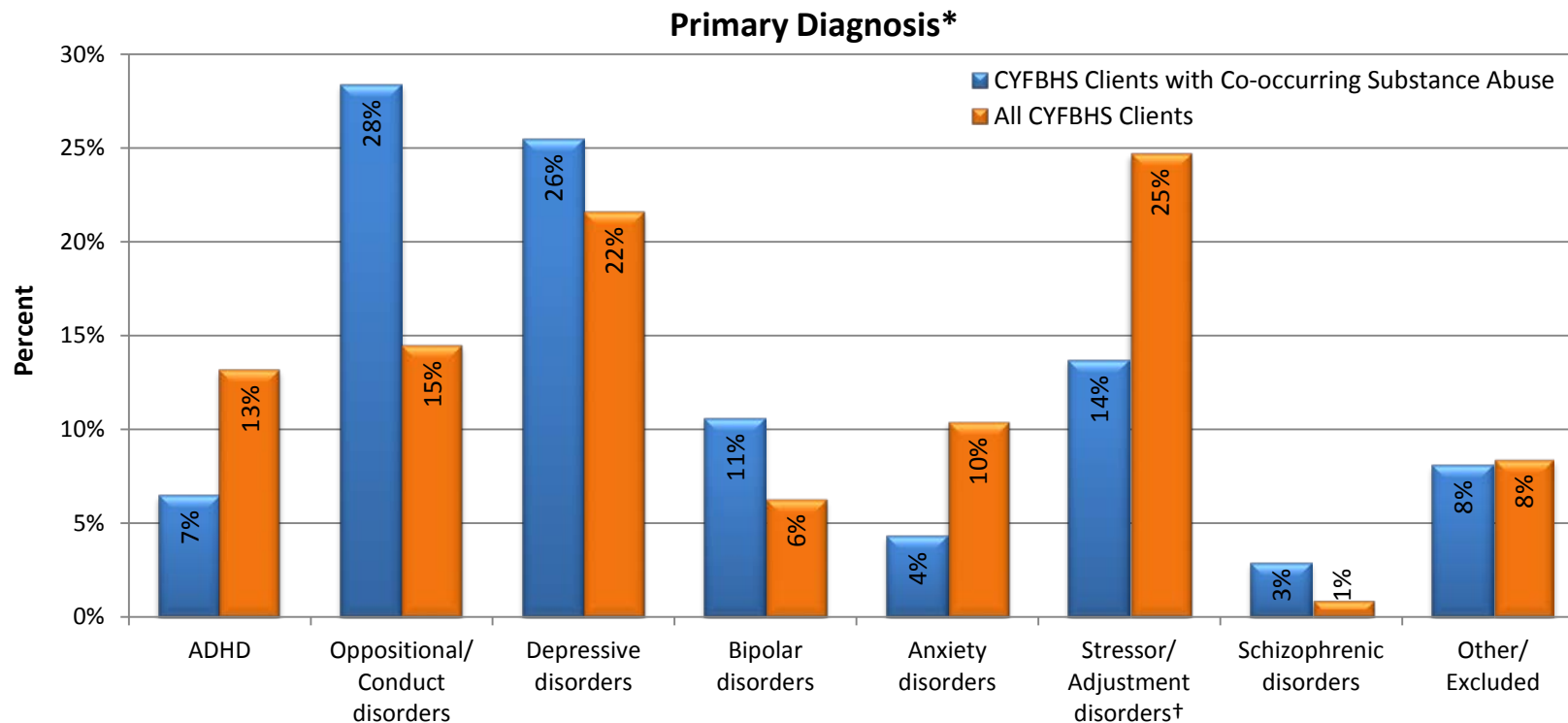
*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

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

Who Are We Serving?

Co-occurring Substance Abuse—Primary Diagnosis

Youth with co-occurring substance use problems were far more likely to have an Oppositional/Conduct disorder than youth in CYFBHS overall: 28% (337 of 1,185) vs. 15% (2,505 of 17,256), respectively. This pattern has been consistent over the past five years.



*Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

†In alignment with ICD-10 and DSM-V, 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

Transition Age Youth

4,363 Transition-Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served by CYFBHS in FY 2014-15.

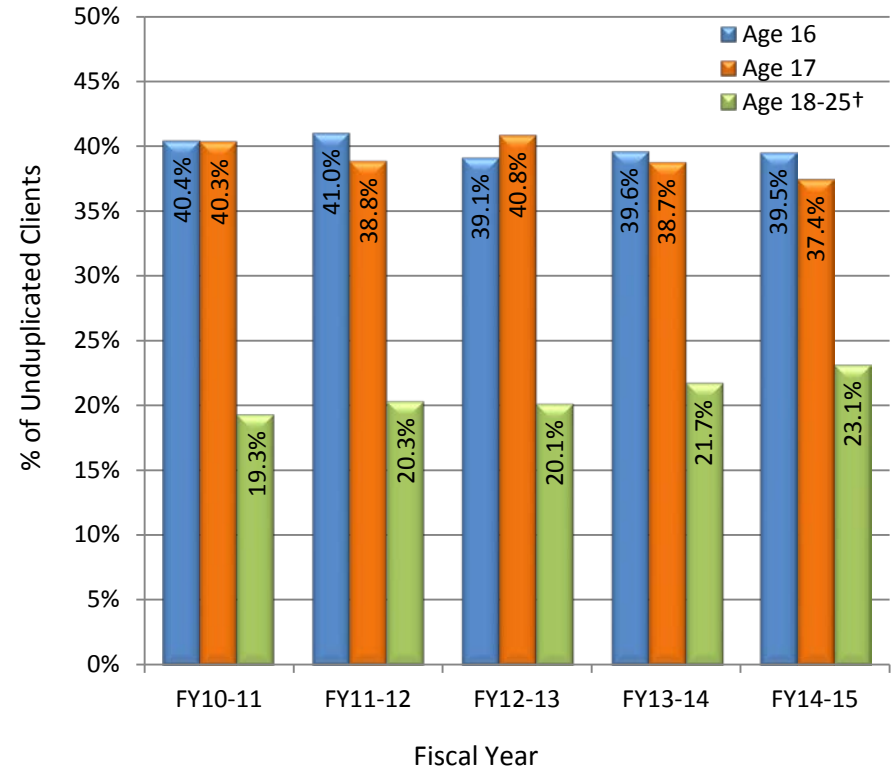
❖ 3,356 (77%) TAY clients served by CYFBHS were ages 16-17.

❖ The proportion of TAY clients ages 18-25 served by CYFBHS has increased over the past five years, from 19% in FY 2010-11 to 23% in FY 2014-15.



Age of TAY Clients

TAY Age Distribution*



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

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

Who Are We Serving? Transition Age Youth

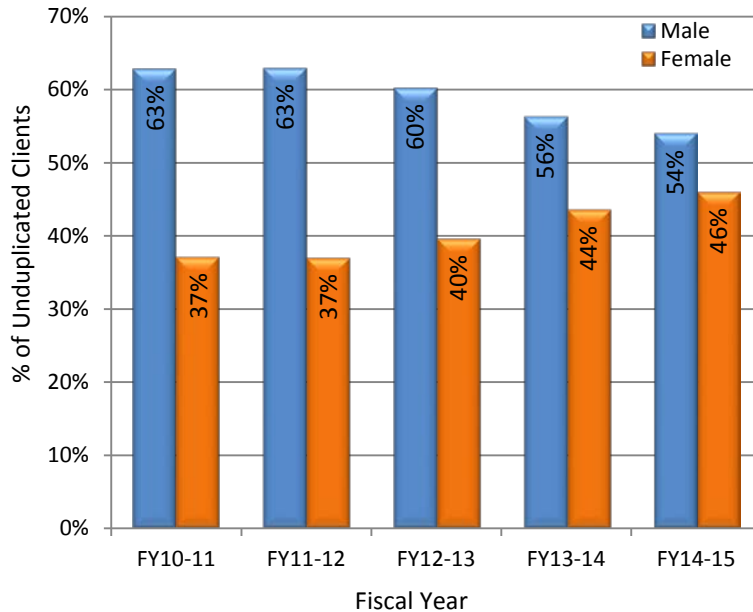
TAY Client Gender

- ❖ 2,349 (54%) TAY clients who received CYFBHS services in FY 2014-15 were male.
- ❖ The male to female client ratio of the TAY population is comparable to the CYFBHS system as a whole.
- ❖ The gender gap has narrowed dramatically among the TAY population in the past four years.

TAY Client Race & Ethnicity

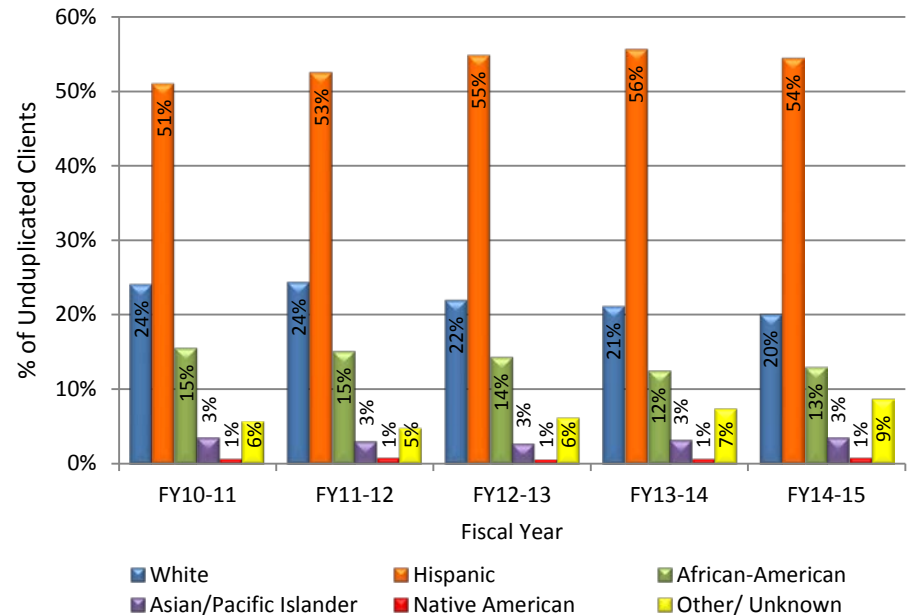
- ❖ 2,370 (54%) TAY clients who received CYFBHS services in FY 2014-15 identified themselves as Hispanic.
- ❖ The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.

TAY Gender Distribution*



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

TAY Race/Ethnicity Distribution*

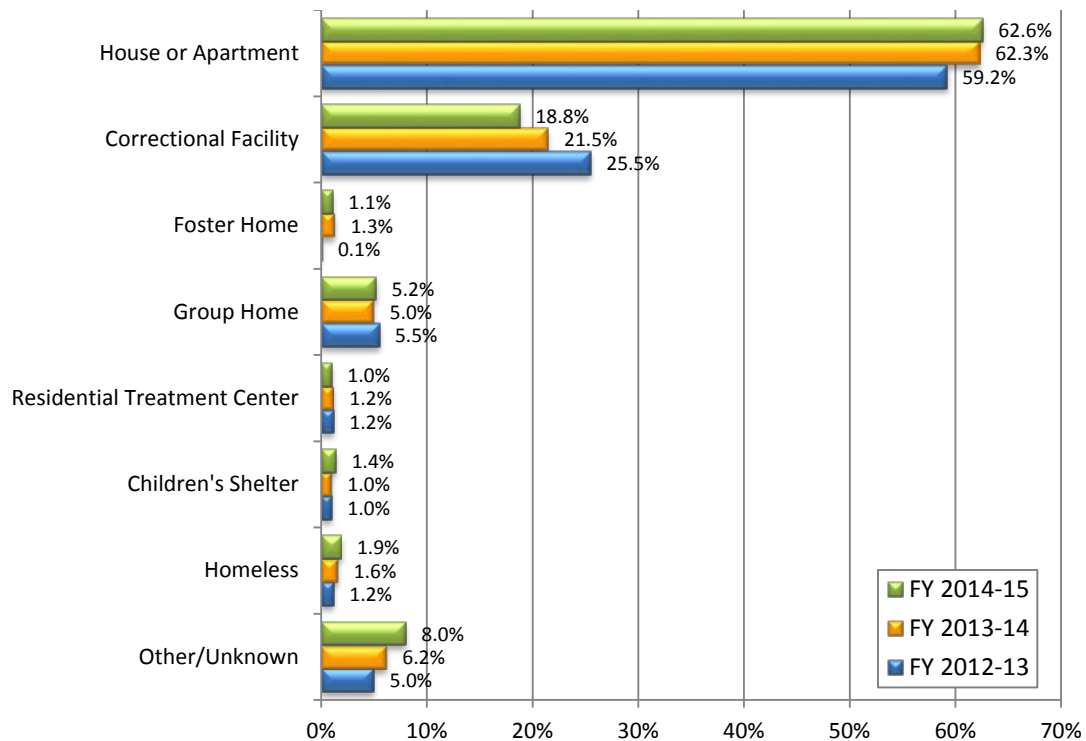


*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

Who Are We Serving? Transition Age Youth

2,733 (63%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2014-15; 820 (19%) lived in a Correctional Facility.

TAY Client Living Situation*

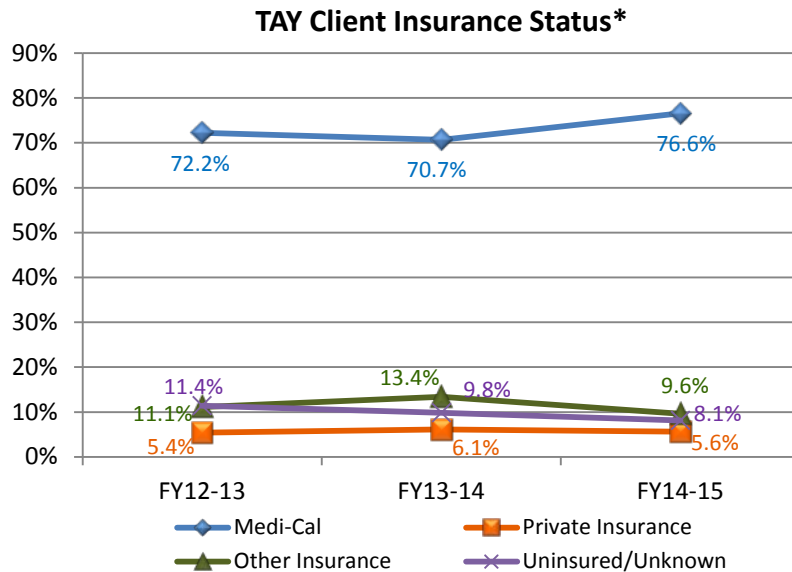


*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

Who Are We Serving? Transition Age Youth

3,342 (77%) TAY clients who received services from CYFBHS during FY 2014-15 were covered exclusively by Medi-Cal; an increase from 3,285 (71%) in FY 2013-14.

Health Care Coverage



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

Primary Care Physician (PCP) Status†

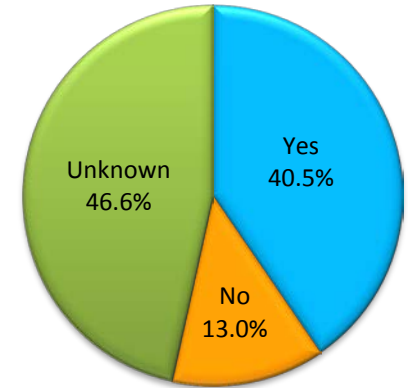
Of the 3,374 TAY clients for whom PCP status was known, 2,974 (88%) had a PCP in FY 2014-15; a slight increase from 87% of TAY clients in FY 2013-14.

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

‡Starting in FY 2015-16, clinicians will be required to enter information about client trauma history.

History of Trauma‡

Previous experience of traumatic events was reported by clinicians for 2,629 clients (60% of the TAY population) in FY 2014-15; of these clients, 1,765 (41% of the TAY population) had a history of trauma.

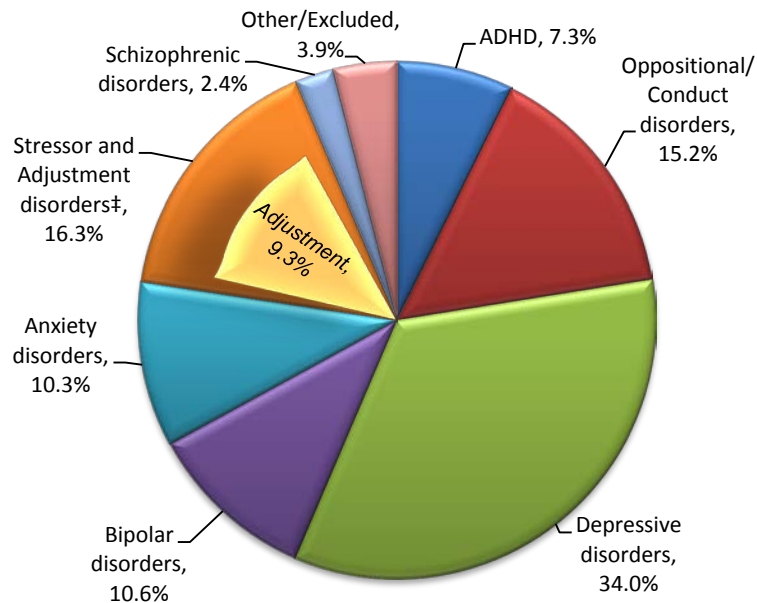


Who Are We Serving? Transition Age Youth

TAY Primary Diagnosis*†

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

- ❖ Depressive disorders (34%)
- ❖ Stressor and Adjustment disorders (16.3%)
- ❖ Oppositional/Conduct disorders (15.2%)
- ❖ Bipolar disorders (10.6%)



*Primary DSM-IV diagnosis from the last episode of service prior to June 30, 2015; or, the most recent valid diagnosis.

†Percentages calculated within the number of clients served by CYFBHS in FY 2014-15.

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

TAY Co-occurring Substance Abuse

In the CYFBHS system, co-occurring substance abuse is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS).

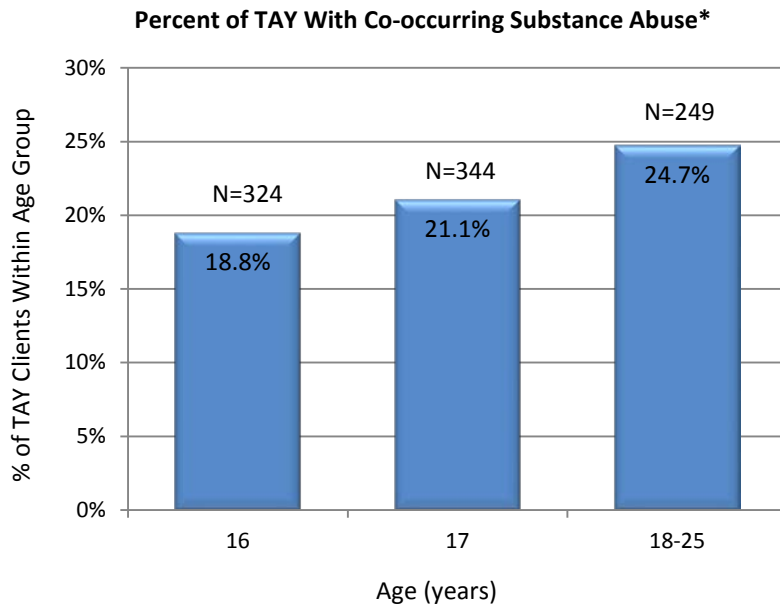
- 917 TAY youth had a co-occurring substance abuse issue in FY 2014-15. This represents **21%** of the TAY population.
- 688 TAY youth had a dual diagnosis in FY 2014-15. This represents **16%** of the TAY population, and **75%** of the 917 TAY youth with a co-occurring substance abuse issue. These youth may have received substance abuse counseling as part of their EPSDT mental health services.
- 389 TAY youth received services from ADS in FY 2014-15. This represents **42%** of the 917 TAY youth with a co-occurring substance abuse issue.
 - Of these 389 TAY youth who received services from both CYFBHS and ADS, 160 (41%) were identified as having a dual diagnosis by their mental health provider. This is an increase from 35% in the previous fiscal year.

Who Are We Serving? Transition Age Youth

344 (38%) TAY clients with a co-occurring substance abuse problem were age 17, and the majority (60%) were Hispanic.

TAY Co-occurring Substance Abuse—Age

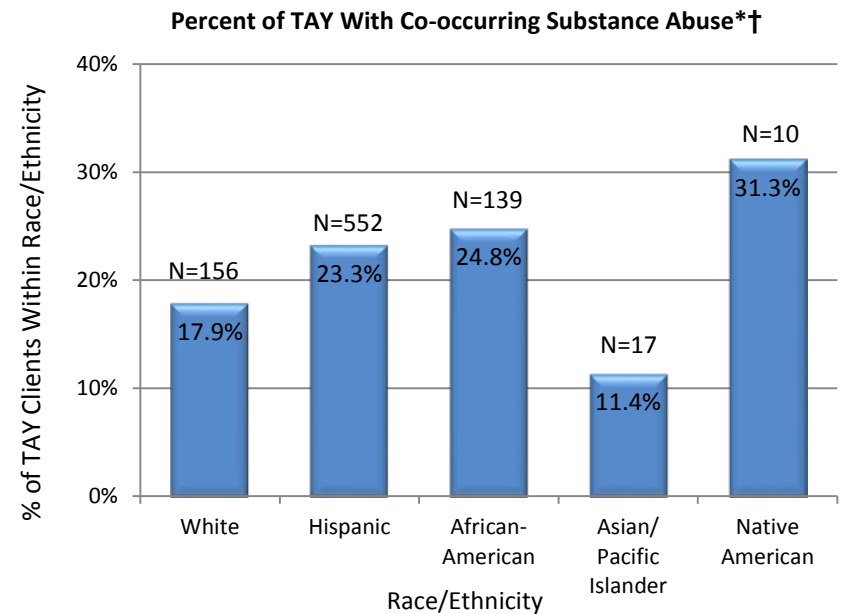
Nineteen percent of 16-year-olds and 21% of 17-year-olds who received services from the CYFBHS system were identified as having a substance abuse issue.



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

TAY Co-occurring Substance Abuse—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Native American TAY served by CYFBHS had the highest proportion of co-occurring substance abuse (10 of 32 clients), while Asian/Pacific Islander TAY had the lowest proportion (17 of 149 clients).



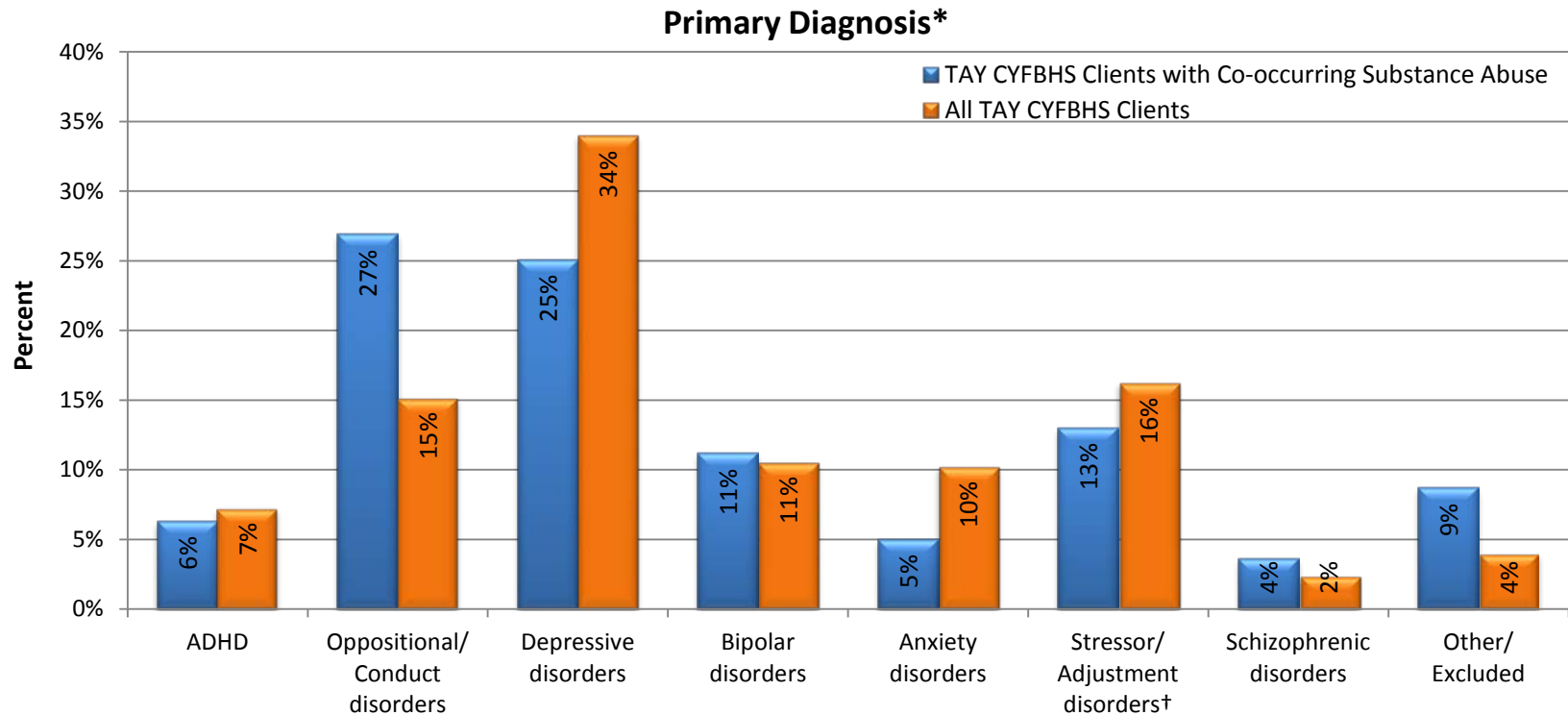
*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

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

Who Are We Serving? Transition Age Youth

TAY Co-occurring Substance Abuse—Primary Diagnosis

TAY clients with co-occurring substance use problems were more likely to have an Oppositional/Conduct disorder than TAY in CYFBHS overall: 27% (235 of 1872) vs. 15% (607 of 4,002), respectively.



*Percentages calculated within the number of TAY clients served by CYFBHS in FY 2014-15.

†In alignment with ICD-10 and DSM-V, 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 HHS regions.*

| Demographics by Region | Central | | East | | North Central | | North Coastal | | North Inland | | South | |
|----------------------------------|---------|-------|-------|-----|---------------|-----|---------------|-------|--------------|-----|-------|-----|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Total Number of Clients†‡ | 2,698 | 15% | 2,304 | 13% | 5,701 | 31% | 1,847 | 10% | 3,413 | 19% | 3,090 | 17% |
| Age | | | | | | | | | | | | |
| Age 0-5 | 224 | 8% | 164 | 7% | 983 | 17% | 399 | 22% | 228 | 7% | 243 | 8% |
| Age 6-11 | 1,174 | 44% | 779 | 34% | 1,208 | 21% | 543 | 29% | 811 | 24% | 913 | 30% |
| Age 12-17 | 1,067 | 40% | 1,263 | 55% | 3,115 | 55% | 846 | 46% | 2,097 | 61% | 1,829 | 59% |
| Age 18+ | 233 | 9% | 98 | 4% | 395 | 7% | 59 | 3% | 277 | 8% | 105 | 3% |
| Gender | | | | | | | | | | | | |
| Female | 1,166 | 43% | 1,009 | 44% | 2,272 | 40% | 910 | 49% | 1,200 | 35% | 1,545 | 50% |
| Male | 1,528 | 57% | 1,292 | 56% | 3,420 | 60% | 937 | 51% | 2,209 | 65% | 1,543 | 50% |
| Other/Unknown | 4 | <1% | 3 | <1% | 9 | <1% | 0 | 0% | 4 | <1% | 2 | <1% |
| Race/Ethnicity | | | | | | | | | | | | |
| White | 330 | 12% | 662 | 29% | 1,110 | 20% | 422 | 23% | 737 | 22% | 375 | 12% |
| Hispanic | 1,807 | 67% | 1,160 | 50% | 3,070 | 54% | 1,054 | 57% | 2,078 | 61% | 2,303 | 75% |
| African-American | 324 | 12% | 288 | 13% | 866 | 15% | 122 | 7% | 367 | 11% | 228 | 7% |
| Asian/Pacific Islander | 152 | 6% | 33 | 1% | 190 | 3% | 37 | 2% | 53 | 2% | 84 | 3% |
| Native American | 11 | <1% | 22 | 1% | 35 | 1% | 16 | 1% | 36 | 1% | 17 | 1% |
| Other/Unknown | 74 | 3% | 139 | 6% | 430 | 8% | 196 | 11% | 142 | 4% | 83 | 3% |
| Most Common Diagnoses | | | | | | | | | | | | |
| Stressor & Adjustment Disorders | 599 | 22.9% | 555 | 24% | 1,093 | 20% | 314 | 18.6% | 582 | 19% | 586 | 19% |
| Depressive Disorders | 531 | 20.3% | 555 | 24% | 1,079 | 20% | 430 | 25.4% | 597 | 20% | 1,116 | 37% |
| Oppositional/Conduct Disorders | 451 | 17.2% | 229 | 19% | 934 | 17% | | | 701 | 23% | 384 | 13% |
| Anxiety Disorders | | | | | | | 201 | 11.9% | | | | |

*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.

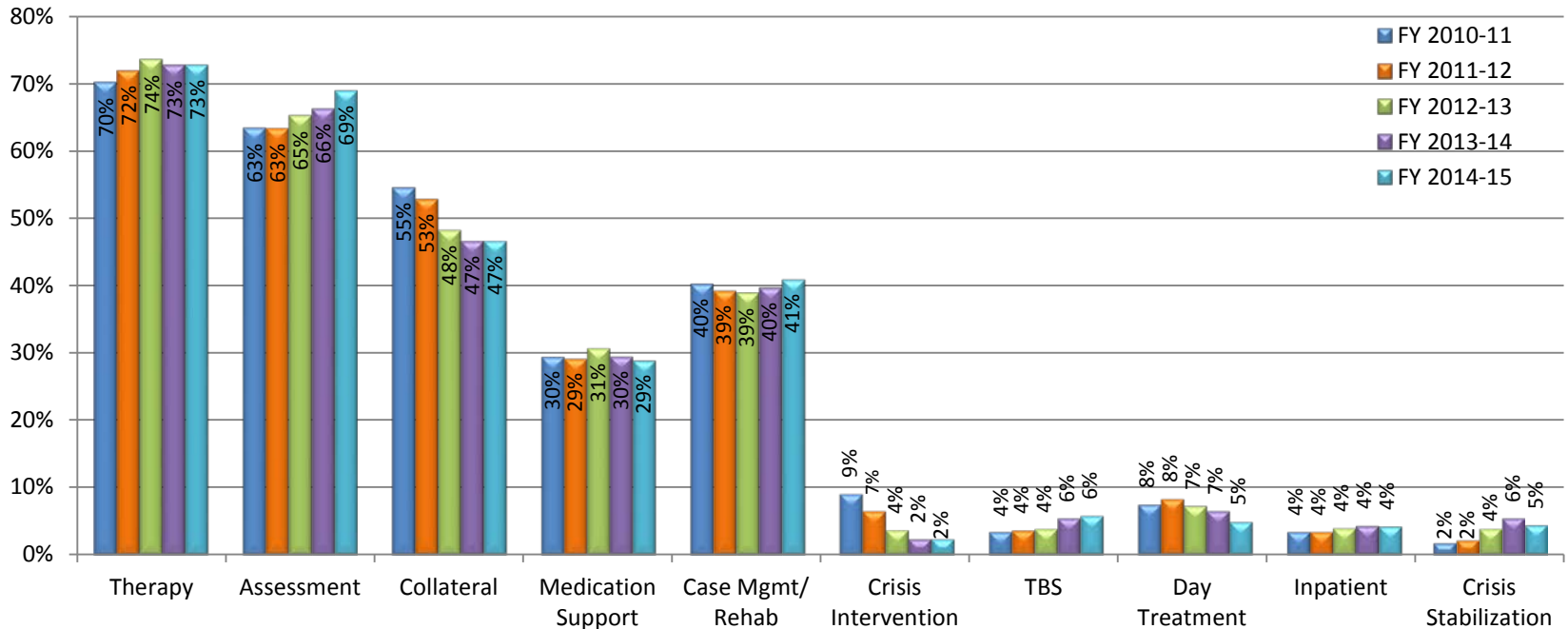
‡Fee-for-Service excluded.

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.

Percentage of Clients Receiving Each Type of Service*



- ❖ The percentage of clients receiving Assessment services increased over the past fiscal year.
- ❖ The percentage of clients receiving Day Treatment and Crisis Stabilization services decreased over the past fiscal year.

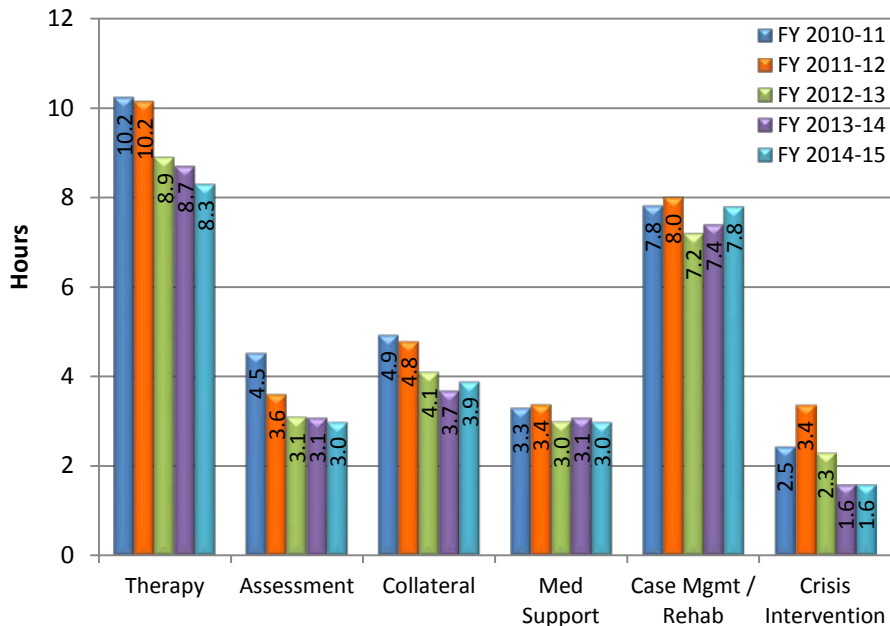
*These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.

What Kind of Services Are Being Used?

Outpatient Service Hours

On average, clients received **8.3 hours of Outpatient Therapy** in FY 2014-15, continuing a steady decrease over the past five years. This is in alignment with CYFBHS implementation of the **Short-term Treatment Model (STTM)** in January 2010. Evidence of the effectiveness of this model can be found in the *CYFBHS Short-Term Model Evaluation* report, available upon request (see page 42 for contact information). Collateral and Case Management hours received increased from FY 2013-14.

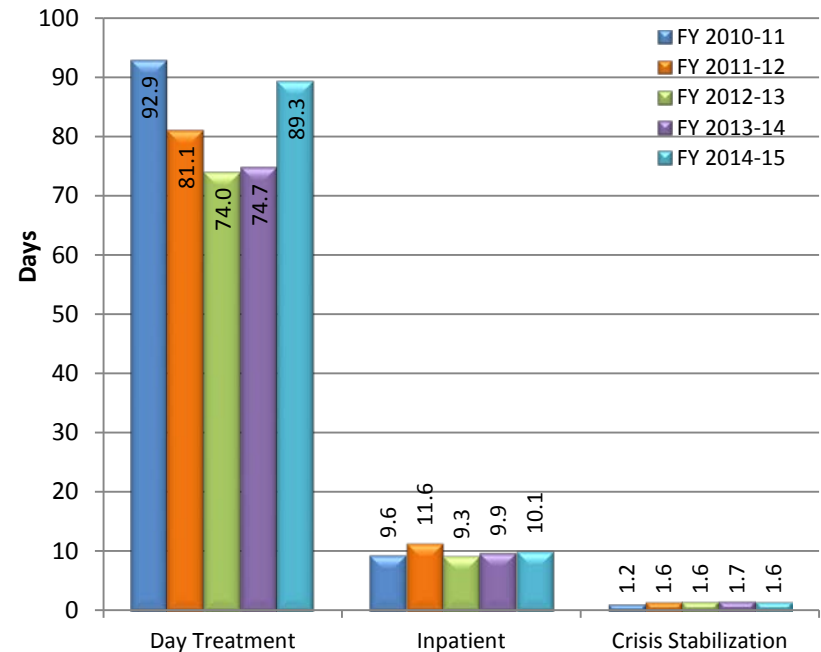
Average Number of Treatment Hours Per Client



Service Days

The mean number of **Day Treatment service days increased** nearly 20% as compared to FY 2013-14. Service 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 service days calculated at the episode level.

Average Number of Treatment Days Per Client

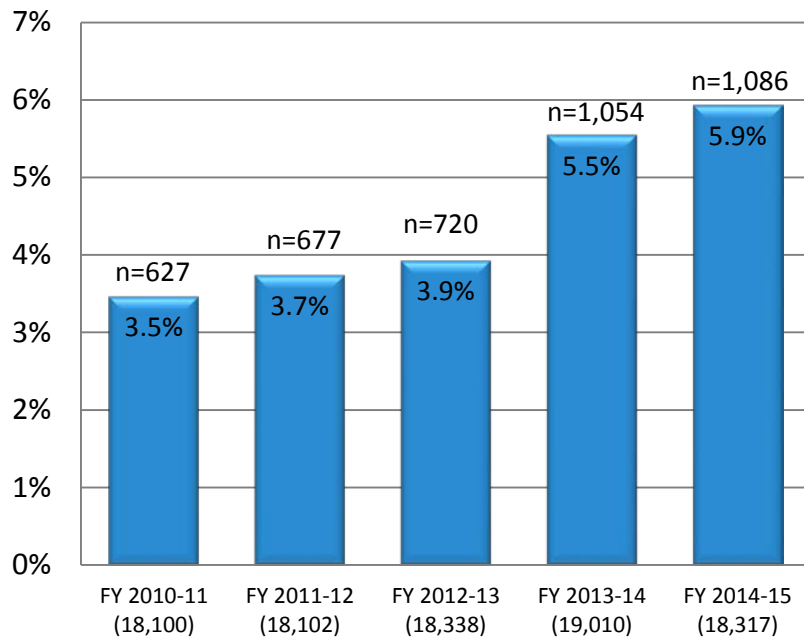


What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

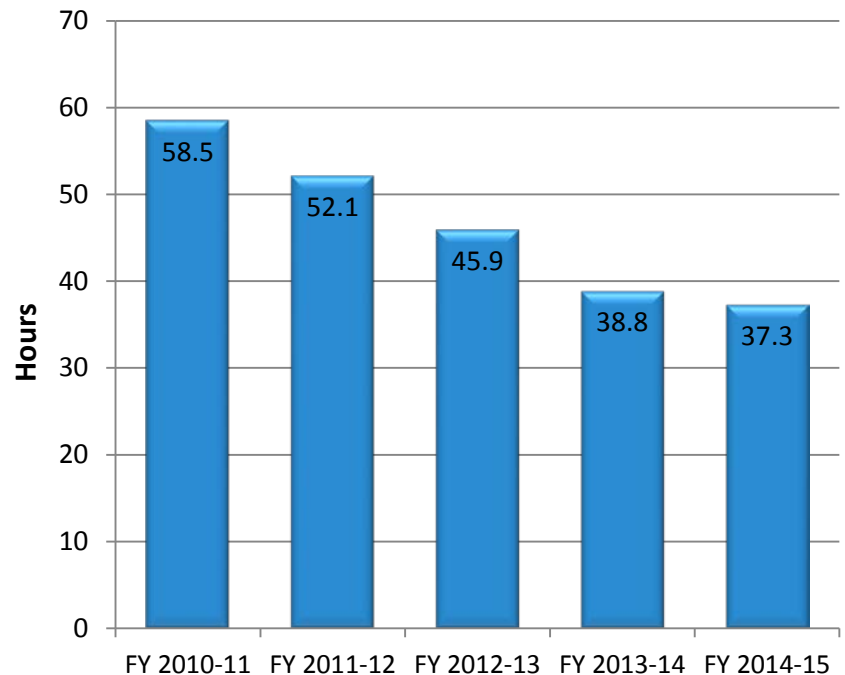
TBS services are special intensive coaching services designed to help stabilize environments, or avoid the need for a more restrictive level of care. The proportion of clients receiving TBS services has increased steadily over the past five years, from 3.5% (627) in FY 2010-11 to 5.9% (1,086) in FY 2014-15. During the same timeframe, the average number of TBS service hours has decreased, from 58.5 in FY 2010-11 to 37.3 in FY 2014-15.

Clients Receiving TBS Services



Fiscal Year (Total CYFBHS Clients)

Average Number of Treatment Hours Per TBS Client



Fiscal Year

What Kind of Services Are Being Used?

Pathways to Well-Being (N=1,032)*†

| Pathways Service | Number of Clients |
|--|-------------------|
| Intensive Care Coordination (ICC) | 808 |
| <i>ICC Only</i> | 529 |
| <i>ICC & IHBS</i> | 279 |
| Intensive Home Based Services (IHBS) | 280 |
| <i>IHBS Only</i> | 1 |
| <i>IHBS & ICC</i> | 279 |
| Receiving intensive Specialty Mental Health Services (SMHS) through a Wraparound Program consistent with the Core Practice Model | 12 |
| Receiving intensive SMHS through a Full Service Partnership program consistent with the Core Practice Model | 74 |
| Receiving other intensive SMHS | 89 |

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, 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. BHS, CWS, Probation, and family and youth partners work together to develop a shared vision to meet the Katie A. settlement agreement under the State developed Core Practice Model; a joint decision was made to locally call the initiative "Pathways to Well-Being."

The Pathways to Well-Being Model ensures that the youth have a team assembled to support them in obtaining safety, well-being, and permanency. This team is known as the Child and Family Team (CFT). Additionally, every Pathways to Well-Being youth 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.

*Duplicated Clients

†Data Source: Pathways to Well-Being Enhanced Monthly YTD Report, CYFBHS

What Kind of Services Are Being Used?

Service Use by Primary Diagnosis*†

- ❖ Youth with a **Depressive disorder** were more likely to use Outpatient services, and more than twice as likely to use **Inpatient** or **Crisis Stabilization** services, than the average youth client population.
- ❖ Youth with a **Bipolar** or **Schizophrenic disorder** were more likely to use **Intensive, Case Management, or TBS** services. These youth were less likely on average to receive **Outpatient Therapy** services.
- ❖ Youth with **Oppositional/Conduct disorders** were less likely to use **Inpatient** services; however, the **duration of treatment was longer** as compared to the average client population.
- ❖ Average time spent in **Day Treatment services** was highest for clients with a diagnosis of Bipolar disorder (115 days), Anxiety disorder (103 days), or ADHD (102 days), as compared to the 89-day average of the total population in FY 2014-15.
- ❖ **Medication Support services** were most likely to be used by clients with a diagnosis of a Psychotic disorder (74%), ADHD (57%), or Bipolar disorder (52%), as compared to 29% of the total population in FY 2014-15.

Service Use by Race/Ethnicity*

- ❖ Compared to the total youth average, **African-American** youth used less **Therapy, Assessment, Collateral** and **Crisis** services, and more **Medication Support, Case Management** and **TBS** services. African-Americans were more than twice as likely to use **Day Treatment** services.
- ❖ **White** youth were more likely than any other racial/ethnic group to use **Medication Support** services.
- ❖ **Asian/Pacific Islander** youth were slightly less likely than the average youth client population to use **Day Treatment** services; however, the duration of treatment (113.1 days) was longer than the CYFBHS client average (89.3 days). These youth were also more likely to use **Inpatient** services, and most likely of any racial/ethnic group to use **Crisis Stabilization** services.
- ❖ **Hispanic** youth were more likely than any other racial/ethnic group to use **Therapy** and **Collateral** services; Hispanics were least likely to use **Medication Support** services. Hispanics on average used **less Inpatient** or **Day Treatment** services, and had a **lower average number of days** in these services, than the total youth population.
- ❖ **Native American** youth were more likely than the average youth client population to use **Outpatient services**, especially **Medication Support** and **Case Management** services. Native Americans were also most likely to use **Inpatient** services, and more likely to use **Day Treatment** services.

*Detailed service utilization tables available on request.

†Diagnostic categories were reclassified in FY 2014-15 to align with ICD-10/DSM-V and are therefore not directly comparable to diagnosis distribution in previous years.

What Kind of Services Are Being Used?

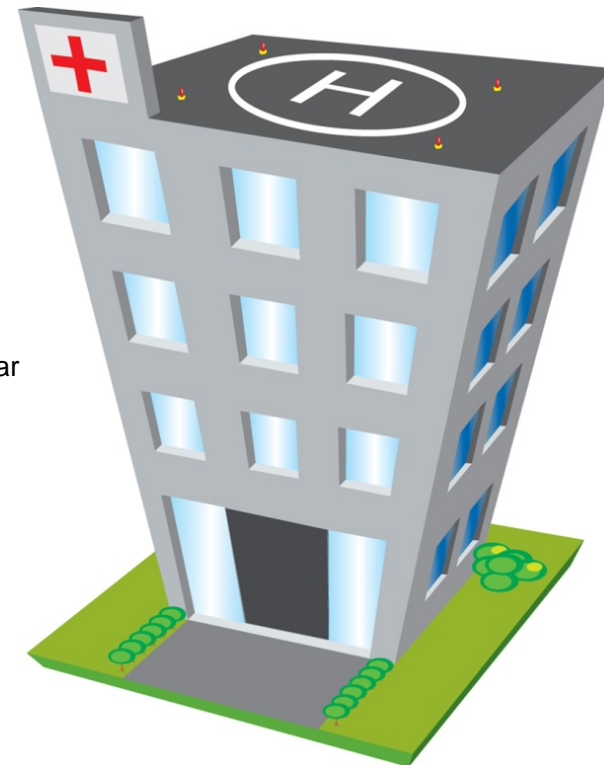
*Inpatient (IP) Services**

- ❖ 787 (4.3%) unduplicated clients used Inpatient services in FY 2014-15
 - A decrease from 839 (4.4%) in FY 2013-14
 - 85% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 51% Depressive disorders
 - 19% Bipolar disorders
 - 7% Stressor and Adjustment disorders
- ❖ 174 (22%) children receiving IP services had **more than one IP stay** in the fiscal year
 - A decrease from 25% in FY 2013-14

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

Emergency Screening Unit (ESU) Services

- ❖ 827 (4.5%) unduplicated clients used ESU services in FY 2014-15
 - A decrease from 1,125 (5.9%) in FY 2013-14
 - 82% of these clients were ages 12-17
- ❖ Top 3 primary diagnoses
 - 52% Depressive disorders
 - 12% Stressor and Adjustment disorders
 - 12% Bipolar disorders
- ❖ 139 (17%) children receiving ESU services had **more than one ESU visit** in the fiscal year
 - A decrease from 20% in FY 2013-14



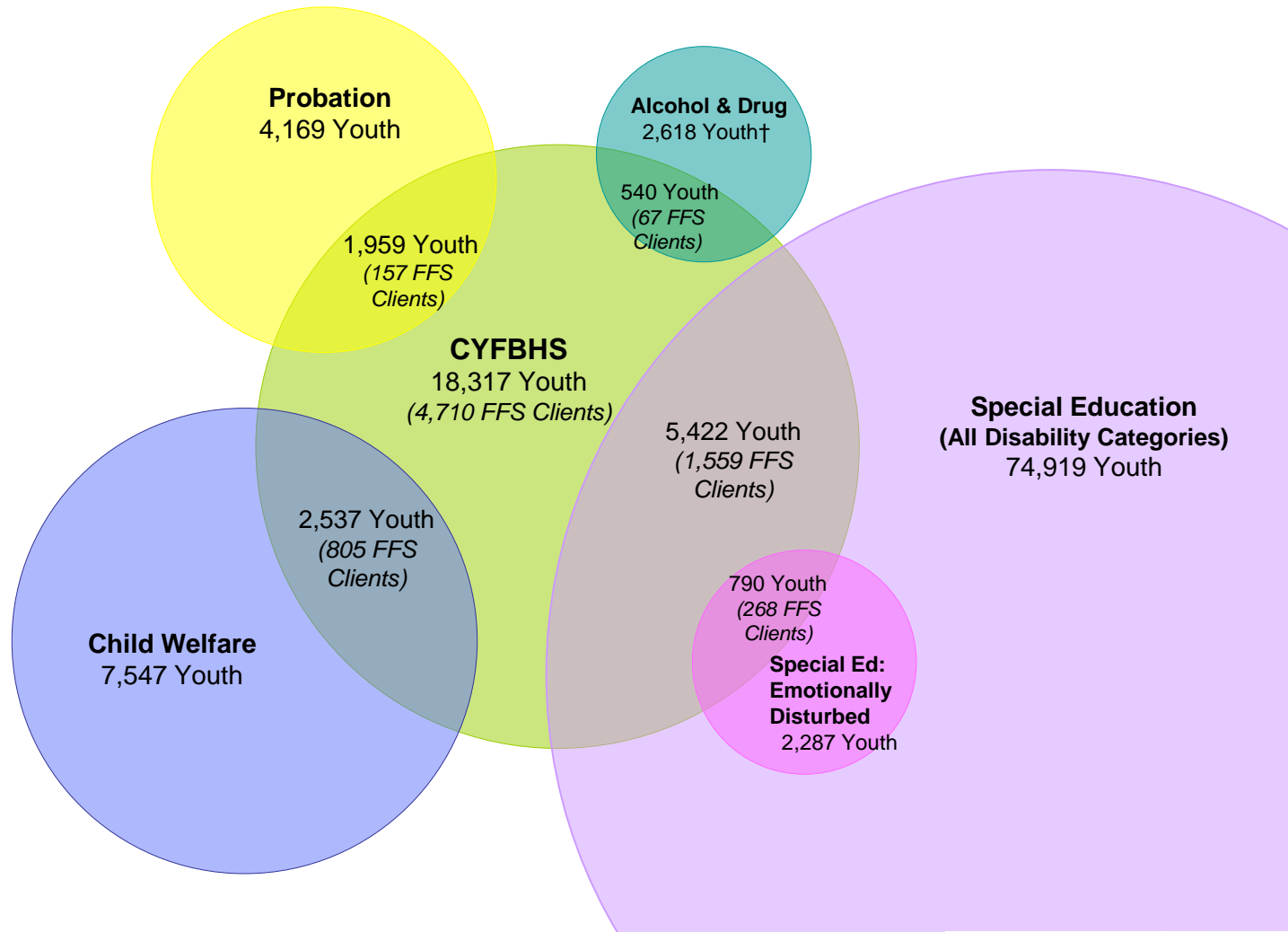
What Kind of Services Are Being Used?

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

❖ The percentage of CYFBHS clients receiving services from the Probation, Alcohol & Drug Services (ADS), and Special Education (emotionally disturbed) sectors decreased in FY 2014-15; the percentage of CYFBHS clients receiving services from the Special Education (all) and Child Welfare sectors increased.

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

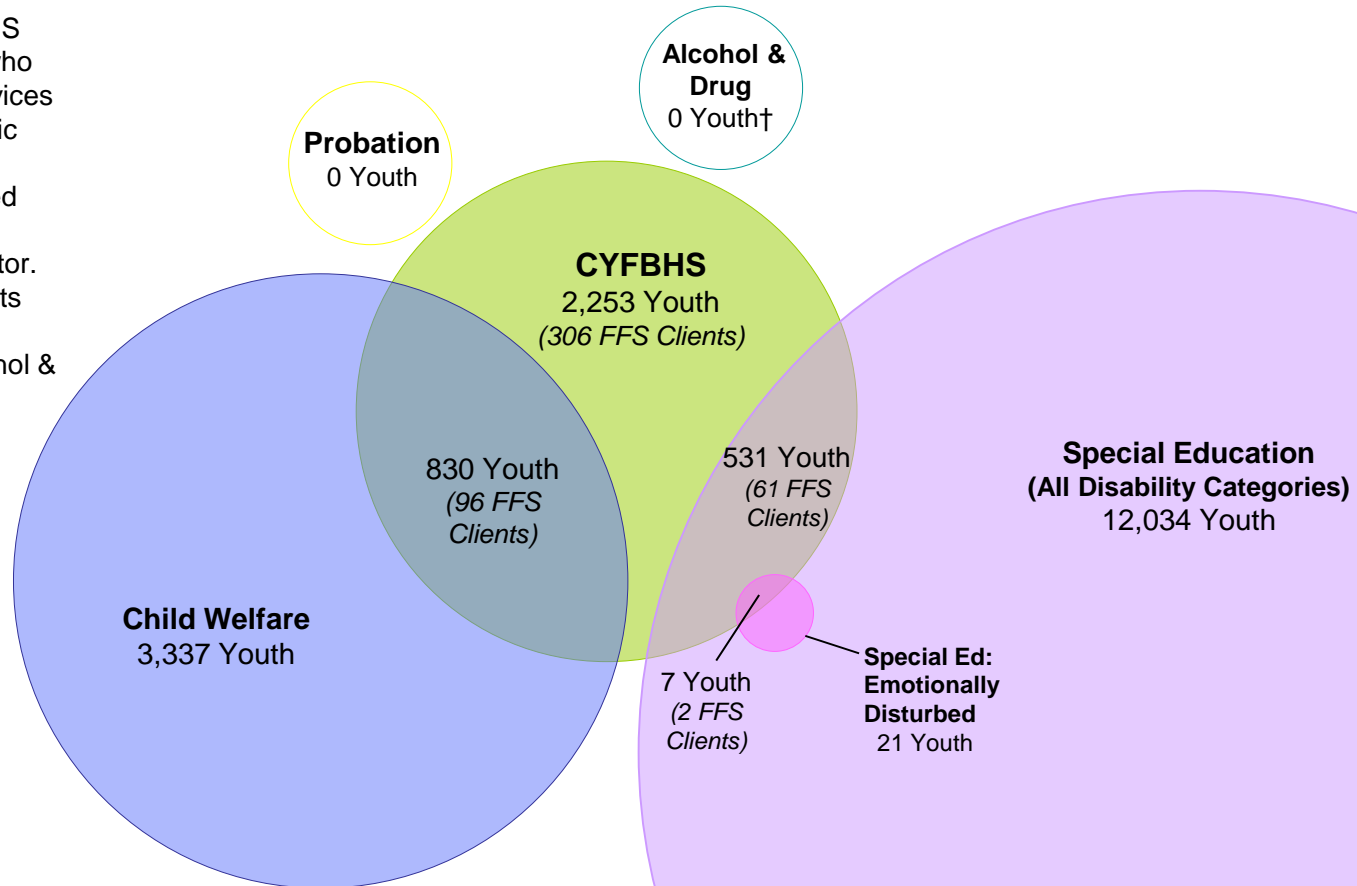
†ADS dataset was expanded to include youth through age 25 to align with TAY parameters; this number is not directly comparable to previous years.



What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 0-5

❖ Among CYFBHS clients ages 0-5 who also received services from another public sector, the largest proportion received services from the Child Welfare sector. No CYFBHS clients were open to the Probation or Alcohol & Drug sectors.



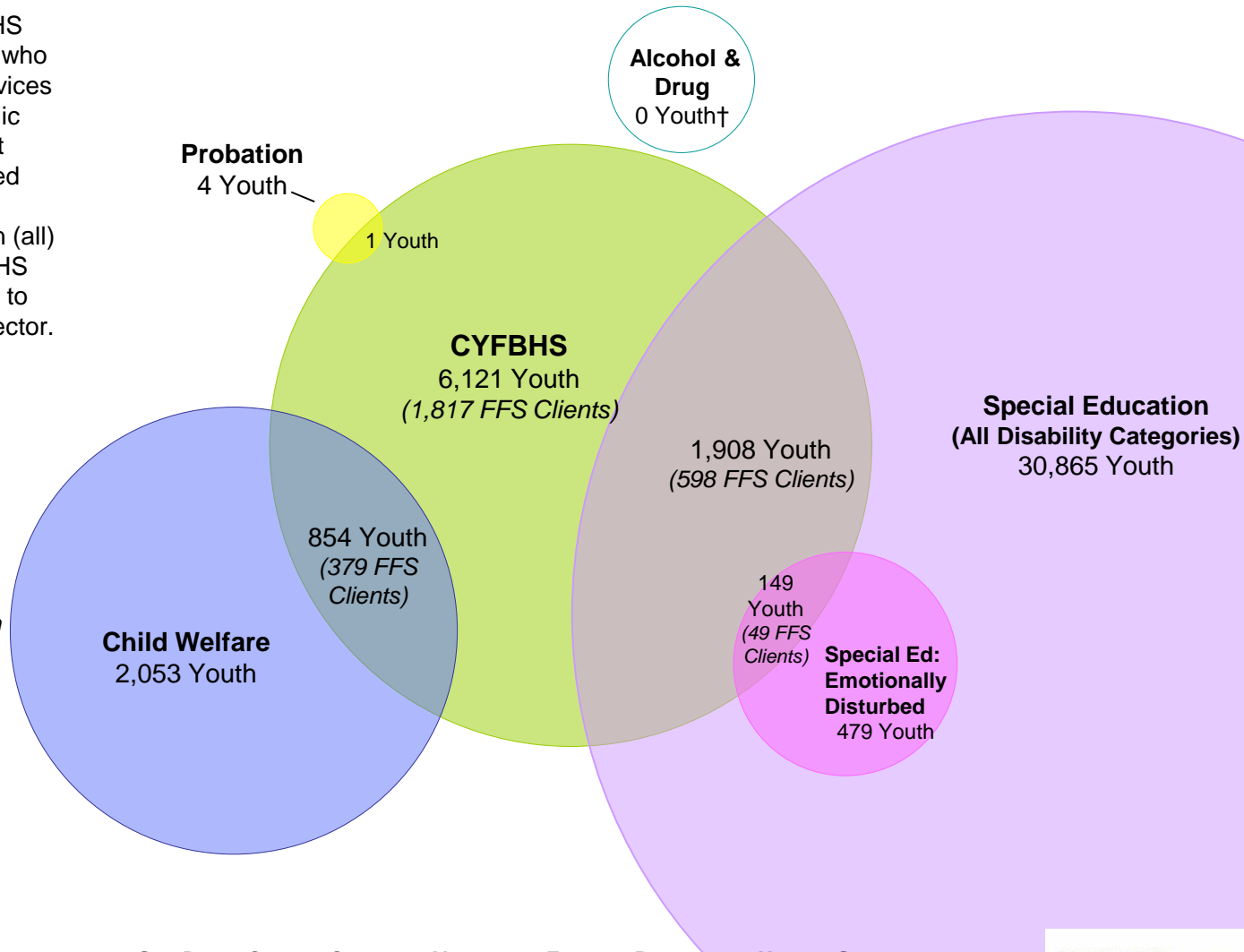
*Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.

†ADS dataset was expanded to include youth through age 25 to align with TAY parameters; this number is not directly comparable to previous years.

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 6-11

❖ Among CYFBHS clients ages 6-11 who also received services from another public sector, the largest proportion received services from the Special Education (all) sector. No CYFBHS clients were open to Alcohol & Drug sector.



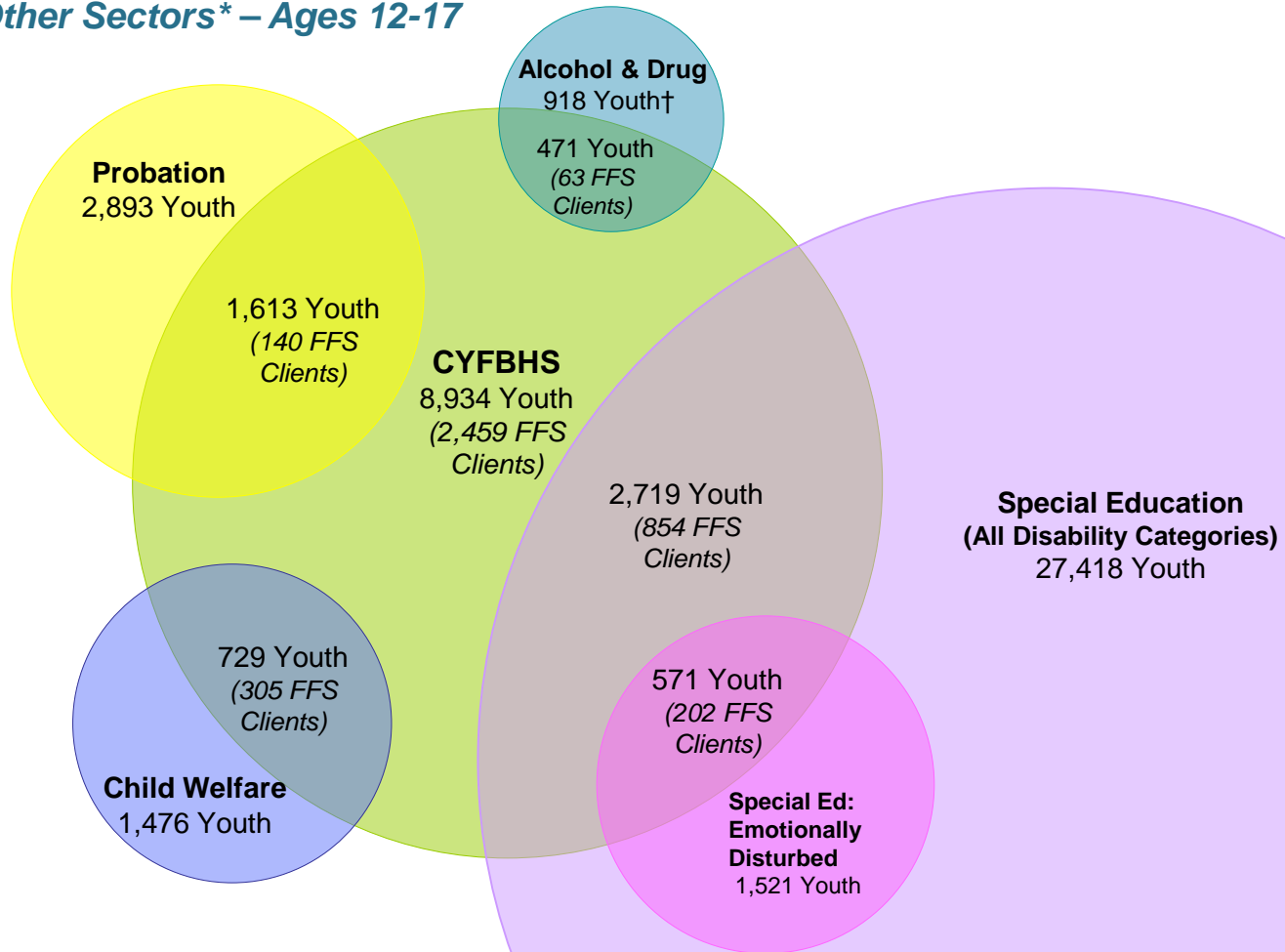
*Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.

†ADS dataset was expanded to include youth through age 25 to align with TAY parameters; this number is not directly comparable to previous years.

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 12-17

❖ Among CYFBHS clients ages 12-17 who also received services from another public sector, the largest proportion received services from the Special Education (all) sector.



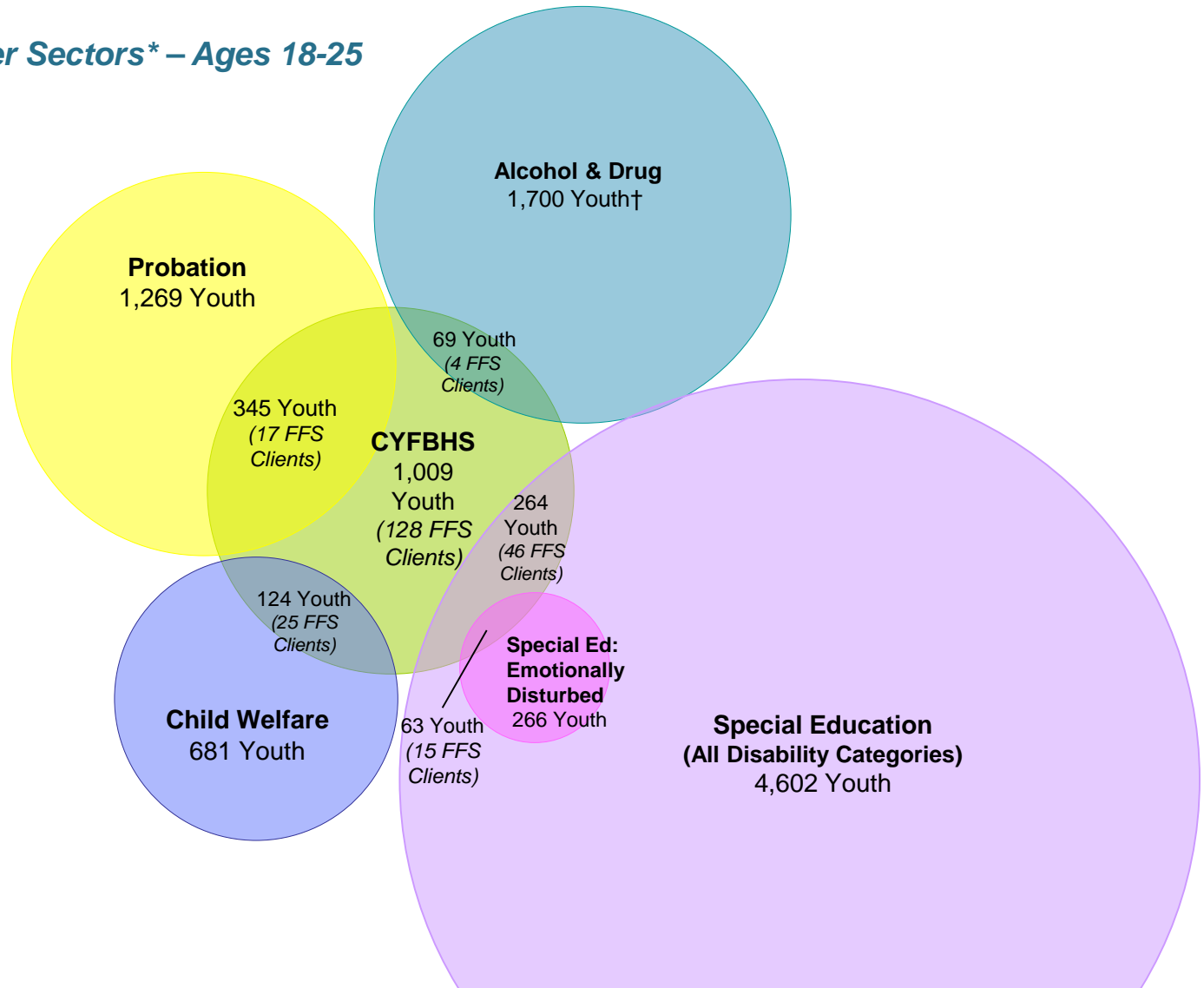
*Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.

†ADS dataset was expanded to include youth through age 25 to align with TAY parameters; this number is not directly comparable to previous years.

What Kind of Services Are Being Used?

CYFBHS and Other Sectors* – Ages 18-25

❖ Among CYFBHS clients ages 18-25 who also received services from another public sector, the largest proportion received services from the Probation sector.



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

†ADS dataset was expanded to include youth through age 25 to align with TAY parameters; this number is not directly comparable to previous years.

What Kind of Services Are Being Used?

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

Compared to the total youth average in the CYFBHS system, youth who received services from **CYFBHS and any other public sector** in FY 2014-15 were more likely to be male, and were **twice as likely to receive Day Treatment** services.

CYFBHS and Child Welfare Services (CWS)

❖ Youth who received services from both CYFBHS and **Child Welfare Services (CWS)** were three times as likely to be in the 0-5 age range than the overall CYFBHS system, were more likely to be female, and were less likely to be Hispanic, as compared to the CYFBHS average. They were nearly twice as likely to have a **Stressor and Adjustment disorder** as their primary diagnosis. On average, these youth received more **Outpatient Therapy, Collateral, Medication Support, and Case Management** service hours than overall youth in the system. CYFBHS-CWS youth were more than twice as likely to receive **Day Treatment** services than the total youth system average; however, the proportion of CYFBHS-CWS clients receiving Day Treatment services decreased from the previous fiscal year.

CYFBHS and Special Education (all)

❖ Youth who received services from both CYFBHS and **Special Education (all)** were more likely to be male than the CYFBHS average, and were most likely to have a primary diagnosis of **ADHD**. These youth were more likely to receive **Outpatient Medication Support** and **TBS** services, as well as **Intensive** (Inpatient, Day Treatment, and Crisis Stabilization) services, as compared to overall youth in the CYFBHS system.

CYFBHS and Special Education (emotionally disturbed)

❖ Youth who received services from both CYFBHS and **Special Education (emotionally disturbed)** were more likely to be male, in the 12-17 age range, and were more likely to be White or Hispanic than CYFBHS clients systemwide. They were four times as likely to have a primary diagnosis of **Bipolar disorder** than overall CYFBHS youth, and they were less likely to be diagnosed with a Stressor and Adjustment disorder. These youth were more likely to receive **Outpatient Medication Support, Crisis, and TBS services**. They were also more likely to receive **Intensive service**, and received **more time in every Intensive service**, than the total youth system average.

**Detailed service utilization tables are presented in the Report Appendices, available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.*

What Kind of Services Are Being Used?

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

CYFBHS and Probation

❖ Youth who received services from both CYFBHS and **Probation** were most likely to be over the age of 12, male, and African-American, as compared to the CYFBHS system average. They were twice as likely to have an **Oppositional/Conduct disorder** as their primary diagnosis and were five times as likely to have a **dual diagnosis**. They were more likely to receive **Outpatient Case Management** and **Medication Support** services than the total youth system average, and less likely to use TBS services. Additionally, these youth were more likely to receive **Day Treatment** services but received less time on average in Day Treatment.

CYFBHS and Alcohol & Drug Services (ADS)

❖ Youth who received services from both CYFBHS and **Alcohol & Drug Services** were most likely to be over the age of 12, male, and Hispanic. Compared to the CYFBHS system average, CYFBHS-ADS youth were more likely to have a primary diagnosis of **Oppositional/Conduct, Bipolar, or Schizophrenic disorder**, and they were twice as likely to be diagnosed with **PTSD/Other Acute Stress Reaction**. They were less likely on average to have ADHD or an Anxiety disorder as their primary diagnosis. These youth were nearly twice as likely to receive **Case Management** services, and nearly five times as likely to receive **Day Treatment** services. They were less likely to receive **TBS services** and spent the least amount of time on average in TBS services.

**Detailed service utilization tables are presented in the Report Appendices, available in the BHS Technical Resource Library: http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html (Section 6), or by request.*

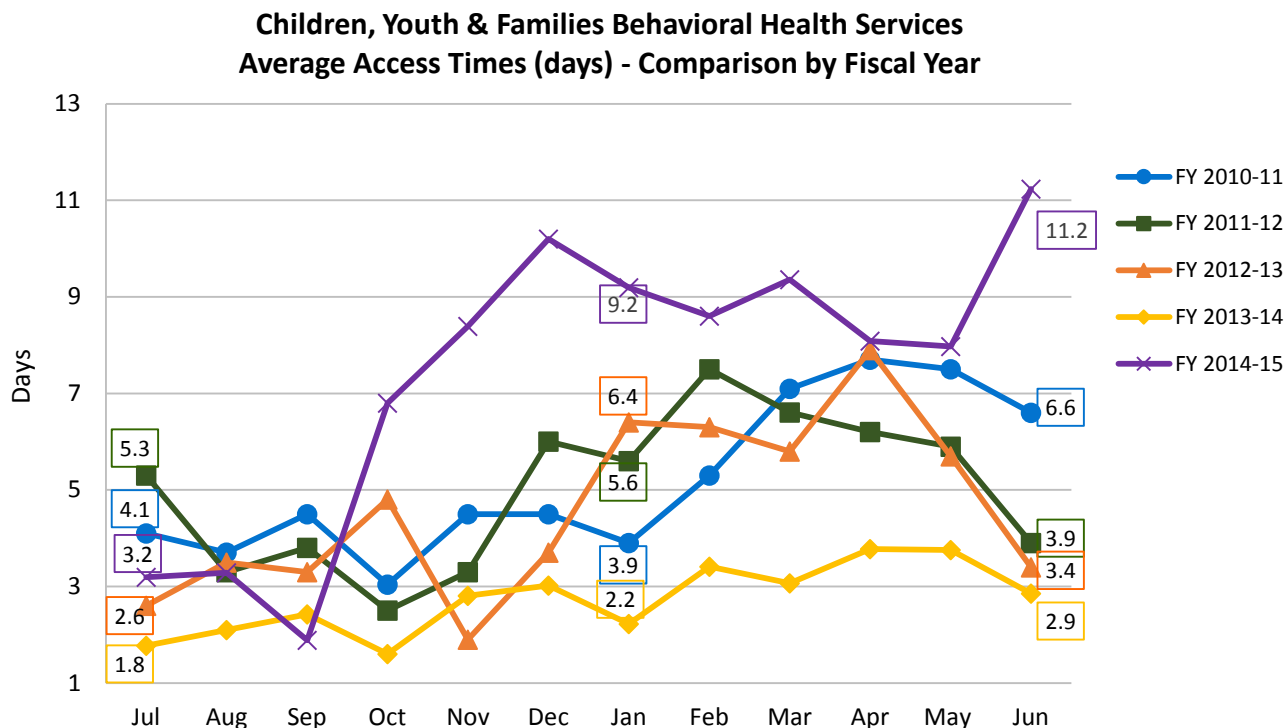


How Quickly Can Clients Access Services?

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 2014-15 children waited an average of **7.3 days** to access an outpatient appointment; an increase from the 2.7-day average wait reported in FY 2013-14.



*Access Time methodology was recalibrated in FY 2014-15 for uniform reporting; data from previous years may not be directly comparable.

Are Clients Getting Better?

Clients are improving, as evidenced by change on standardized assessment measures and decreases in high-level service use.

Outcome Measures

- ❖ The Child and Adolescent Measurement System (CAMS), a measure of youth emotional and behavioral symptoms completed by youth and/or caregivers
- ❖ The Eyberg Child Behavior Inventory (ECBI), a measure of behavioral problems completed by caregivers of children enrolled in specialized programs for very young children
- ❖ The Children's Functional Assessment Rating Scale (CFARS), a measure of functioning completed by clinicians
- ❖ Inpatient Readmission Rates



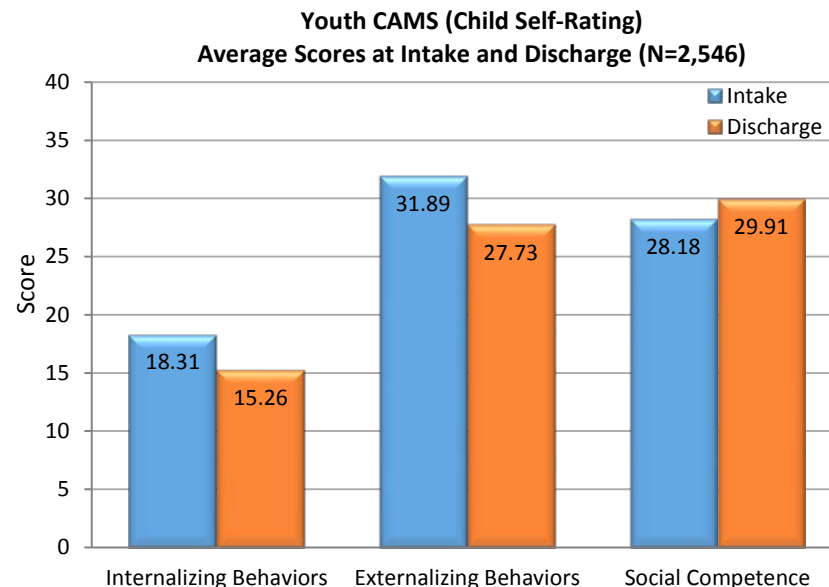
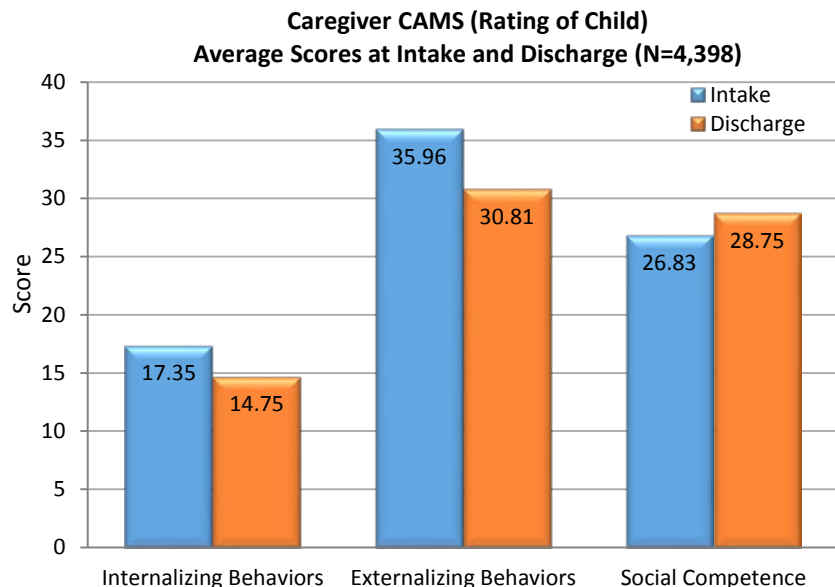
Are Clients Getting Better?

Child and Adolescent Measurement System (CAMS) Results Indicate Improvement*

The CAMS measures a child's social competency, behavioral and emotional problems. In FY 2014-15, the CAMS was administered to all parents/caregivers, and to youth ages 11 and older, at intake, at utilization management/review (UM/UR), and at discharge. The CAMS was not administered in any inpatient setting.

A decrease on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered an improvement. An increase in the Social Competence (e.g., personal responsibility and participation in activities) score is considered an improvement.

CAMS scores were evaluated for youth discharged from services in FY 2014-15 who were in services at least two months and had less than two years between intake and discharge assessment, and who had both intake and discharge scores for all three scales (N=4,398 Parent CAMS and N=2,546 Youth CAMS). Scores revealed improvement in youth social competency, behavioral and emotional problems following receipt of CYFBHS services.



*CAMS pre- to post- outcomes assessment comparisons were statistically significant. Effect sizes indicate that clients are experiencing a small to moderate clinical change in behavioral and emotional problems.

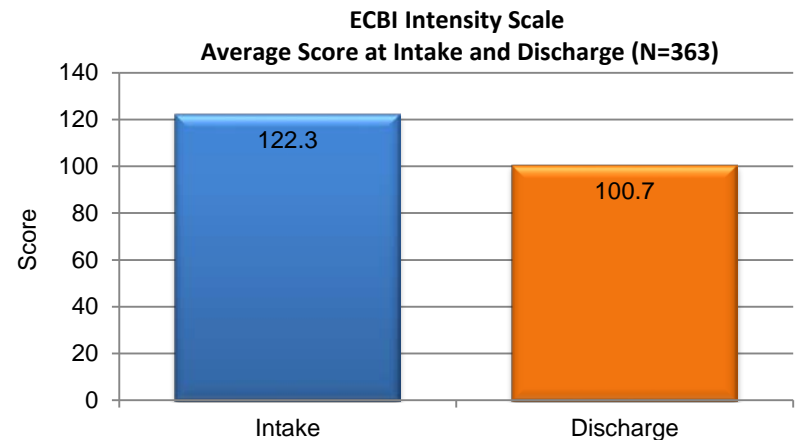
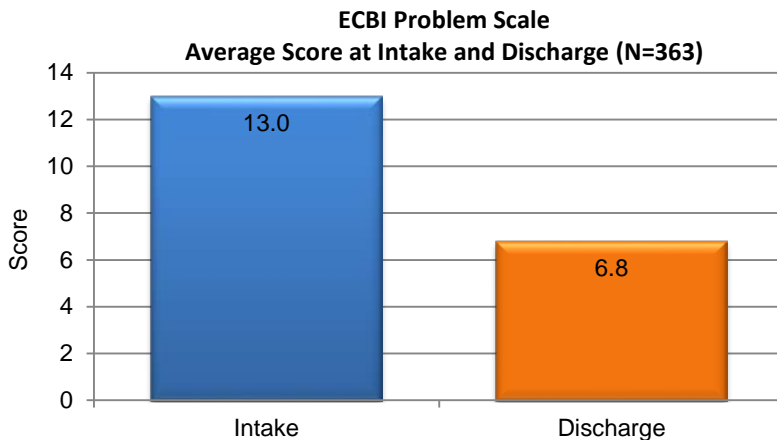
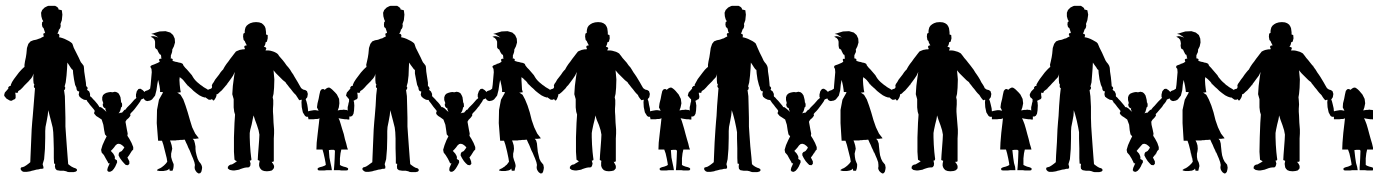
Are Clients Getting Better?

*Eyberg Child Behavior Inventory (ECBI) Results Indicate Improvement**

The ECBI assesses conduct problems, such as noncompliance, defiance, aggression, and impulsivity. In 2014-15, the ECBI was used in our system for children primarily between the ages of 2-5† who were enrolled in specialized programs for very young children. It is completed by the child's caregiver at intake, at utilization management/review (UM/UR), and at discharge. The ECBI was not administered in any inpatient setting.

ECBI scores were evaluated for youth discharged from services in FY 2014-15 who had less than two years between intake and discharge assessment, and who had intake and discharge scores for both the Problem and the Intensity scale (N=363).

A decrease on either ECBI scale is considered an improvement. ECBI scores revealed improvement in both the number and severity of behavioral problems in children ages 2-5 following receipt of CYFBHS services.



**ECBI pre- to post- outcomes assessment comparisons were statistically significant. Effect sizes indicate that clients are experiencing a moderate clinical change in behavioral problems.*

†A minority (12%) of clients were ages 6+ years at discharge.

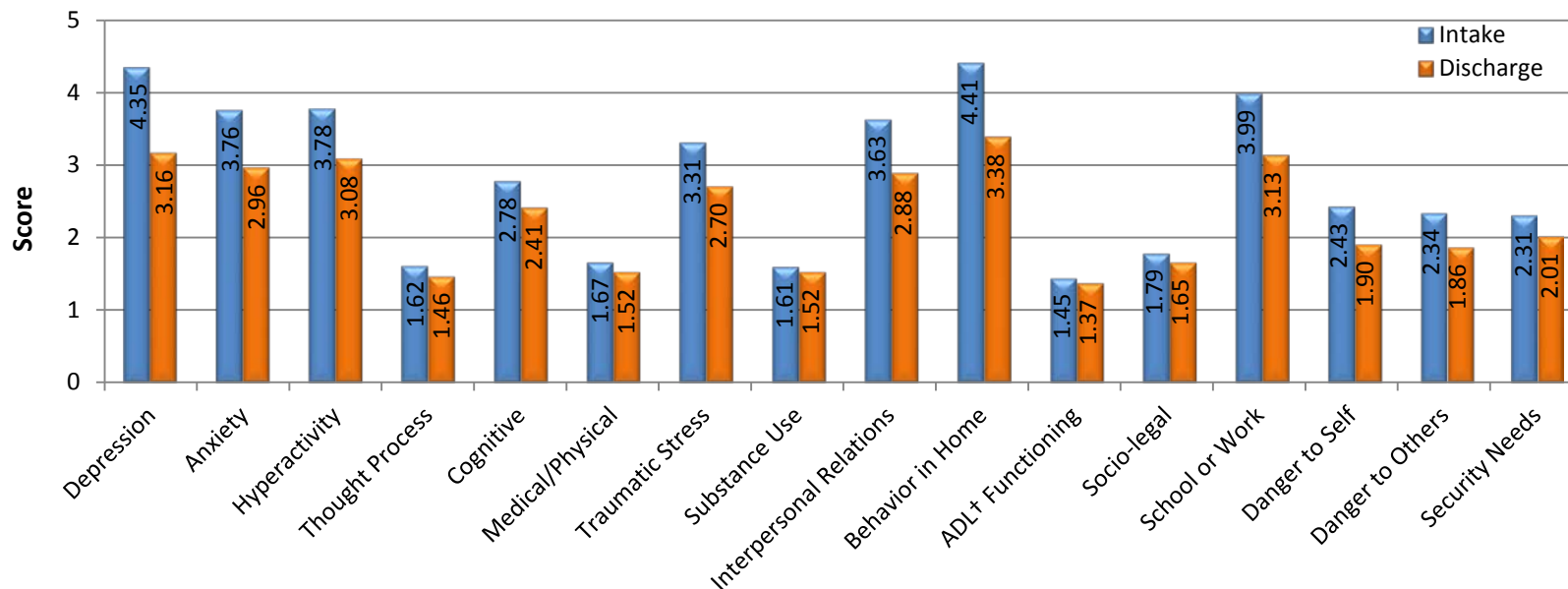
Are Clients Getting Better?

Children's Functional Assessment Rating Scale (CFARS) Results Indicate Improvement*

The Children's Functional Assessment Rating Scale (CFARS) measures level of functioning on a scale of 1 to 9. In FY 2014-15, the CFARS was completed by clinicians at intake, at utilization management/review (UM/UR), and at discharge. The CFARS was not administered in any inpatient setting.

CFARS scores were evaluated for youth discharged from services in FY 2014-15 who were in services at least three weeks and had less than two years between intake and discharge assessment, and had both intake and discharge scores for every CFARS index (N=8,564).

A decrease on any CFARS item is considered an improvement. CFARS scores revealed improvement in youth symptoms and behavior following receipt of CYFBHS services.



*CFARS pre- to post- outcomes assessment comparisons were statistically significant. Effect sizes were variable depending on the measure item, ranging from no clinical change (e.g., ADL) to a moderate clinical change (e.g., Depression) in functioning.

†Activities of Daily Living

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.

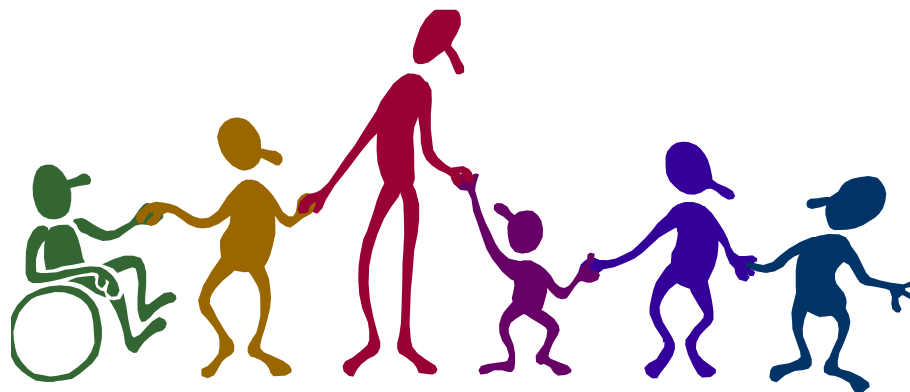
Inpatient (IP) Services*

- ❖ 174 (22%) of the 787 clients who received Inpatient care had more than one IP episode (ranging from 2 to 11) in FY 2014-15.
 - Of the 174 clients with more than one IP episode, 62 (36%) were re-admitted to IP services within 30 days of the previous IP discharge—a **decrease** from 42% (87 of 207) in FY 2013-14.

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

Emergency Screening Unit (ESU) Services

- ❖ 139 (17%) of the 827 clients who received ESU care had more than one ESU episode (ranging from 2 to 7) in FY 2014-15.
 - Of the 139 clients with more than one ESU episode, 75 (54%) were re-admitted to ESU services within 30 days of the previous ESU discharge—an **increase** from 48% (109 of 226) in FY 2013-14.



Are Clients Satisfied With Services?

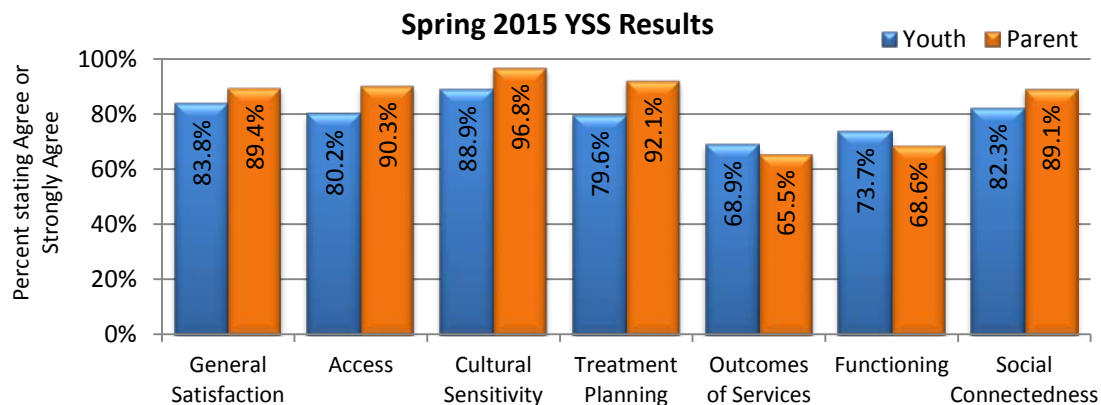
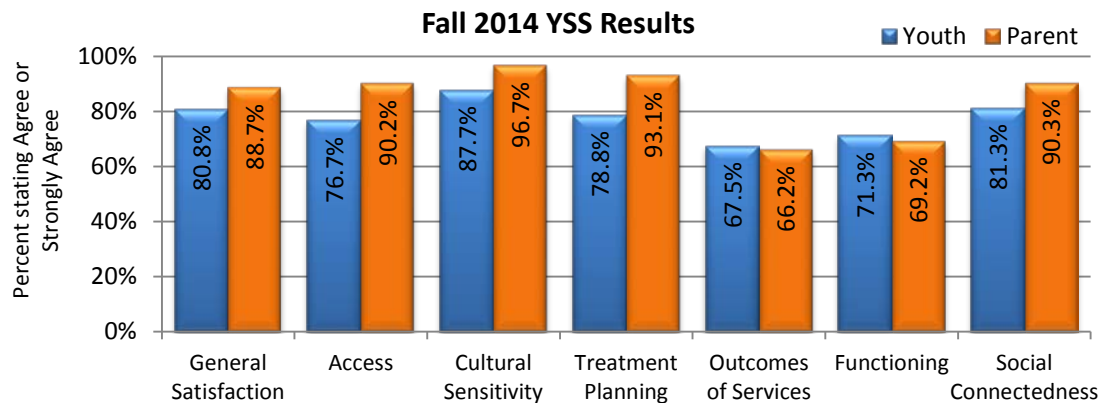
The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a biennial state-mandated survey; in FY 2014-15 it was administered to clients during two 1-week periods: the first in November 2014 (3,814 completed surveys submitted) and the second in May 2015 (3,681 completed surveys submitted). The YSS is administered to all clients, ages 13 and older, as well as the parents/caregivers of all youth receiving services regardless of age. Youth and their parents reported their degree of satisfaction with mental health services received.

YSS Satisfaction questions were grouped into seven domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Cultural Sensitivity
4. Participation 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.
- ❖ Youth were slightly more satisfied than parents with *Outcomes of Services* and *Functioning* domains; youth were less satisfied than parents on every other domain.
- ❖ The greatest disparity between youth and parents was found in the *Treatment Planning* 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.

Mental Health Service Act (MHSA) Components

Community Services and Supports

Community Services and Supports (CSS) enhance the systems of care for delivery of mental health services to seriously emotionally and behaviorally challenged children, youth, and their families. Full Service Partnership (FSP) programs provide a full array of services to clients and families embracing a “whatever it takes” approach to help stabilize the client and provide timely access to needed services for unserved and underserved children and youth. Other programs funded through CSS provide outreach and engagement countywide.

In FY 2012-13, an Alcohol and Drug Counselor was added to eight FSP programs to treat clients using substances or at risk of substance abuse. The Personal Experience Screening Questionnaire (PESQ) was implemented at these programs for youth ages 12-18 to measure potential substance abuse problems and evaluate changes in substance use following treatment. **FSP programs are reported separately as a group and by provider.**

Prevention and Early Intervention Programs

MHSA Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 13 contractors to provide PEI services for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. Each contractor collects information on the demographics of their participants and participants’ satisfaction with the services provided. **PEI youth and family participants comprise a different population than youth and family served by CYFBHS treatment providers and are reported separately.** More than 38,700 participants were served by youth and family PEI programs in FY 2014-15; an increase from 37,500 participants in FY 2013-14.

Innovations

Innovations are defined as creative, novel and ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. The Innovations component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. **Innovations youth and family participants comprise a different population than youth and family served by CYFBHS treatment providers and are reported separately.**

MHSA Components

Workforce Education and Training

The intent of the Workforce Education and Training (WET) component is to remedy the shortage of qualified individuals within the public mental health workforce that provides services to address severe mental illnesses. WET strategies include recruitment of high school and community college students for mental health occupations, development of curriculum to increase knowledge and skills of the existing workforce, promotion of the meaningful employment of consumers and their family members in the mental health system, and financial incentives that promote cultural and linguistic diversity in the public mental health workforce.

Capital Facilities and Technological Needs

MHSA Capital Facilities projects support the provision of MHSA services through the development of a variety of community-based facilities that support integrated service experiences. The goals of MHSA-funded Technological Needs projects and enhancements are to: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information through a wide variety of settings, and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, efficiency and cost-effectiveness.

To learn more about the MHSA, visit <http://sandiego.camhsa.org/>



Prevention & Early Intervention (PEI)

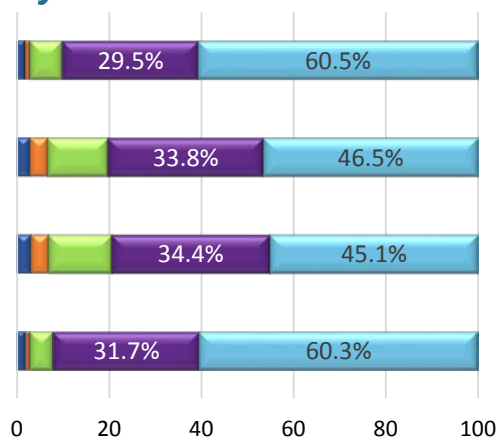
PEI Participant Demographics

| Age (years) | N | % |
|----------------------------|---------------|-----|
| 0-5 | 3,045 | 8% |
| 6-11 | 11,543 | 30% |
| 12-17 | 1,954 | 5% |
| 18-24 | 909 | 2% |
| 25-59 | 6,864 | 18% |
| 60 and older | 817 | 2% |
| Unknown/Missing | 13,597 | 35% |
| Gender | | |
| Female | 21,287 | 55% |
| Male | 16,241 | 42% |
| Other/Unknown/Missing | 1,201 | 3% |
| Race (Census Categories) | | |
| White | 8,175 | 21% |
| Black/African American | 1,500 | 4% |
| Asian/Pacific Islander | 1,341 | 4% |
| Hispanic | 18,944 | 49% |
| Native American | 3,278 | 9% |
| Multiracial | 1,218 | 3% |
| Other Non-White | 1,316 | 3% |
| Unknown/Missing | 2,957 | 8% |
| Total in FY 2014-15 | 38,729 | |

The Mental Health Services Act Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to offer programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The focus of these programs vary widely, from teaching caregivers how to cope with behavior challenges with young children to preventing youth suicide. PEI youth and family participants comprise a different population than youth and family clients served by CYFBHS treatment providers and are reported in detail separately (http://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html; Section 6: Quality Improvement Reports).

PEI Participant Satisfaction Survey Results

Overall, satisfied with services received (N=19,909)



■ Strongly Disagree
 ■ Disagree
 ■ Neither Agree or Disagree
 ■ Agree
 ■ Strongly Agree

Alcohol & Drug Services (ADS)

ADS Youth Client Demographics*†§

| Age (years) | N | % |
|----------------------------|--------------|-----|
| 12-15 | 501 | 32% |
| 16-17 | 1,066 | 68% |
| Gender | | |
| Male | 1,135 | 72% |
| Female | 432 | 28% |
| Other | 0 | 0% |
| Race | | |
| White | 377 | 24% |
| Hispanic | 906 | 58% |
| Black/African-American | 161 | 10% |
| Asian/Pacific Islander | 27 | 2% |
| Native American | 25 | 2% |
| Other/Mixed Race | 69 | 4% |
| Unknown | 2 | 0% |
| Total in FY 2014-15 | 1,567 | |

*Client duplication due to multiple admissions during the fiscal year. Data include clients admitted and discharged in FY 2014-15.

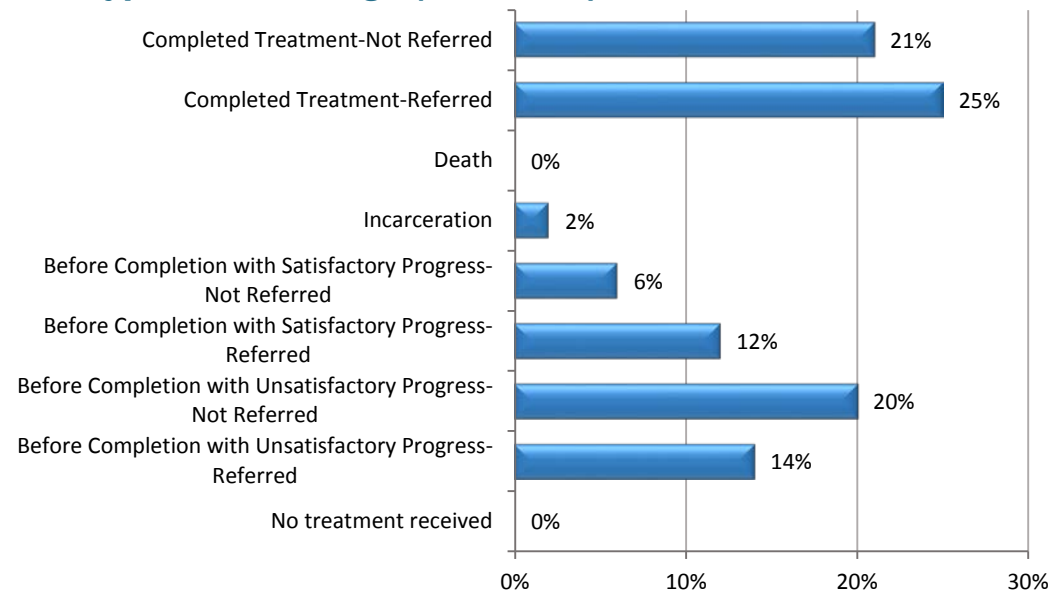
†ADS client demographics are reported here for youth ages 12-17.

‡ADS client discharges are not broken down by age; therefore youth and adult data are reported together.

§Data Source: SanWITS

BHS contracts with local providers to provide Alcohol and Other Drug (AOD) programs through an integrated system of community-based alcohol and other drug prevention, intervention, treatment, and recovery services throughout San Diego County. The AOD programs serve adults, women (including those who are pregnant and/or parenting), and adolescents who are abusing drugs and alcohol and/or have co-occurring disorders. Services range from Residential and Non-Residential Treatment, Detoxification, Case Management, Justice Programs, Specialized Services, and Ancillary services (i.e. HIV/Hepatitis C counseling and testing, TB testing). These strength-based, trauma-informed, culturally competent AOD treatment services involve the family unit in the recovery processes within a safe and sober environment.

ADS Type of Discharge (N=14,863)‡§



Other Noteworthy CYFBHS Services

AOD Services for Teens*

Behavioral Health Services provides Teen Recovery Center (TRC) services to youth ages 12 to 17. These services provide age appropriate substance abuse 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 satellites 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 treatment residential AOD services as well as detox residential services.

Perinatal AOD Services*

The County of San Diego has a Perinatal System of Care that provides a wide array of AOD treatment services to meet the needs of pregnant and/or parenting women and teens. Perinatal AOD treatment is available throughout the county and includes: long term residential treatment for women and their children, perinatal detoxification, non-residential programs for women and teens, and intensive mobile perinatal case management services to high risk pregnant women or teens. The perinatal AOD treatment programs support the needs of mothers through parenting classes, child therapy, life skills, healthy relationships, recovery groups, education, transportation and onsite childcare. All services are provided on a sliding fee scale. Treatment fees may be waived for Medi-Cal recipients. This population has priority admission into any county funded AOD program.

| | Residential Perinatal Programs (N=3) | Outpatient Non-Residential Programs (N=7) |
|---|---|--|
| Total Duplicated Admissions | 962 | 865 |
| Total Unduplicated Children Ages 5 and Under Whose Parents Have Been Admitted† | 587 | 771 |

*Data for these AOD services are not captured in this report. For more information on AOD services in the System of Care, please refer to the Behavioral Health Outcomes Report at www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/BHOReport5.17.13.pdf.

†Numbers exclude the teen perinatal program

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 Abuse** is operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with ADS.
- **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** up to 24 hours 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 treatment services:**
 - Rehabilitative day treatment services* are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on skill building and behavioral adjustments.
 - Intensive day treatment services* are provided in an integrated setting with the child’s education as part of the day. These services are planned and delivered in close coordination with a local education agency. The focus is on psychotherapy interventions.
- **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.

Glossary of Terms

- **Inpatient (IP) services** are delivered in psychiatric hospitals.
- **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, Polinsky Children's Center, Juvenile Ranch Facilities, and Camp Barrett.
- **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 more than 300 schools in 33 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 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.

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The Child & Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly funded mental 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.

