County of San Diego
Health and Human Services Agency

Children, Youth & Families Behavioral Health Services

Systemwide Annual Report, FY 2020-21

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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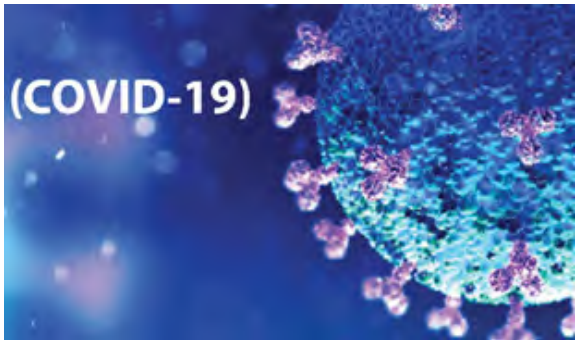
Systemwide Annual Report



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) 2020-21 (July 2020 – June 2021). 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 began March of 2020, which may continue to affect FY 2020-21 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/.

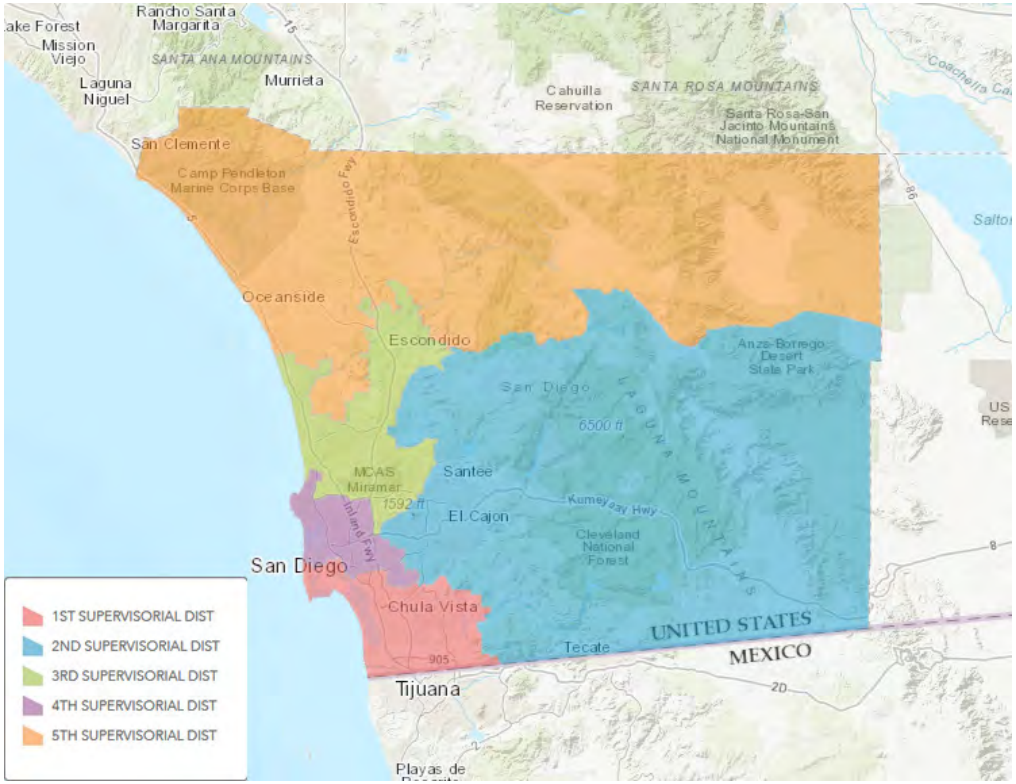
The Importance of Assessment

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 2020-21, 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 328 individual practitioners throughout the community with a wide range of specialties; 229 FFS providers are credentialed to provide services for children and youth. In FY 2020-21, 112 FFS providers actually provided services for children and youth (see page 45).



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

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

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

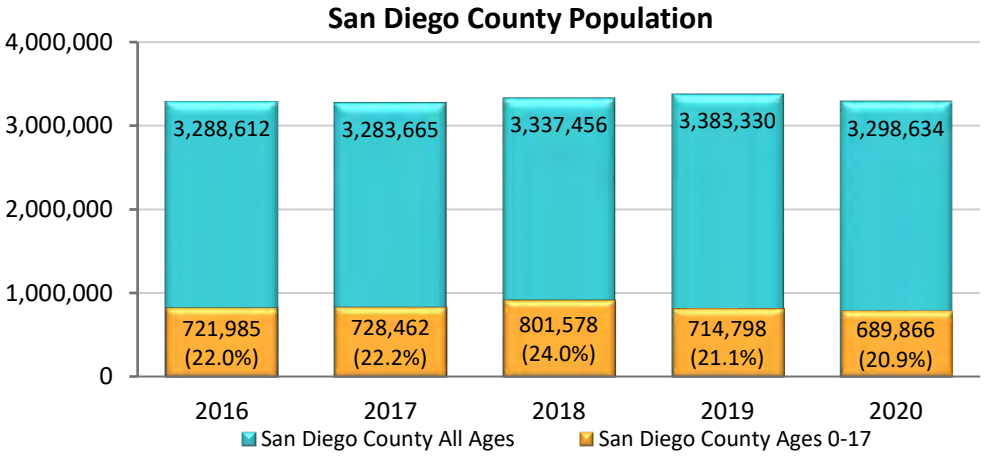
- Outpatient Services (OS)
- Intensive Outpatient Services (IOS)
- Opioid Treatment Programs (OTP)
- Residential 3.1
- Residential 3.5
- Withdrawal Management 3.2
- Recovery Services

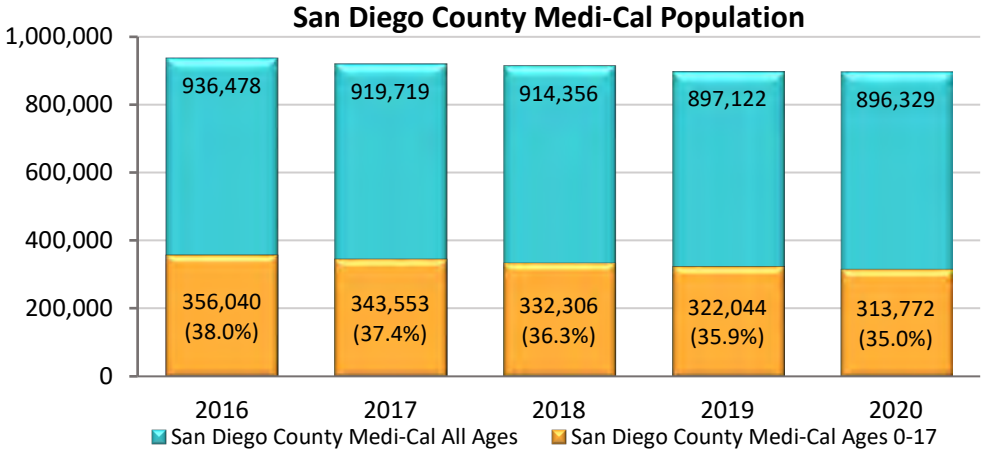
Note: *Discrepancies between service data in the FY 2020-21 Annual Report and the FY 2020-21 Databook for CYFBHS are due to differences in how the data are generated; by program modality for the Databook and by service code for the Annual Report.*
Note: *Percentages may not add up to 100% due to rounding.*

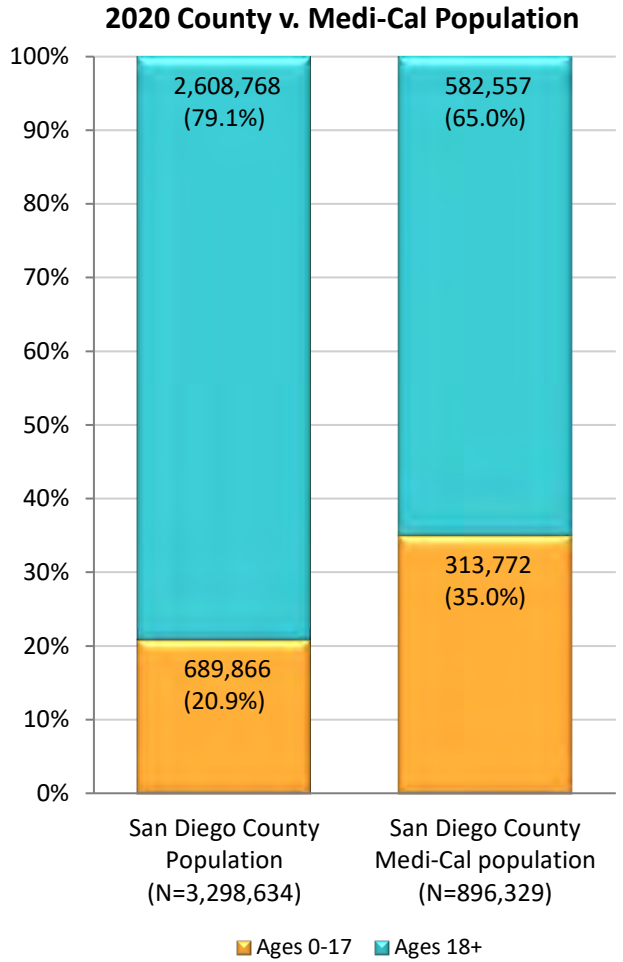
Introduction

San Diego County

The estimated population of San Diego County in 2020 (Source: US Census Bureau estimate, accessed 1/20/2022) was 3,298,634 residents, 689,866 (21%) of whom were under the age of 18. In 2020, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 1/18/21) was 896,329 residents, 313,772 (35%) of whom were ages 0-17 years.





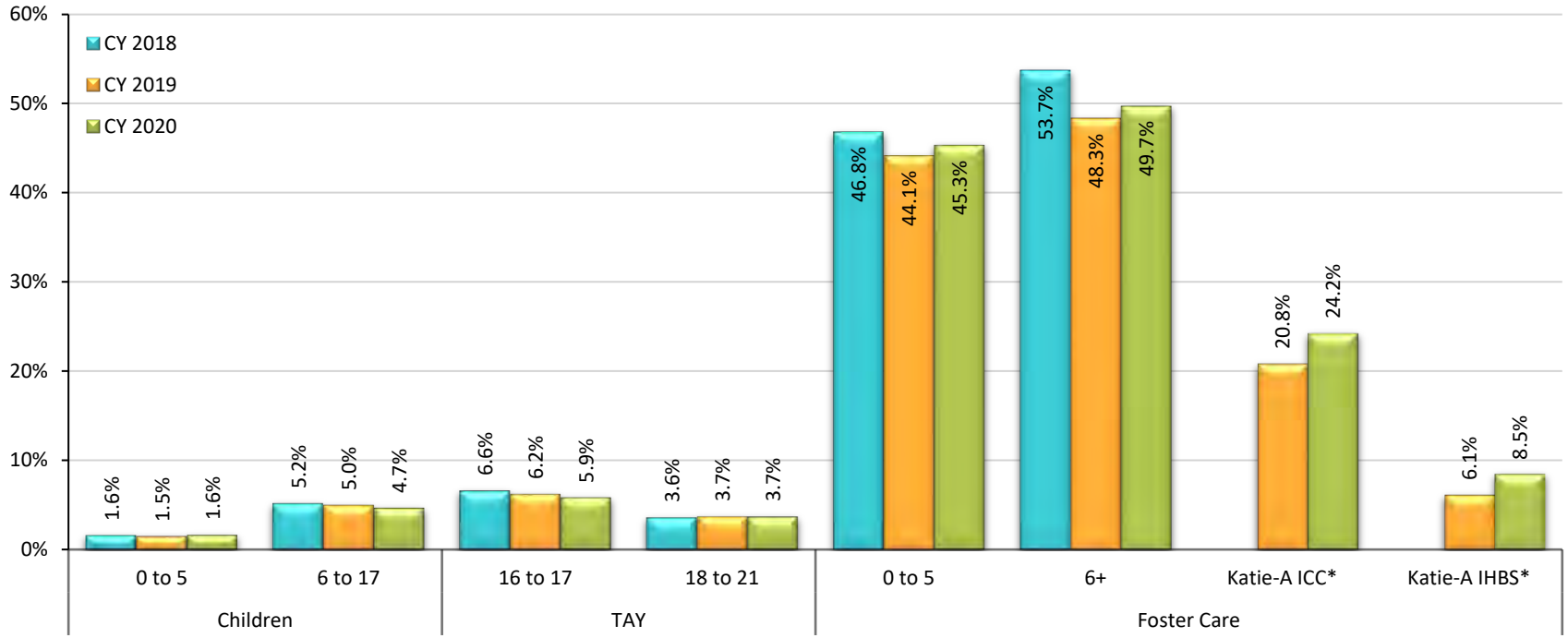


Medi-Cal Penetration Rates

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 children ages 0-5; decreased for children ages 6-17, TAY, and 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) 2018 to 2020



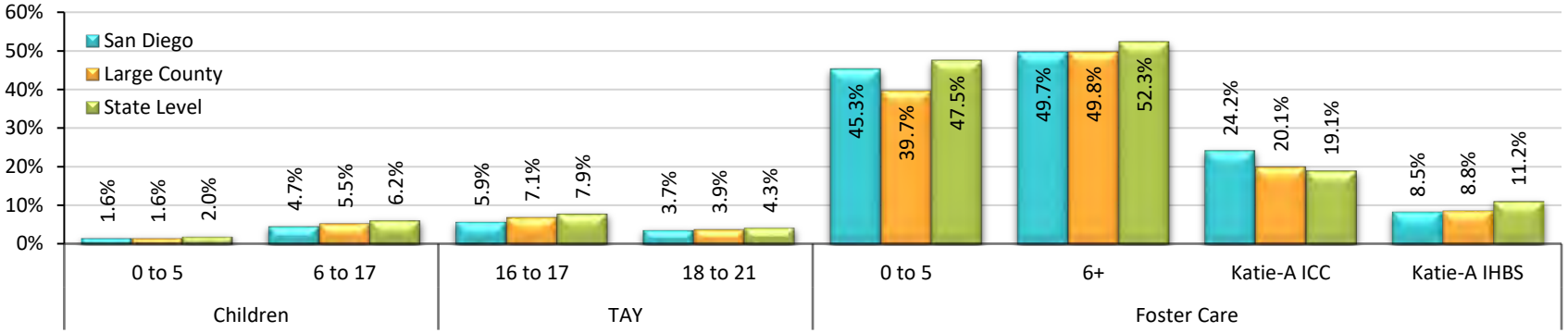
**Prior to 2019, ICC and IHBS penetration rate data were reported together*
Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2021

Medi-Cal Penetration Rates

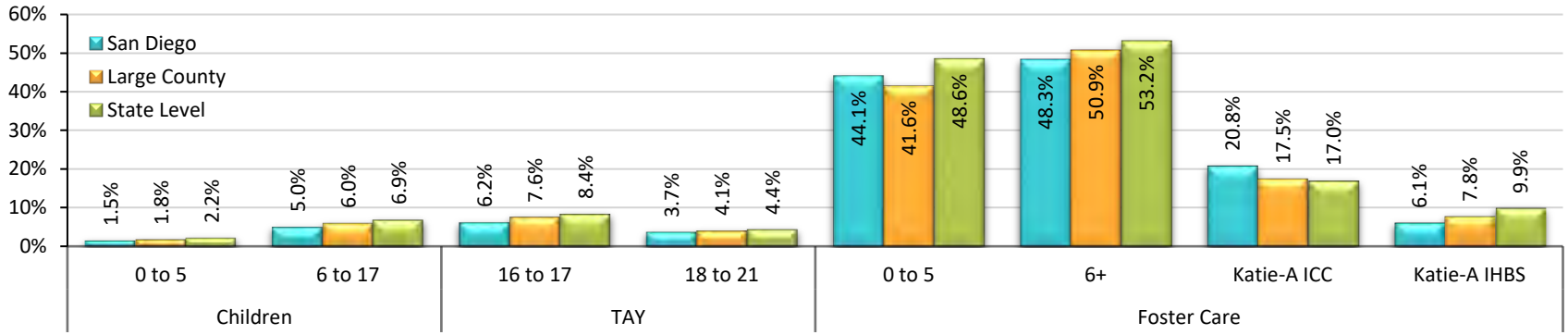
Penetration Rate of SMHS Medi-Cal Beneficiaries in San Diego County, Large Counties, and California

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 2020, San Diego County had a lower penetration rate than other large counties and California for children ages 6-17 and TAY. 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 2020



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



Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2021

Youth Population Health Data

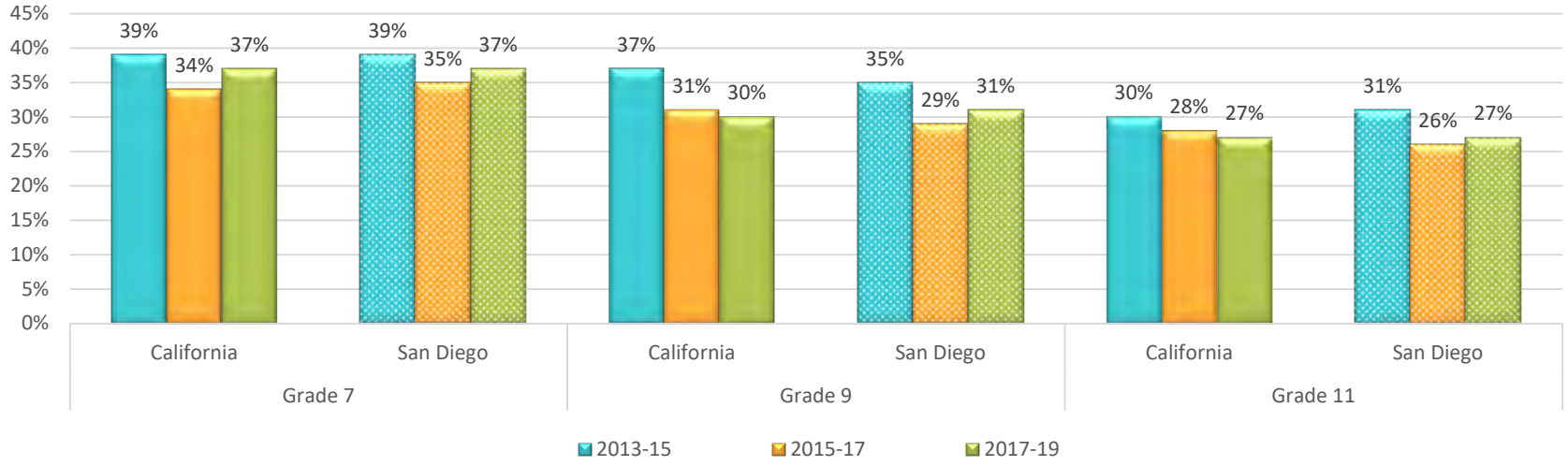
California Healthy Kids Survey (CHKS)

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. Data from the 2019-21 CHKS administration were not yet available at the time of this report.

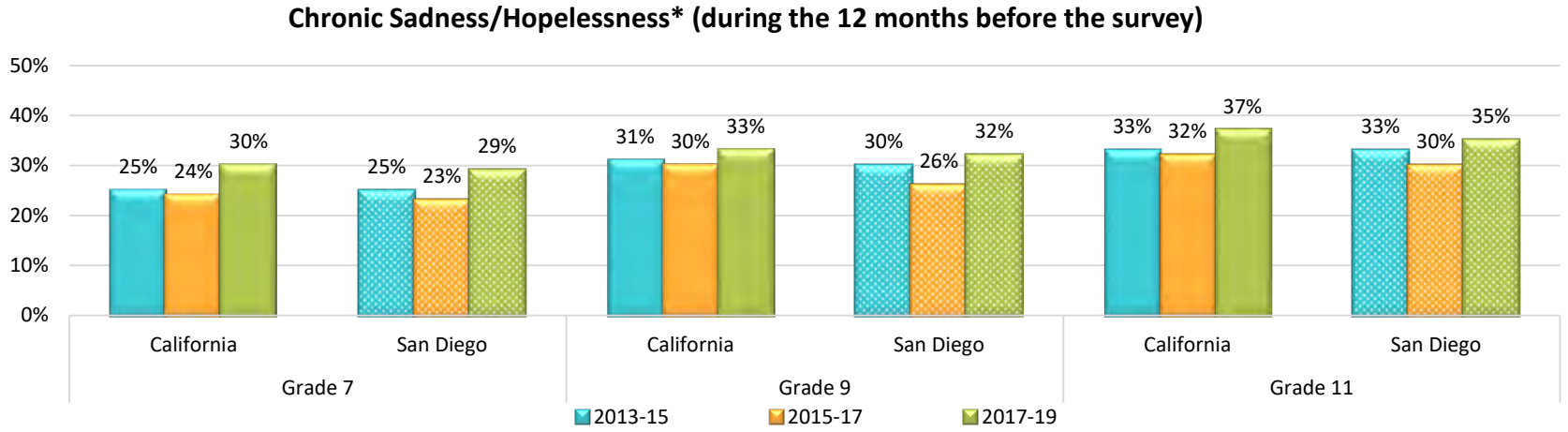
Harassed or Bullied at School (during the 12 months before the survey)

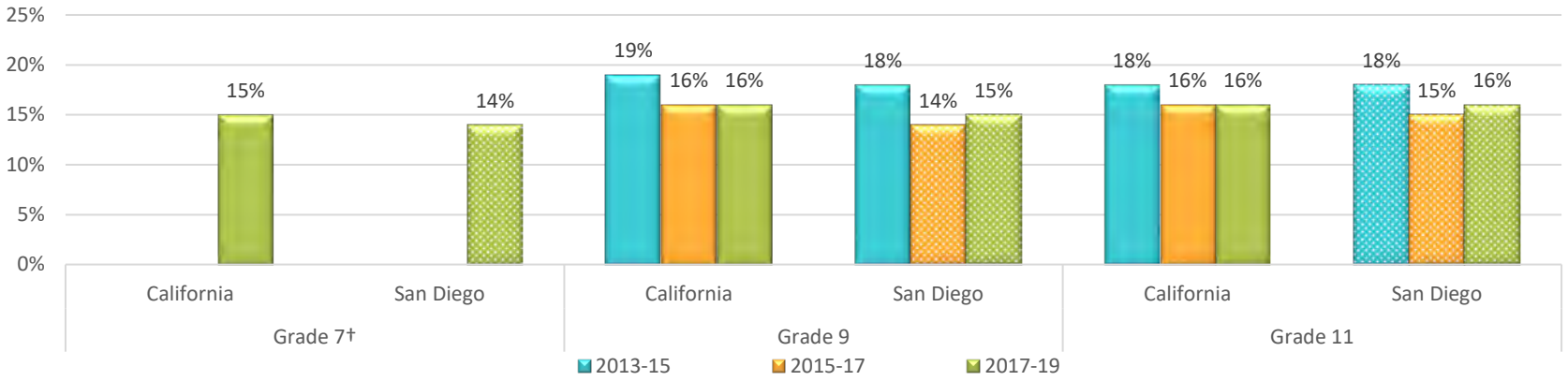


Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 3/15/2021

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

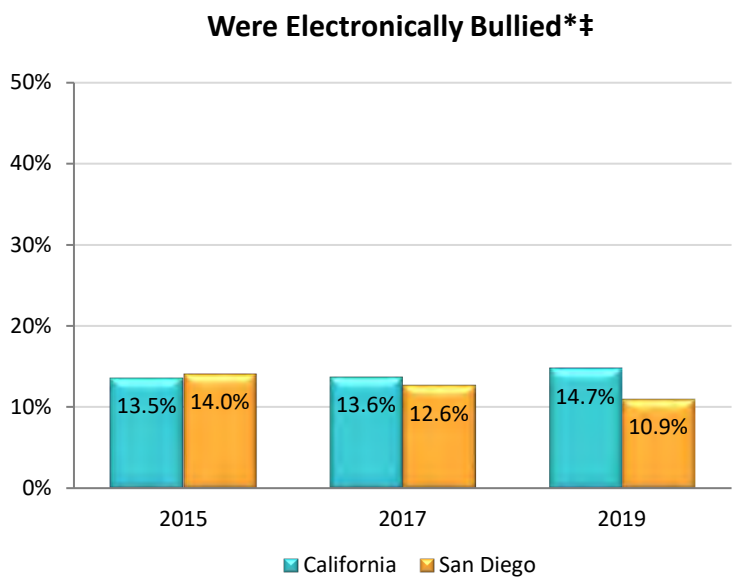
Youth Population Health Data

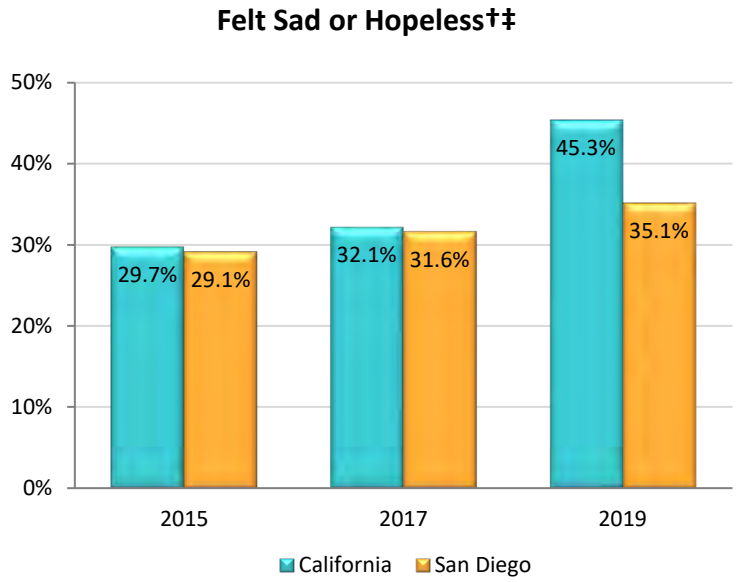
Youth Risk Behavior Survey (YRBS)

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. Data from the 2021 YRBS administration were not yet available at the time of this report.



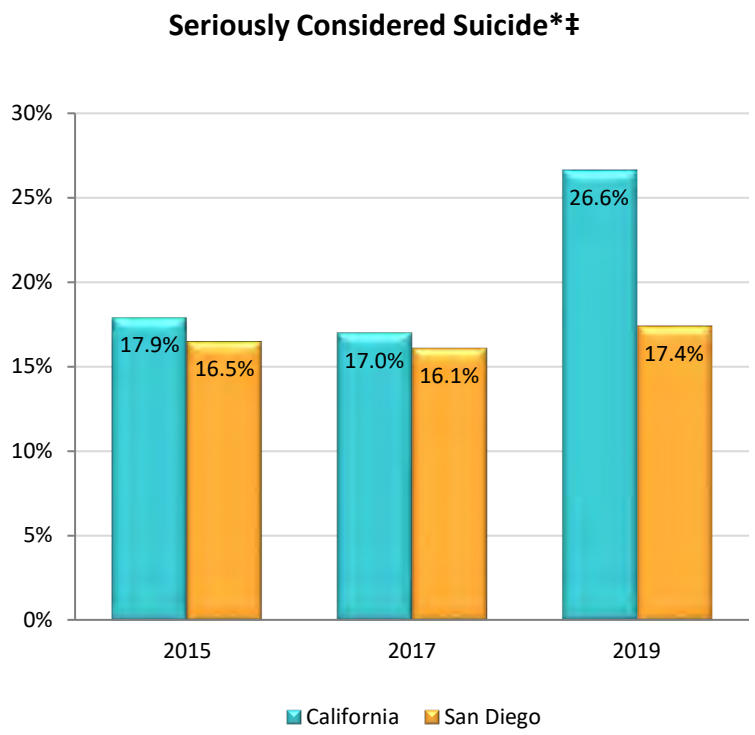


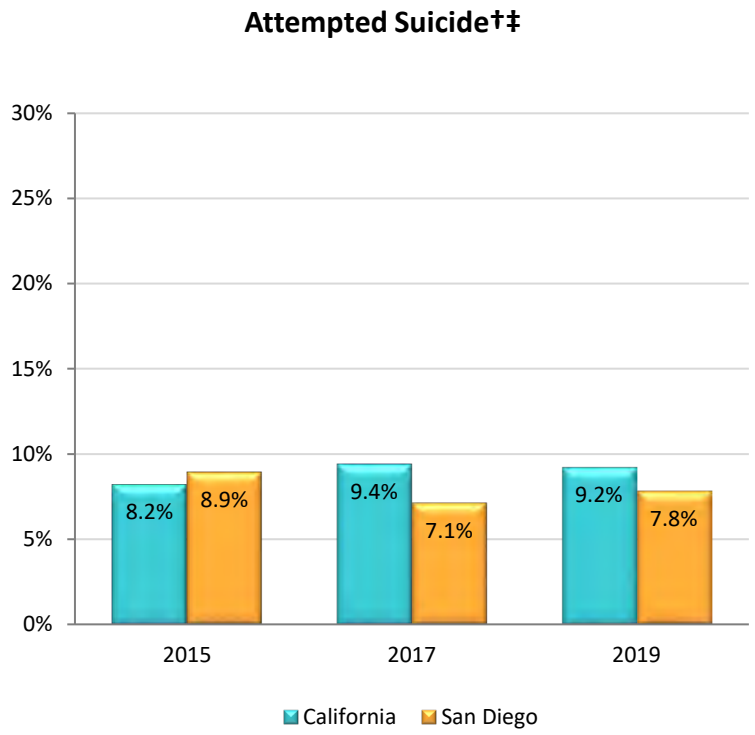
**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months 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.





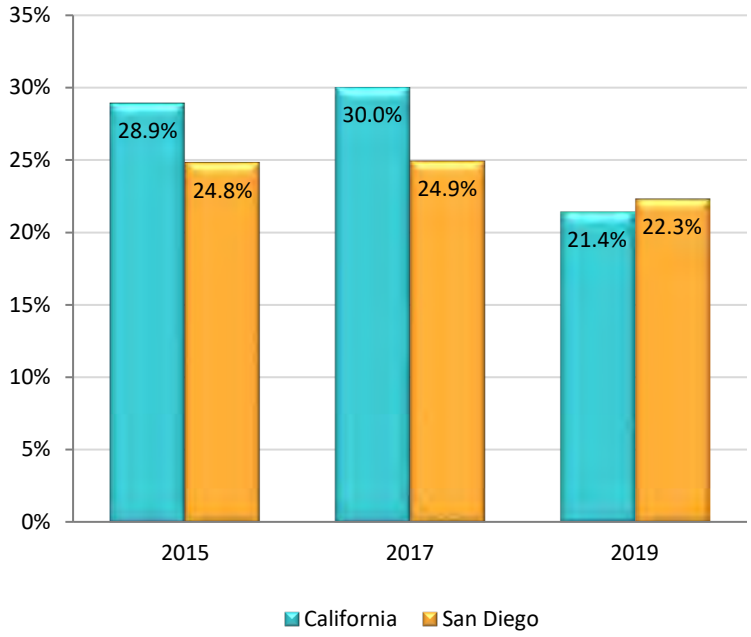
**Seriously considered attempting suicide during the 12 months before the survey.*
†Actually attempted suicide one or more times during the 12 months before the survey.
‡This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

Youth Population Health Data

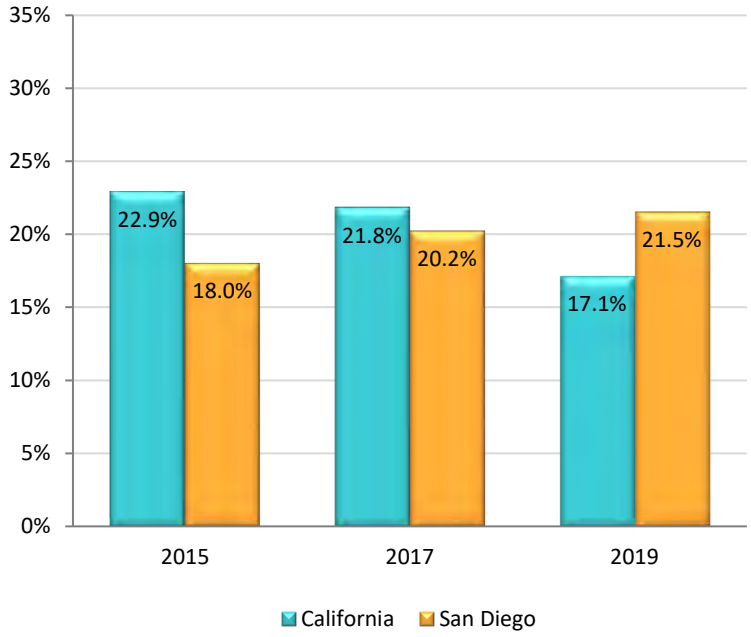
Youth Risk Behavior Survey (YRBS)

According to the most recent administration of the YRBS, high school students in San Diego Unified School District were more likely to currently be using alcohol or marijuana than the California average.

Current Alcohol Use*‡



Current Marijuana Use†‡

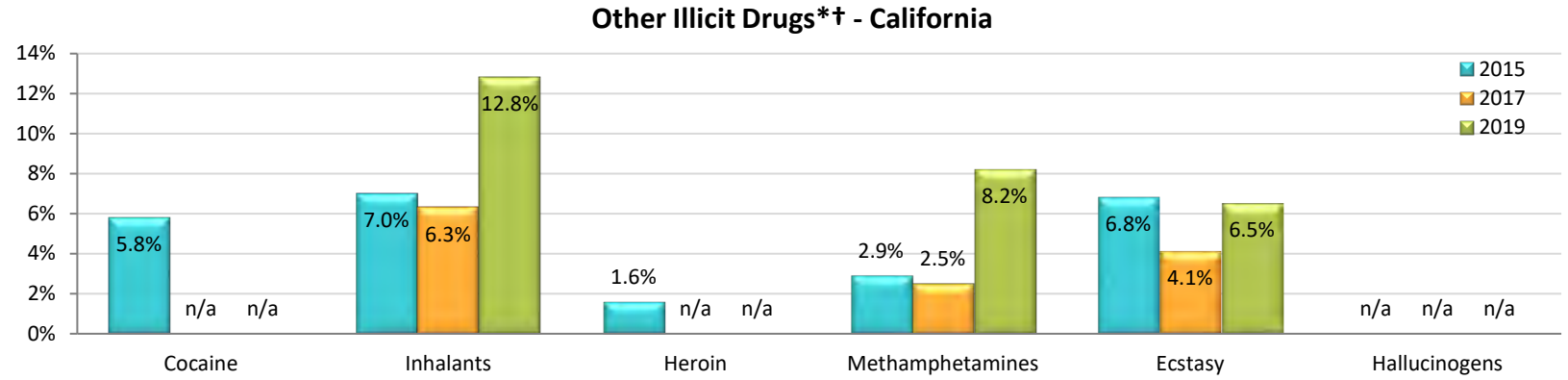


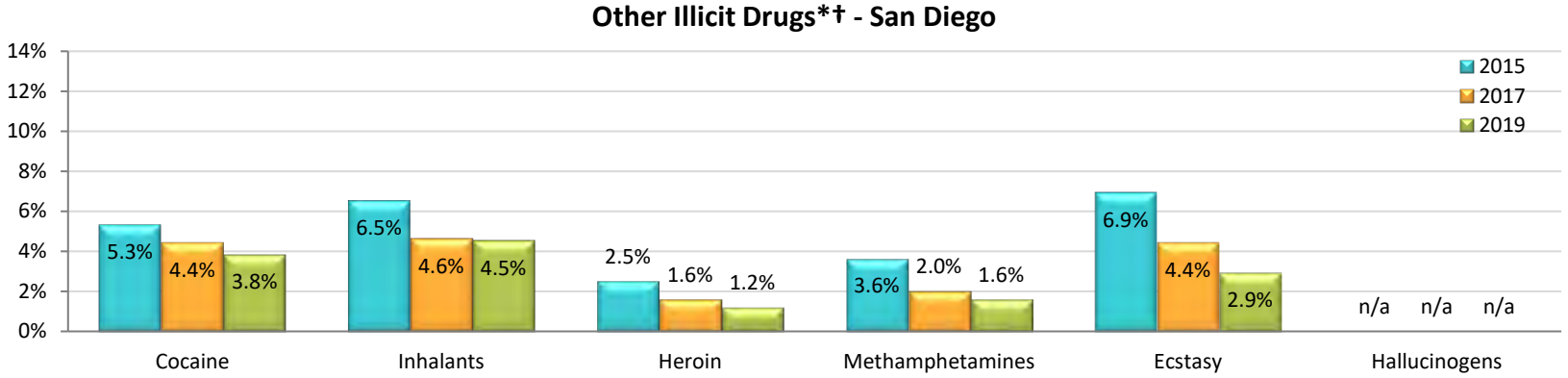
**Had at least one drink of alcohol during the 30 days before the survey.*
†Used marijuana during the 30 days before the survey.
‡This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 1/22/2022

Youth Population Health Data

Youth Risk Behavior Survey (YRBS)

Availability of survey data on illicit drug use (at least once during the youth's lifetime) varied between San Diego and California. On average, rates of illicit drug use were lower in San Diego as compared to California.



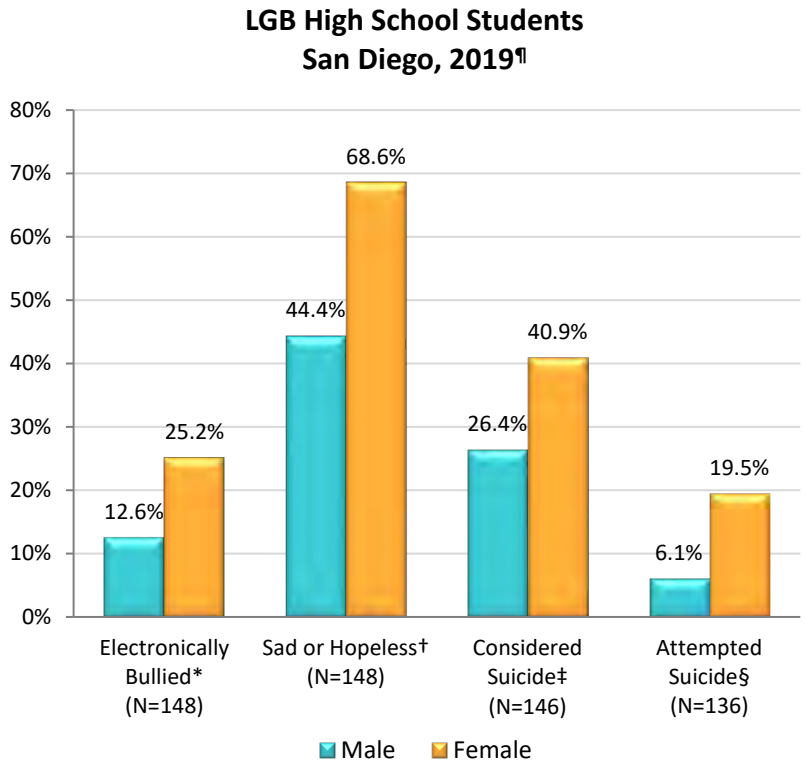


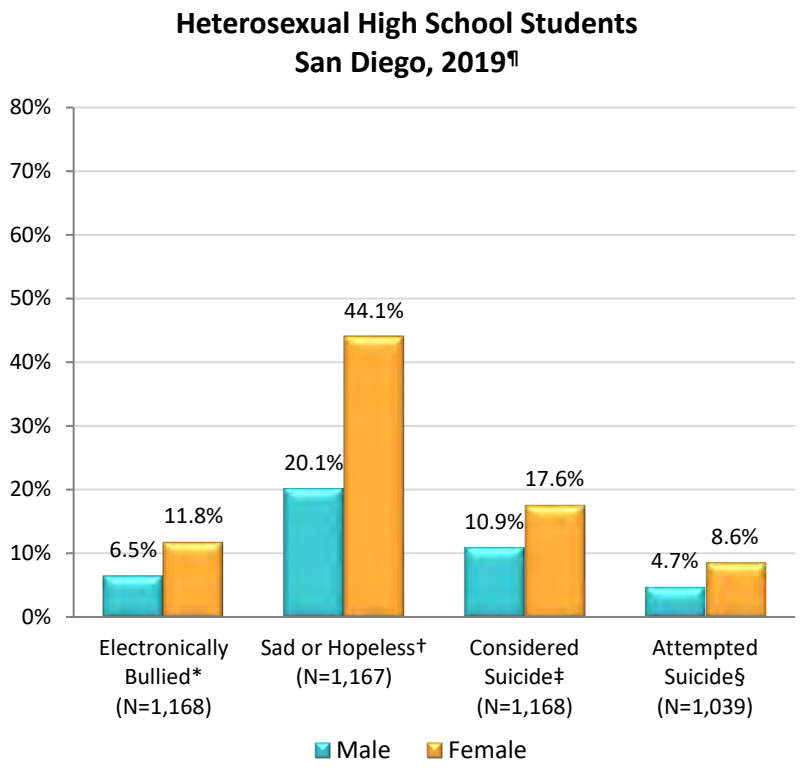
**Ever used select illicit drugs.*
†This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 2/16/2022

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.





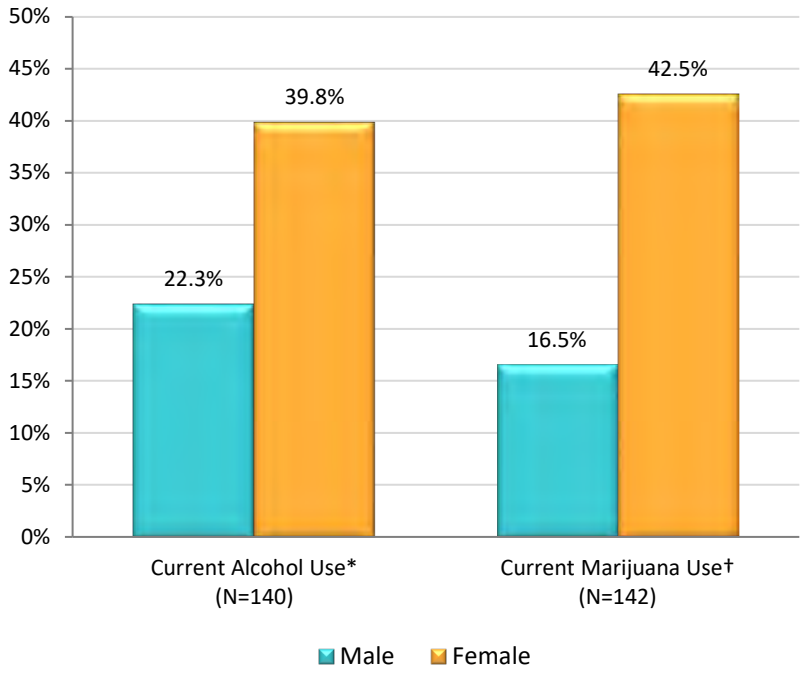
**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.
‡Seriously considered attempting suicide during the 12 months before the survey.
§Actually attempted suicide one or more times during the 12 months before the survey.
¶This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/22/2021

Youth Population Health Data

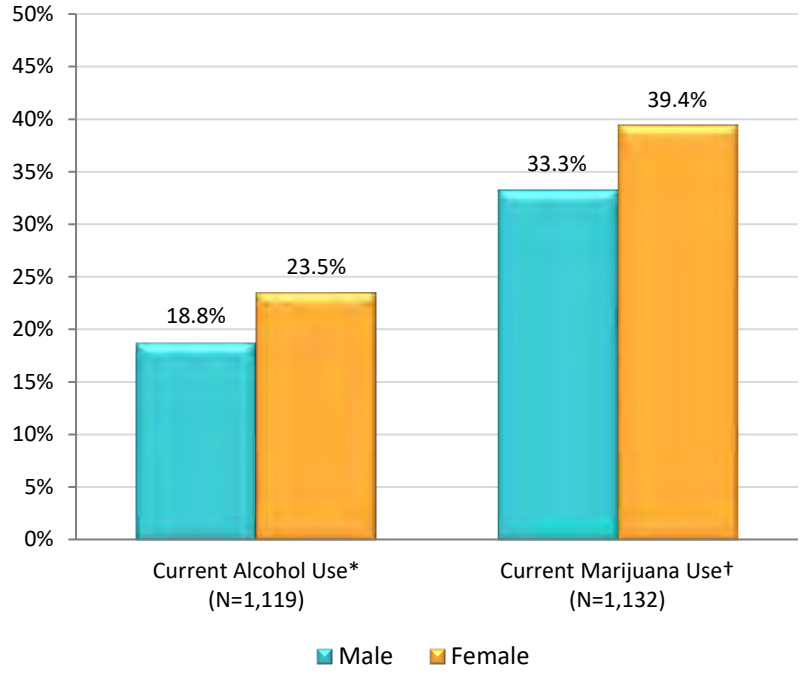
Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

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

LGB High School Students
San Diego, 2019‡§



Heterosexual High School Students
San Diego, 2019‡§

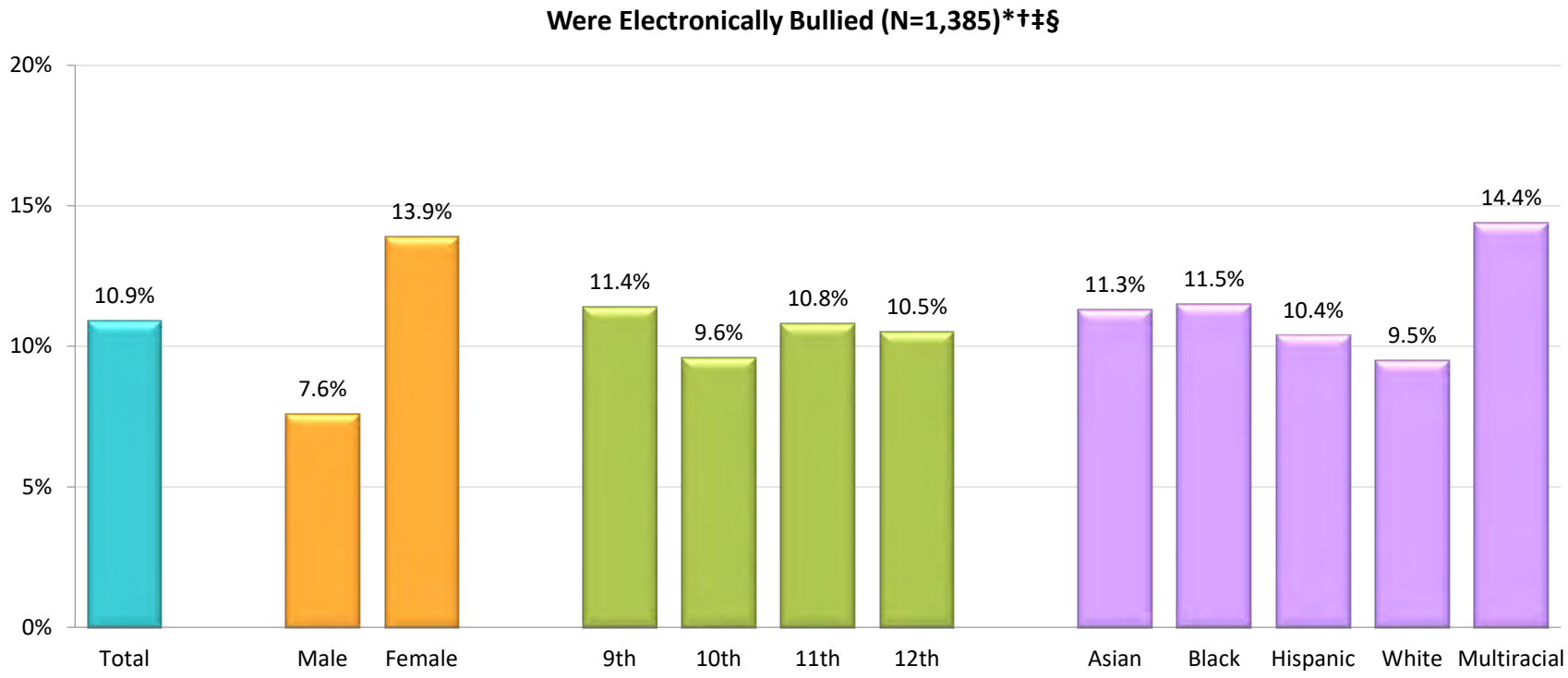


**Had at least one drink of alcohol during the 30 days before the survey.*
†Used marijuana during the 30 days before the survey.
‡Illicit drug use is defined differently in San Diego vs. California and is not reported here.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 1/21/2022

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.

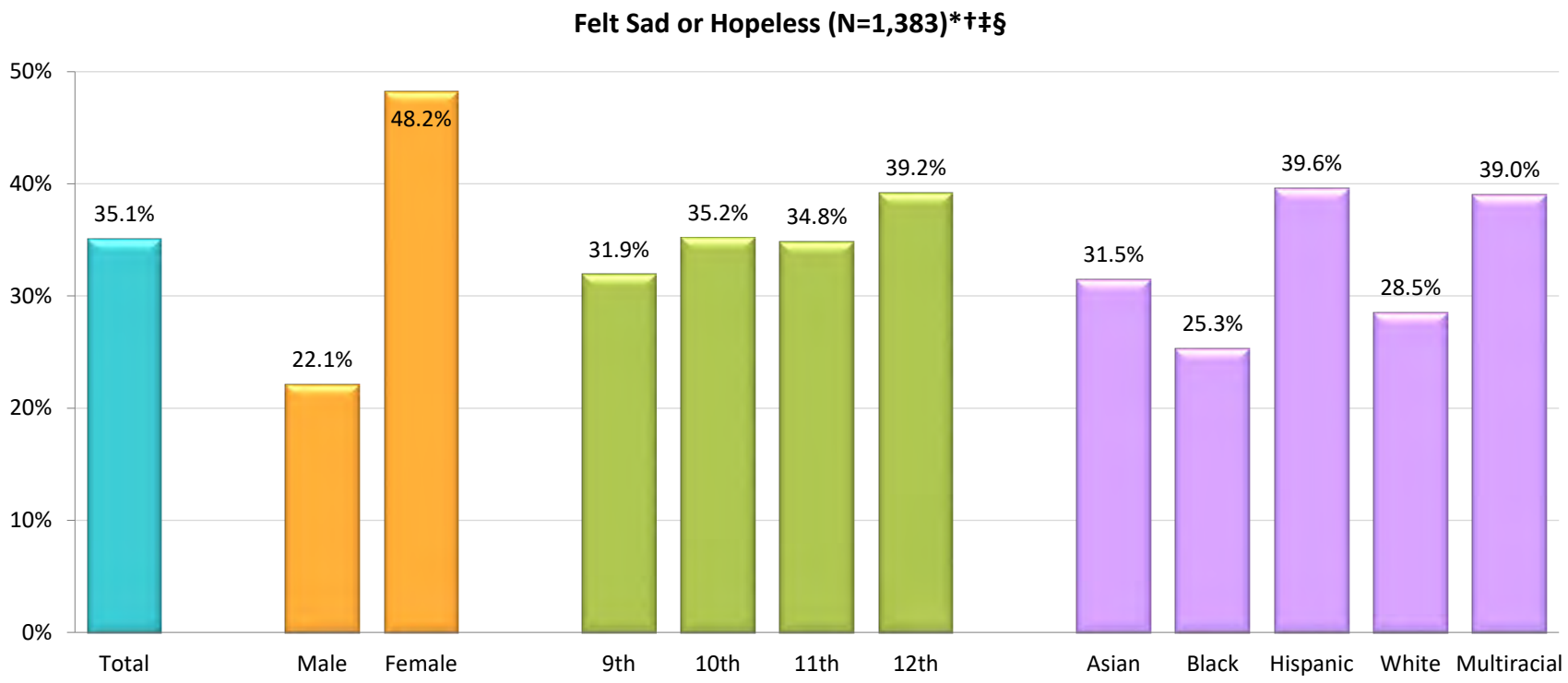


**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

Youth Population Health Data

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

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

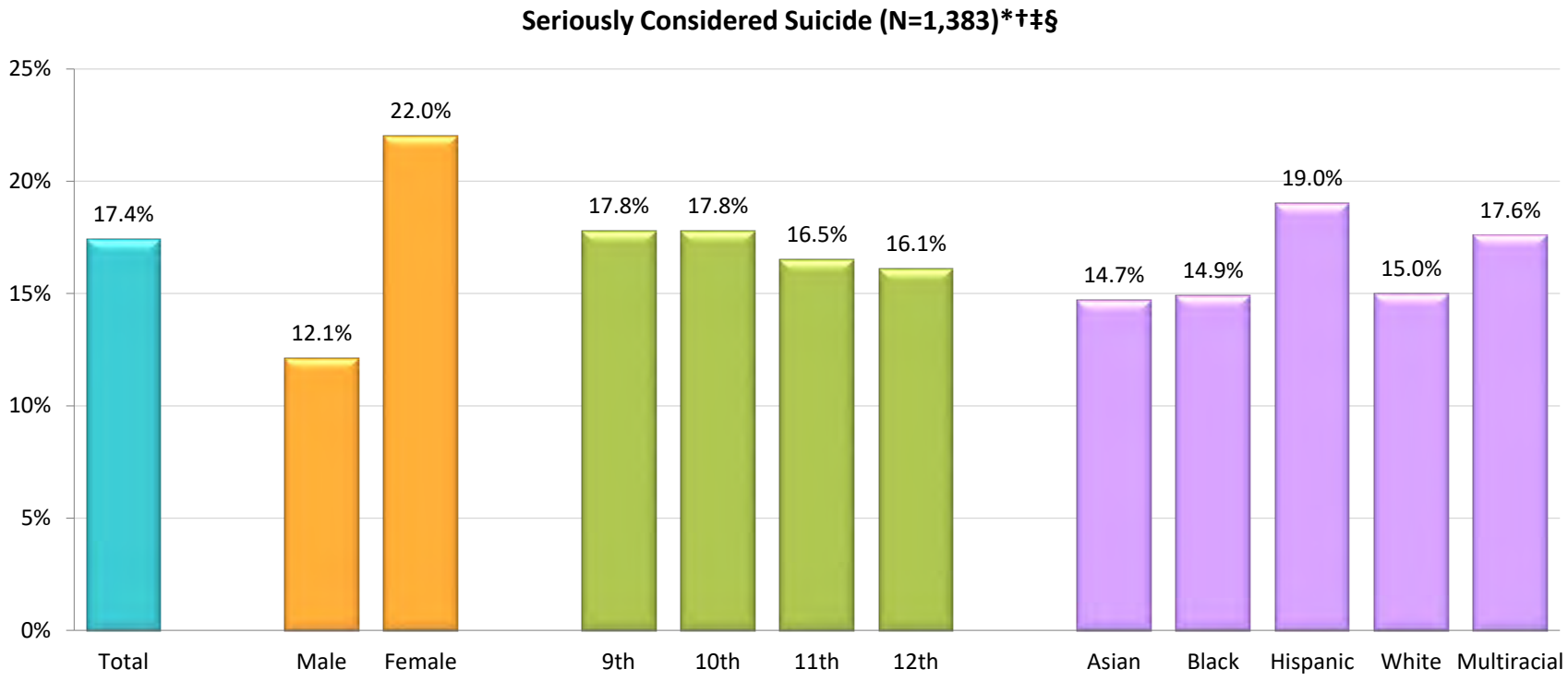


**Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

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 seriously considering suicide.

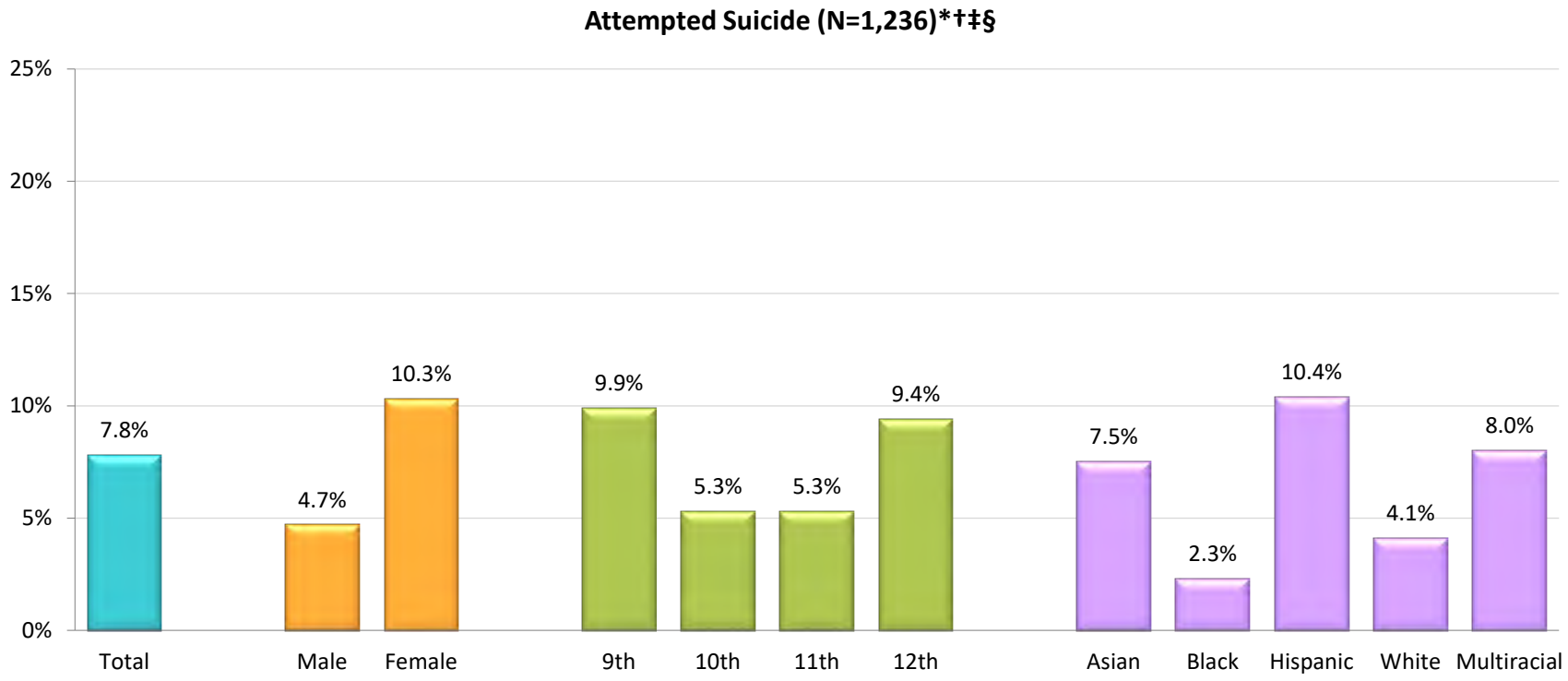


**Seriously considered attempting suicide during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

Youth Population Health Data

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

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

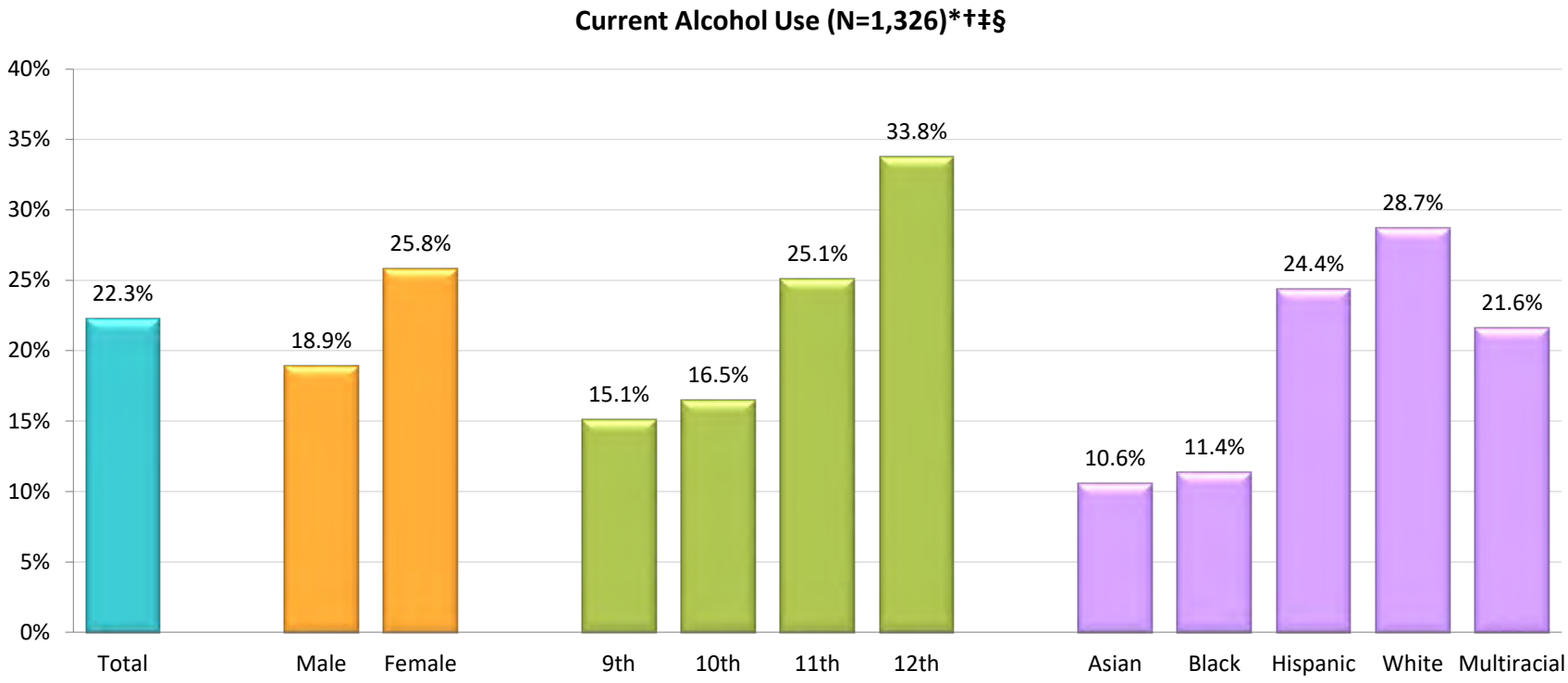


**Actually attempted suicide one or more times during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

Youth Population Health Data

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

Among San Diego high school students in 2019, youth who were White, female, and in the 12th grade were most likely to report current use of alcohol.

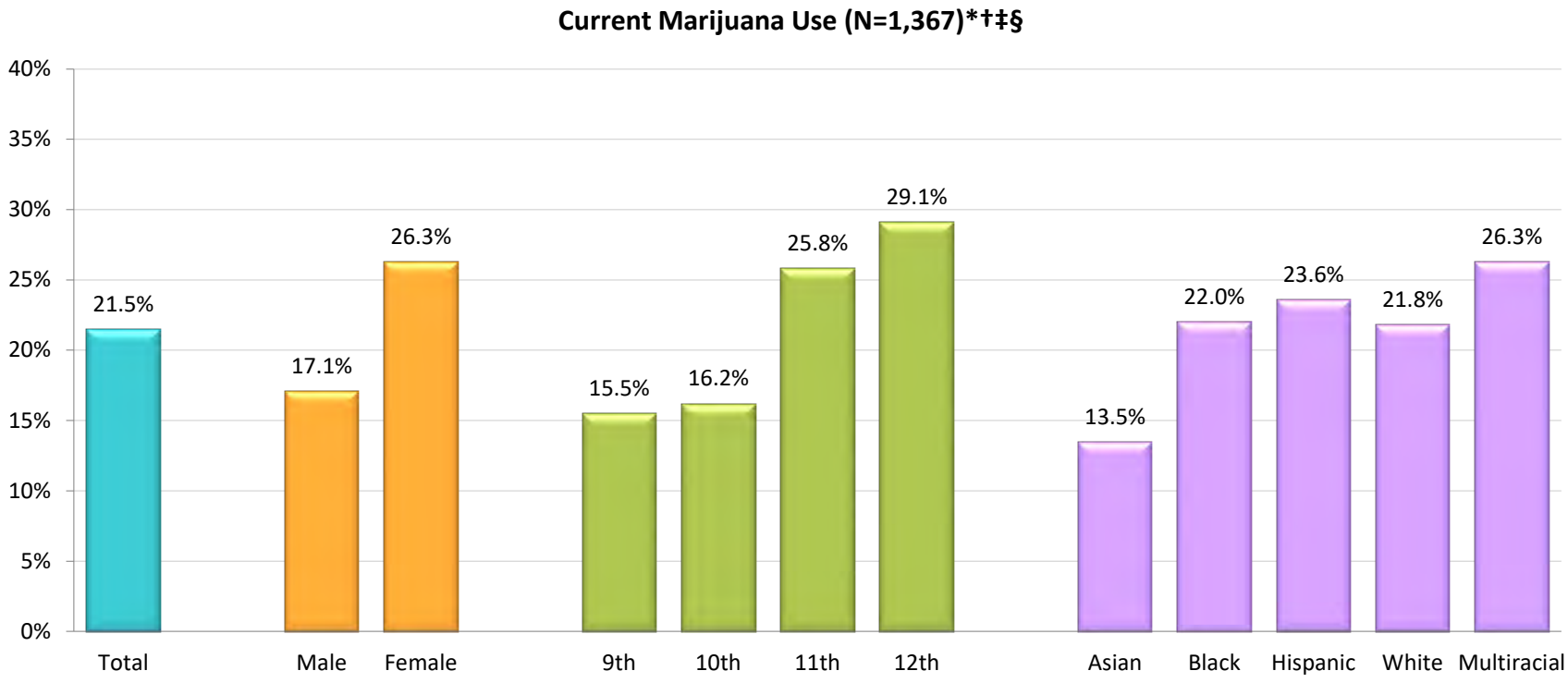


**Had at least one drink of alcohol during the 30 days before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 1/21/2022.

Youth Population Health Data

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

Among San Diego high school students in 2019, youth who were Multiracial, female, and in the 12th grade were most likely to report current use of marijuana.

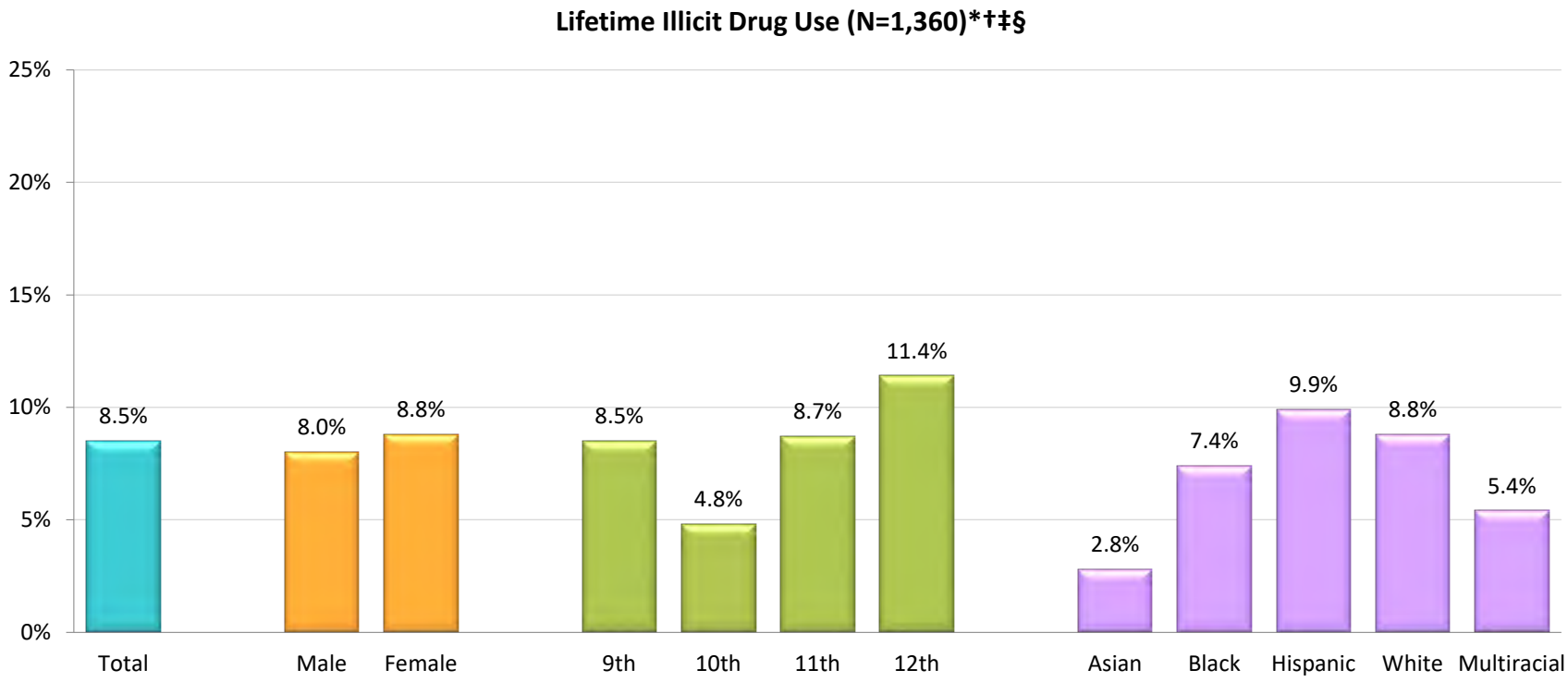


**Used marijuana during the 30 days before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 1/21/2022

Youth Population Health Data

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

Among San Diego high school students in 2019, youth who were Hispanic, female, and in the 12th grade were most likely to report having used illicit drugs at least once in their lifetime.

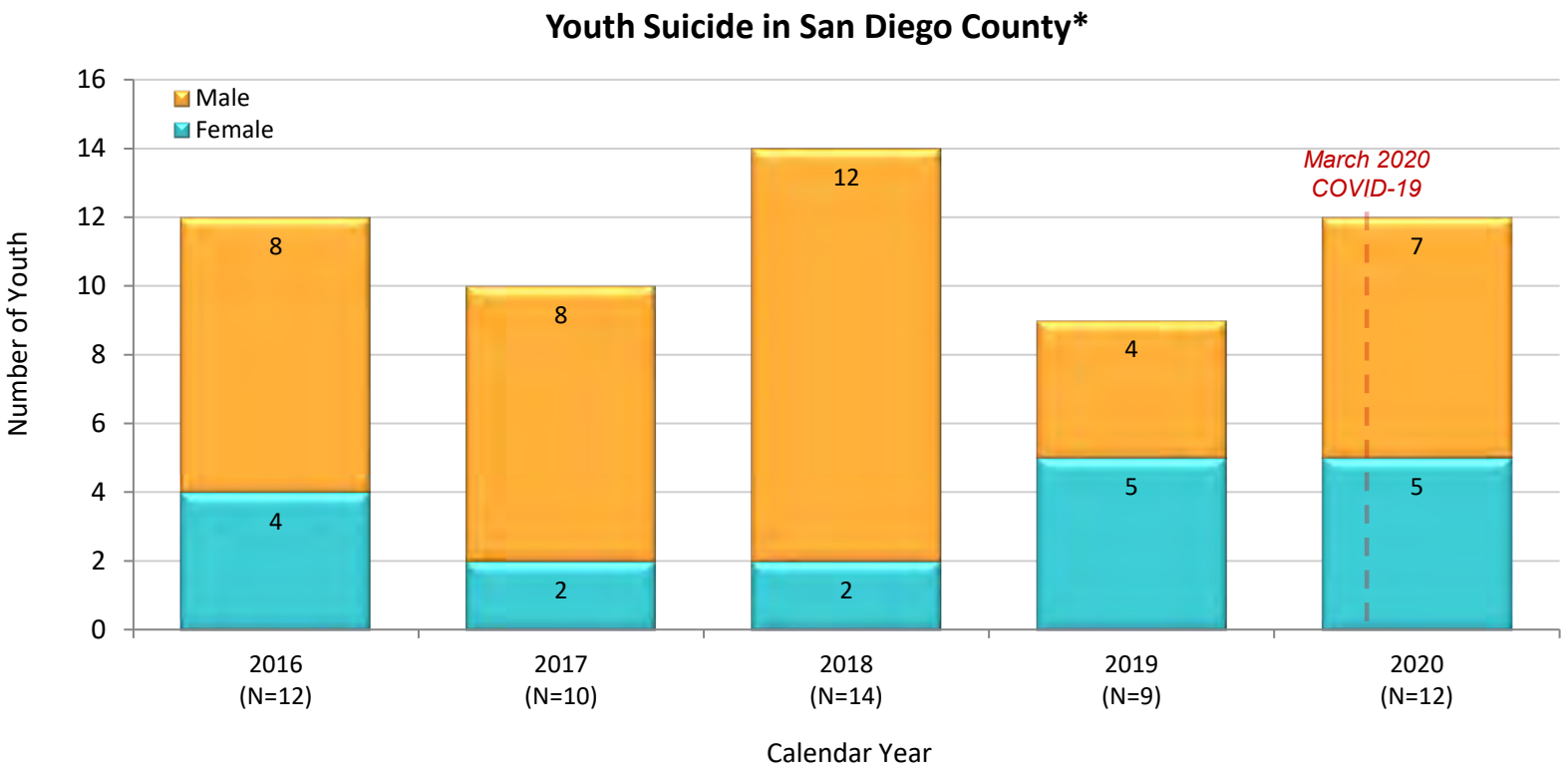


**Ever used select illicit drugs (cocaine, inhalants, heroin, methamphetamines, ecstasy).*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 2/16/2022

Youth Population Health Data

Youth Suicides in San Diego County

Suicide among youth under the age of 18 increased 33% from 2019 (N=9) to 2020 (N=12); this still represents a decrease from 2018 (N=14).

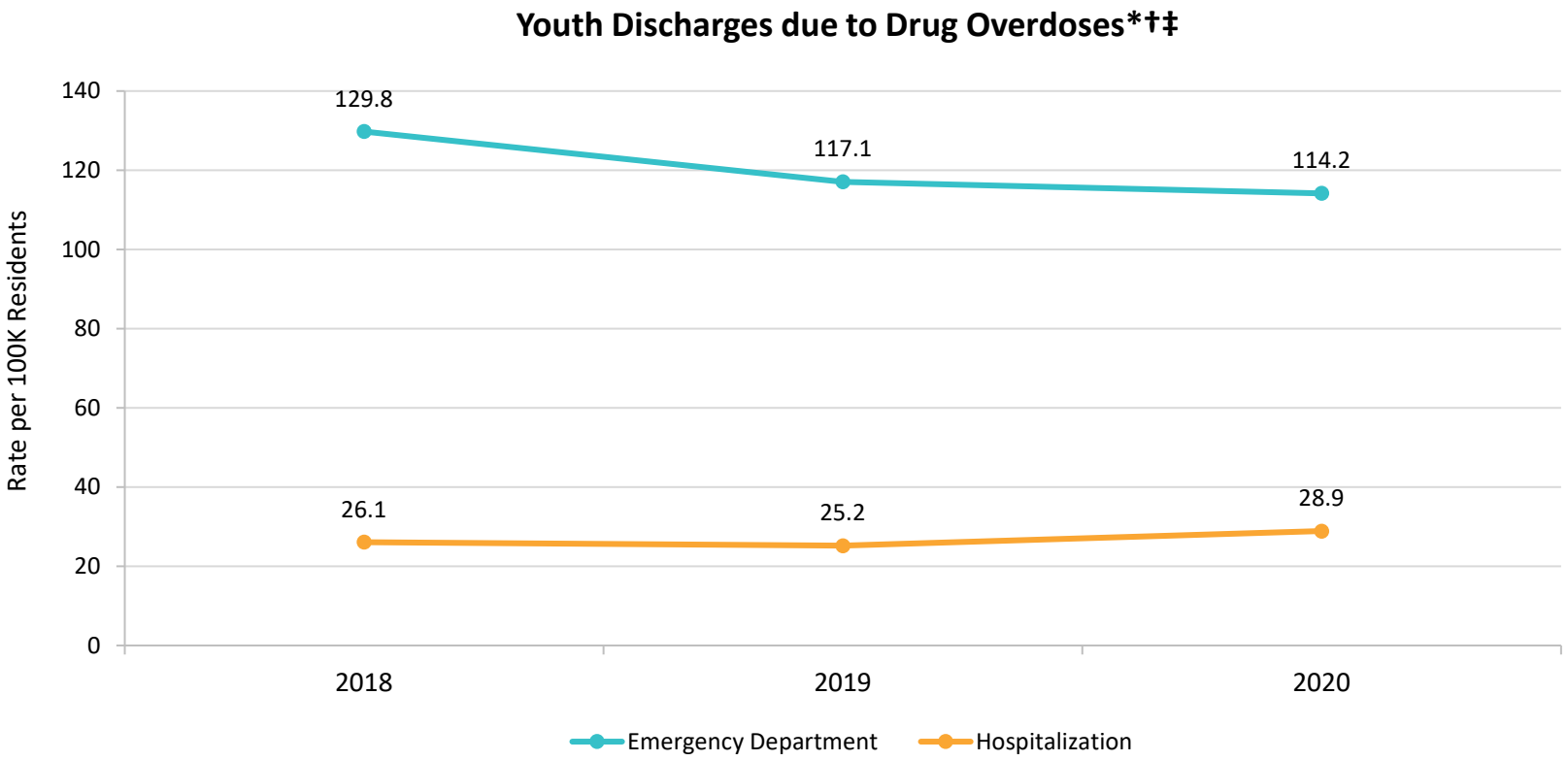


**Youth <18 years, manner of death ruled suicide*
Data Source: San Diego County Medical Examiner, https://internal-sandiegocounty.data.socrata.com/Safety/Medical-Examiner-Suicide-Cases-Annual-Comparison-/yvd4-uxdi, retrieved 3/20/2022

Youth Population Health Data

Drug Overdose Rates for Youth in San Diego County

Trending over three years, rates of discharge in emergency departments (ED) following drug overdose among youth under the age of 18 decreased; rate of hospitalization due to drug overdose increased.



**Youth <18 years of age*
†Emergency department discharge and hospitalization rates are not unique values, may include duplicates (readmissions)
‡Emergency department and hospitalization data includes San Diego County residents as well as homeless persons treated in a San Diego County facility
Sources: California Department of Public Health, California Department of Health Care Access and Information (HCAI), Patient Discharge Data & Emergency Department Discharge Data, 2018-2020
Prepared by: County of San Diego, Health and Human Services Agency, Behavioral Health Services, Population Health Unit. 3/24/2022

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS)
Specialty Mental Health Services (SMHS)
Fiscal Year 2020-21

1. FY 2020-21 is the first full fiscal year of the **COVID-19 pandemic.** The full scope of effects the pandemic has had on youth mental health are as yet undetermined, but likely to be considerable. Data presented here may not be directly comparable to previous or future years.

2. 12,132 youth received services through the San Diego County CYFBHS SMHS system, a 12% decrease from the 13,758 served in FY 2019-20. Total youth served has decreased 23% over the past five years (from 15,839 in FY 2016-17).

3. Less than half (49%) of clients were male. For the first time since these data were reported in 1996, CYFBHS served more females than males.

4. 62% of clients were Hispanic. As compared to the San Diego County estimated population in 2020, CYFBHS served a larger percentage of Hispanic and African-American clients, and a smaller percentage of White and Asian/Pacific Islander clients.

5. 84% of clients served by CYFBHS lived in a family home or apartment at some point during FY 2020-21, an increase from 82% in FY 2019-20.
   - 27% of children ages 0-5 lived in a foster home during FY 2020-21, as compared to 5% systemwide.
   - 12% of TAY clients in CYFBHS lived in a correctional facility during FY 2020-21, as compared to 4% 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 6.2% in FY 2016-17 to 13.9% in FY 2020-21. Conversely, the rate of adjustment disorder diagnoses decreased 3 percentage points over five years, from 18.0% in FY 2016-17 to 14.9% in FY 2020-21.

7. 11,169 (92%) clients had health coverage exclusively by Medi-Cal in FY 2020-21; similar to 12,556 (91%) in FY 2019-20.

SMHS Key Findings, continued

8. 574 (4.7%) clients had co-occurring substance use issues, defined as a dual diagnosis and/or involvement with the Substance Use Disorder (SUD) system. This is a decrease from 778 (5.7%) clients with substance use issues in FY 2019-20.
   - Youth with co-occurring substance use issues were nearly twice as likely to have an Oppositional/Conduct disorder (11.6%) as compared to the systemwide average (6.0%).
   - 268 (47%) clients with substance use issues also received treatment from the SUD system during the fiscal year.
     - 83 (31%) of these 268 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 4.2% in FY 2016-17 to 2.0% in FY 2020-21. The decrease correlates with the systemwide shift to an Outpatient treatment modality within Residential programs, which are now Short Term Residential Treatment Programs (STRTPs).

10. Case Management and Collateral service treatment hours have declined by more than 20% since FY 2016-17, correlating with the expansion of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all eligible CYFBHS clients.

11. 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 Inpatient and Crisis Stabilization services.
    - Non-Hispanic Asian/Pacific Islander youth were less likely than any other race/ethnicity to receive TBS, IHBS, ICC, and Day Services. These youth were more likely than CYFBHS averages to receive Inpatient and Crisis Stabilization services.
    - Non-Hispanic Black/African American youth were more likely than any other race/ethnicity to receive Medication Support and Day Services, and were almost twice as likely than the CYFBHS average to receive ICC and IHBS services.
    - Only 37 non-Hispanic Native American youth were served by CYFBHS in FY 2020-21, which makes service use difficult to interpret. However, the small number suggests that strengthening engagement efforts could benefit the Native American youth population.
    - Non-Hispanic White youth were more likely than the CYFBHS averages to receive all intensive services (Inpatient, Day Services, and Crisis Stabilization).
    - Non-Hispanic Multiracial youth were nearly twice as likely as the CYFBHS average to receive Day Services and spent more time in Day Services on average than any other racial/ethnic group.

SMHS Key Findings, continued

12. On average, clients received 18.1 hours of Outpatient Services in FY 2020-21, an increase from 16.4 hours in FY 2019-20.
13. The majority (87%) of clients active in FY 2020-21 entered the system via Outpatient services.
14. 611 (5.0%) clients used Inpatient (IP) services in FY 2020-21, a slight increase from 630 (4.6%) clients in FY 2019-20.
    - 153 (25%) of 611 IP clients received multiple IP services within the fiscal year, a slight increase from 150 (24%) of 630 in FY 2019-20.
15. 1,179 (10%) clients (inclusive of direct admits) received services from the Emergency Screening Unit (ESU) in FY 2020-21, 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.
    - 273 (23%) of 1,179 ESU clients had multiple ESU visits within the fiscal year; an increase from 261 (21%) of 1,246 in FY 2019-20.
    - Of 1,765 ESU visits in FY 2020-21, 1,242 (70%) were diverted from an IP admission; a slight decrease from 71% (1,317 of 1,854) in FY 2019-20.
16. Clients served by CYFBHS and another public service sector (Child Welfare Services, Probation, or Substance Use Disorder system) were nearly 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 an increase in Probation clients also receiving services from CYFBHS in FY 2020-21 (38% of total youth under 18 open to Probation in the fiscal year) as compared to FY 2019-20 (26%), following a sharp decrease in FY 2018-19 (44%).
17. As measured by the Pediatric Symptom Checklist (PSC), 56% of clients experienced reliable improvement and more than 60% experienced clinically significant improvement in behavioral and emotional well-being following receipt of mental health services.
18. As measured by the Child and Adolescent Needs and Strengths (CANS) and CANS-Early Childhood (CANS-EC) assessments, the majority of clients experienced a reduction of at least one need from initial assessment to discharge on the Life Functioning, Risk Behaviors, Child Behavioral and Emotional needs, and/or Challenges domains.

Key Findings
Children, Youth & Families Behavioral Health Services (CYFBHS)
Substance Use Disorder (SUD)
Fiscal Year 2020-21

1. FY 2020-21 is the first full fiscal year of the **COVID-19 pandemic**. The full scope of effects the pandemic has had on youth substance use/abuse are as yet undetermined, but likely to be considerable. Data presented here may not be directly comparable to previous or future years.

2. 454 youth (under 18 years of age) received services through the San Diego County CYFBHS SUD system, a 47% decrease from the 863 served in FY 2019-20, and a 59% decrease from 1,107 served in FY 2018-19.

3. 64% of clients were male. The proportion of female youth served by SUD has increased over time; from 30% in FY 2018-19 to 36% in FY 2020-21.

4. 56% of clients were Hispanic; this proportion has increased steadily from 42% in FY 2018-19. As compared to the San Diego Medi-Cal estimated population in 2020, SUD served a larger percentage of White and Black/African American clients, and a smaller percentage of Asian/Pacific Islander clients.

5. The majority of SUD youth (81%) identified marijuana as their primary drug of choice in FY 2020-21, a decrease from 83% in FY 2019-20.

6. 1,621 clients received Perinatal SUD services in FY 2020-21, an 11% decrease from 1,822 in FY 2019-20.
   - Perinatal SUD clients were most likely to be White and between the ages of 26-59.
   - The most common primary drugs of choice among Perinatal SUD clients were methamphetamine (44%), alcohol (30%), and heroin (12%).

7. Average length of treatment in Teen Programs was 97 days for Outpatient LOC (increase from 80 days in FY 2019-20) and 27 days for Residential LOC (increase from 25 days in FY 2019-20). Among Perinatal Programs, average length of treatment was 102 days for Outpatient LOC (increase from 81 days in FY 2019-20) and 56 days for Residential LOC (decrease from 59 days in FY 2019-20).

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.

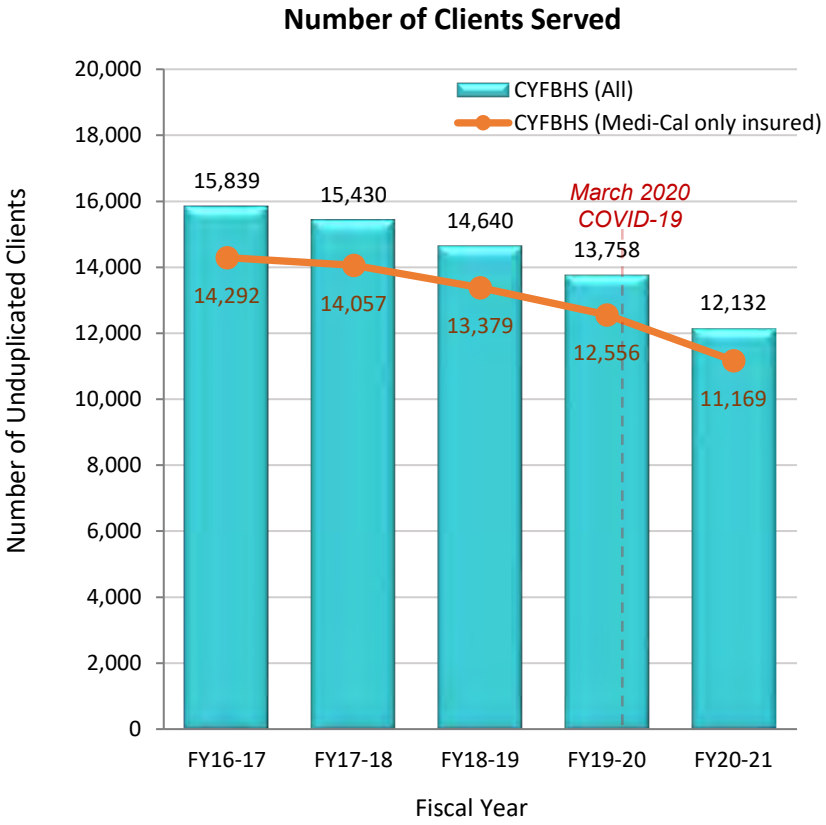
CYFBHS
Mental Health Services

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

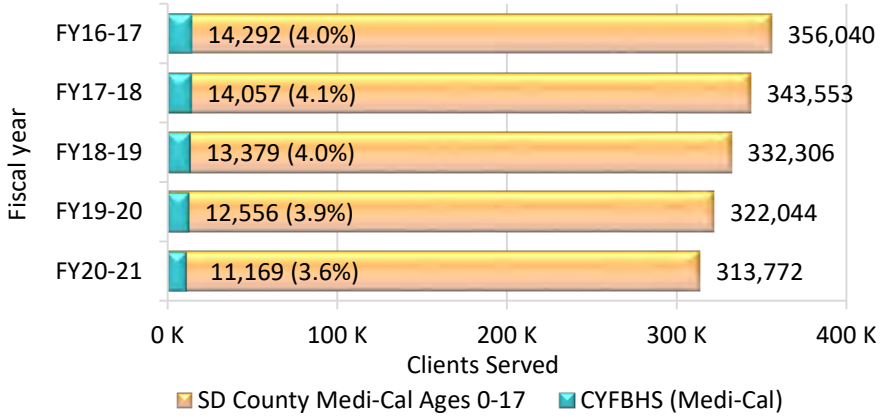
In FY 2020-21, CYFBHS delivered mental health treatment services to 12,132 youth. Among those youth, 11,169 were insured exclusively by Medi-Cal.



*Medi-Cal data are reported by calendar year.

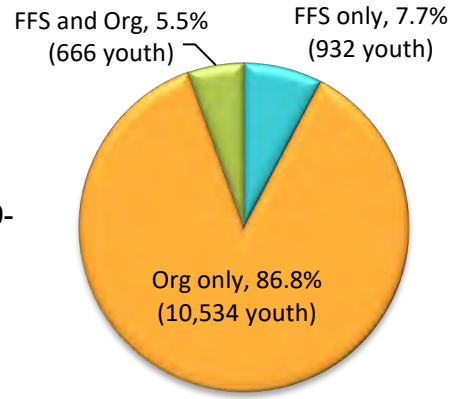
Number of Clients Within Medi-Cal Youth Population*

The proportion of Medi-Cal youth served by CYFBHS has declined slightly in the past five years, from 4% in FY 2016-17 to 3.6% in FY 2020-21.



Service Provider Type

The majority (87%) of CYFBHS youth were served *only* by Organizational (Org) providers in FY 2020-21, no change from 87% in FY 2019-20. Eight percent received services exclusively from Fee-for-Service (FFS) providers.



Who Are We Serving?

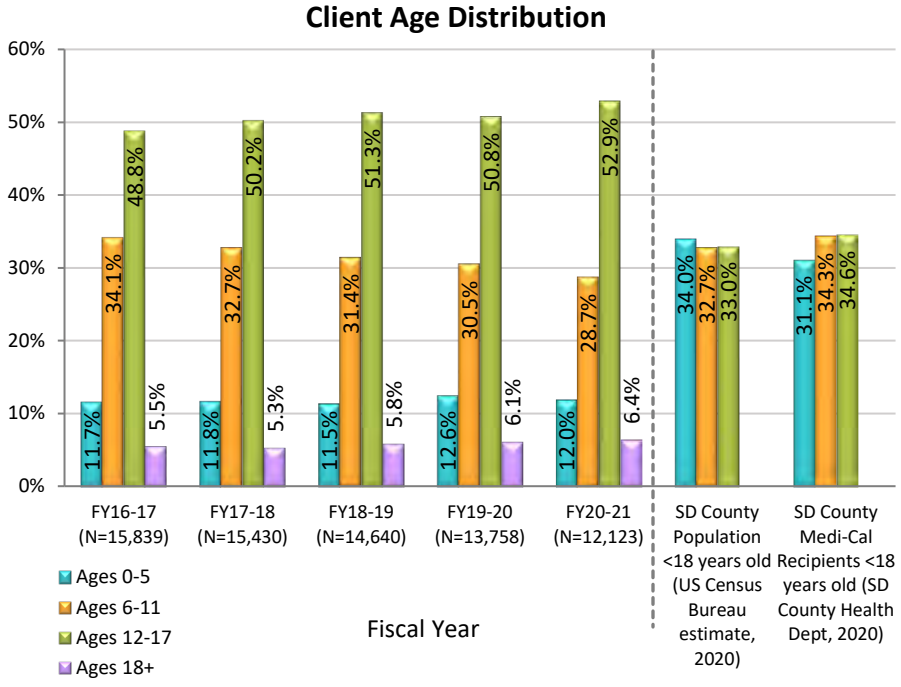
More than half of clients served were between the ages of 12 and 17 years. Less than half of clients were male, whereas the County youth population and County Medi-Cal youth population had proportionately more males than females.

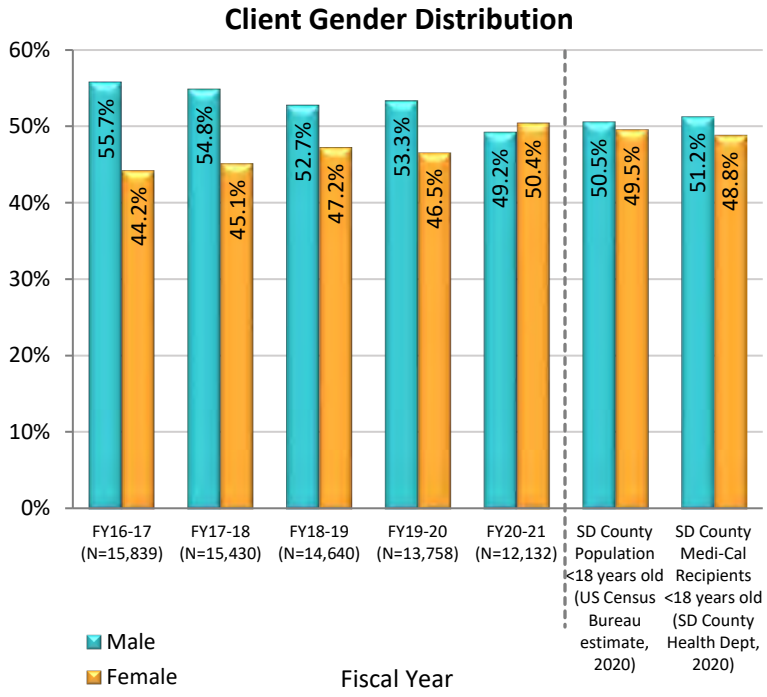
Age of Clients

- Adolescents (12-17 years) comprised 53% of the CYFBHS population.
- School-age clients (6-11 years) comprised 29% of the CYFBHS population.
- Children ages 0-5 comprised 12% of the CYFBHS population.

Client Gender

- 5,964 (49%) clients who received CYFBHS services in FY 2020-21 were male.
- For the first time since these data were first reported by CASRC in 1996, CYFBHS served more females than males.
- Gender was reported as unknown or non-binary for 49 (0.4%) clients.

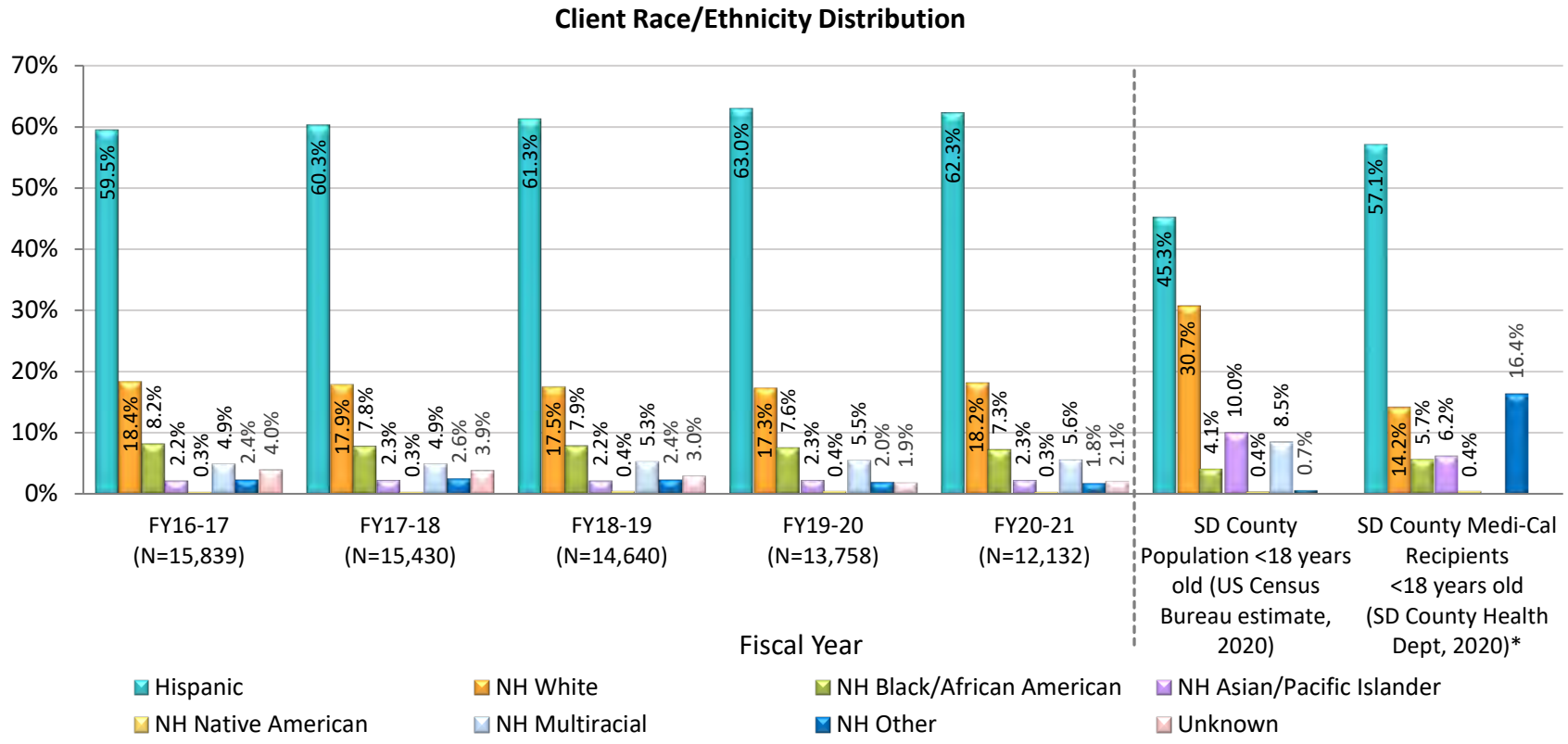




Who Are We Serving?

Client Race/Ethnicity

- 7,563 (62%) clients who received CYFBHS services in FY 2020-21 were identified as Hispanic.
- A larger percentage of Hispanic and Black/African American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were more comparable to the San Diego Medi-Cal youth population.

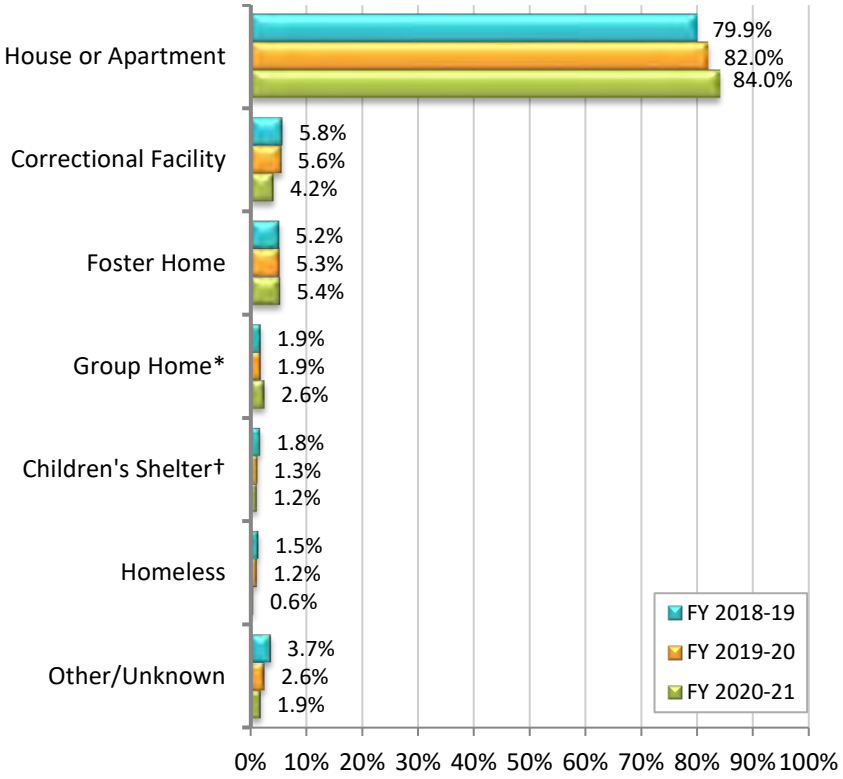


NH=Non-Hispanic
**Medi-Cal race/ethnicity data are not categorized by Hispanic/non-Hispanic; proportions may not be directly comparable to CYFBHS/Census data.*

Who Are We Serving?

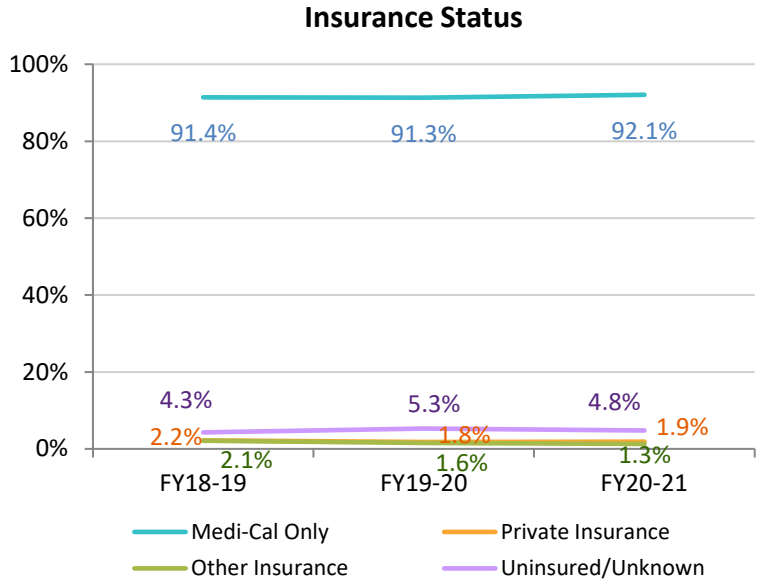
Client Living Situation

Eighty-four percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2020-21. The proportional decrease of youth served within correctional facilities aligns with the Public Safety Group (PSG) focus on decreasing detention while increasing community supports.



Health Care Coverage

11,169 (92%) children and youth who received services from CYFBHS during FY 2020-21 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*

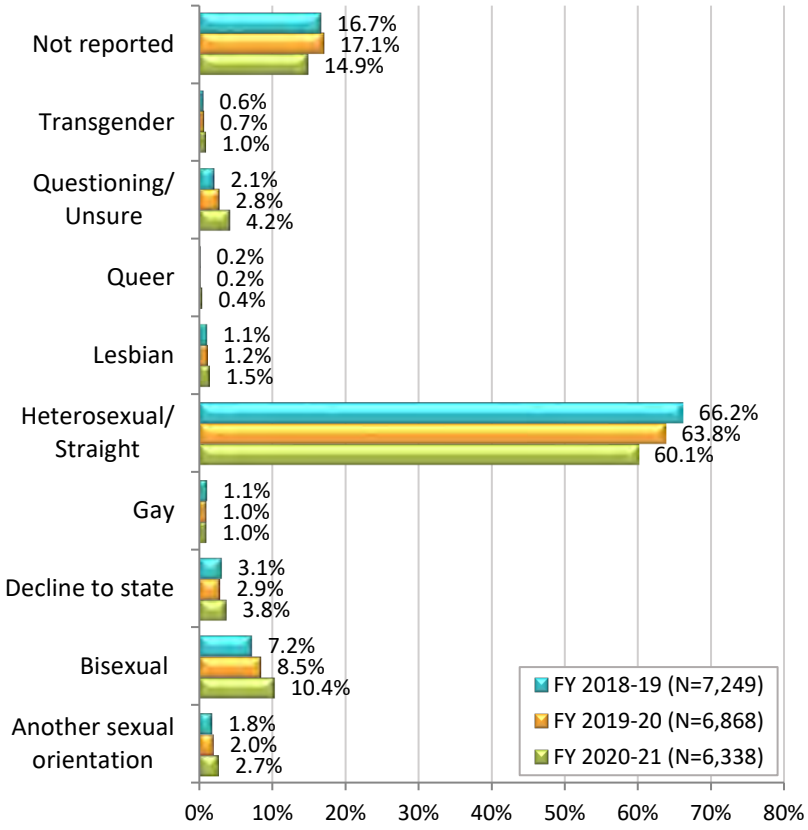
Of the 9,960 clients for whom PCP status was known, 9,532 (96%) had a PCP in FY 2020-21; a slight increase from 95% in FY 2019-20.

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

Who Are We Serving?

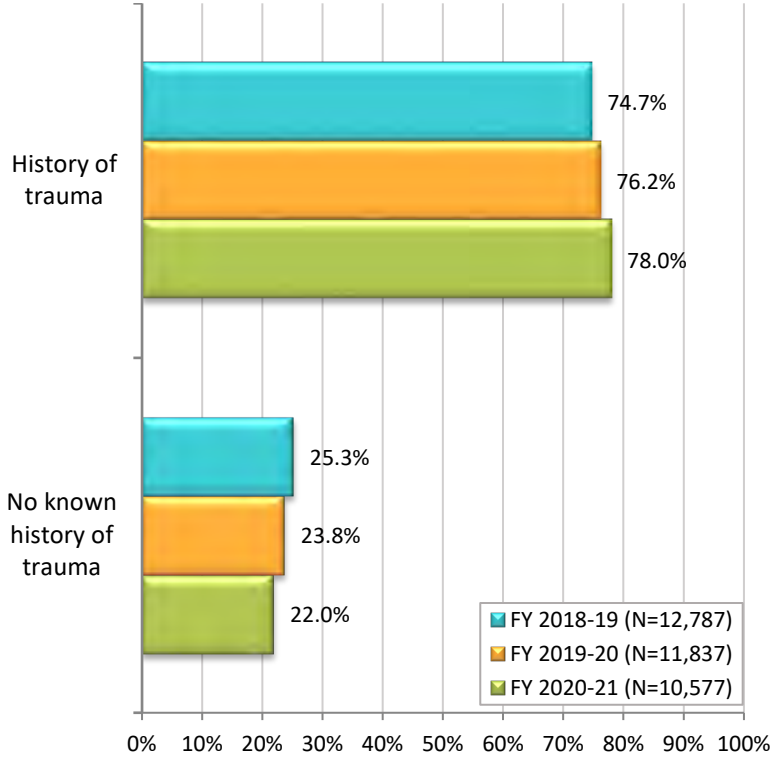
*Sexual Orientation**

Of 6,338 CYFBHS clients **age 13 or older**, 3,807 (60%) were reported to be heterosexual (as compared to 64% in FY 2019-20). Sexual orientation was unreported or declined to state for 19% of the 13+ population.



History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 10,577 clients (87% of the CYFBHS population) in FY 2020-21; of these clients, 8,250 (78% of the 10,577 clients for whom this information was known) had a **history of trauma**. By comparison, 76% of clients in FY 2019-20 had a reported history of trauma.



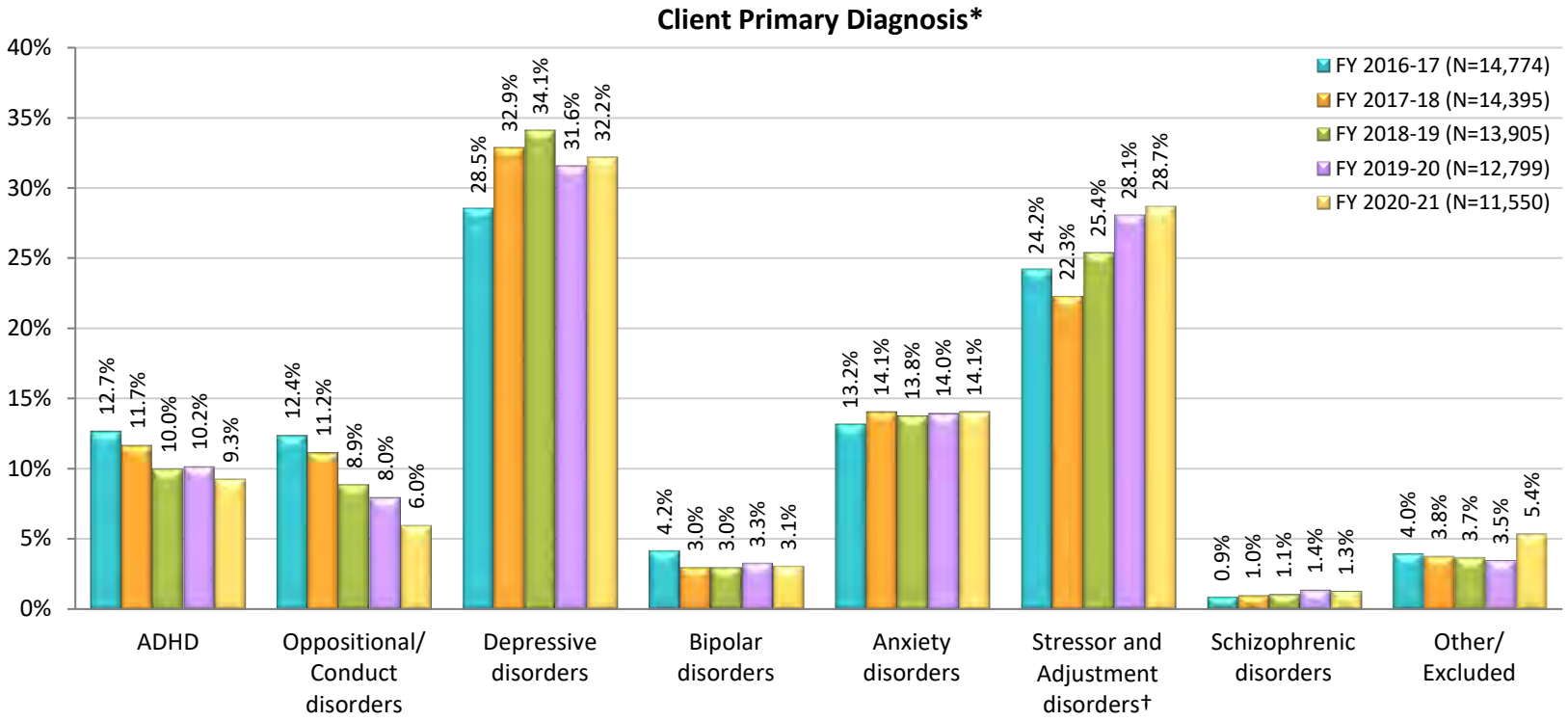
**Not Reported category includes Fee-for-Service providers for whom data were not available.*

Who Are We Serving?

Interpretation of diagnosis trends in FY 2020-21 is challenging, given the complex effects of the pandemic which began in March 2020. Looking at the 5-year trend, the rates of Depressive disorder and Stressor/Adjustment disorder diagnoses increased 4 percentage points from FY 2016-17. The rate of Oppositional/Conduct disorder diagnoses decreased 6 percentage points, from 12.4% in FY 2016-17 to 6.0% in FY 2020-21.

Primary Diagnosis

The most common primary diagnoses among children and youth served by CYFBHS in FY 2020-21 were: Depressive disorders (n=3,715; 32.2%), Stressor and Adjustment disorders (n=3,317; 28.7%), Anxiety disorders (n=1,630; 14.1%), and ADHD (n=1,073; 9.3%).



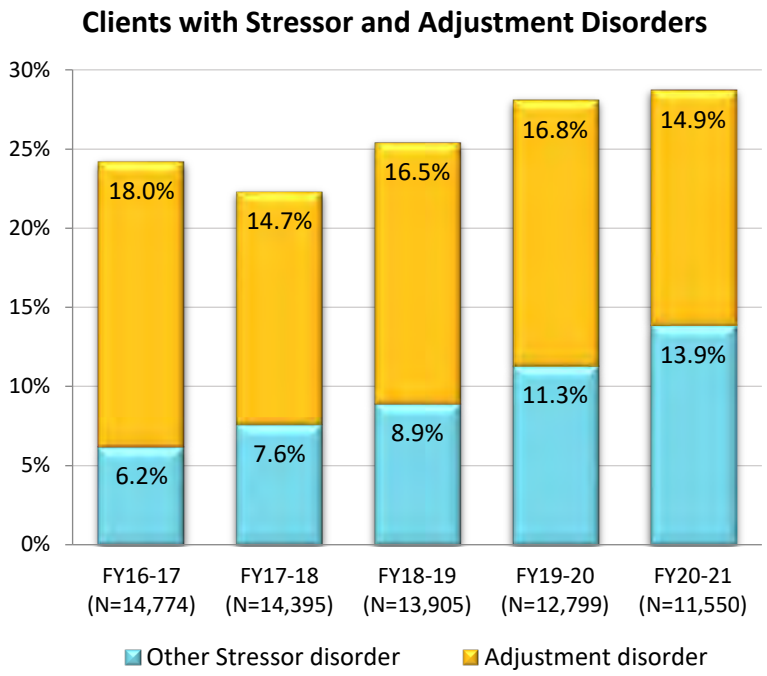
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and 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. Five percent of CYFBHS youth were identified as having a co-occurring substance use issue; only 31% 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 6.2% in FY 2016-17 to 13.9% in FY 2020-21.



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 2020-21, 5% of CYFBHS youth had a co-occurring substance use issue, a decline from 6% in from FY 2019-20.

CYFBHS Youth	Systemwide % (n of N)	
	FY 2019-20	FY 2020-21
Had co-occurring substance use issue (dual diagnosis and/or received services from SUD program)	**6% (778 of 13,758)**	**5% (574 of 12,132)**
Had dual diagnosis through mental health program†	4% (512 of 13,758)	3% (389 of 12,132)
CYFBHS Youth with Co-occurring Substance Use Issue	**Systemwide % (n of N)**	
	FY 2019-20	**FY 2020-21**
Had dual diagnosis through mental health program	66% (512 of 778)	68% (389 of 574)
Received services from SUD program	48% (377 of 778)	47% (268 of 574)
CYFBHS youth who received services from SUD program who also had dual diagnosis	29% (111 of 377)	31% (83 of 268)

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; 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.

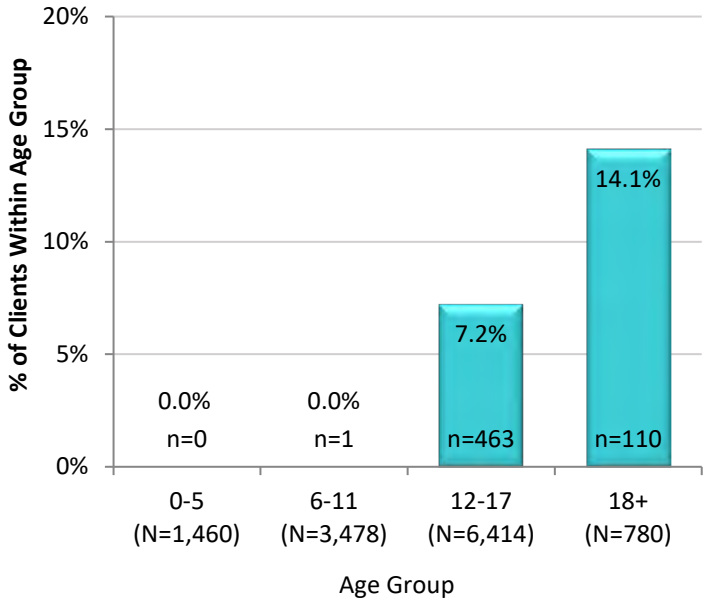
Who Are We Serving?

463 of 574 (81%) clients with a co-occurring substance use problem were ages 12-17, as compared to 640 of 778 (82%) in FY 2019-20. 363 of 574 (63%) clients with a co-occurring substance use problem were Hispanic, as compared to 514 of 778 (66%) in FY 2019-20.

Co-occurring Substance Use—Age

Fourteen percent of CYFBHS youth ages 18 and older, and 7% 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 2019-20, 16% of CYFBHS youth ages 18 and older and 9% of CYFBHS youth ages 12-17 had a co-occurring substance use issue.

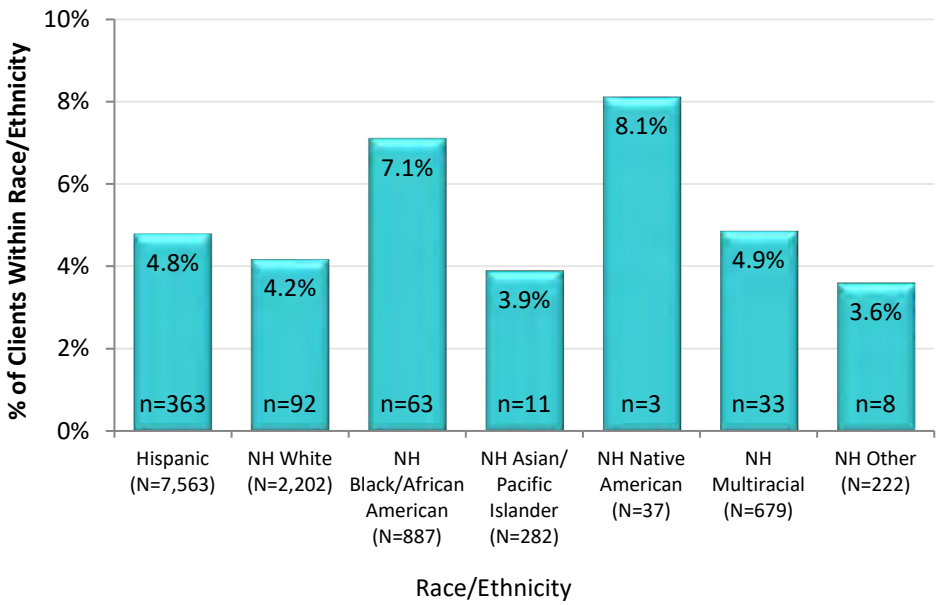
Percent of Clients With Co-occurring Substance Use



Co-occurring Substance Use—Race/Ethnicity

Native American youth served by CYFBHS had the highest proportion of co-occurring substance use (3 of 37 clients), while Asian/Pacific Islanders had the lowest proportion (11 of 282 clients). By comparison, in FY 2019-20, Black/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).

Percent of Clients With Co-occurring Substance Use*

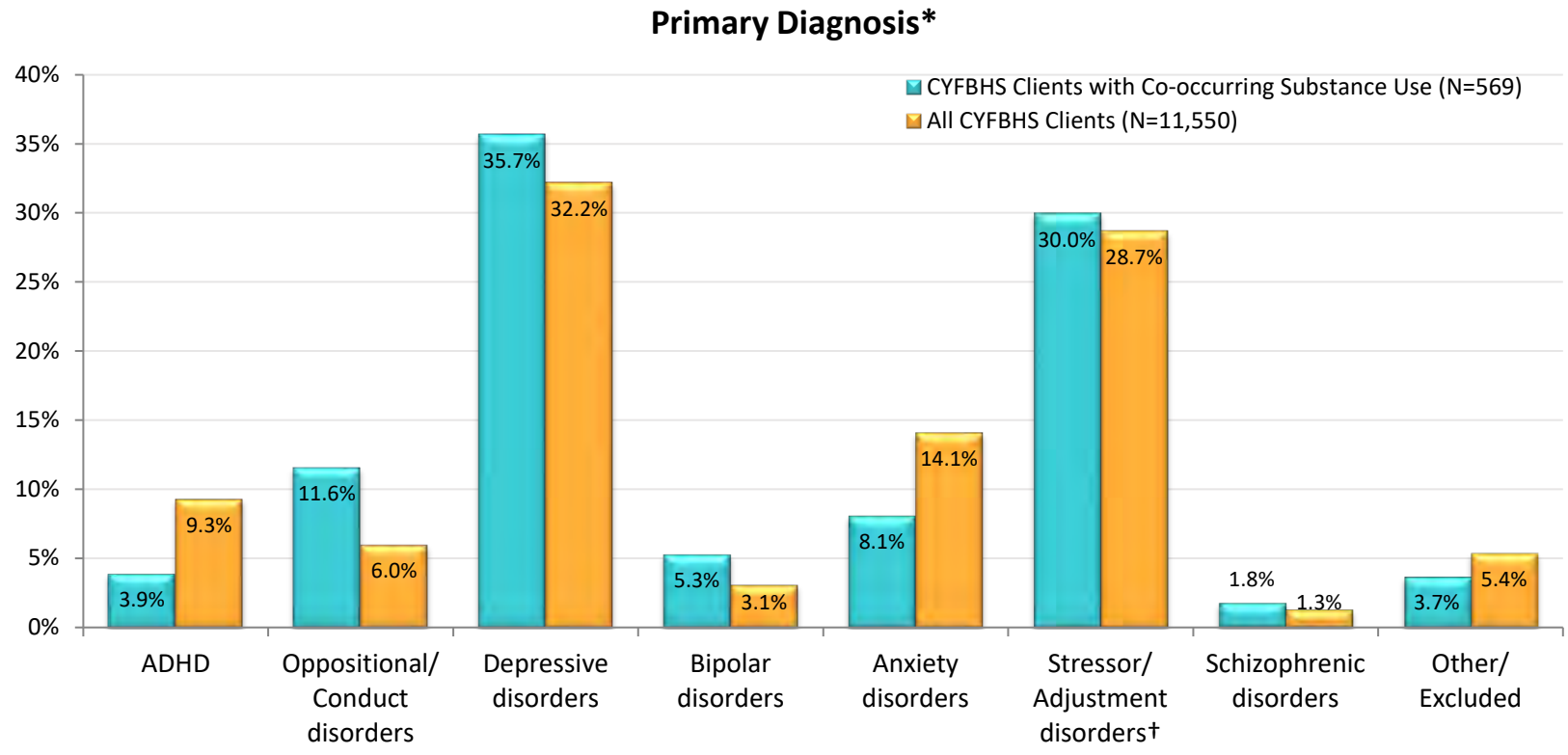


**Clients with unknown race/ethnicity were excluded from this analysis.*

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, Stressor/Adjustment, or Schizophrenic disorder than youth in CYFBHS overall. The rate of Stressor and Adjustment disorder diagnoses (30.0%) among youth with co-occurring substance use problems increased more than four percentage points from FY 2019-20 (25.4%).



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; 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.

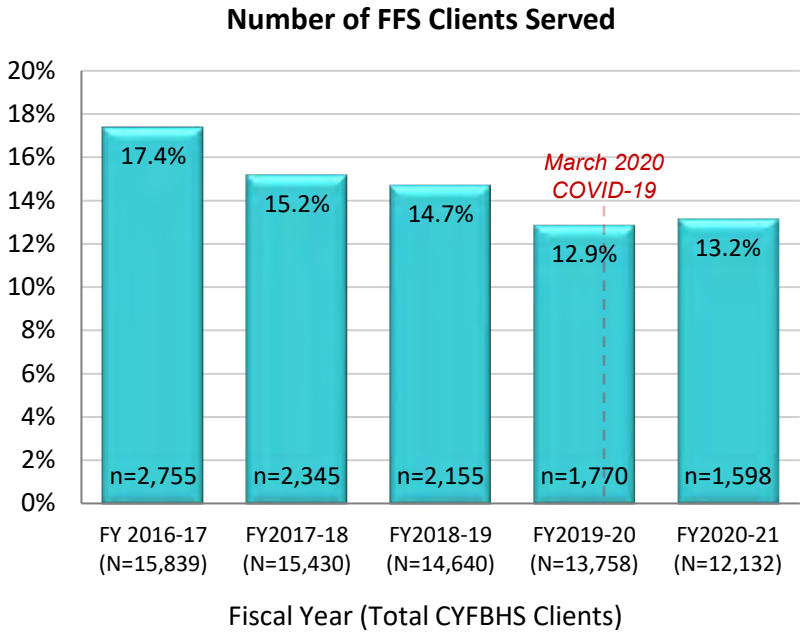
Who Are We Serving?
Fee-for-Service Youth

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.

FFS Clients

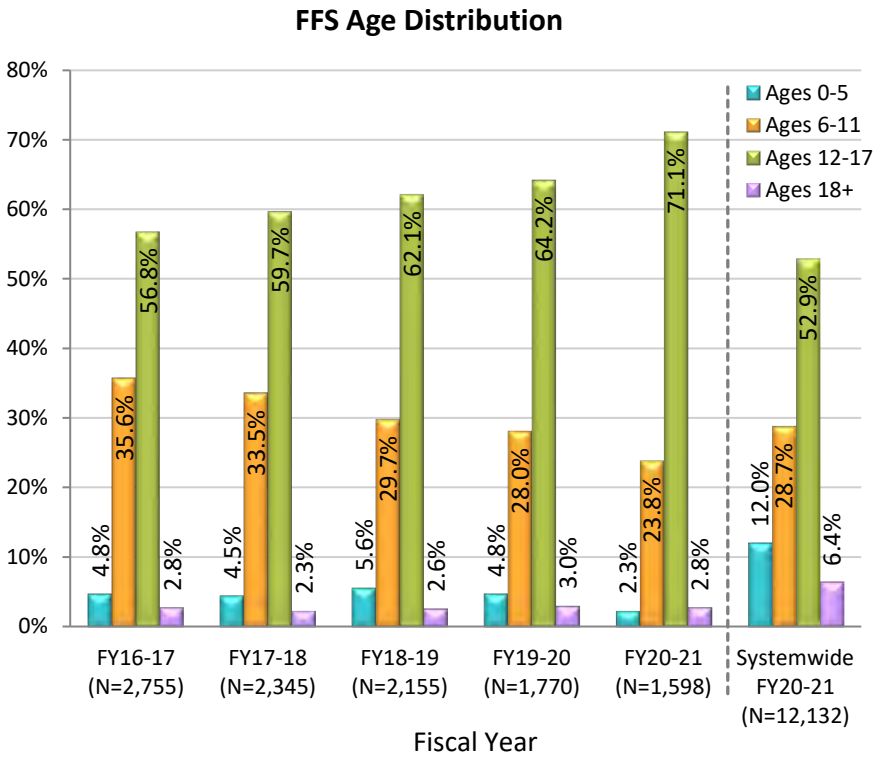
1,598 CYFBHS clients were served by an FFS provider at some point in FY 2020-21.

❖ The proportion of clients served by FFS providers has decreased more than 4 percentage points over the past five years.



Age of FFS Clients

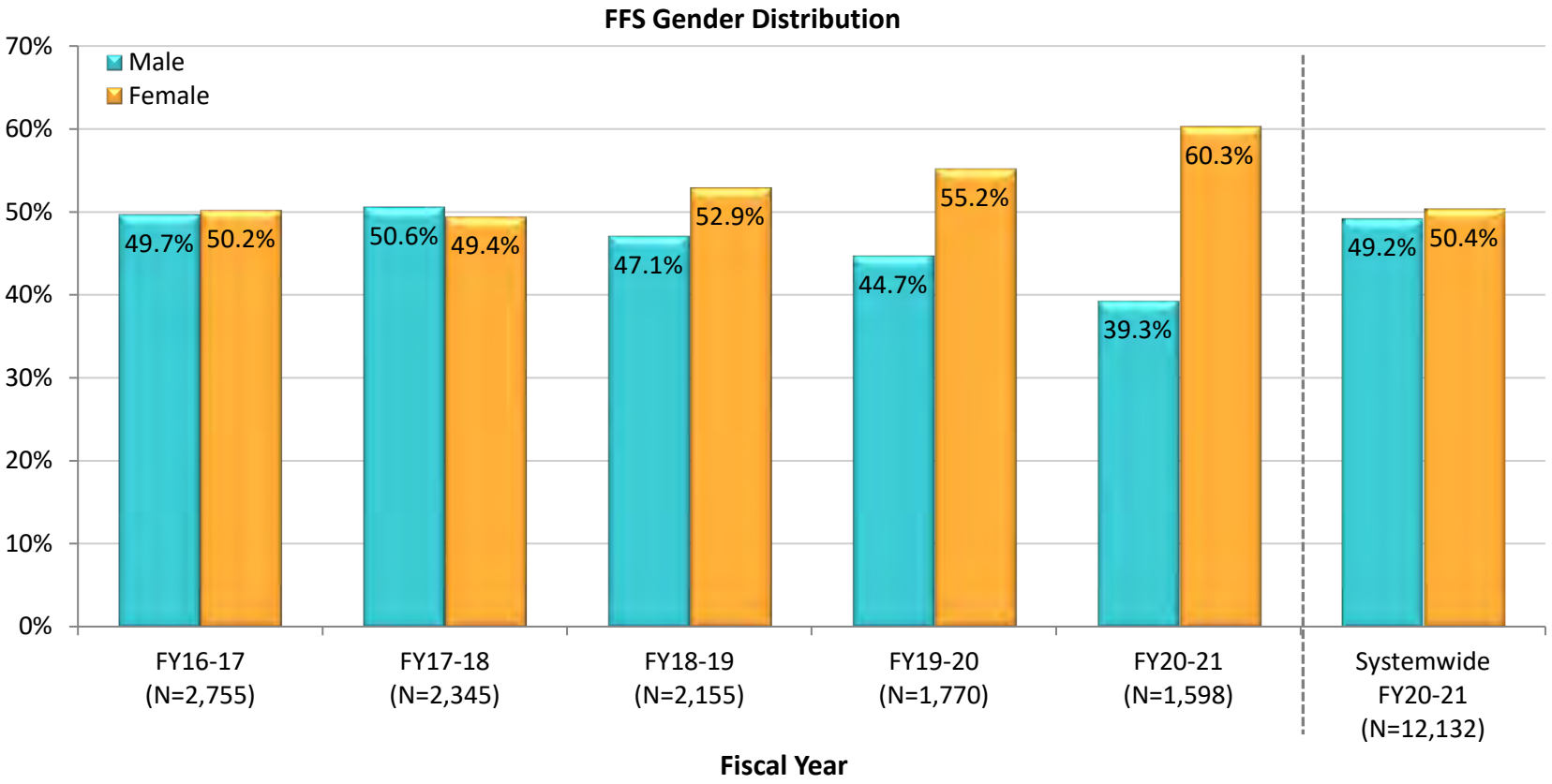
1,136 (71%) clients served by FFS providers in CYFBHS were ages 12-17.



Who Are We Serving?
Fee-for-Service Youth

FFS Client Gender

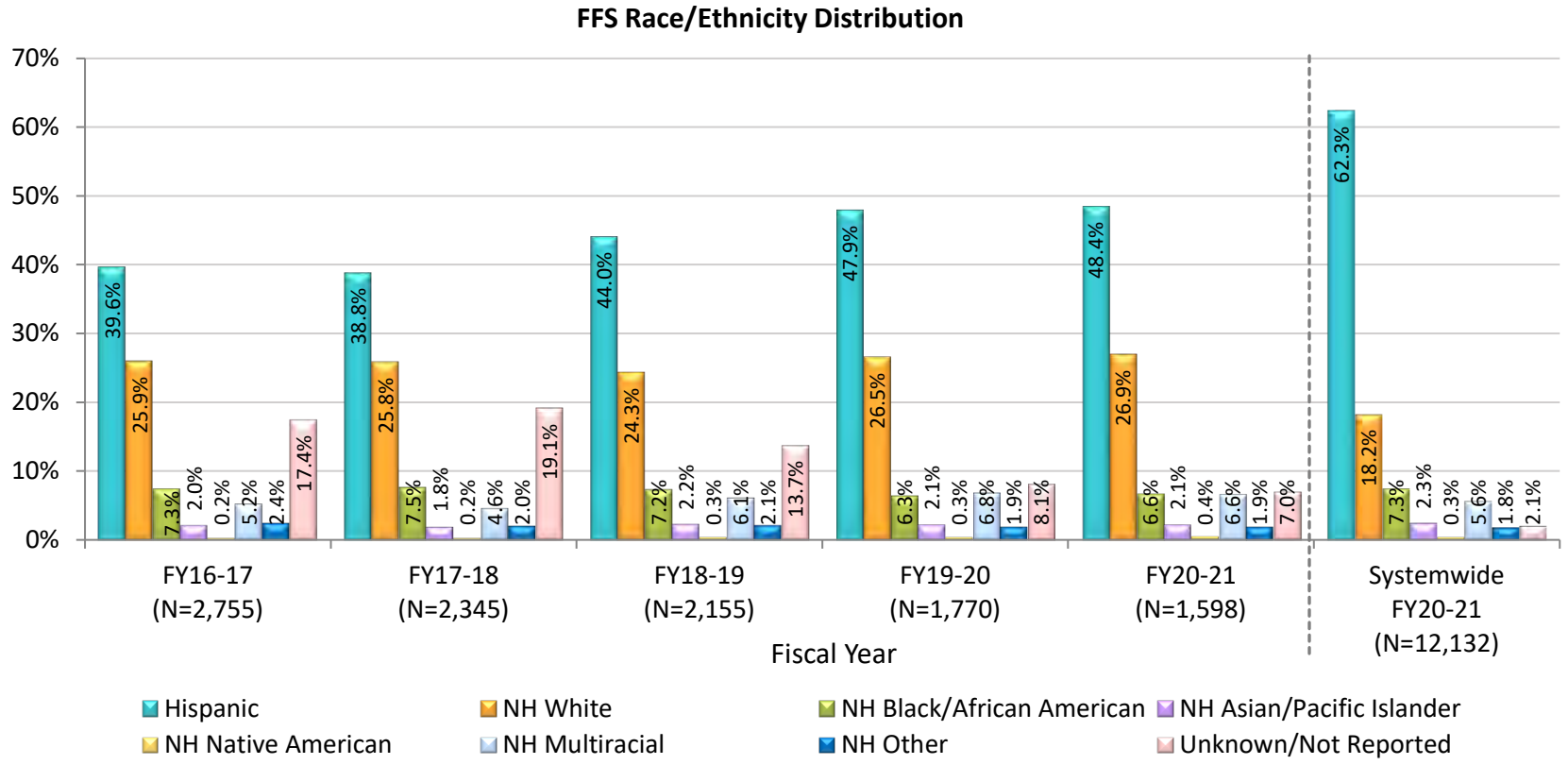
963 (60%) clients served by CYFBHS FFS providers in FY 2020-21 were female. Gender was reported as unknown or non-binary for 7 (0.4%) clients. The female to male ratio of FFS youth has widened significantly in the past five years.



Who Are We Serving?
Fee-for-Service Youth

FFS Client Race/Ethnicity

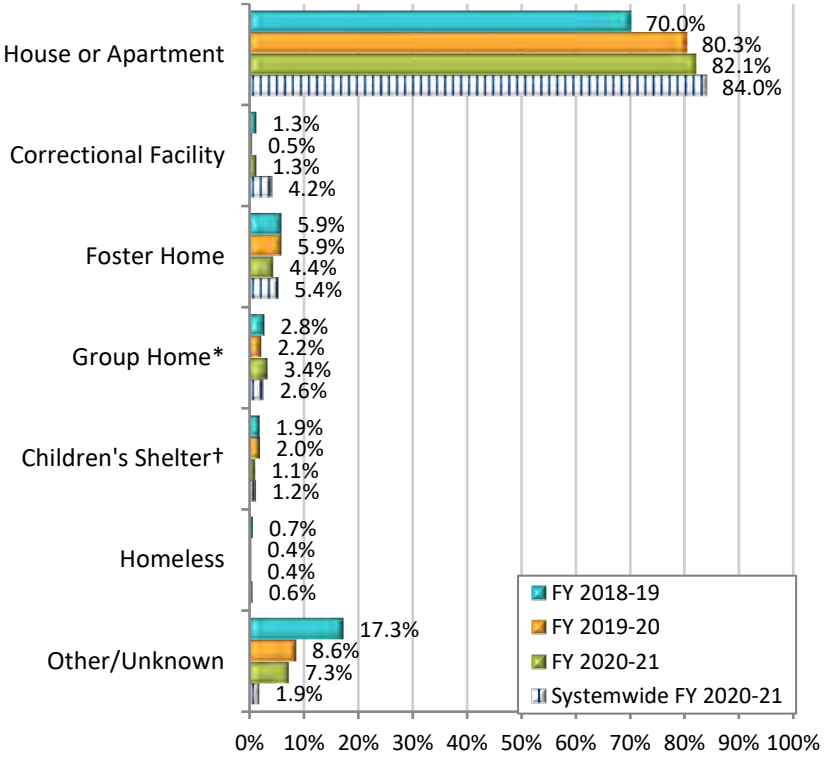
- Race/ethnicity data were not reported for 7% of clients who were served by CYFBHS FFS providers in FY 2020-21.
- 774 (48%) clients who were served by CYFBHS FFS providers in FY 2020-21 identified themselves as Hispanic.
- Proportionally, more White youth and fewer Hispanic youth were served by FFS providers compared to systemwide averages.



Who Are We Serving?
Fee-for-Service Youth

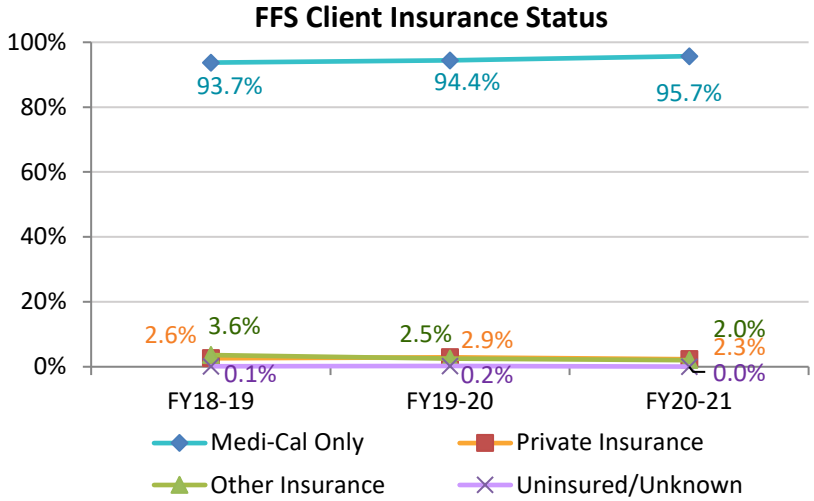
FFS Client Living Situation

Living Situation was not reported for 7% of clients who were served by CYFBHS FFS providers in FY 2020-21. 1,312 (82%) clients who were served by CYFBHS FFS providers lived in a family home or apartment at some point during FY 2020-21; 70 (4%) lived in a Foster Home.



FFS Health Care Coverage

1,530 (96%) clients who were served by CYFBHS FFS providers in FY 2020-21 were covered exclusively by Medi-Cal. By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.



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

FFS Primary Care Physician (PCP) Status

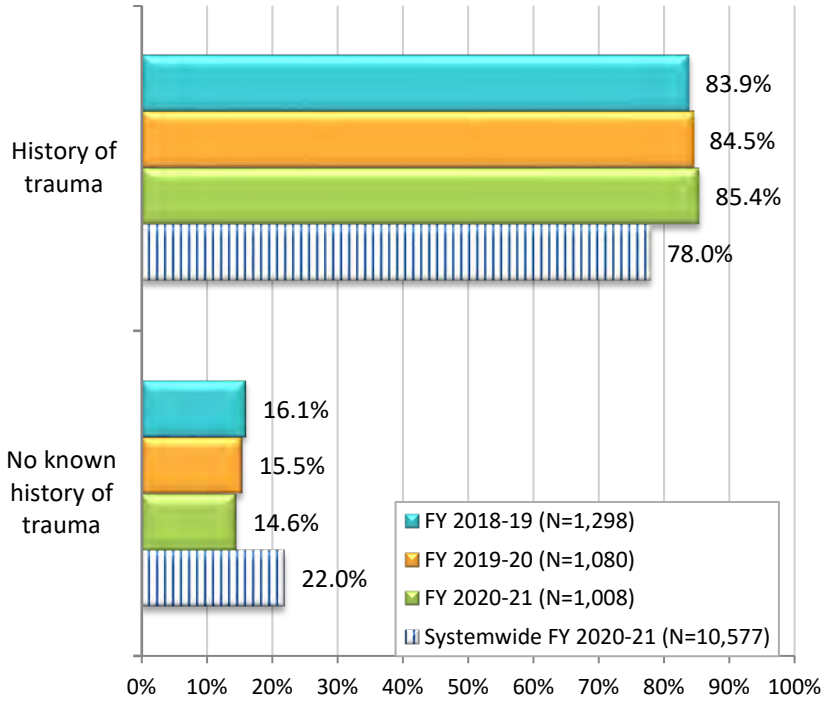
Of the 727 FFS clients for whom PCP status was known, 705 (97%) had a PCP in FY 2020-21; this is slightly lower than the previous fiscal year (98%) and is slightly higher than the 96% of CYFBHS clients systemwide in FY 2020-21. PCP status was not reported for 54% of FFS clients in FY 2020-21.

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

Who Are We Serving?
Fee-for-Service Youth

FFS History of Trauma

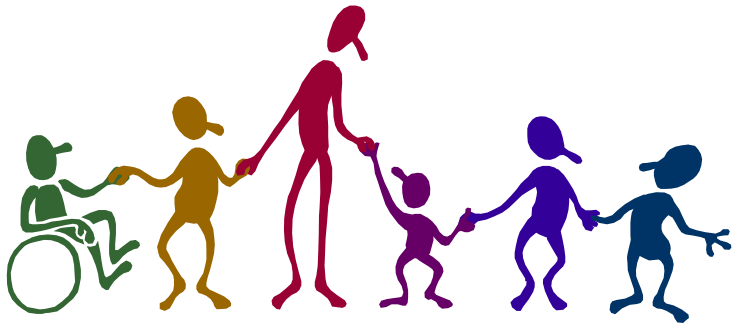
Previous experience of **traumatic events** was reported by clinicians for 1,008 clients (63% of the FFS population) in FY 2020-21; of these 1,008 clients, 861 (85%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21. History of trauma was not reported for 36% of FFS clients in FY 2020-21.



*FFS Provider Type (N=112)**

Of 229 FFS Providers credentialed to provide services for youth, 112 (49%) actually provided services in FY 2020-21. 36% of active CYFBHS FFS providers were Group Practice providers. Two-thirds of clients served by FFS providers in FY 2020-21 were seen at Group Practice providers. These clients may have been seen by more than one provider during the fiscal year.

FFS Provider Type	Active Providers	Clients Served (duplicated)
Group Practice	40	66% (1,054 of 1,598)
MFT	25	11% (175 of 1,598)
LCSW	17	9% (148 of 1,598)
Psychologist	16	5% (87 of 1,598)
Psychiatrist	13	12% (188 of 1,598)
LPCC	1	<1% (<5 of 1,598)

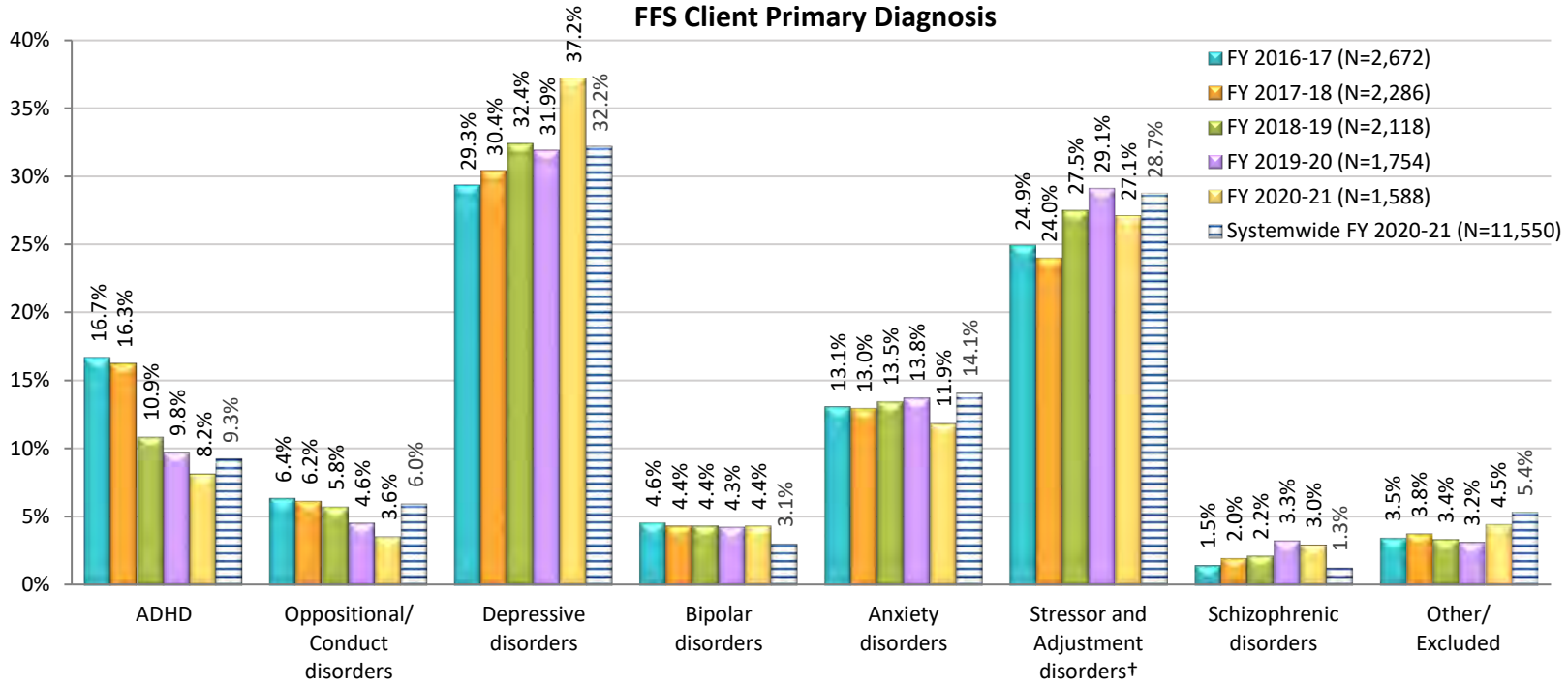


**Active FFS Providers in FY 2020-21*

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 2020-21 were: Depressive disorders (n=591; 37.2%), Stressor and Adjustment disorders (n=430; 27.1%), Anxiety disorders (n=189; 11.9%), and ADHD (n=131; 8.2%).

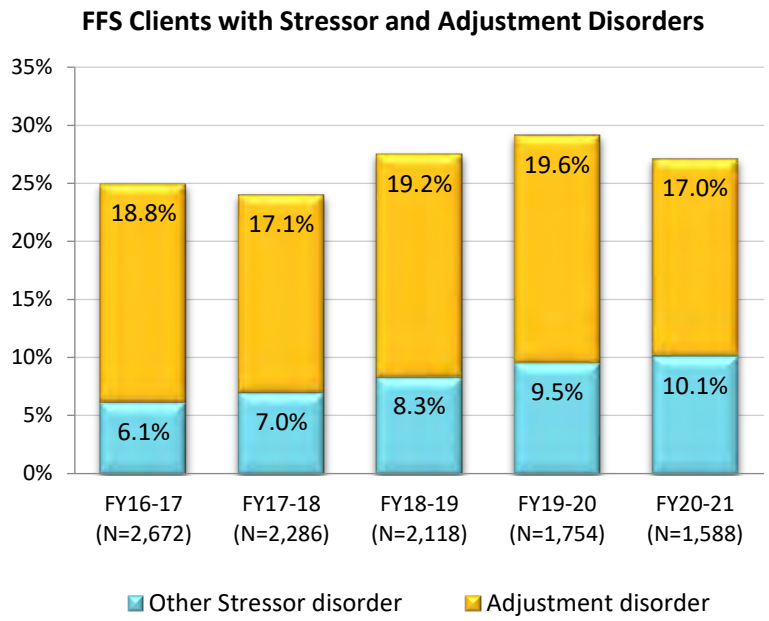


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and 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 6.1% in FY 2016-17 to 10.1% in FY 2020-21. 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 2020-21, 5% of FFS clients had a co-occurring substance use issue.

FY 2020-21 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)	**5% (72 of 1,598)**	**5% (574 of 12,132)**
Had dual diagnosis through mental health program†	3% (41 of 1,598)	3% (389 of 12,132)
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	57% (41 of 72)	68% (389 of 574)
Received services from SUD program	56% (40 of 72)	47% (268 of 574)
CYFBHS youth who received services from SUD program who also had dual diagnosis	23% (9 of 40)	31% (83 of 268)

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; 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, 2021, there were 120 total unique contracted providers. 81 of the 120 providers had an active TERM client in FY 2020-21.

- 88 Treatment Providers (Therapy Services)
- 32 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.

- 29 providers administered 198 CWS TERM evaluations for children and caregivers. The majority (109) of CWS TERM evaluations were for children, many of whom were covered by Medi-Cal. Eleven off-panel evaluations were administered.
- 20 providers administered 258 Probation TERM evaluations for youth, with an additional 34 juvenile competency evaluations.

CWS TERM Evaluations			
	FY 2018-19	**FY 2019-20**	**FY 2020-21**
Referrals for Evaluations (Medi-Cal)	178 (103)	203 (102)	272 (106)
Total Evaluations	140	156	198
Unique Provider Count	34	25	29
Psychological Evaluations - Child	94	88	106
Psychiatric Evaluations - Child	3	1	3
Psychological Evaluations - Caregiver	42	64	82
Psychiatric Evaluations - Caregiver	1	3	7
Psychological Off-Panel Evaluations	4	1	5
Psychiatric Off-Panel Evaluations	0	0	6

Probation TERM Evaluations			
	FY 2018-19	**FY 2019-20**	**FY 2020-21**
Total Psychological Evaluations	465	354	258
Total Psychiatric Evaluations	0	2	0
Unique Provider Count	21	22	20
Juvenile Competency Evaluations	51	22	34

Data Source: TERM Statistics FY 2020-21 (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	FY 2020-21
Total Initial Treatment Plans Reviewed	599	576	563
Unique Provider Count	108	105	114
Total Initial Treatment Plans Reviewed - Child	304	263	247
Total Initial Treatment Plans Reviewed - Caregiver	295	313	316
Total Initial Off Panel Treatment Plans Reviewed	0	14	10

CWS TERM Domestic Violence (DV) Victims Group Treatment Plans Reviewed			
	FY 2018-19	FY 2019-20	FY 2020-21
Total Initial Treatment Plans Reviewed	170	151	196
Unique Provider Count	11	11	12

CWS TERM Child Sexual Abuse Protection – Non-Protecting Parents (CSA-NPP) Group Treatment Plans Reviewed			
	FY 2018-19	FY 2019-20	FY 2020-21
Total Initial Treatment Plans Reviewed	22	22	19
Unique Provider Count	8	5	5

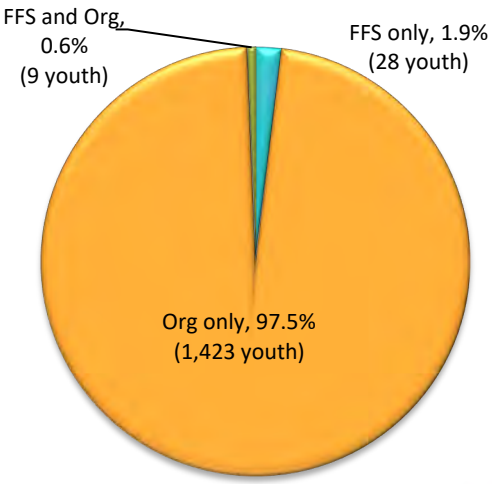
Data Source: TERM Statistics FY 2020-21 (Optum)

Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Clients

1,460 youth (12%) served by CYFBHS in FY 2020-21 were 0 to 5 years old, as compared to 13% in FY 2019-20.

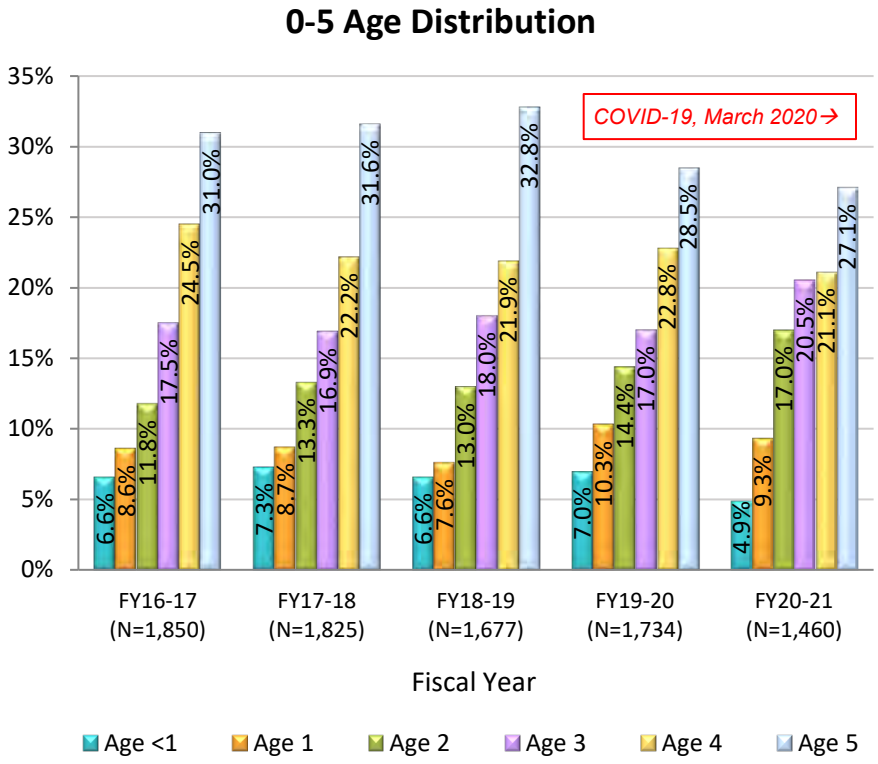
❖ The majority (97%) of 0-5 clients were served *only* by Org providers in FY 2020-21, as compared to 95% in FY 2019-20.



Age Distribution of 0-5 Clients

396 (27%) age 0-5 youth served by CYFBHS were age 5.

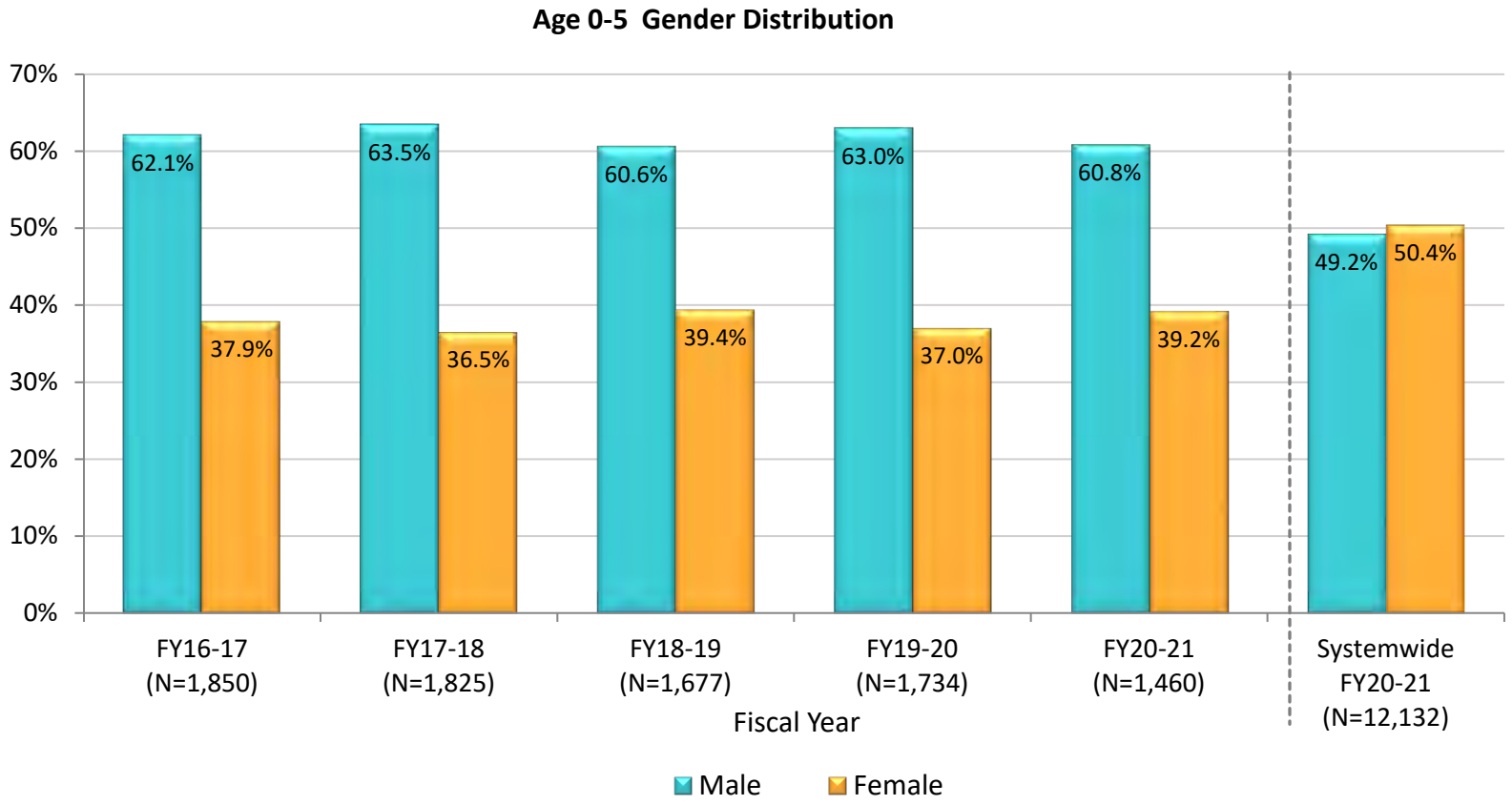
❖ The distribution of age 0-5 youth served by CYFBHS has remained relatively stable over the past five years (roughly 12%; see page 33).



Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Client Gender

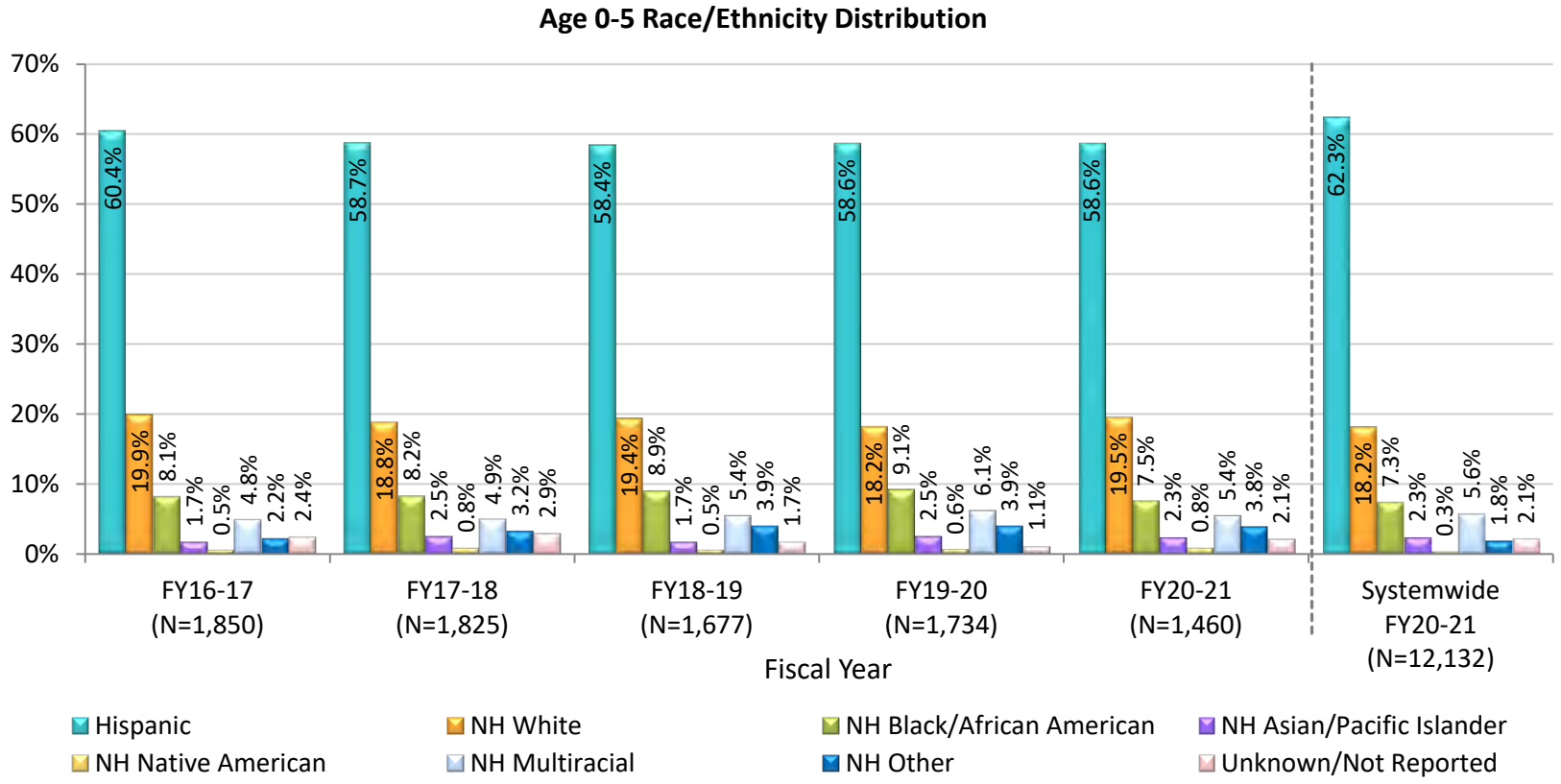
888 (61%) age 0-5 clients who received CYFBHS services in FY 2020-21 were male. The gender gap of the 0-5 population is wider than the CYFBHS system as a whole.



Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Client Race/Ethnicity

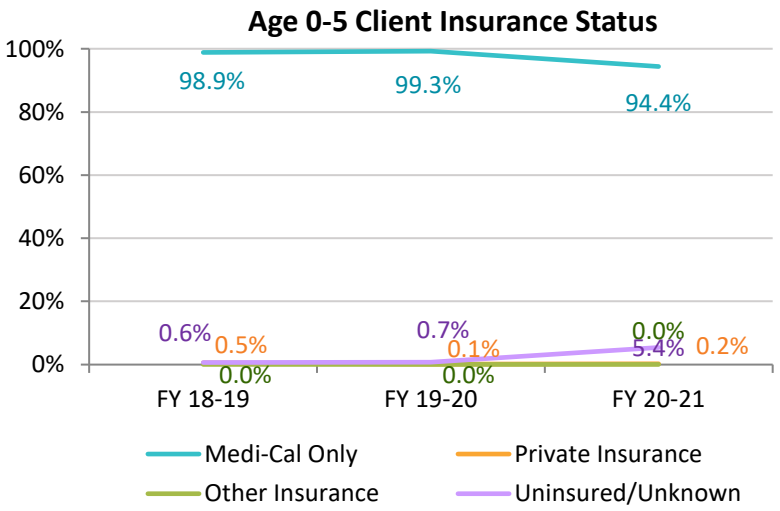
- 855 (59%) age 0-5 clients who received CYFBHS services in FY 2020-21 were identified as Hispanic.
- The distribution of race/ethnicity among age 0-5 clients in the CYFBHS system is similar to the distribution throughout the system as a whole.



Who Are We Serving?
Age 0 – 5 Youth

1,378 (94%) age 0-5 clients who received services from CYFBHS during FY 2020-21 were covered exclusively by Medi-Cal. By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.

Age 0-5 Health Care Coverage



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

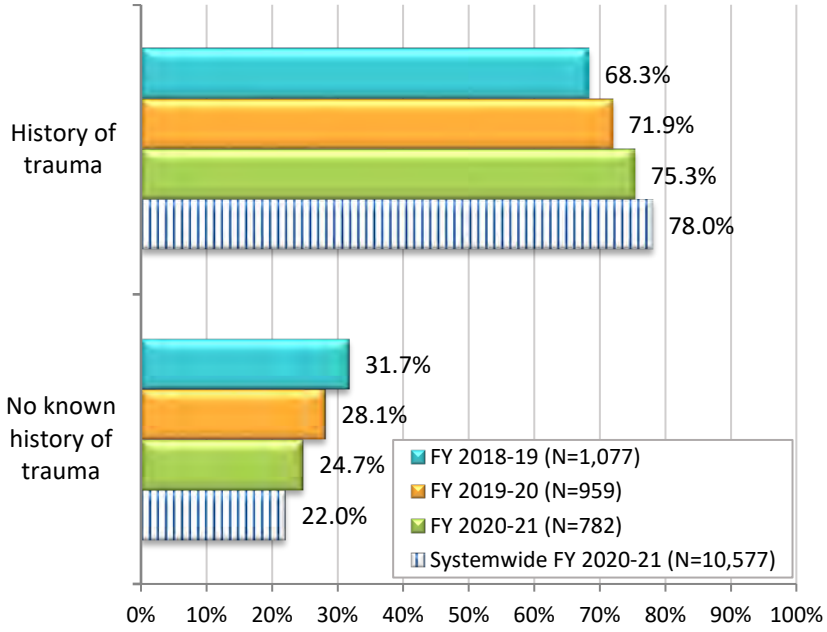
Age 0-5 Primary Care Physician (PCP) Status

Of the 775 age 0-5 clients for whom PCP status was known, 761 (98%) had a PCP in FY 2020-21; a slight increase from 97% of age 0-5 clients in FY 2019-20. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2020-21.

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

Age 0-5 History of Trauma

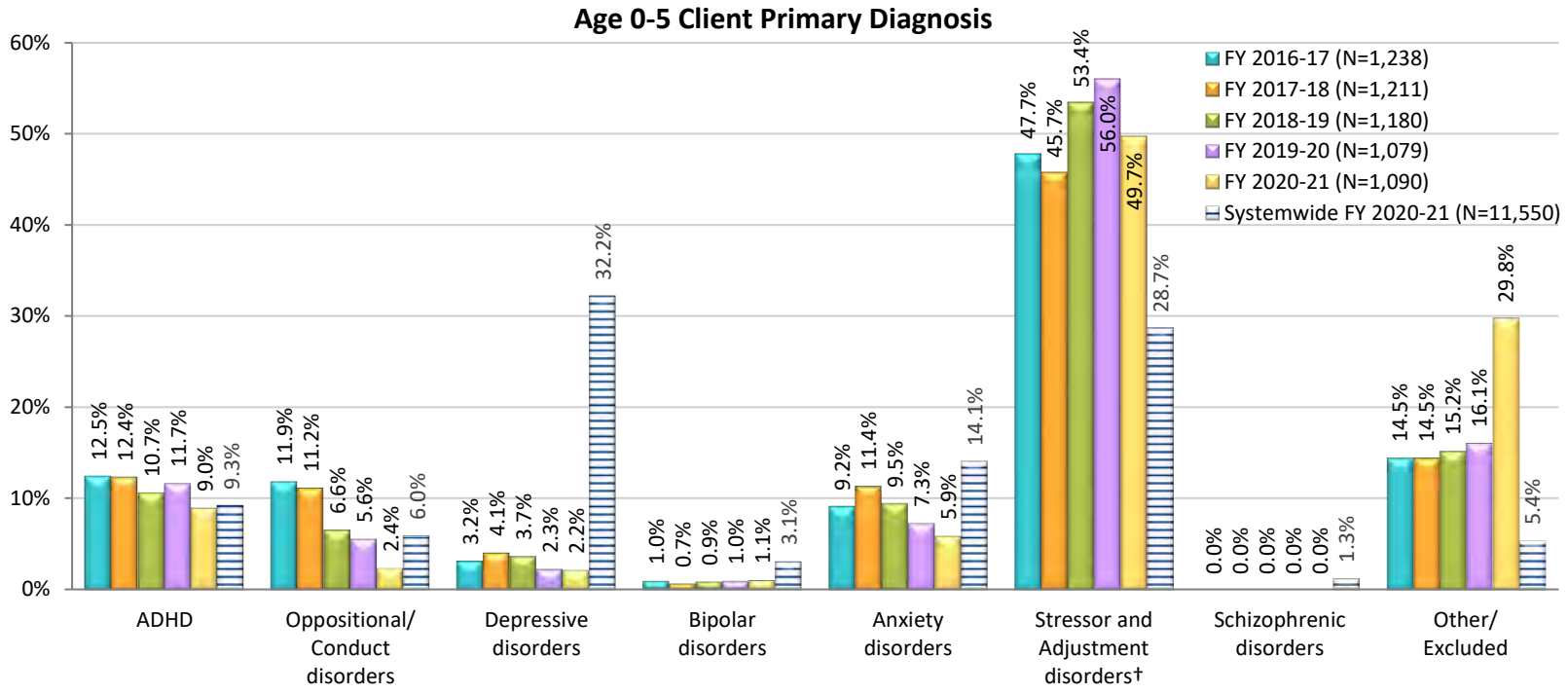
Previous experience of **traumatic events** was reported by clinicians for 782 clients (54% of the age 0-5 population) in FY 2020-21; of these 782 clients, 589 (75%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21.



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 2020-21 were: Stressor and Adjustment disorders (n=542; 49.7%), ADHD (n=98; 9.0%), and Anxiety disorders (n=64; 5.9%).

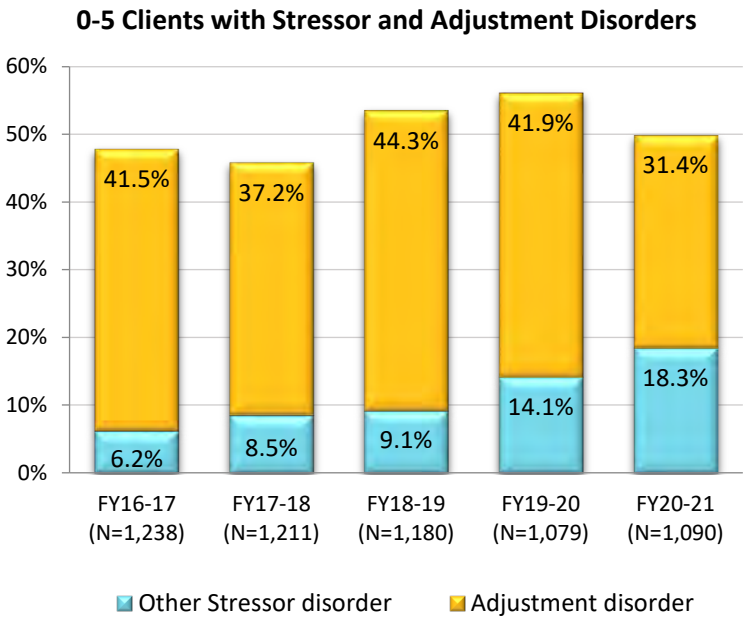


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Age 0 – 5 Youth

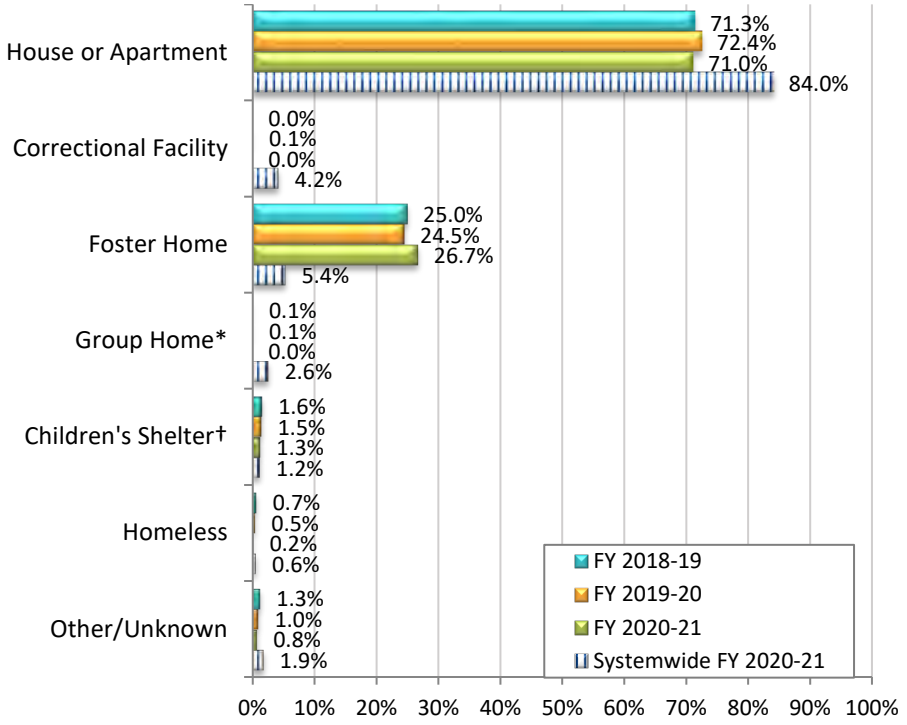
*Age 0-5 Stressor and Adjustment Disorders**

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 6.2% in FY 2016-17 to 18.3% in FY 2020-21.



Age 0-5 Client Living Situation

1,036 (71%) age 0-5 clients served by CYFBHS lived in a family home or apartment at some point during FY 2020-21. 390 (27%) age 0-5 clients lived in a Foster Home; as compared to 5% systemwide.



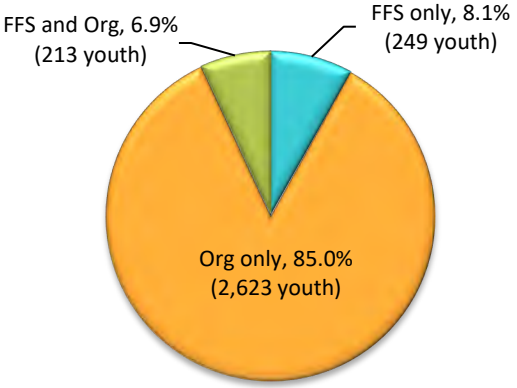
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Transition Age Youth

Transition Age Youth Clients

3,085 Transition Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served in FY 2020-21, representing 25% of the total CYFBHS population. By comparison, TAY youth represented 24% of the CYFBHS population in FY 2019-20.

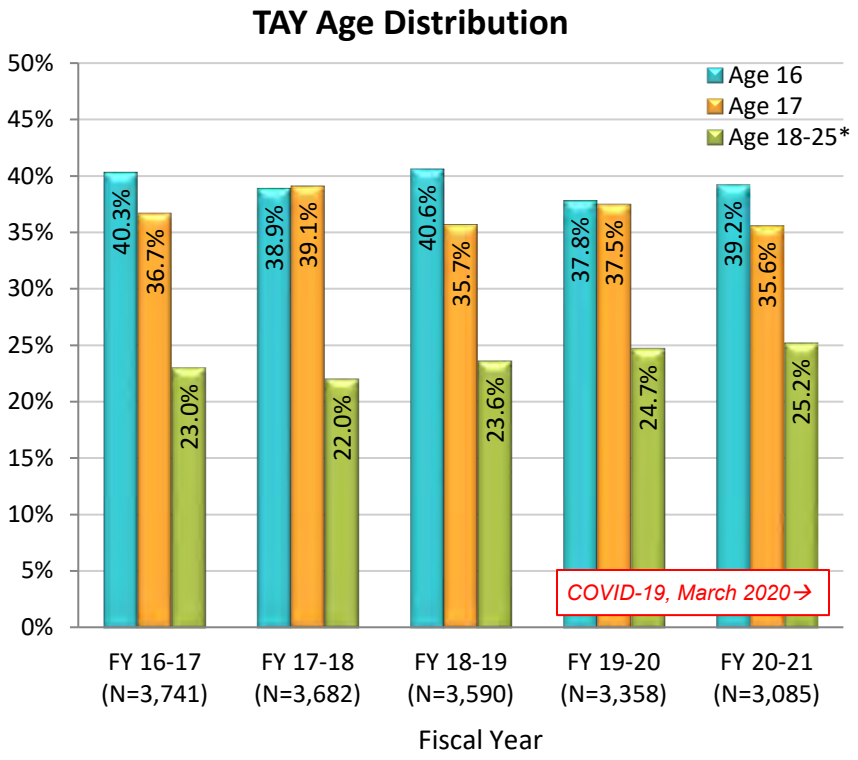
❖ The majority (85%) of TAY clients were served *only* by Org providers in FY 2020-21, no change from 85% in FY 2019-20.



Age of TAY Clients

2,307 (75%) TAY clients served by CYFBHS were ages 16-17, no change from 75% in FY 2019-20.

❖ The proportion of TAY clients ages 18-25 served by CYFBHS did not change from 25% in FY 2019-20.

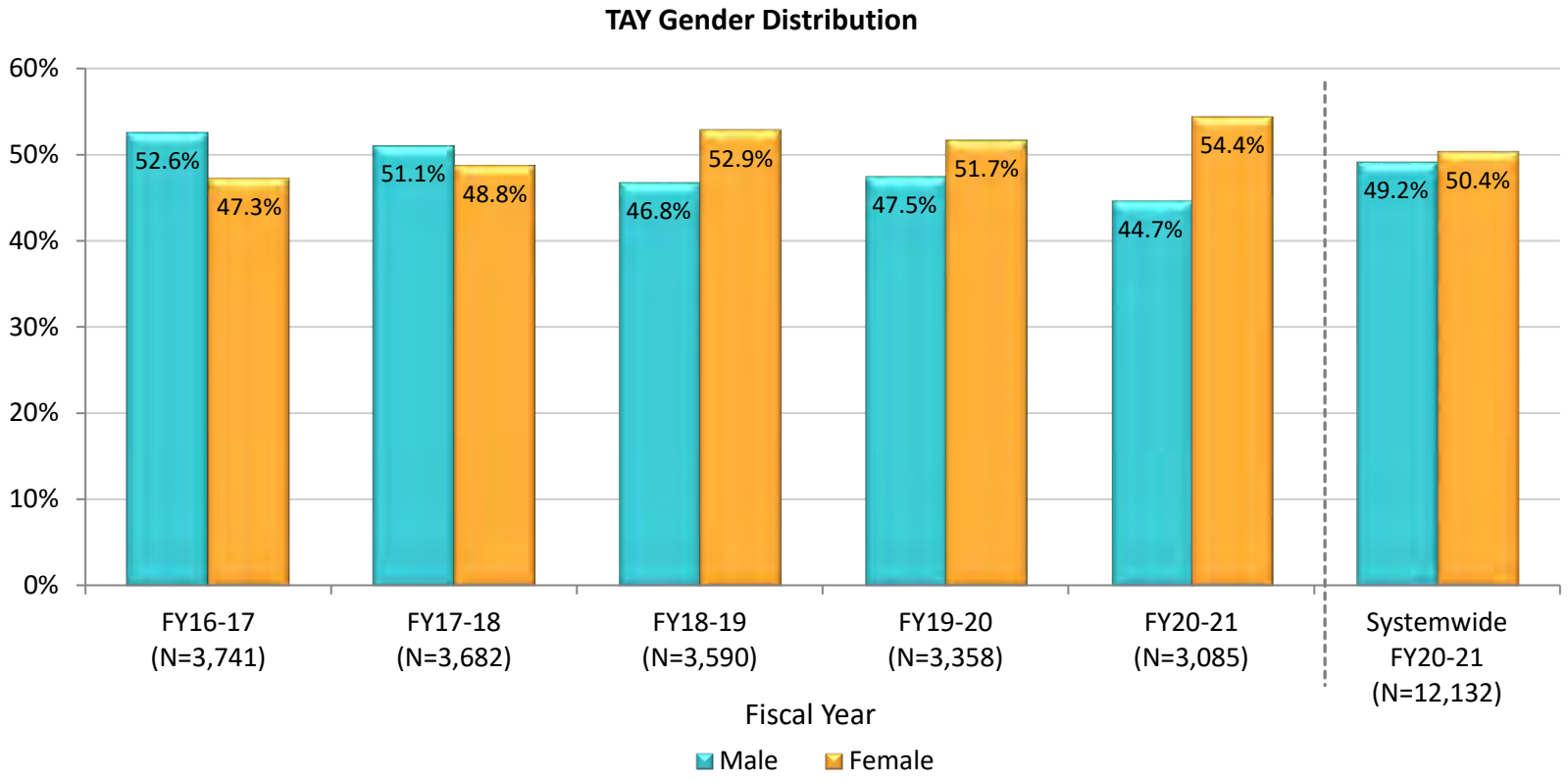


**On average, less than 1% of the TAY population in CYFBHS was over the age of 21.*

Who Are We Serving?
Transition Age Youth

TAY Client Gender

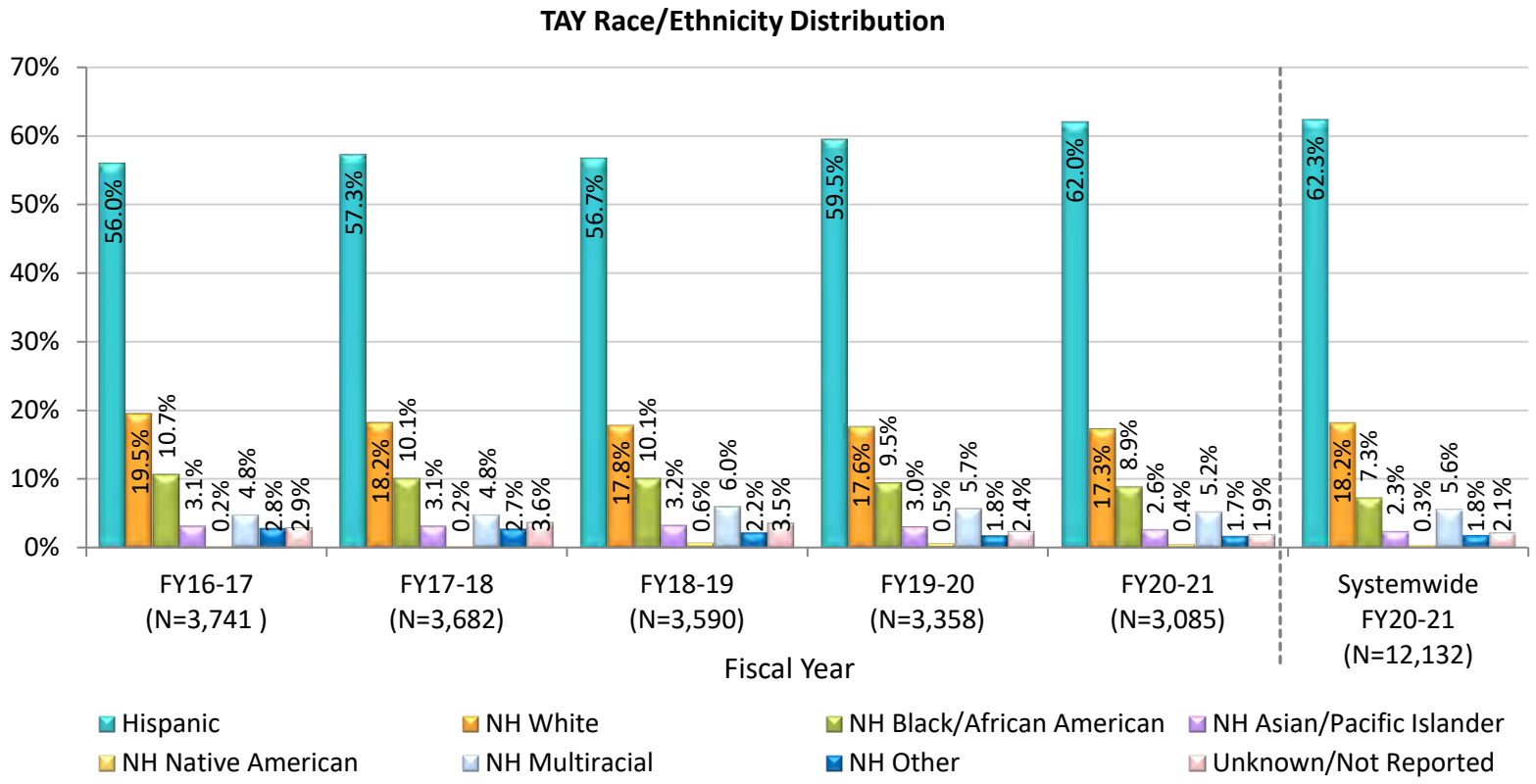
1,677 (54%) TAY clients who received CYFBHS services in FY 2020-21 were female. The male to female TAY client ratio shifted in FY 2018-19; for the past three years, the TAY population has been comprised of more females than males. Gender was reported as unknown or non-binary for 28 (0.9%) clients.



Who Are We Serving?
Transition Age Youth

TAY Client Race/Ethnicity

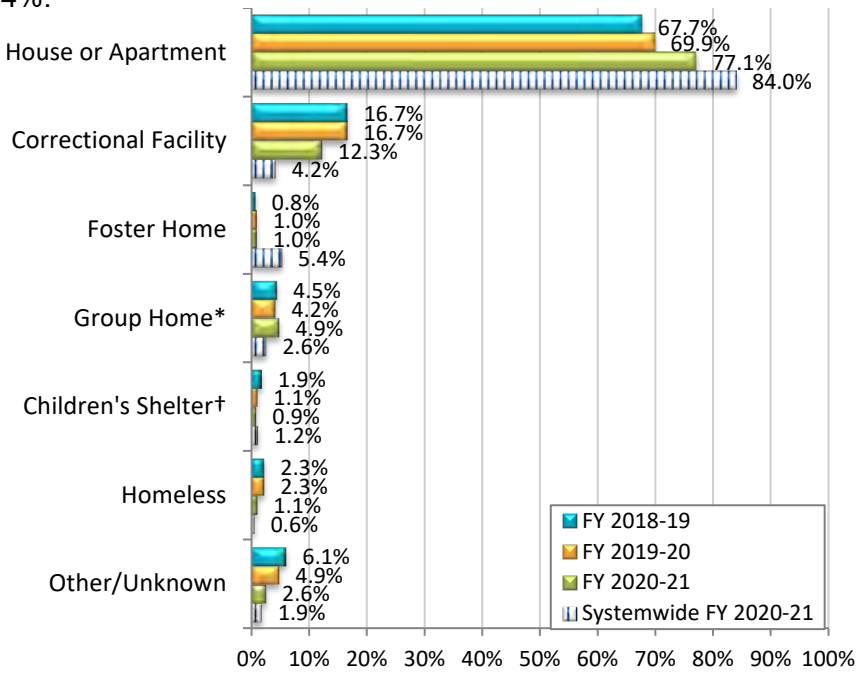
- 1,914 (62%) TAY clients who received CYFBHS services in FY 2020-21 identified themselves as Hispanic.
- The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.



Who Are We Serving?
Transition Age Youth

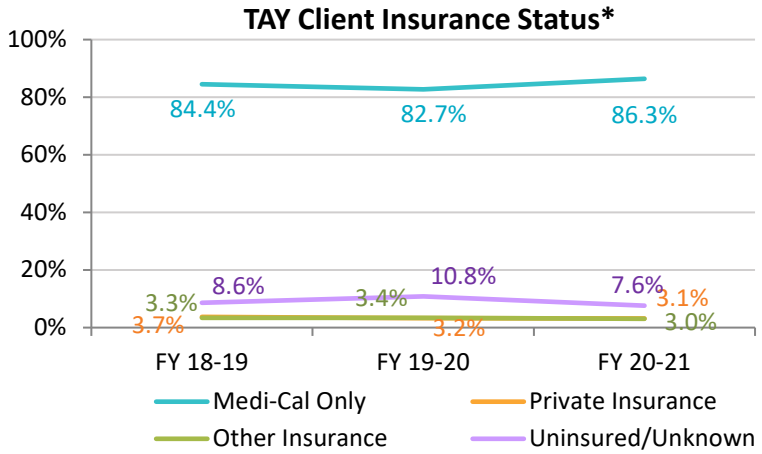
TAY Client Living Situation

2,380 (77%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2020-21. 378 (12%) TAY clients lived in a Correctional Facility in FY 2020-21. This represents a decrease of 4 percentage points from FY 2018-19, 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 4%.



TAY Health Care Coverage

2,661 (86%) TAY clients who received services from CYFBHS during FY 2020-21 were covered exclusively by Medi-Cal. By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.



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

TAY Primary Care Physician (PCP) Status†

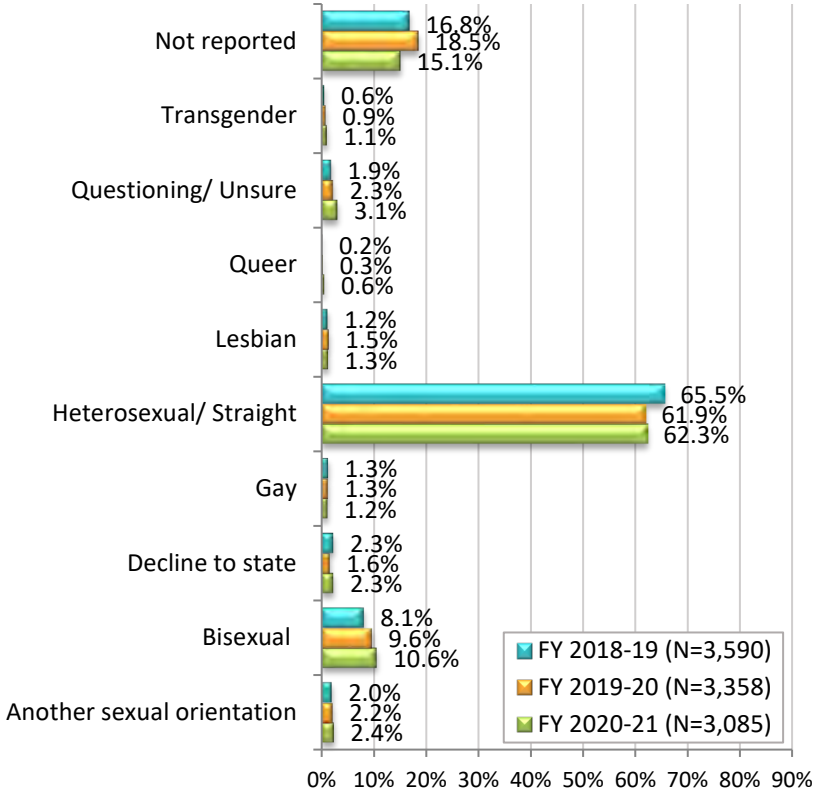
Of the 2,561 TAY clients for whom PCP status was known, 2,362 (92%) had a PCP in FY 2020-21, no change from 92% of TAY clients in FY 2019-20. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2020-21.

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

Who Are We Serving?
Transition Age Youth

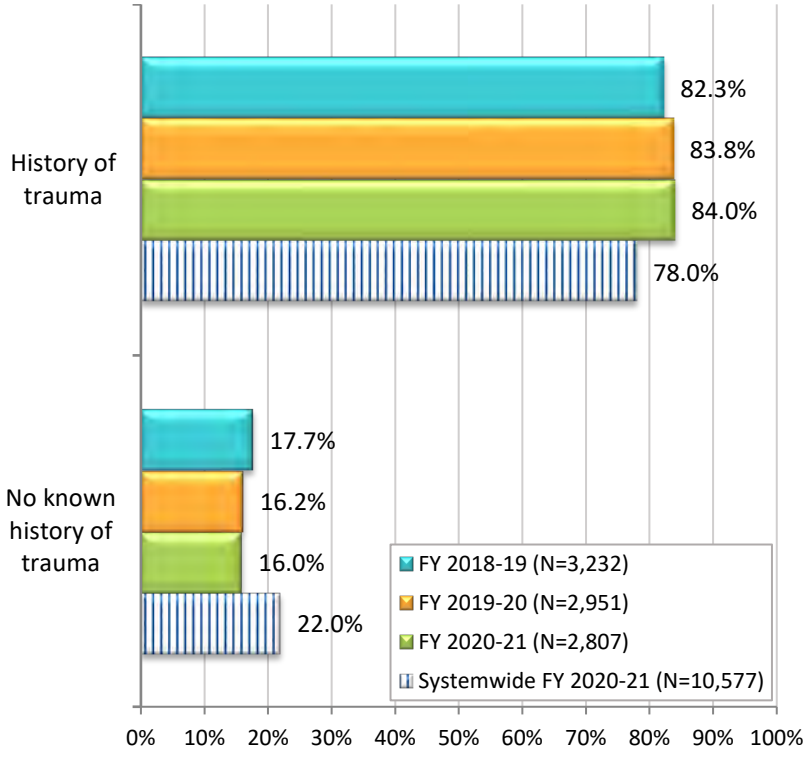
*TAY Sexual Orientation**

1,923 (62%) TAY clients served by CYFBHS identified as heterosexual during FY 2020-21 (as compared to 62% in FY 2019-20). Sexual orientation was unreported or declined to state for 17% of the TAY population in FY 2020-21, as compared to 20% in FY 2019-20.



TAY History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 2,807 clients (91% of the TAY population) in FY 2020-21; of these 2,807 clients, 2,359 (84%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21.

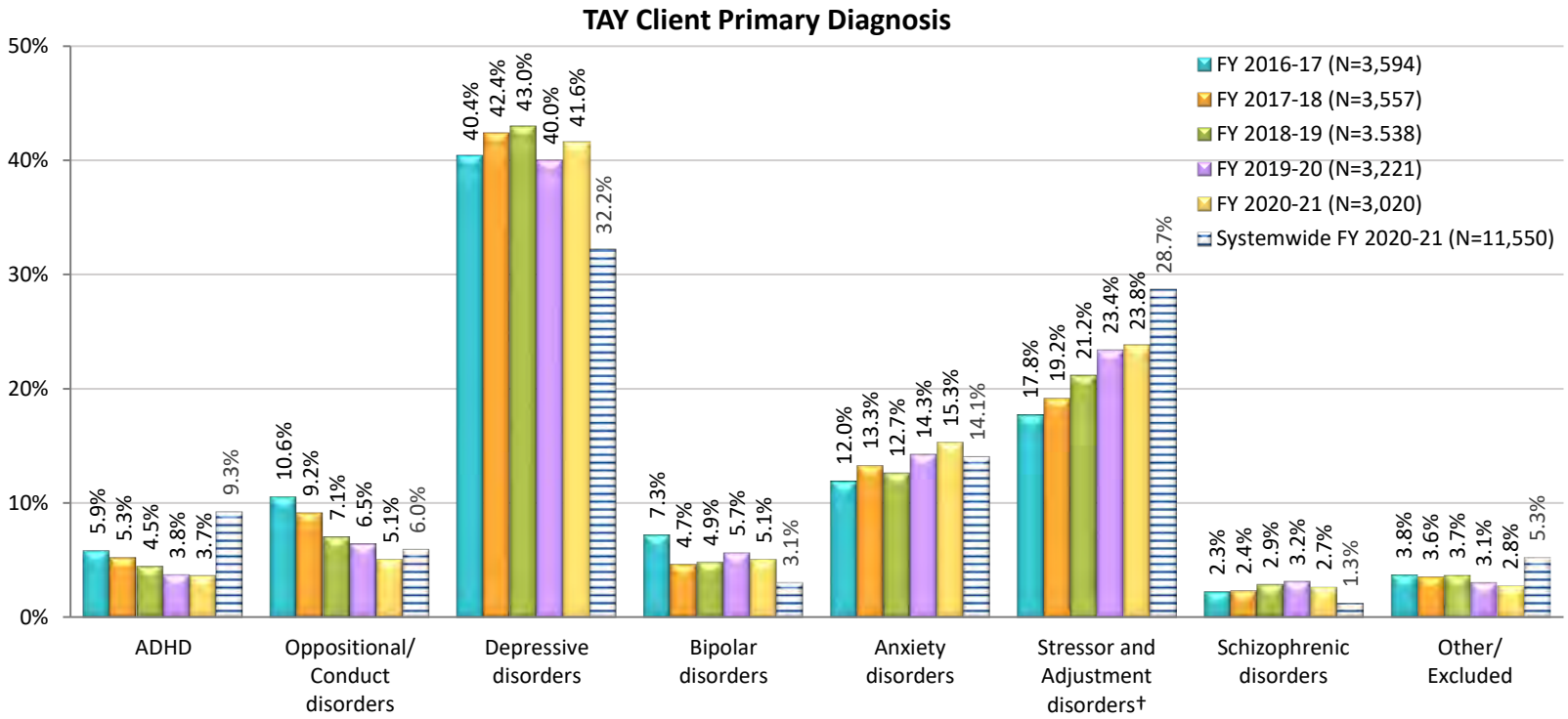


**Not Reported category includes Fee-for-Service providers for whom data were not available.*

Who Are We Serving?
Transition Age Youth

*TAY Primary Diagnosis**

The most common primary diagnoses among age TAY clients served by CYFBHS in FY 2020-21 were: Depressive disorders (n=1,255, 41.6%), Stressor and Adjustment disorders (n=720; 23.8%), and Anxiety disorders (n=461; 15.3%).



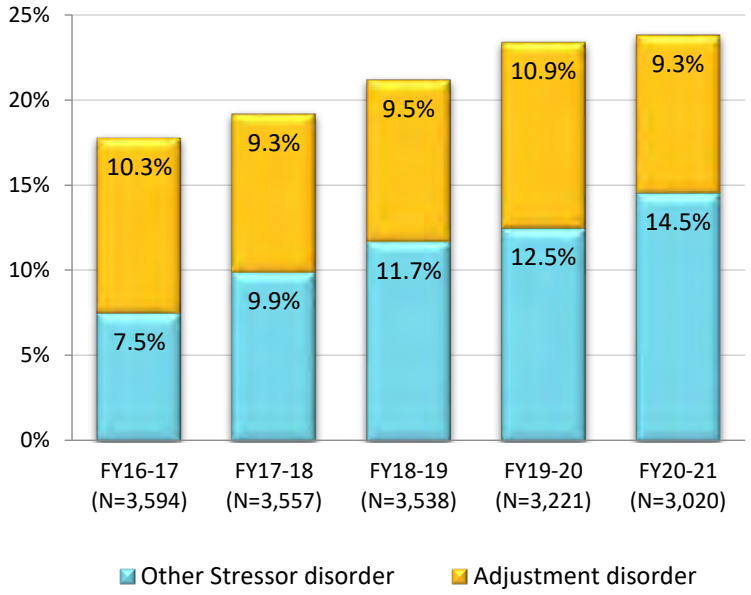
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and 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 7.5% in FY 2016-17 to 14.5% in FY 2020-21.

TAY Clients with Stressor and Adjustment Disorders



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 2020-21, 13% of TAY youth had a co-occurring substance use issue, as compared to 15% in FY 2019-20.

FY 2020-21 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)	**13% (416 of 3,085)**	**5% (574 of 12,132)**
Had dual diagnosis through mental health program†	9% (287 of 3,085)	3% (389 of 12,132)
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	69% (287 of 416)	68% (389 of 574)
Received services from SUD program	46% (190 of 416)	47% (268 of 574)
CYFBHS youth who received services from SUD program who also had dual diagnosis	32% (61 of 190)	31% (83 of 268)

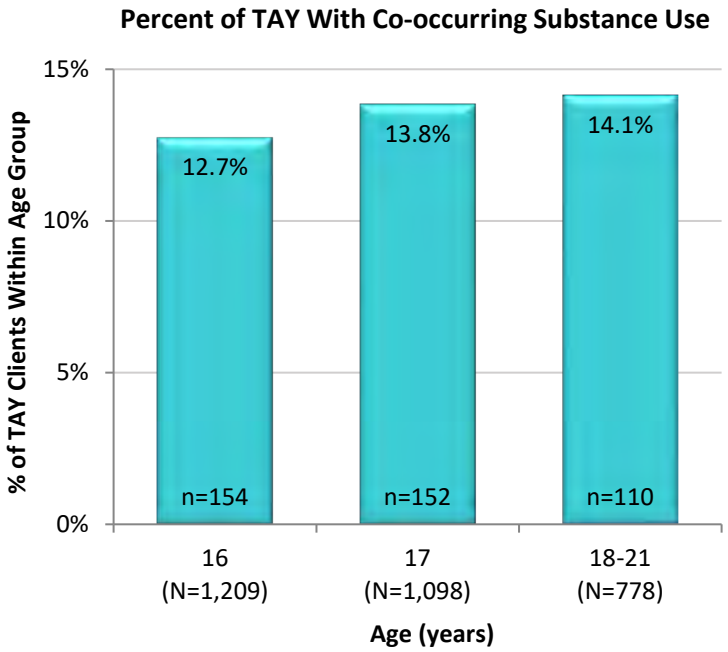
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?
Transition Age Youth

154 of 416 TAY clients (37%) with a co-occurring substance use problem were age 16. 252 of 416 (61%) TAY clients with a co-occurring substance use problem were Hispanic, as compared to 330 of 518 (64%) in FY 2019-20.

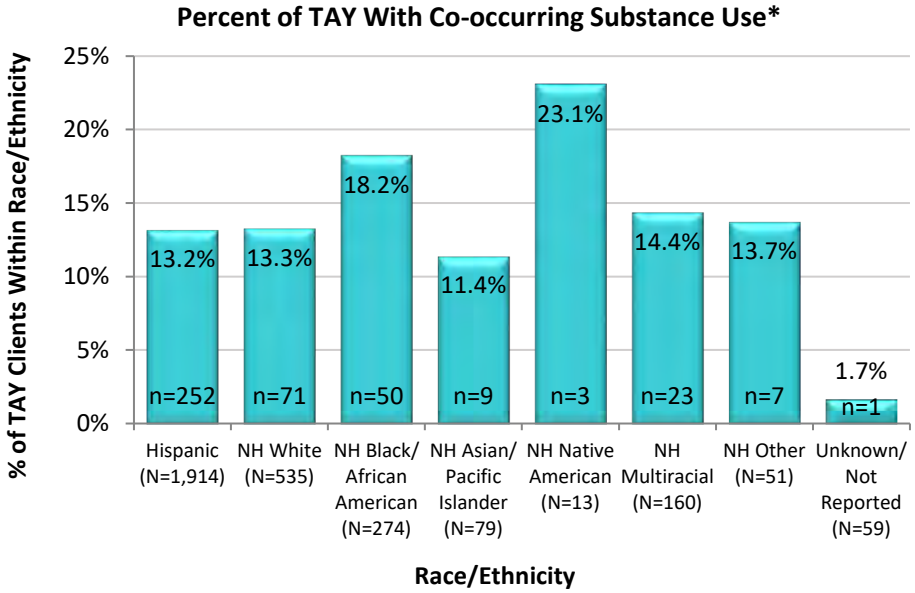
TAY Co-occurring Substance Use—Age

Approximately 13% of 16-year-olds and 14% of 17-year-olds who received services from the CYFBHS system were identified as having a substance use issue. By comparison, in FY 2019-20, 15% of 16-year-olds and 16% 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, Native American TAY served by CYFBHS had the highest proportion of co-occurring substance use (3 of 13 clients, 23%), while Asian/Pacific Islander TAY had the lowest proportion (9 of 79 clients, 11%). By comparison, in FY 2019-20, Black/African American TAY had the highest proportion of co-occurring substance use (70 of 387 clients, 18%), while Asian/Pacific Islanders had the lowest proportion (9 of 135 clients, 7%).

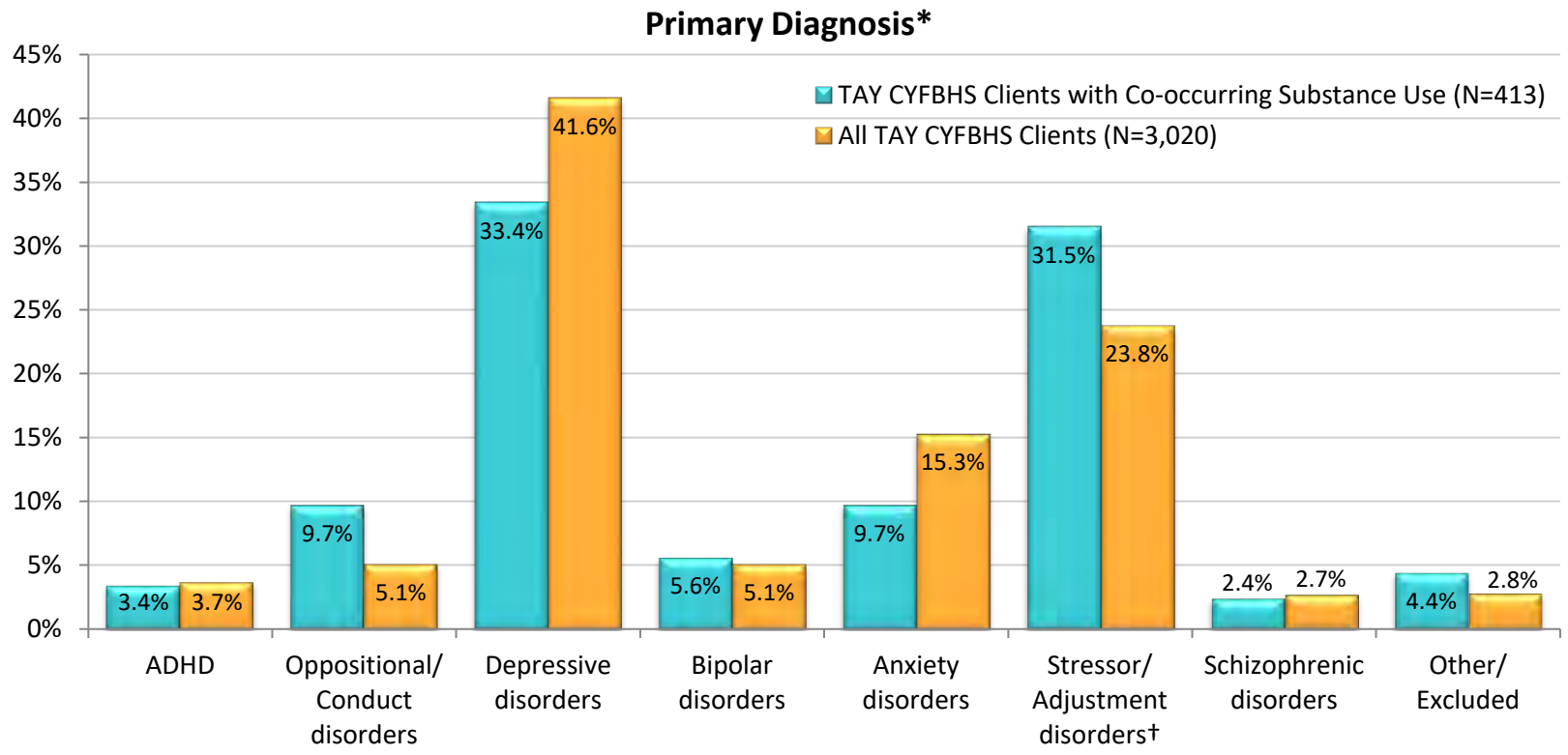


**Clients with unknown race/ethnicity were excluded from this analysis.*

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 or Stressor/Adjustment disorder than TAY in CYFBHS overall. These proportions are consistent with FY 2020-21 distribution of diagnoses.



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; 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†	3,037	25%	976	8%	5,380	44%	847	7%	1,837	15%	2,166	18%	12,132	100%
Age														
Age 0-5	26	1%	28	3%	952	18%	119	14%	142	8%	265	12%	1,460	12%
Age 6-11	658	22%	320	33%	1,297	24%	253	30%	580	32%	587	27%	3,478	29%
Age 12-17	2,068	68%	594	61%	2,768	51%	434	51%	1008	55%	1,231	57%	6,414	53%
Age 18+	285	9%	34	3%	363	7%	41	5%	107	6%	83	4%	780	6%
Gender														
Female	1576	52%	537	55%	2,463	46%	471	56%	985	54%	1,188	55%	6,119	50%
Male	1,438	47%	434	44%	2,903	54%	374	44%	842	46%	965	45%	5,964	49%
Other/Unknown	23	1%	5	1%	14	0%	2	0%	10	1%	13	1%	49	0%
Race/Ethnicity														
Hispanic	1946	64%	540	55%	3,006	56%	549	65%	1197	65%	1721	79%	7,563	62%
NH White	391	13%	227	23%	1,086	20%	190	22%	407	22%	196	9%	2,202	18%
NH Black/African American	299	10%	80	8%	556	10%	35	4%	84	5%	94	4%	887	7%
NH Asian/Pacific Islander	133	4%	11	1%	133	2%	14	2%	21	1%	29	1%	282	2%
NH Native American	9	0%	2	0%	22	0%	4	0%	5	0%	2	0%	37	0%
NH Multiracial	183	6%	70	7%	379	7%	36	4%	86	5%	82	4%	679	6%
Other/Unknown	76	3%	46	5%	197	4%	19	2%	37	2%	42	2%	482	4%
Most Common Diagnoses														
Total Valid Diagnoses	2,957	97%	965	99%	5,017	93%	784	93%	1,804	98%	2,129	98%	11,550	95%
Depressive Disorders	1165	39%	329	34%	1,449	29%	300	38%	578	32%	824	39%	3,715	32%
Stressor & Adjustment Disorders	841	28%	280	29%	1,395	28%	160	20%	538	30%	622	29%	3,317	29%
Anxiety Disorders	311	11%	117	12%	575	11%	148	19%	287	16%	245	12%	1,630	14%
Attention Deficit Hyperactivity Disorders	168	6%	115	12%	487	10%	70	9%	197	11%	166	8%	1,073	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.
‡Systemwide includes unique clients only.

SchooLink Services (N=408)

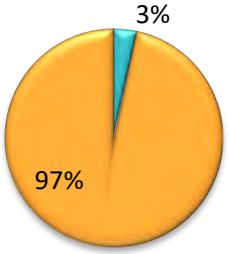
Where Are We Serving?
SchooLink Services

CYFBHS has partnered with school districts since the late 1990s to offer outpatient specialty mental health and substance use disorder (SUD) treatment on school campuses that serve Medi-Cal and unfunded students. In FY 2019-20, SchooLink to Behavioral Health Services (SchooLink) was launched to implement standardized practices and increase collaboration between schools and providers for both mental health and SUD treatment programs. SchooLink providers deploy clinicians to designated schools who work closely with school personnel to engage and support youth and families, as well as provide outreach. There are 36 Specialty Mental Health Services SchooLink contracts that deploy clinicians to school campuses. Additionally, 7 SUD contractors provide SchooLink services. **The 2020-2021 school year was impacted by COVID with limited on-campus instruction.**

*Clients Receiving SchooLink Mental Health Services.**

408 (3%) of 12,132 CYF clients served during FY 2020-21 received at least one school site service, as compared to 3,282 (24%) of 13.758 in FY 2019-20.

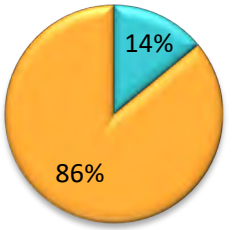
Of these 408 clients, 6 (1%) received non-treatment services only, as compared to 55 (2%) of 3,282 in FY 2019-20.‡



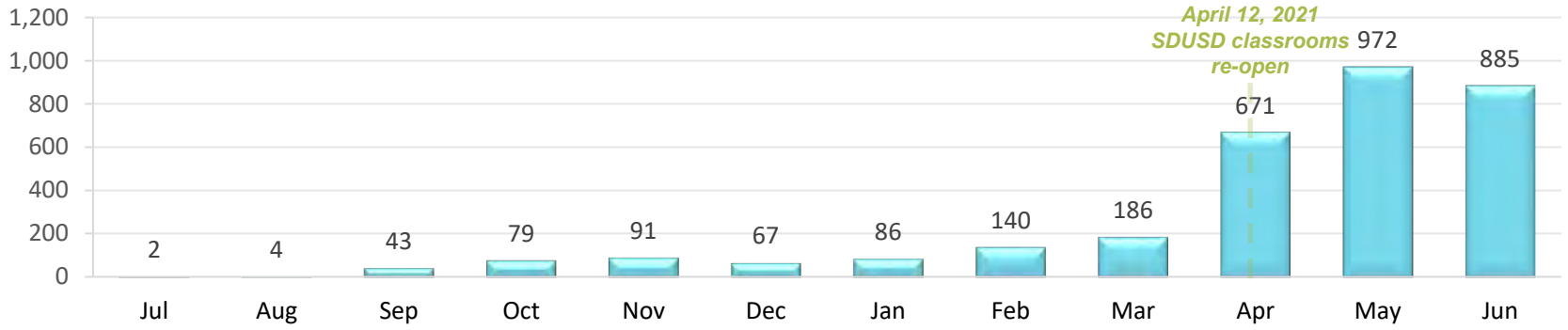
Mental Health Treatment Services Provided in Schools.†

113 of 791* schools (14%) in the County of San Diego had at least one school site treatment service during FY 2020-21, as compared to 392 (50%) of 791 in FY 2019-20.

Non-treatment services were provided at 2 additional schools, as compared to 8 in FY 2019-20.‡



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



**Data Source: CCBH Extract 09/09/2021*
†Data Source: CA Department of Education, FY 2018-19
‡Non-treatment services offered at SchooLink school sites include Collateral, Case Management, Intensive Care Coordination, and Assessment services

Where Are We Serving?
School Site Services

Number of Unique Clients by School Site, FY 2020-21 (N =402)†*

Of 42 school districts in San Diego County, 20 obtained onsite SchooLink services. **The 2020-2021 school year was impacted by COVID with limited on-campus instruction.**

School District/Site	N	%	School District/Site	N	%
Alpine Union School District	0	0.0%	National School District	0	0.0%
Bonsall Unified School District	0	0.0%	Oceanside Unified School District	25	6.2%
Borrego Springs Unified School District	1	0.2%	Poway Unified School District	1	0.2%
Cajon Valley Union School District	5	1.2%	Ramona Unified School District	21	5.2%
Cardiff School District	0	0.0%	Rancho Santa Fe Elementary School District	0	0.0%
Carlsbad Unified School District	0	0.0%	San Diego County Office of Education	6	1.5%
Chula Vista Elementary School District	0	0.0%	San Diego Unified School District	144	35.8%
Coronado Unified School District	0	0.0%	San Dieguito Union High School District	3	0.7%
Dehesa School District	0	0.0%	San Marcos Unified School District	25	6.2%
Del Mar Union School District	0	0.0%	San Pasqual Union School District	0	0.0%
Encinitas Union School District	4	1.0%	San Ysidro School District	0	0.0%
Escondido Union School District	2	0.5%	Santee School District	0	0.0%
Escondido Union High School District	8	2.0%	Solana Beach School District	0	0.0%
Fallbrook Union Elementary School District	9	2.2%	South Bay Union School District	0	0.0%
Fallbrook Union High School District	0	0.0%	Spencer Valley School District	0	0.0%
Grossmont Union High School District	27	6.7%	Sweetwater Union High School District	3	0.7%
Jamul-Dulzura Union School District	0	0.0%	Vallecitos School District	0	0.0%
Julian Union School District	1	0.2%	Valley Center-Pauma Unified School District	0	0.0%
Julian Union High School District	0	0.0%	Vista Unified School District	60	14.9%
La Mesa-Spring Valley School District	31	7.7%	Warner Unified School District	0	0.0%
Lakeside Union School District	0	0.0%	Preschools	0	0.0%
Lemon Grove School District	1	0.2%	Private Schools	18	4.5%
Mountain Empire Unified School District	15	3.7%			

**Data Source: CCBH Extract 09/09/2021*

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

Where Are We Serving?
School Site Services

*SchooLink On-Campus Client and Service Thresholds**

To ensure resources are optimally deployed, SchooLink minimum thresholds were established in FY 2019-20. 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. 25% of SchooLink clients received at least 10 services on the school campus in FY 2020-21. 8% of school sites served 10 clients or more in FY 2020-21. **The 2020-2021 school year was impacted by COVID with limited on-campus instruction.**

Number of Clients by Service Range

Services Provided	*Number of Clients (N=408)*	*Percent of Clients*
1	62	15.2%
2-5	167	40.9%
6-9	78	19.1%
10-19	58	14.2%
20-29	24	5.9%
30-39	11	2.7%
40-49	6	1.5%
50-59	2	0.5%
60-69	0	0.0%
70-79	0	0.0%
80-89	0	0.0%
90-99	0	0.0%
100+	0	0.0%

75.2% of clients received <10 services

24.8% of clients received 10+ services

Number of Schools by Unique Clients Served

Clients Served	*Number of Schools (n=113)*	*Percent of Schools*
1	39	34.5%
2-5	54	47.8%
6-9	11	9.7%
10-19	8	7.1%
20-29	0	0.0%
30-39	1	0.9%
40-49	0	0.0%
50-59	0	0.0%
60-69	0	0.0%
70+	0	0.0%

92.0% of schools served <10 clients

8.0% of schools served 10+ clients

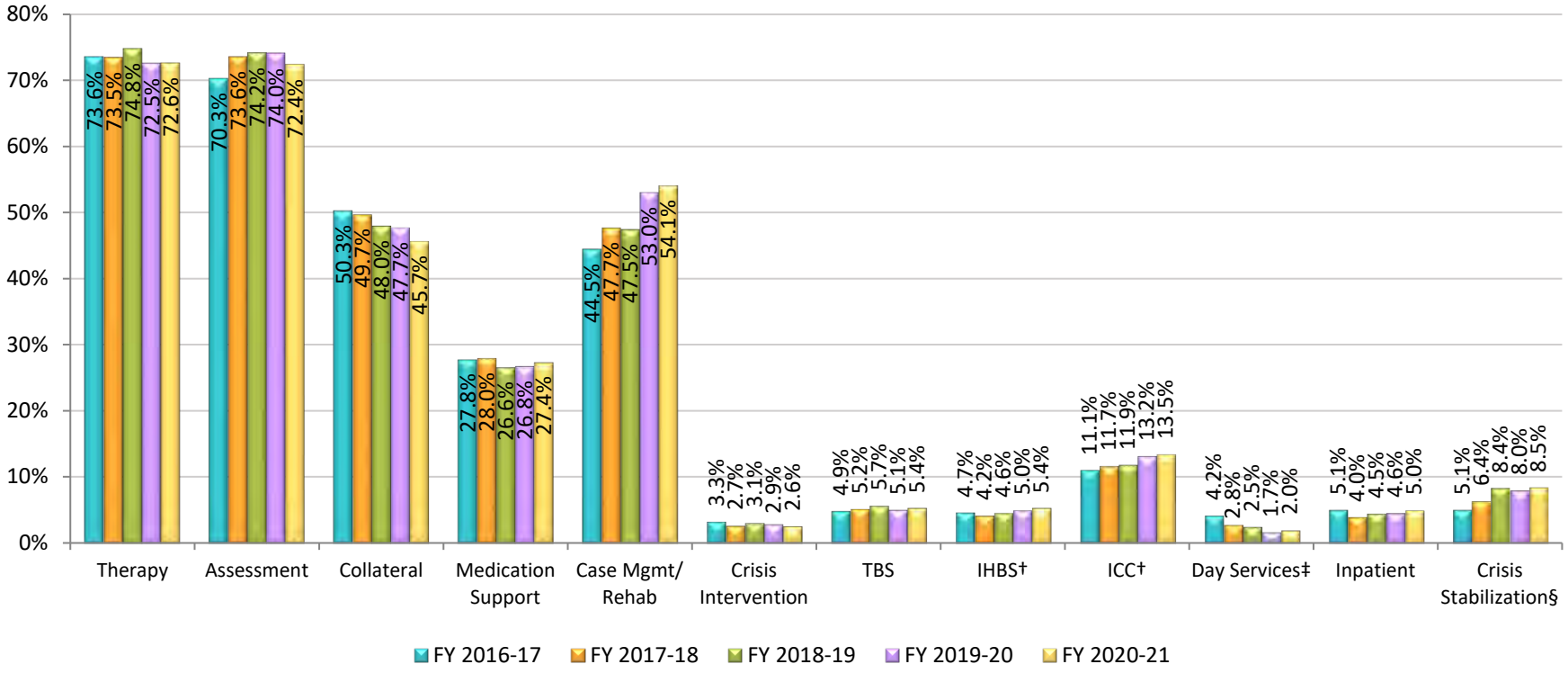
**Data Source: CCBH Extract 09/09/2021*

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 Collateral and Day Services has declined, and the percentage of clients receiving Assessment, Case Management, Intensive Home Based Services, Intensive Care Coordination, and Crisis Stabilization services has increased.

Percentage of Clients Receiving Each Type of Service*



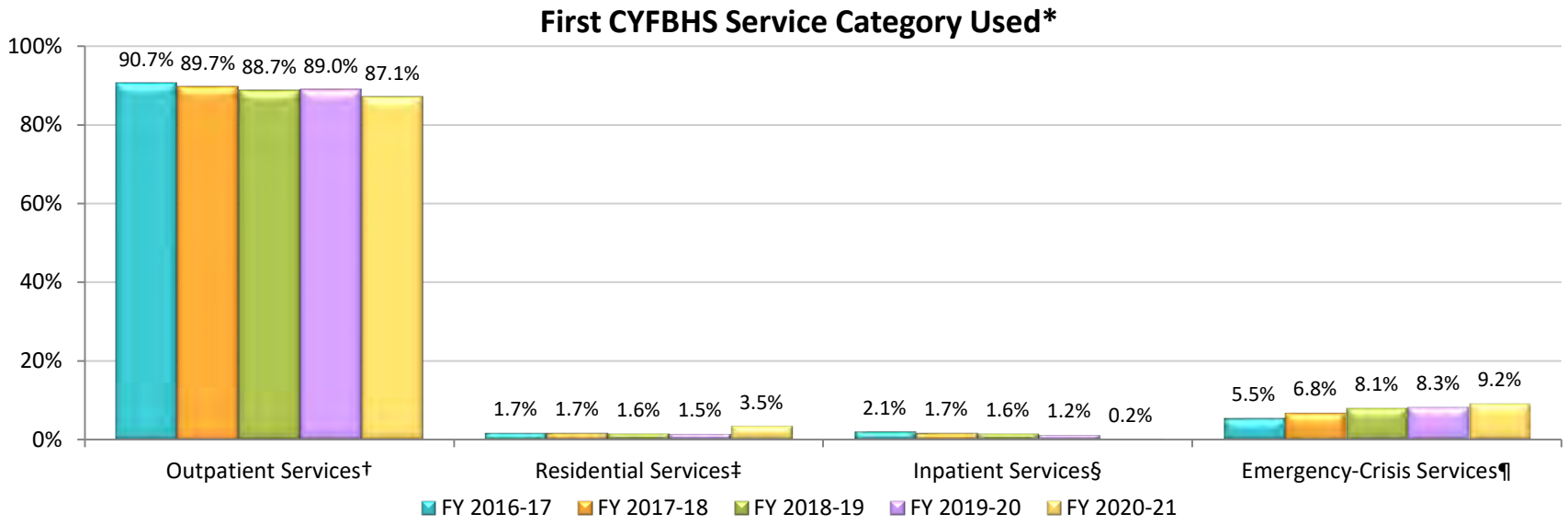
**These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being.
‡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, Residential 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. Additionally, the COVID-19 pandemic and attendant stay-at-home order beginning in March 2020 correlate with the decrease in Outpatient as the first service used by CYFBHS clients.



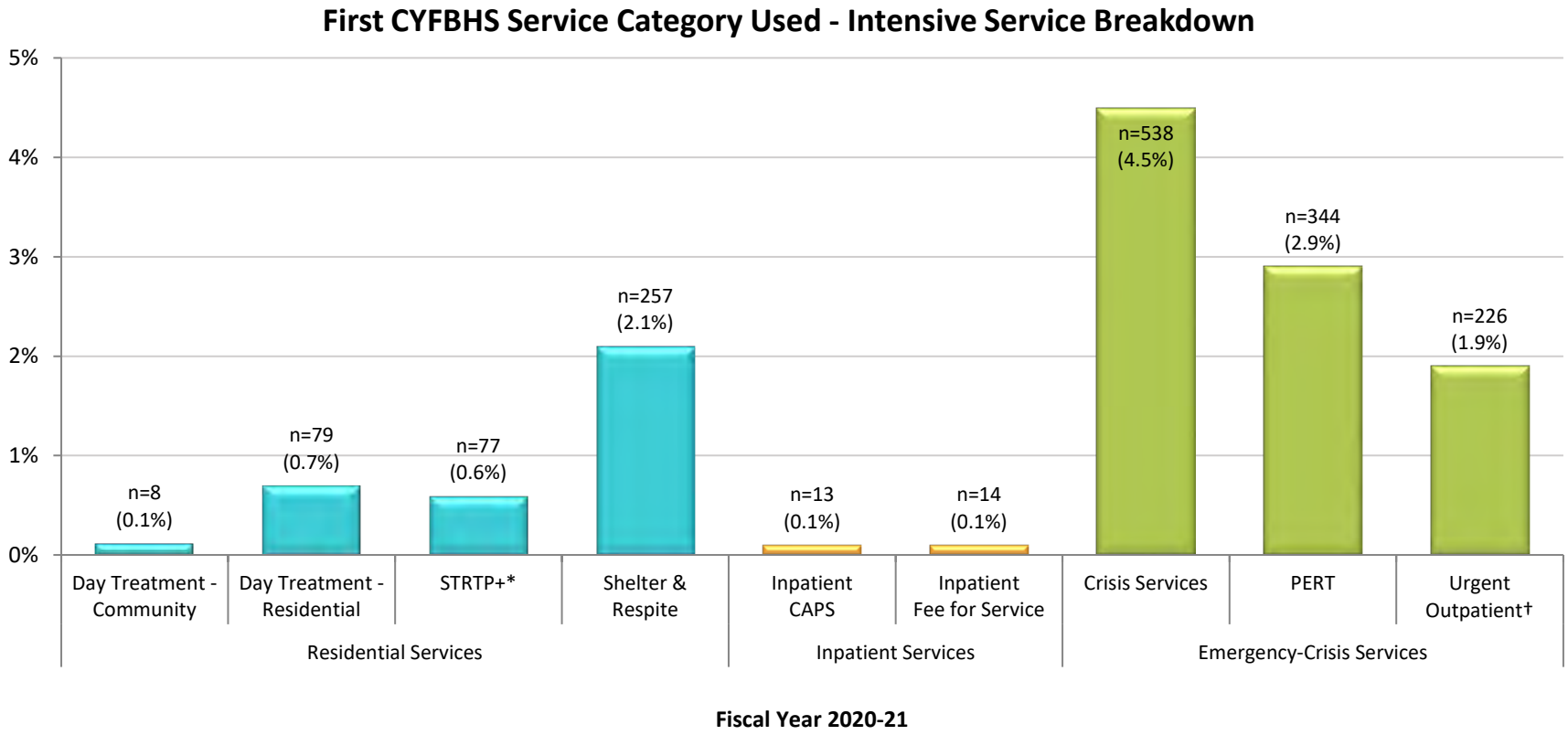
**Specific service types vary across fiscal years.*
†In FY 2020-21, Outpatient Services included: all Outpatient programs (including Outpatient Fee-for-Service programs), Wraparound programs, Juvenile Forensic Service programs, and Therapeutic Behavioral Services programs.
‡In FY 2020-21, Residential Services included: Day Treatment, STRTP+ (Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, San Pasqual Academy) and Shelter & Respite.
§In FY 2020-21, Inpatient Services included: Inpatient Contracted programs and Inpatient Fee-for-Service programs.
¶ In FY 2020-21, 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 2020-21—Intensive Services

First service ever received in CYFBHS (from FY 2008-09) was identified for 12,063 youth in FY 2020-21; 1,556 (13%) entered the CYFBHS system by way of an intensive service. The majority of these youth (71%) entered the system via Emergency-Crisis Services.

Approximately half of the 1,108 youth whose first CYFBHS service was Emergency-Crisis were served by a Crisis Services program. Nearly one-third of these youth entered CYFBHS via a PERT program.

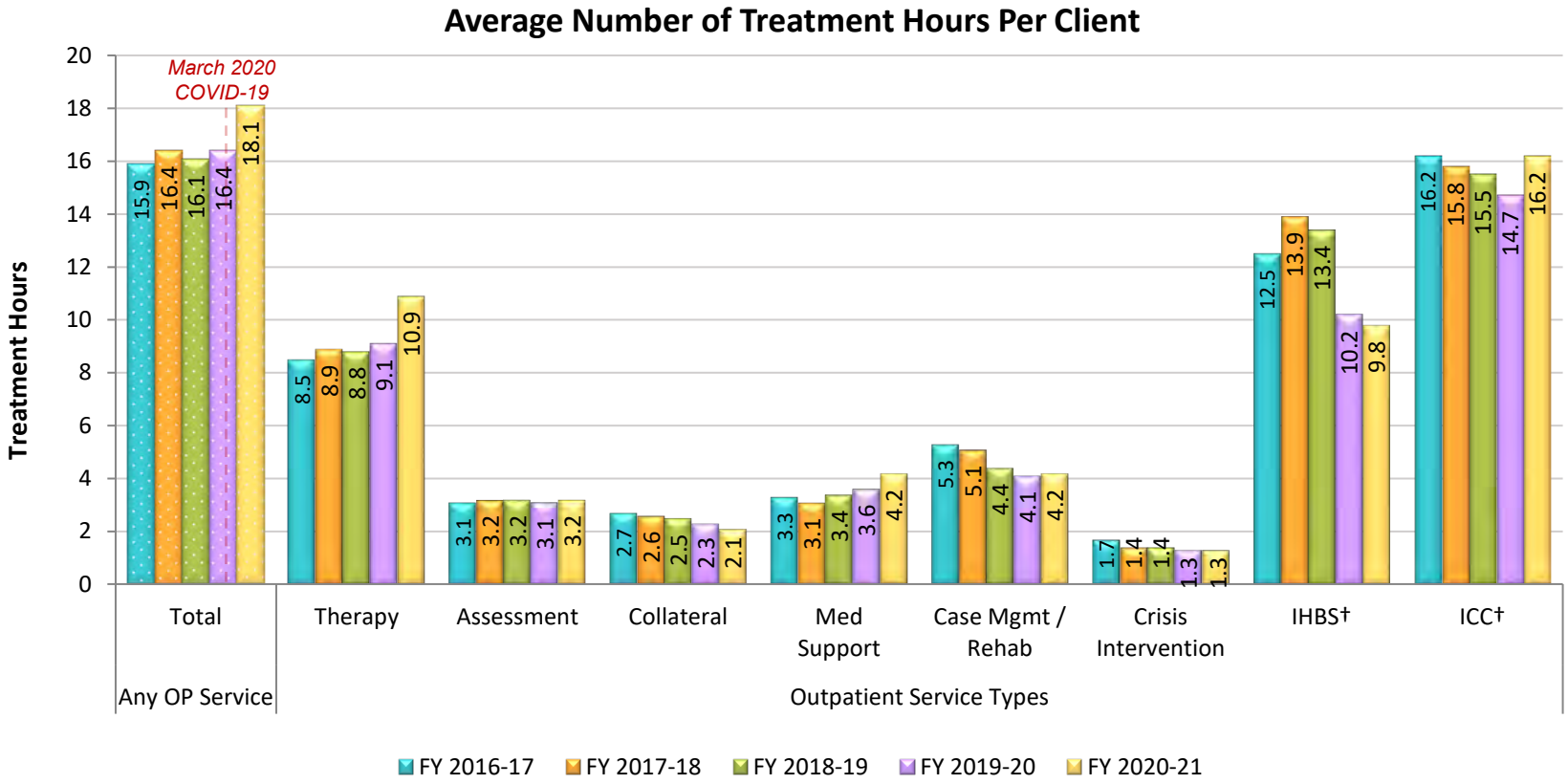


**STRTP+ includes: Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, and San Pasqual Academy.*
†Urgent Outpatient services are provided by Emergency Medication Management Services, Behavioral Crisis Centers, and Mobile Assessment Teams.

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

On average, clients received **18.1 hours of Outpatient Services** in FY 2020-21. As compared to the previous fiscal year, Collateral and Intensive Home Based Services treatment hours decreased. Crisis Intervention service treatment hours stayed the same. All other outpatient service treatment hours increased. The increase in Therapy service treatment hours was most notable, from 9.1 hours in FY 2019-20 to 10.9 hours in FY 2020-21.



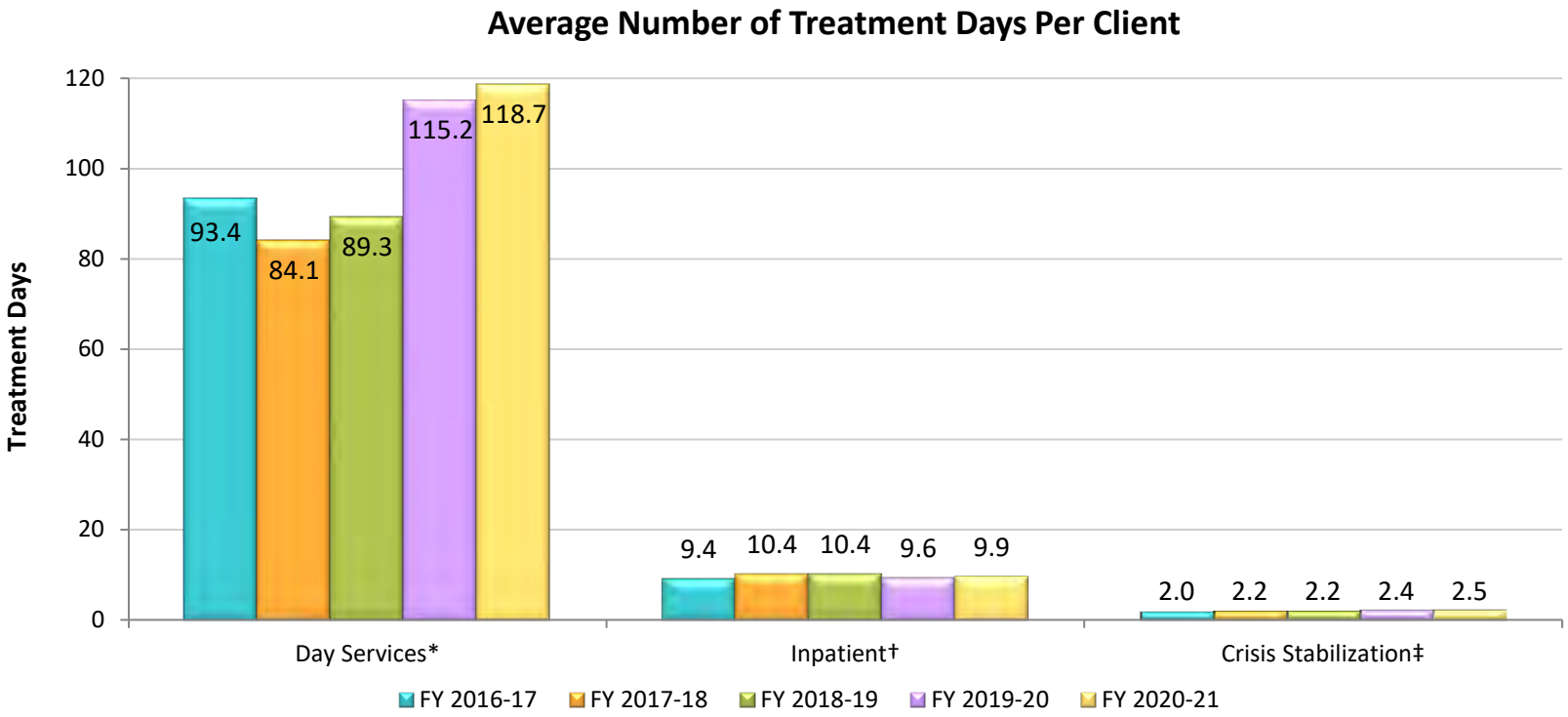
**Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being.

What Kind of Services Are Being Used?

Service Treatment Days

The average number of treatment days in **Day Services (118.7 days)** increased 3% from the previous fiscal year (115.2 days) and 33% from FY 2018-19 (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.

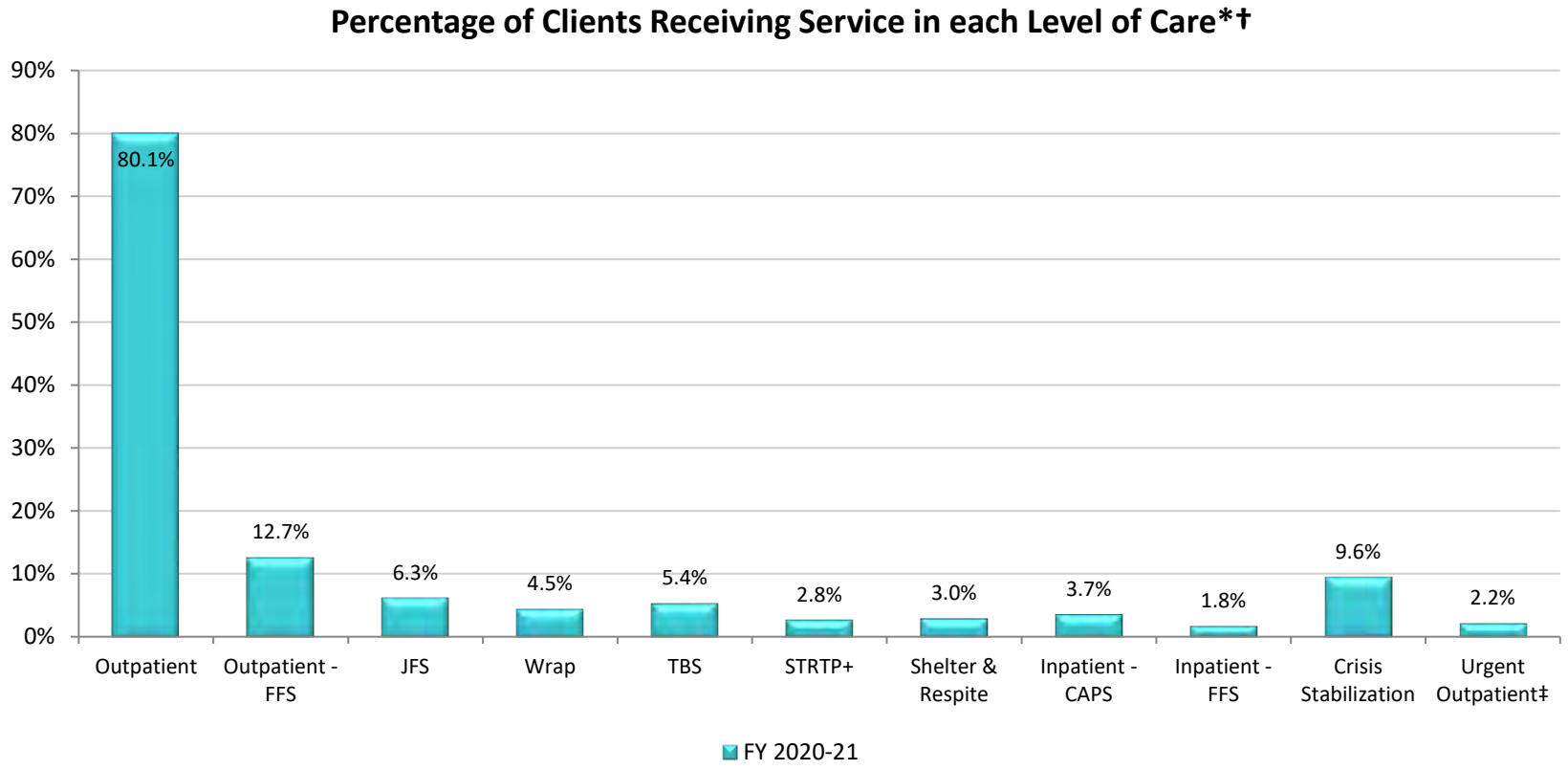


**In FY 2017-18, day services further unbundled from day services to outpatient services, with a return to some day services in FY 2019-20.*
†Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.
‡Crisis Stabilization days may be artificially 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. Level of Care designations were enhanced in FY 2020-21 to more accurately reflect services provided; data from previous years are not comparable.



**Clients may have received services in more than one level of care.*
†Level of Care designations were reclassified in FY 2020-21; data from previous years are not comparable.
‡Urgent Outpatient services are 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. Level of Care designations were enhanced in FY 2020-21 to more accurately reflect services provided; data from previous years are not directly comparable.

Average Length of Service by Level of Care	Clients (duplicated)			ALOS (days)		
Outpatient Services	**FY 2019-20**	**FY 2020-21**	***CHANGE (n)***	**FY 2019-20**	**FY 2020-21**	***CHANGE (days)***
Outpatient	7,317	6,620	*-697*	156	197	*41*
Outpatient - Fee for Service	681	545	*-136*	117.2	92.3	*-24.9*
Outpatient - Residential	400	n/a	*n/a*	137.6	n/a	*n/a*
Juvenile Forensic Services	1,669	912	*-757*	46.7	75.2	*28.5*
Wraparound	341	360	*19*	208.9	241.4	*32.5*
Therapeutic Behavioral Services (TBS)	580	555	*-25*	121.9	118.7	*-3.2*
Residential Services	**FY 2019-20**	**FY 2020-21**	***CHANGE (n)***	**FY 2019-20**	**FY 2020-21**	***CHANGE (days)***
Day Treatment - Community	30	n/a	*n/a*	276.5	n/a	*n/a*
Day Treatment - Residential	102	n/a	*n/a*	335.1	n/a	*n/a*
Day Treatment - Closed Treatment Facility	0	n/a	*n/a*	n/a	n/a	*n/a*
Short Term Residential Therapeutic Programs+	n/a	287	*n/a*	n/a	222.1	*n/a*
Shelter & Respite	n/a	376	*n/a*	n/a	39.3	*n/a*
Inpatient Services	**FY 2019-20**	**FY 2020-21**	***CHANGE (n)***	**FY 2019-20**	**FY 2020-21**	***CHANGE (days)***
Inpatient - CAPS	567	608	*41*	6.8	6.7	*-0.1*
Inpatient - FFS	322	244	*-78*	6.7	9.7	*3*
Emergency/Crisis Services	**FY 2019-20**	**FY 2020-21**	***CHANGE (n)***	**FY 2019-20**	**FY 2020-21**	***CHANGE (days)***
Crisis Stabilization*	1,802	1,704	*-98*	5.8	3.5	*-2.3*
Urgent Outpatient†	283	279	*-4*	18.8	17.1	*-1.7*

**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=3,715) were more likely to receive Medication Support, Case Management, and Outpatient Crisis Intervention services. These youth were far more likely to use intensive Inpatient and Crisis Stabilization services, and spent more hours in Day Services than CYFBHS averages.
- Youth with a Stressor and Adjustment Disorder diagnosis (n=3,317) 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 systemwide averages.
- Youth with an Anxiety Disorder diagnosis (n=1,630) were more likely than any other diagnosis to receive Outpatient Therapy and Assessment services. These youth were least likely to utilize Therapeutic Behavioral Services (TBS), ICC, and IHBS, and less likely on average to receive any intensive services (Inpatient, Day Services, and Crisis Stabilization).
- Youth with an ADHD diagnosis (n=1,073) were the highest utilizers of 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 and Inpatient services.
- Youth with an Oppositional/Conduct Disorder diagnosis (n=692) were more likely to receive all outpatient service types except Assessment and Outpatient Crisis Intervention, as compared to CYFBHS averages. These youth were the highest utilizers of intensive Day Services; however, spent 50% less time on average in Day Services treatment.
- Compared to CYFBHS systemwide averages, youth with a Bipolar Disorder diagnosis (n=354) were more likely to receive all outpatient service types except Therapy and Assessment services. These youth were 2-3 times as likely to receive Inpatient and Crisis Stabilization services and received more service hours in all intensive service types.
- Youth with a Schizophrenic Disorder diagnosis (n=148) were the lowest utilizers of Therapy, Assessment, and Collateral services. These youth were the highest utilizers of Medication Support, Outpatient Crisis Intervention, IHBS, and ICC services; they were also most likely to receive Inpatient and Crisis Stabilization services and had the highest service hours on average.

**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 156) 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 youth (n=7,563) were more likely than any other racial/ethnic group to receive Outpatient Therapy, Collateral and Case Management services. Among youth with an identified race/ethnicity, they were least likely to receive intensive Inpatient and Crisis Stabilization services.
- Non-Hispanic White youth (n=2,202) were more likely than the CYFBHS averages to receive all intensive services (Inpatient, Day Services, and Crisis Stabilization). These youth were less likely to receive Outpatient Therapy and Case Management services, and more likely to receive Medication Support services.
- Non-Hispanic Black/African American youth (n=887) were more likely than any other racial/ethnic group to receive Medication Support and Day Services. These youth were less likely than the CYFBHS average to receive Therapy and Assessment services, and nearly twice as likely to receive Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services. Strengthening engagement efforts for Black/African American communities could increase outpatient service use while decreasing intensive service use.
- Non-Hispanic Asian/Pacific Islander youth (n=282) were less likely than any other racial/ethnic group to receive Outpatient Crisis Intervention, TBS, IHBS, and ICC services. They were also least likely to utilize Day Services. These youth were more likely than CYFBHS averages to receive intensive Inpatient and Crisis Stabilization services. Strengthening engagement efforts for Asian/Pacific Islander communities could increase outpatient service use while decreasing intensive service use.
- Non-Hispanic Native American youth (n=37) were less likely than any other racial/ethnic group to receive Outpatient Therapy, Collateral, Medication Support, and Case Management services. These youth were the highest utilizers of Outpatient Crisis Intervention, TBS, IHBS, and ICC services, as well as intensive Inpatient services. These youth also received the highest number of Inpatient service hours. Due to the small number of Native American youth served in FY 2020-21, service use is difficult to interpret; however, the small number also suggests that strengthening engagement efforts could benefit the Native American population.
- Non-Hispanic Multiracial youth (n=679) were more likely than the CYFBHS average to receive Medication Support, Outpatient Crisis Intervention, IHBS, and ICC services. These youth were nearly twice as likely as the CYFBHS average to receive Day Services and spent more time in Day Services on average than any other racial/ethnic group.

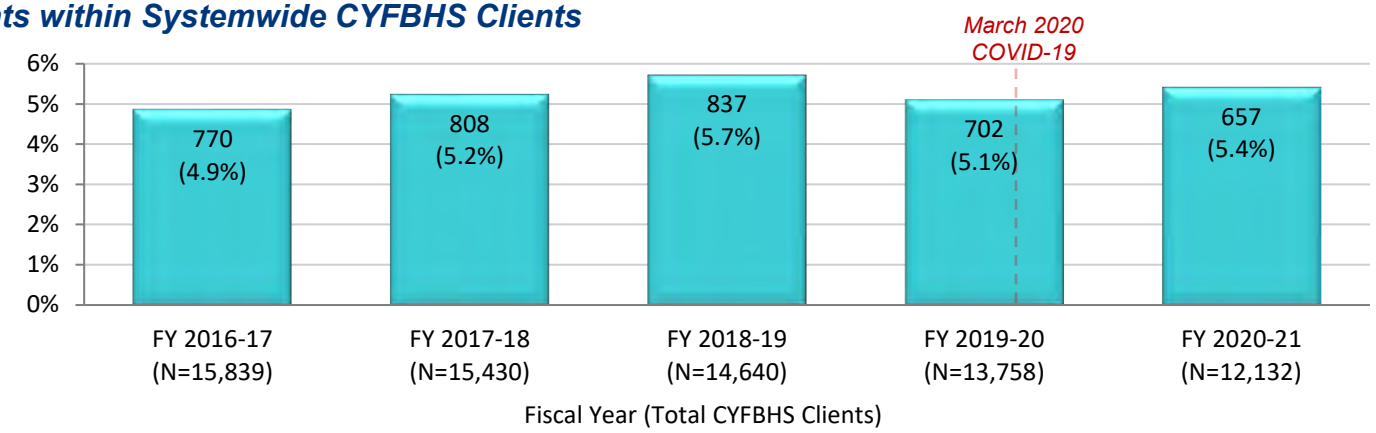
**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 156) for further information.*

What Kind of Services Are Being Used?

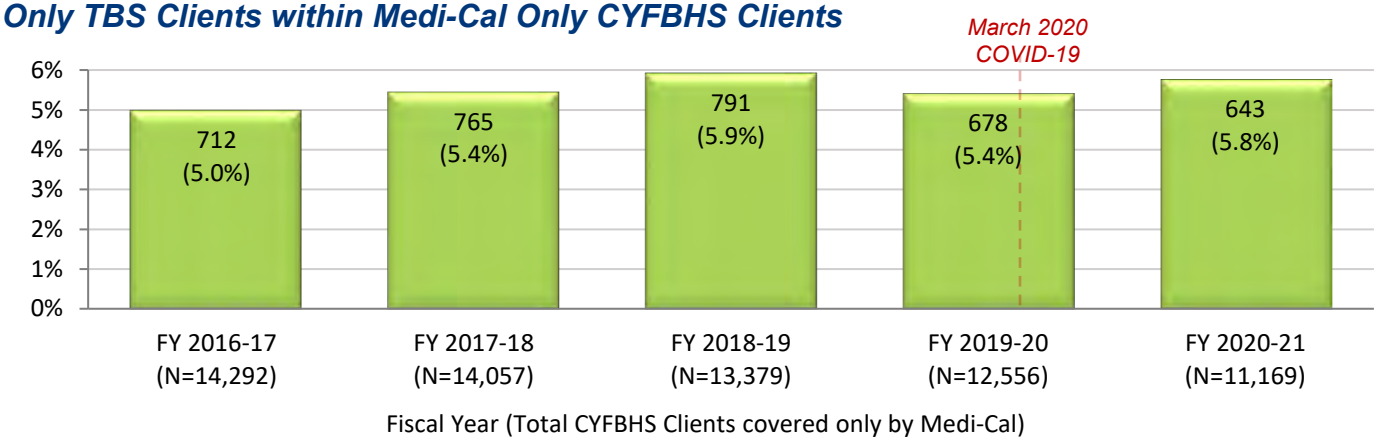
Therapeutic Behavioral Services (TBS)

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 2020-21, San Diego County has exceeded the state-mandated 4% 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



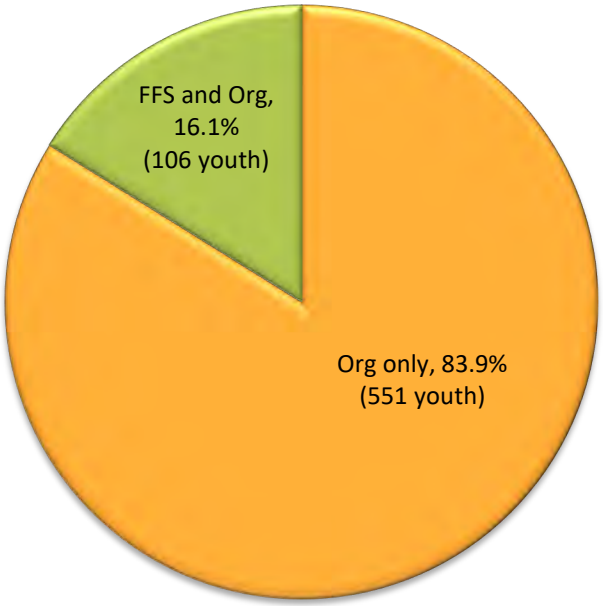
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

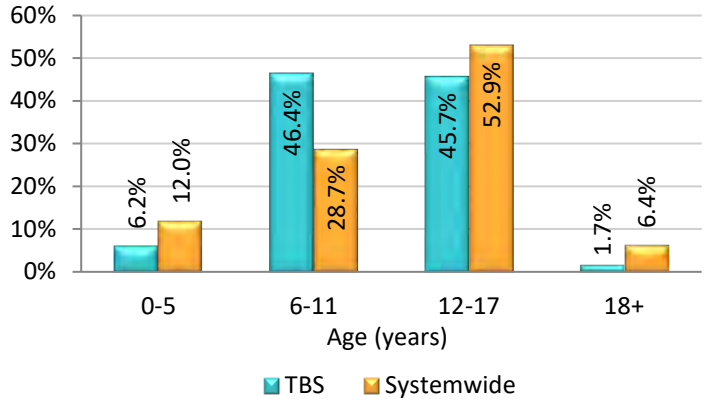
Clients receiving TBS services were younger and slightly less likely to be female than the systemwide averages.

Service Provider Type

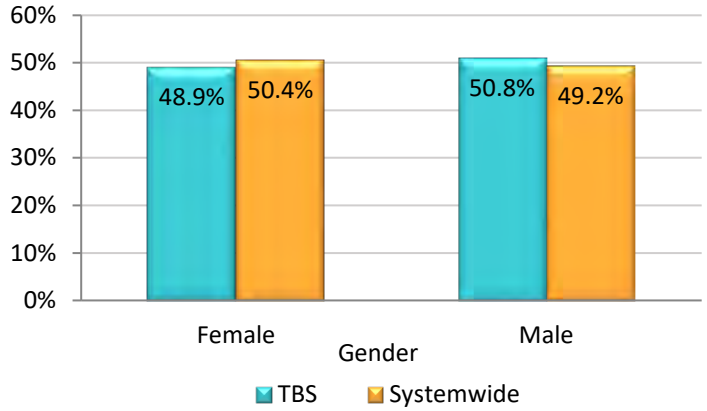
TBS requires a Specialty Mental Health Provider (SMHP). The majority (84%) of CYFBHS TBS clients were served *only* by Org providers in FY 2020-21. No TBS clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2019-20.



TBS Client Age (N=657)



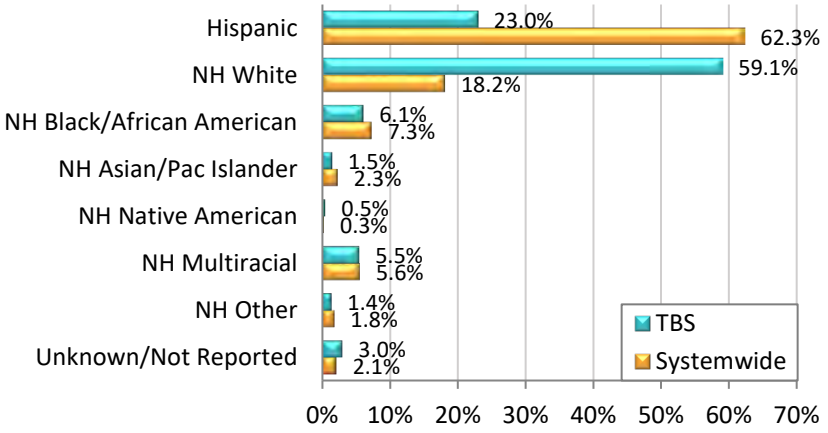
TBS Client Gender (N=657)



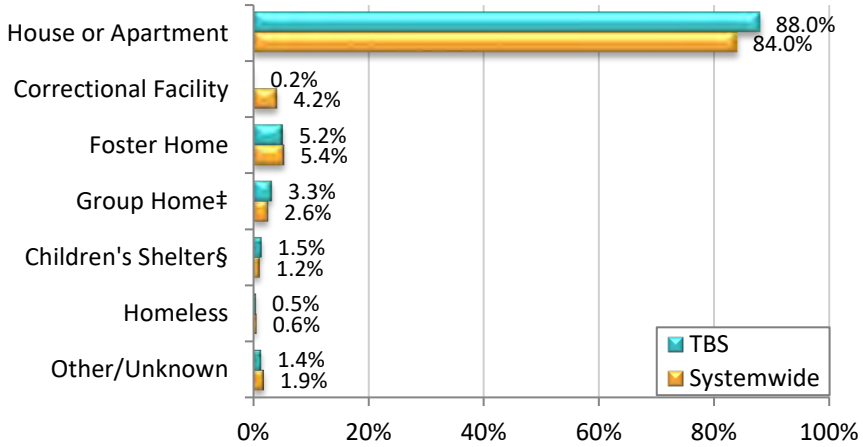
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Race/Ethnicity (N=657)

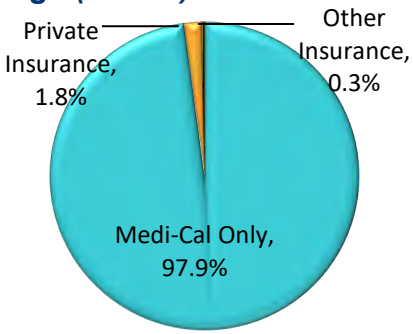


TBS Client Living Situation (N=657)†



TBS Client Health Care Coverage (N=657)

643 (98%) clients who received TBS from CYFBHS during FY 2020-21 were covered exclusively by Medi-Cal, a slight increase from 97% in FY 2019-20. By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.

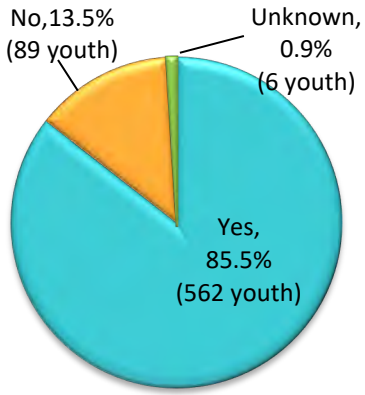


*TBS Client Primary Care Physician (PCP) Status**

Of the 639 TBS clients for whom PCP status was known, 625 (98%) had a PCP in FY 2020-21, no change from 98% in FY 2019-20. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2020-21.

*TBS Client History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 651 clients (99% of the TBS population) in FY 2020-21; of these 651 clients, 562 (86%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21.



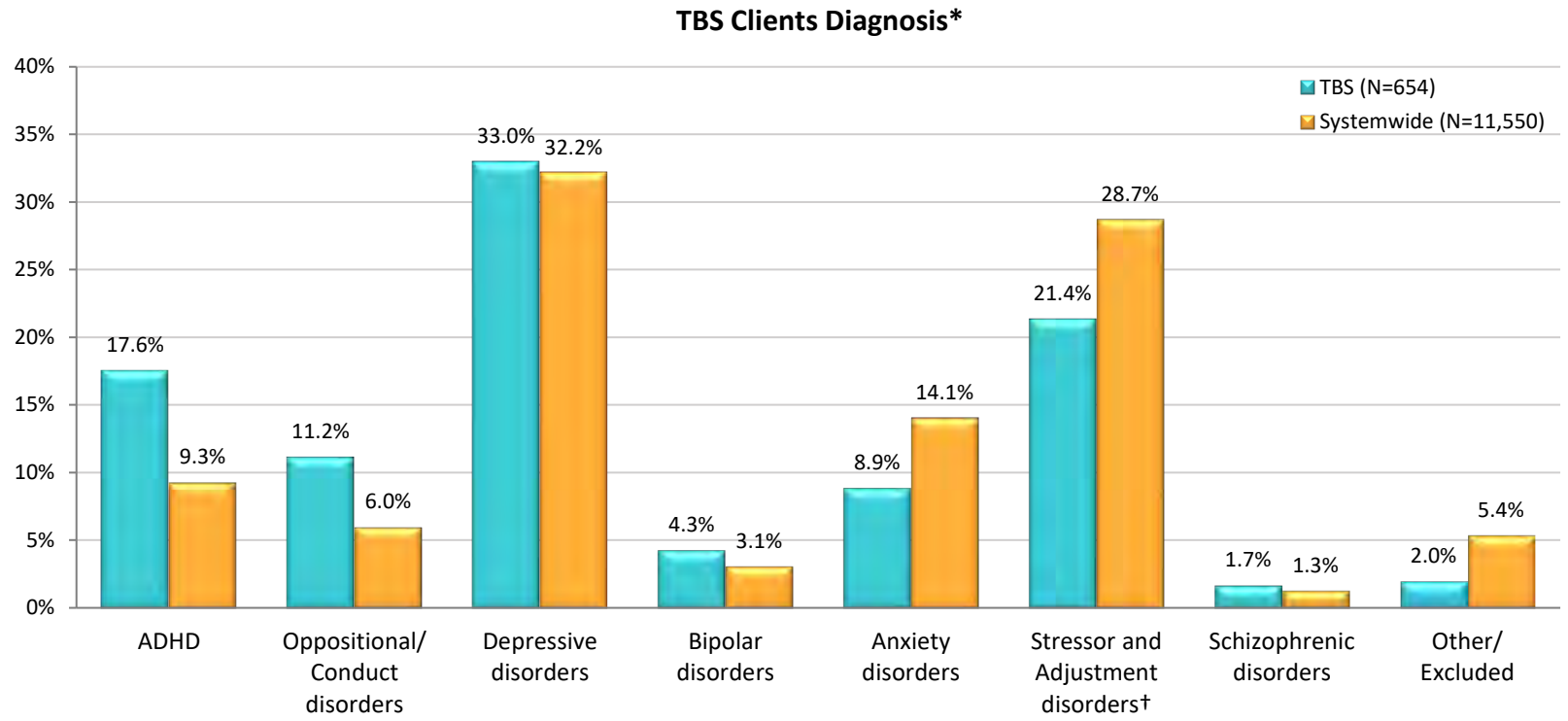
**Unknown category includes Fee-for-Service providers for whom data were not available.*
†Most recent living situation recorded in the fiscal year; TBS service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority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

What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

*TBS Clients Primary Diagnosis**

The most common diagnosis for TBS clients in FY 2020-21 was Depressive disorders (33%). TBS clients were twice as likely to have an ADHD diagnosis. The rate of Stressor/Adjustment disorder (21%) decreased slightly from 22% in FY 2019-20 and remained proportionately less than the systemwide average of 29%. These clients were less likely to have an Anxiety disorder, and more likely to have an Oppositional/Conduct or Bipolar disorder, than CYFBHS clients overall.



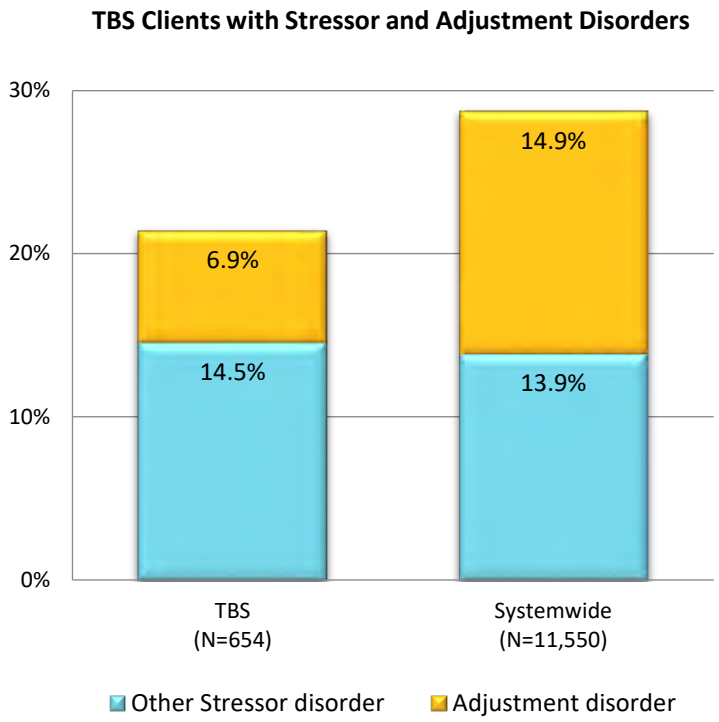
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

*TBS Client Stressor and Adjustment Disorders**

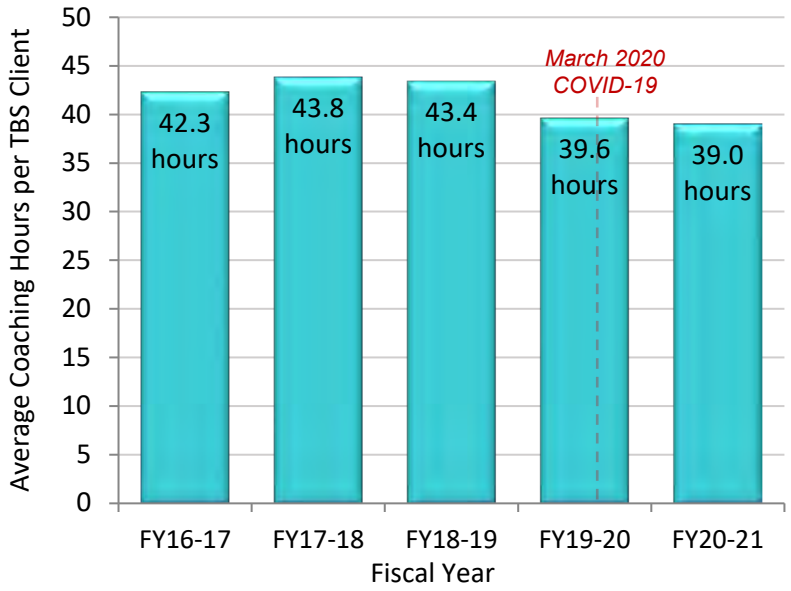
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among TBS clients in FY 2020-21, as compared to 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 2020-21 was more than four hours less than FY18-19. 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 2020-21 was 119 days; by comparison, the ALOS for a TBS client discharging in FY 2019-20 was 122 days (see page 76).



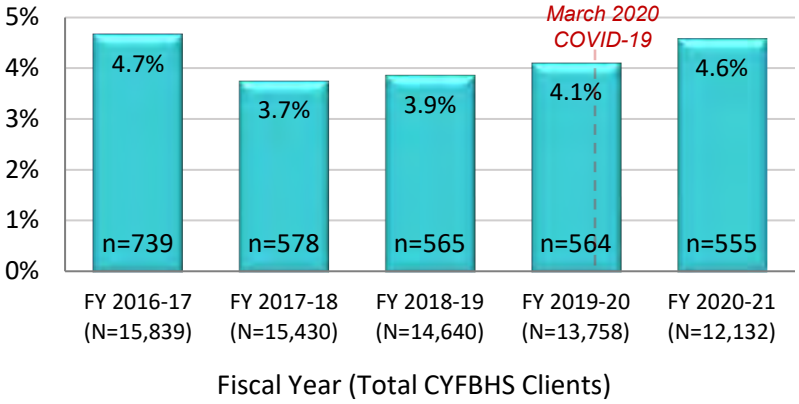
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*

What Kind of Services Are Being Used?

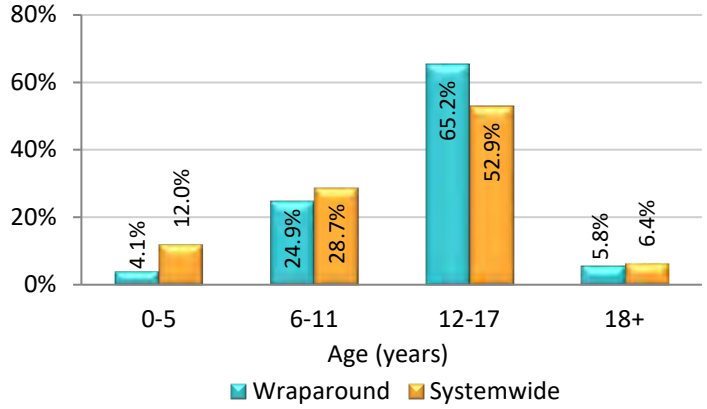
Wraparound Programs

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 (87%) of CYFBHS Wraparound clients were served *only* by Org providers in FY 2020-21. No Wraparound clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2019-20. Wraparound clients were older than the systemwide averages.

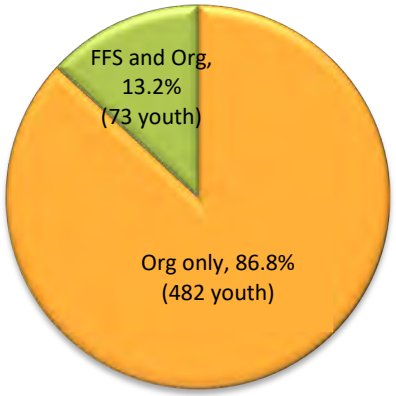
Clients in Wraparound Programs



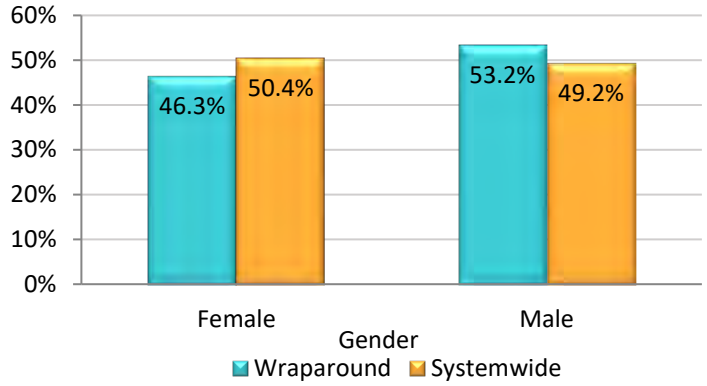
Wraparound Program Clients Age (N=555)



Service Provider Type



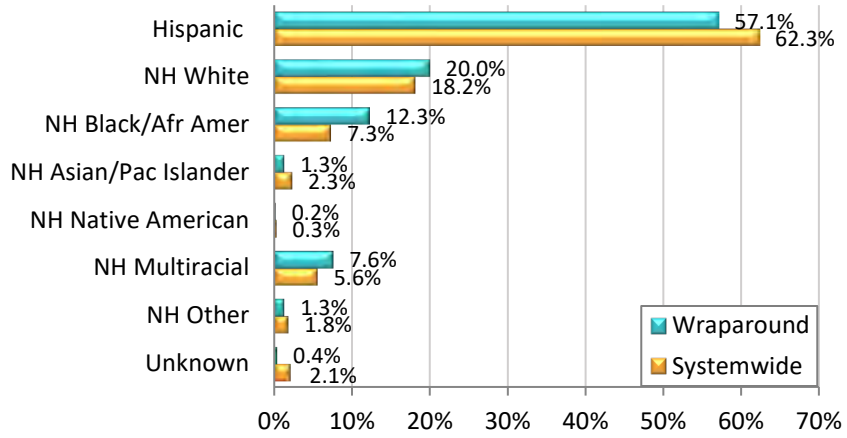
Wraparound Program Clients Gender (N=555)



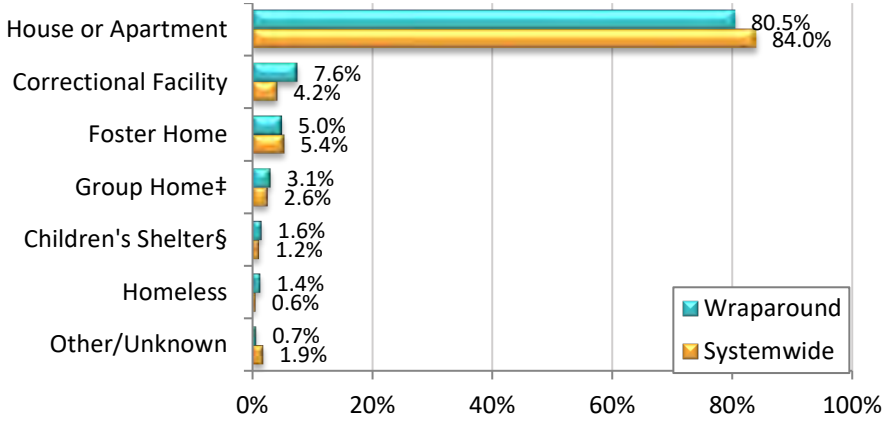
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=555)

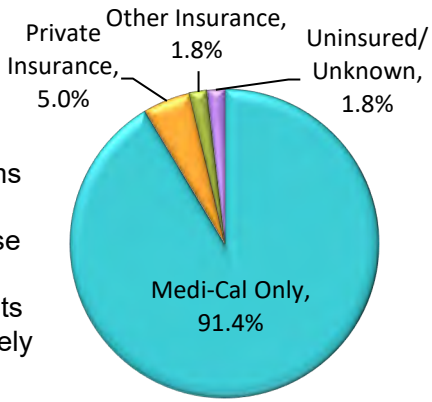


Wraparound Program Clients Living Situation (N=555)†



Wraparound Program Clients Health Care Coverage (N=555)

509 (91%) clients who received services from Wraparound programs during FY 2020-21 were covered exclusively by Medi-Cal, an increase from 89% in FY 2019-20. By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.

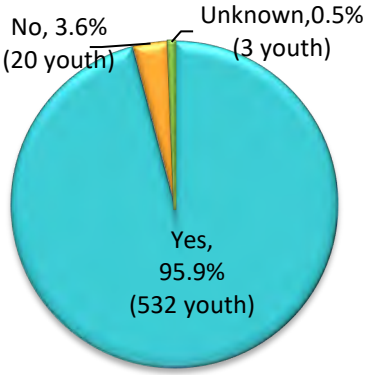


Wraparound Program Clients Primary Care Physician (PCP) Status*

Of the 545 clients in Wraparound programs for whom PCP status was known, 525 (96%) had a PCP in FY 2020-21, a slight decrease from 97% in FY 2019-20. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2020-21.

Wraparound Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 552 clients (99% of the Wraparound population) in FY 2020-21; of these 552 clients, 532 (96%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21.



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

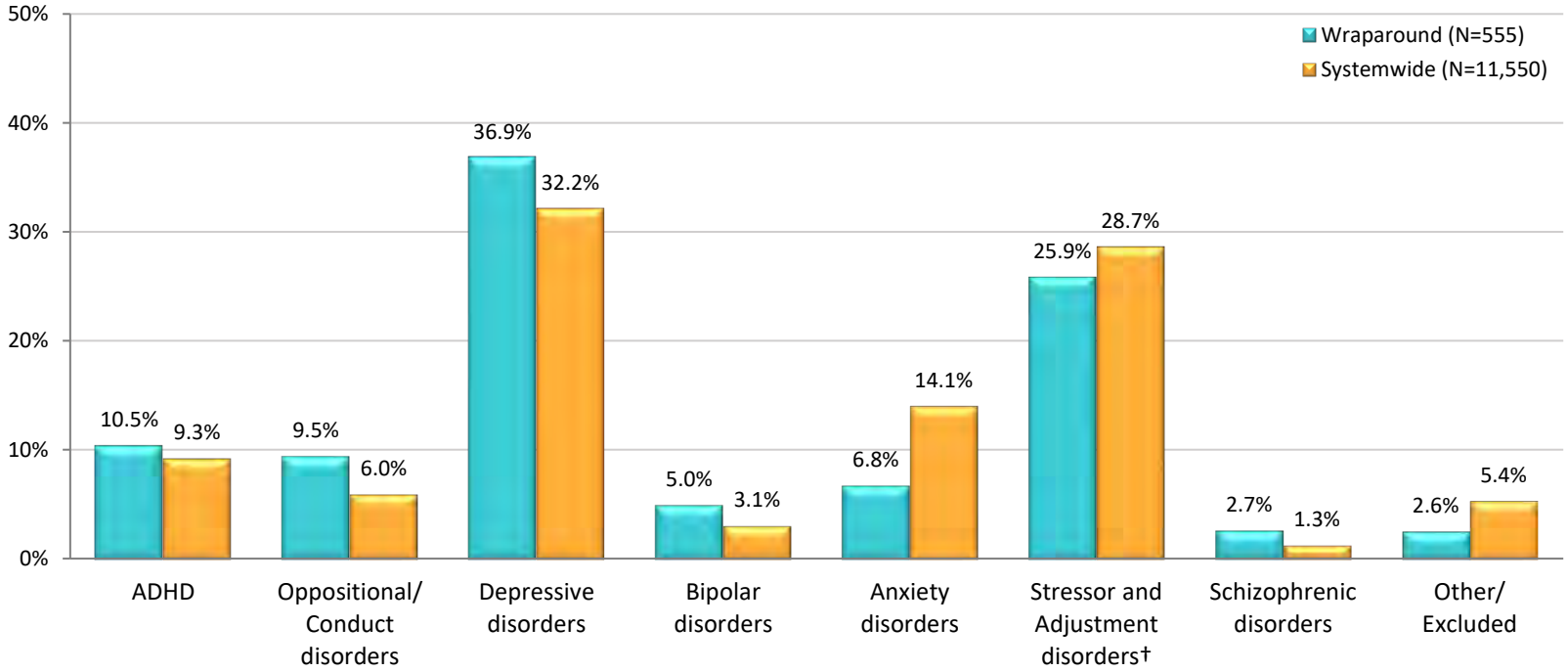
What Kind of Services Are Being Used?

Wraparound Programs

*Wraparound Program Clients Primary Diagnosis**

The most common diagnoses for Wraparound Program clients in FY 2020-21 were Depressive disorders (37%). These clients were almost twice as likely to have a Bipolar disorder diagnosis. The rate of Stressor/Adjustment disorder (26%) increased from 24% in FY 2019-20, but remained proportionately less than the systemwide average of 29%. These clients were less likely to have an Anxiety or Stressor and Adjustment disorder, and more likely to have ADHD, Oppositional/ Conduct, Depressive, or Schizophrenic disorders, than CYFBHS clients overall.

Wraparound Program Client Diagnosis*



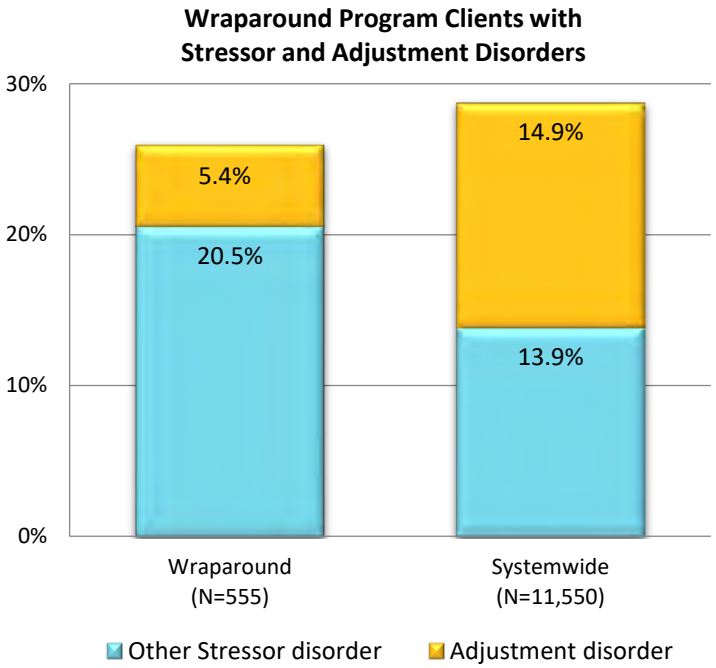
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Stressor and Adjustment Disorders*

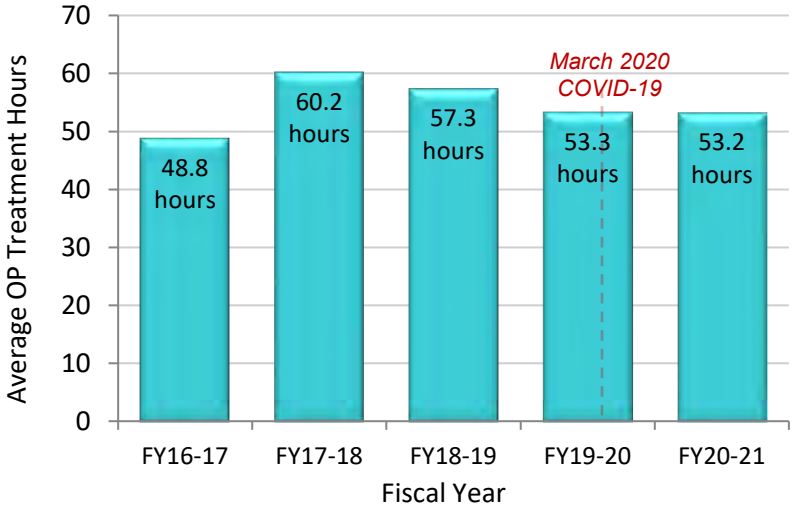
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among Wraparound Program clients in FY 2020-21, 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, from 60 hours in FY 2017-18 to 53 hours in FY 2020-21. However, the average is more than 4 hours higher than FY 2016-17, 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 2020-21 was 241 days; by comparison, the ALOS for a Wraparound client discharging in FY 2019-20 was 209 days (see page 76).



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; 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?

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

Assembly Bill 2083

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

Family First Prevention Services Act

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

What Kind of Services Are Being Used?

Pathways to Well-Being

Pathways to Well-Being is the County of San Diego's joint partnership between Behavioral Health Services (BHS) and Child 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 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21#
Total Clients‡ with Open Assignment	1,060	774	940	736	477

Clients Eligible for Enhanced Services*†¶

	FY 15-16	FY 16-17	FY 17-18	FY 19-20	FY 20-21#
Total Clients‡ with Open Assignment	896	819	744	850	841
Pathways Service					
ICC	697	593	622	682	702
IHBS	258	211	209	224	265

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

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

- CFT Meetings, which always include the youth & family, the Behavioral Health therapist, and the Child 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.

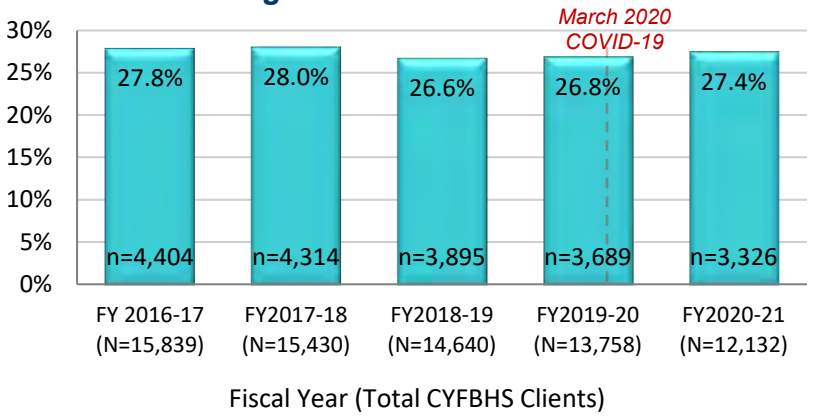
Locally, ICC and IHBS were launched in August 2013. As of 7/1/2016, the state expanded ICC and IHBS services to be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services.

What Kind of Services Are Being Used?

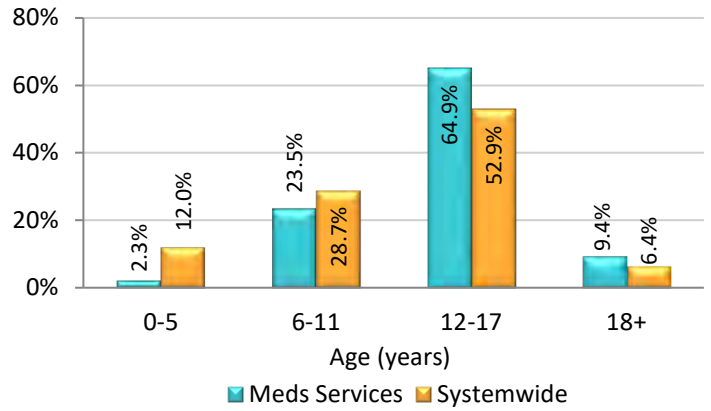
Medication Services*

CYFBHS provides medication services along with other services or as an independent service through the Fee-for-Service (FFS) network. The majority (84%) of these clients were served *only* by Org providers in FY 2020-21, similar to 85% in FY 2019-20. In FY 2020-21, only 121 (1%) of 12,132 clients received medication services with no other concurrent services. This section summarizes demographics and client data for all children and youth who received any medication services during the fiscal year.

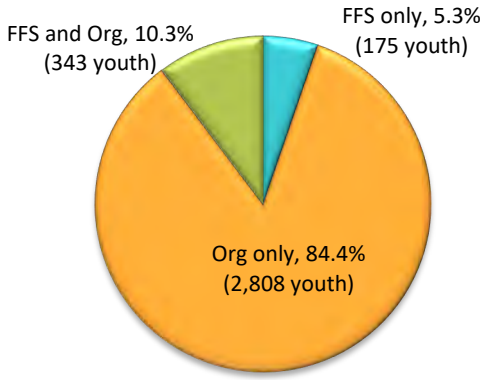
Clients Receiving Medication Services from CYFBHS



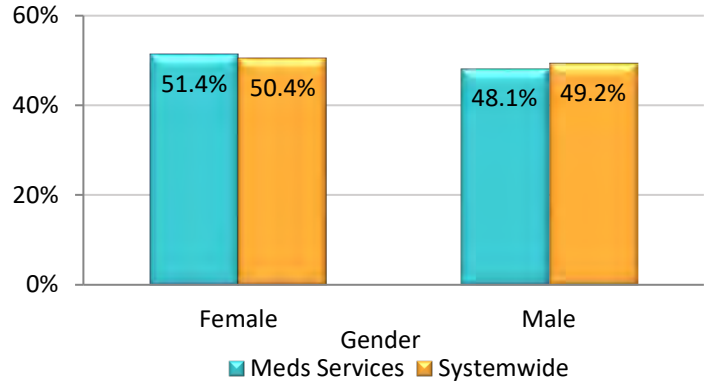
Medication Services Clients Age (N=3,326)



Service Provider Type



Medication Services Clients Gender (N=3,326)

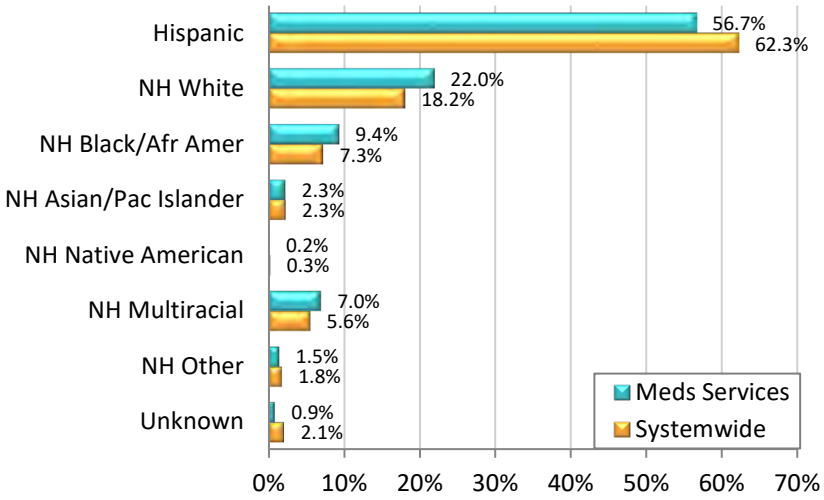


**Some clients may receive medication services outside of the CYFBHS system.*

What Kind of Services Are Being Used?

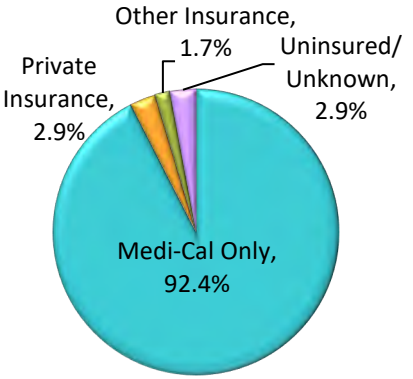
Medication Services*

Medication Services Clients Race/Ethnicity (N=3,326)



Medication Services Clients Health Care Coverage (N=3,326)

3,074 (92%) clients who received medication services in CYFBHS during FY 2019-20 were covered exclusively by Medi-Cal, a slight increase from FY 2019-20 (90%). By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.

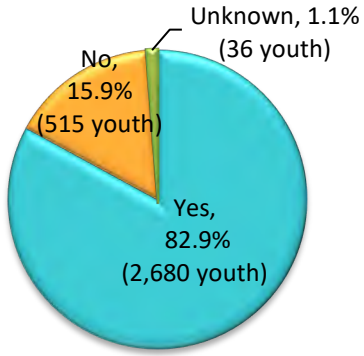


Medication Services Clients Primary Care Physician (PCP) Status†

Of the 3,092 clients who received medication services for whom PCP status was known, 2,979 (96%) had a PCP in FY 2019-20, the same as 96% in FY 2019-20. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2020-21.

Medication Services Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 3,195 clients (96% of the medication services population) in FY 2020-21; of these 3,195 clients, 2,680 (84%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21.



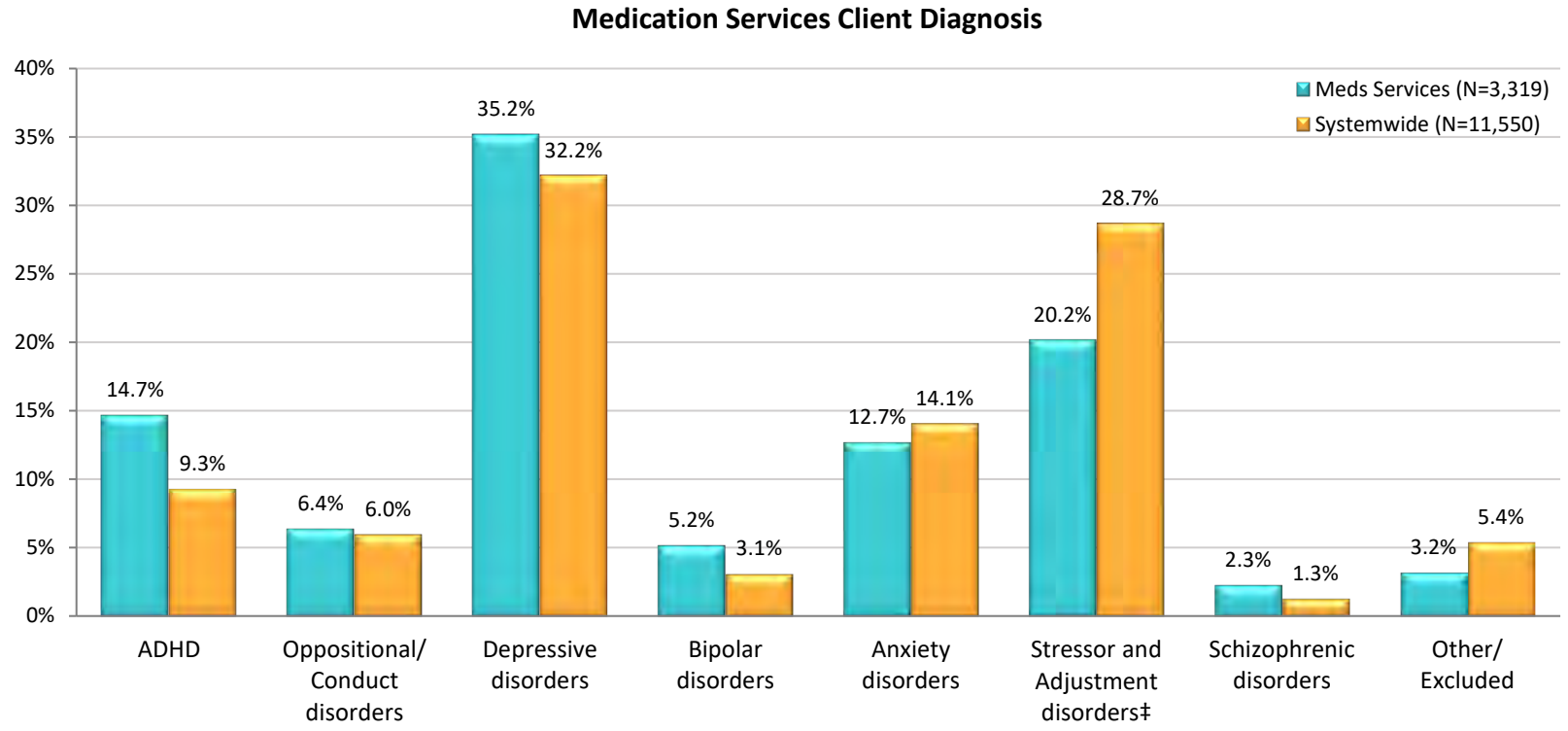
*Some clients may receive medication services outside of the CYFBHS system.
†Unknown category includes Fee-for-Service providers for whom data were not available.

What Kind of Services Are Being Used?

*Medication Services**

Medication Services Clients Primary Diagnosis†

The most common diagnoses for clients receiving Medication Services in FY 2020-21 were Depressive disorders (35%). The rate of Stressor/Adjustment disorder (20%) decreased slightly from 21% in FY 2019-20 and remained proportionately less than the systemwide average of 29%. These clients were more likely than CYFBHS clients overall to have ADHD or a Bipolar or Schizophrenic disorder.



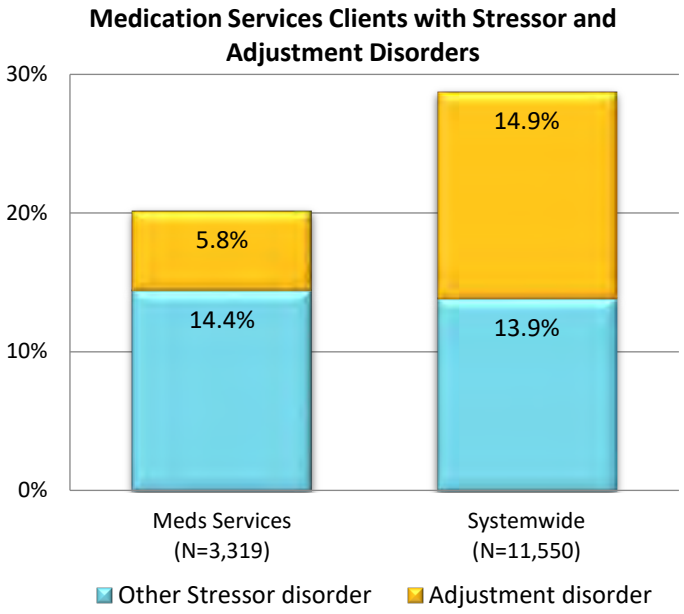
**Some clients may receive medication services outside of the CYFBHS system.*
†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

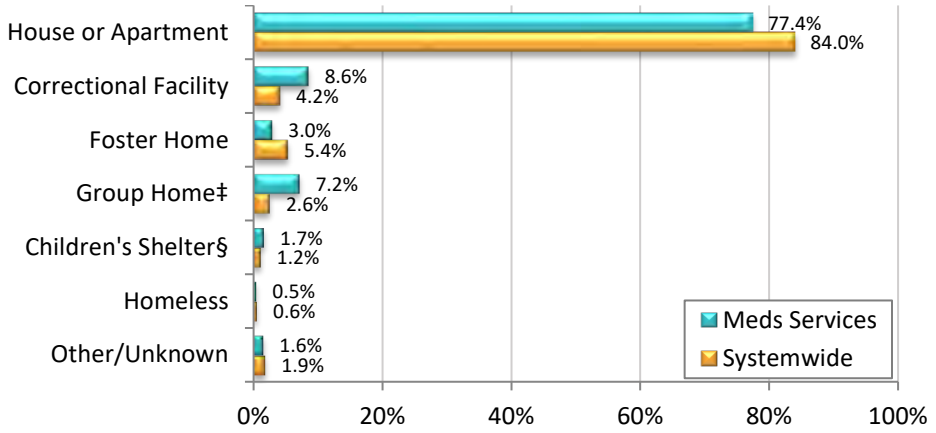
*Medication Services**

Medication Services Clients with Stressor and Adjustment Disorders†

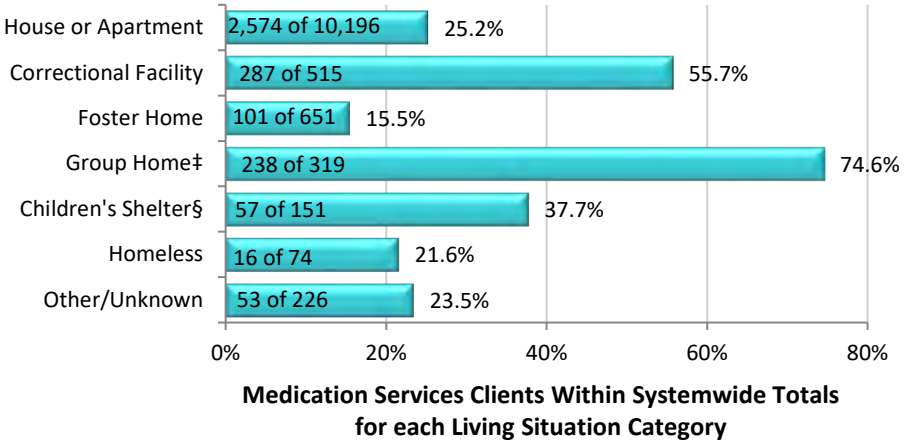
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among clients receiving Medication Services in FY 2020-21, as compared to CYFBHS overall.



Medication Services Clients Living Situation (N=3,326)



Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals for each Living Situation Category

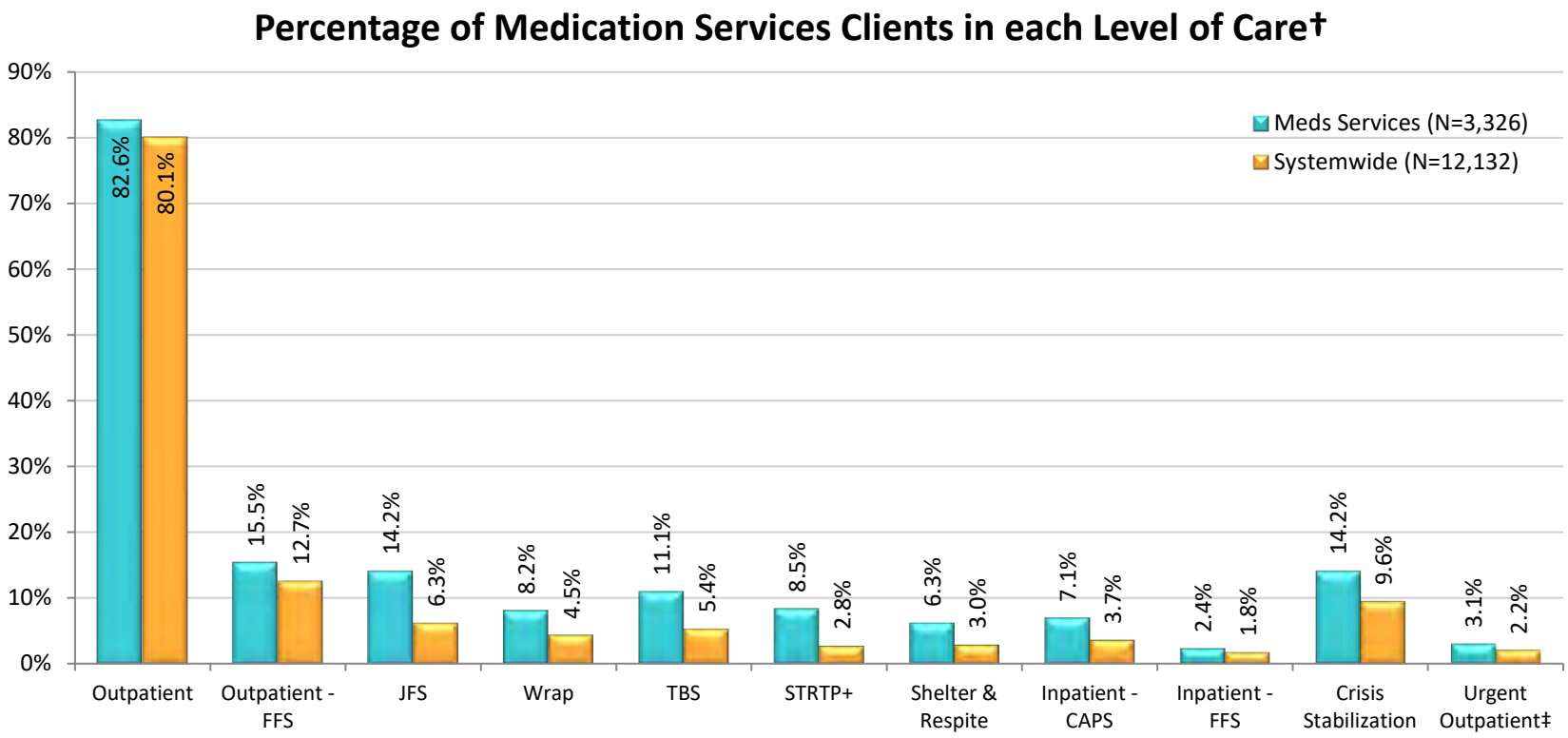
**Some clients may receive medication services outside of the CYFBHS system.*
†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

*Medication Services**

Level of Care (LOC)

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



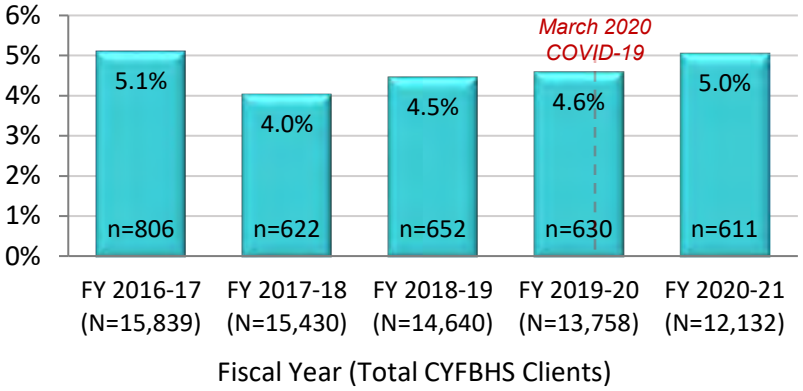
**Some clients may receive medication services outside of the CYFBHS system.*
†Clients may have received services in more than one level of care.
‡Urgent Outpatient services are provided by Emergency Medication Management Services, Behavioral Crisis Centers, and Mobile Assessment Teams.

What Kind of Services Are Being Used?

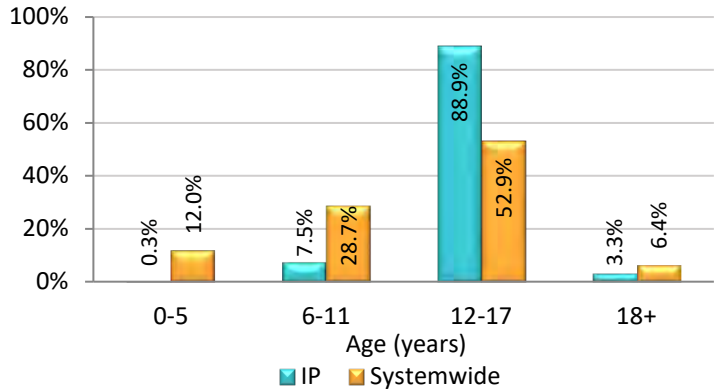
Inpatient (IP) Services

CYFBHS provides inpatient services to children and adolescents under age 18. The proportion of clients receiving IP services increased from 4.6% (630) in FY 2019-20 to 5.0% (611) in FY 2020-21. The proportion of females receiving IP services is greater than the CYFBHS systemwide average. Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.

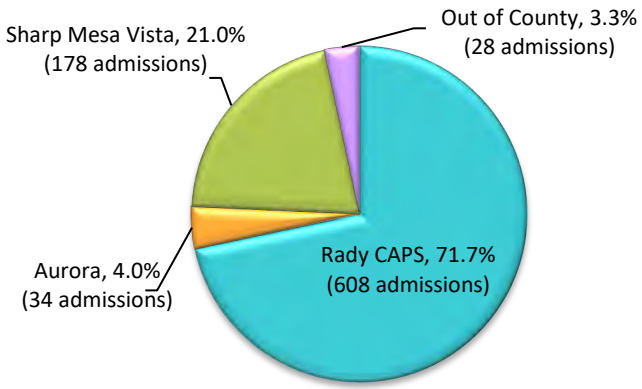
Clients Receiving IP Services



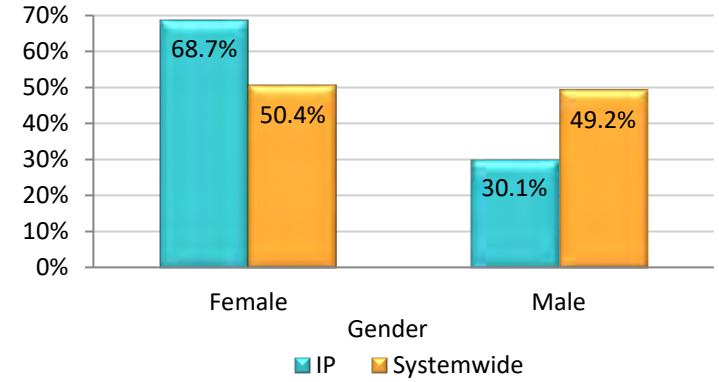
IP Clients Age (N=611)



*Admissions by Provider (N=848)**



IP Clients Gender (N=611)

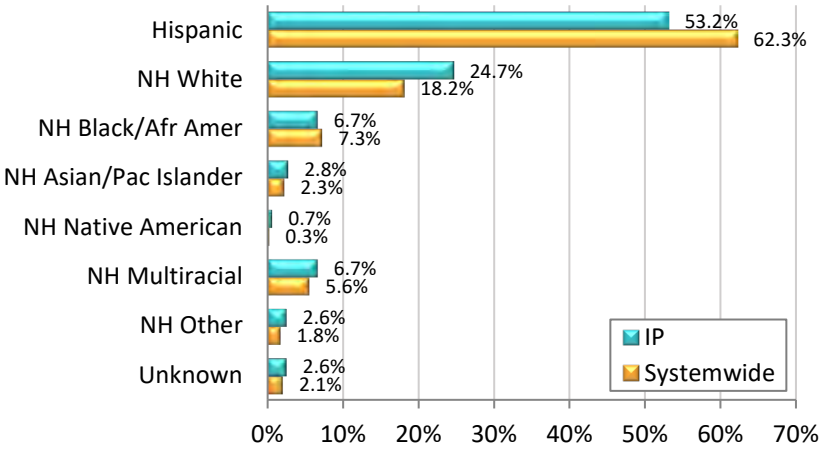


**Includes duplicated clients within and between providers.*

What Kind of Services Are Being Used?

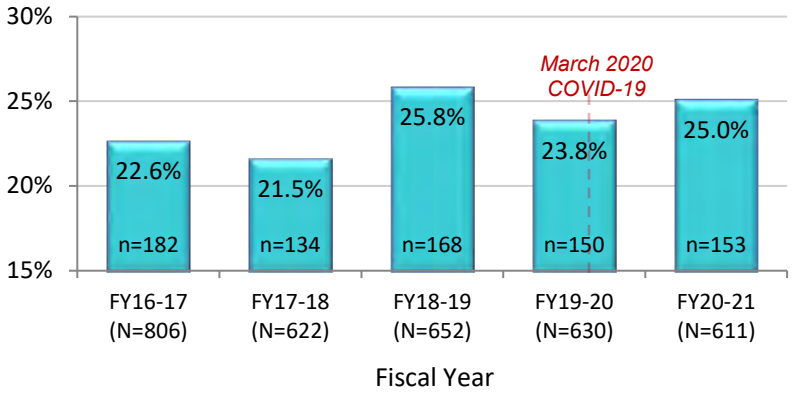
Inpatient (IP) Services

IP Clients Race/Ethnicity (N=611)



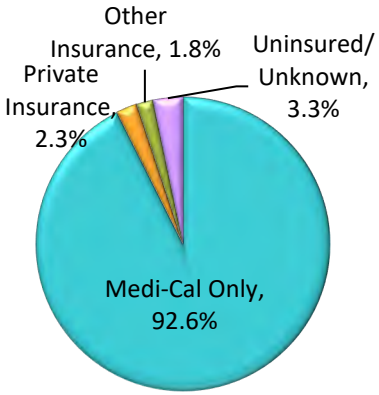
Recurring IP Episodes (Readmission)

153 (25%) of 611 children receiving IP services had more than one IP episode in FY 2020-21.



IP Clients Health Care Coverage (N=611)

566 (93%) CYFBHS clients who received IP services during FY 2020-21 were covered exclusively by Medi-Cal. By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.

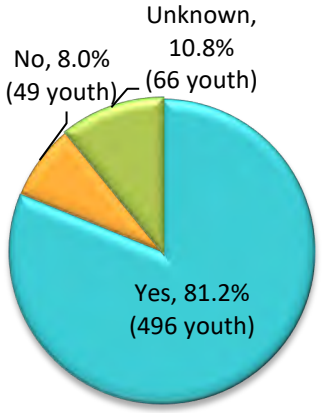


*IP Clients Primary Care Physician (PCP) Status**

Of the 521 IP clients for whom PCP status was known, 487 (93%) had a PCP in FY 2020-21. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2020-21.

*IP Clients History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 545 clients (89% of the IP population) in FY 2020-21; of these 545 clients, 496 (91%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21.



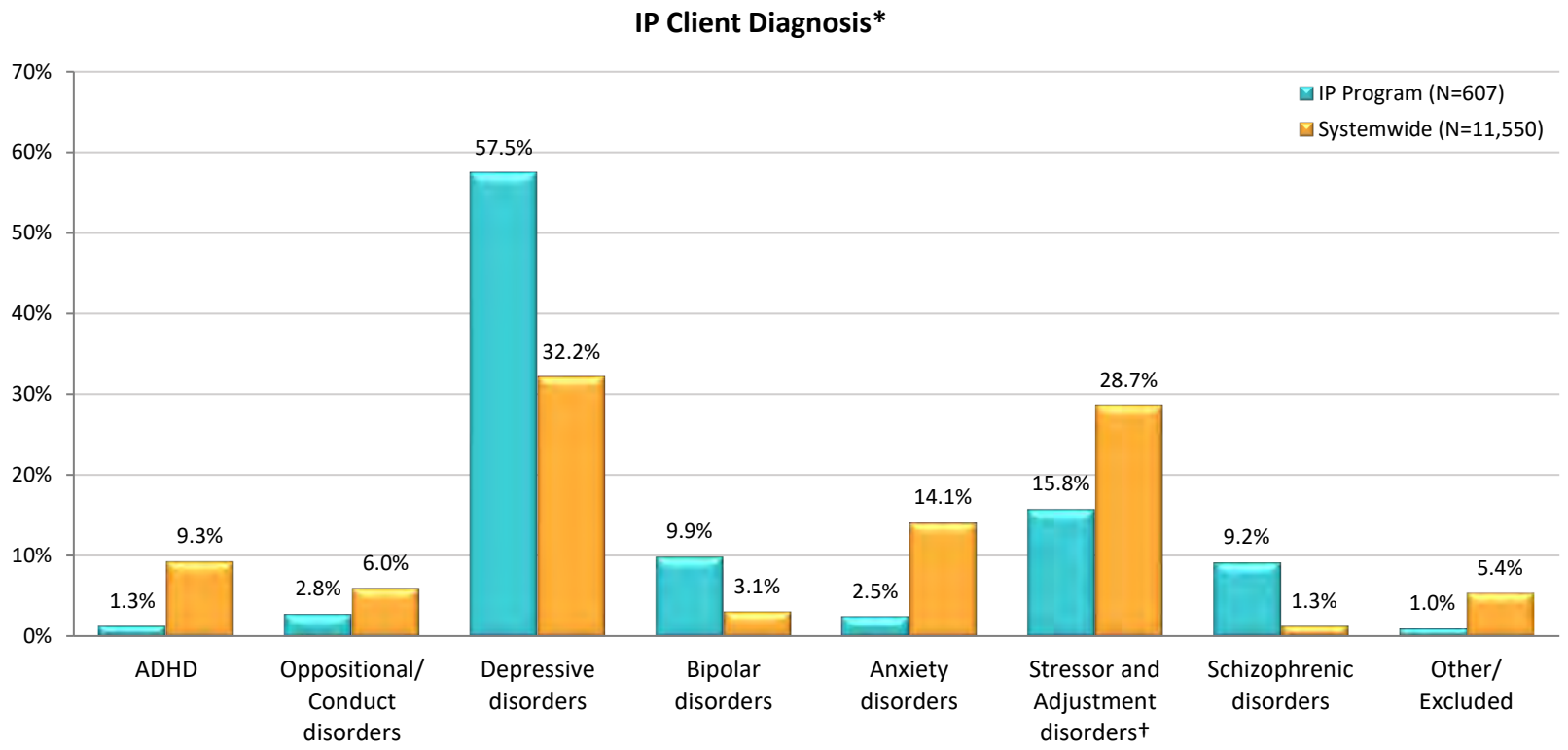
**Unknown category includes Fee-for-Service providers for whom data were not available.*

What Kind of Services Are Being Used?

Inpatient (IP) Services

*IP Clients Primary Diagnosis**

The most common diagnosis for clients receiving IP services in FY 2020-21 was Depressive disorders (58%); much higher than the systemwide average of 32%, and seven percentage points higher than the 51% diagnosis rate among IP clients in FY 2019-20. IP clients were less likely than CYFBHS clients overall to have ADHD, Oppositional/Conduct or Anxiety disorders. These youth were more likely to have a Depressive, Bipolar or Schizophrenic disorder.



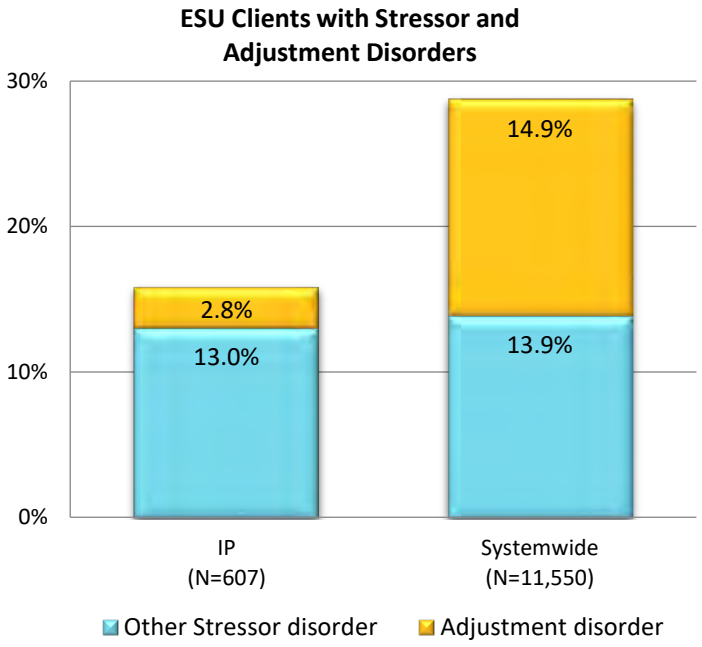
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

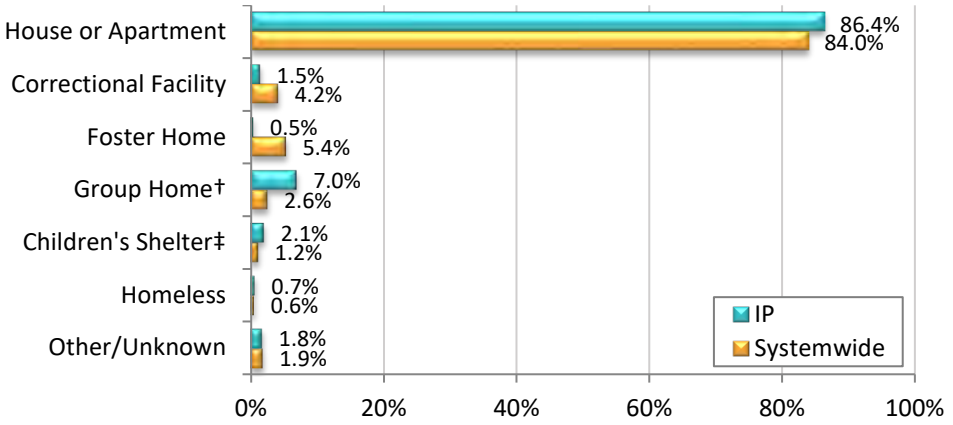
Inpatient (IP) Services

*IP Clients with Stressor and Adjustment Disorders**

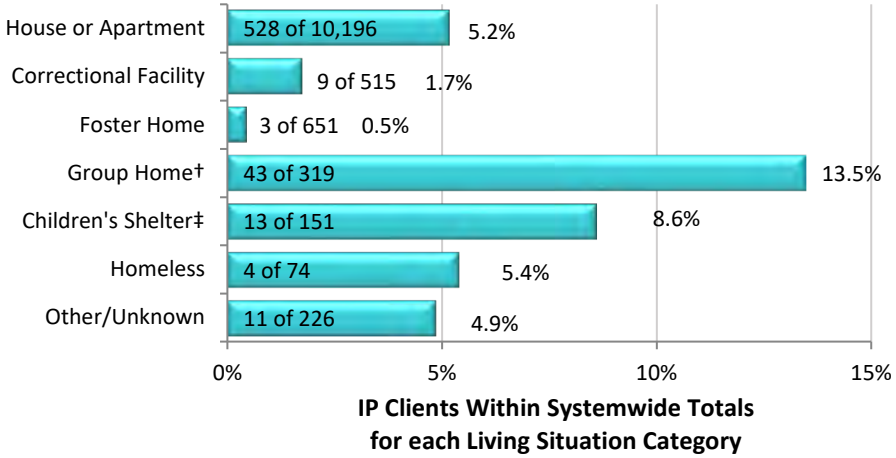
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving IP services in FY 2020-21 was much lower than CYFBHS overall.



IP Clients Living Situation (N=611)



IP Clients Within Living Situation



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

*Urgent Outpatient (UO) Services**

Urgent Outpatient services are provided for children and youth in San Diego County by New Alternatives Inc. North County Crisis, Intervention and Response (CIR) team.

- 267 (2.2%) of 12,132 unduplicated clients received Urgent Outpatient services in FY 2020-21
  - A decrease from 274 (2.0%) of 13,758 in FY 2019-20
- Urgent Outpatient Programs*
  - Emergency Medication Management: 34 (13%) of 267 clients
  - CIR Team—Vista: 108 (40%) of 267 clients
  - CIR Team—Escondido: 128 (48%) of 267 clients

Psychiatric Emergency Response Team (PERT)

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

- 1,218 youth under the age of 18 received PERT services in FY 2020-21†

Mobile Crisis Response Teams (MCRT)

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

- No youth under the age of 18 received MCRT services between January and June 2021

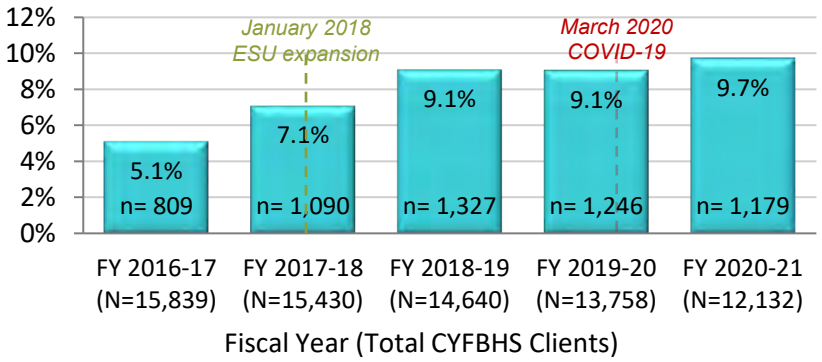
**Clients may have been seen at more than one Urgent Outpatient program within the fiscal year*
†These youth may have been served by the Adult/Older Adult Behavioral Health Services system

What Kind of Services Are Being Used?

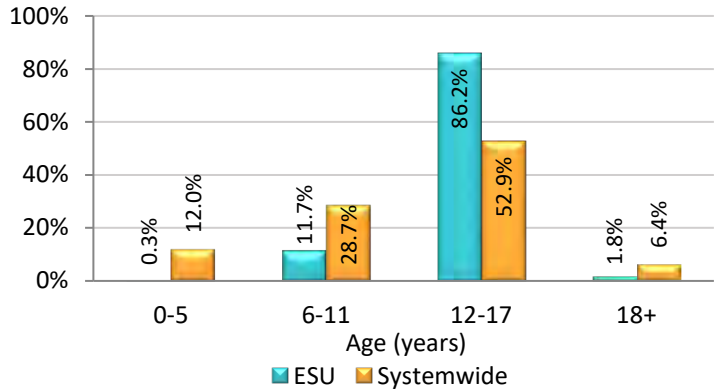
Emergency Screening Unit (ESU)

The Emergency Screening Unit (ESU) provides crisis stabilization to children and adolescents under age 18. CYFBHS expanded ESU capacity from 4 to 12 beds in January 2018. The proportion of clients receiving ESU services increased from 5.1% (809) in FY 2016-17 to 9.7% (1,179) in FY 2020-21. The proportion of females receiving ESU services is greater than the CYFBHS systemwide average.

*Clients Receiving Services from ESU**

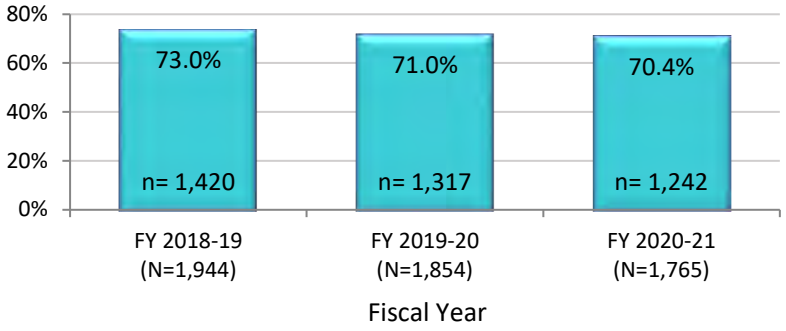


*ESU Program Clients Age (N=1,179)**

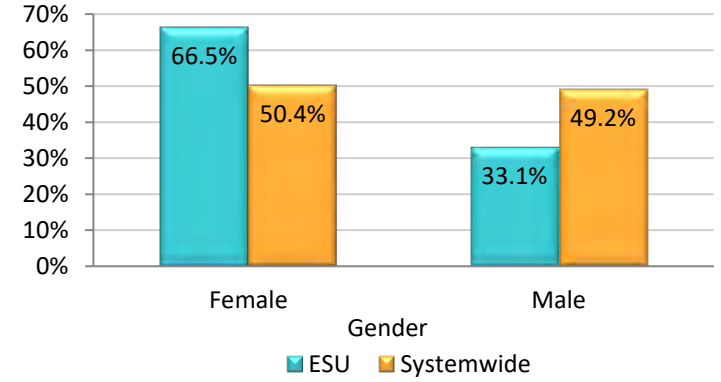


Diversion†

Of 1,765 ESU visits‡ in FY 2020-21, 1,242 (70%) were diverted from an IP admission.



*ESU Program Clients Gender (N=1,179)**

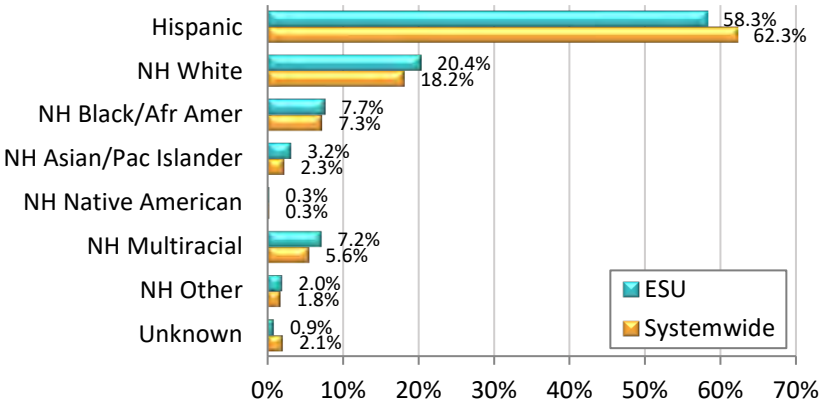


**ESU unduplicated client count includes direct admits.*
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/04/2021)
‡ESU visits include duplicated clients and direct admits.

What Kind of Services Are Being Used?

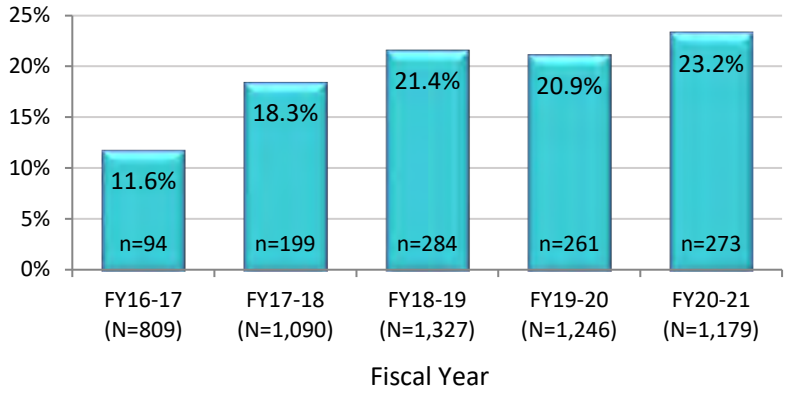
Emergency Screening Unit (ESU)

ESU Clients Race/Ethnicity (N=1,179)



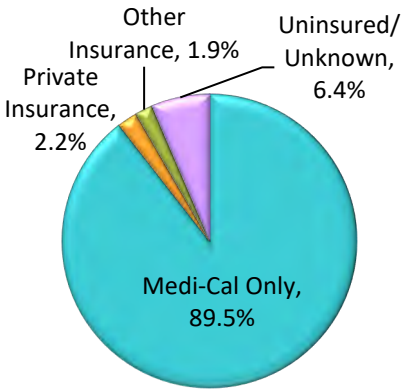
Recurring ESU Visits (Readmission)

273 (23%) of 1,179 children receiving services from ESU had more than one ESU visit in FY 2020-21; an increase from 261 (21%) of 1,246 in FY 2019-20.



ESU Clients Health Care Coverage (N=1,179)

1,055 (90%) CYFBHS clients who received services from ESU during FY 2020-21 were covered exclusively by Medi-Cal, a slight increase from 88% in FY 2019-20. By comparison, 92% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2020-21.

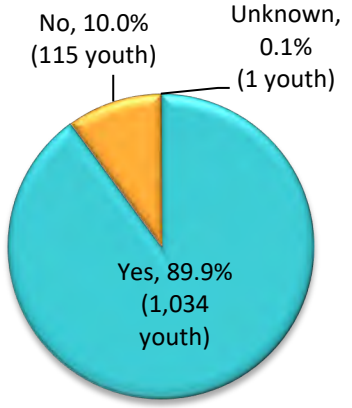


*ESU Clients Primary Care Physician (PCP) Status**

Of the 1,124 ESU clients for whom PCP status was known, 1,059 (94%) had a PCP in FY 2020-21, a slight increase from 93% in FY 2019-20. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2020-21.

*ESU Clients History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 1,149 clients (97% of the ESU population) in FY 2020-21; of these 1,149 clients, 1,034 (90%) had a **history of trauma**. By comparison, 78% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2020-21.



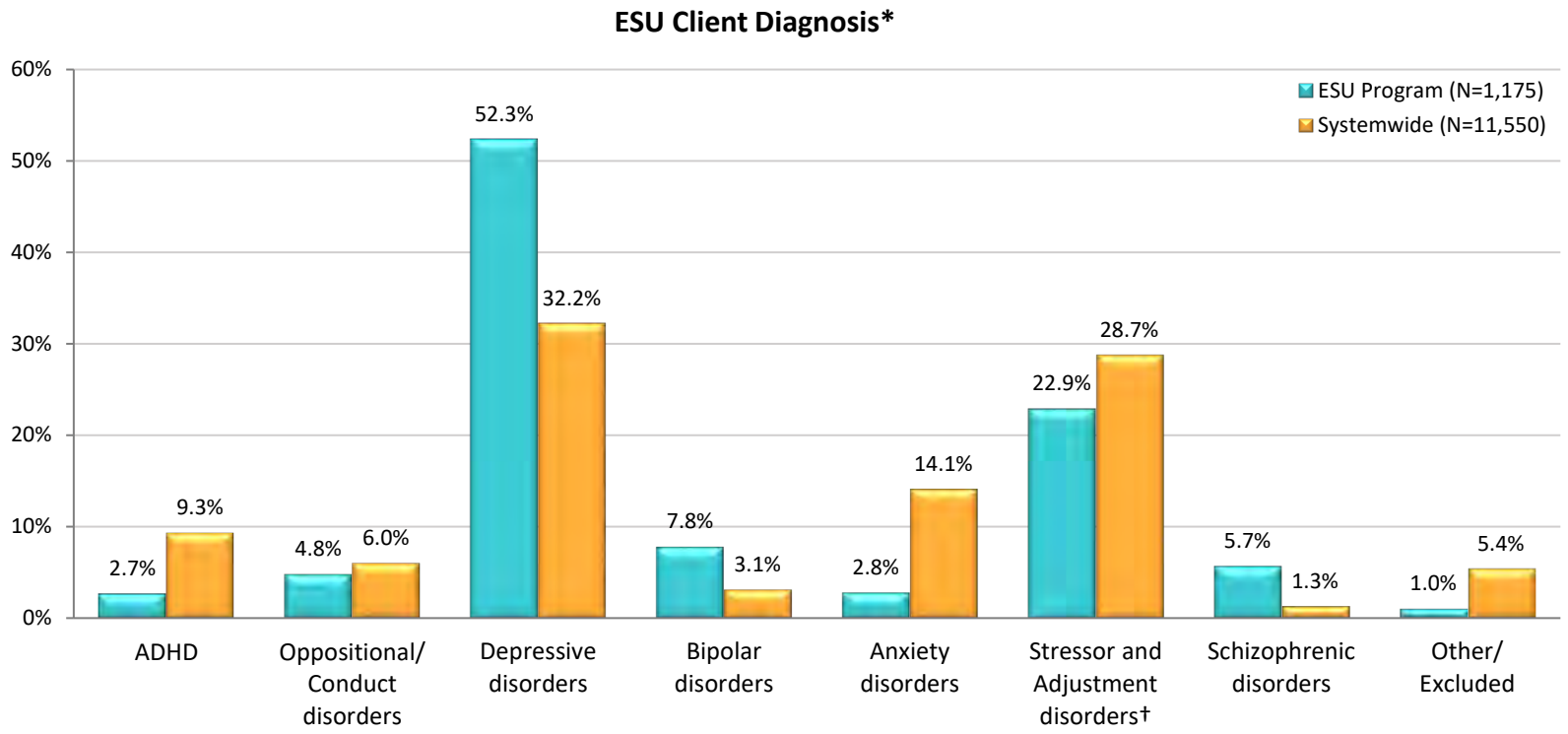
**Unknown category includes Fee-for-Service providers for whom data were not available.*

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 2020-21 was Depressive disorders (52%); an increase from 48% in FY 2019-20, and much higher than the systemwide average of 32%. The rate of Stressor/Adjustment disorder (23%) decreased from 26% in FY 2019-20 and remained proportionately less than the systemwide average of 29%. ESU clients were less likely than CYFBHS clients overall to have ADHD, Oppositional/Conduct, Anxiety, Stressor and Adjustment disorders and more likely to have a Bipolar or Schizophrenic disorder.



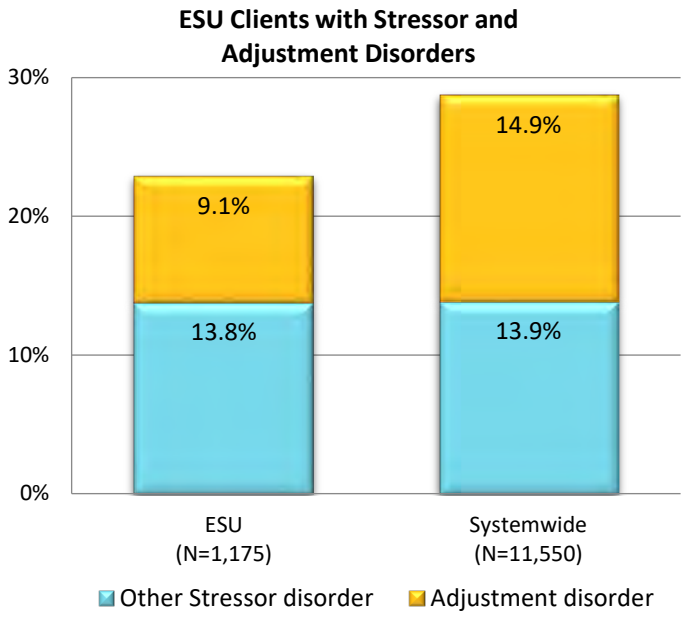
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

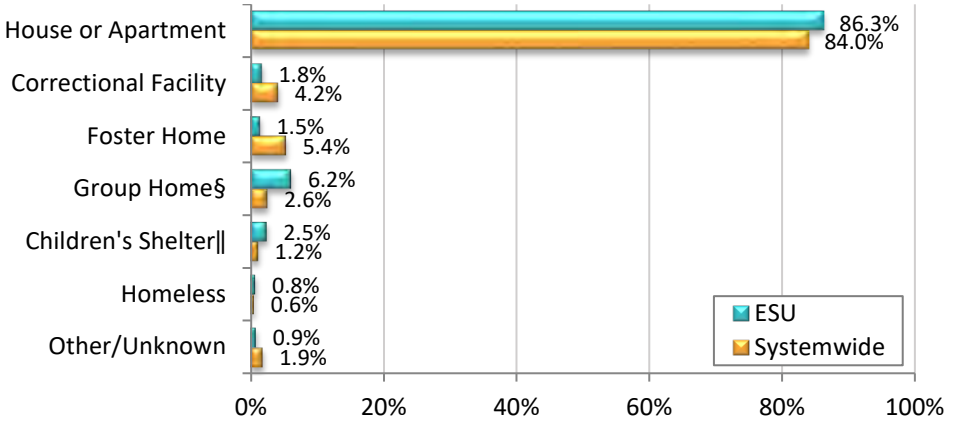
Emergency Screening Unit (ESU)

*ESU Clients with Stressor and Adjustment Disorders**

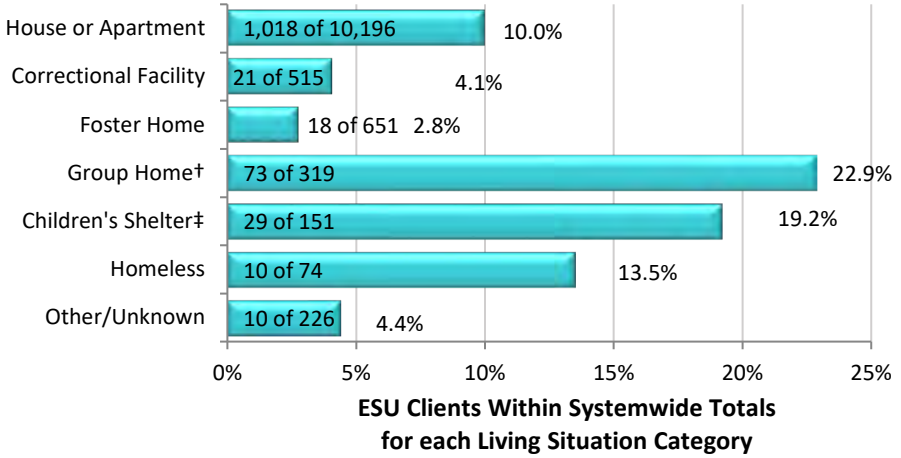
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving services in the ESU in FY 2020-21 was less than CYFBHS overall.



ESU Clients Living Situation (N=1,179)



ESU Clients Within Living Situation



ESU Clients Within Systemwide Totals for each Living Situation Category

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
† Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

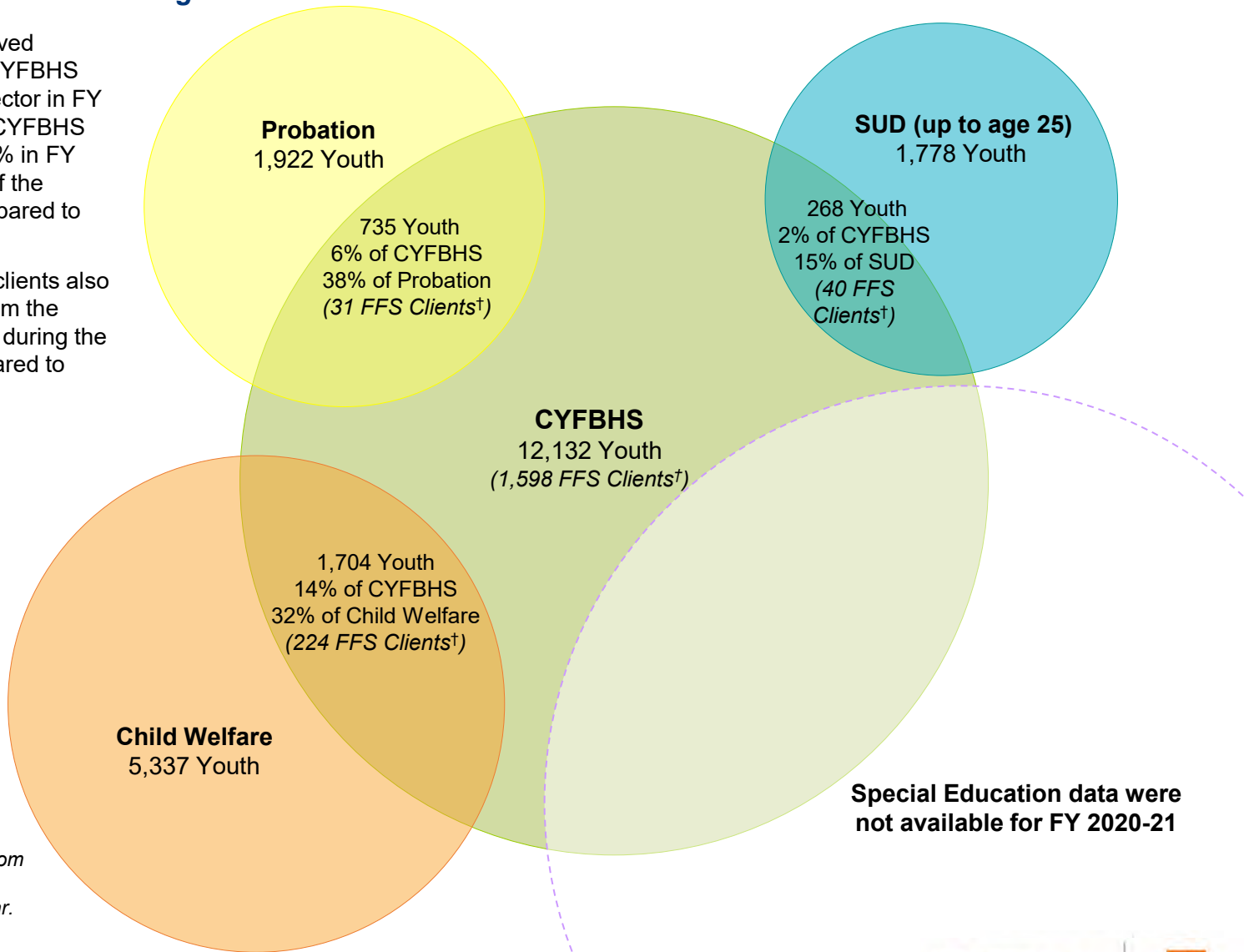
What Kind of Services Are Being Used?

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

- More clients received services from both CYFBHS and the Probation sector in FY 2020-21: 6% of the CYFBHS total (compared to 5% in FY 2019-20) and 38% of the Probation total (compared to 26% in FY 2019-20.)
- 14% of CYFBHS clients also received services from the Child Welfare sector during the fiscal year, as compared to 14% in FY 2019-20.
- 2% of CYFBHS clients also received services from the SUD sector during the fiscal year, as compared to 3% in FY 2019-20.

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

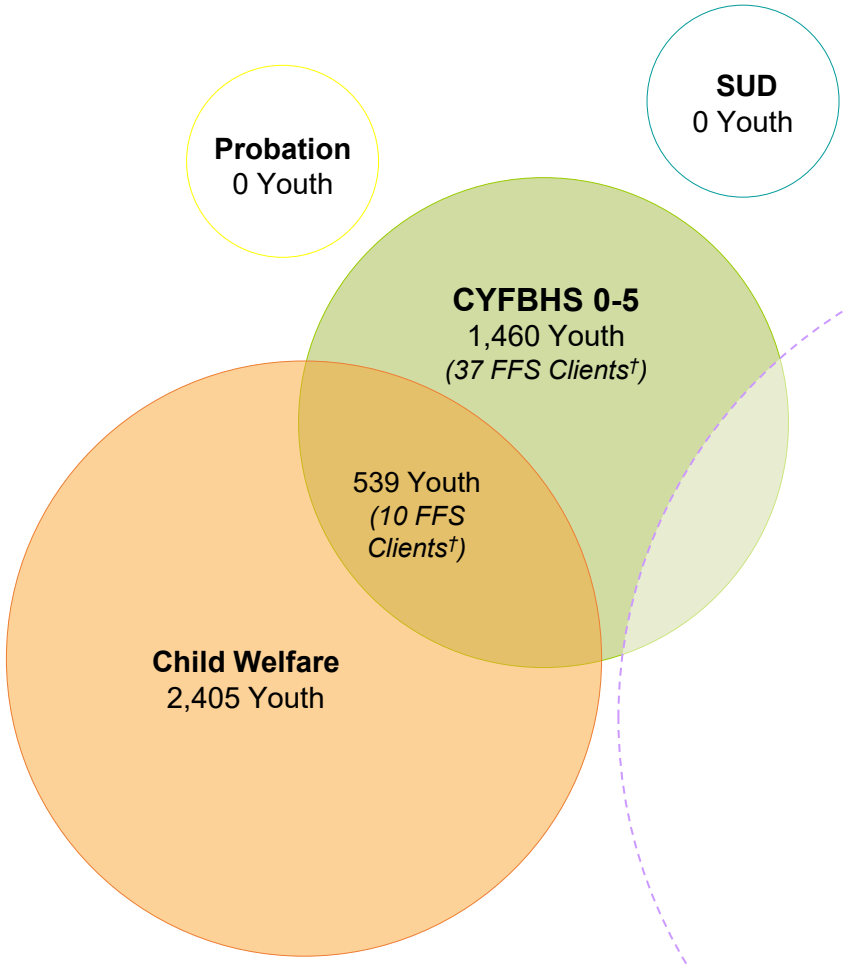
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.



What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 0-5*

- 37% of CYFBHS clients ages 0-5 also received services from the Child Welfare sector during the fiscal year, as compared to 36% in FY 2019-20.
- No age 0-5 CYFBHS clients were open to the Probation or SUD sectors in FY 2020-21; this was also true in FY 2019-20.



Special Education data were not available for FY 2020-21

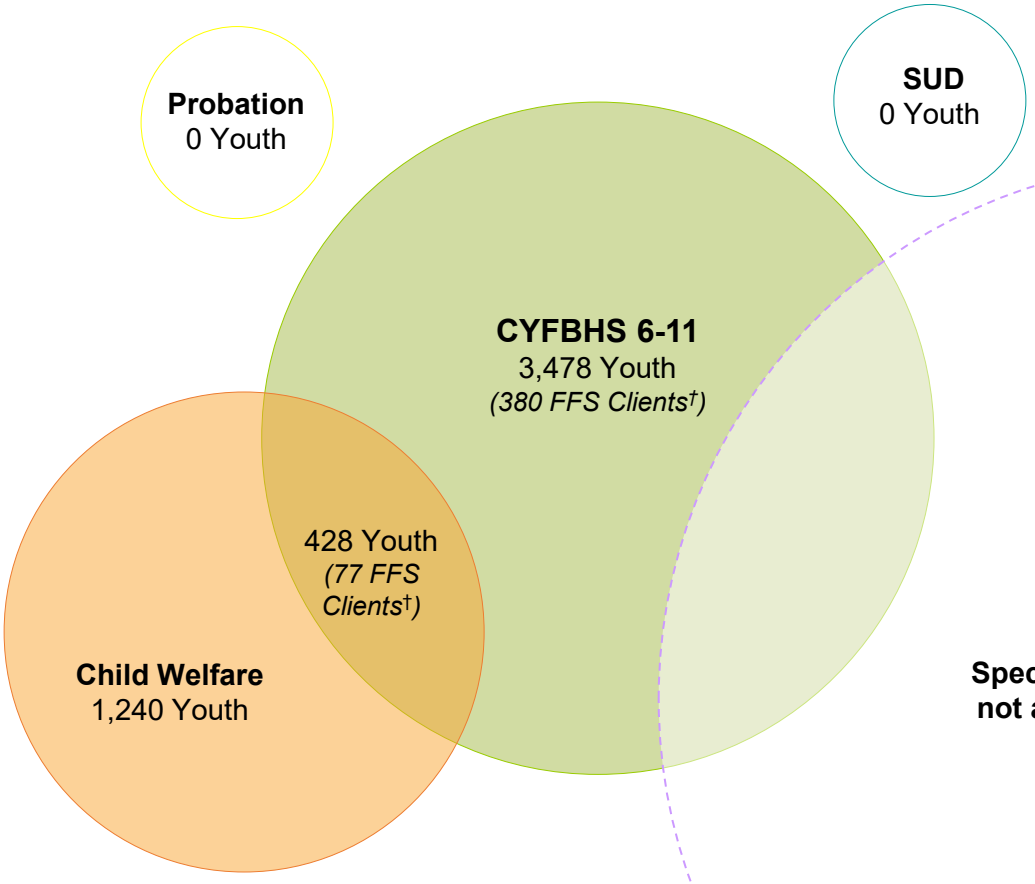
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

†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 12% in FY 2019-20.
- No age 6-11 CYFBHS clients were open to the Probation or SUD sectors in FY 2020-21; this was also true in FY 2019-20.



Special Education data were not available for FY 2020-21

**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.

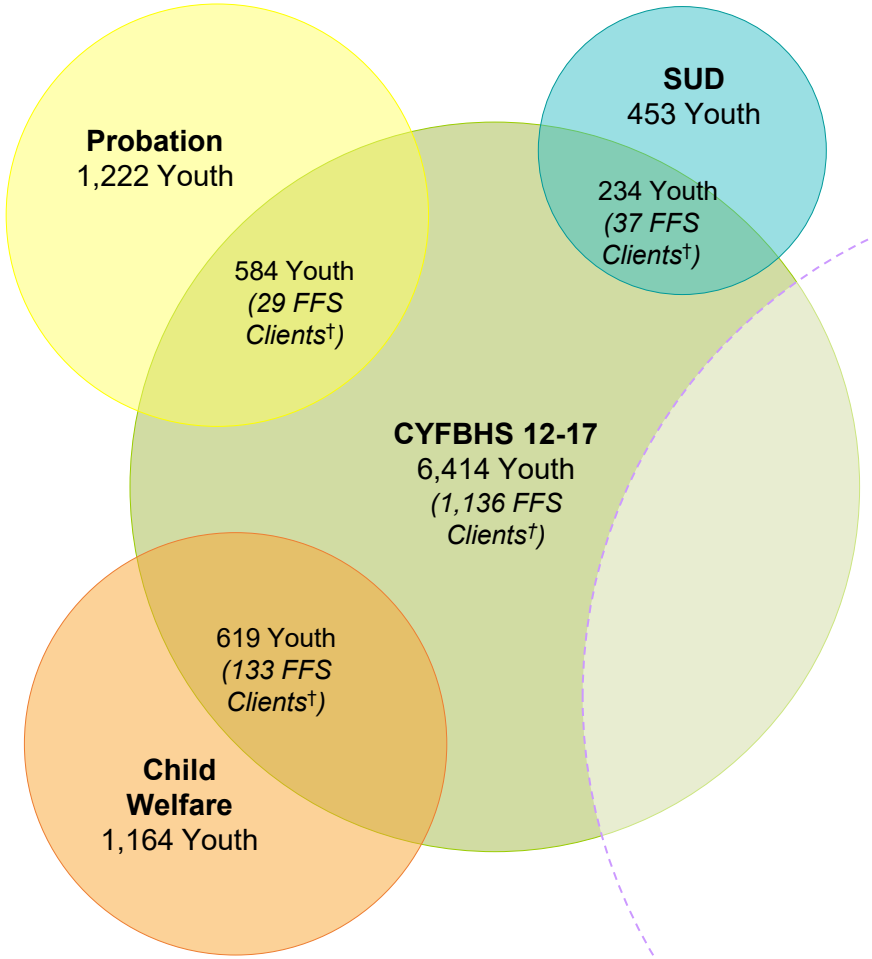
What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 12-17*

- 10% of CYFBHS clients ages 12-17 also received services from the Child Welfare sector during the fiscal year, as compared to 9% in FY 2019-20.
- 9% of CYFBHS clients ages 12-17 also received services from the Probation sector during the fiscal year, as compared to 7% in FY 2019-20.
- 4% of CYFBHS clients ages 12-17 also received services from the SUD sector during the fiscal year, as compared to 5% in 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.

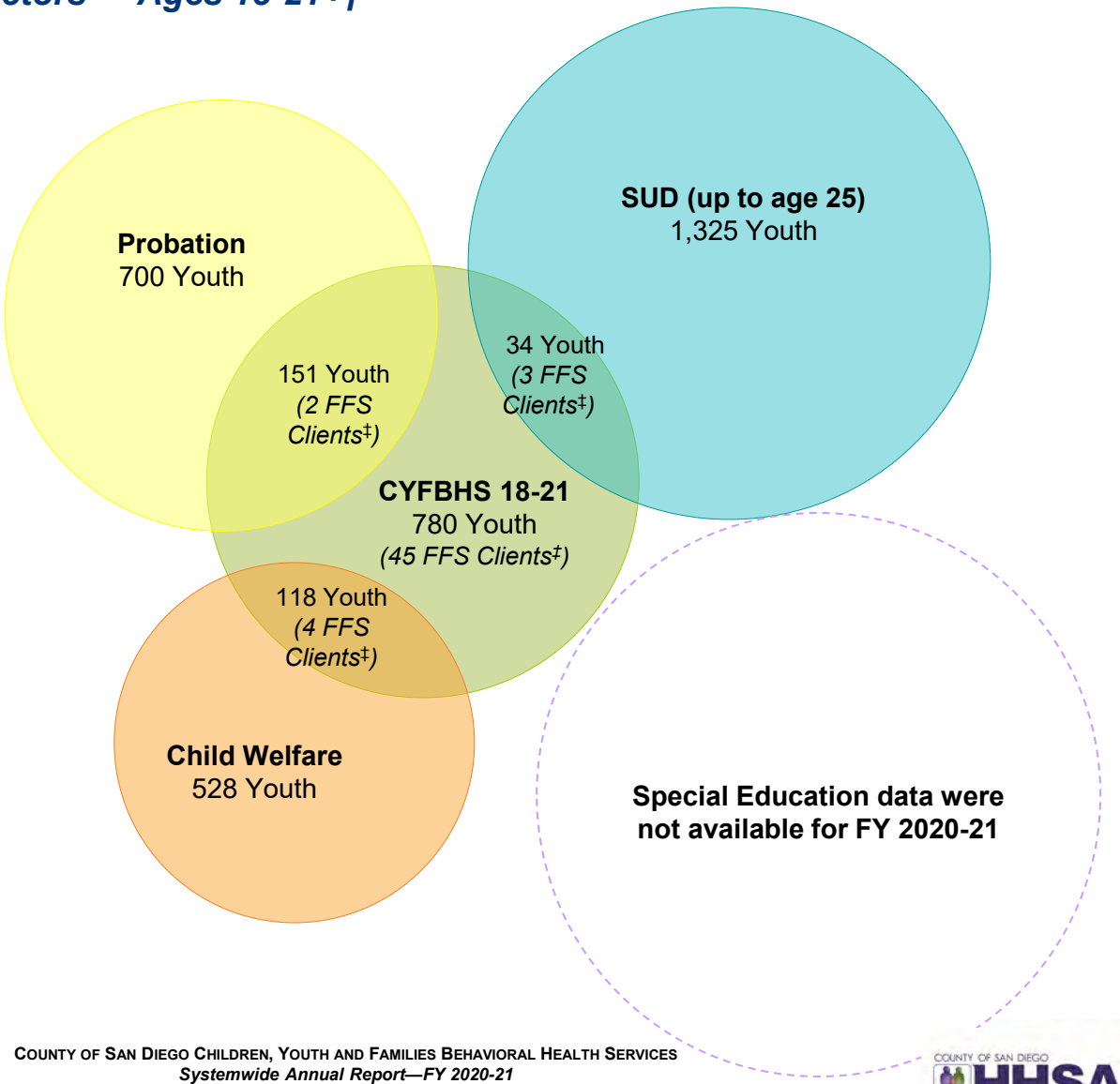


Special Education data were not available for FY 2020-21

What Kind of Services Are Being Used?

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

- 19% of CYFBHS clients ages 18-21 also received services from the Probation sector during the fiscal year, as compared to 25% in FY 2019-20.
- 15% of CYFBHS clients ages 18-21 also received services from the Child Welfare sector during the fiscal year, as compared to 15% in FY 2019-20.
- 4% of CYFBHS clients ages 18-21 also received services from the SUD sector during the fiscal year, as compared to 7% in FY 2019-20.



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

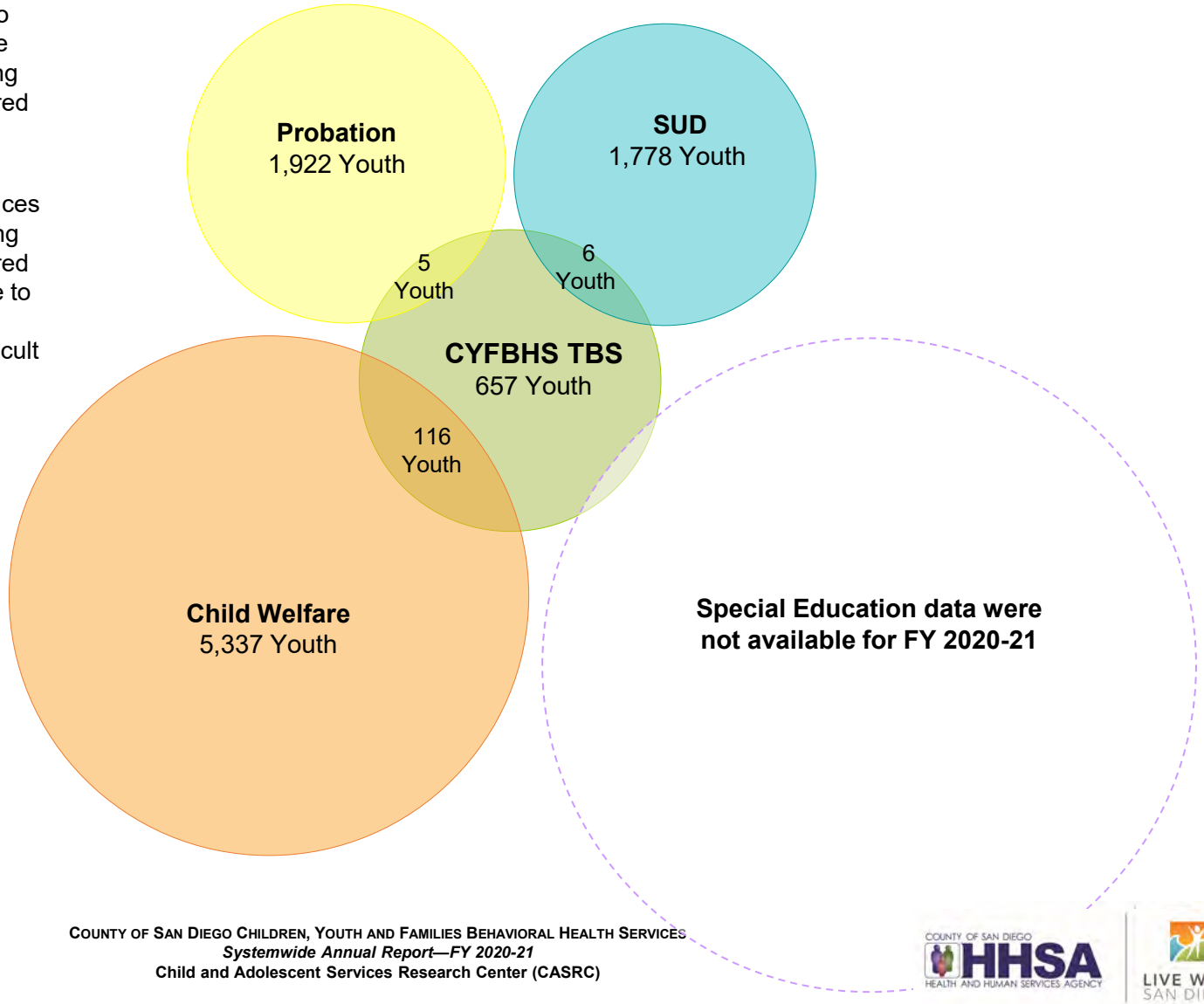
†Less than 0.001% of the CYFBHS population was over the age of 21.

‡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**

- 18% of TBS clients also received services from the Child Welfare sector during the fiscal year, as compared to 17% in FY 2019-20.
- Less than 1% of TBS clients also received services from the SUD sector during the fiscal year, as compared to 1% in FY 2019-20. 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 less than 1% in FY 2019-20.

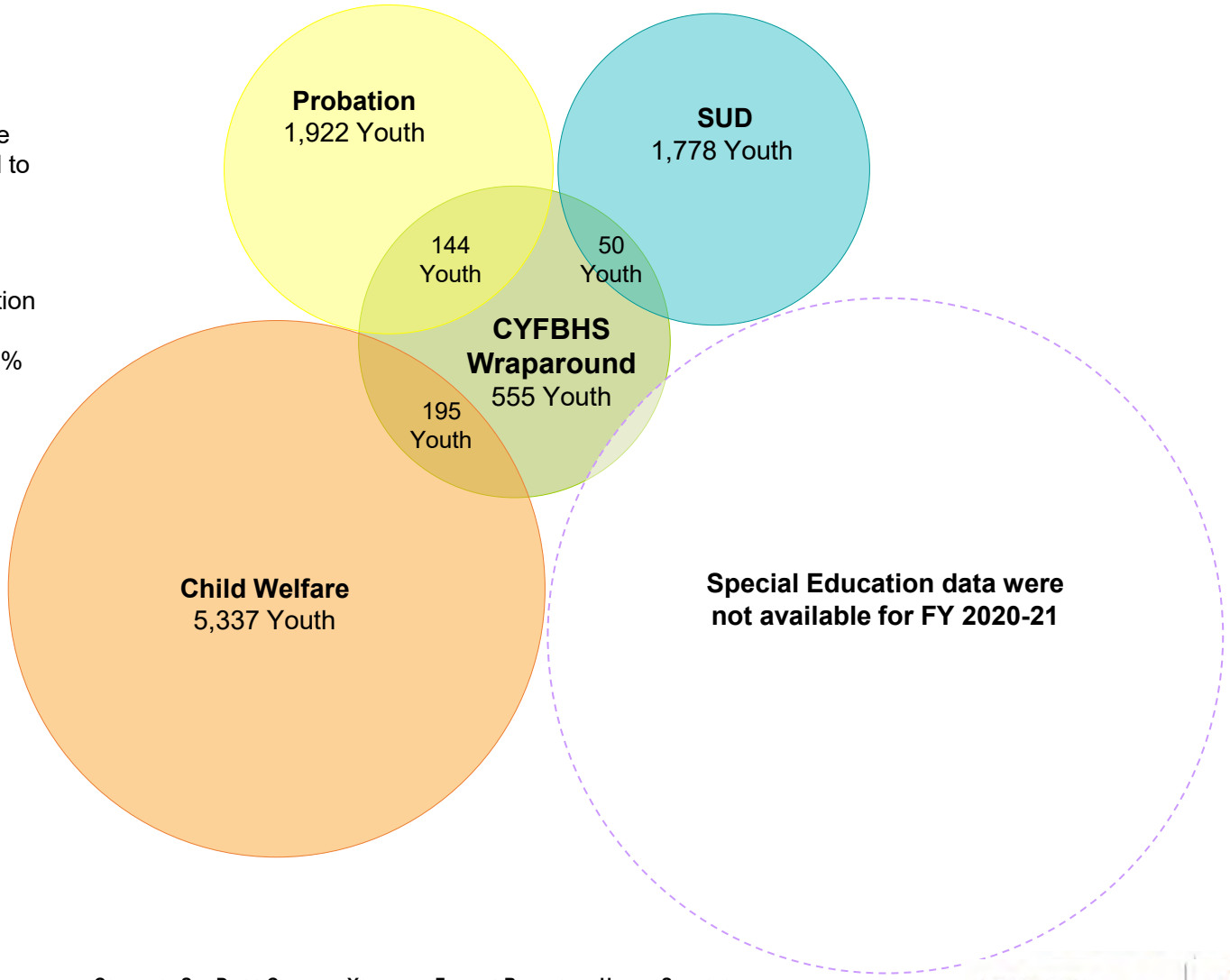


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Wraparound Programs and Services From Other Sectors**

- 35% of Wraparound clients also received services from the Child Welfare sector during the fiscal year, as compared to 28% in FY 2019-20.
- 26% of Wraparound clients also received services from the Probation sector during the fiscal year, as compared to 25% in FY 2019-20.
- 9% of Wraparound clients also received services from the SUD sector during the fiscal year, as compared to 13% in FY 2019-20.

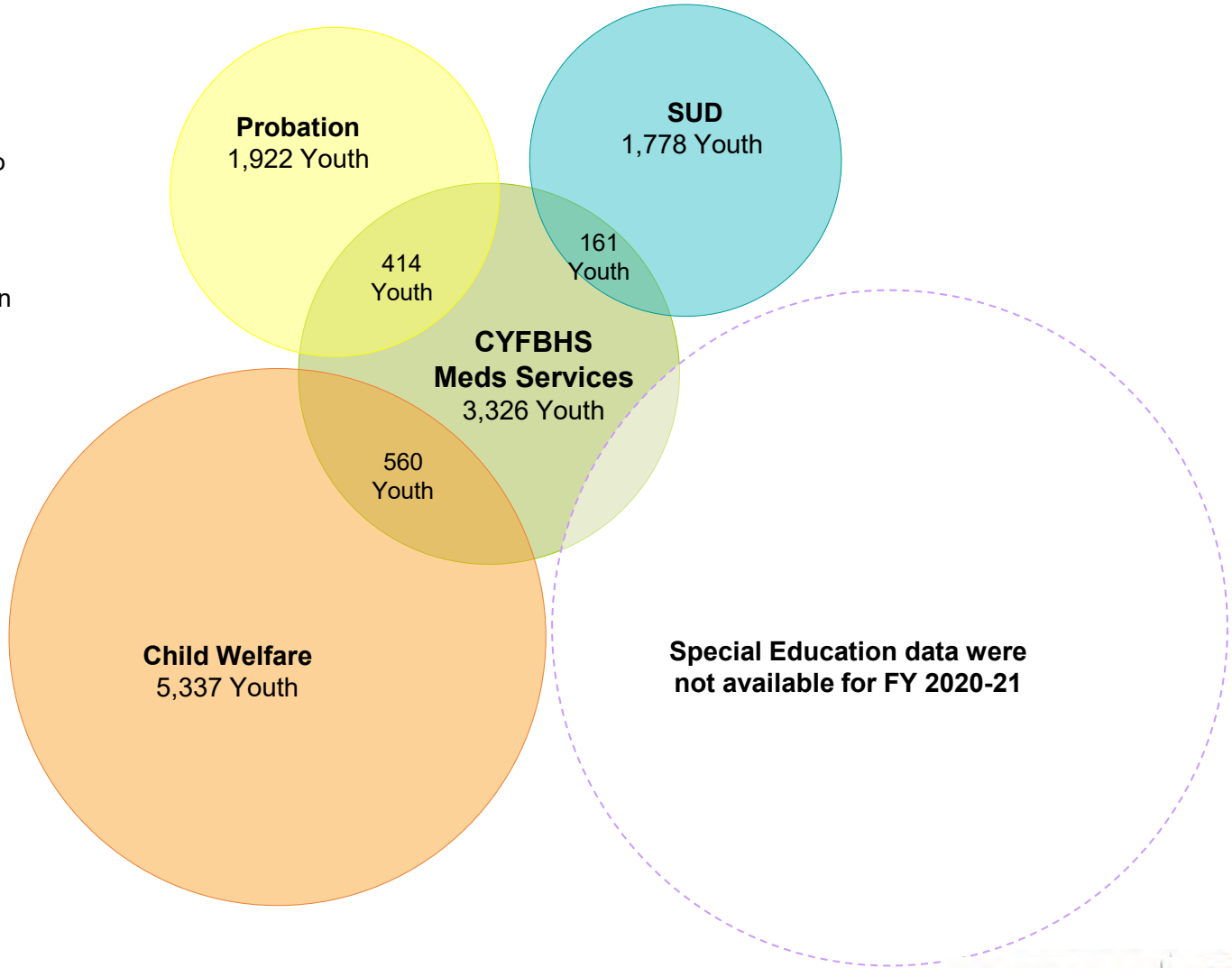


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Medication Services and Services From Other Sectors**

- 17% of Meds Services clients also received services from the Child Welfare sector during the fiscal year, as compared to 18% in FY 2019-20.
- 12% of Meds Services clients also received services from the Probation sector during the fiscal year, as compared to 11% in FY 2019-20.
- 5% of Meds Services clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2019-20.

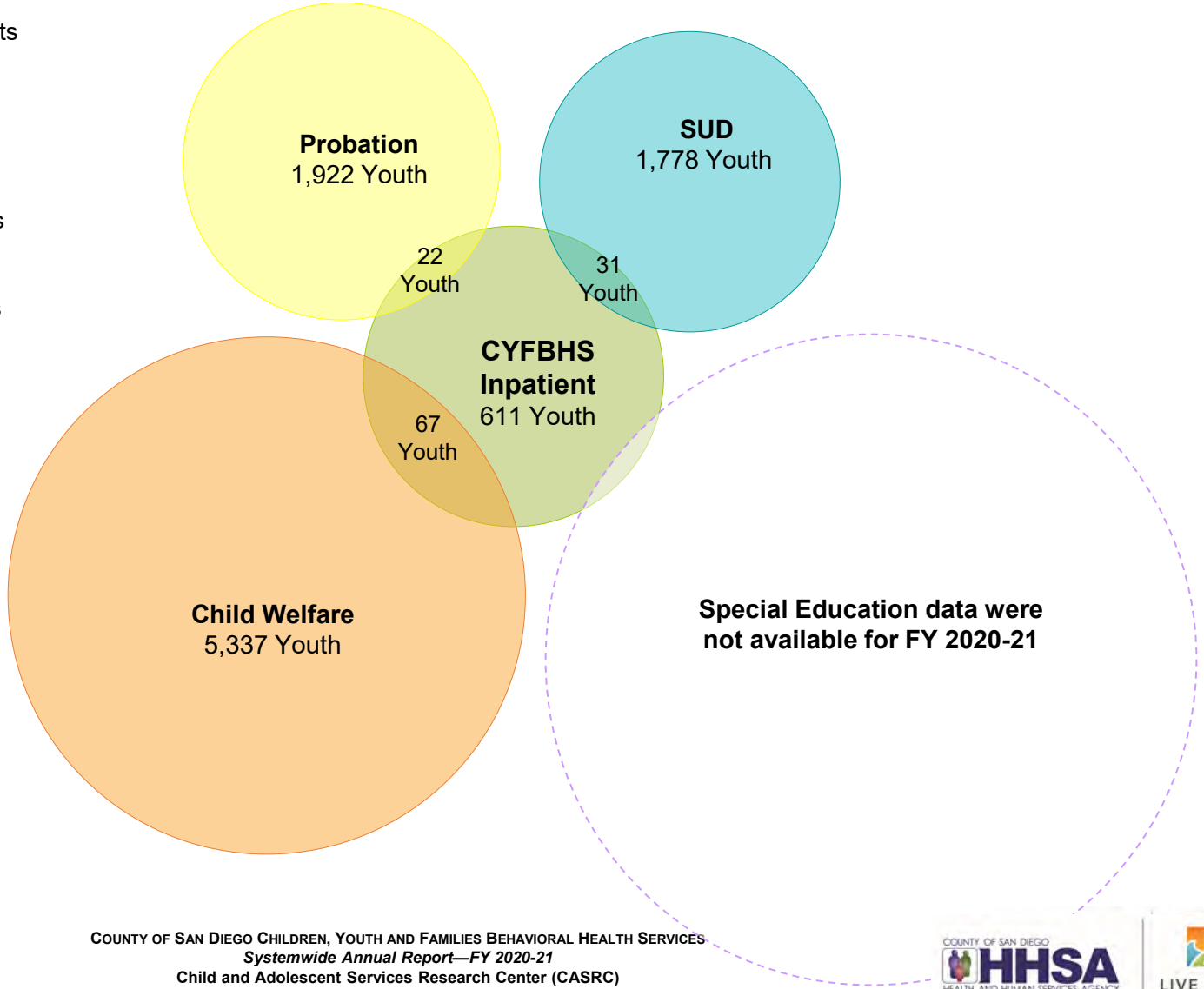


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Inpatient Programs and Services From Other Sectors**

- 11% of Inpatient clients also received services from the Child Welfare sector during the fiscal year, as compared to 12% in FY 2019-20.
- 5% of Inpatient clients also received services from the SUD sector during the fiscal year, as compared to 6% in FY 2019-20.
- 4% of Inpatient clients also received services from the Probation sector during the fiscal year, as compared to 2% in FY 2019-20.

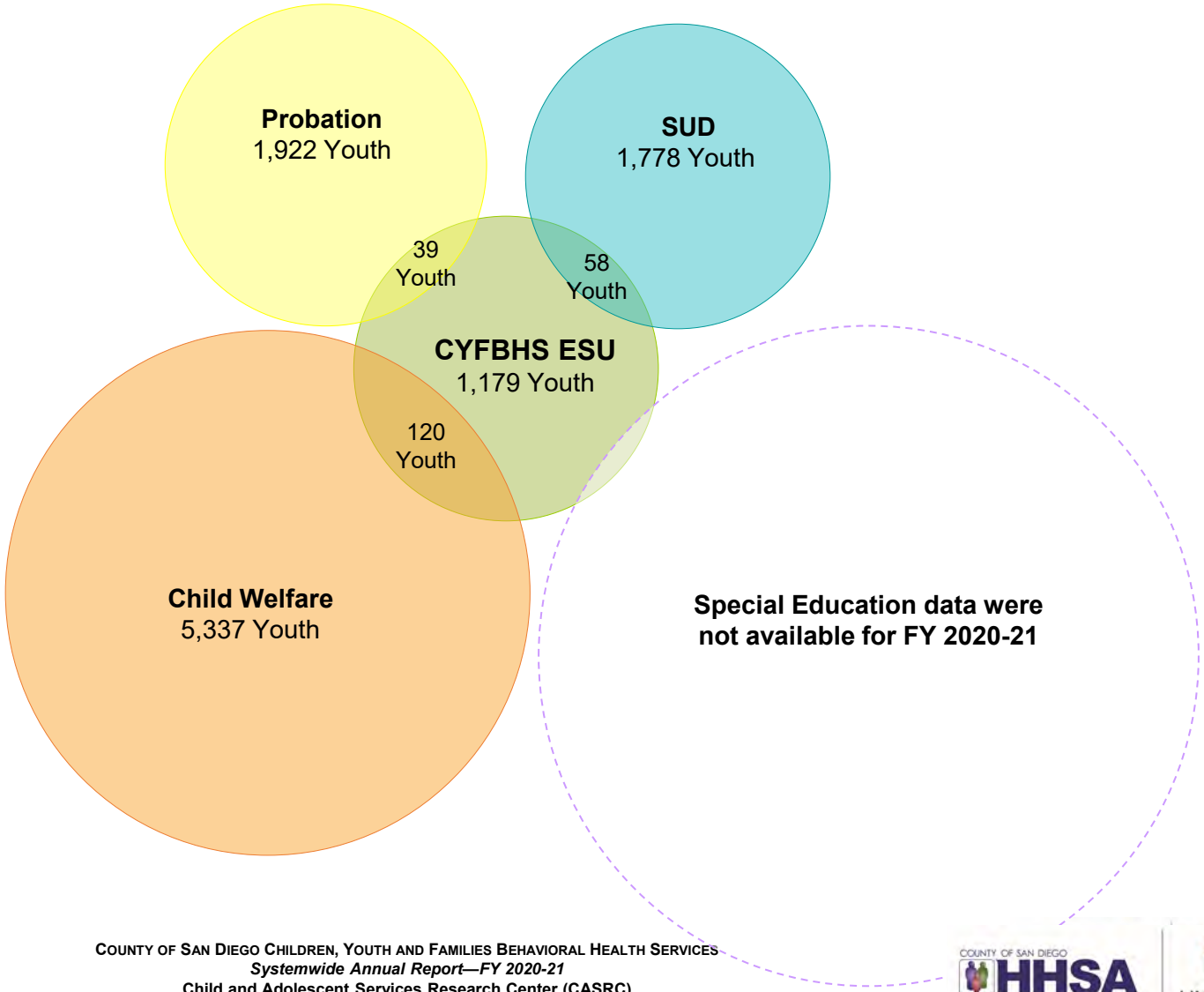


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

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

- 10% of ESU clients also received services from the Child Welfare sector during the fiscal year, as compared to 11% in FY 2019-20.
- 5% of ESU clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2019-20.
- 3% of ESU clients also received services from the Probation sector during the fiscal year, as compared to 2% in FY 2019-20.



**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=2,358)

- Compared to the total youth average in the CYFBHS system, youth who received services from CYFBHS and any other public sector in FY 2020-21 were more likely to be male, Black/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 nearly four times as likely to receive Day Services. They were less likely than the CYFBHS average to receive intensive Crisis Stabilization services.

CYFBHS and Child Welfare Services (CWS, n=1,704)

- 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 less likely than the CYFBHS average to be Hispanic or Asian/Pacific Islander.
- CYFBHS-CWS youth were nearly 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 nearly four 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.

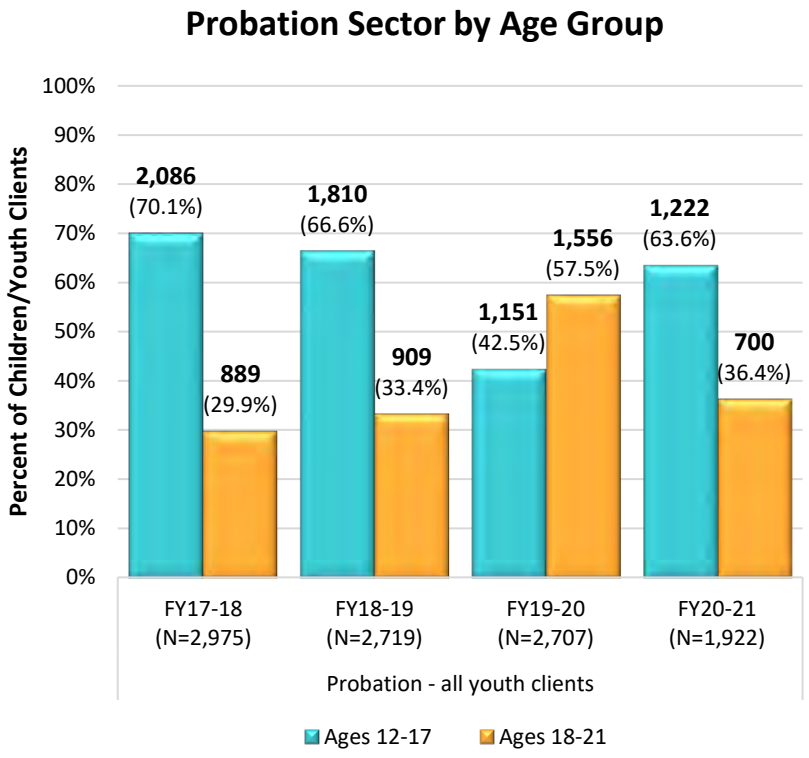
**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 156) for further information.*
†Special Education service data were unavailable for FY 2020-21.

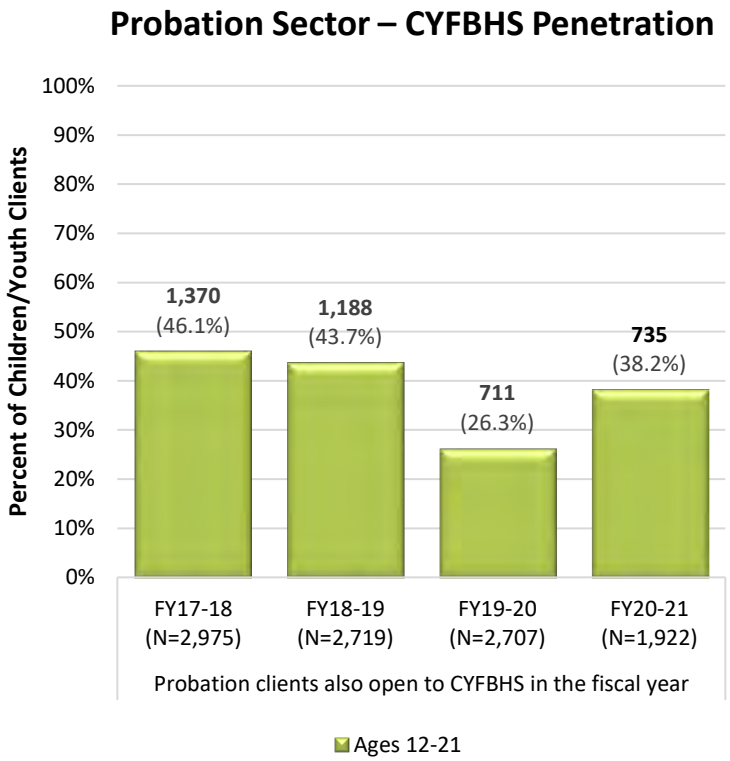
What Kind of Services Are Being Used?

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

CYFBHS and Probation (n=735)

- The proportion of youth in Probation also receiving services from CYFBHS (38%, n=735) increased by 12 percentage points as compared to FY 2019-20 (26%, n=711); however, this still represents a decrease from FY 2018-19 (44%, n=1,188) and FY 2017-18 (46%, n=1,370). Cross-sector service and age distribution changed dramatically in FY 2019-20. Potential effects of the COVID-19 pandemic beginning March 2020 are still under evaluation.





**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 156) 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=735)

- Youth who received services from both CYFBHS and Probation were more likely than the CYFBHS system average to be male and Black/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 nearly three times as likely to have an Oppositional/Conduct disorder as their primary diagnosis and were more than seven 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 twice 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=268)

- 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. Some research suggests that these youth self-medicate for their mental health issues, leading to problematic substance use.[2]
- CYFBHS-SUD youth were roughly 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 more than twice as likely to receive ICC services, and received more ICC service hours on average. CYFBHS-SUD youth were more likely to receive all types of intensive services (Day Services, Inpatient, and Crisis Stabilization), but received fewer Day Services hours on average.

**Detailed service utilization tables are part of an internal CYFSOC Report Supplement. Please contact CASRC (p. 156) for further information.*

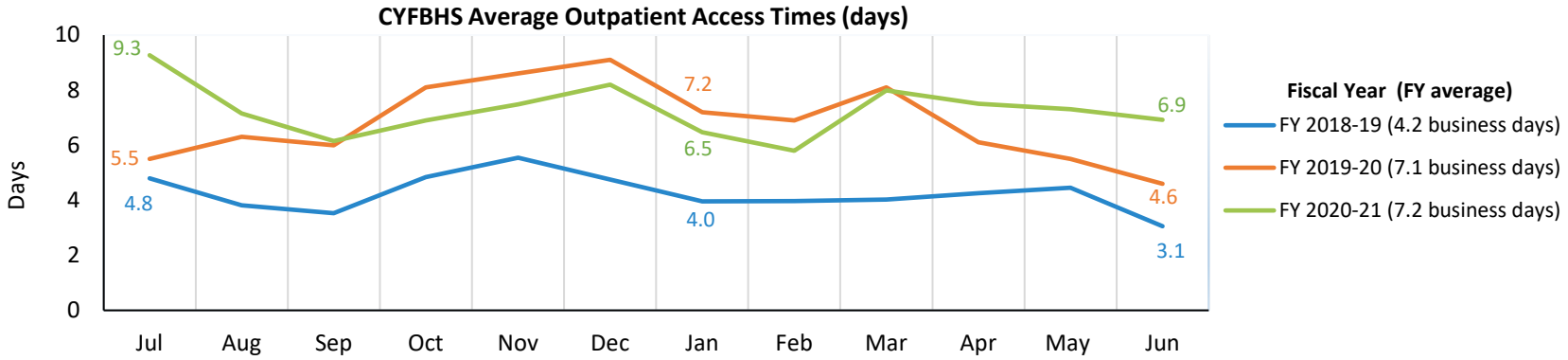
[2]Broman, C. L., Wright, M. K., Broman, M. J., & Bista, S. (2019). Self-medication-and substance use: A test of the hypothesis. Journal of Child & Adolescent Substance Abuse, 28(6), 494-504.

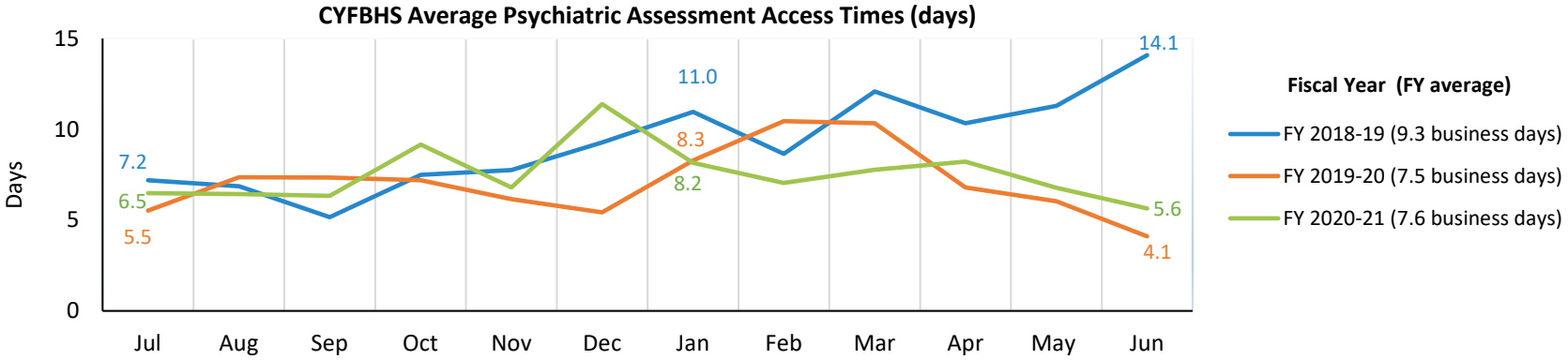
How Quickly Can Clients Access Services?

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 2020-21, children waited an average of **7.2 business days** to access an outpatient appointment. Average psychiatric assessment appointment access time was **7.6 business days** in FY 2020-21. By way of context, DHCS access time standards are 10 business days for routine outpatient assessment and 15 business days for psychiatric assessment.





Are Clients Getting Better?

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

Outcome Measures

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

Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) Results

The PSC measures a child's behavioral and emotional problems. In FY 2020-21, 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 2020-21 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.

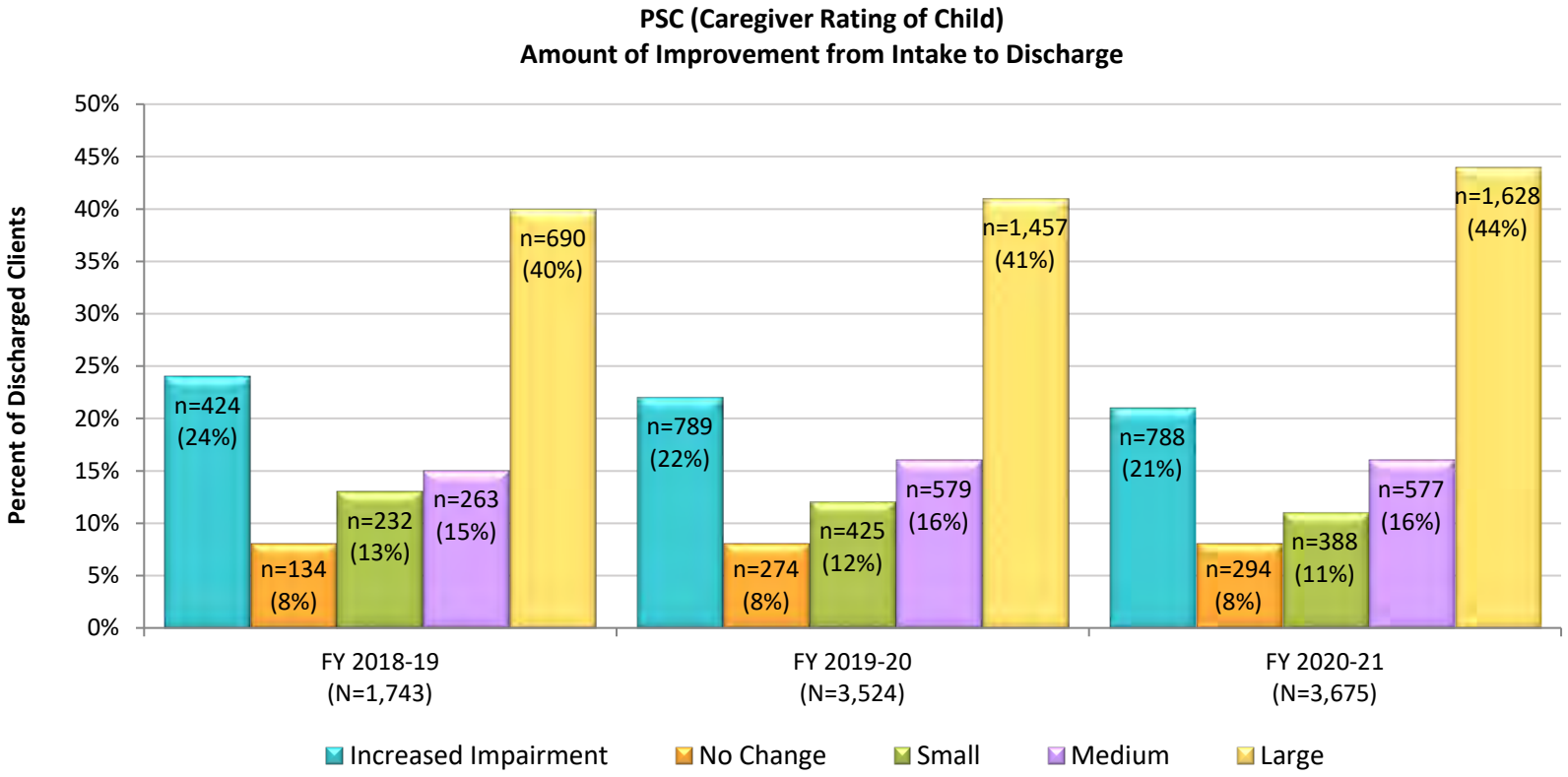
❖ *Clinically Significant Improvement*

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

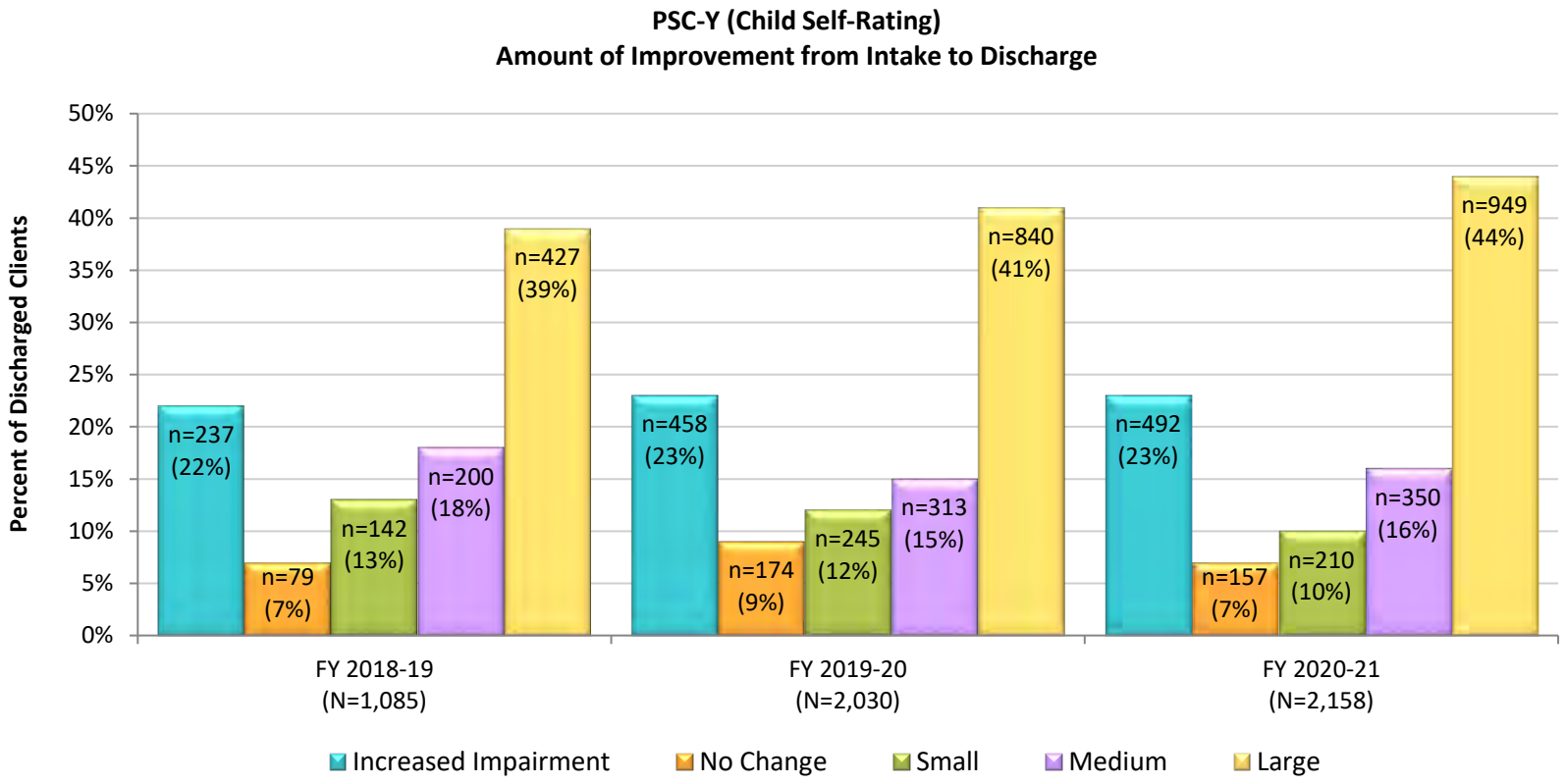
Amount of improvement on the PSC was evaluated for eligible youth discharged from services in FY 2020-21 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).



Are Clients Getting Better?

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

Amount of improvement on the PSC-Y was evaluated for eligible youth discharged from services in FY 2020-21 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).

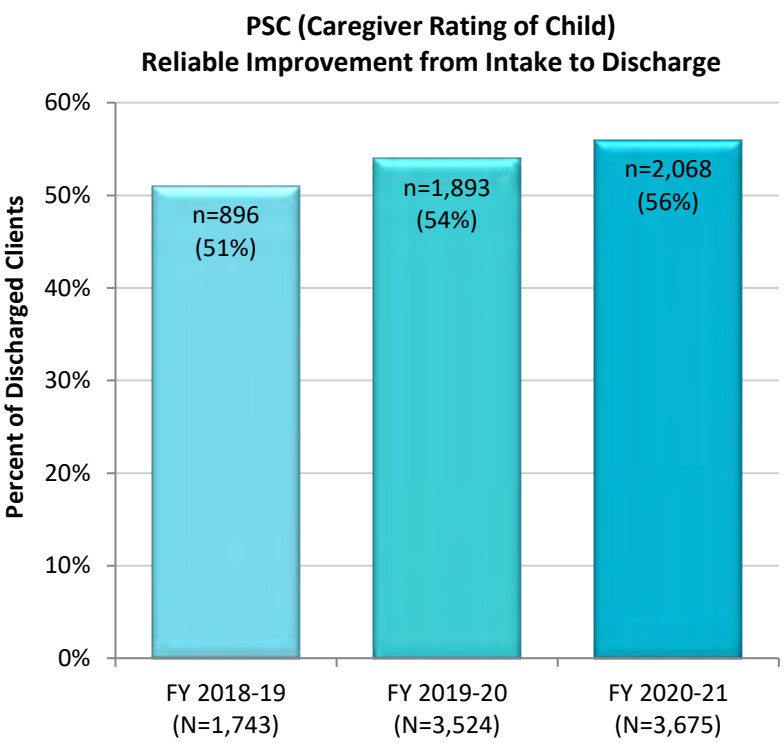


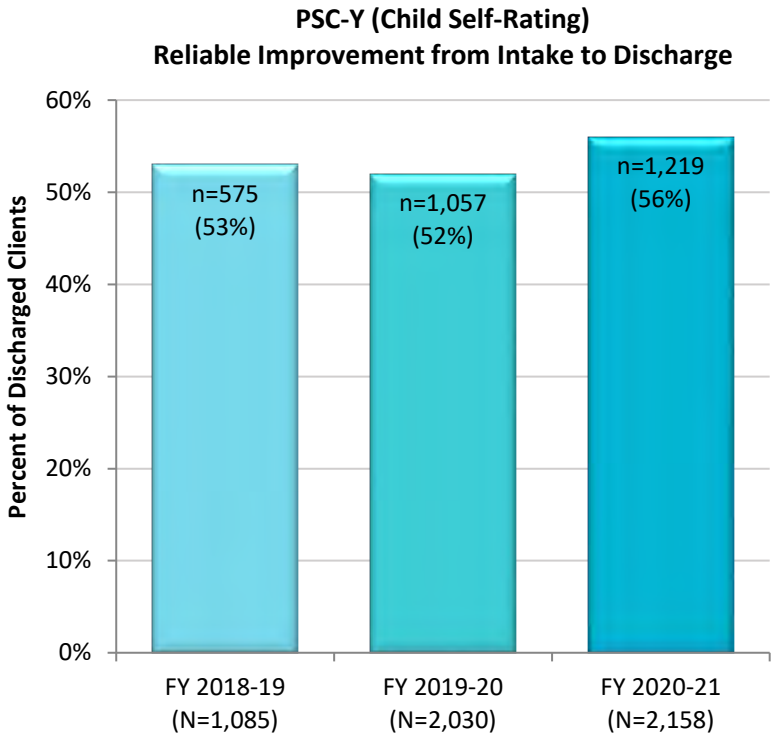
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Reliable Improvement

Reliable improvement as measured by the PSC (6+ point improvement on the total scale score) was evaluated for eligible youth discharged from services in FY 2020-21 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Caregiver and youth report of reliable improvement has increased over the past three years.

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





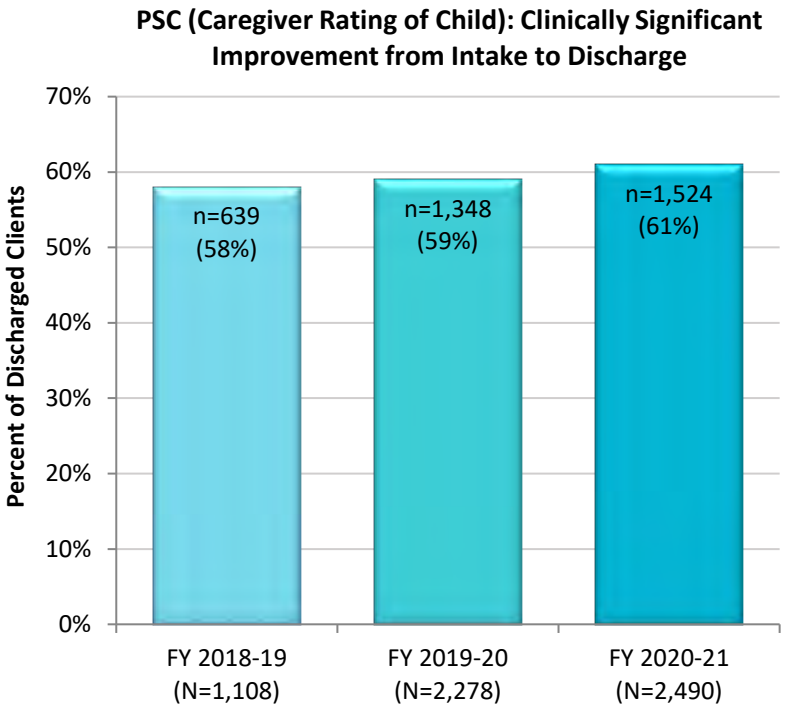
[3]*Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. Clinical child psychology and psychiatry, 20(1), 39-52.*

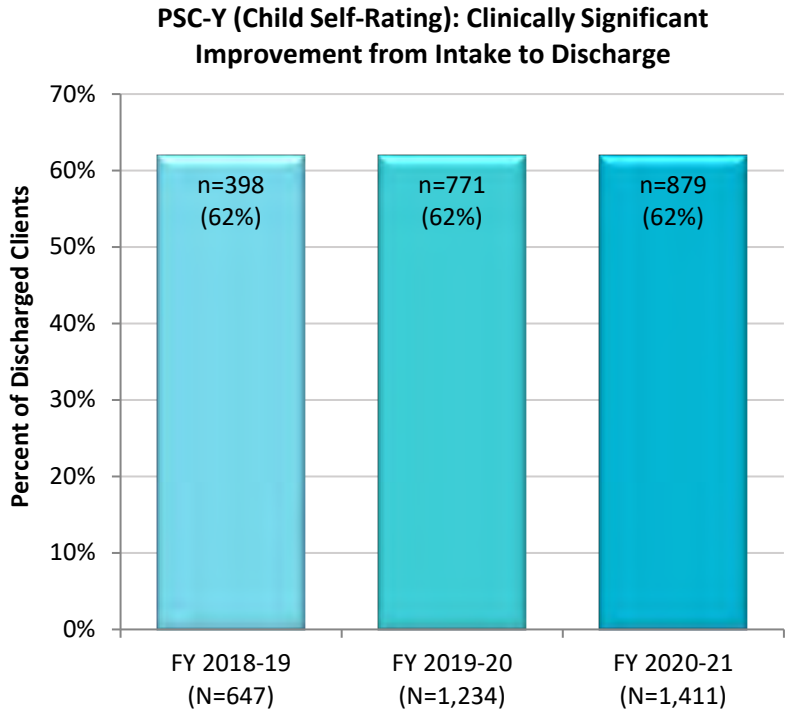
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Clinically Significant Improvement

Clinically significant improvement as measured by the PSC (6+ point improvement on at least one of the three subscales or the total scale score *and* crossing the clinical cutoff threshold) was evaluated for eligible youth discharged from services in FY 2020-21 who were **above the clinical cutoff** at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed. Caregiver report of clinically significant improvement has increased over the past three years; youth report has remained consistent at 62%.

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





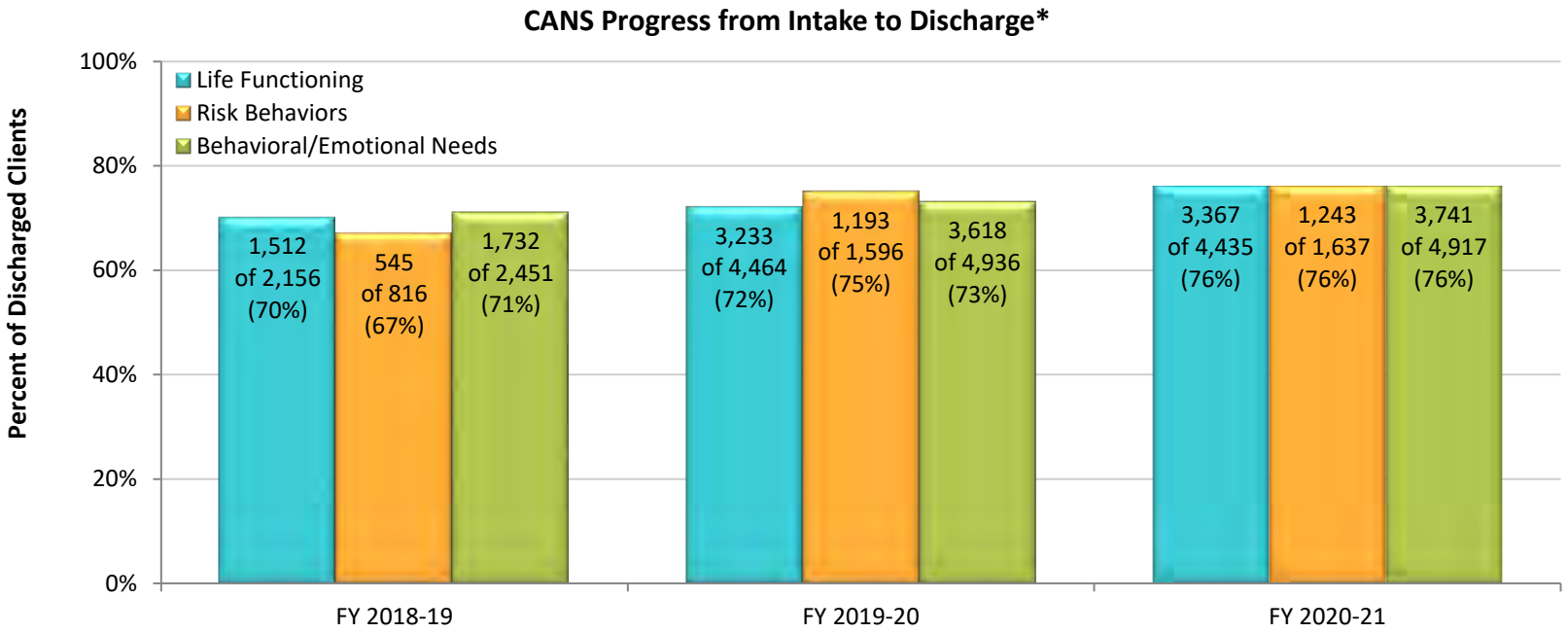
[3]*Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. Clinical child psychology and psychiatry, 20(1), 39-52.*

Are Clients Getting Better?

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

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. CANS progress at discharge was evaluated for eligible youth discharged from services in FY 2020-21 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

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



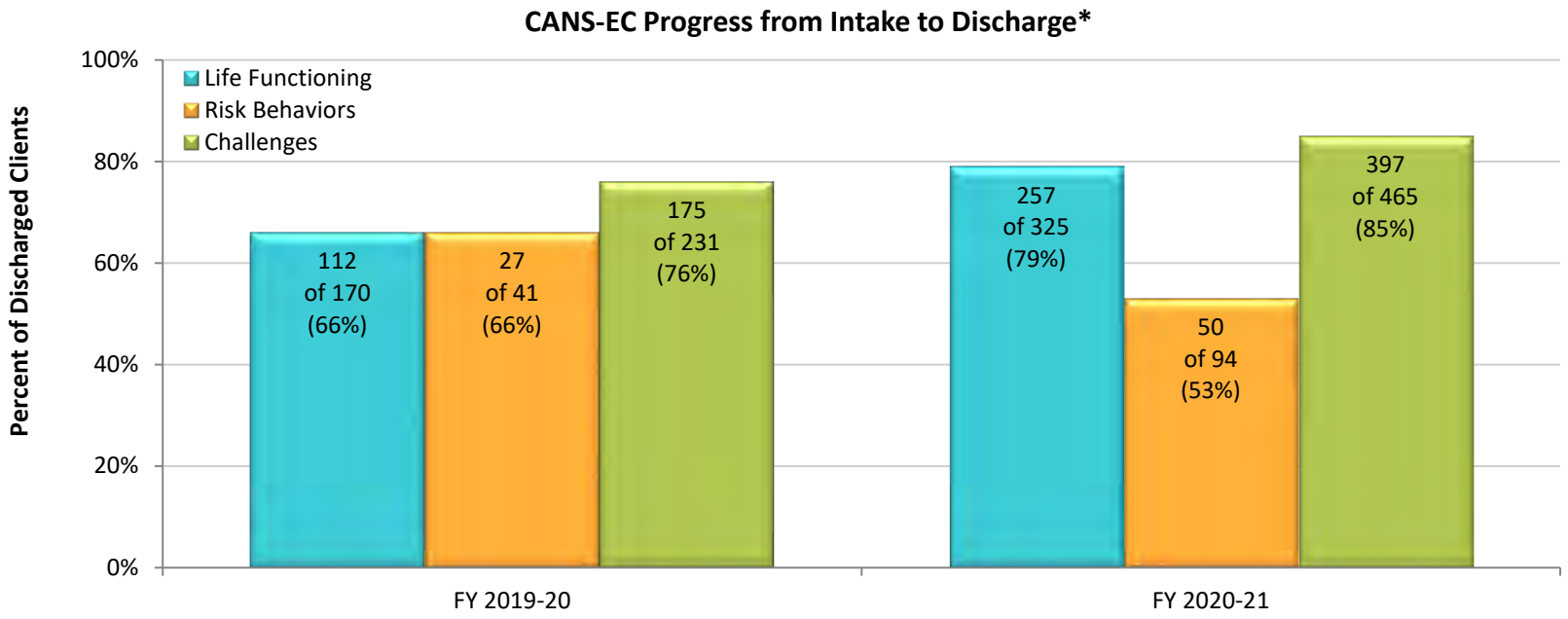
**Progress is measured for each domain independently, based on the number of youth for whom a need was identified within the domain.*

Are Clients Getting Better?

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

The CANS-EC is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 0 through 5. CANS-EC progress at discharge was evaluated for eligible youth discharged from services in FY 2020-21 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: 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*

- 153 (25%) of the 611 clients who received IP care had more than one IP episode (ranging from 2 to 7) in FY 2020-21—an **increase** from 24% (150 of 630) in FY 2019-20.
  - Of the 153 clients with more than one IP episode, 47 (31%) were re-admitted to IP services within 30 days of the previous IP discharge—a **decrease** from 40% (60 of 150) in FY 2019-20.

Emergency Screening Unit (ESU) Services

- 273 (23%) of the 1,179 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 14) in FY 2020-21—an **increase** from 21% (261 of 1,246) in FY 2019-20.
  - Of the 273 clients with more than one ESU episode, 137 (50%) were re-admitted to services at the ESU within 30 days of the previous ESU discharge—an **increase** from 48% (126 of 261) in FY 2019-20.

Diversion†

- Of 1,765 ESU visits‡ in FY 2020-21, 1,242 (70%) were diverted from an IP admission—a **decrease** from 71% (1,317 of 1,854) in FY 2019-20.

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 2020-21, this marker was reported for 6,065 (72%) of 8,418 discharged clients.
- Of these 6,065 clients, 2,999 (49%) met goals, 1,868 (31%) partially met goals, and 1,198 (20%) did not meet goals within the service period.

**Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.*
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/04/2021)
‡ESU visits include duplicated clients
§Excludes Fee-for-Service Only clients for whom data were not available.

Are Clients Satisfied With Services?

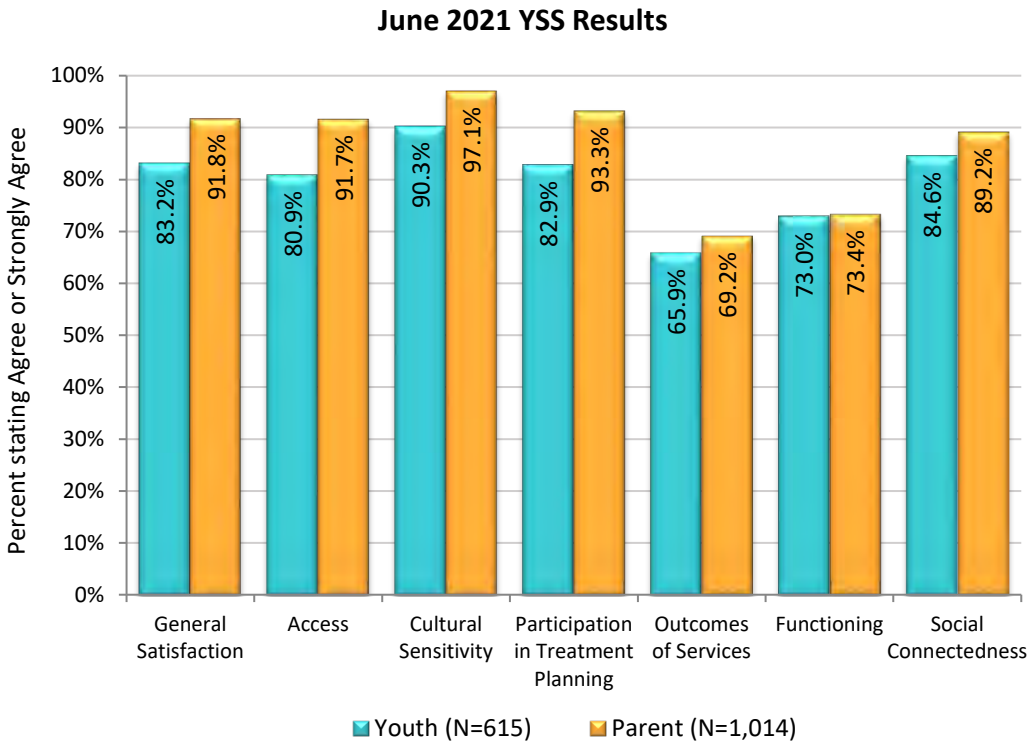
The Youth Services Survey (YSS)—Satisfaction By Domain

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 2020-21 the YSS was administered to clients during two 1-week periods: the first in November 2020 and the second in June 2021; data from the June 2021 administration (1,629 completed surveys submitted) were analyzed.

YSS Satisfaction questions were grouped into seven domains:

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

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



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

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.

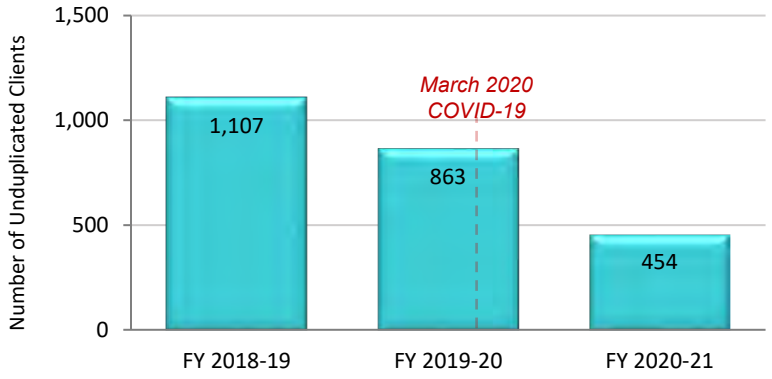
ASAM Criteria

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.

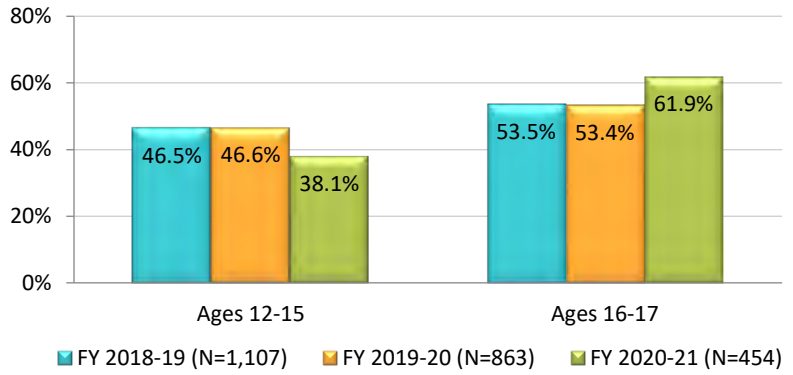
Substance Use Disorder (SUD) – Youth

Substance Use Disorder (SUD) programs provided services to 454 unduplicated youth under the age of 18 in FY 2020-21. This represents a 47% decrease from FY 2019-20 and is likely due in part to pandemic-related school closures in 2020.

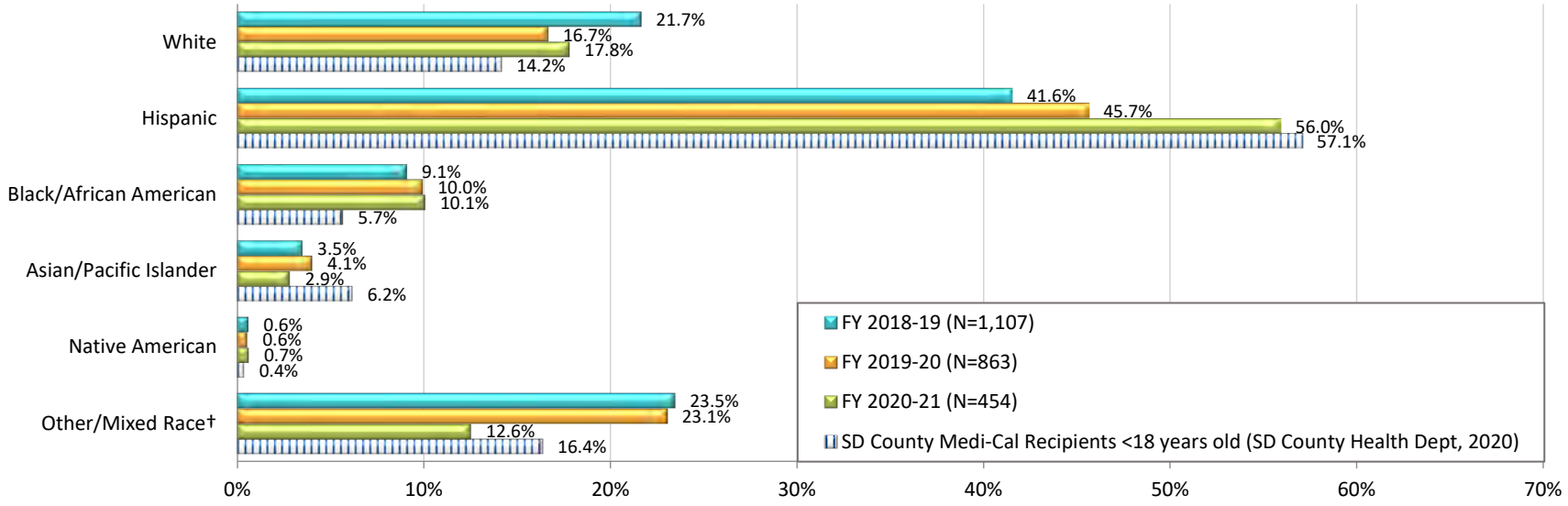
Number of SUD Youth Clients Served (N=454)*



SUD Youth Client Age (N=454)*



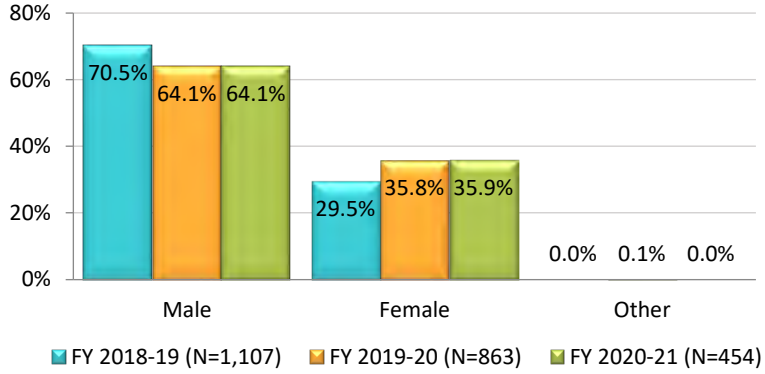
SUD Youth Client Race and Ethnicity (N=454)*



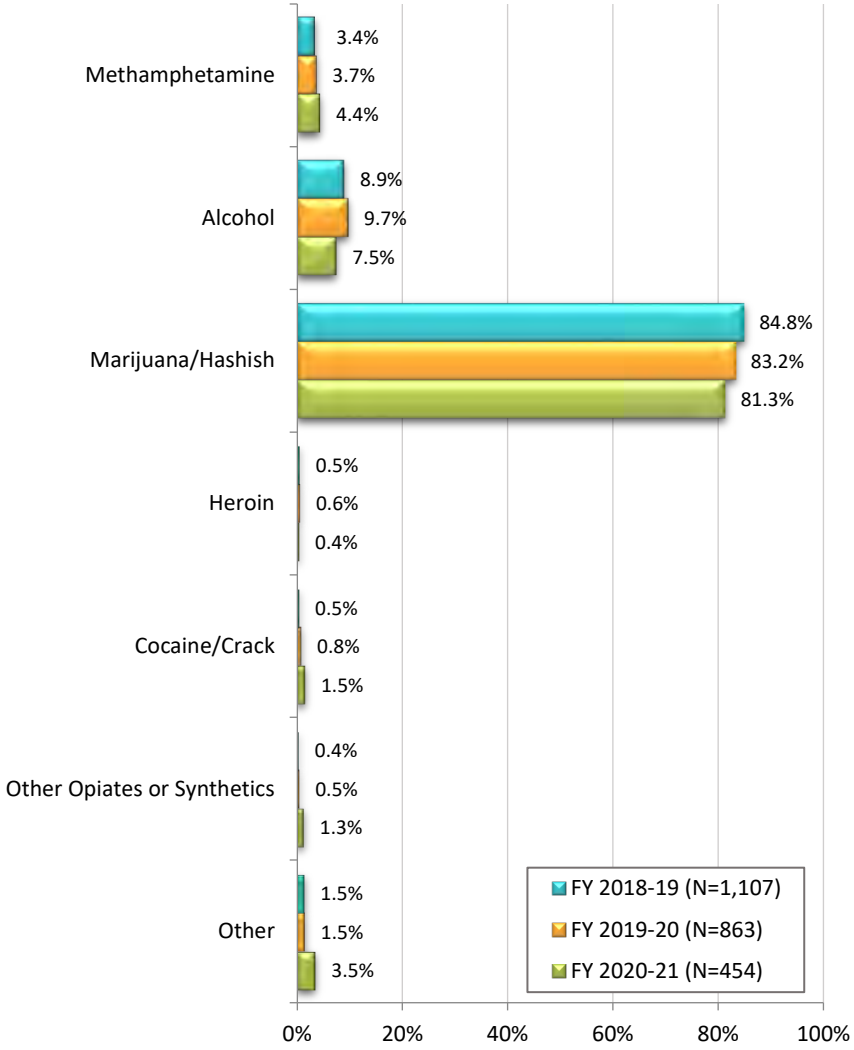
Data Source: SanWITS

Substance Use Disorder (SUD) – Youth

SUD Youth Client Gender (N=454)*

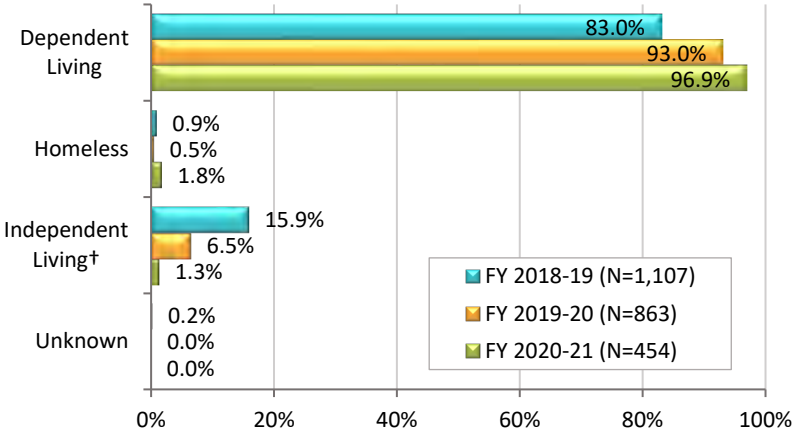


SUD Youth Client Primary Drug of Choice (N=454)*



SUD Youth Client Living Situation (N=454)*

While the proportion of youth living as dependents with family is largely stable, there was an increase in homeless status for youth in FY 2020-21.



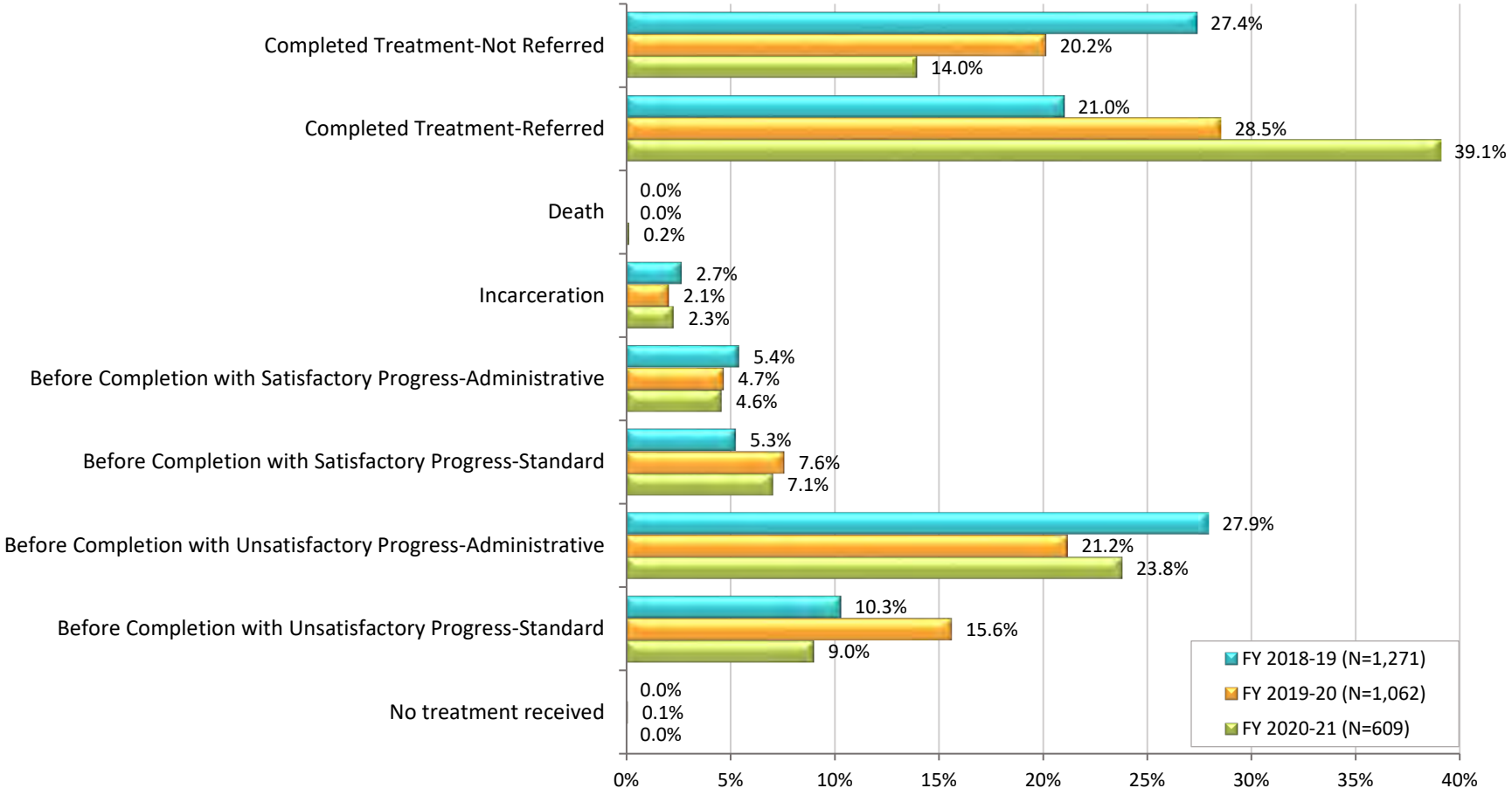
Data Source: SanWITS

†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.

Substance Use Disorder (SUD) – Youth

SUD Youth Client Type of Discharge (N=609)†‡*

Among SUD youth discharged in FY 2020-21, more than half completed treatment.



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

Substance Use Disorder (SUD) – Youth

*Other SUD Services for Teens**

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

What Kind of Services Are Being Used?

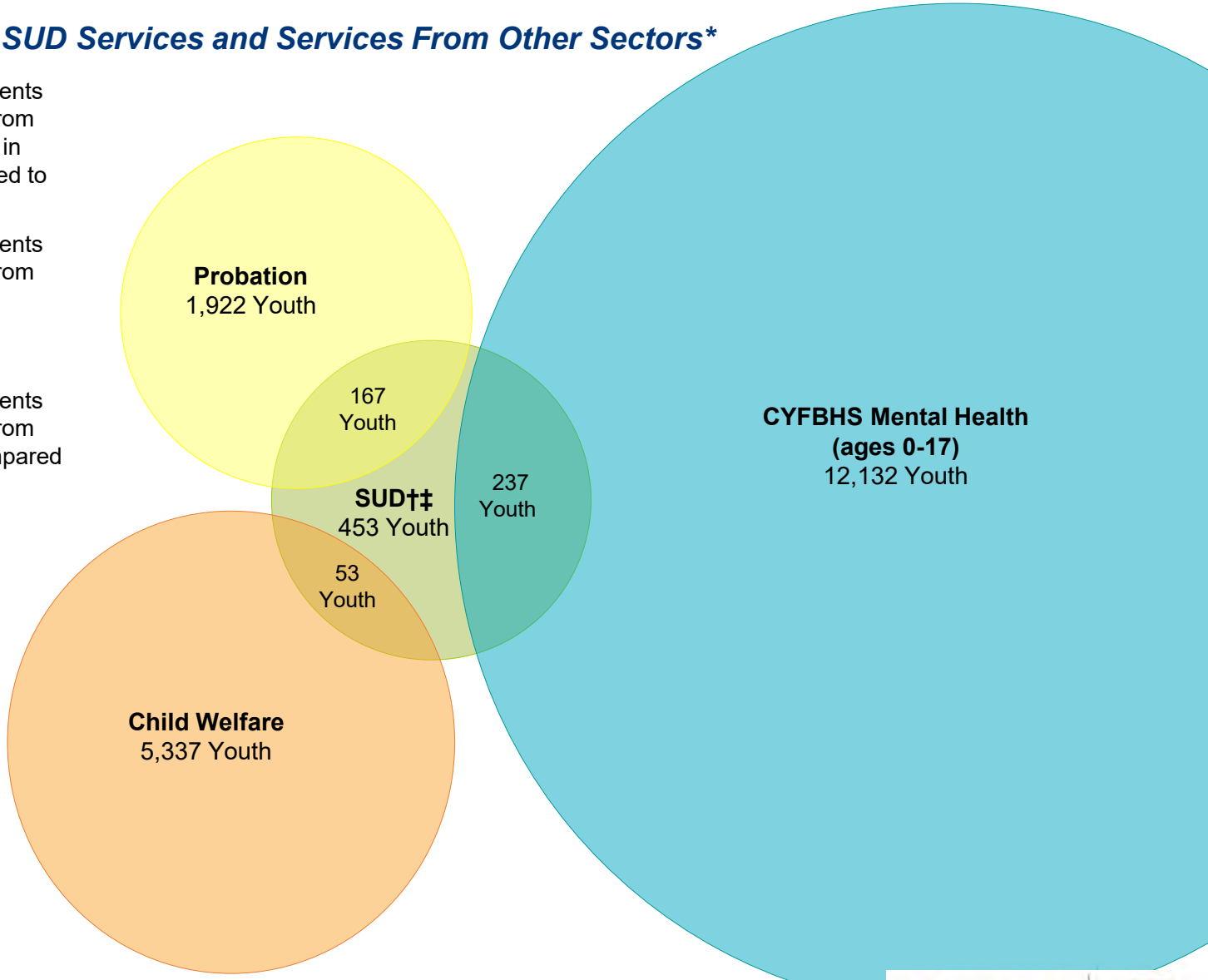
*Youth Receiving SUD Services and Services From Other Sectors**

- 52% of SUD youth clients also received services from CYFBHS Mental Health in FY 2020-21, as compared to 37% in FY 2019-20.
- 37% of SUD youth clients also received services from the Probation sector, as compared to 20% in FY 2019-20.
- 12% of SUD youth clients also received services from the CWS sector, as compared to 10% in FY 2019-20.

**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.

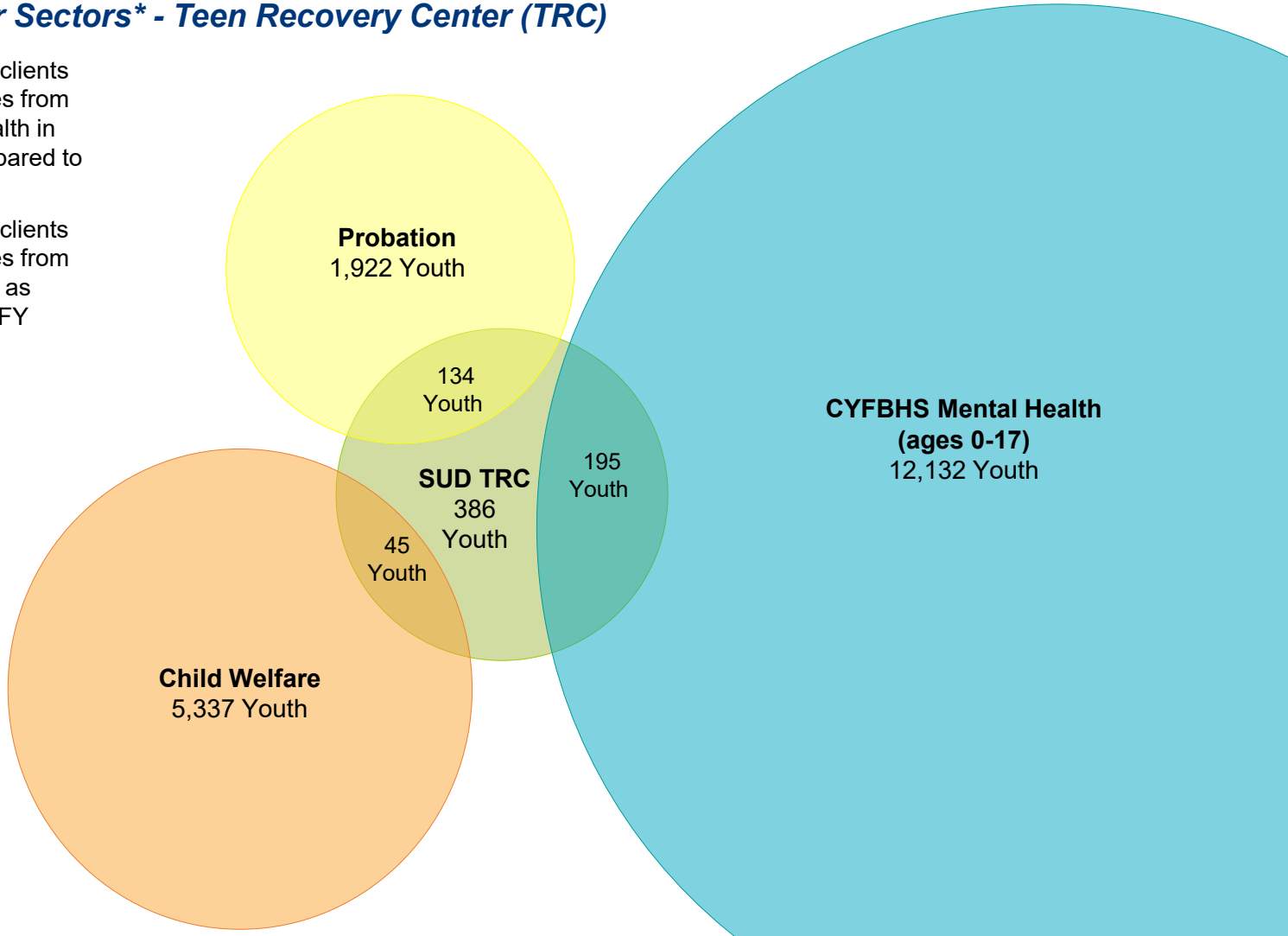
‡Age is captured differently for cross-sector matching purposes, thus the number of unique clients may not match the CYF SUD section total.



What Kind of Services Are Being Used?

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

- 51% of SUD TRC clients also received services from CYFBHS Mental Health in FY 2020-21, as compared to 34% in FY 2019-20.
- 35% of SUD TRC clients also received services from the Probation sector, as compared to 18% in FY 2019-20.
- 12% of SUD TRC clients also received services from the CWS sector, as compared to 8% in FY 2019-20.



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

What Kind of Services Are Being Used?

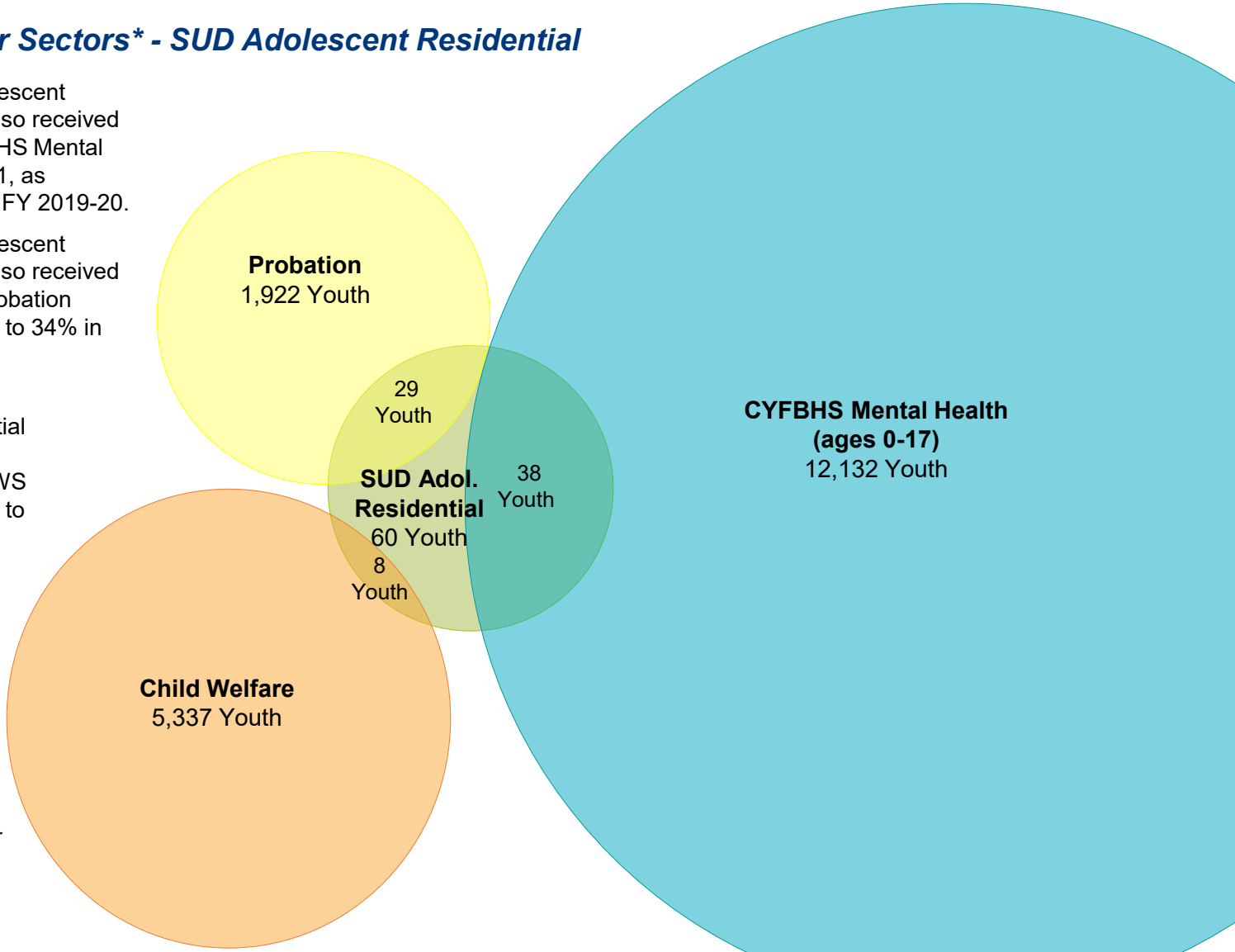
Substance Use Disorder
Other Sector Use

SUD and Other Sectors - SUD Adolescent Residential*

- 63% of SUD Adolescent Residential clients also received services from CYFBHS Mental Health in FY 2020-21, as compared to 72% in FY 2019-20.
- 48% of SUD Adolescent Residential clients also received services from the Probation sector, as compared to 34% in FY 2019-20.
- 13% of SUD Adolescent Residential clients also received services from the CWS sector, as compared to 19% in FY 2019-20.

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.*



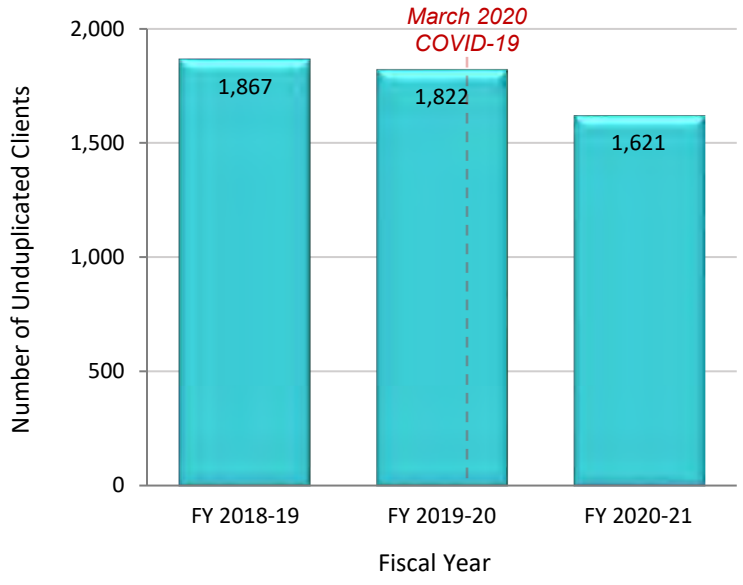
Substance Use Disorder (SUD)
Perinatal Services

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

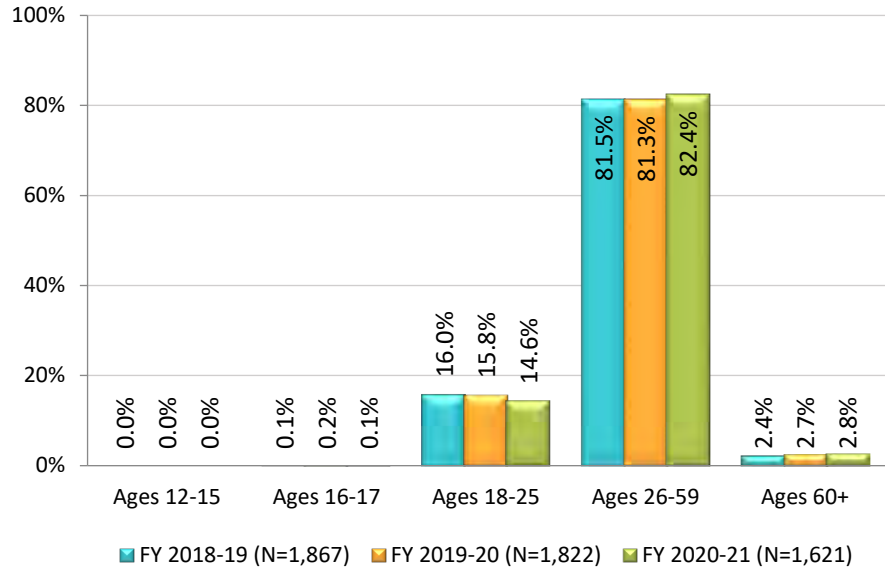
The Perinatal SUD treatment programs support the additional needs of mothers through parenting classes, behavioral health screening and intervention for children, life skills, healthy relationships, recovery groups, education, transportation, care coordination, linkage and coordination with physical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

Perinatal SUD programs provided services to 1,621 unduplicated perinatal women and teens in FY 2020-21.

*Number of Perinatal SUD Clients Served (N=1,621)**



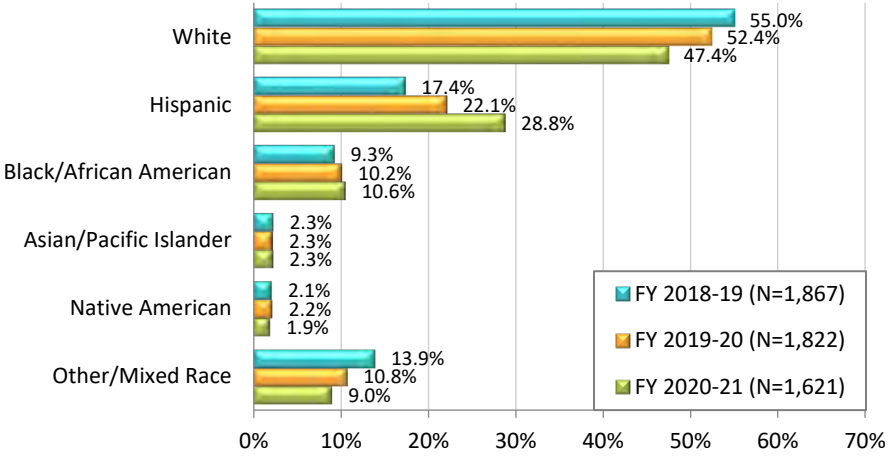
*Perinatal SUD Client Age (N=1,621)**



Data Source: SanWITS

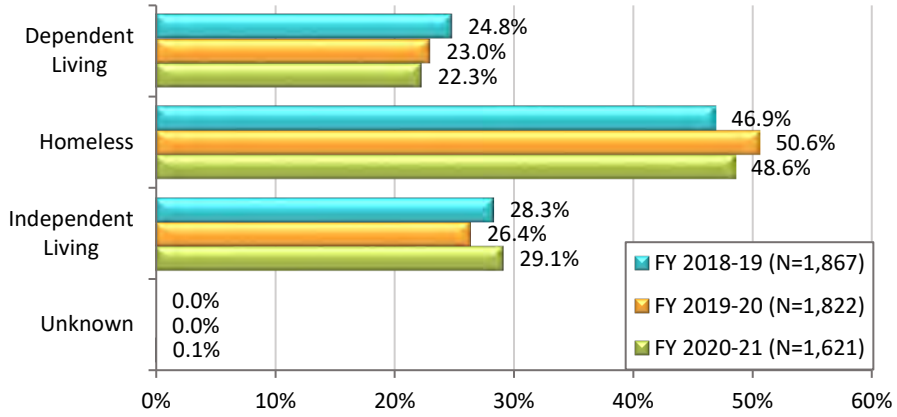
Substance Use Disorder (SUD)
Perinatal Services

*Perinatal SUD Client Race/Ethnicity (N=1,621)**

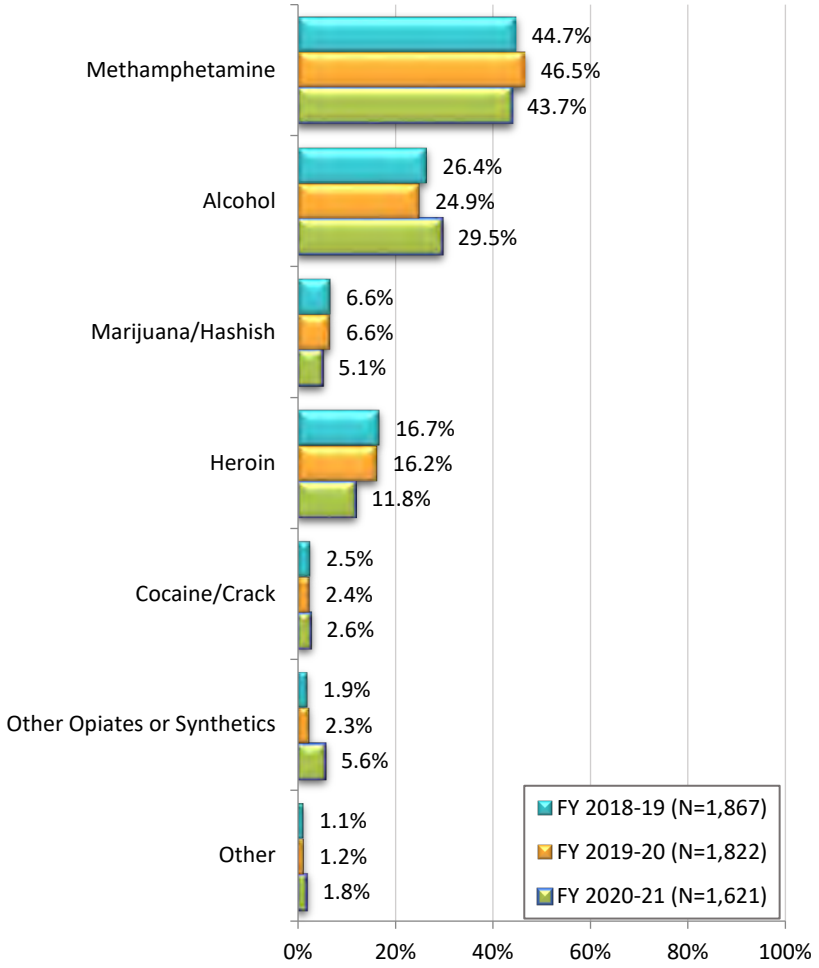


*Perinatal SUD Client Living Situation (N=1,621)**

49% of Perinatal SUD clients were homeless during FY 2020-21.



*Perinatal SUD Client Primary Drug of Choice (N=1,621)**

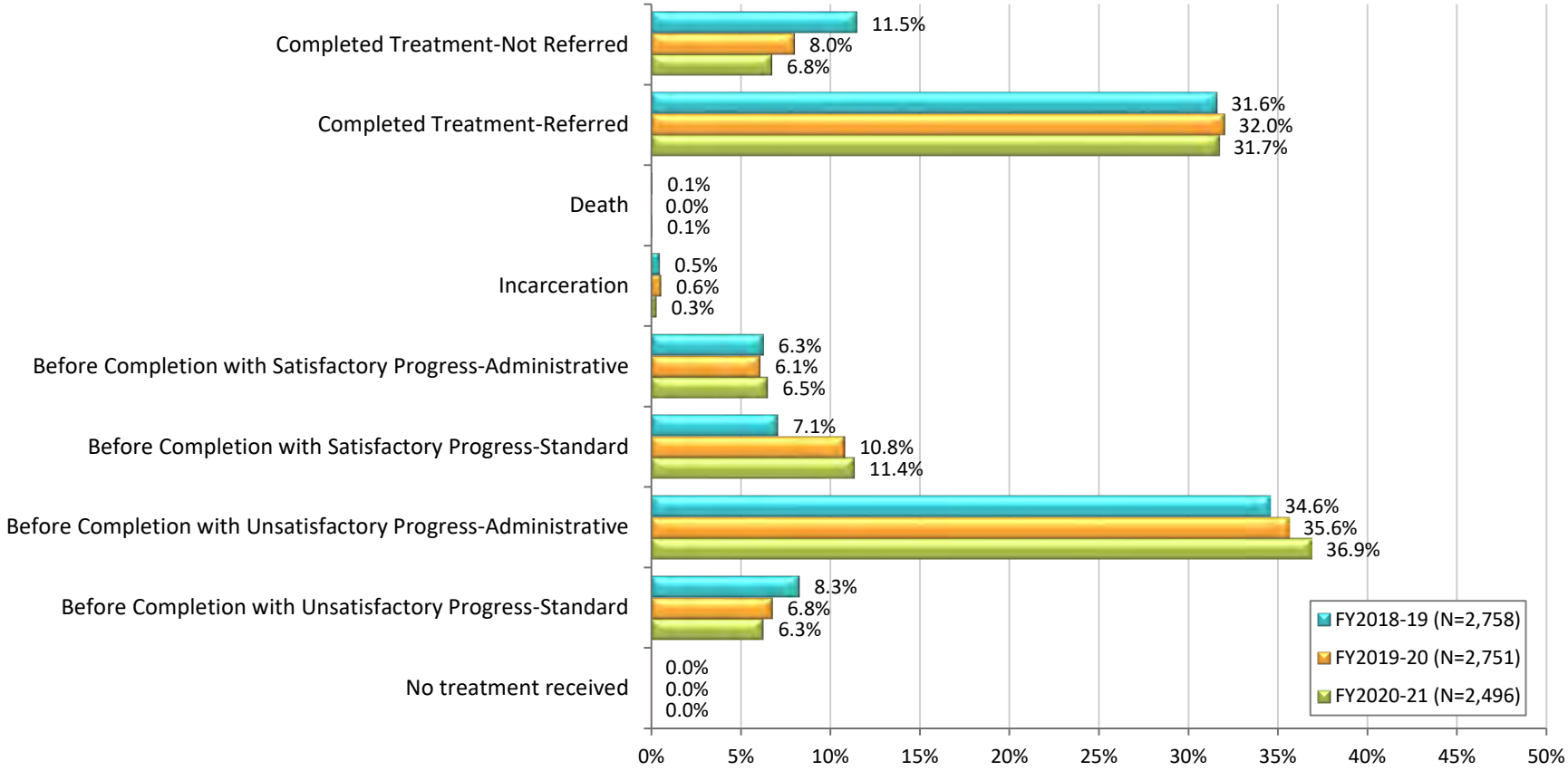


**Data Source: SanWITS*

Substance Use Disorder (SUD)
Perinatal Services

Perinatal SUD Client Type of Discharge (N=2,496)†‡*

The most common Perinatal SUD discharge type in FY 2020-21 was discharge before treatment completion with unsatisfactory progress (administrative).



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

Are Clients Satisfied With Services?

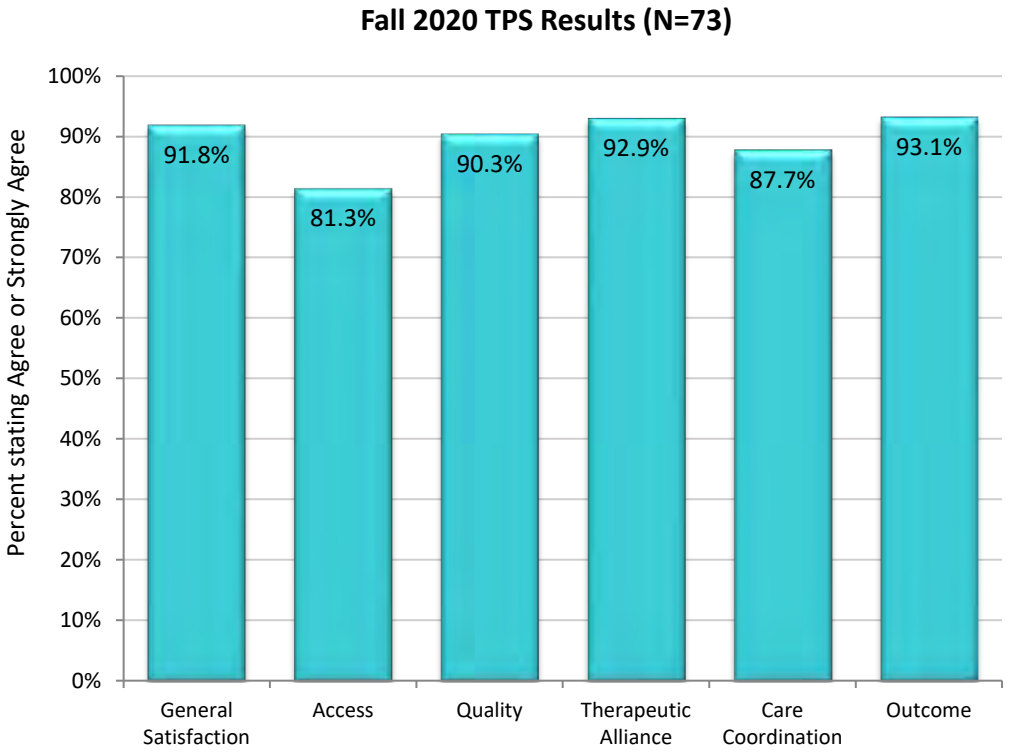
The Youth Treatment Perception Survey (TPS)—Satisfaction By Domain

The Youth Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client 18 years old or younger served by a Substance Use Disorder (SUD) Teen Recovery Center (TRC) program. Youth clients report their degree of satisfaction with SUD services received. In FY 2020-21 the TPS was administered in December 2020. Data from 73 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 *Perception of Outcome Services domain*.
- Youth clients were least satisfied on the *Access* domain.



NOTE: Not every youth completed responses for every domain.

Are Clients Satisfied With Services?

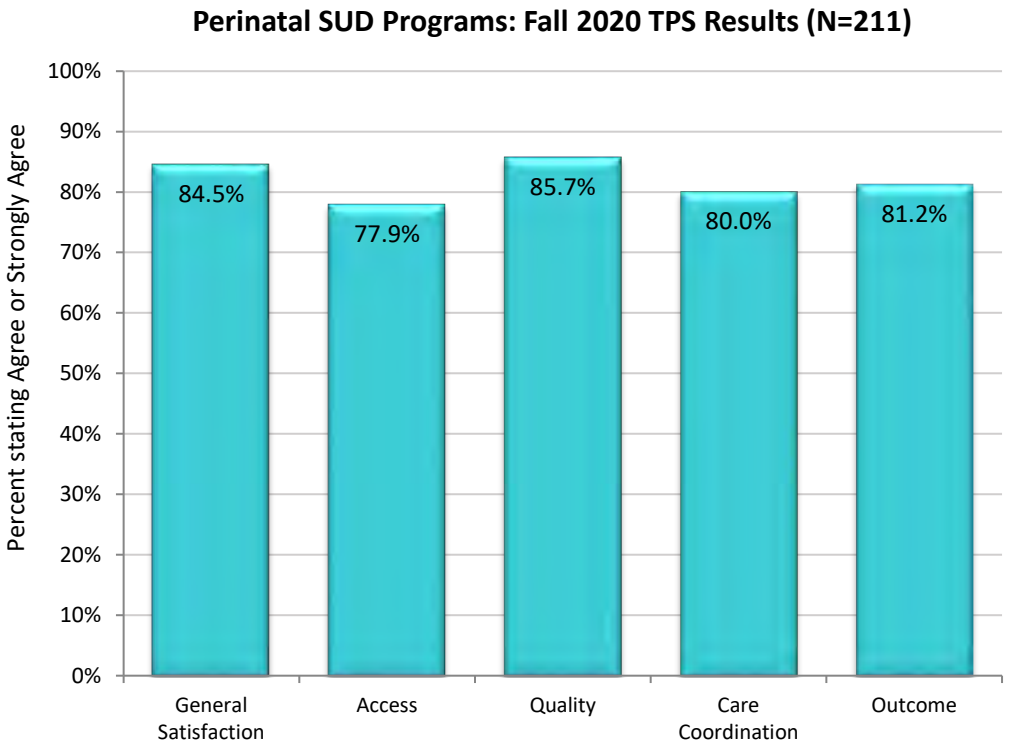
The Treatment Perception Survey (TPS)—Satisfaction By Domain

The Adult Treatment Perception Survey (TPS) is an annual state-mandated survey administered to any client served by a Substance Use Disorder (SUD) Perinatal or Adult program. Clients report their degree of satisfaction with SUD services received. In FY 2020-21 the TPS was administered in December 2020. Data from 211 completed surveys collected at Perinatal SUD programs were analyzed.

Individual items on the TPS were grouped into five domains:

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

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



NOTE: Not every client completed responses for every domain.

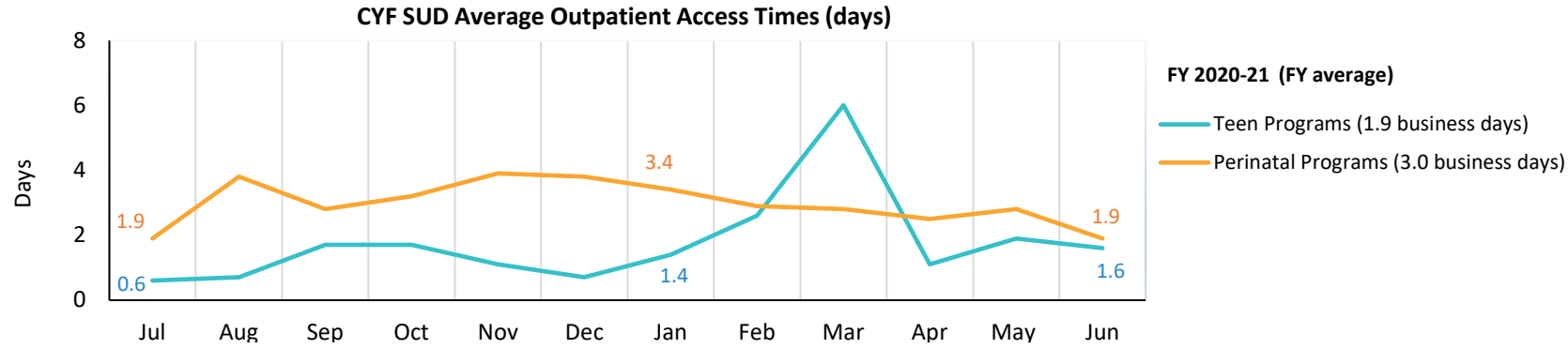
How Quickly Can SUD Clients Access Services?

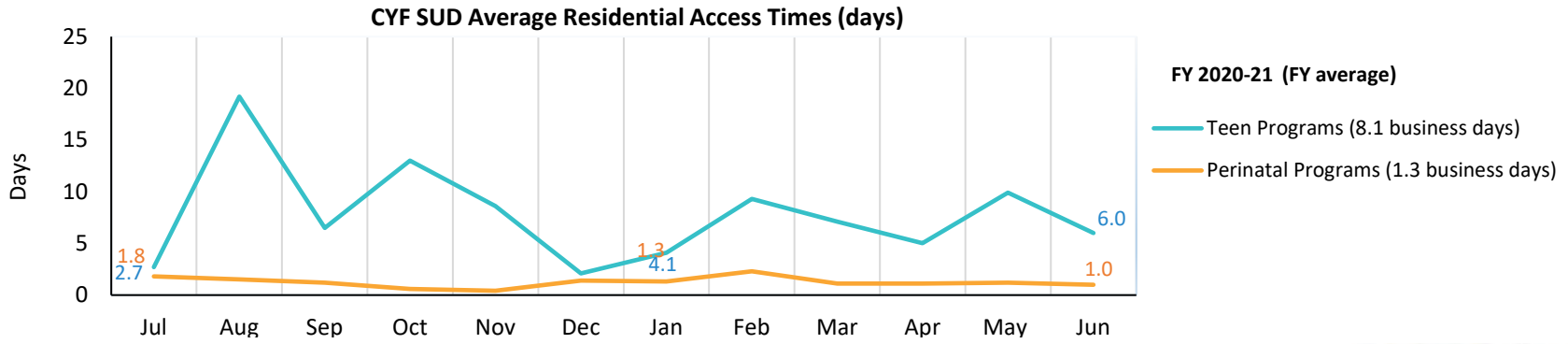
Access Time

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

In FY 2020-21, youth in SUD Teen programs waited an average of **1.9 business days** for outpatient services and **8.1 business days** for residential services, which indicates a decrease from an average wait time of 2.2 business days for outpatient services but an increase from an average wait time of 5.0 business days for residential services in FY 2019-20.

In FY 2020-21, clients in SUD Perinatal programs waited an average of **3.0 business days** for outpatient services and **1.3 business days** for residential services, compared to 3.5 business days for outpatient services and 4.4 business days for residential services in FY 2019-20.

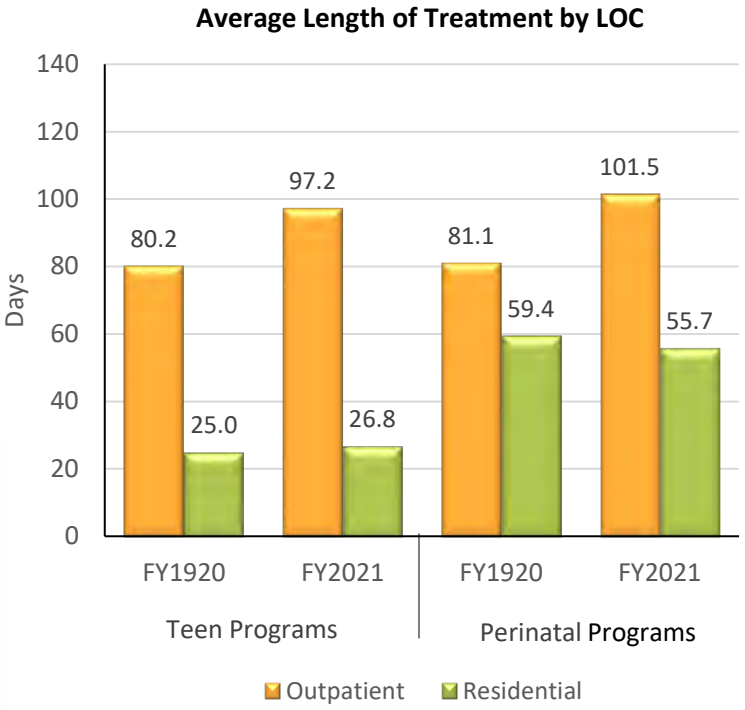


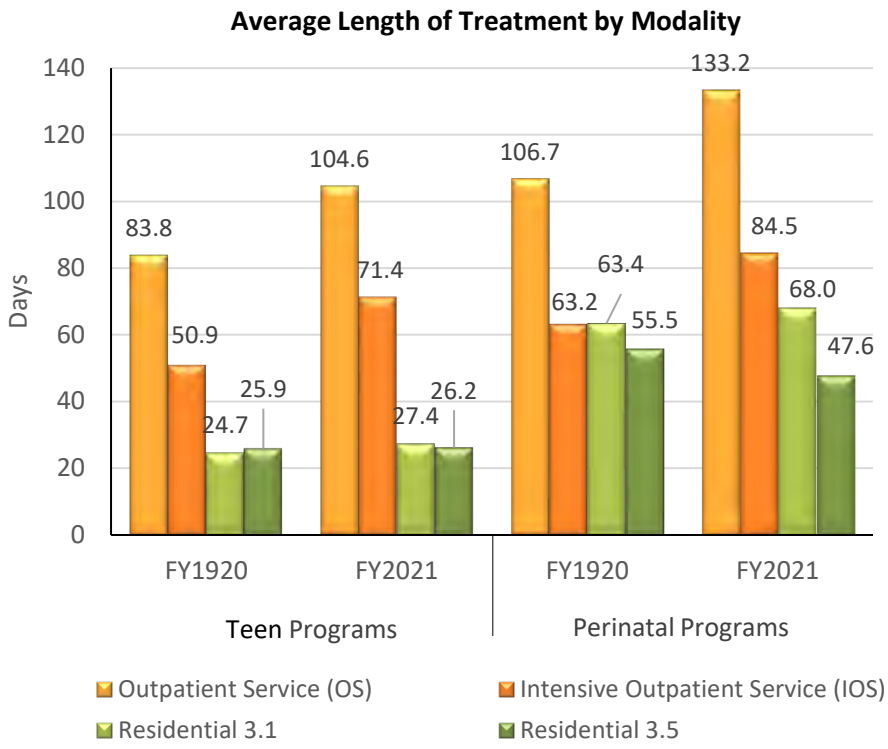


Substance Use Disorder (SUD)
Level of Care (LOC) and Modalities

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**



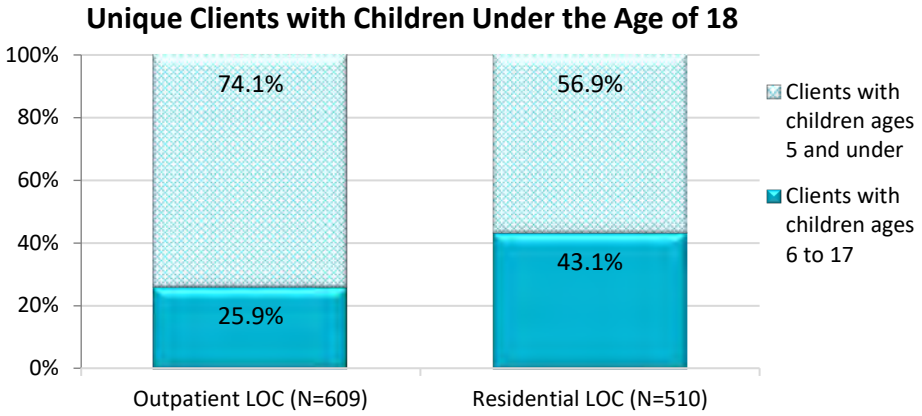


**Clients may be served in multiple levels of care or modalities.*

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

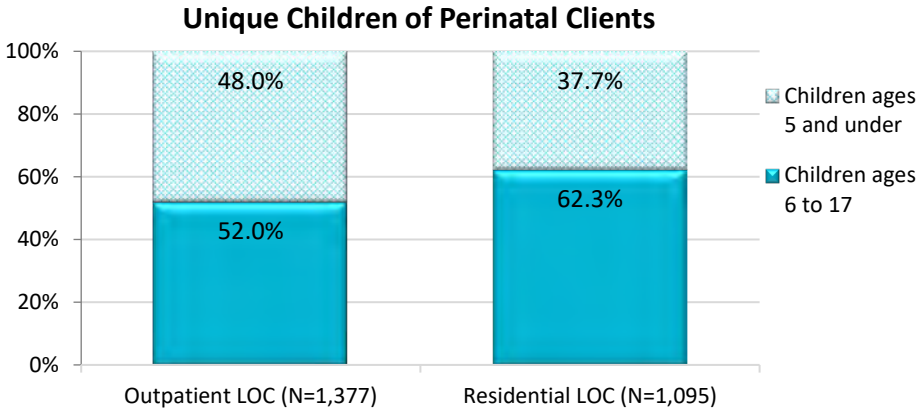
*Perinatal Services: Clients with Children in FY 2020-21**

LOC	Modality	Number of Clients w/ Children	
		0 to 18	5 and under†
Outpatient	OS	303	234
	IOS	446	329
Residential	RES 3.1	299	168
	RES 3.5	381	225



*Perinatal Services: Children of Clients in FY 2020-21 **

LOC	Modality	Number of Children	
		0 to 18	5 and under†
Outpatient	OS	675	333
	IOS	1,012	483
Residential	RES 3.1	650	243
	RES 3.5	809	319



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

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

*CYF SUD unique clients within LOC/Modality**

Unique clients by LOC (FY 2020-21)	CYF SUD Programs	Perinatal	Teens
Outpatient	1,277	841	436
Residential	942	826	116

Unique clients by Modality (FY 2020-21)	CYF SUD Programs	Perinatal	Teens
Outpatient Services (OS)	768	395	373
Intensive Outpatient Services (IOS)	738	631	107
Residential 3.1 (RES 3.1)	557	482	75
Residential 3.5 (RES 3.5)	664	608	56

**Totals include clients who received services in more than one level of care and/or modality during the fiscal year.*

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 2020-21, 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)

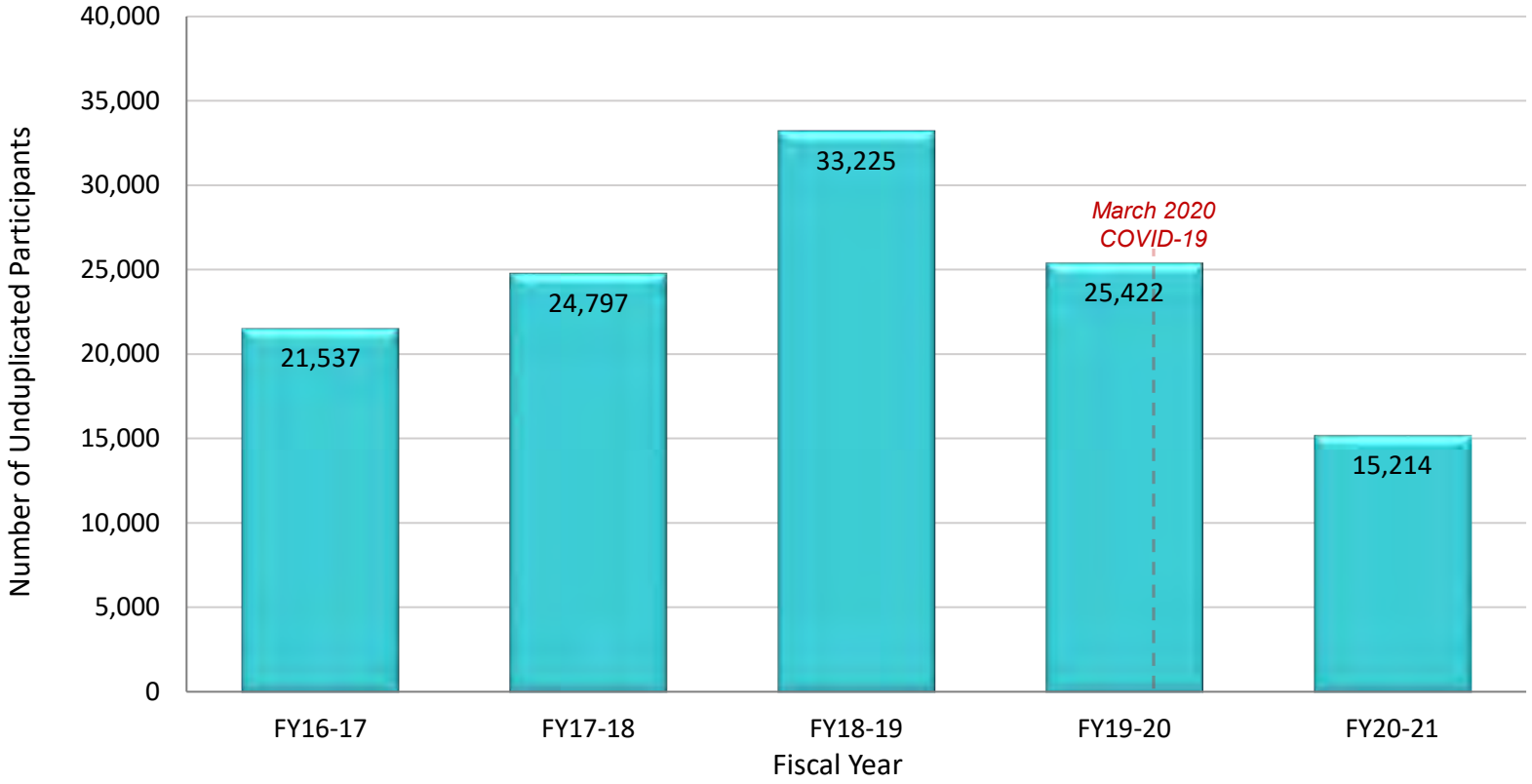
CYF PEI Program Names – FY 2020-21
Community County-Wide Violence Response Team
Community Services for Families
Positive Parenting Program (Triple P)
KickStart
Dream Weaver Consortium: Indian Health Council Program
Dream Weaver Consortium: Southern Indian Health Council Program
Dream Weaver Consortium: Urban Youth Center Program
Incredible Years East County Program
Incredible Years North Coastal Program
Incredible Years North Inland Program/PROMOTE!
Incredible Years South Program
Incredible Years SDUSD Central/South Eastern Program
Incredible Years SDUSD Central/North Central Program
HERE Now Program

MHSA PEI

MHSA Components, continued

More than 15,000 youth and family PEI participants were served in FY 2020-21. PEI participant count can vary widely from year to year. This is due in part to structural and contracting changes within the PEI providers; as the programs evolve, some components are modified, affecting the number of participants served. PEI data collection and reporting may have been impacted starting March 2020 due to COVID-19.

CYF PEI Number of Participants Served



MHSA PEI

MHSA Components, continued

CYF PEI participant age, gender, ethnicity demographics are comparable to the previous year. Race is only partially comparable to the previous year when Asian and Pacific Islander were collapsed into one category.

CYF PEI Participant Demographics (N=15,214)

Age (years)	N	%	▲
0-15	8,495	56%	9%
16-25	828	5%	-10%
26-59	4,184	28%	3%
60 and older	134	1%	-1%
Prefer not to answer	787	5%	0%
Unknown/Missing	1,646	5%	-1%
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%

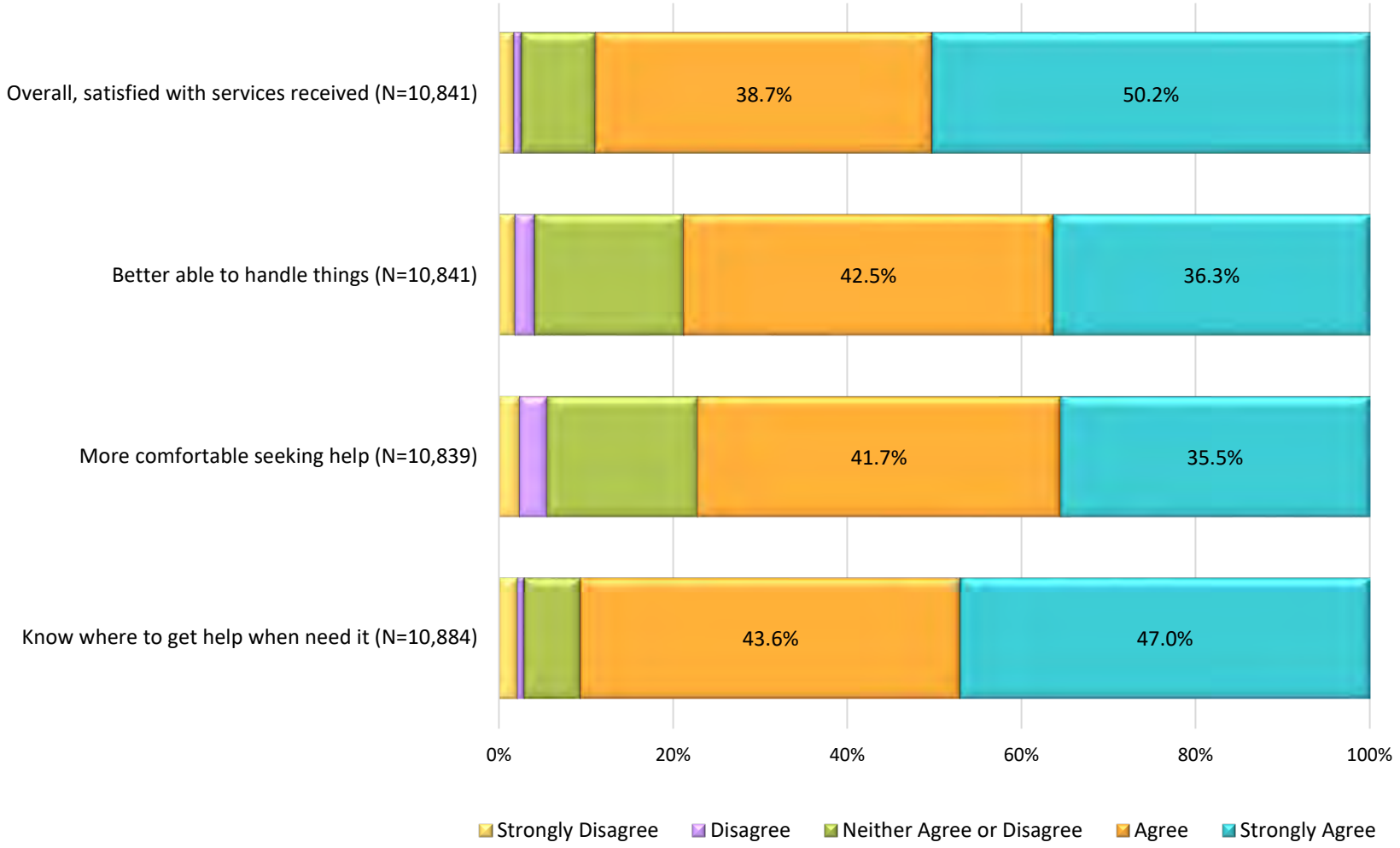
Race	N	%	▲
White	3,850	25%	0%
Black/African-American	731	5%	0%
Asian	845	6%	
Pacific Islander	117	1%	
American Indian/Alaska Native	395	3%	0%
Multiracial	626	4%	-4%
Other	723	5%	-2%
Prefer not to answer	118	1%	0%
Unknown/Missing*	7,739	51%	8%
Ethnicity	**N**	**%**	**▲**
Hispanic or Latino	7,196	47%	2%
Non-Hispanic or Non-Latino	4,704	31%	-4%
More than one ethnicity	1,860	12%	-1%
Other	219	2%	1%
Prefer not to answer	188	1%	0%
Missing	947	6%	1%

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

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

MHSA Components, continued

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.
- **Diversion** occurs when successful crisis stabilization precludes acute psychiatric hospitalization. The design of ESU crisis stabilization services is to divert the need for hospitalization as well as, facilitate admission to inpatient psychiatric care as needed or provide appropriate referrals and linkage to community resources.
- **Dual diagnosis** occurs when an individual has both a 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.
- **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.
- **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.

Glossary of Terms

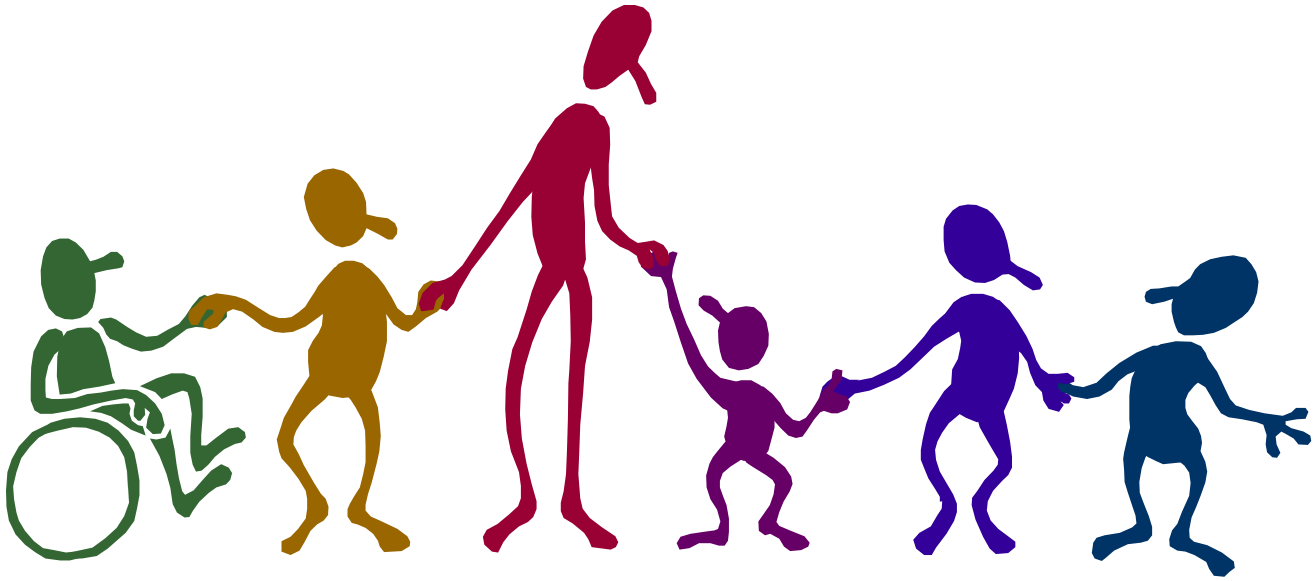
- **Medication services** include medication evaluations and follow-up services.
- **Mobile Crisis Response Teams (MCRT)** are a service option for individuals experiencing a mental health or substance use crisis. MCRTs are comprised of licensed mental health clinicians, case managers, and peer support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

References

[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)*.

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

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



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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:

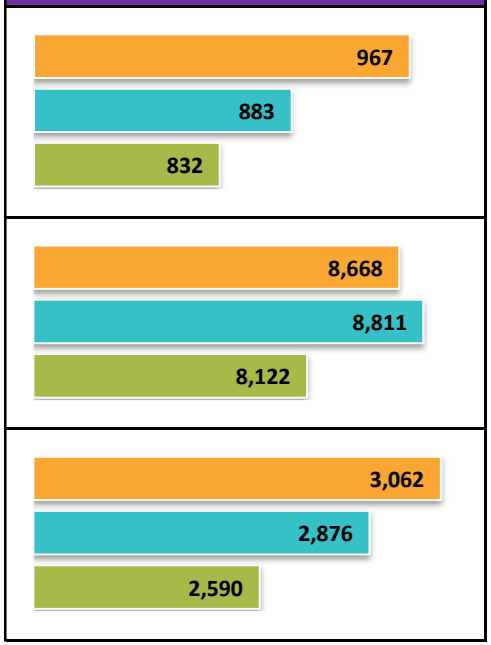
Hospital Dashboard 3 Year Trend

Hospital Dashboard 3 Year Trend

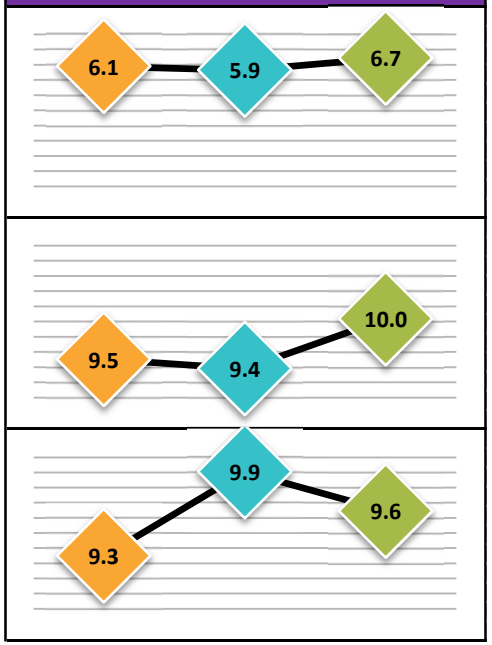
FY 2018-19 | FY 2019-20 | FY 2020-21

Days

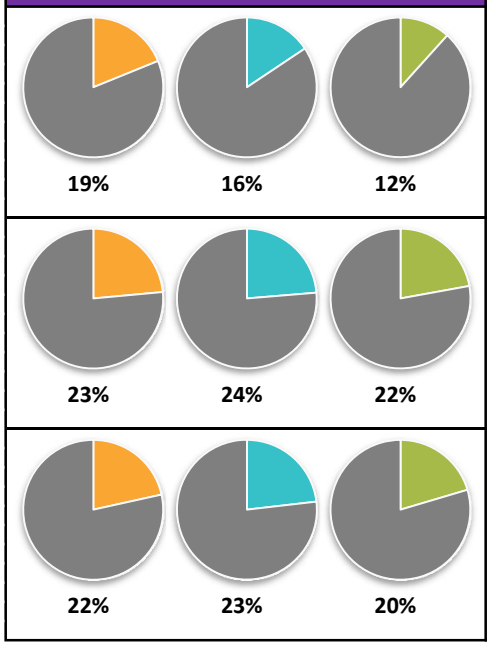
Discharges



Average Length of Stay



Readmission Rate



PERT

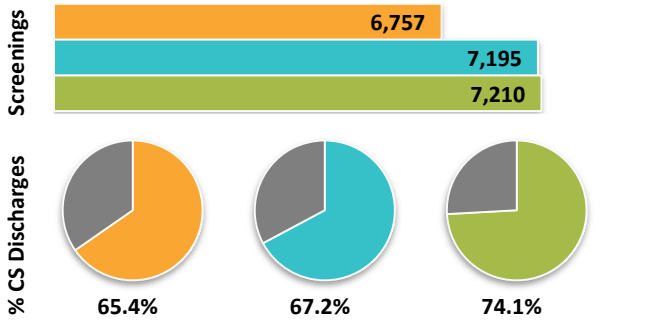
Children

Contacts	1,756	1,920	1,605
FFS & CAPS Admits	156	131	83
ESU Visits	470	506	500

Adults

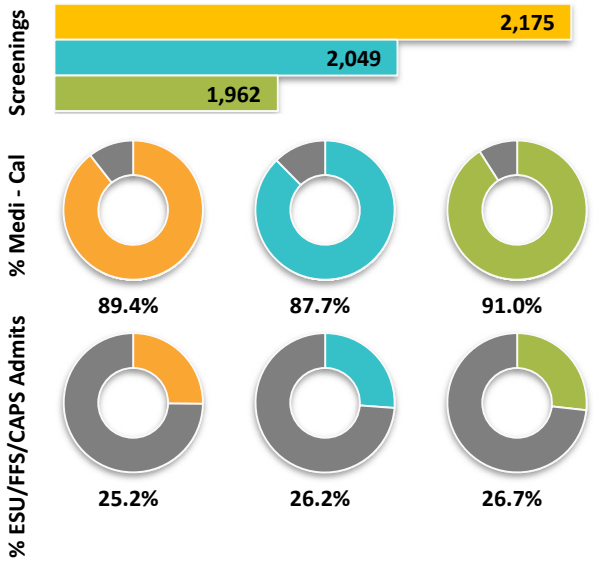
Contacts	9,737	11,144	11,154
FFS Admits	760	945	732
EPU Screenings	860	1,082	1,063
PERT-EPU-SDCPH	284	382	399

EPU



Medi-Cal Only	54.3%	56.1%	59.7%
Medicare Only	3.3%	3.7%	1.9%
Medi-Medi	9.5%	8.7%	9.4%
Other	32.9%	31.5%	29.0%

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 B:

Pathways to Well Being Dashboard

County of San Diego Behavioral Health Services

Pathways to Wellbeing Summary Report

Fiscal Years 16-17 thru 21-20

FY 2020-21 YTD (7/1/2021-7/31/2021) 1 Month of Data	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	188	22	7
Katie A Subclass	432	264	89
Unduplicated Non-CWS Clients		204	93
Total Clients		490	189
CFT Meetings			
Total CFT Meetings		512	

FY 2020-21 YTD (7/1/2020-6/30/2021)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	477	206	56
Katie A Subclass	841	702	265
Unduplicated Non-CWS Clients		908	368
Total Clients		1,816	689
CFT Meetings			
Total CFT Meetings		8,551	

FY 2019-20 YTD (7/1/2019-6/30/2020)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	608	267	49
Katie A Subclass	834	688	227
Unduplicated Non-CWS Clients		1,082	450
Total Clients		2,037	726
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	**Total**	**ICC**	**IHBS**
Katie A Class	803	234	23
Katie A Subclass	737	629	195
Unduplicated Non-CWS Clients		1,072	476
Total Clients		1,935	694
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	**Total**	**ICC**	**IHBS**
Katie A Class	679	134	21
Katie A Subclass	718	570	194
Unduplicated Non-CWS Clients		1,238	452
Total Clients		1,942	667
CFT Meetings			
Total CFT Meetings 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	**Total**	**ICC**	**IHBS**
Katie A Class	848	82	13
Katie A Subclass	762	657	244
Unduplicated Non-CWS Clients		1,155	511
Total Clients		1,894	768
CFT Meetings			
Total CFT Meetings Unduplicated by Client And Service Date		1,807	

Appendices

Appendix C:

FY 2020-21 Performance Dashboards

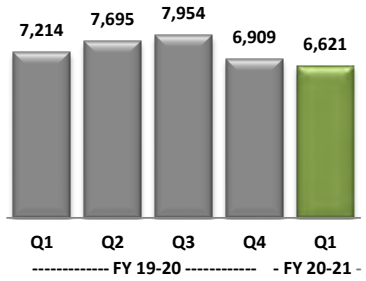
Q1 Mental Health Performance Dashboard - CYF

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

FY 2020-21 | **County of San Diego Behavioral Health Services** | **Children, Youth & Families**

Client Counts

Clients Served



6,621	Clients Served in Q1 (-4.2%)
264	Katie A. Class (2.7%)
495	Katie A. Subclass (1.6%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
2.0	Urgent Assessments	NA‡
4.3	Routine Assessments	5.6

Mental Health (Days)	Average Access Times† By Language	Psychiatric (Days)
4.4	English (1080 inquiries)	5.7
4.9	Spanish (151 inquiries)	4.2
3.0	Not Reported (134 inquiries)	5
2.0	Mandarin (3 inquiries)	19
2.7	Arabic (3 inquiries)	NA‡

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

Utilization by Program Type*

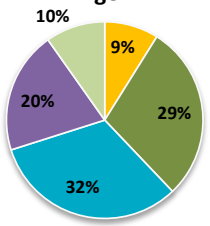
Mental Health Services	N	%	▲
Emergency/Crisis	362	5%	0%
Inpatient	183	3%	1%
Juvenile Forensic Services	305	5%	0%
Outpatient	5,815	88%	0%
Community Day Treatment	0	0%	0%
Residential†	336	5%	0%
Therapeutic Behavioral Services	308	5%	1%
Wraparound	340	5%	0%

Inpatient Discharges (<18 years; N=210)	N	%	▲
Without Readmission	188	90%	4%
30 Day Readmission	22	10%	-4%
7 Day Connection to Services	95	45%	0%
30 Day Connection to Services	134	64%	-2%

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

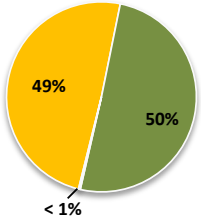
Demographics

Age



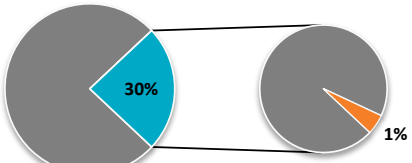
0 to 5
6 to 11
12 to 15
16 to 17
18+

Gender



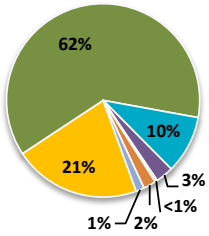
Female
Male
Other/ Unknown

Client Population



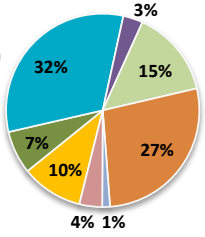
TAY Clients (16-21+)
Homeless TAY

Race/Ethnicity



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

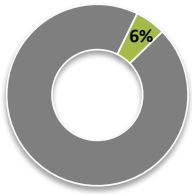
Diagnosis



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

Substance Use (12+)

n = 227



Substance Use

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

Quality of Life

Client Indicator	▲
93% Attend School	-1%
92% Are Insured by Medi-Cal†	0%
99% Are Housed	0%
82% Have a Primary Care Physician	-1%
61% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	7%
55% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	0%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 10/2020 2) CYF mHOMS: PSC 10/2020 3) SDBHS : Q1 FY 2020-21 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q1 FY 2020-21 Client Services After Psychiatric Hospital Discharge Report

Report Date: 11/29/2020

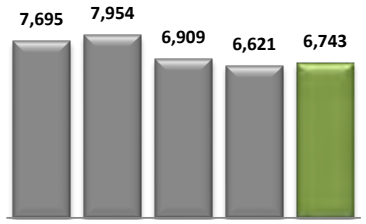
Q2 Mental Health Performance Dashboard - CYF

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

FY 2020-21 | **County of San Diego Behavioral Health Services** | **Children, Youth & Families**

Client Counts

Clients Served



6,743	Clients Served in Q2 (1.8%)
276	Katie A. Class (4.5%)
451	Katie A. Subclass (-8.9%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
1.0	Urgent Assessments	NA‡
5.7	Routine Assessments	7.8
Mental Health (Days)	**Average Access Times† By Language**	**Psychiatric (Days)**
5.4	English (1461 inquiries)	8.1
9.1	Spanish (205 inquiries)	4.5
3.8	Not Reported (179 inquiries)	4.0
3.0	Arabic (9 inquiries)	NA‡
8.3	Vietnamese (4 inquiries)	8.0

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

Utilization by Program Type*

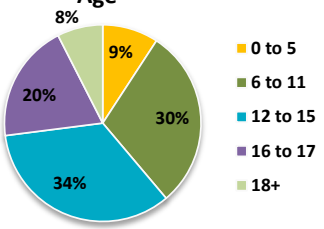
Mental Health Services	N	%	▲
Emergency/Crisis	377	6%	1%
Inpatient	189	3%	0%
Juvenile Forensic Services	334	5%	0%
Outpatient	5,968	89%	1%
Short-Term Residential Therapeutic Program	179	3%	NA
Residential†	312	5%	0%
Therapeutic Behavioral Services	322	5%	0%
Wraparound	315	5%	0%

Inpatient Discharges (<18 years; N=210)	N	%	▲
Without Readmission	179	85%	-5%
30 Day Readmission	31	15%	5%
7 Day Connection to Services	106	50%	5%
30 Day Connection to Services	151	72%	8%

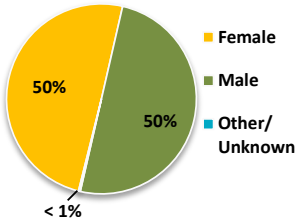
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics

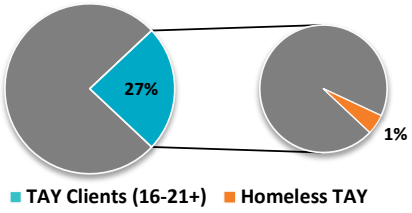
Age



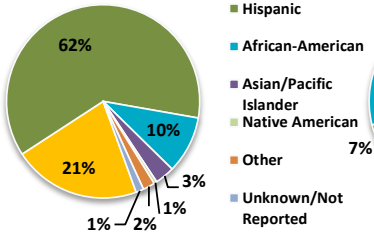
Gender



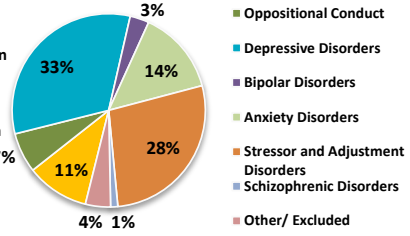
Client Population



Race/Ethnicity

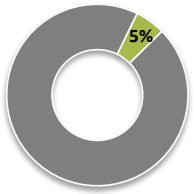


Diagnosis



Substance Use (12+)

n = 221



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

Quality of Life

Client Indicator	▲
93% Attend School	0%
92% Are Insured by Medi-Cal†	0%
99% Are Housed	0%
83% Have a Primary Care Physician	1%
56% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-5%
55% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	0%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 01/2021 2) CYF mHOMS: PSC 01/2021 3) SDBHS : Q2 FY 2020-21 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q2 FY 2020-21 Client Services After Psychiatric Hospital Discharge Report

Report Date: 02/28/2020

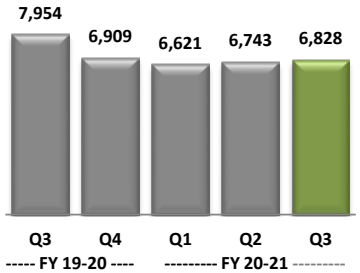
Q3 Mental Health Performance Dashboard - CYF

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

FY 2020-21 | **County of San Diego Behavioral Health Services** | **Children, Youth & Families**

Client Counts

Clients Served



6,828	Clients Served in Q3 (1.3%)
253	Katie A. Class (-8.3%)
461	Katie A. Subclass (2.2%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
1.0	Urgent Assessments	NA‡
4.0	Routine Assessments	7.7

Mental Health (Days)	Average Access Times† By Language	Psychiatric (Days)
6.9	English (1522 inquiries)	7.5
12.4	Spanish (212 inquiries)	10.7
2.8	Not Reported (187 inquiries)	2.0
2.0	Mandarin (4 inquiries)	NA‡
0.3	Arabic (3 inquiries)	NA‡

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

Utilization by Program Type*

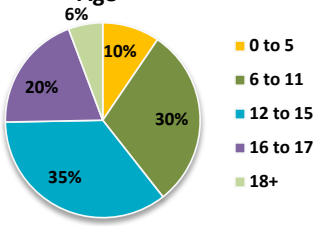
Mental Health Services	N	%	▲
Emergency/Crisis	452	7%	1%
Inpatient	162	2%	-1%
Juvenile Forensic Services	305	4%	-1%
Outpatient	6,116	90%	1%
Short-Term Residential Therapeutic Program	202	3%	0%
Residential†	126	2%	-3%
Therapeutic Behavioral Services	303	4%	-1%
Wraparound	333	5%	0%

Inpatient Discharges (<18 years; N=186)	N	%	▲
Without Readmission	164	88%	3%
30 Day Readmission	22	12%	-3%
7 Day Connection to Services	104	56%	6%
30 Day Connection to Services	127	68%	-4%

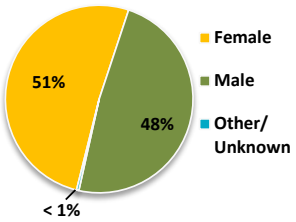
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics

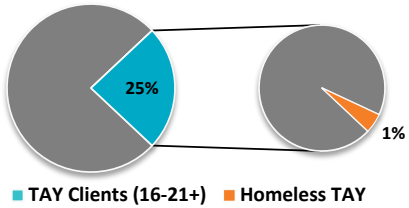
Age



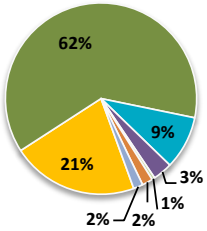
Gender



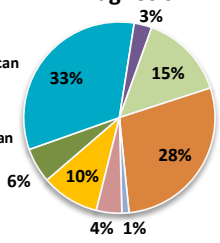
Client Population



Race/Ethnicity

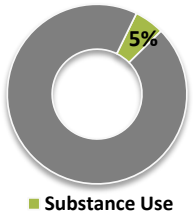


Diagnosis



Substance Use (12+)

n = 224



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

Quality of Life

Client Indicator	▲
94% Attend School	1%
92% Are Insured by Medi-Cal†	0%
99% Are Housed	0%
83% Have a Primary Care Physician	0%
57% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	1%
57% 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 04/2021 2) CYF mHOMS: PSC 04/2021 3) SDBHS : Q3 FY 2020-21 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q3 FY 2020-21 Client Services After Psychiatric Hospital Discharge Report

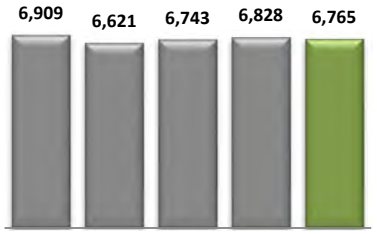
Report Date: 06/17/2021

Q4 Mental Health Performance Dashboard - CYF

FY 2020-21 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



6,765	Clients Served in Q4 (-0.9%)
197	Katie A. Class (-22.1%)
489	Katie A. Subclass (6.1%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.	Urgent Assessments	NA‡
5.5	Routine Assessments	5.4
Mental Health (Days)	**Average Access Times† By Language**	**Psychiatric (Days)**
6.0	English (1440 inquiries)	6.7
12.6	Spanish (160 inquiries)	9.4
13.4	Vietnamese (7 inquiries)	NA‡
23.0	Arabic (4 inquiries)	NA‡
10.8	Not Reported (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*

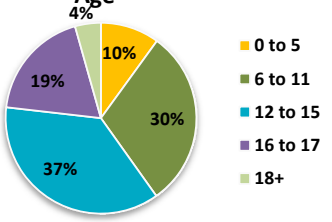
Mental Health Services	N	%	▲
Emergency/Crisis	482	7%	0%
Inpatient	206	3%	1%
Juvenile Forensic Services	322	5%	1%
Outpatient	6,007	89%	-1%
Short-Term Residential Therapeutic Program	221	3%	0%
Residential†	136	2%	0%
Therapeutic Behavioral Services	266	4%	0%
Wraparound	292	4%	-1%

Inpatient Discharges (<18 years; N=227)	N	%	▲
Without Readmission	203	89%	1%
30 Day Readmission	24	11%	-1%
7 Day Connection to Services	95	42%	-14%
30 Day Connection to Services	142	63%	-5%

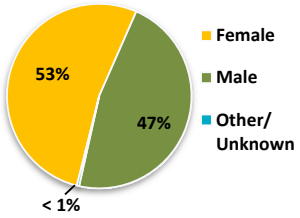
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes Group Homes, Community Treatment Facilities (CTF), and Psychiatric Health Facilities (PHF).

Demographics

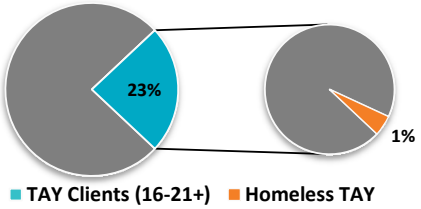
Age



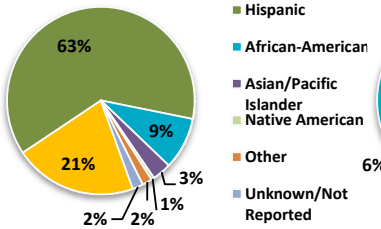
Gender



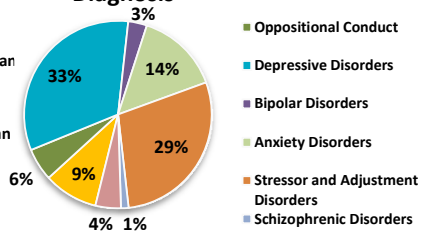
Client Population



Race/Ethnicity

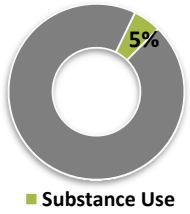


Diagnosis



Substance Use (12+)

n = 207



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

Quality of Life

Client Indicator	▲
93% Attend School	-1%
92% Are Insured by Medi-Cal†	0%
99% Are Housed	0%
83% Have a Primary Care Physician	0%
54% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-3%
58% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	1%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 07/2021 2) CYF mHOMS: PSC 07/2021 3) SDBHS : Q4 FY 2020-21 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q4 FY 2020-21 Client Services After Psychiatric Hospital Discharge Report

Report Date: 08/27/2021

Appendices

Appendix D:

FY 2020-21 Special Populations Report

FY 2020-21 Special Populations Report - CYF

County of San Diego Behavioral Health Services

Children, Youth & Families

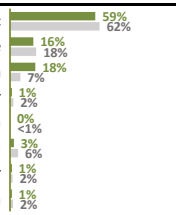
Homeless (1% n=74)

HOMELESS CYF

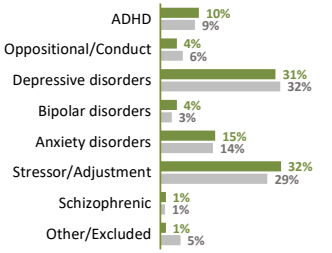
LOC†	%	CYF%
Outpatient Services	69%	90%
JFS	8%	6%
Wraparound	11%	5%
TBS	4%	5%
Residential	3%	5%
Emergency/Crisis	15%	11%
Inpatient	5%	5%

Insurance	%	CYF%
Medi-Cal Only	82%	92%
Any Private Insurance	3%	2%
Other	0%	1%
Uninsured/Unknown	15%	5%

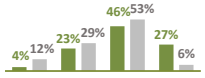
Race/Ethnicity*



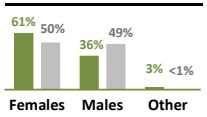
Diagnosis



Age



Gender



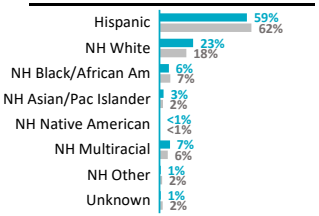
LGBTQ+ (11% n=1,346)

LGBTQ+ CYF

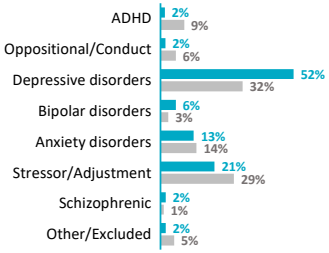
LOC†	%	CYF%
Outpatient Services	87%	90%
JFS	5%	6%
Wraparound	7%	5%
TBS	7%	5%
Residential	11%	5%
Emergency/Crisis	28%	11%
Inpatient	13%	5%

Sexual/Gender Identity	13-15 (n=722)	16-17 (n=436)	18+ (n=188)
Bisexual	46%	54%	47%
Gay	4%	4%	10%
Lesbian	7%	8%	4%
Queer	1%	2%	4%
Questioning	24%	16%	14%
Transgender	4%	5%	7%
Other	14%	11%	13%

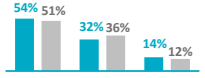
Race/Ethnicity*



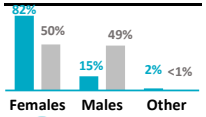
Diagnosis

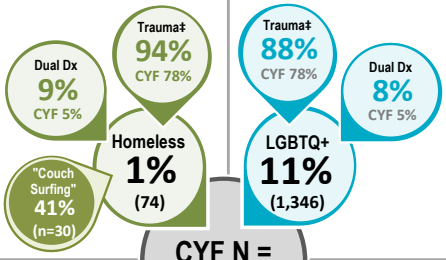


Age



Gender





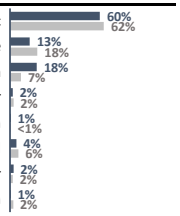
Probation & CYFBHS (6% n=735)

PROBATION/CYF CYF

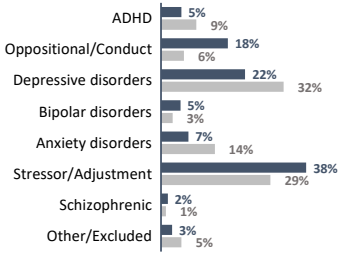
LOC†	%	CYF%
Outpatient Services	68%	90%
JFS	79%	6%
Wraparound	20%	5%
TBS	1%	5%
Residential	8%	5%
Emergency/Crisis	7%	11%
Inpatient	3%	5%

Insurance	%	CYF%
Medi-Cal Only	80%	92%
Any Private Insurance	4%	2%
Other	2%	1%
Uninsured/Unknown	14%	5%

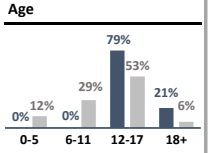
Race/Ethnicity*



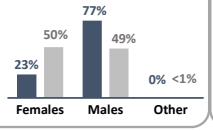
Diagnosis



Age



Gender



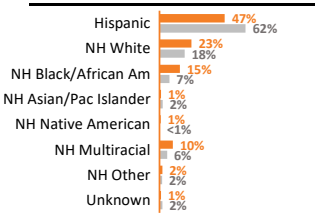
Child Welfare Services & CYFBHS (14% n=1,704)

CWS/CYF CYF

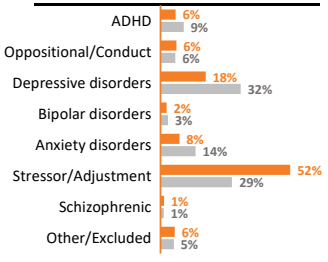
LOC†	%	CYF%
Outpatient Services	78%	90%
JFS	10%	6%
Wraparound	11%	5%
TBS	7%	5%
Residential	25%	5%
Emergency/Crisis	8%	11%
Inpatient	4%	5%

Insurance	%	CYF%
Medi-Cal Only	95%	92%
Any Private Insurance	2%	2%
Other	1%	1%
Uninsured/Unknown	2%	5%

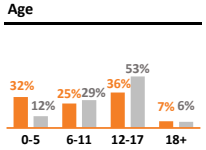
Race/Ethnicity*



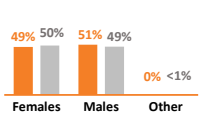
Diagnosis

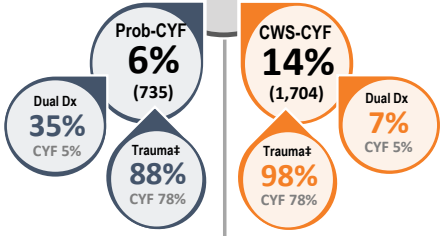


Age



Gender





CYF Special Populations Report | CASRC (AEC, BG, SCV) | Data Sources: CCBH 10/2021, Child Welfare Services 11/2021, Probation 11/2021

**NH refers to Non-Hispanic/Latino.*

†Level of Care designations were updated in FY 2020-21 and may not be directly comparable to previous years.

‡Excludes clients for whom history of trauma was unknown.

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

Report Date: 05/07/2022

FY 2020-21 Special Populations Report - CYF

County of San Diego Behavioral Health Services

Key Findings

Homeless (1% n=74)

- Only 74 homeless youth were served in the CYFBHS system in FY 2020-21, as compared to 170 in FY 2019-20. These data should be interpreted with caution due to the very small number.
- Homeless youth were more likely than the CYFBHS systemwide averages to be over the age of 18, female, and Black/African American.
- Nearly all homeless youth were reported to have a history of trauma.
- Homeless youth were more likely to receive Wraparound services. Over the past three years, outpatient service use has declined for these youth.

LGBTQ+ (11% n=1,346)

- LGBTQ+ youth were more likely to be female than the CYFBHS systemwide average.
- LGBTQ+ youth were more than twice as likely to receive services in both emergency/crisis and inpatient levels of care.
- Fifty-two percent of LGBTQ+ youth were diagnosed with a depressive disorder, as compared to 32% in the CYFBHS systemwide average.
- Endorsement of the sexual orientation response option "questioning" has increased 5 percentage points over past 3 years.

CYF N = 12,132

Probation & CYFBHS (6% n=735)

- Youth open to both the Probation and CYFBHS sectors were more likely to be older, male, and Black/African American.
- These youth were more likely to be diagnosed with an Oppositional/Conduct Disorder than the CYF systemwide average. They were also more likely to have a dual diagnosis.
- Youth open to both the Probation and CYFBHS sectors were more likely to receive Wraparound services than any other CYF Special Population.
- Over the past three years, the percentage of these youth diagnosed with ADHD has decreased, and stressor disorder diagnoses have increased.

Child Welfare Services & CYFBHS (14% n=1,704)

- Youth open to both the Child Welfare and CYFBHS sectors were more likely to be younger and less likely to be Hispanic.
- These youth were more likely to have an adjustment/stressor disorder diagnosis than any other CYF Special Population.
- Youth open to both the Child Welfare and CYFBHS sectors were more likely to receive residential services than the CYF systemwide average.
- These youth were more likely than any other CYF Special Population to have experienced trauma.

3-Year Trend

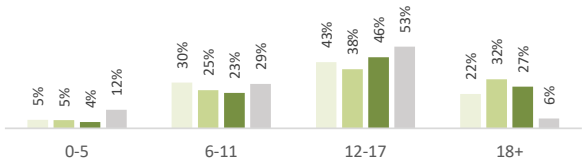
Special Populations Report - CYF

County of San Diego Behavioral Health Services

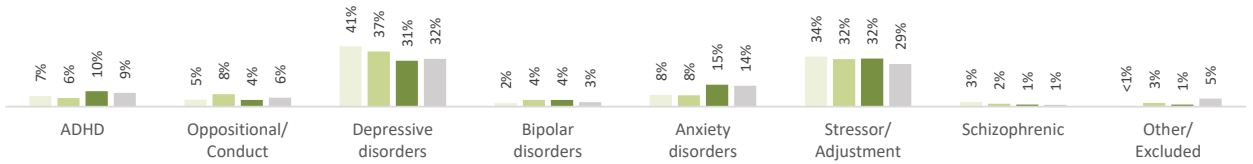
FY 2018-19 (N=220) | FY 2019-20 (N=170) | FY 2020-21 (N=74) | Systemwide FY 2020-21 (N=12,132)

Homeless

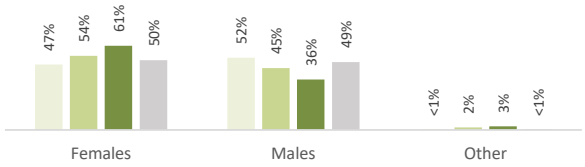
Age (years)



Diagnosis

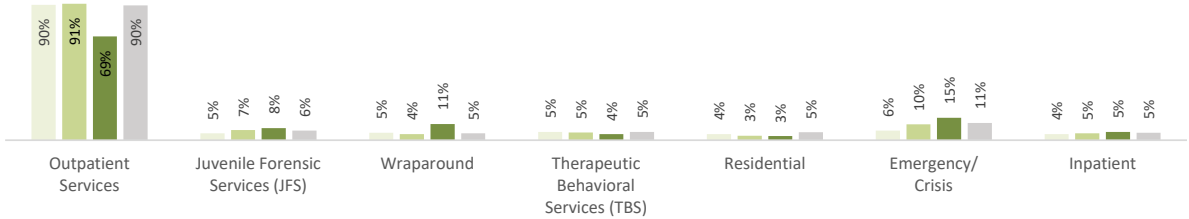


Gender

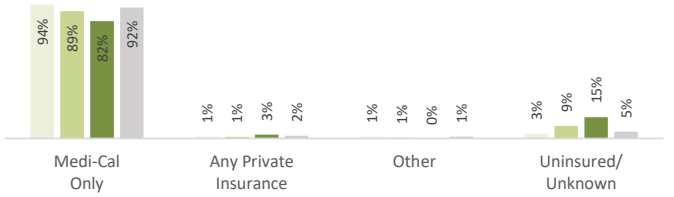


Race/Ethnicity*

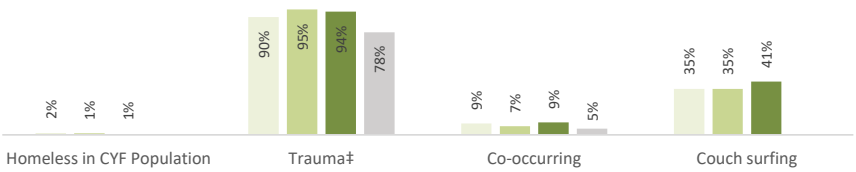
Level of Care†



Insurance



Special Population Characteristics



CYF Special Populations Report | CASRC (AEC, BG, SCV) | Data Source: CCBH 10/2021
**NH refers to Non-Hispanic/Latino.*
†Level of Care designations were updated in FY 2020-21 and may not be directly comparable to previous years.
‡Excludes clients for whom history of trauma was unknown.
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Report Date: 05/07/2022

3-Year Trend

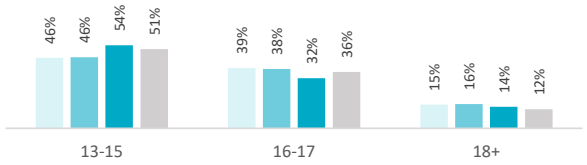
Special Populations Report - CYF

County of San Diego Behavioral Health Services

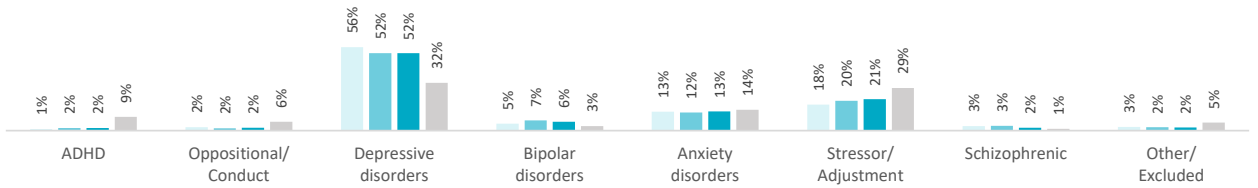
FY 2018-19 (N=1,013) | FY 2019-20 (N=1,121) | FY 2020-21 (N=1,346) | Systemwide FY 2020-21 (N=12,132)

LGBTQ+

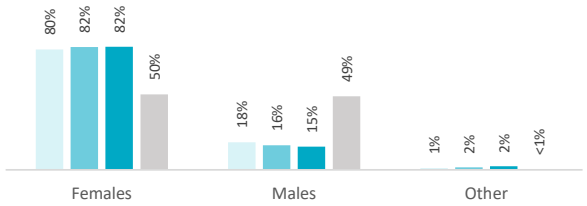
Age (years)



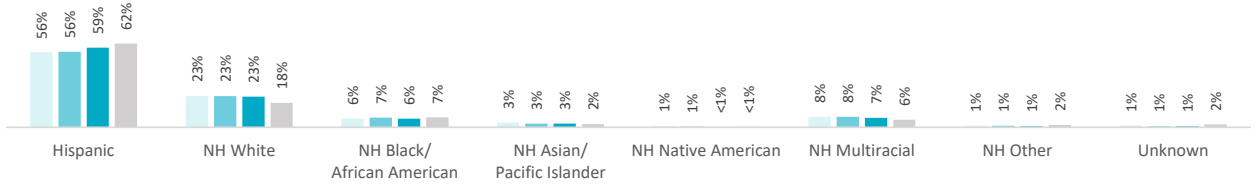
Diagnosis



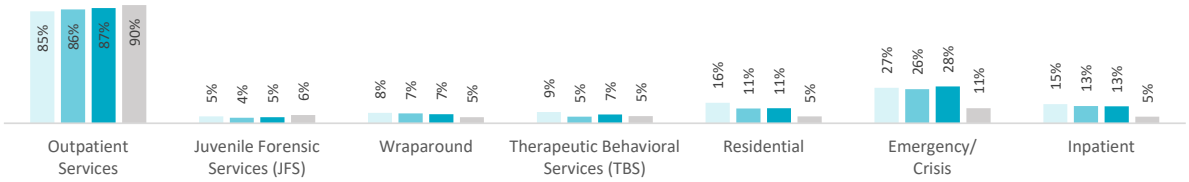
Gender



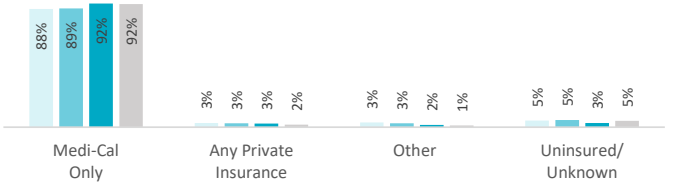
Race/Ethnicity*



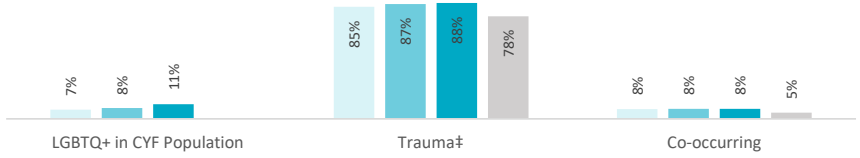
Level of Care†



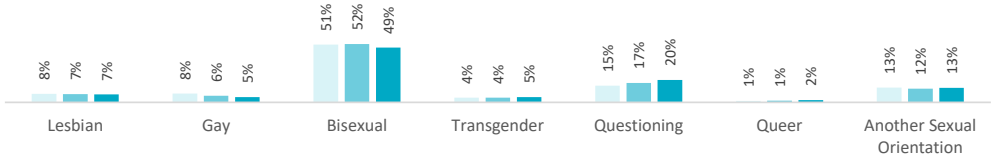
Insurance



Special Population Characteristics



Orientation



CYF Special Populations Report | CASRC (AEC, BG, SCV) | Data Sources: CCBH 10/2021
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Report Date: 05/07/2022

3-Year Trend

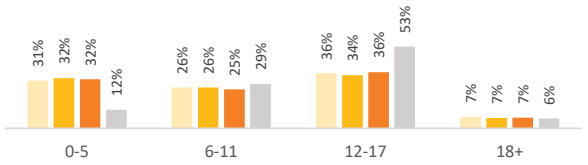
Special Populations Report - CYF

County of San Diego Behavioral Health Services

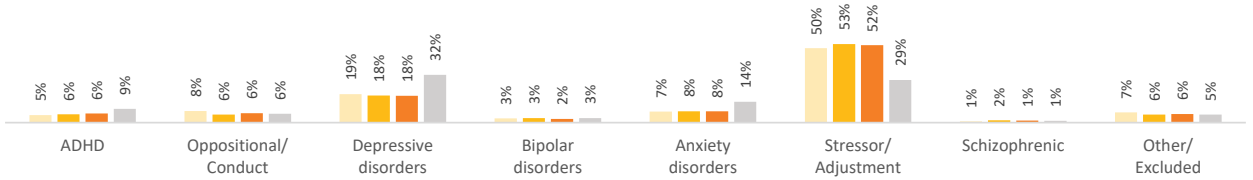
FY 2018-19 (N=1,906) | FY 2019-20 (N=1,902) | FY 2020-21 (N=1,704) | Systemwide FY 2020-21 (N=12,132)

Child Welfare Services & CYFBHS

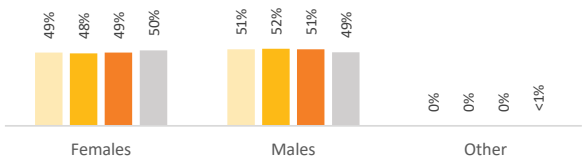
Age (years)



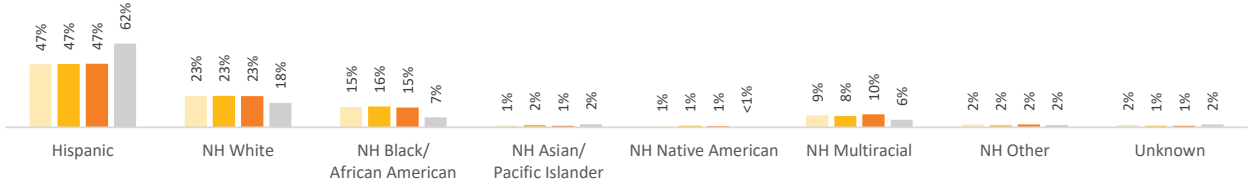
Diagnosis



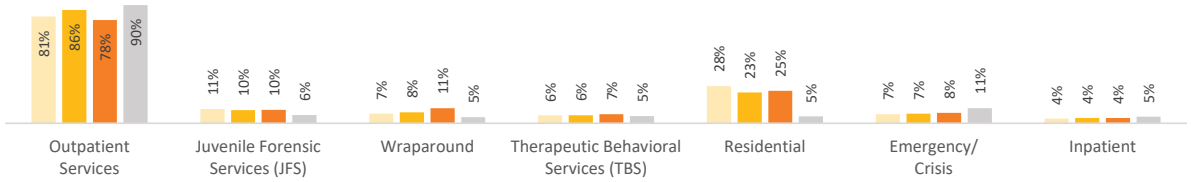
Gender



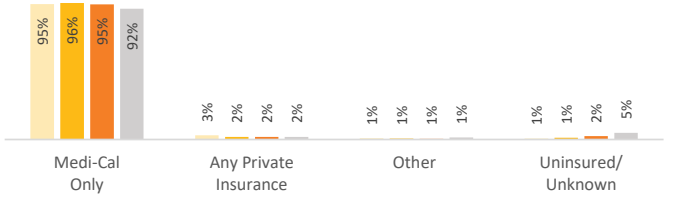
Race/Ethnicity*



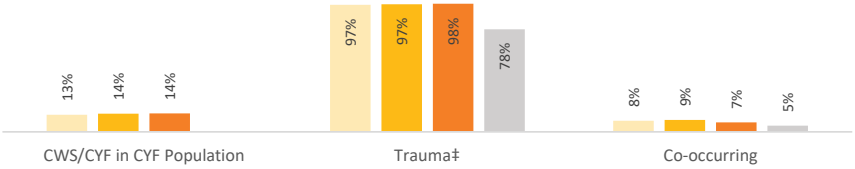
Level of Care†



Insurance



Special Population Characteristics



CYF Special Populations Report | CASRC (AEC, BG, SCV) | Data Sources: CCBH 10/2021, Child Welfare Services 11/2021

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3-Year Trend

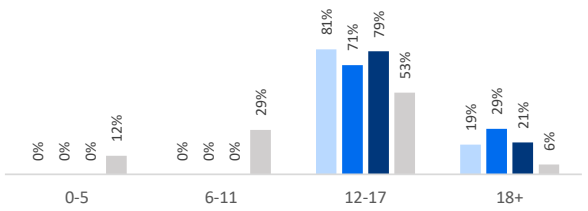
Special Populations Report - CYF

County of San Diego Behavioral Health Services

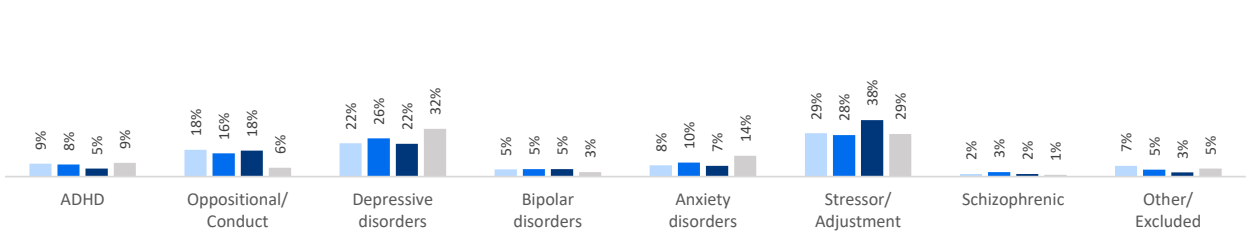
FY 2018-19 (N=1,188) | FY 2019-20 (N=711) | FY 2020-21 (N=735) | Systemwide FY 2020-21 (N=12,132)

Probation-BHS

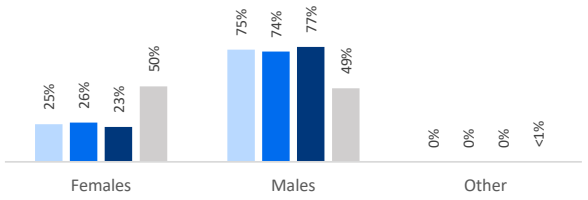
Age (years)



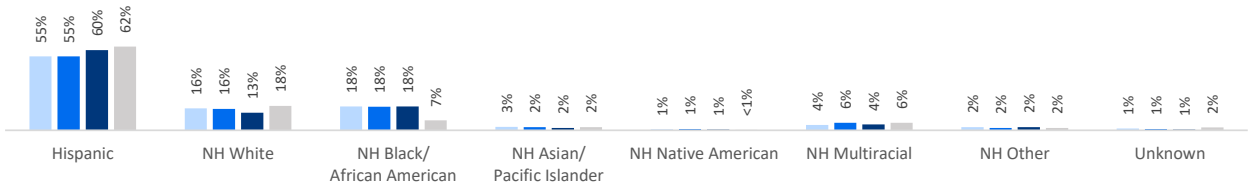
Diagnosis



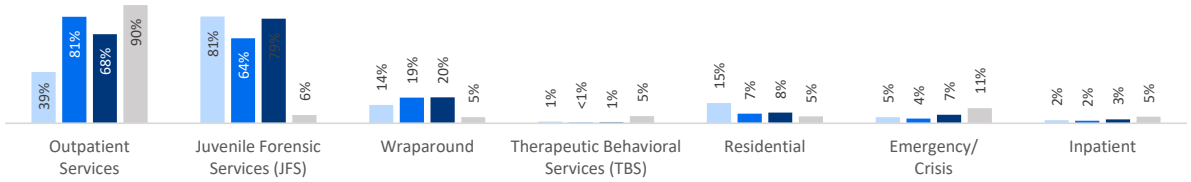
Gender



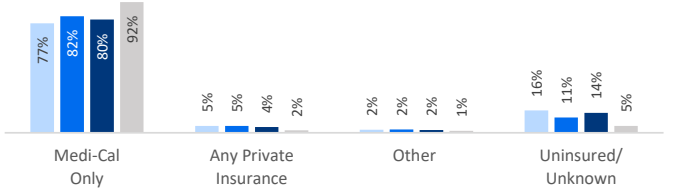
Race/Ethnicity*



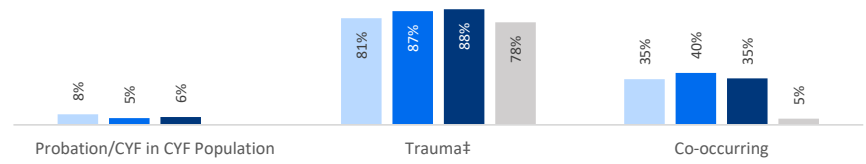
Level of Care†



Insurance



Special Population Characteristics



CYF Special Populations Report | CASRC (AEC, BG, SCV) | Data Sources: CCBH 10/2021, Probation 11/2021

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Report Date: 05/07/2022

Appendices

Appendix E:

FY 2020-21 Areas of Influence Report

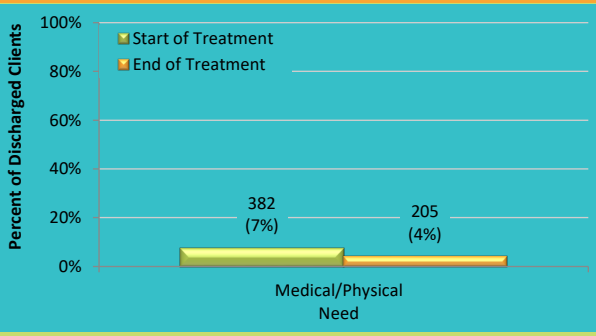
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2020-21

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2020 and June 2021. 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=5,160)

Physical Activity
Connection to Health Home
Healthy Food
Immunizations

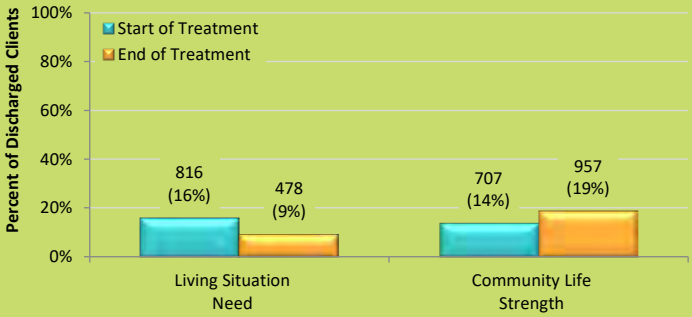


CANS items
Medical/Physical Need

COMMUNITY (N=5,160)

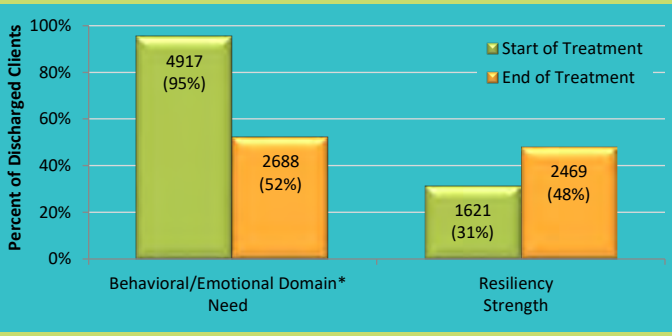
Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

CANS items
Living Situation Need
Community Life Strength



STANDARD OF LIVING (N=5,160)

Access to Healthcare
Access to Behavioral Health Services



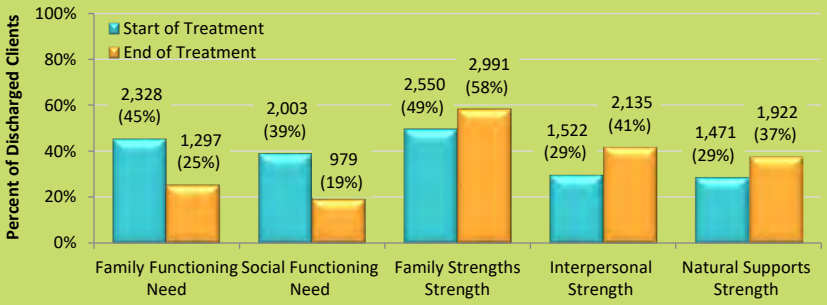
*This Domain is comprised of 9 individual behavioral and emotional needs

CANS items
Behavioral/Emotional Need
Resiliency Strength

SOCIAL (N=5,160)

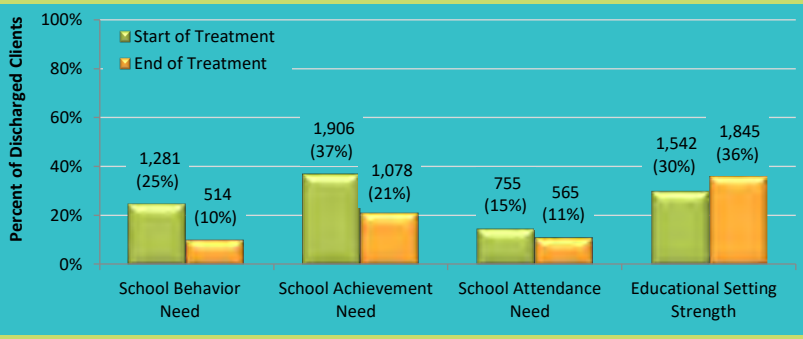
Supportive Families
Nurturing Communities
Connection to Natural Supports

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



KNOWLEDGE (N=5,160)

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