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County of San Diego
Health and Human Services Agency

Children, Youth & Families Behavioral Health Services

Systemwide Annual Report, FY 2021-22

CASRC Child and Adolescent Services Research Center
v. 6/13/2023
COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY
LIVE WELL SAN DIEGO

Children, Youth & Families Behavioral Health Services
Systemwide Annual Report

Health and Human Services Agency

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Program Coordinator, Population Health – Liz Miles, Ed.D, MPH, MSW

Report Prepared By

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

Acknowledgments

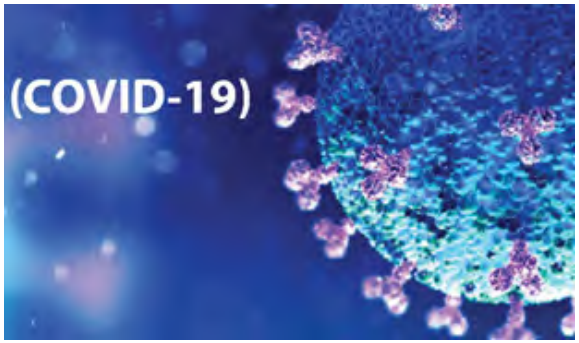
Our sincere appreciation to the youth, families, and staff who gave their time to complete the evaluations and surveys necessary to produce this report. A special thanks to the clerical and support staff who faithfully transmitted the data for their programs.

Table of Contents

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

Introduction

Systemwide Annual Report



This report summarizes cumulative system demographics and clinical outcomes for children and adolescents served by the County of San Diego's, Health and Human Services Agency (HHSA), Children, Youth & Families Behavioral Health Services (CYFBHS) in Fiscal Year (FY) 2021-22 (July 2021 – June 2022). 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 2021-22 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.html. 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/.

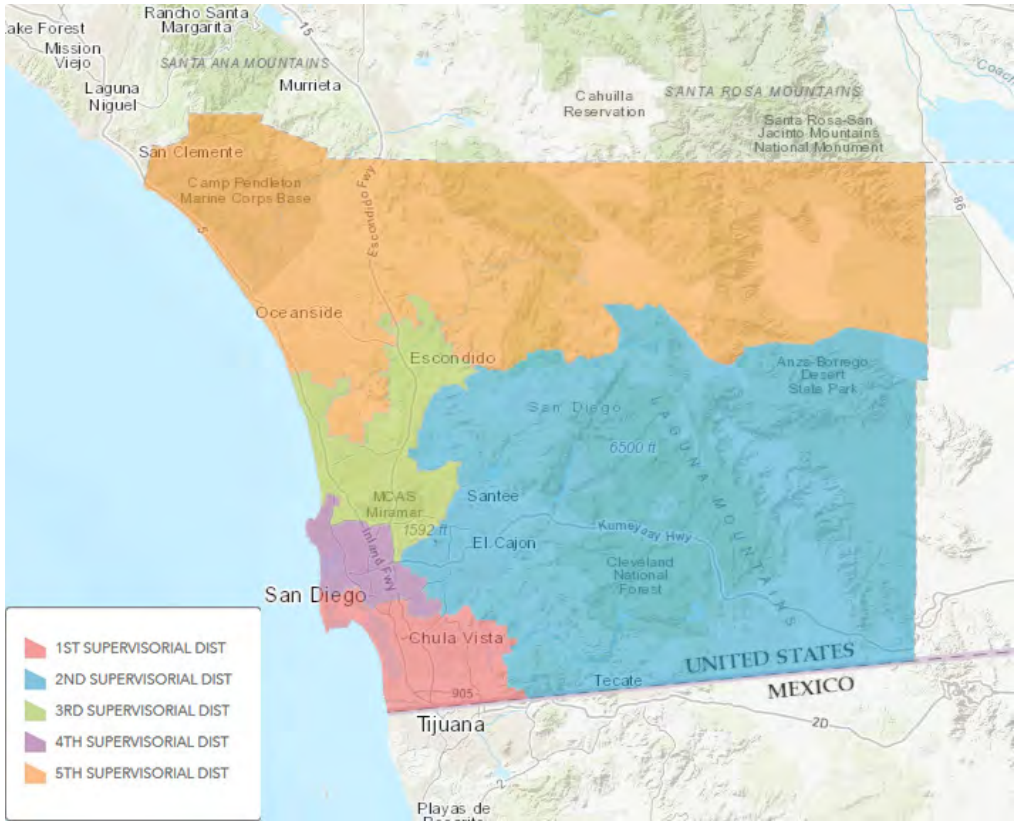
The Importance of Assessment

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 2021-22, 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 368 individual practitioners throughout the community with a wide range of specialties; 198 FFS providers are credentialed to provide services for children and youth. In FY 2021-22, 100 FFS providers actually provided services for children and youth (see page 45).



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

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

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

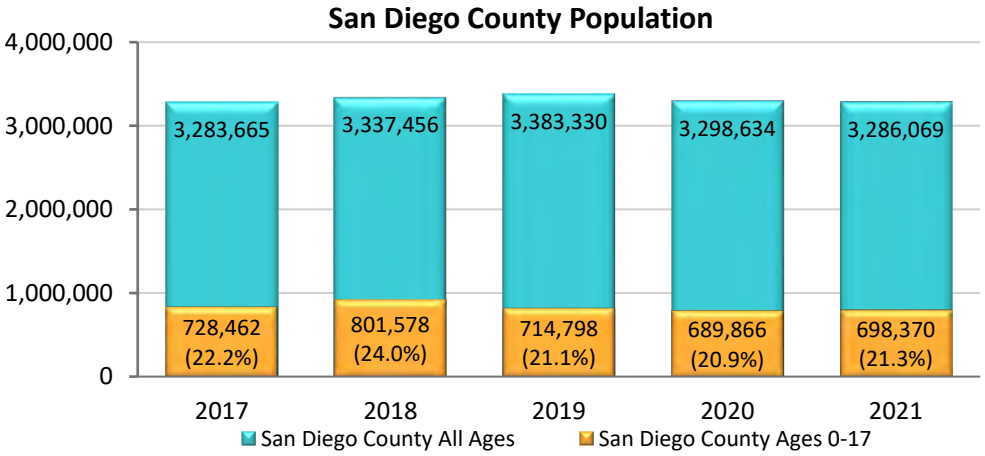
- Early Intervention (ASAM 0.5)
- Outpatient Services (OS, ASAM 1.0)
- Intensive Outpatient Services (IOS, ASAM 2.1)
- Withdrawal Management—Outpatient (ASAM 1-WM)
- Narcotic Treatment Programs (NTP)
- Residential Treatment (ASAM 3.1)
- Residential Treatment (ASAM 3.5)
- Withdrawal Management —Residential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

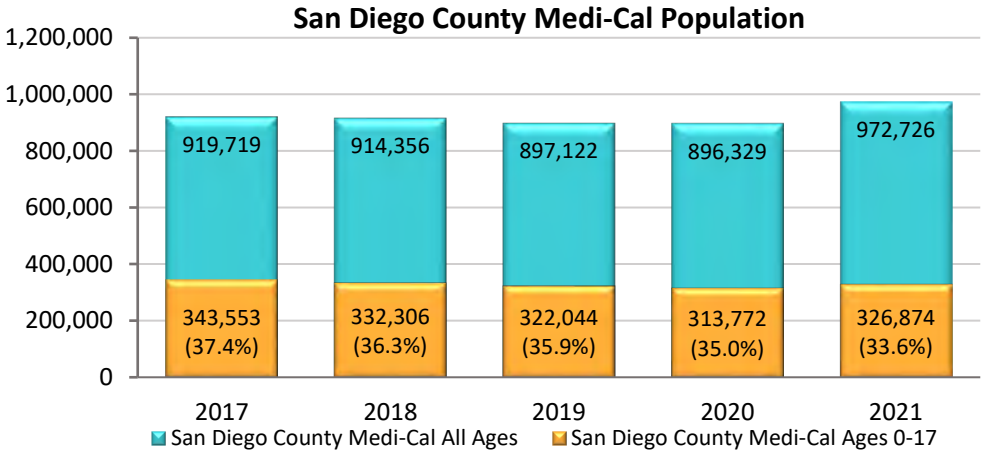
Note: *Percentages calculated in this report may not add up to 100% due to rounding.*

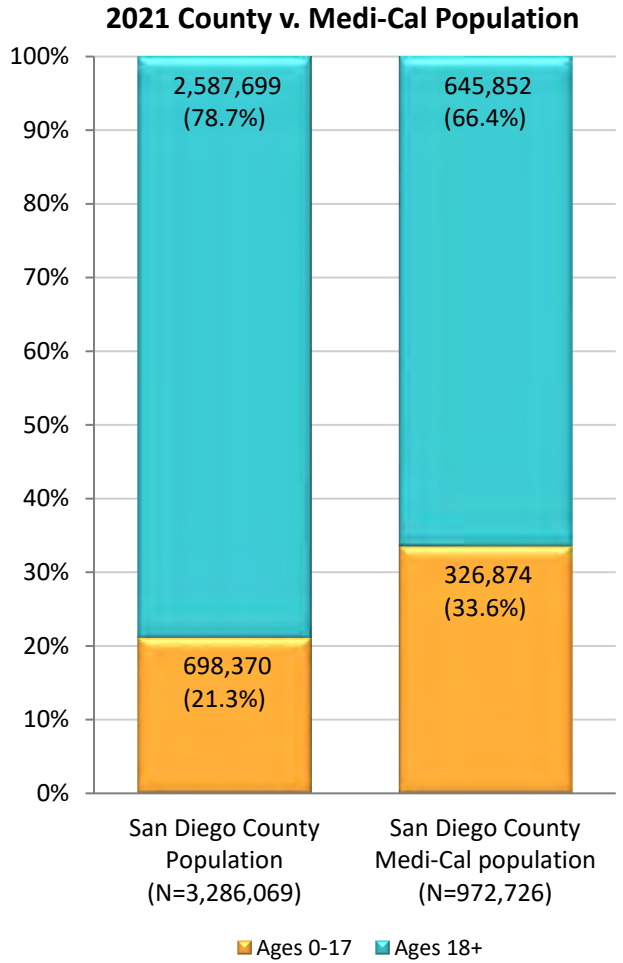
Introduction

San Diego County

The estimated population of San Diego County in 2021 (Source: US Census Bureau estimate, accessed 3/17/2023) was 3,286,069 residents, 698,370 (21%) of whom were under the age of 18. In 2021, the total Medi-Cal population for San Diego County (Source: San Diego County Health Department, retrieved 2/16/2023) was 972,726 residents, 326,874 (34%) of whom were ages 0-17 years.





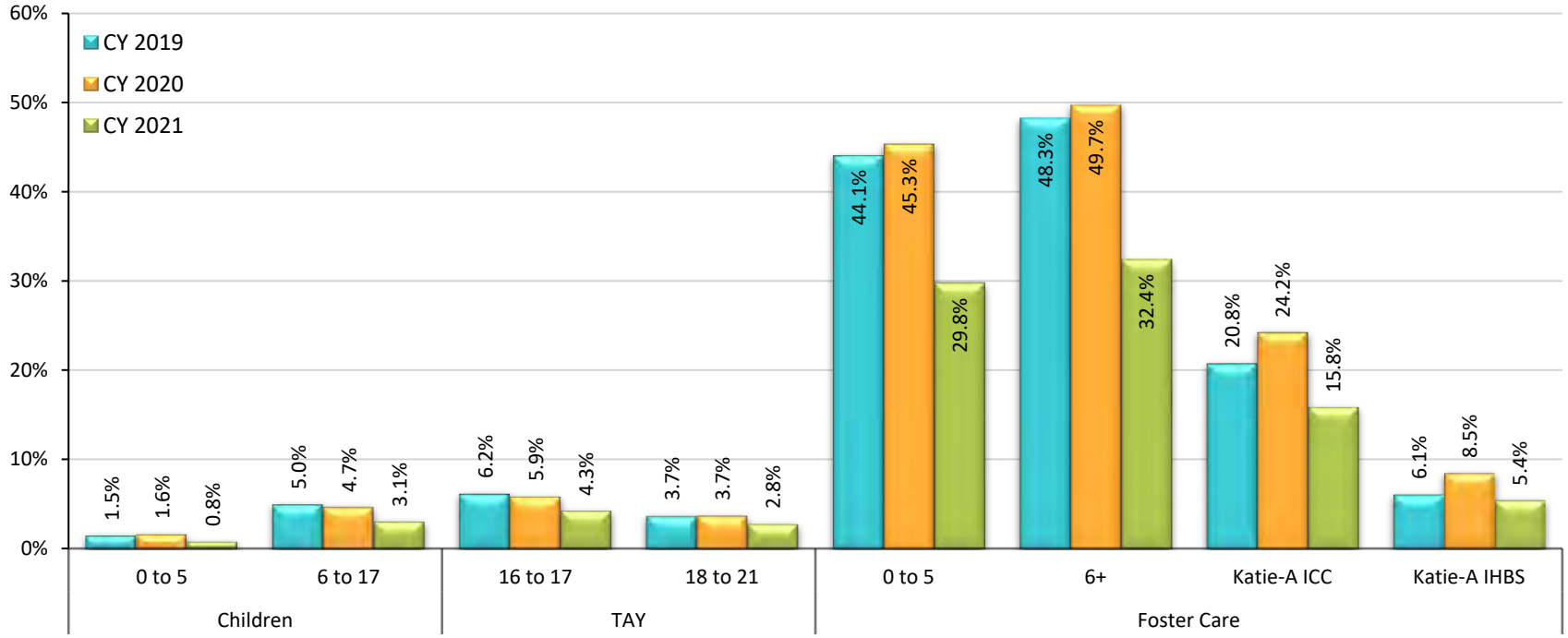


Medi-Cal Penetration Rates

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 decreased across all categories in CY 2021; most dramatically among youth in foster care.

San Diego County CYF Client SMHS Medi-Cal Penetration Rates
Calendar Year (CY) 2019 to 2021



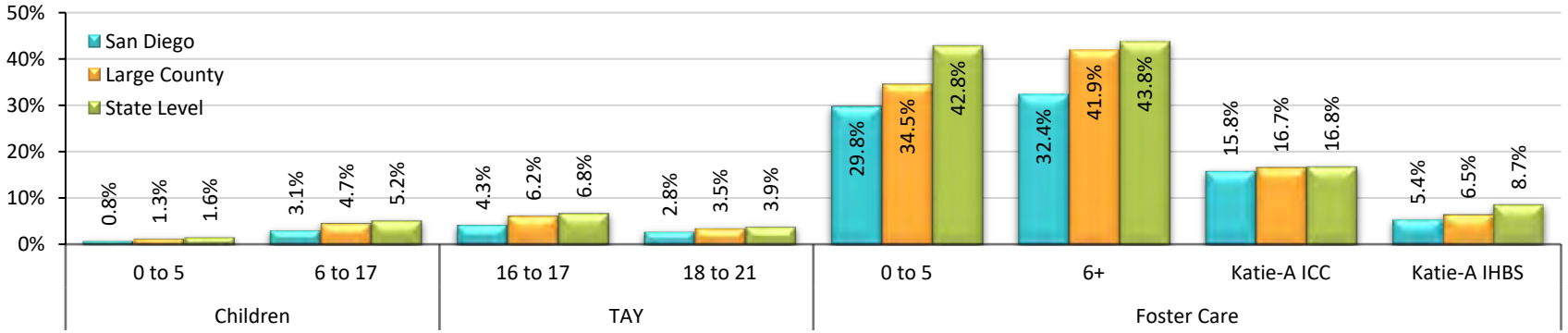
Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2022

Medi-Cal Penetration Rates

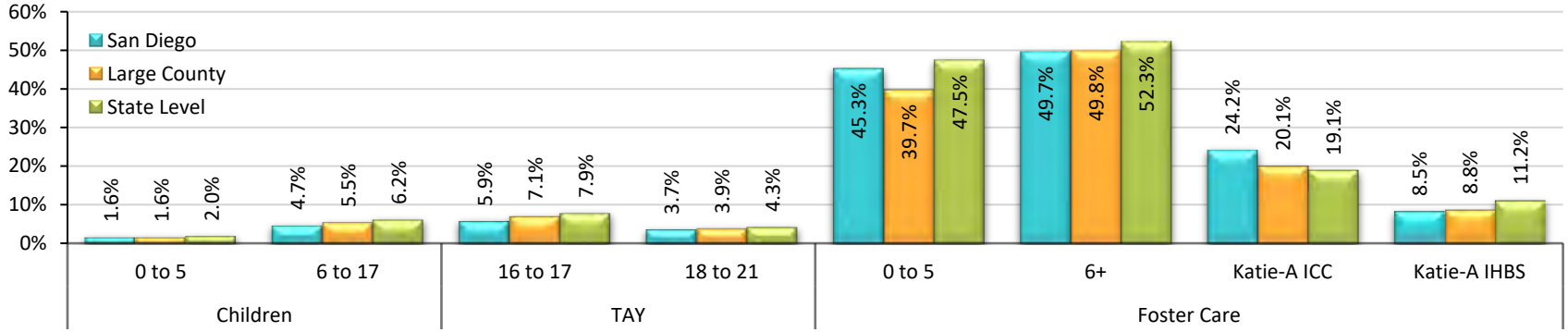
Penetration Rate of SMHS Medi-Cal Beneficiaries in San Diego County, Large Counties, and California

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 2021, Medi-Cal penetration rates declined for all youth in San Diego County, other large counties, and California. San Diego County had a lower penetration rate than other large counties and California across all categories.

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



CYF Client SMHS Medi-Cal Penetration Rates by San Diego, Large Counties, and California: CY 2020



Data Source: DHCS Approved Claims and MMEF Data
Compiled by Behavioral Health Concepts / CalEQRO, 2022

Youth Population Health Data

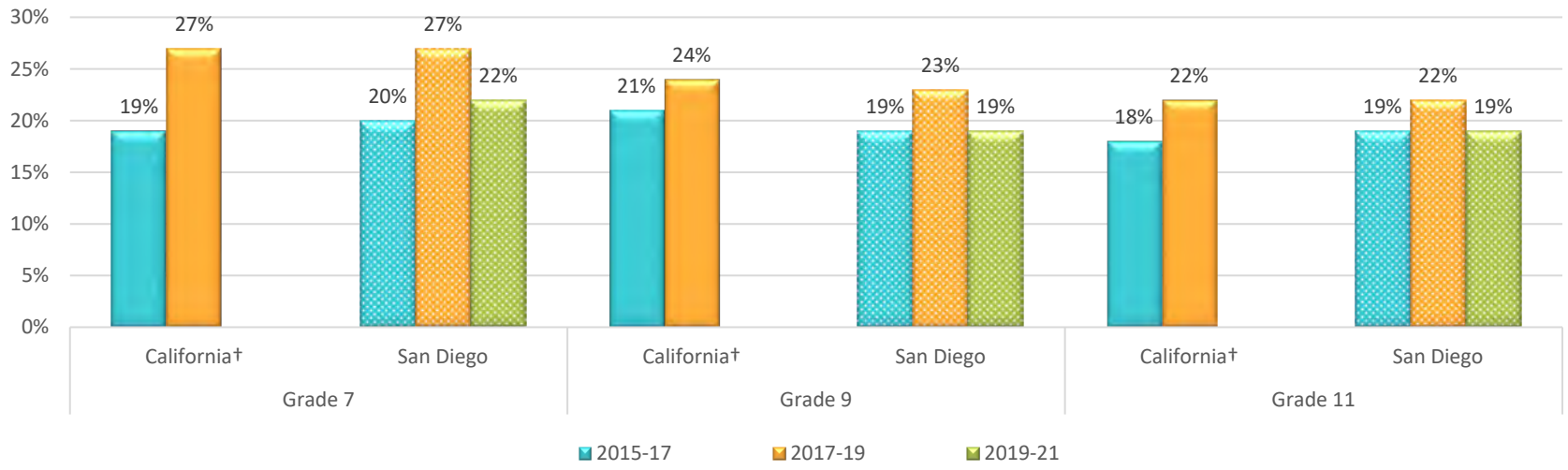
California Healthy Kids Survey (CHKS)

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

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

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

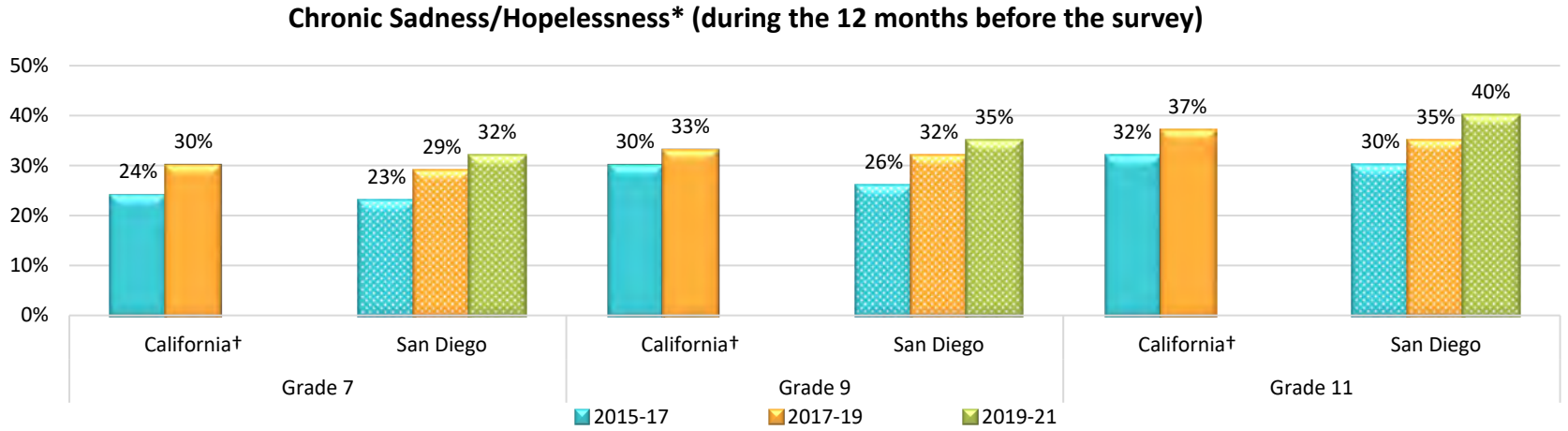
Cyberbullied* (during the 12 months before the survey)

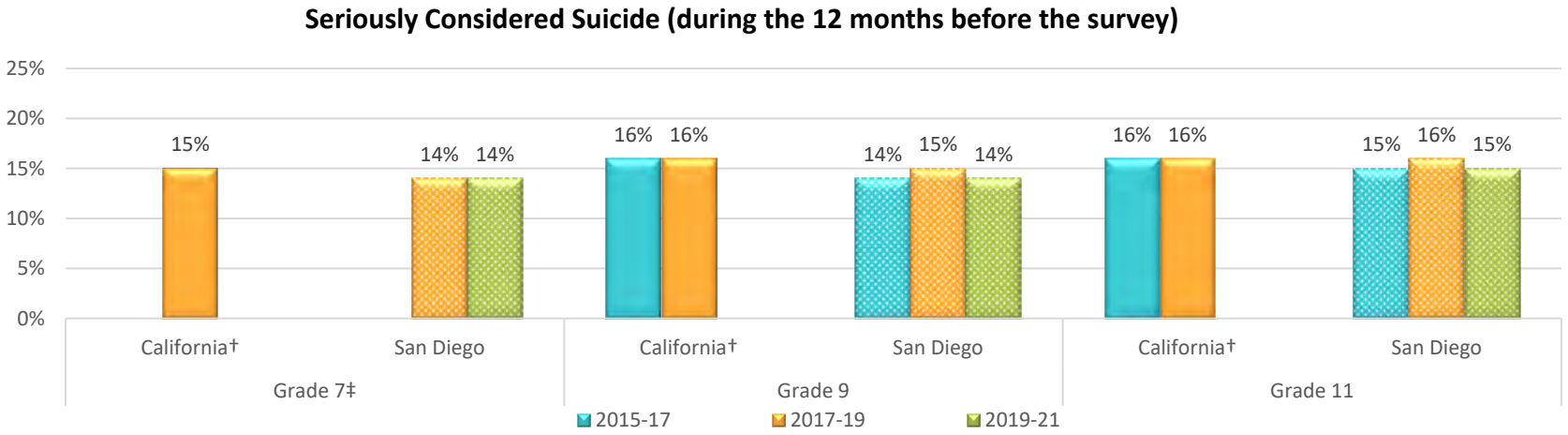


**Bullied online at least once.*
†Data from the 2019-21 CHKS administration were not yet available at the time of this report.
Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 2/24/2023.

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 from the 2019-21 CHKS administration were not yet available at the time of this report.
‡Data prior to 2017-19 unavailable.
Data Source: CalSCHLS Secondary Student Public Dashboard, retrieved 2/23/2023

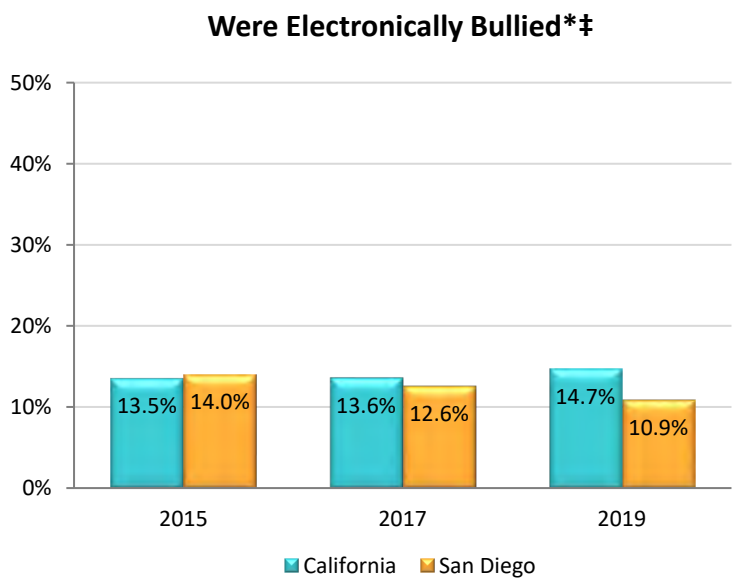
Youth Population Health Data

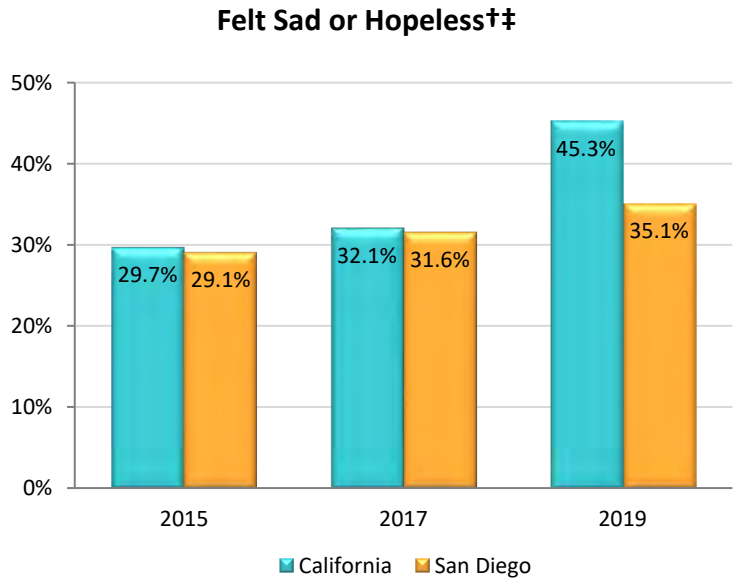
Youth Risk Behavior Survey (YRBS)

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.**





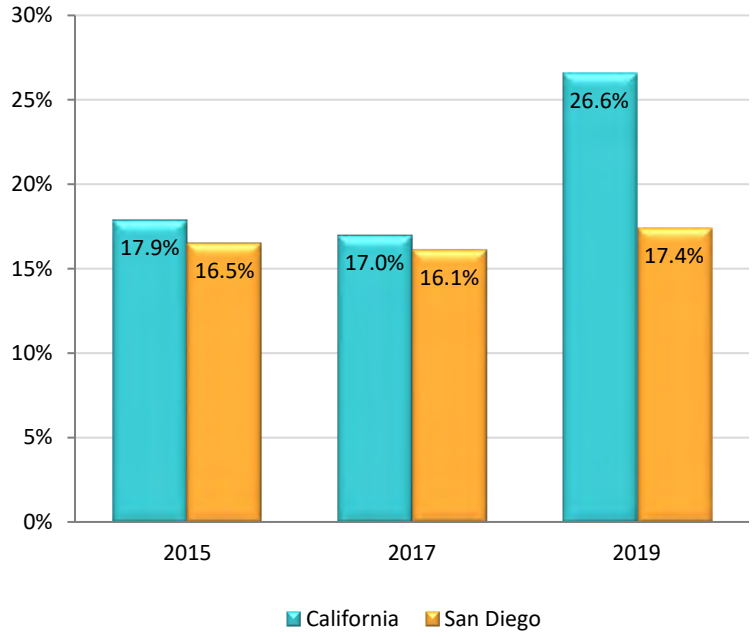
**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months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

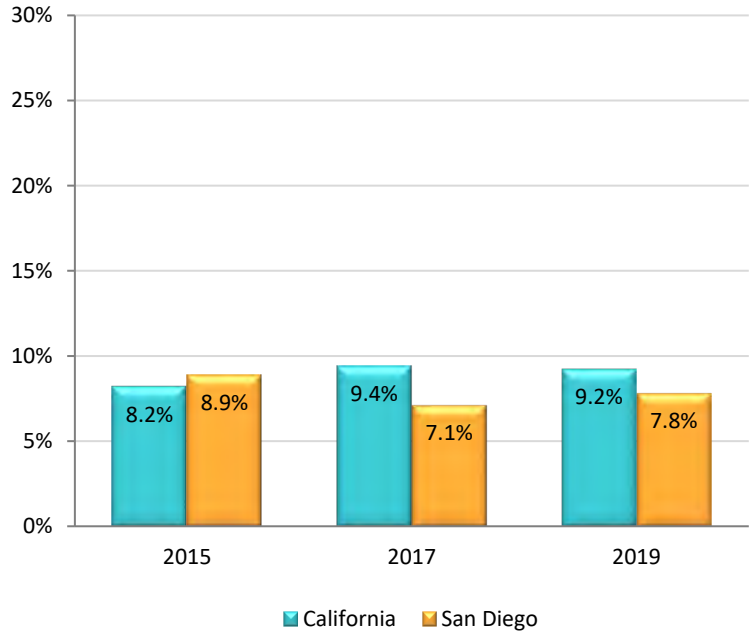
Youth Risk Behavior Survey (YRBS)

Compared to California survey results, fewer high school students in San Diego Unified School District reported seriously considering or attempting suicide. **Data from the 2021 YRBS administration were not yet available at the time of this report.**

Seriously Considered Suicide*‡



Attempted Suicide†‡



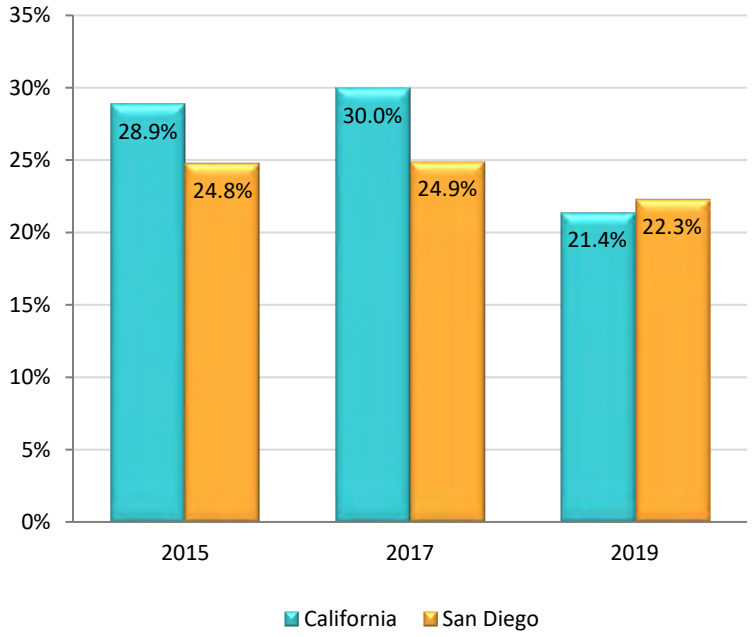
**Seriously considered attempting suicide during the 12 months before the survey.*
†Actually attempted suicide one or more times during the 12 months before the survey.
‡This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 3/10/2021

Youth Population Health Data

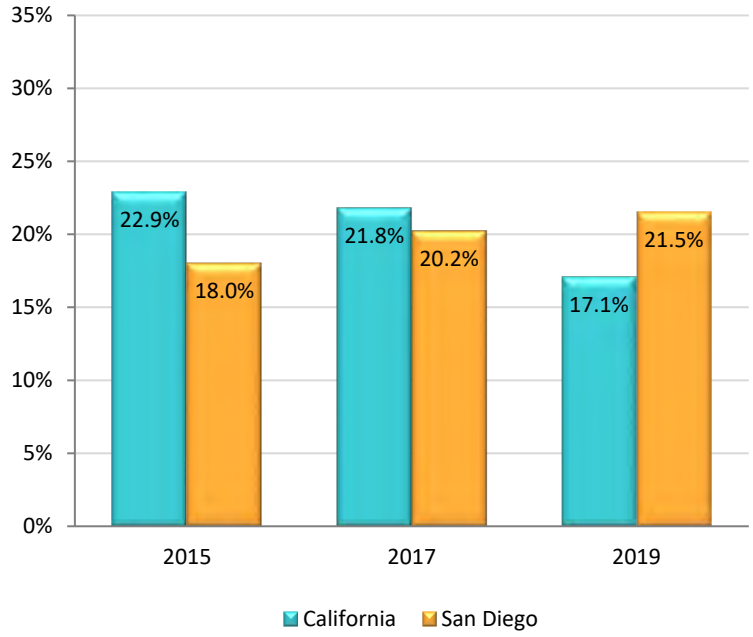
Youth Risk Behavior Survey (YRBS)

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

Current Alcohol Use*‡



Current Marijuana Use†‡

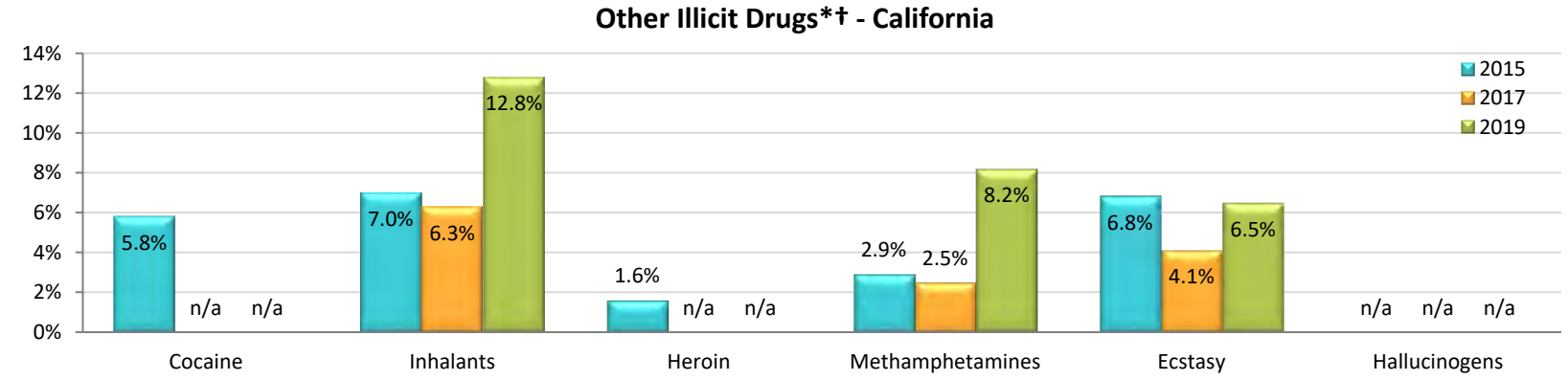


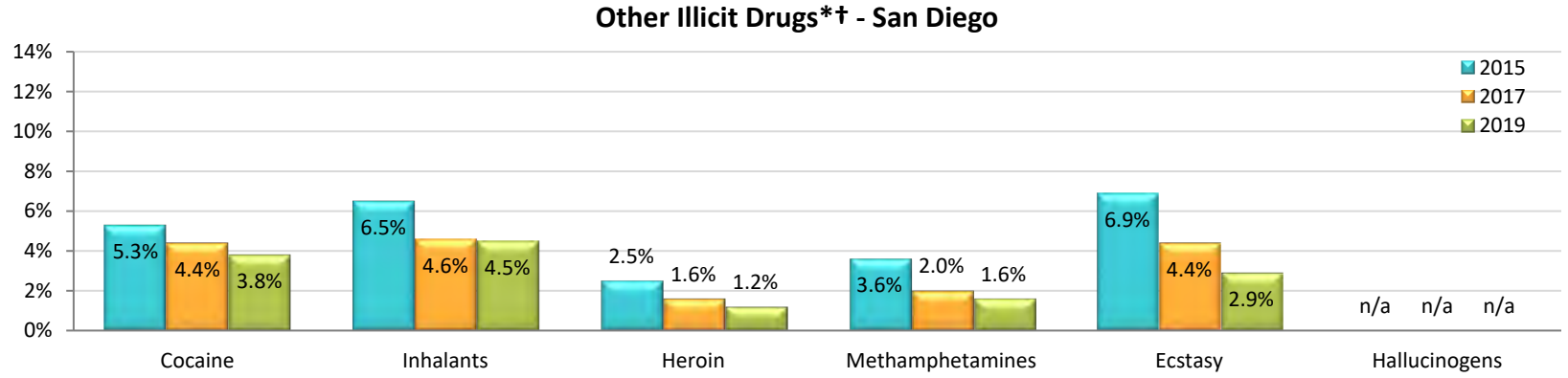
**Had at least one drink of alcohol during the 30 days before the survey.*
†Used marijuana during the 30 days before the survey.
‡This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 1/22/2022

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



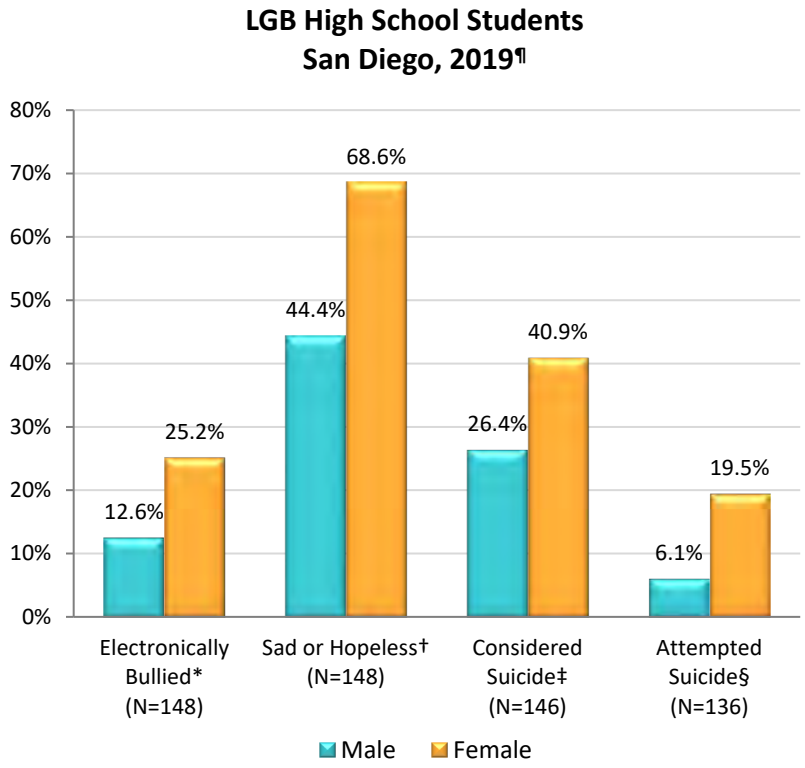


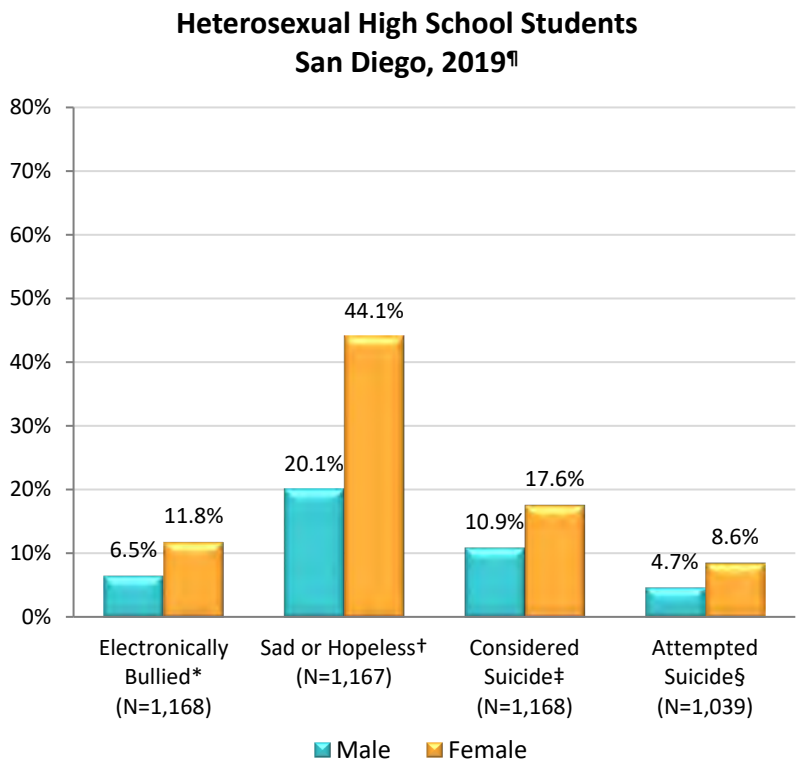
**Ever used select illicit drugs.*
†This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app, retrieved 2/16/2022

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.





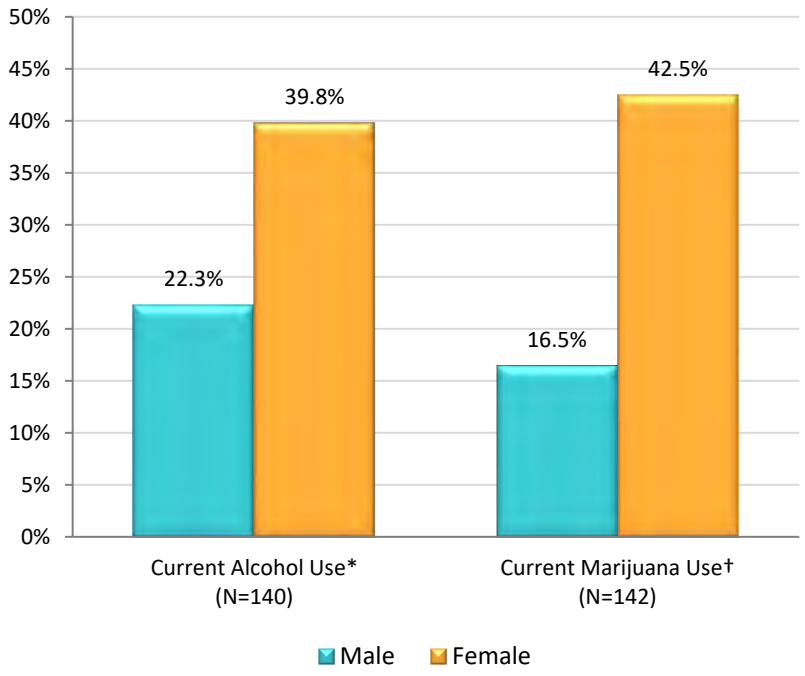
**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months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

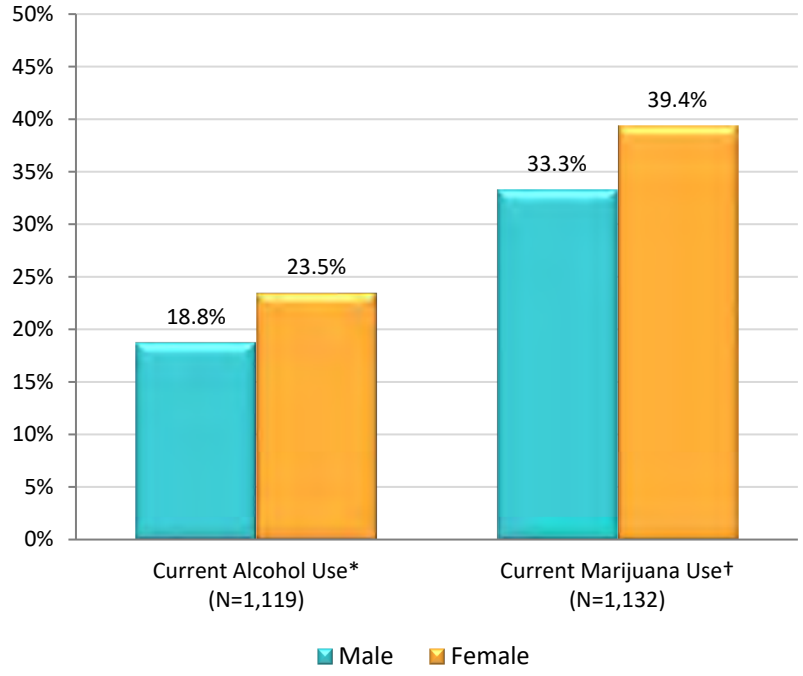
Youth Risk Behavior Survey (YRBS)—San Diego Unified School District

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‡§

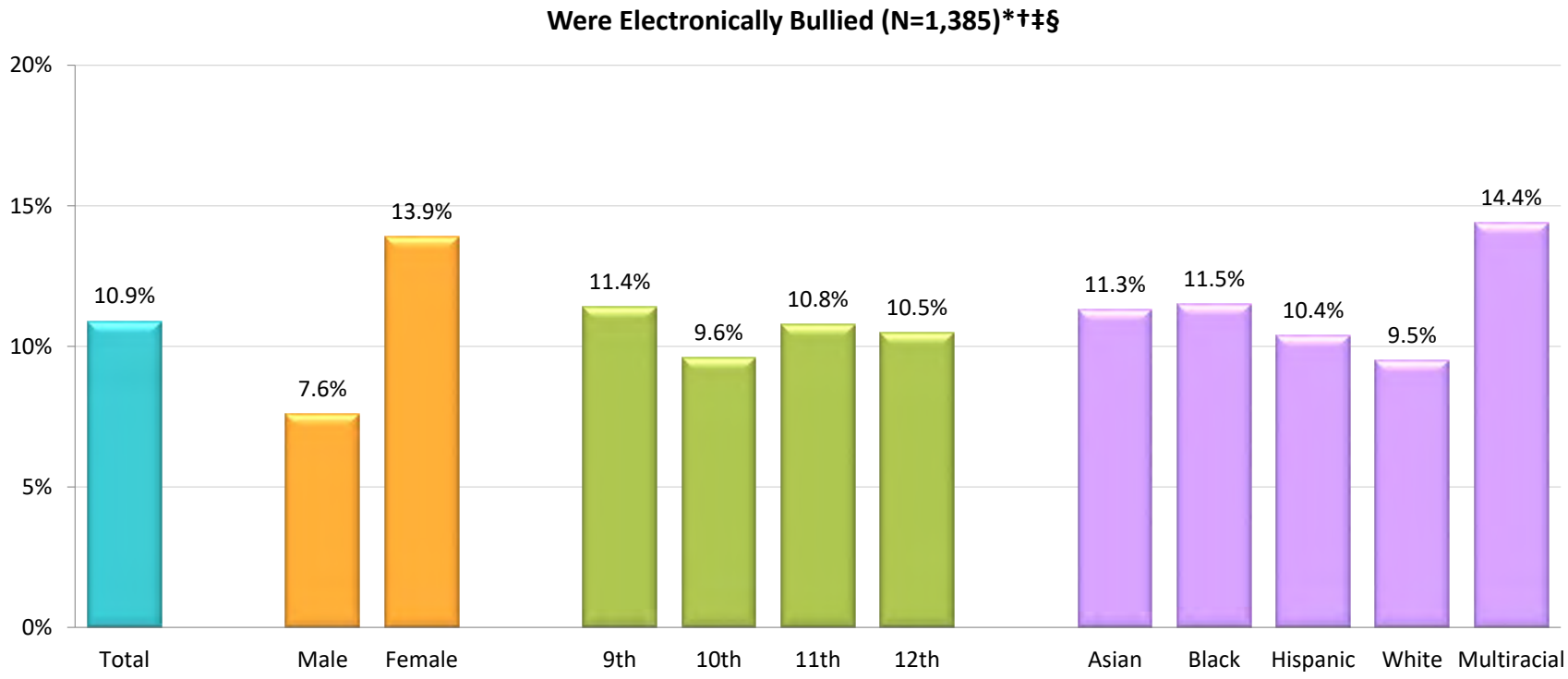


**Had at least one drink of alcohol during the 30 days before the survey.*
†Used marijuana during the 30 days before the survey.
‡Illicit drug use is defined differently in San Diego vs. California and is not reported here.
§This graph contains weighted results.
Data Source: High School YRBS Data, https://nccd.cdc.gov/youthonline/app,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

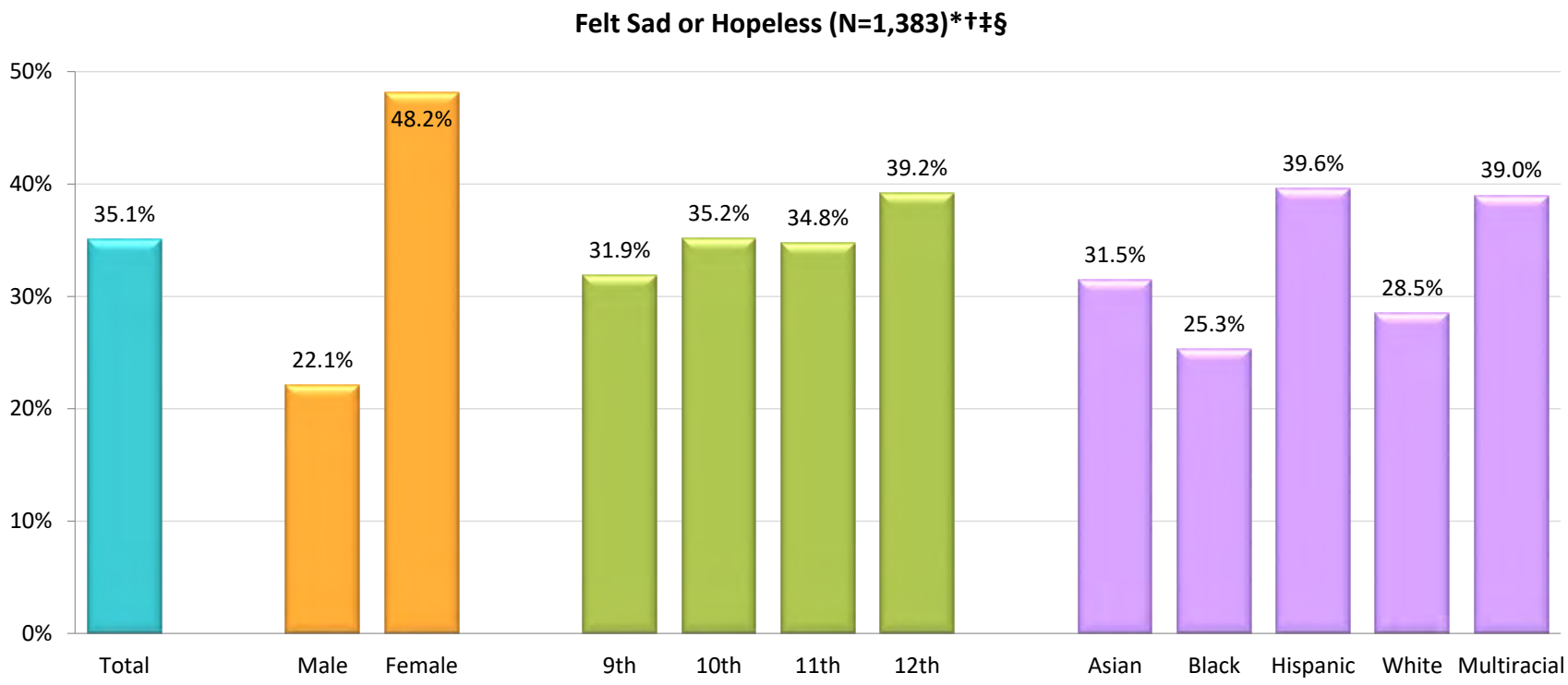


**Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification 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.

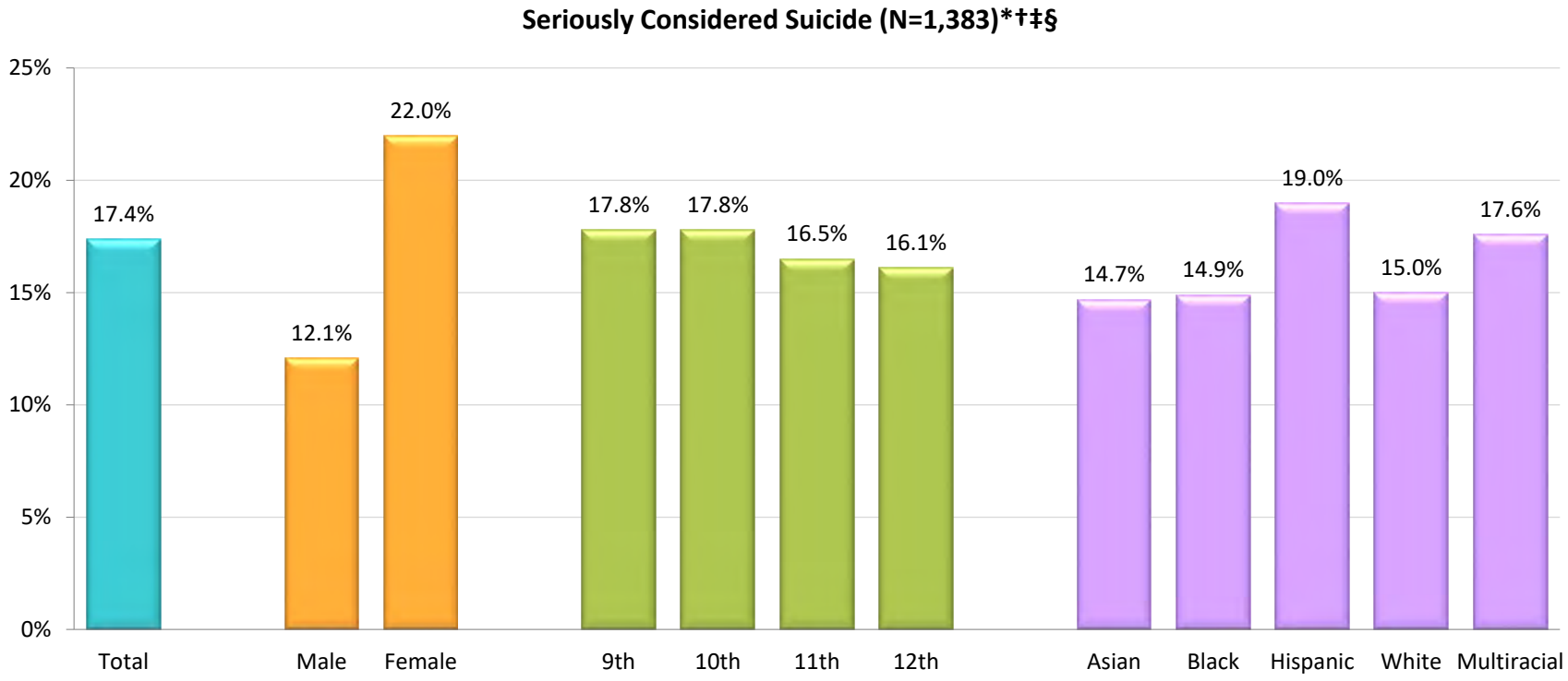


**Feelings of sadness or hopelessness almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 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.

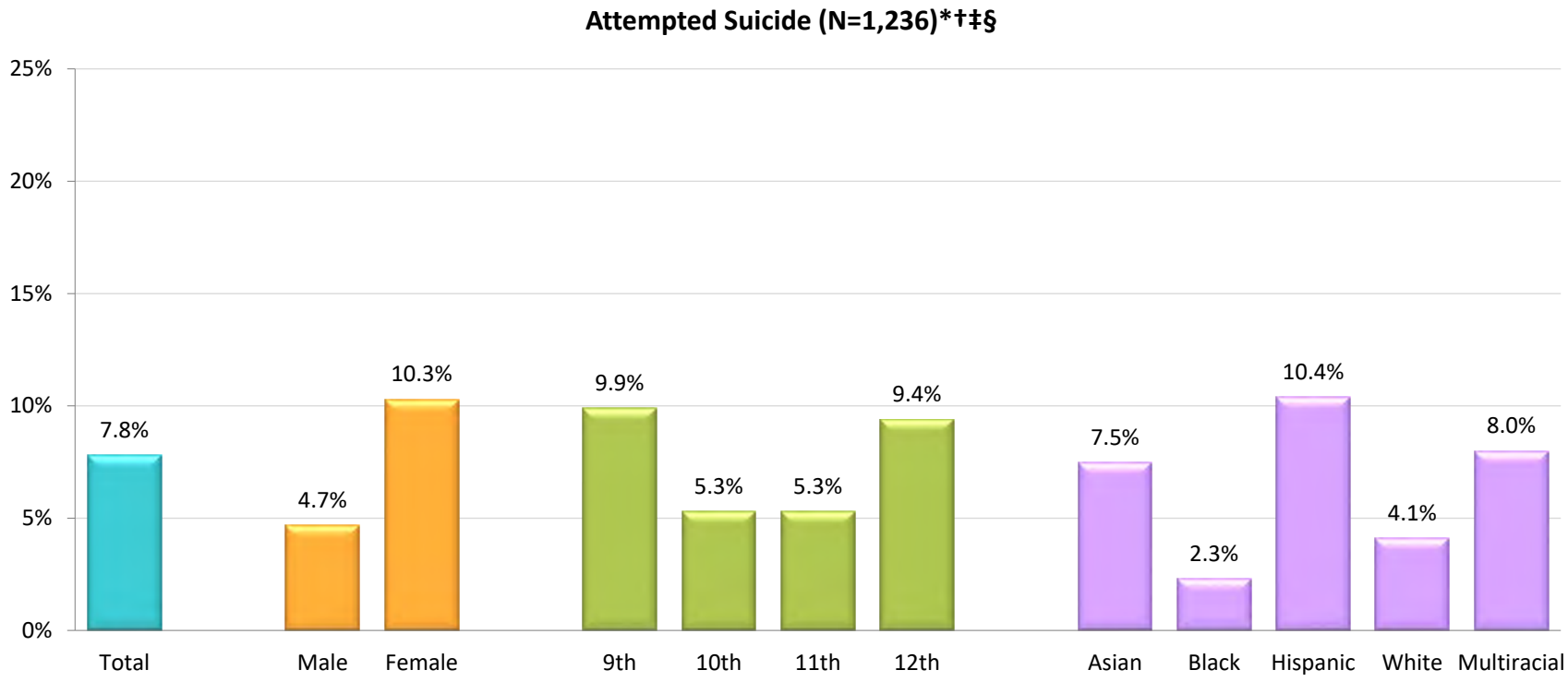


**Seriously considered attempting suicide during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data 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.

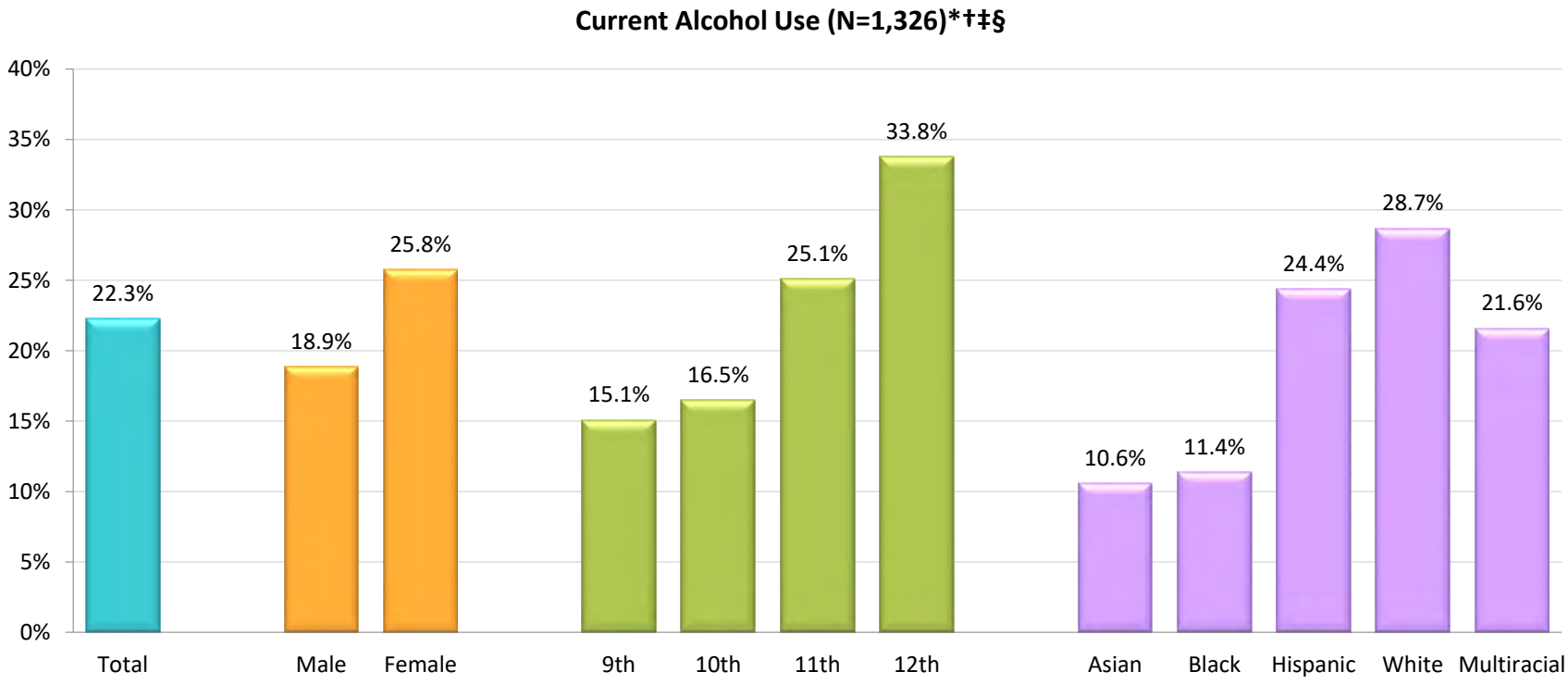


**Actually attempted suicide one or more times during the 12 months before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
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.

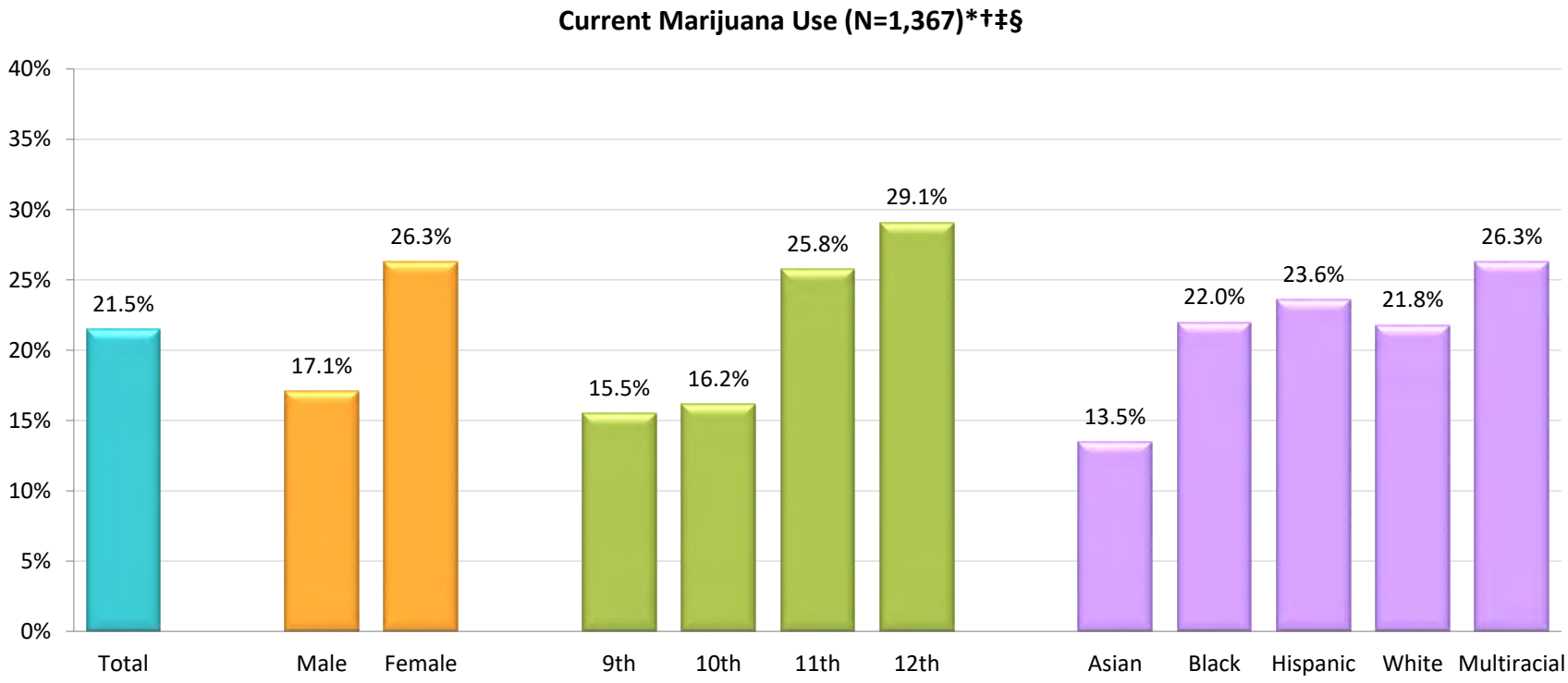


**Had at least one drink of alcohol during the 30 days before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: 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.

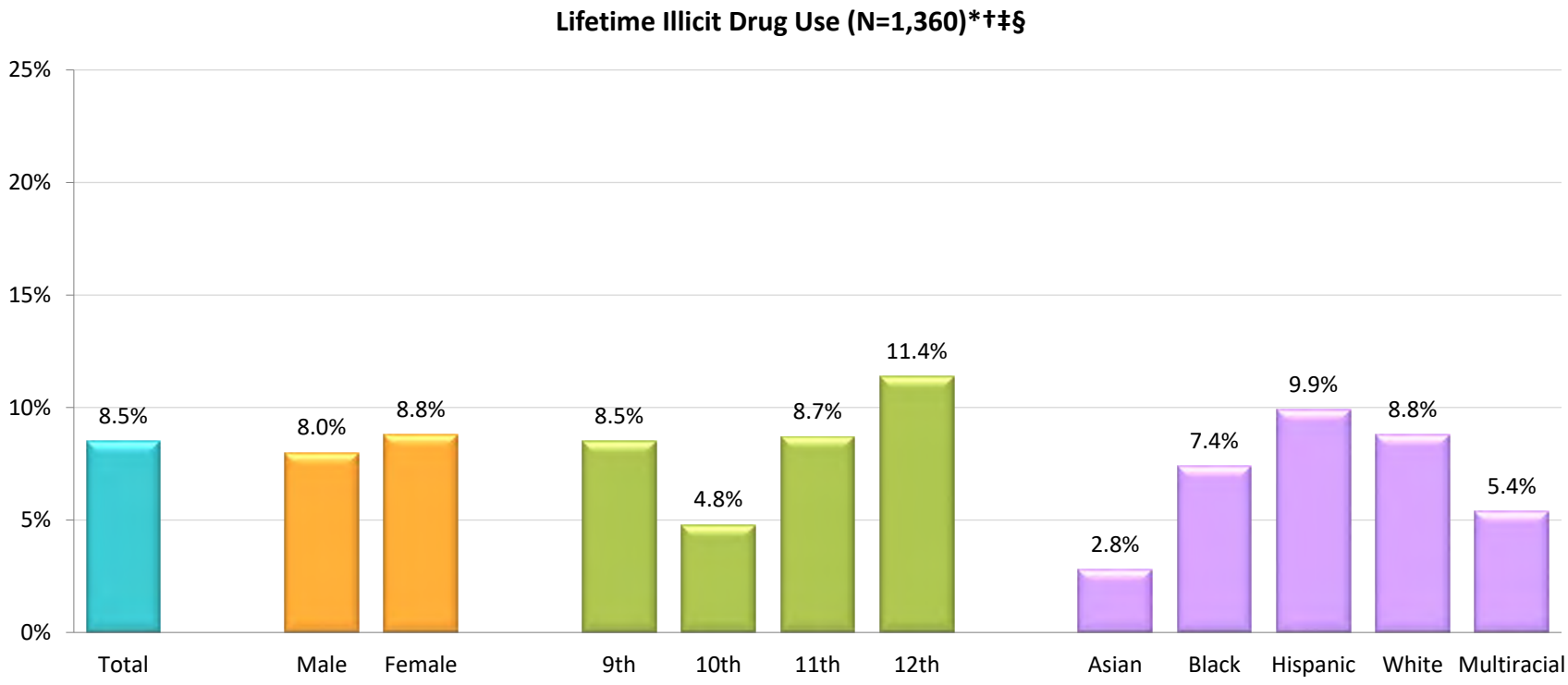


**Used marijuana during the 30 days before the survey.*
†All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
‡Race/Ethnicity categories <30 are suppressed for de-identification purposes.
§This graph contains weighted results.
Data Source: High School YRBS Data,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

Youth Population Health Data

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

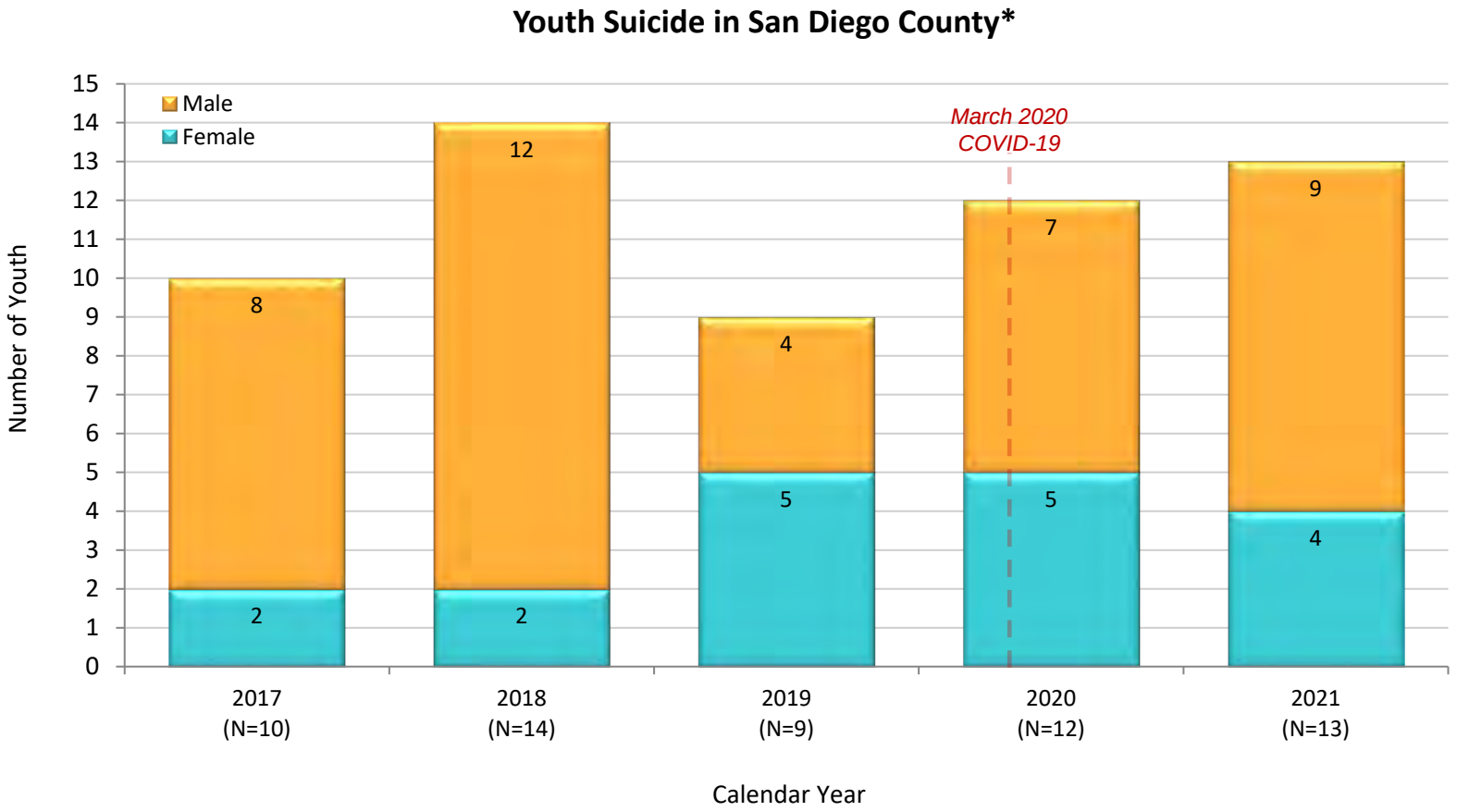
Among San Diego high school students in 2019, youth who were Hispanic, female, and in the 12th grade were most likely to report having used illicit drugs at least once in their lifetime.



**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

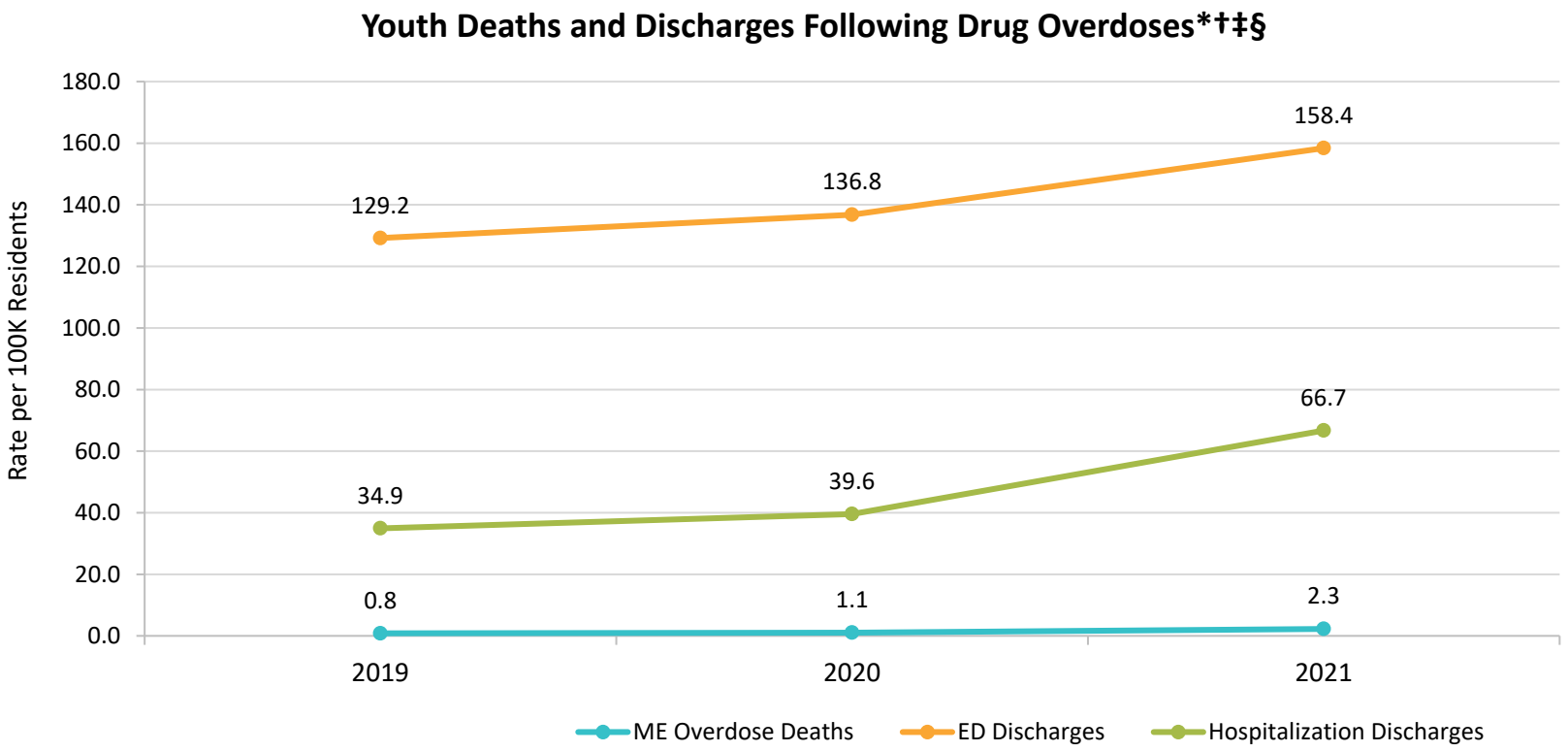


**Youth <18 years, manner of death ruled suicide*
Data Source: San Diego County Medical Examiner, https://internal-sandiegocounty.data.socrata.com/Safety/Medical-Examiner-Suicide-Cases-Annual-Comparison-/yvd4-uxdi, retrieved 2/23/2023

Youth Population Health Data

Drug Overdose Rates for Youth in San Diego County

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



**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 those with missing zip codes treated in a San Diego County facility
§Emergency department and hospitalization discharge data include patients with any mention of drug overdose in their medical record
Sources: California Department of Public Health, California Department of Health Care Access and Information (HCAI), Patient Discharge Data & Emergency Department Discharge Data, 2019-2021, San Diego County Medical Examiner Data, 2019-2021
Prepared by: County of San Diego, Health and Human Services Agency, Behavioral Health Services, Population Health Unit. 3/17/2023

Key Findings

Children, Youth & Families Behavioral Health Services (CYFBHS)
Specialty Mental Health Services (SMHS)
Fiscal Year 2021-22

1. FY 2021-22 is the second 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. 11,541 youth received services through the San Diego County CYFBHS SMHS system, a 5% decrease from the 12,132 served in FY 2020-21. Total youth served has decreased 25% over the past five years (from 15,430 in FY 2017-18).

3. Less than half (47%) of clients were male. The proportional gap that shifted from male:female to female:male in FY 2020-21 continues to widen.

4. 64% of clients were Hispanic. As compared to the San Diego County estimated population in 2021, CYFBHS served a larger percentage of Hispanic and Black/African American clients, and a smaller percentage of White and Asian/Pacific Islander clients.

5. 85% of clients served by CYFBHS lived in a family home or apartment at some point during FY 2021-22,comparable to 84% in FY 2020-21.
   - 29% of children ages 0-5 lived in a foster home during FY 2021-22, as compared to 5% systemwide.
   - 12% of TAY clients in CYFBHS lived in a correctional facility during FY 2021-22, as compared to 4% systemwide.

6. 10,817 (94%) clients had health coverage exclusively by Medi-Cal in FY 2020-21; an increase from 11,169 (92%) in FY 2020-21.

7. The proportion of youth ages 13+ who identified as LGBTQ+ more than doubled from FY 2017-18 (12%) to FY 2021-22 (26%). In part, this is likely due to more accurate clinical reporting.

SMHS Key Findings, continued

8. 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, sexual/gender identity, and level of care.
   - Systemwide, the rate of stressor disorder diagnoses has increased steadily over the past five years, from 7.6% in FY 2017-18 to 15.5% in FY 2021-22.
9. Identification of youth clients with co-occurring substance use issues was enhanced in FY 2021-22 to include multiple diagnostic tiers, involvement with the Substance Use Disorder (SUD) sector, and clinician-endorsed substance abuse questions on the Behavioral Health Assessment form. Additionally, co-occurring substance use was analyzed only for youth 12 years of age and older. In FY 2021-22, 1,798 (25%) of 7,113 youth ages 12+ met these criteria for co-occurring substance use issues.
   - Youth with co-occurring substance use issues were more likely to have a Depressive or Bipolar disorder, and less likely to have ADHD or an Anxiety disorder, as compared to systemwide averages.
   - 218 (12%) clients with substance use issues also received treatment from the SUD system during the fiscal year.
     - 149 (68%) of these 218 clients receiving SUD services had a dual diagnosis in the MH system.
10. The proportion of clients receiving Case Management services has increased nearly ten percentage points in the past five years, from 47.7% in FY 2017-18 to 57.3% in FY 2021-22.
11. On average, youth clients received 16.0 hours of Outpatient Services in FY 2021-22, a decrease from 18.1 hours in FY 2020-21. Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) treatment hours have declined by more than 20% since FY 2017-18.
12. The majority (87%) of clients active in FY 2021-22 entered the system via Outpatient services.
13. Compared to systemwide averages, Black/African American and Multiracial youth were more than twice as likely to receive Residential services (STRTP+ and/or Shelter and Respite). White clients were more likely to receive Inpatient services. Hispanic clients were less likely to receive Residential or Inpatient services.

SMHS Key Findings, continued

14. 575 (5%) clients used Inpatient (IP) services in FY 2021-22, no change from 611 (5%) clients in FY 2020-21.
    - 129 (22%) of 575 IP clients received multiple IP services within the fiscal year, a decrease from 153 (25%) of 611 in FY 2020-21.
15. 1,282 (11%) clients (inclusive of direct admits) received services from the Emergency Screening Unit (ESU) in FY 2021-22, an increase from 1,090 (7%) in FY 2017-18. The increase is aligned with a system expansion in January 2018, which increased Crisis Stabilization beds from 4 to 12.
    - 252 (20%) of 1,282 ESU clients had multiple ESU visits within the fiscal year; a decrease from 273 (23%) of 1,179 in FY 2020-21.
    - Of 1,885 ESU visits in FY 2021-22, 1,406 (75%) were diverted from an IP admission; an increase from 70% (1,242 of 1,765) in FY 2020-21.
16. The proportion of youth in Child Welfare Services also receiving services from CYFBHS (26%, 1,277 of 4,977) decreased from 32% (1,704 of 5,337) in FY 2020-21.
17. The proportion of youth in the Substance Use Disorder sector also receiving services from CYFBHS (12%, 218 of 1,834) decreased from 15% (268 of 1,778) in FY 2020-21.
18. The proportion of youth in Probation also receiving services from CYFBHS (44%, 564 of 1,275) increased from 38% (735 of 1,922) in FY 2020-21.
19. As measured by the Pediatric Symptom Checklist (PSC), 53% of clients experienced reliable improvement and 58% experienced clinically significant improvement in behavioral and emotional well-being following receipt of mental health services.
20. As measured by the Child and Adolescent Needs and Strengths (CANS) and CANS-Early Childhood (CANS-EC) assessments, the majority of clients experienced a reduction of at least one need from initial assessment to discharge on the Life Functioning, Risk Behaviors, Child Behavioral and Emotional Needs, and/or Challenges domains.

Key Findings
Children, Youth & Families Behavioral Health Services (CYFBHS)
Substance Use Disorder (SUD)
Fiscal Year 2021-22

1. FY 2021-22 is the first full fiscal year of the **COVID-19 pandemic**. The full scope of effects the pandemic has had on youth substance use are as yet undetermined, but likely to be considerable. Data presented here may not be directly comparable to previous or future years.

2. 555 youth (under 18 years of age) received services through the San Diego County CYFBHS SUD system, a 22% increase from 454 served in FY 2020-21, and a 36% decrease from 863 served in FY 2019-20.

3. 63% of youth clients were male. The proportion of male to female youth served by SUD has remained relatively consistent across the past three years.

4. 66% of youth clients were Hispanic; this proportion has increased steadily from 46% in FY 2019-20. As compared to the San Diego Medi-Cal estimated population in 2021, SUD served a larger percentage of White and Hispanic clients, and a smaller percentage of Asian/Pacific Islander clients and clients who endorsed more than one race.

5. The majority of SUD youth (83%) identified marijuana as their primary substance used, an increase from 81% in FY 2020-21.

6. 1,657 clients received Perinatal SUD services in FY 2021-22, a 2% increase from 1,621 in FY 2020-21.
   - Perinatal SUD clients were most likely to be White and between the ages of 26-59.
   - The most common primary substances used among Perinatal SUD clients were methamphetamine (41%) and alcohol (30%).

7. Average length of treatment in Teen Programs was 86 days for Outpatient LOC (decrease from 97 days in FY 2020-21) and 23 days for Residential LOC (decrease from 27 days in FY 2020-21). Among Perinatal Programs, average length of treatment was 91 days for Outpatient LOC (decrease from 102 days in FY 2020-21) and 65 days for Residential LOC (increase from 56 days in FY 2020-21).

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.

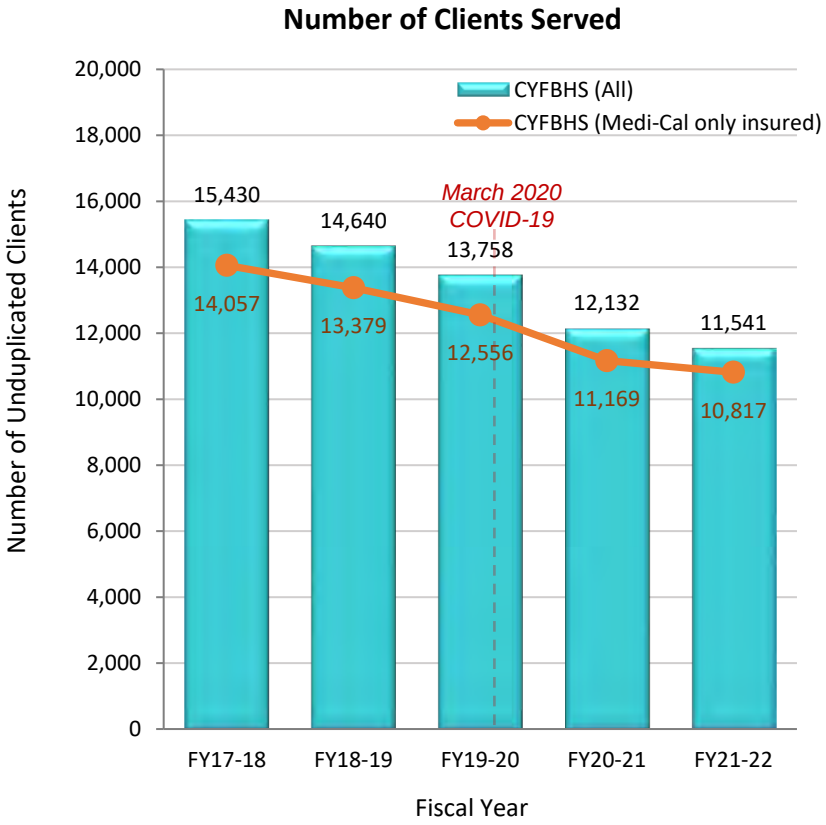
CYFBHS
Mental Health Services

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

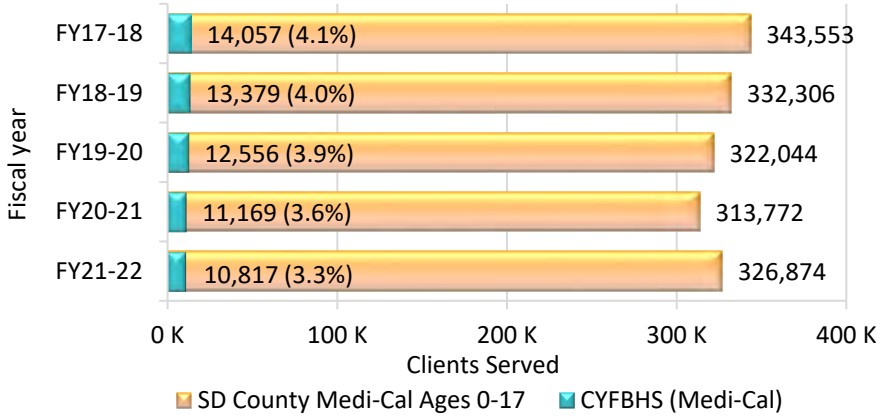
In FY 2021-22, CYFBHS delivered mental health treatment services to 11,541 youth. Among those youth, 10,817 were insured exclusively by Medi-Cal.



*Medi-Cal data are reported by calendar year.

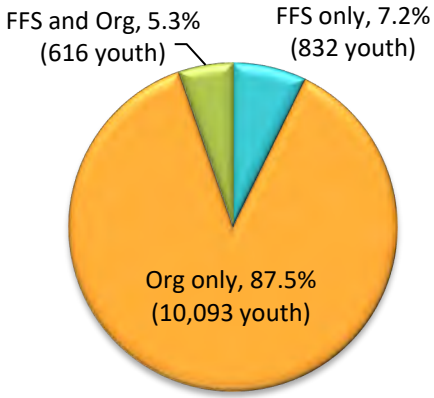
Number of Clients Within Medi-Cal Youth Population*

The proportion of Medi-Cal youth served by CYFBHS has declined in the past five years, from 4.1% in FY 2017-18 to 3.3% in FY 2021-22.



Service Provider Type

The majority (87%) of CYFBHS youth were served *only* by Organizational (Org) providers in FY 2021-22, no change from 87% in FY 2020-21. Seven percent received services exclusively from Fee-for-Service (FFS) providers.



Who Are We Serving?

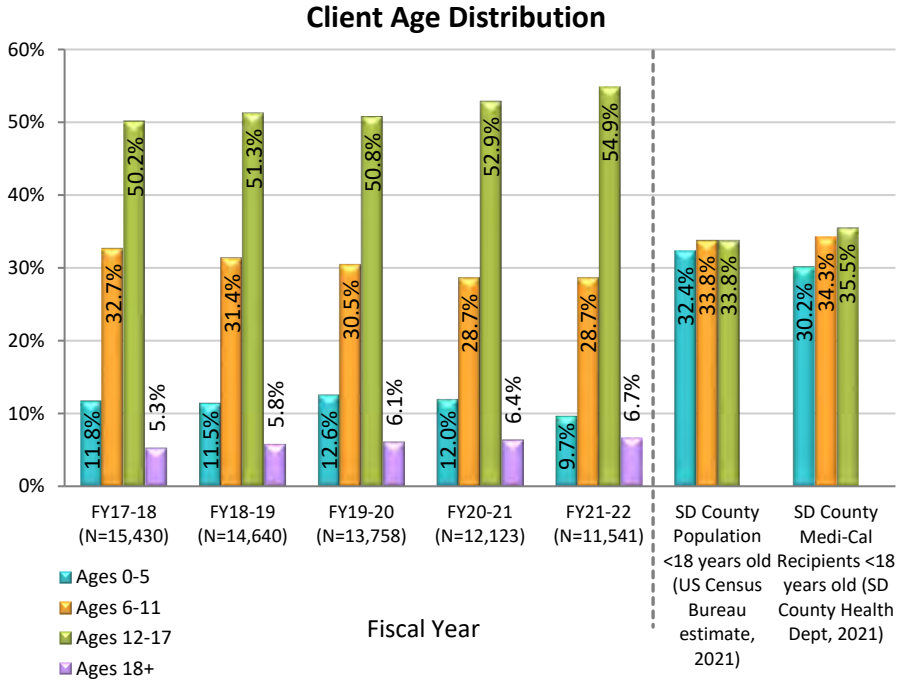
More than half of clients served were between the ages of 12 and 17 years. Less than half of clients were male, whereas the County youth population and County Medi-Cal youth population had proportionately more males than females.

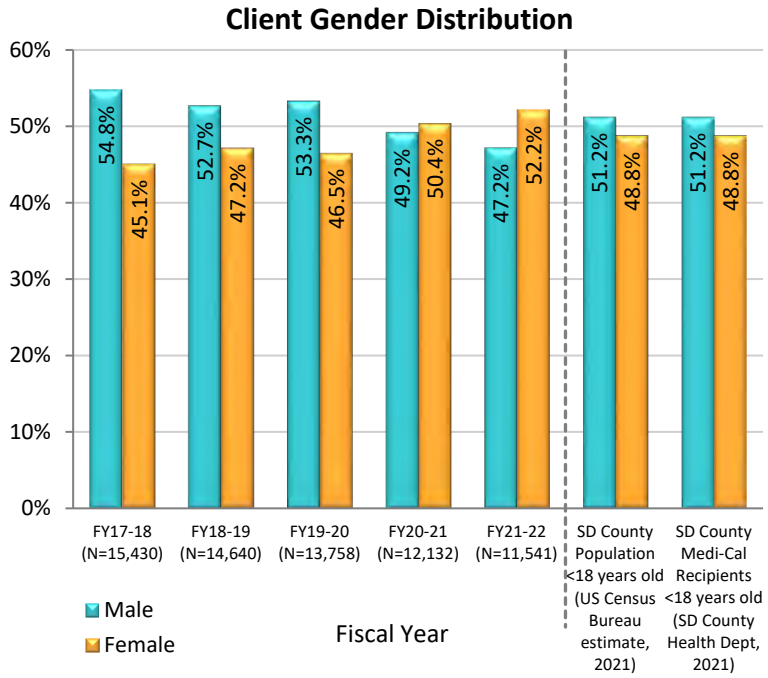
Age of Clients

- Adolescents (12-17 years) comprised 55% of the CYFBHS population.
- School-age clients (6-11 years) comprised 29% of the CYFBHS population.
- Children ages 0-5 comprised 10% of the CYFBHS population.

Client Gender

- 5,445 (47%) clients who received CYFBHS services in FY 2021-22 were male.
- The proportion of females served continues to increase; a notable change from pre-pandemic genders served.
- Gender was reported as unknown or non-binary for 77 (1%) clients.

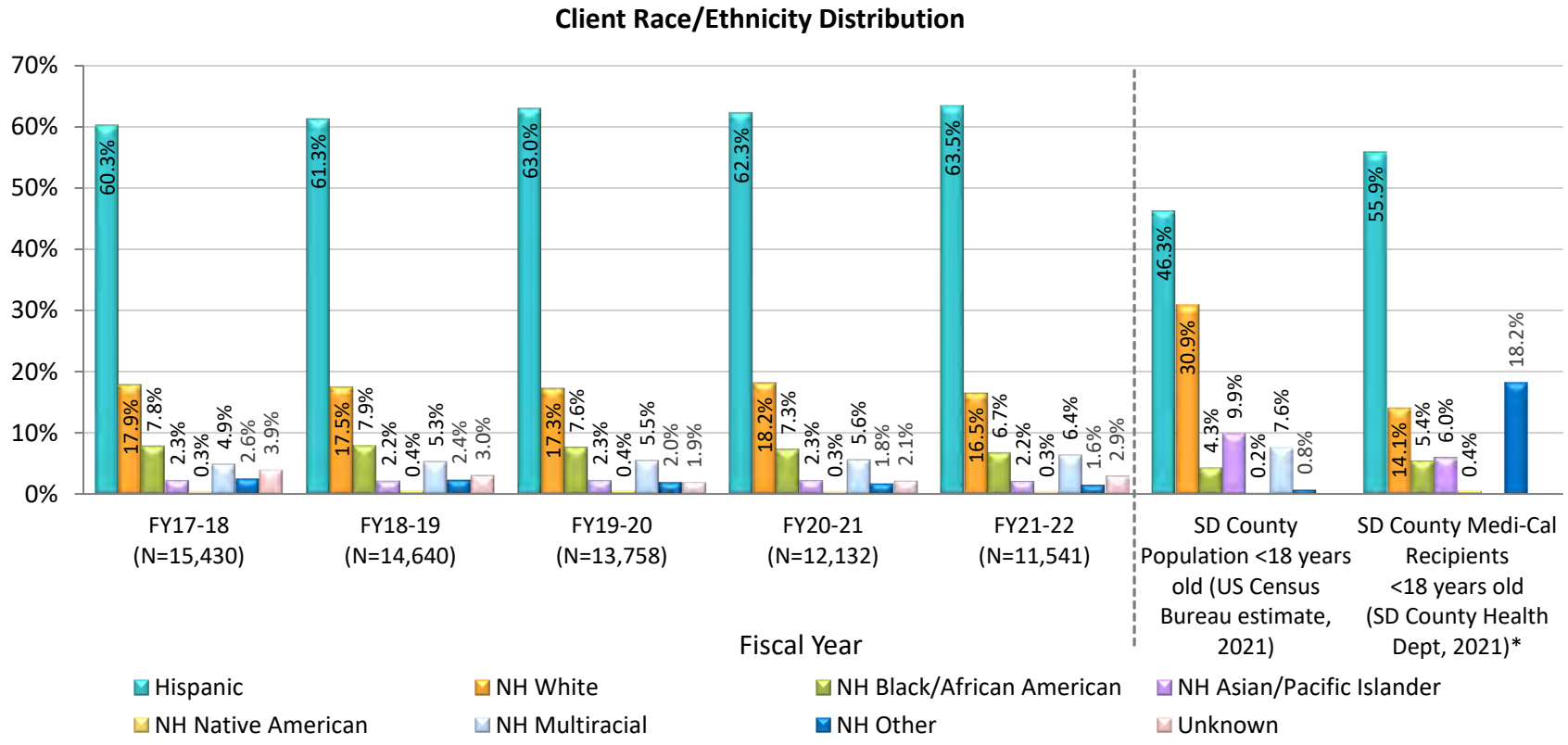




Who Are We Serving?

Client Race/Ethnicity

- 7,329 (64%) clients who received CYFBHS services in FY 2021-22 were identified as Hispanic.
- A larger percentage of Hispanic and Black/African American clients, and a smaller percentage of White and Asian/Pacific Islander clients received services, as compared to their prevalence in the San Diego County youth population. Proportions were somewhat more comparable to the San Diego Medi-Cal youth population.



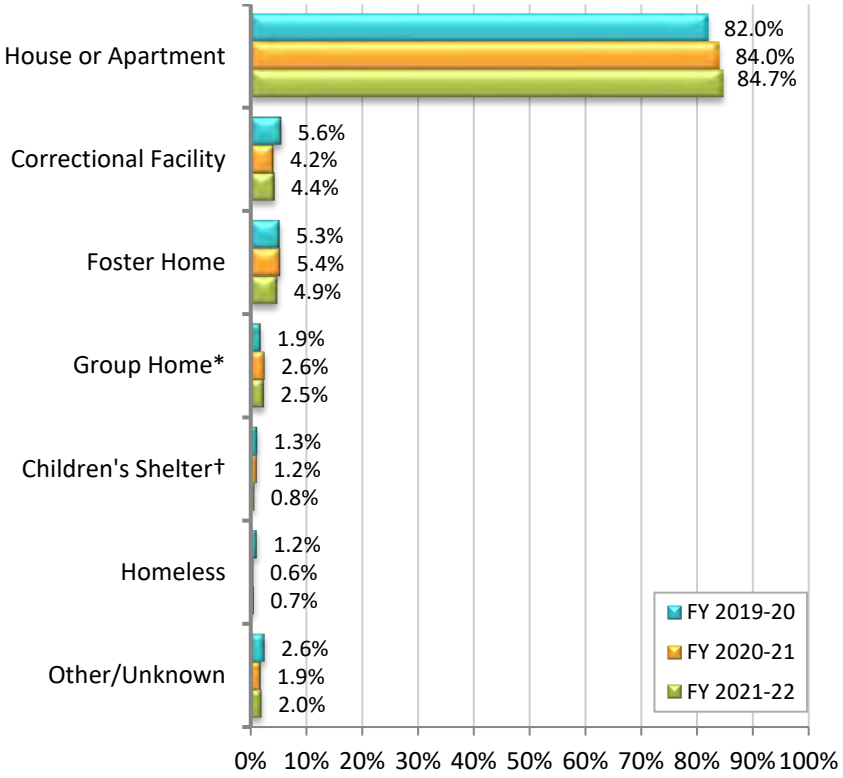
NH=Non-Hispanic

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

Who Are We Serving?

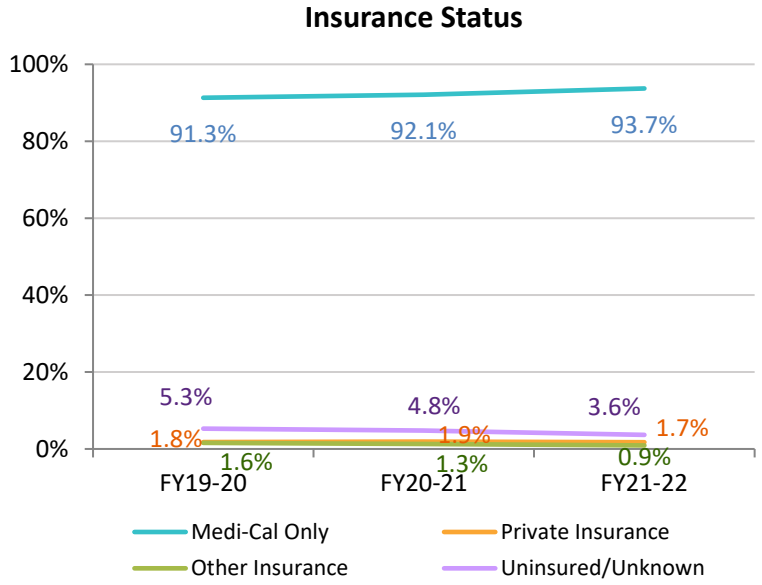
Client Living Situation

Eighty-five percent of youth served by CYFBHS lived in a family home or apartment at some point during FY 2021-22. The decrease in youth served within correctional facilities (as compared to FY 2019-20) aligns with the Public Safety Group (PSG) focus on decreasing detention while increasing community supports.



Health Care Coverage

10,817 (94%) children and youth who received services from CYFBHS during FY 2021-22 were covered exclusively by Medi-Cal.



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

Primary Care Physician (PCP) Status*

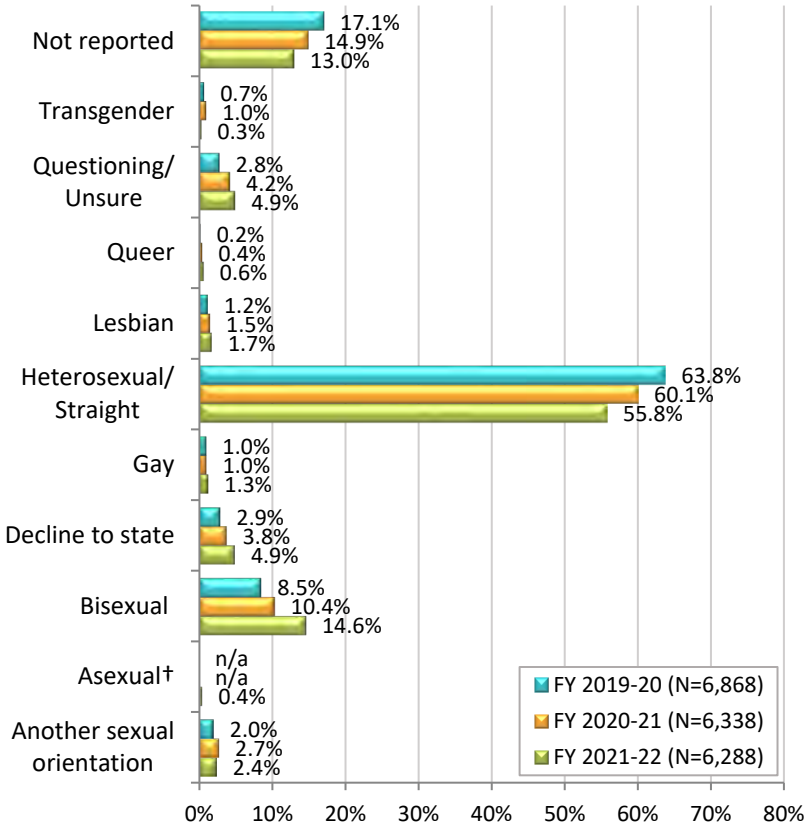
Of the 10,237 clients for whom PCP status was known, 9,833 (96%) had a PCP in FY 2021-22; no change from 96% in FY 2020-21.

**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?

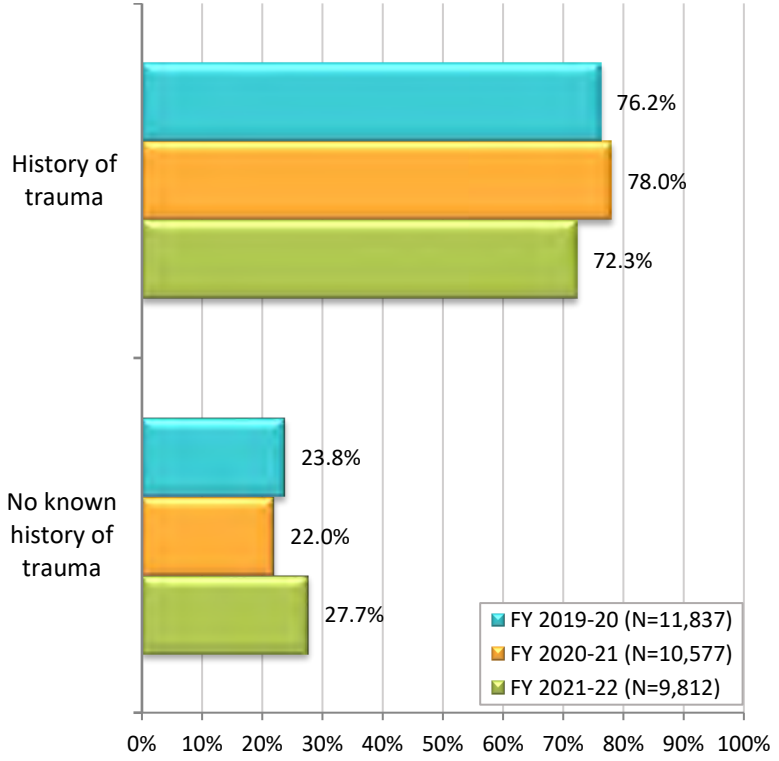
*Sexual Orientation (13+ years)**

Of 6,288 CYFBHS clients **age 13 or older**, 3,510 (56%) were reported to be heterosexual (as compared to 60% in FY 2020-21). Sexual orientation was unreported or declined to state for 18% of the 13+ population.



History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 9,812 clients (85% of the CYFBHS population) in FY 2021-22; of these clients, 7,091 (72% of the 9,812 clients for whom this information was known) had a **history of trauma**. By comparison, 78% of clients in FY 2020-21 had a reported history of trauma.



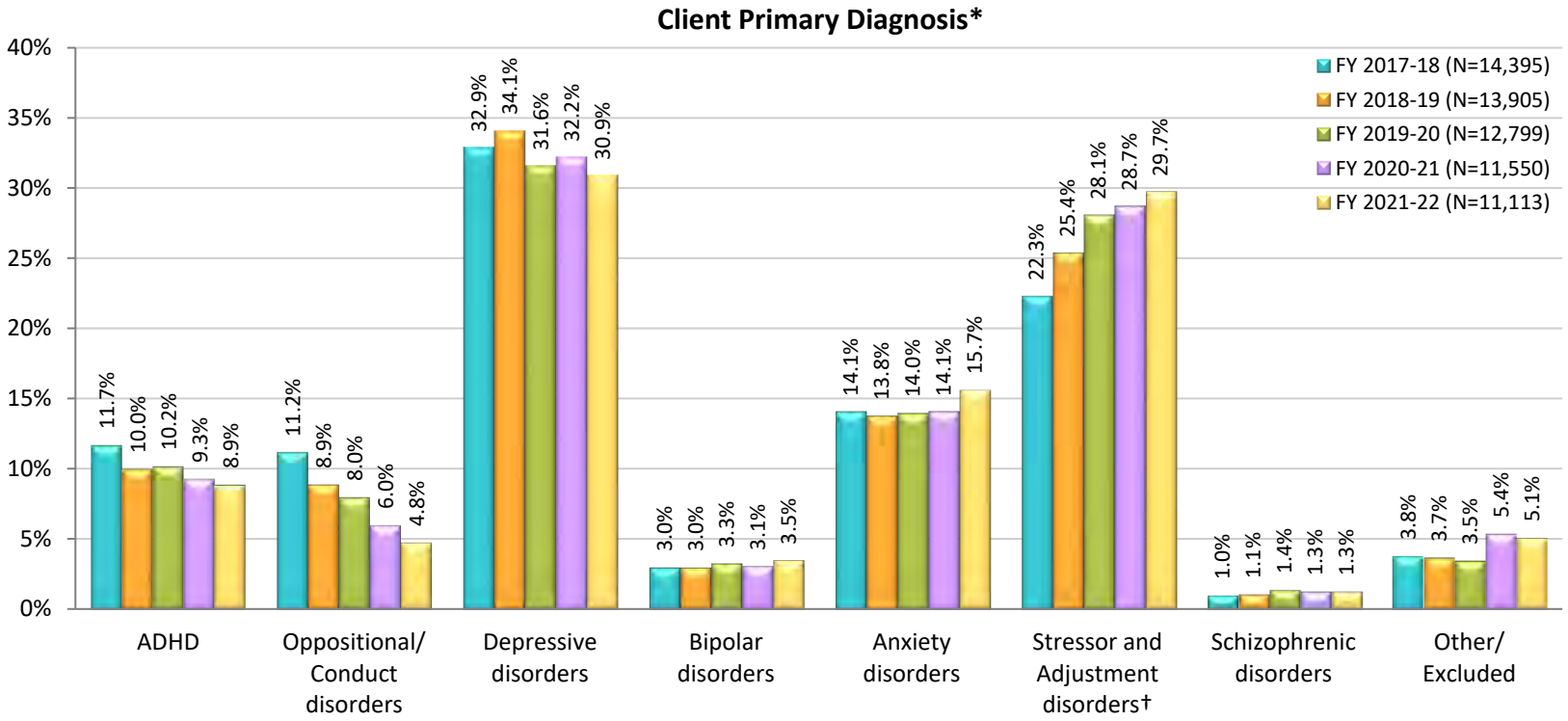
**Not Reported category includes Fee-for-Service providers for whom data were not available.*
†Asexual was added as a response option in FY 2021-22.

Who Are We Serving?

Interpretation of diagnosis trends in FY 2021-22 is challenging, given the complex effects of the pandemic which began in March 2020. Looking at the 5-year trend, the rate of Stressor/Adjustment disorder diagnoses increased 7 percentage points, from 22.3% in FY 2017-18 to 29.7% in FY 2021-22. The rate of Oppositional/Conduct disorder diagnoses decreased from 11.2% in FY 2017-18 to 4.8% in FY 2021-22. In the past year, Anxiety disorder diagnoses increased from 14.1% to 15.7%.

Primary Diagnosis

The most common primary diagnoses among children and youth served by CYFBHS in FY 2021-22 were: Depressive disorders (n=3,436; 30.9%), Stressor and Adjustment disorders (n=3,306; 29.7%), Anxiety disorders (n=1,740; 15.7%), and ADHD (n=989; 8.9%).



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

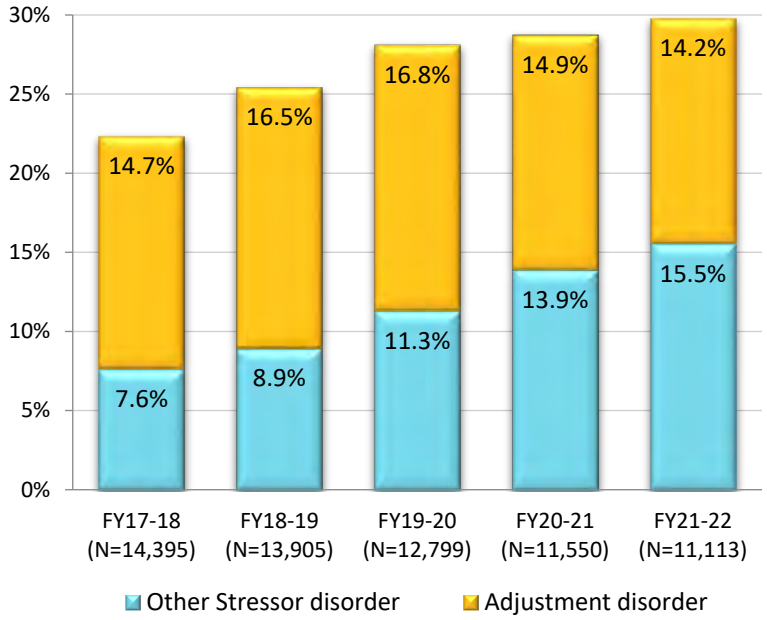
Who Are We Serving?

Within the Stressor and Adjustment disorder diagnostic category, the proportion of Adjustment disorder diagnoses has declined over the past five years. Twenty-five percent of CYFBHS youth ages 12+ were identified as having a co-occurring substance use issue; 68% of CYFBHS youth ages 12+ also receiving SUD services also had a dual diagnosis in the MH system.

*Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Stressor disorder diagnoses has increased **8 percentage points** over the past five years, from 7.6% in FY 2017-18 to 15.5% in FY 2021-22.

Clients with Stressor and Adjustment Disorders



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

In the CYFBHS system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form. In FY 2021-22, 25% of CYFBHS youth **ages 12 and up** had a co-occurring substance use issue.

CYFBHS Youth	Systemwide % (n of N) FY 2021-22
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**25% (1,798 of 7,113)**

CYFBHS Youth with Co-occurring Substance Use Issue	Systemwide % (n of N) FY 2021-22
Had dual diagnosis through mental health program†	46% (827 of 1,798)
Received services from SUD program	12% (218 of 1,798)
CYFBHS youth who received services from SUD program who also had dual diagnosis	68% (149 of 218)

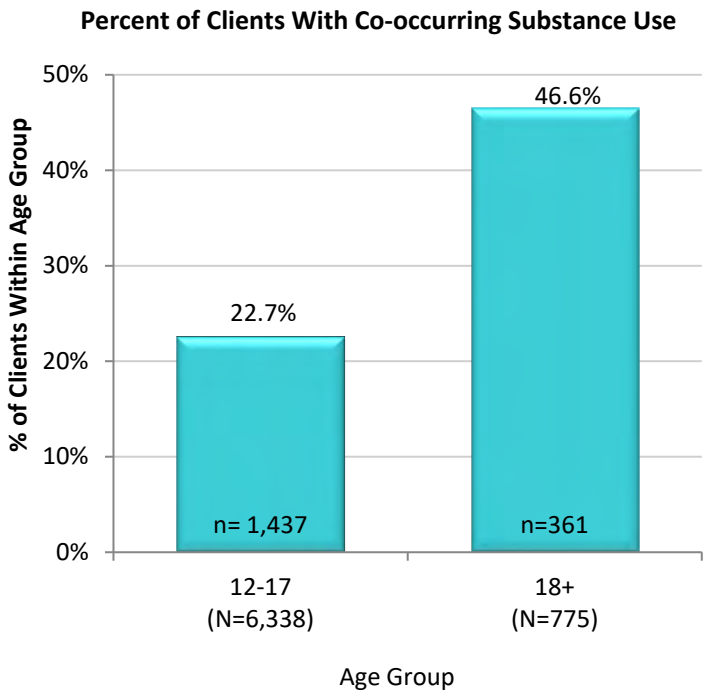
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?

1,128 of 1,798 (63%) clients with a co-occurring substance use problem were Hispanic in FY 2021-22.

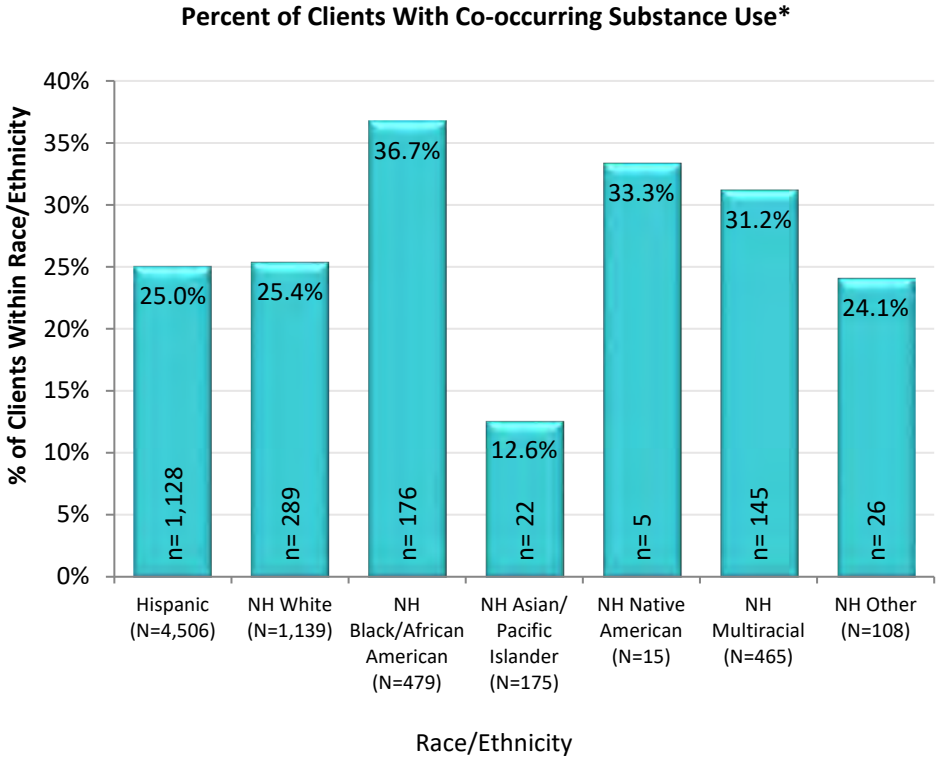
Co-occurring Substance Use—Age

Nearly half of CYFBHS youth ages 18 and older, and 23% of CYFBHS youth ages 12-17, were identified as having a co-occurring substance use issue (dual diagnosis, enrollment in an SUD program, and/or endorsement of substance abuse-related BHA questions.



Co-occurring Substance Use—Race/Ethnicity

NH Black/African American youth ages 12+ served by CYFBHS had the highest proportion of co-occurring substance use (176 of 479 clients), while Asian/Pacific Islanders had the lowest proportion (22 of 175 clients).

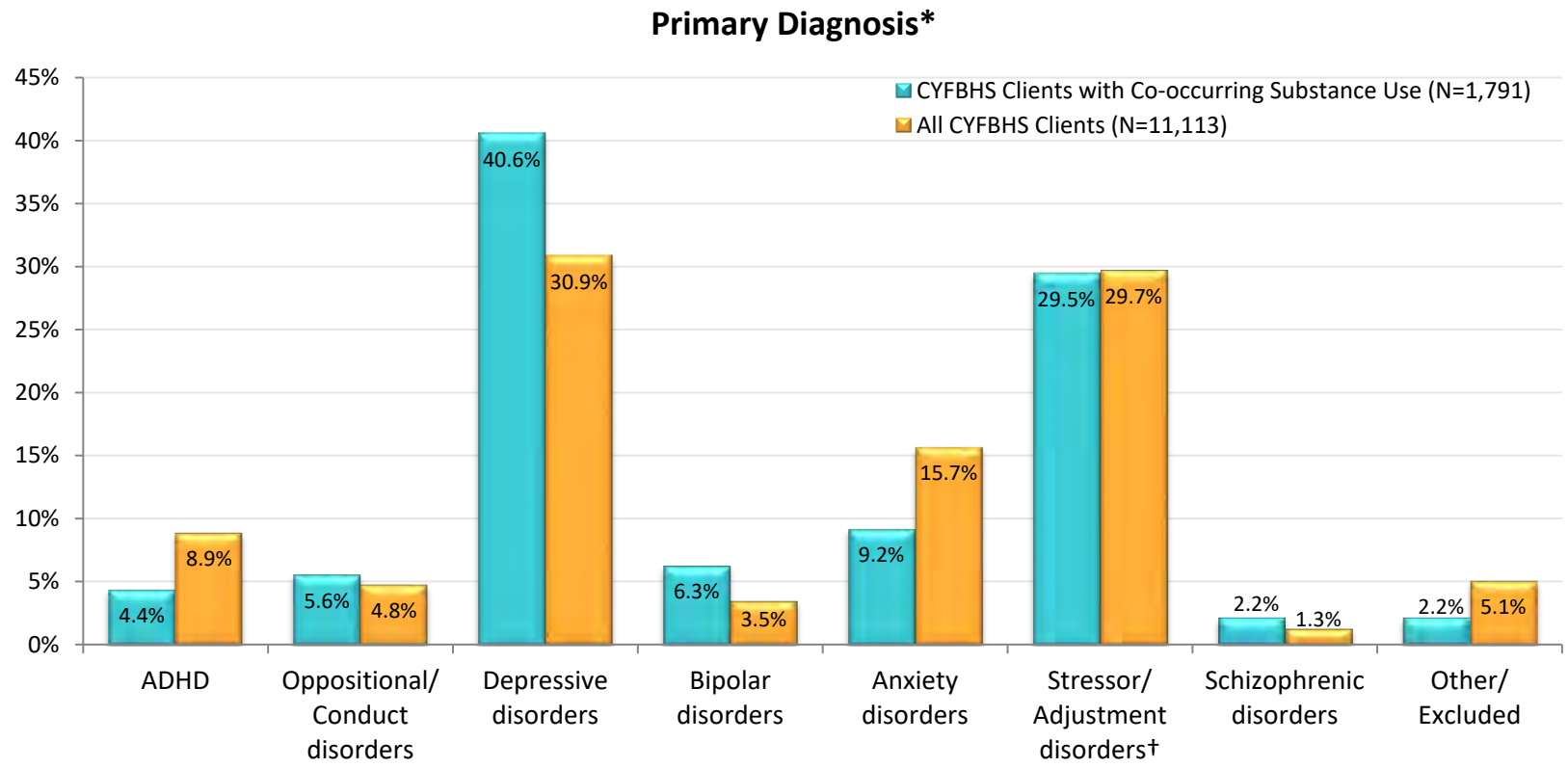


**Clients with unknown race/ethnicity were excluded from this analysis.*

Who Are We Serving?

Co-occurring Substance Use and Primary Diagnosis

Youth (ages 12+) with co-occurring substance use problems who received a valid diagnosis were most likely (41%) to be diagnosed with a Depressive disorder. These youth were more likely to have a diagnosis of Depressive or Bipolar disorder than youth in CYFBHS overall. Some research suggests that youth self-medicate for their mental health issues, leading to problematic substance use.[1]



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.
[1]Broman, C. L., Wright, M. K., Broman, M. J., & Bista, S. (2019). Self-medication-and substance use: A test of the hypothesis. Journal of Child & Adolescent Substance Abuse, 28(6), 494-504.

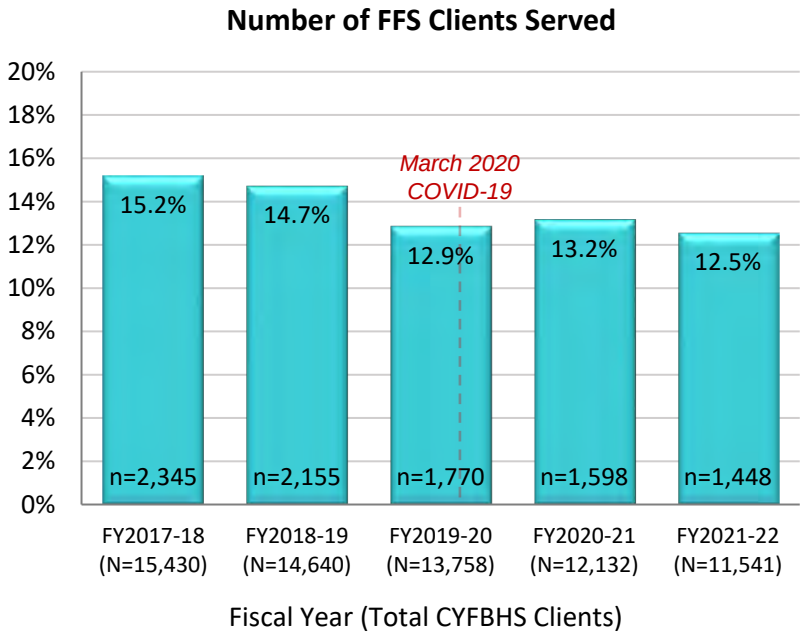
Who Are We Serving?
Fee-for-Service Youth

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 Youth Clients

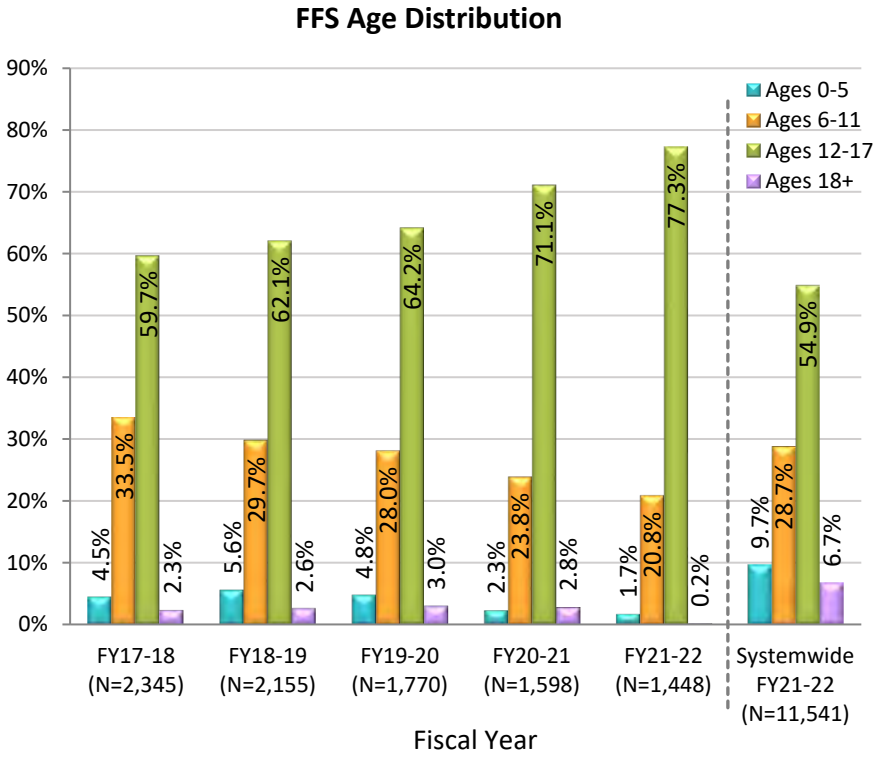
1,448 youth clients were served by an FFS provider at some point in FY 2021-22.

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



*Age of FFS Youth Clients**

1,119 (77%) youth clients served by FFS providers in FY 2021-22 were ages 12-17.

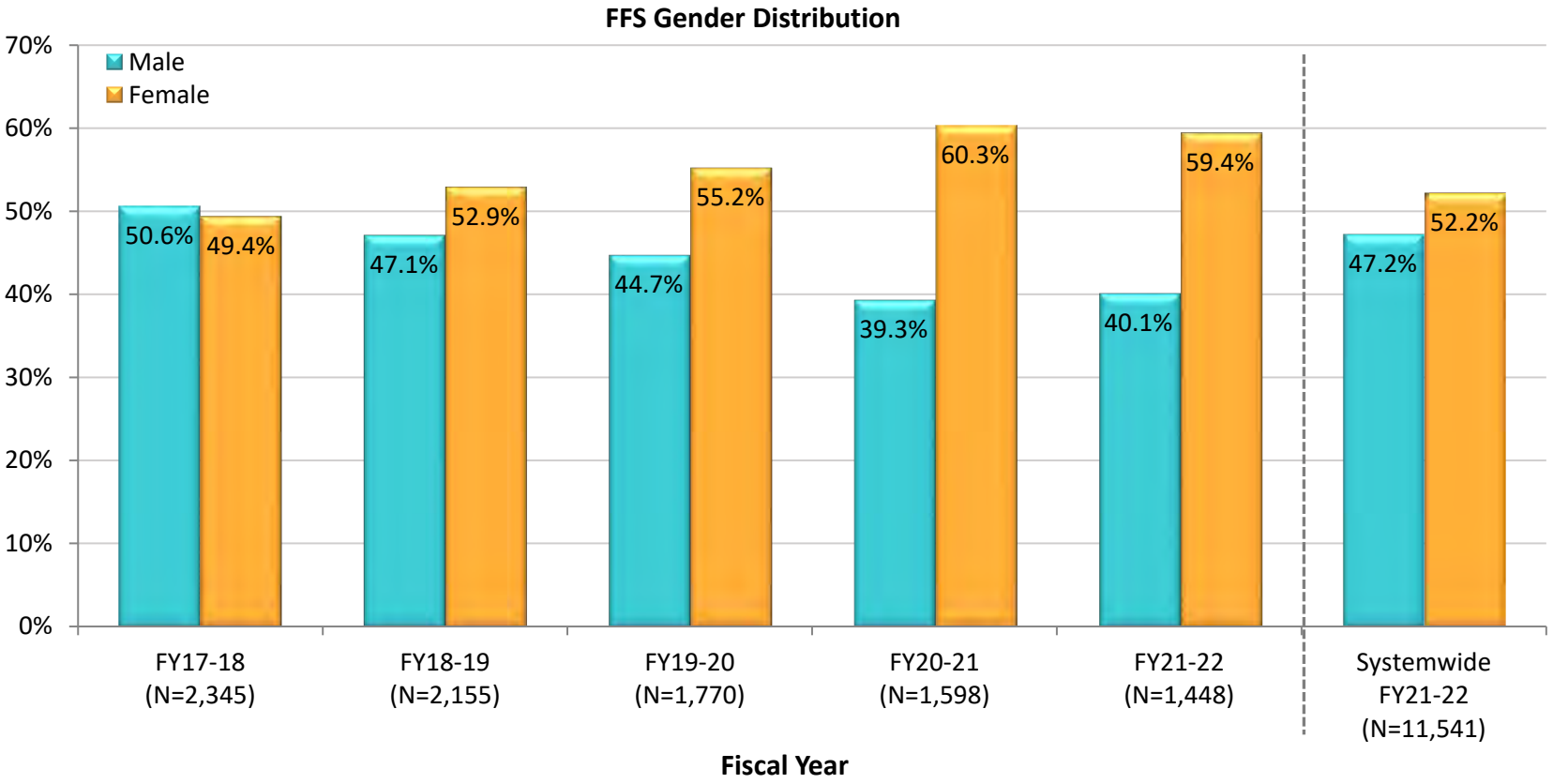


**As of FY 2021-22, Outpatient FFS clients ages 18+ are captured in the Adult/Older Adult system and are no longer reported in the FFS Youth section of this report; age distributions are not directly comparable to previous years.*

Who Are We Serving?
Fee-for-Service Youth

FFS Youth Client Gender

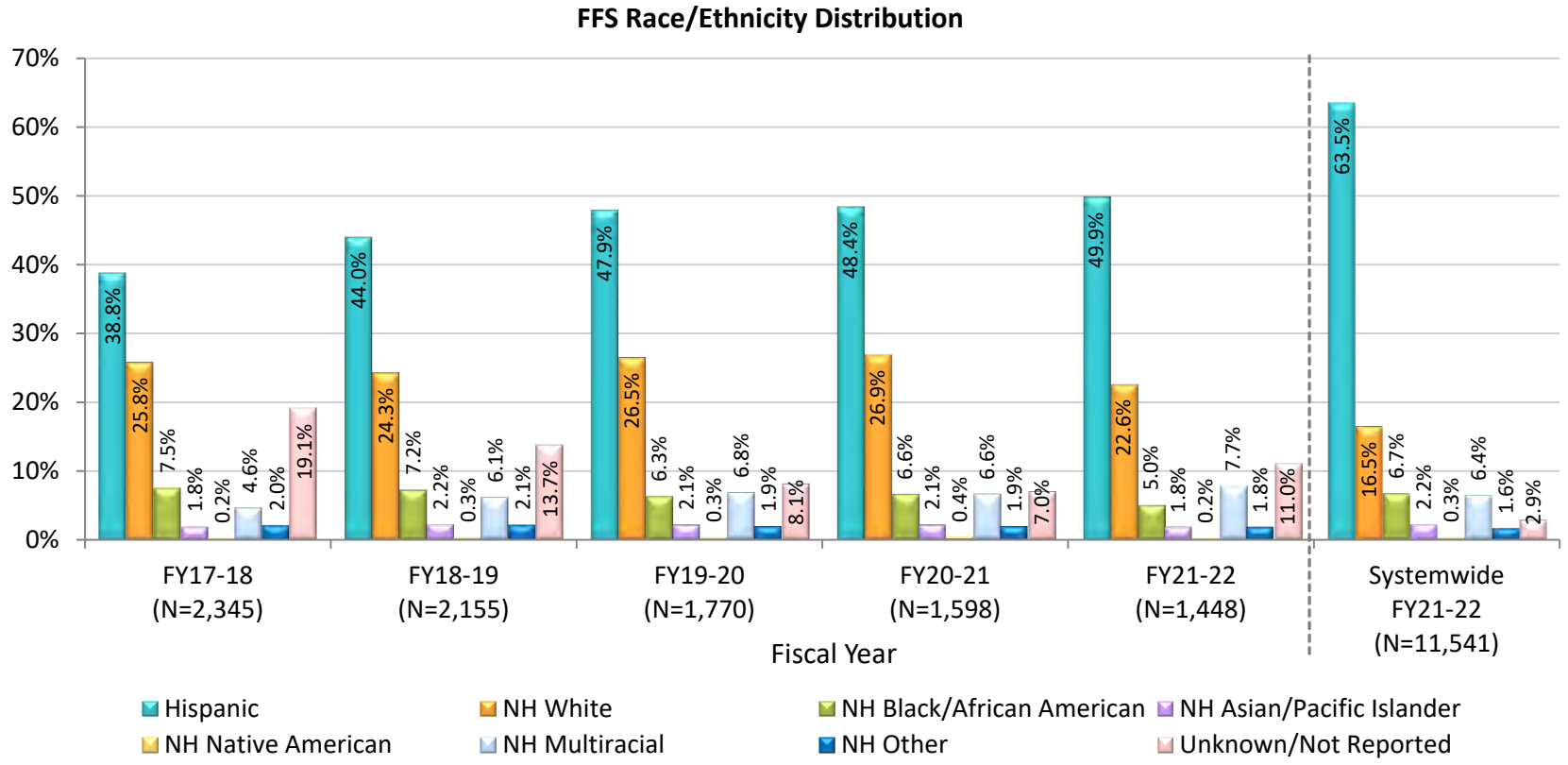
860 (59%) youth clients served by FFS providers in FY 2021-22 were female. Gender was reported as unknown or non-binary for 7 (<1%) clients. The female to male ratio of FFS youth has widened significantly in the past five years.



Who Are We Serving?
Fee-for-Service Youth

FFS Youth Client Race/Ethnicity

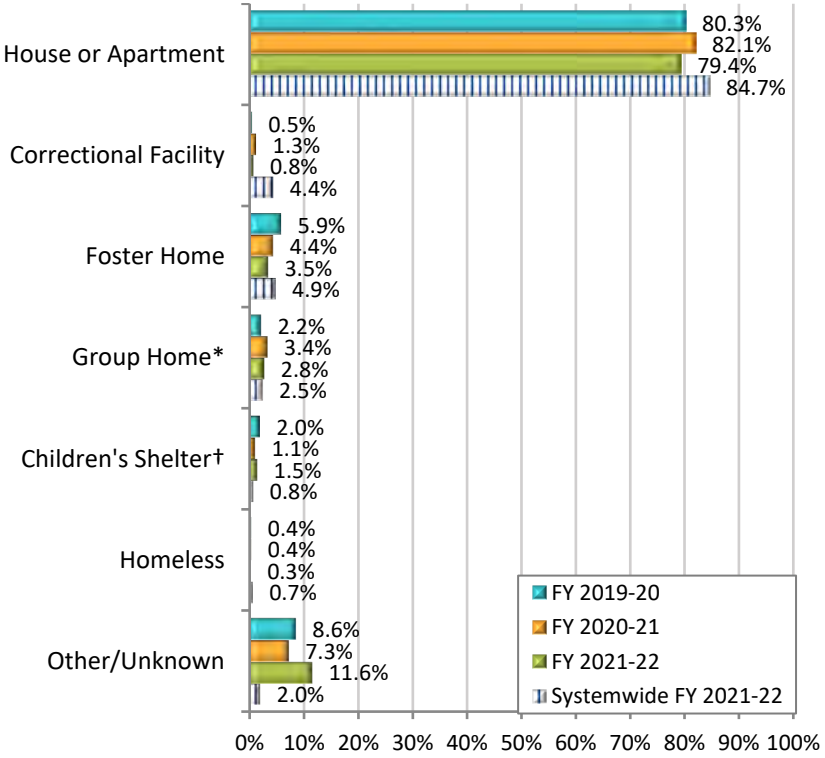
- Race/ethnicity data were not reported for 11% of youth clients who were served by FFS providers in FY 2021-22.
- 722 (50%) youth clients who were served by CYFBHS FFS providers in FY 2021-22 were identified as Hispanic.
- Proportionally, more White youth and fewer Hispanic youth were served by FFS providers compared to systemwide averages.



Who Are We Serving?
Fee-for-Service Youth

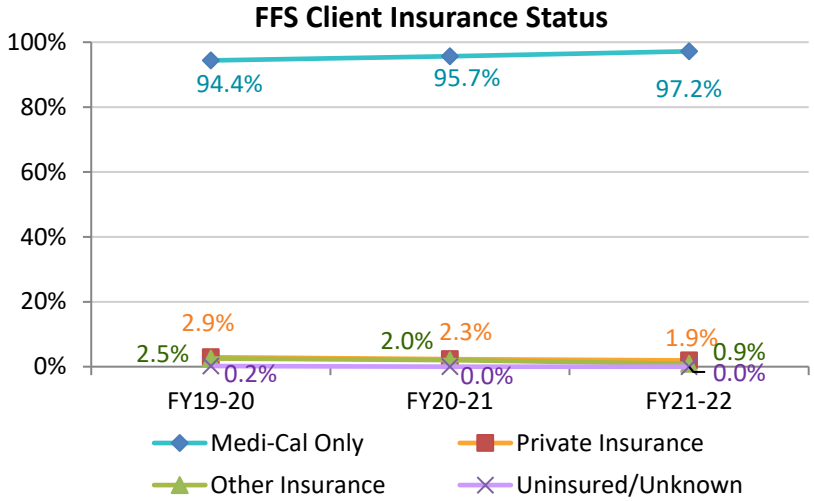
FFS Youth Client Living Situation

Living Situation was not reported for 12% of youth clients who were served by FFS providers in FY 2021-22. 1,150 (79%) clients who were served by CYFBHS FFS providers lived in a family home or apartment at some point during FY 2021-22; 51 (4%) lived in a Foster Home.



FFS Youth Client Health Care Coverage

1,408 (97%) youth clients who were served by FFS providers in FY 2021-22 were covered exclusively by Medi-Cal. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.



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

FFS Youth Client Primary Care Physician (PCP) Status

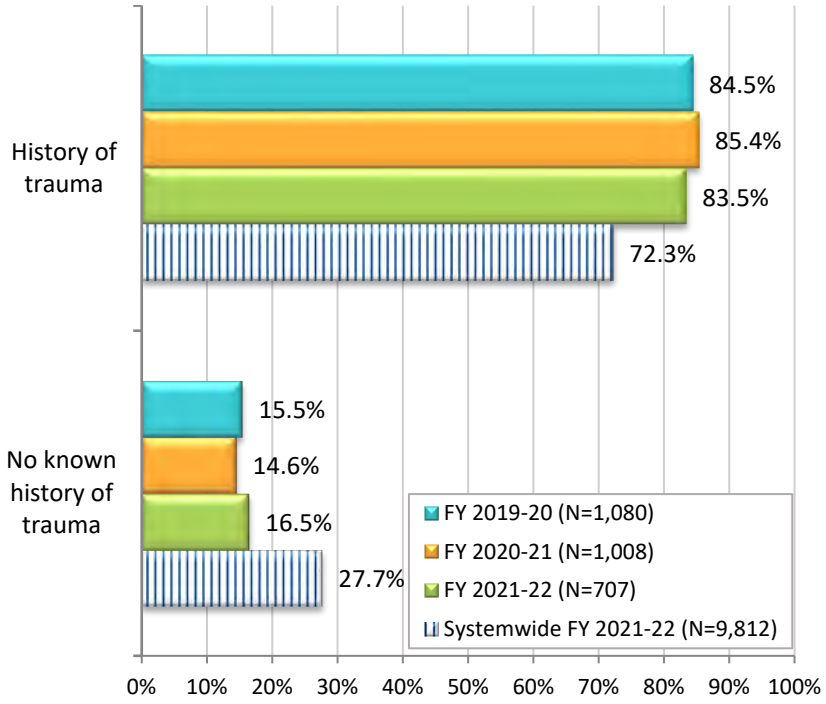
Of the 877 FFS clients for whom PCP status was known, 846 (96%) had a PCP in FY 2021-22; this is slightly lower than the previous fiscal year (97%) and is comparable to the 96% of CYFBHS clients systemwide in FY 2021-22. PCP status was not reported for 39% of FFS clients in FY 2021-22.

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

Who Are We Serving?
Fee-for-Service Youth

FFS Youth Client History of Trauma

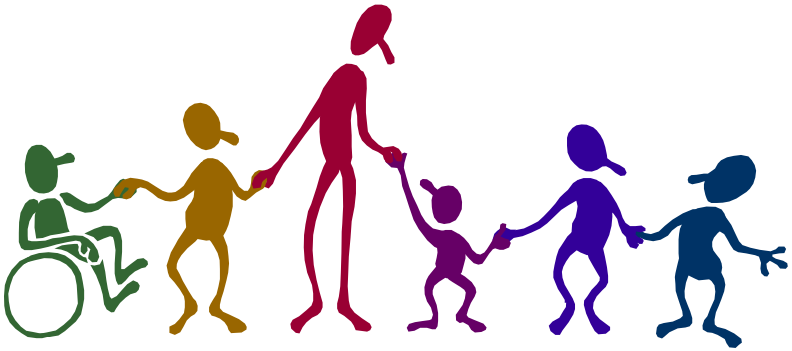
Previous experience of **traumatic events** was reported by clinicians for 707 youth clients (49% of the FFS youth population) in FY 2021-22; of these 707 clients, 590 (83%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22. History of trauma was not reported for 51% of FFS youth clients in FY 2021-22.



*FFS Youth Service Provider Type (N=100)**

Of 198 FFS Providers credentialed to provide services for youth, 100 (51%) actually provided services in FY 2021-22. 46% of active FFS providers for youth were Group Practice providers. 70% of youth clients served by FFS providers in FY 2021-22 were seen at Group Practice providers. These clients may have been seen by more than one provider during the fiscal year.

FFS Provider Type	Active Providers	Clients Served (duplicated)
Group Practice	46	70% (1,013 of 1,448)
MFT	20	11% (164 of 1,448)
LCSW	14	8% (109 of 1,448)
Psychologist	9	3% (49 of 1,448)
Psychiatrist	11	10% (142 of 1,448)

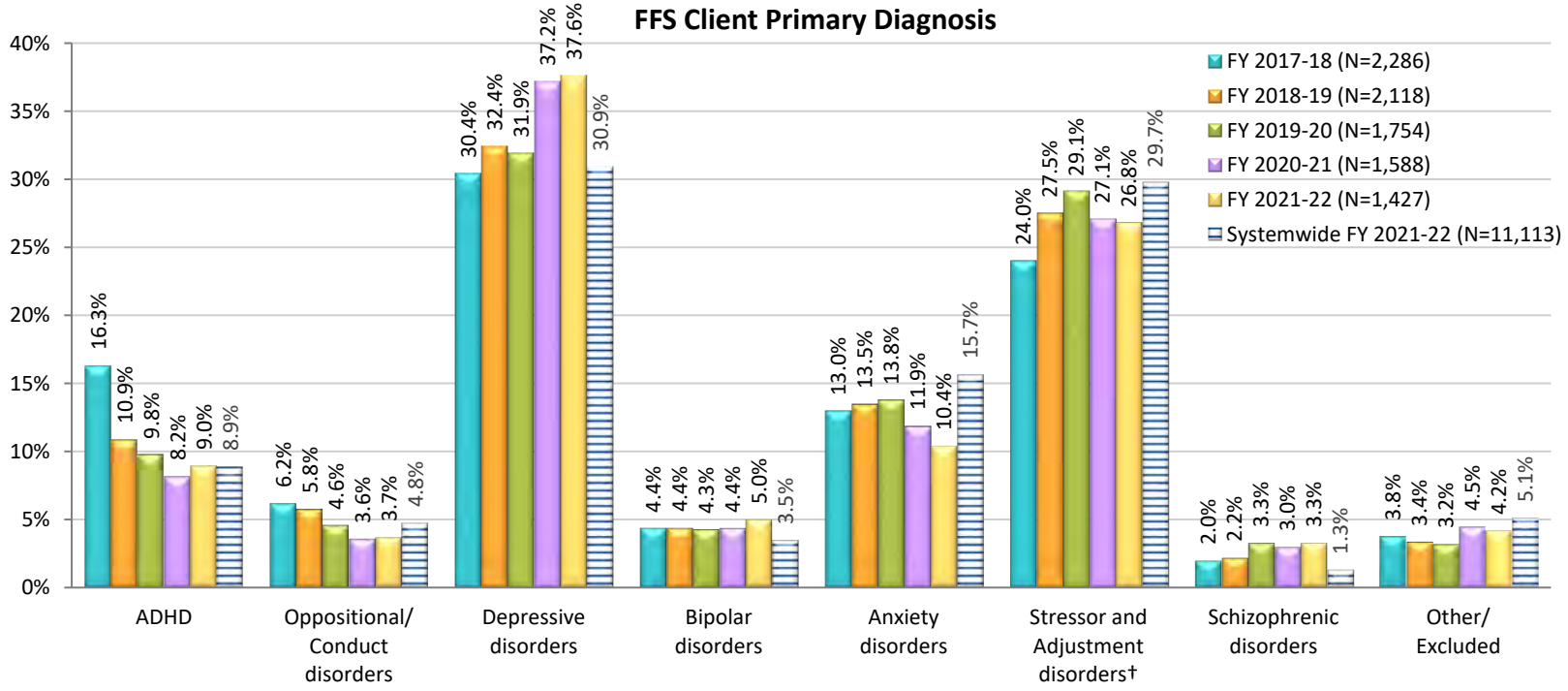


**Active FFS Providers in FY 2021-22*

Who Are We Serving?
Fee-for-Service Youth

*FFS Youth Client Primary Diagnosis**

The most common primary diagnoses among children and youth served by FFS providers in FY 2021-22 were: Depressive disorders (n=536; 38%), Stressor and Adjustment disorders (n=382; 27%), Anxiety disorders (n=149; 10%), and ADHD (n=128; 9%).

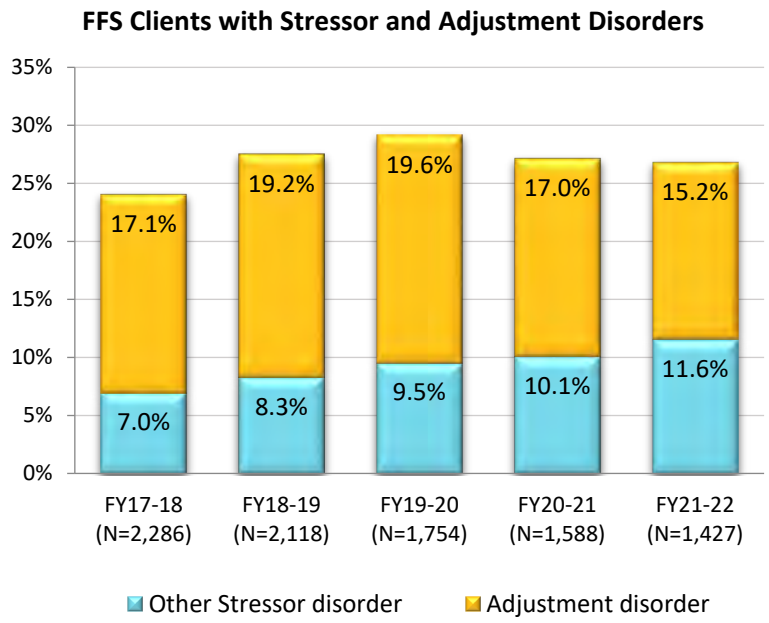


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and 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 7.0% in FY 2017-18 to 11.6% in FY 2021-22. This is consistent with systemwide trending.



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

In the CYFBHS system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form. In FY 2021-22, 19% of FFS youth clients **ages 12 and up** had a co-occurring substance use issue.

FY 2021-22 CYFBHS Youth	FFS Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**19% (215 of 1,122)**	**25% (1,798 of 7,113)**
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†	53% (114 of 215)	46% (827 of 1,798)
Received services from SUD program	16% (35 of 215)	12% (218 of 1,798)
CYFBHS youth who received services from SUD program who also had dual diagnosis	60% (21 of 35)	68% (149 of 218)

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

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

Treatment and Evaluation Resource Management (TERM)

TERM is a mental health program under the direction of the County of San Diego Board of Supervisors and is operated by Optum Public Sector San Diego through a contract with County of San Diego HHSA Behavioral Health Services serving 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, 2022, there were 119 total unique contracted providers. 79 of the 119 providers had an active TERM client in FY 2021-22.

- 89 Treatment Providers (Therapy Services)
- 33 Evaluators (Evaluation Services)
- 1 Psychiatric Evaluator (Psych Eval Services)

Note: There is overlap between Treatment Providers and Evaluators

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

TERM Evaluations

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

- 22 providers administered 138 CWS TERM evaluations for children and caregivers. The majority (79) of CWS TERM evaluations were for parents. One off-panel evaluation was administered.
- 17 providers administered 170 Probation TERM evaluations for youth.

CWS TERM Evaluations			
	FY 2019-20	**FY 2020-21**	**FY 2021-22**
Referrals for Evaluations (Medi-Cal)	203 (102)	272 (106)	169 (56)
Total Evaluations	156	198	138
Unique Provider Count	25	29	22
Psychological Evaluations - Child	88	106	59
Psychiatric Evaluations - Child	1	3	0
Psychological Evaluations - Caregiver	64	82	78
Psychiatric Evaluations - Caregiver	3	7	1
Psychological Off-Panel Evaluations	1	5	1
Psychiatric Off-Panel Evaluations	0	6	0

Probation TERM Evaluations			
	FY 2019-20	**FY 2020-21**	**FY 2021-22**
Total Psychological Evaluations	354	258	169
Total Psychiatric Evaluations	2	0	1
Unique Provider Count	22	20	17
Juvenile Competency Evaluations	22	34	15

Data Source: TERM Statistics FY 2021-22 (Optum)

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

TERM – Treatment Plan

Optum provides oversight and review of clinical treatment plans specific to CWS-involved caregivers and dependents of the court who obtain outpatient treatment services through TERM panel providers. These data represent treatment plans that were reviewed by the Optum TERM team. Optum also appoints therapists and authorizes services for 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 are not included below.

CWS TERM Treatment Plans Reviewed			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Initial Treatment Plans Reviewed	576	563	337
Unique Provider Count	105	114	87
Total Initial Treatment Plans Reviewed - Child	263	247	169
Total Initial Treatment Plans Reviewed - Caregiver	313	316	168
Total Initial Off Panel Treatment Plans Reviewed	14	10	5

CWS TERM Domestic Violence (DV) Victims Group Treatment Plans Reviewed			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Initial Treatment Plans Reviewed	151	196	174
Unique Provider Count	11	12	16

CWS TERM Child Sexual Abuse Protection – Non-Protecting Parents (CSA-NPP) Group Treatment Plans Reviewed			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Initial Treatment Plans Reviewed	22	19	29
Unique Provider Count	5	5	5

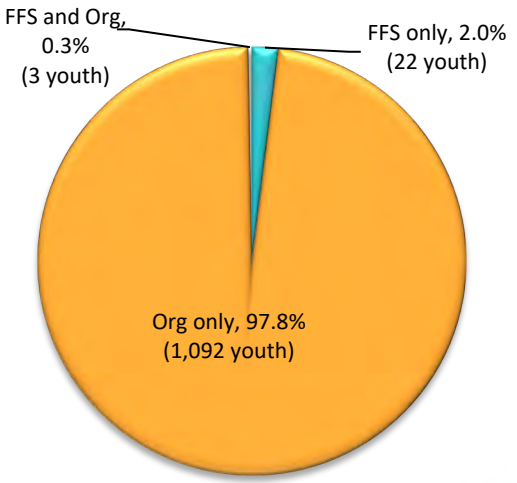
Data Source: TERM Statistics FY 2021-22 (Optum)

Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Clients

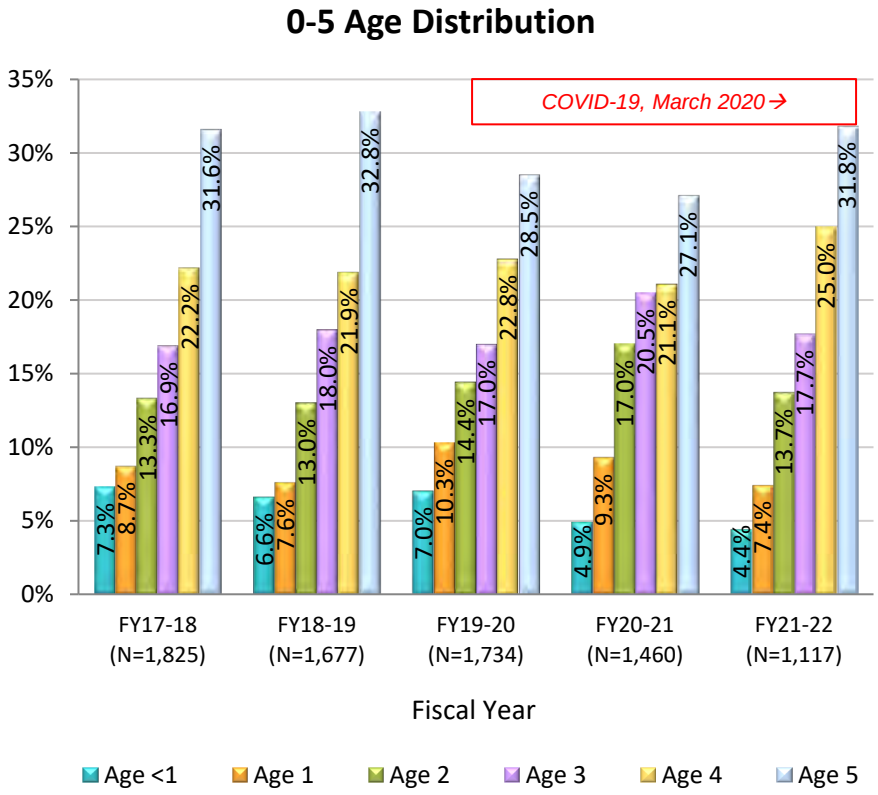
1,117 youth (10%) served by CYFBHS in FY 2021-22 were 0 to 5 years old, as compared to 12% in FY 2020-21.

❖ The majority (98%) of 0-5 clients were served *only* by Org providers in FY 2021-22, as compared to 97% in FY 2020-21.



Age Distribution of 0-5 Clients

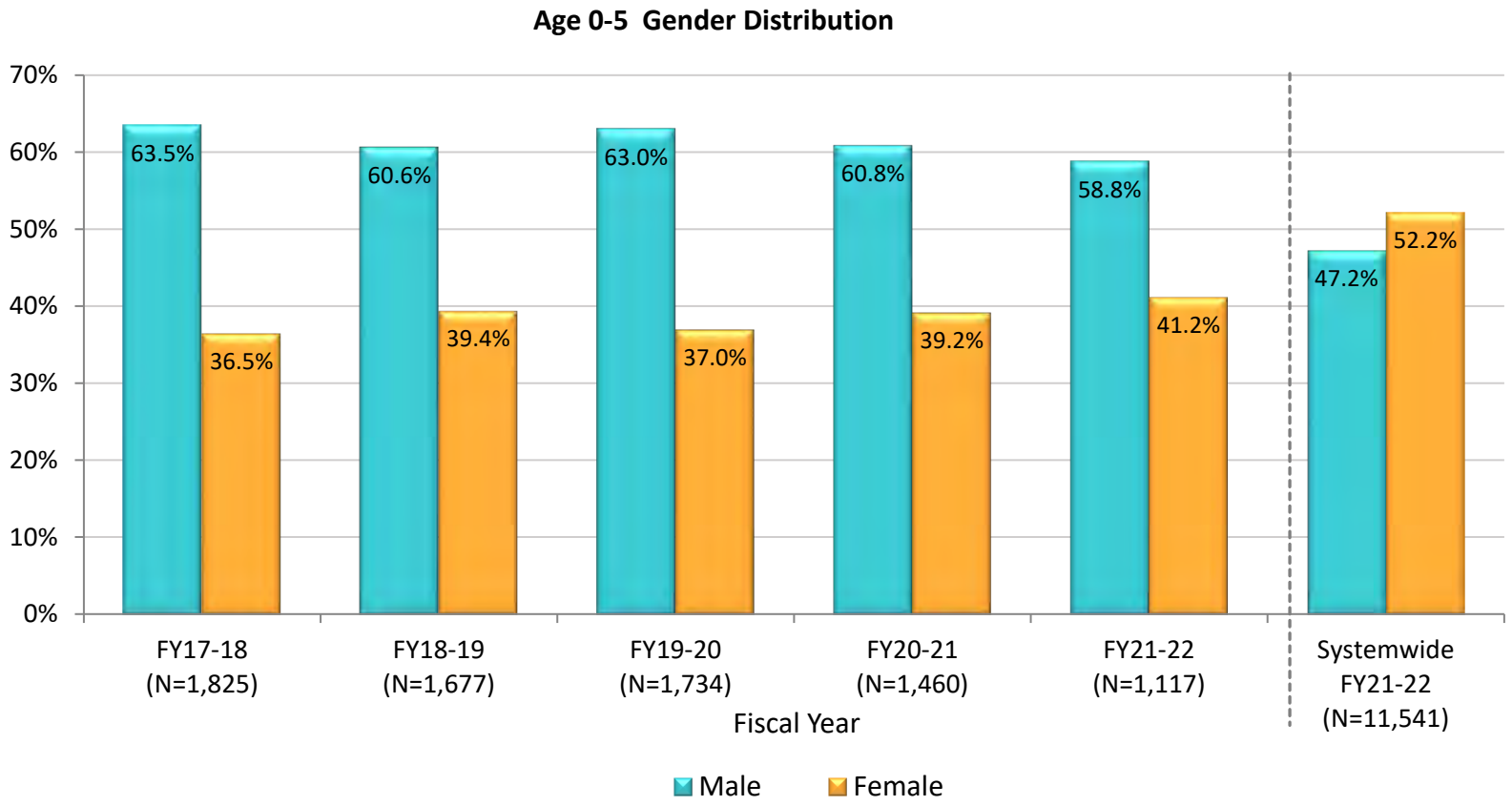
Of 1,117 youth ages 0-5 youth served by CYFBHS, 355 (32%) were age 5. The proportion of youth <1 year old has decreased three percentage points in the past five years.



Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Client Gender

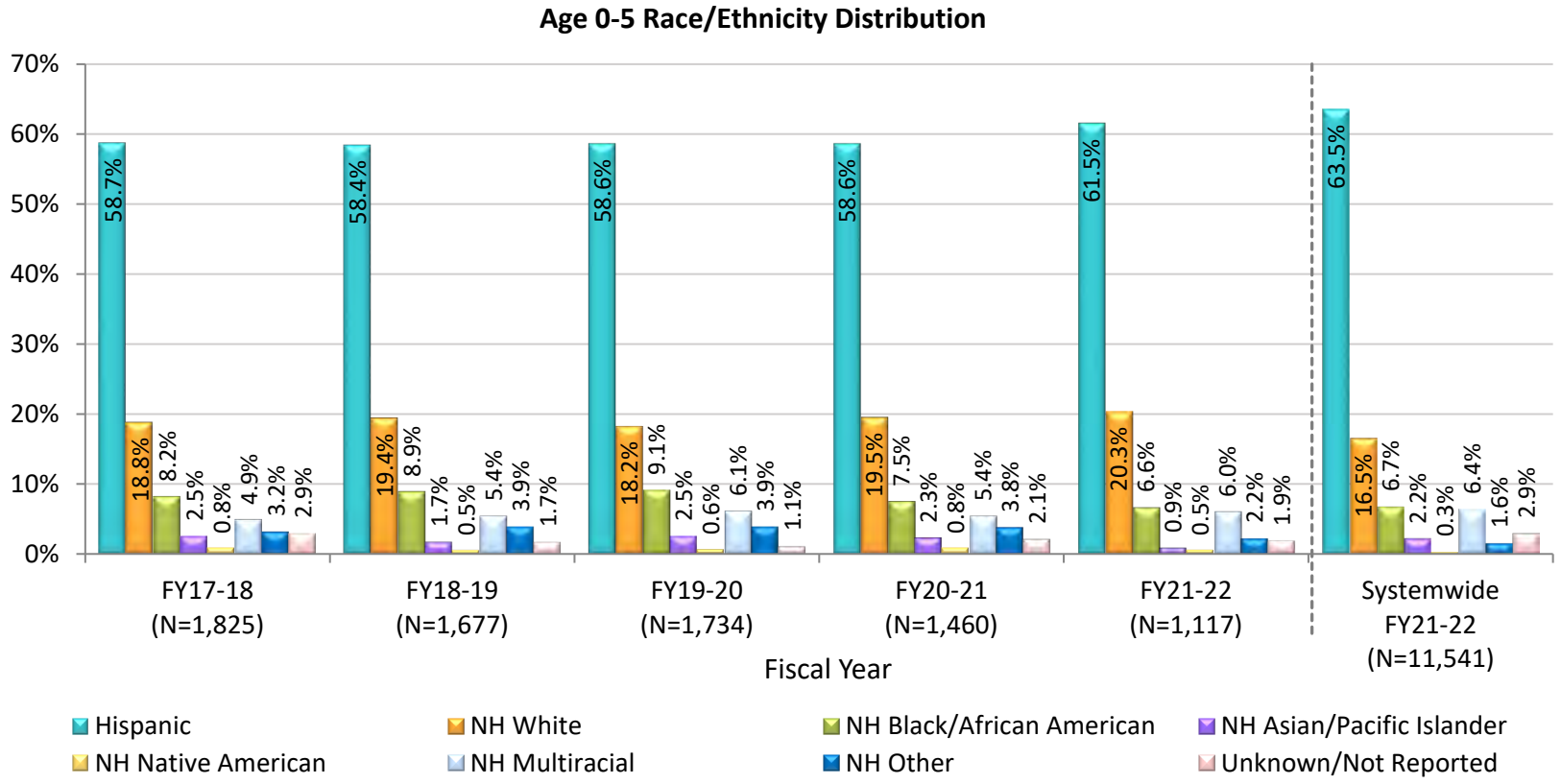
657 (59%) age 0-5 clients who received CYFBHS services in FY 2021-22 were male. The gender gap of the 0-5 population has narrowed over the past five years but remains wider than the CYFBHS system as a whole.



Who Are We Serving?
Age 0 – 5 Youth

Age 0-5 Client Race/Ethnicity

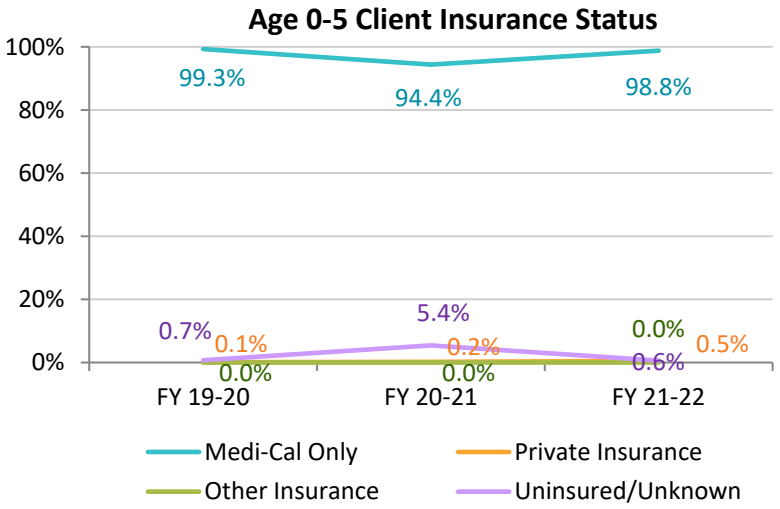
- 687 (62%) age 0-5 clients who received CYFBHS services in FY 2021-22 were identified as Hispanic.
- As compared to the CYFBHS system as a whole, a greater proportion of White children ages 0-5 and a smaller proportion of Asian/Pacific Islander children ages 0-5 received services.



Who Are We Serving?
Age 0 – 5 Youth

1,104 (99%) age 0-5 clients who received services from CYFBHS during FY 2021-22 were covered exclusively by Medi-Cal. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.

Age 0-5 Health Care Coverage



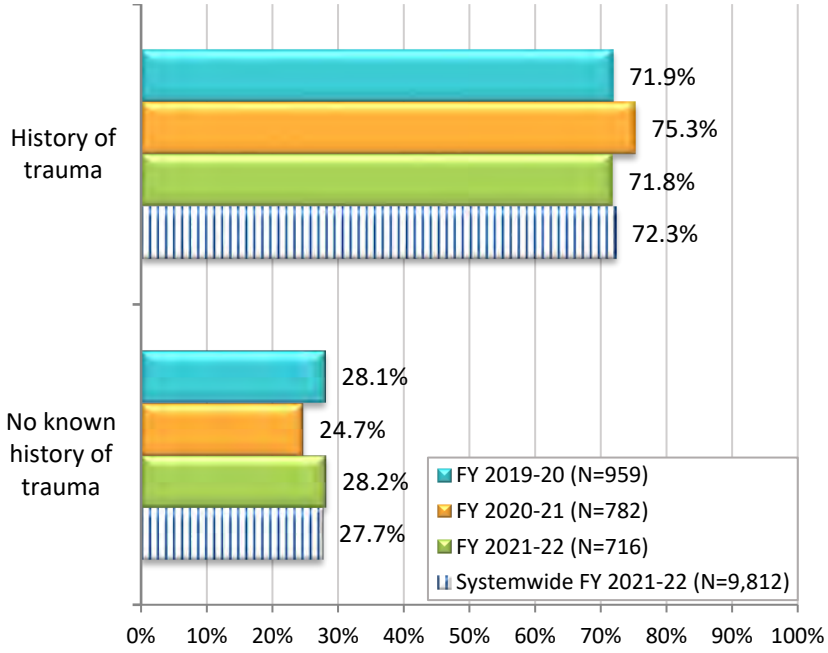
NOTE: Clients covered by private/other insurance may have also received Medi-Cal coverage during the fiscal year.

Age 0-5 Primary Care Physician (PCP) Status

Of the 767 age 0-5 clients for whom PCP status was known, 756 (99%) had a PCP in FY 2021-22; a slight increase from 98% of age 0-5 clients in FY 2020-21. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

Age 0-5 History of Trauma

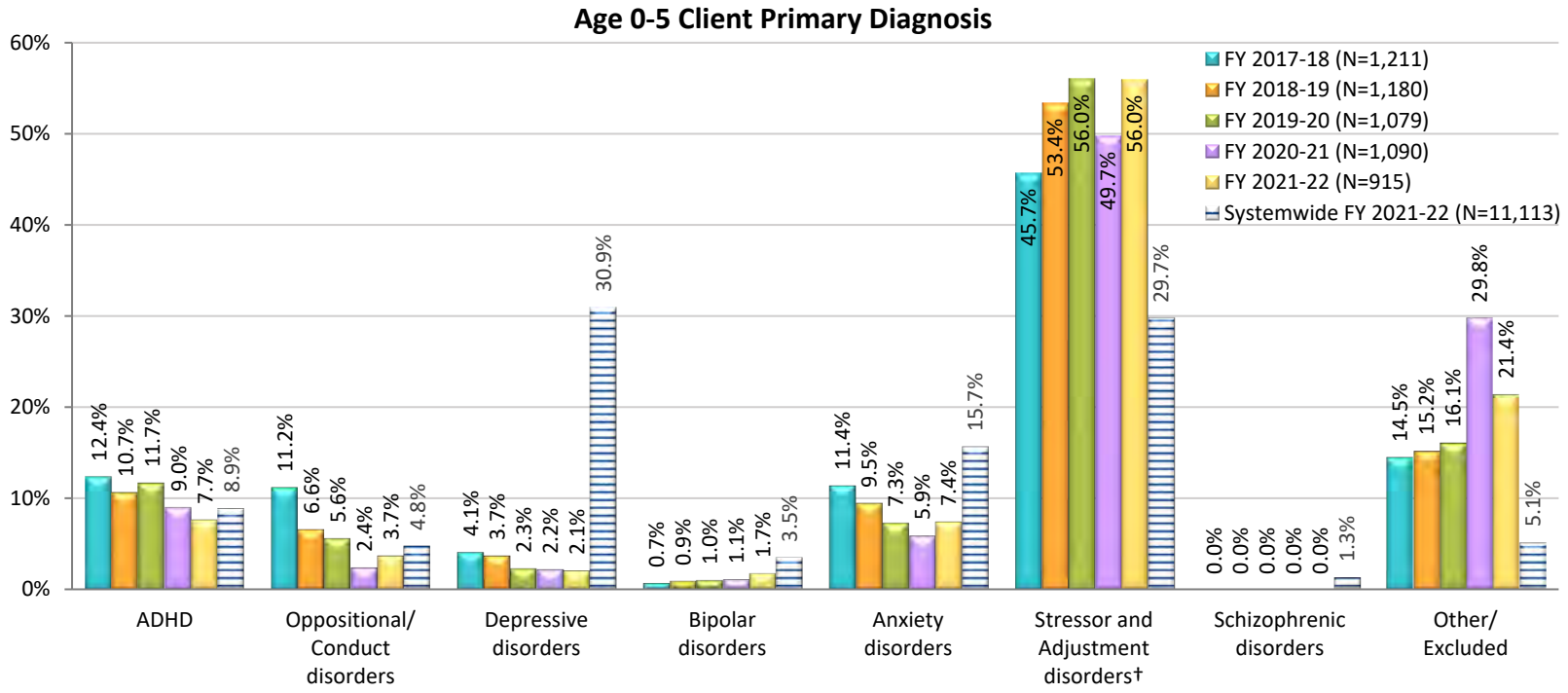
Previous experience of **traumatic events** was reported by clinicians for 716 clients (64% of the age 0-5 population) in FY 2021-22; of these 716 clients, 514 (72%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.



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 2021-22 were: Stressor and Adjustment disorders (n=512; 56%), ADHD (n=77; 8%), and Anxiety disorders (n=68; 7%).

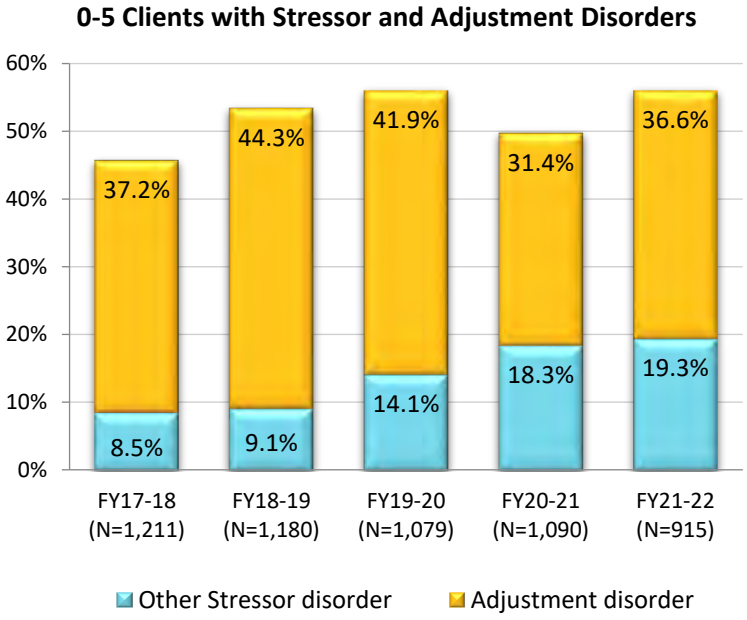


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Age 0 – 5 Youth

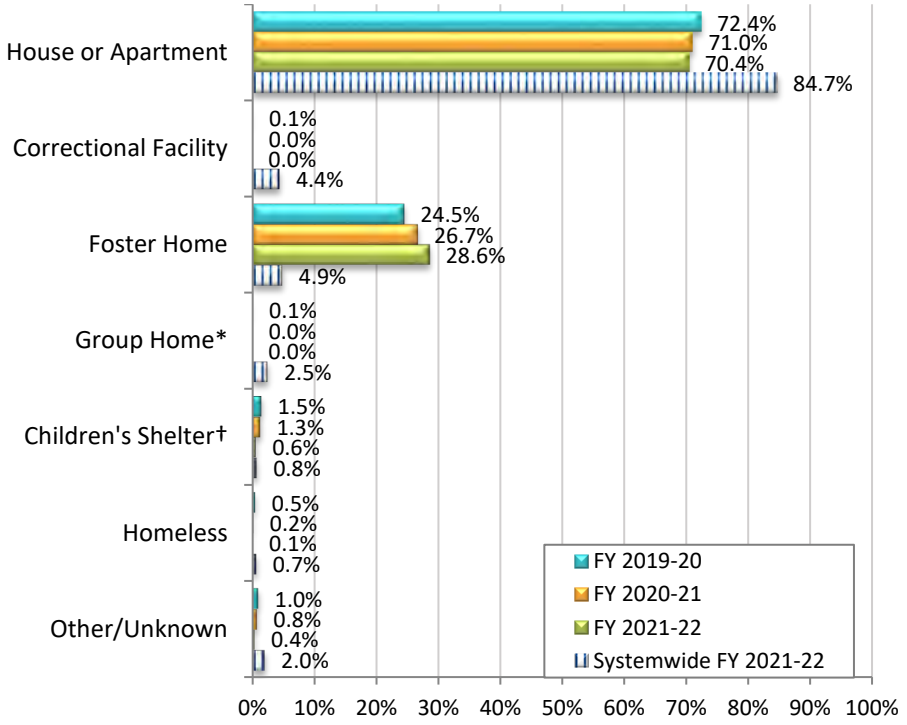
*Age 0-5 Stressor and Adjustment Disorders**

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 9% in FY 2017-18 to 19% in FY 2021-22.



Age 0-5 Client Living Situation

786 (70%) age 0-5 clients served by CYFBHS lived in a family home or apartment at some point during FY 2021-22. 319 (29%) age 0-5 clients lived in a Foster Home; as compared to 5% systemwide.



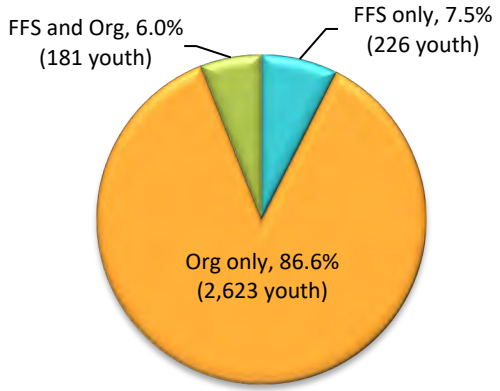
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

Who Are We Serving?
Transition Age Youth

Transition Age Youth Clients

3,030 Transition Age Youth (TAY) clients, defined in the CYFBHS system as youth ages 16 to 25, were served in FY 2021-22, representing 26% of the total CYFBHS population. By comparison, TAY youth represented 25% of the CYFBHS population in FY 2020-21.

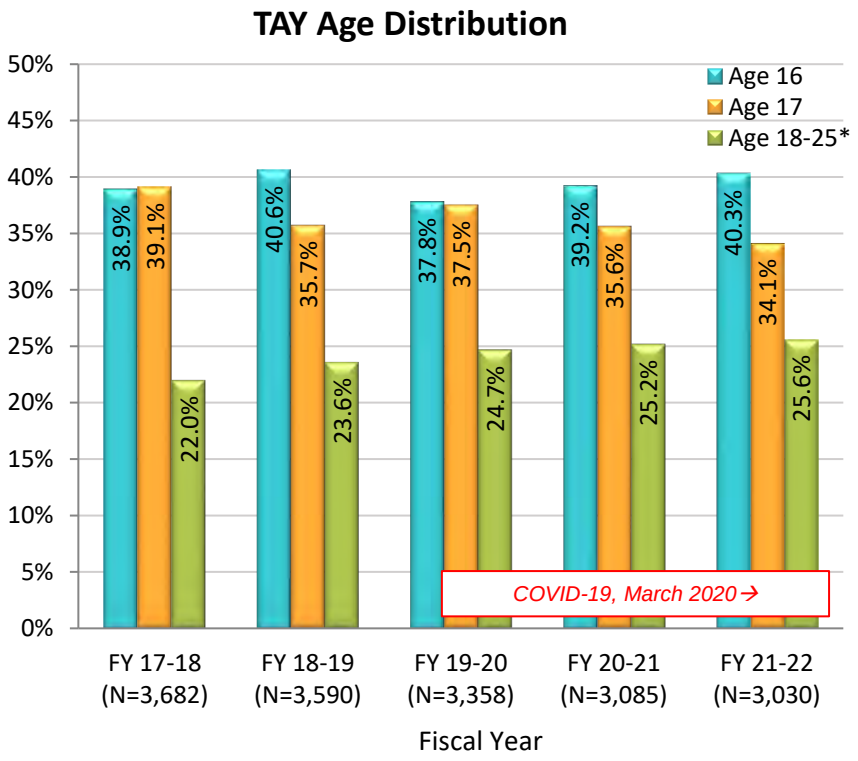
❖ The majority (87%) of TAY clients were served *only* by Org providers in FY 2021-22, as compared to 85% in FY 2020-21.



Age of TAY Clients

2,255 (74%) TAY clients served by CYFBHS were ages 16-17, as compared to 75% in FY 2020-21.

❖ The proportion of TAY clients ages 18-25 (26%) served by CYFBHS is comparable to 25% in FY 2020-21.

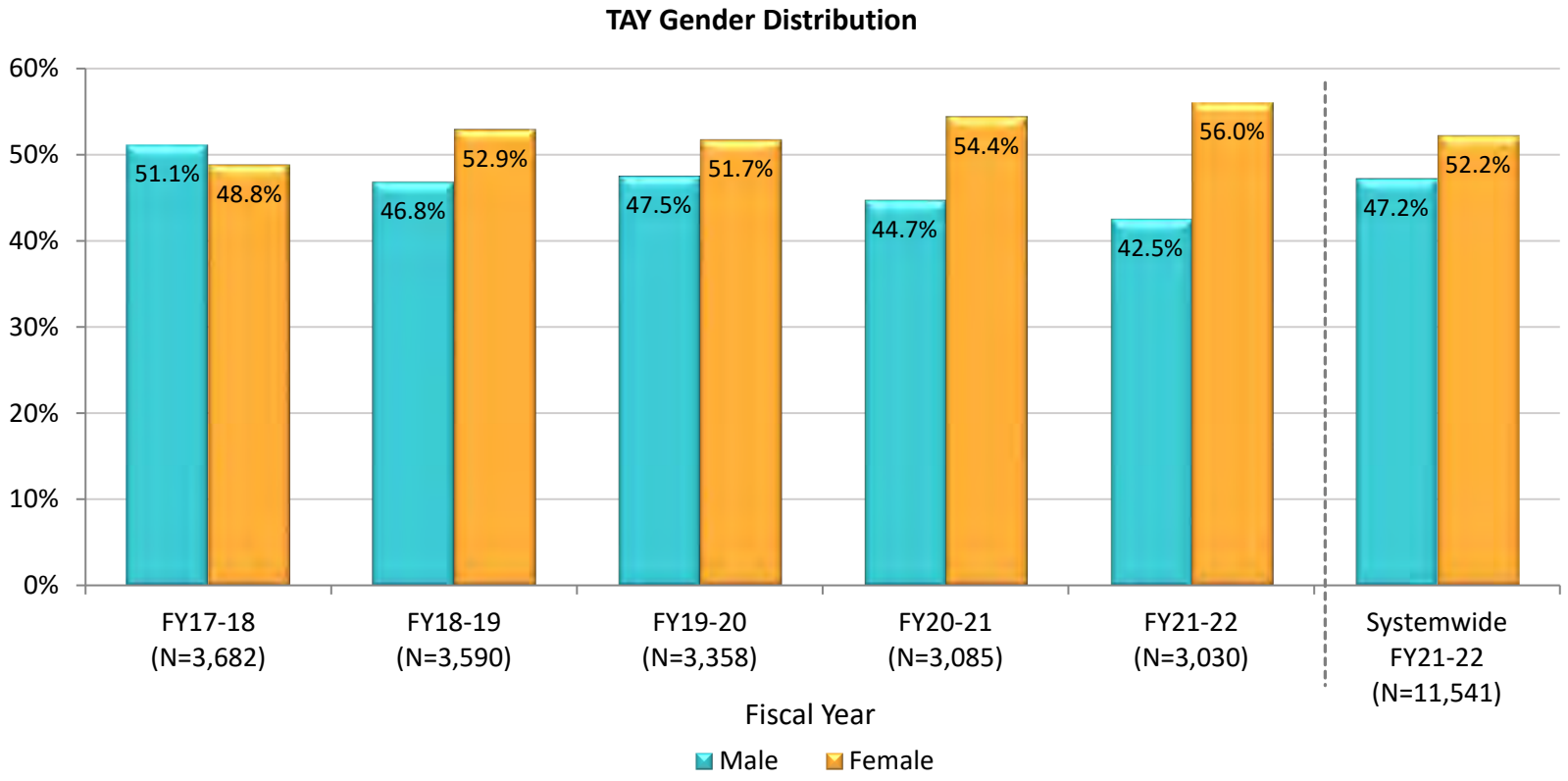


**On average, less than 1% of the TAY population in CYFBHS was over the age of 21.*

Who Are We Serving?
Transition Age Youth

TAY Client Gender

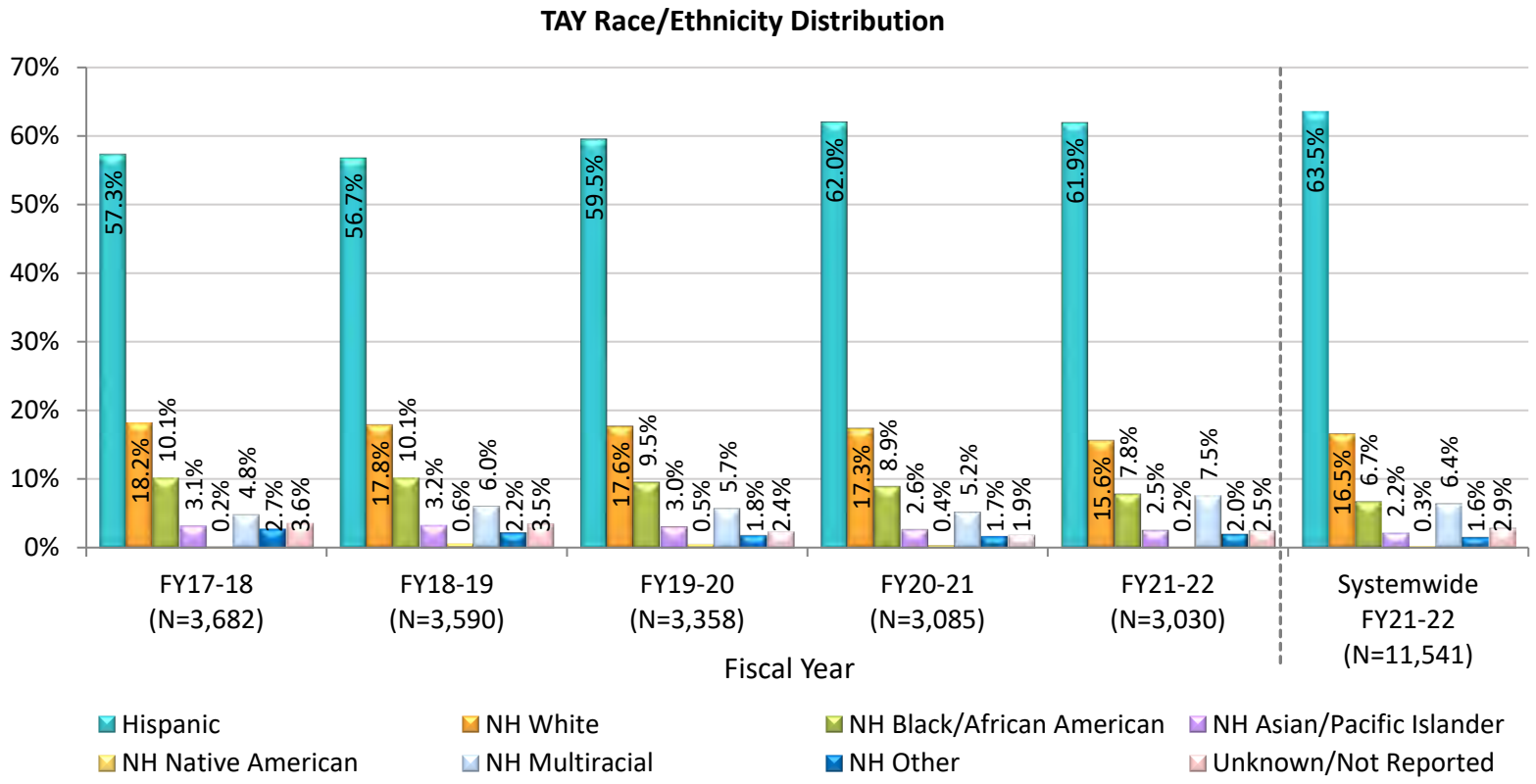
1,698 (56%) TAY clients who received CYFBHS services in FY 2021-22 were female. The male to female TAY client ratio shifted in FY 2018-19; for the past four years, the TAY population has been comprised of more females than males. Gender was reported as unknown or non-binary for 43 (1%) clients.



Who Are We Serving?
Transition Age Youth

TAY Client Race/Ethnicity

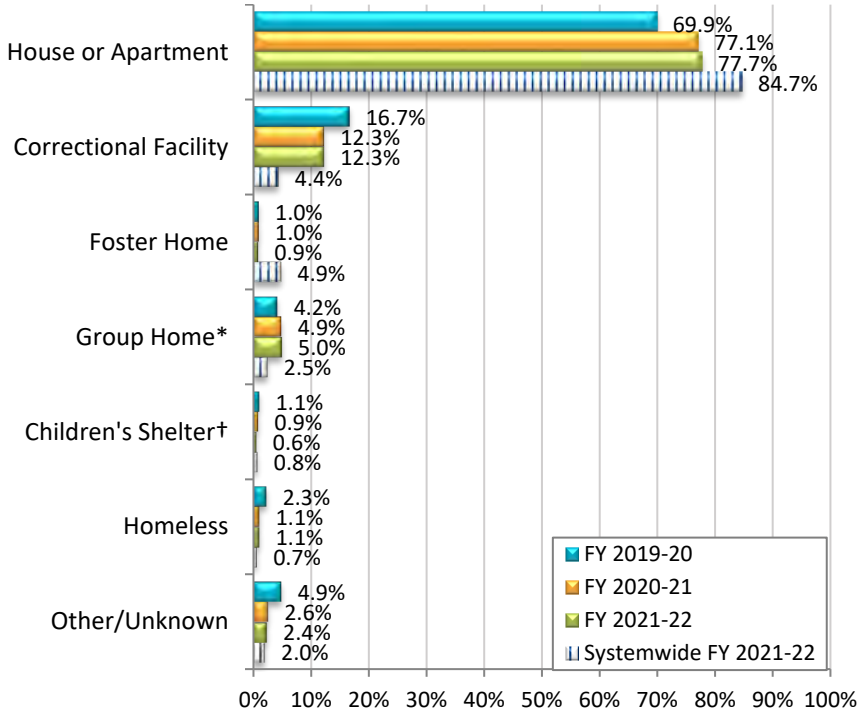
- 1,875 (62%) TAY clients who received CYFBHS services in FY 2021-22 were identified as Hispanic.
- The distribution of race/ethnicity among TAY clients in the CYFBHS system is similar to the distribution throughout the system as a whole.



Who Are We Serving?
Transition Age Youth

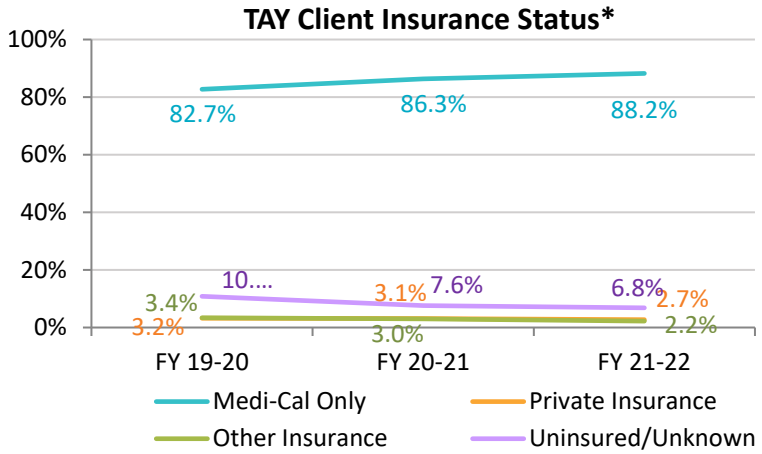
TAY Client Living Situation

2,355 (78%) TAY clients served by CYFBHS lived in a family home or apartment at some point during FY 2021-22. 373 (12%) TAY clients lived in a Correctional Facility in FY 2021-22. 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.



TAY Health Care Coverage

2,673 (88%) TAY clients who received services from CYFBHS during FY 2021-22 were covered exclusively by Medi-Cal. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.



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

TAY Primary Care Physician (PCP) Status†

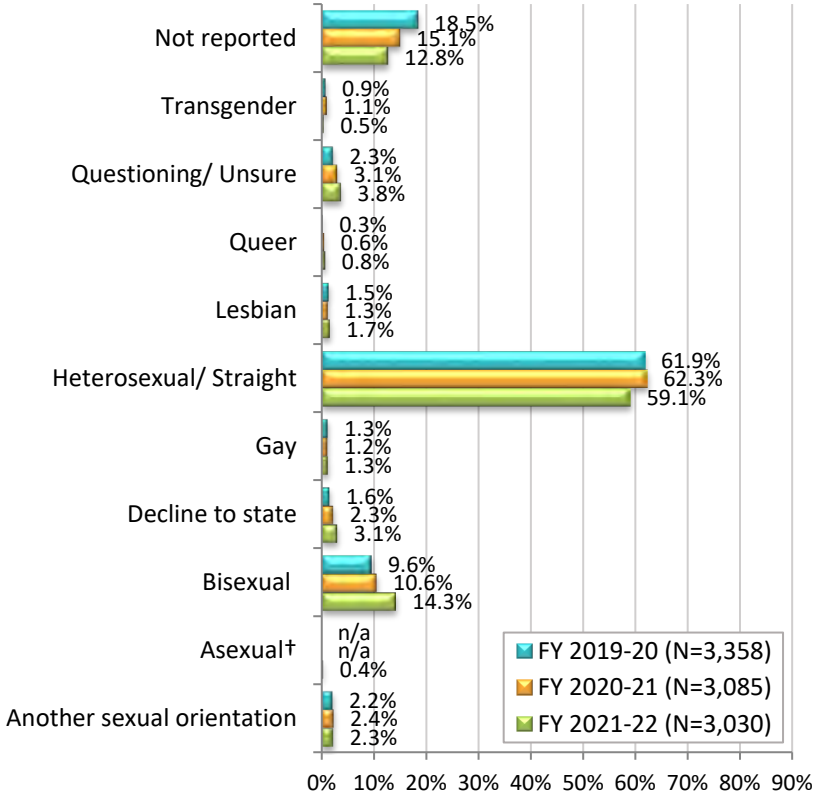
Of the 2,686 TAY clients for whom PCP status was known, 2,496 (93%) had a PCP in FY 2021-22, a slight increase from 92% of TAY clients in FY 2020-21. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

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

Who Are We Serving?
Transition Age Youth

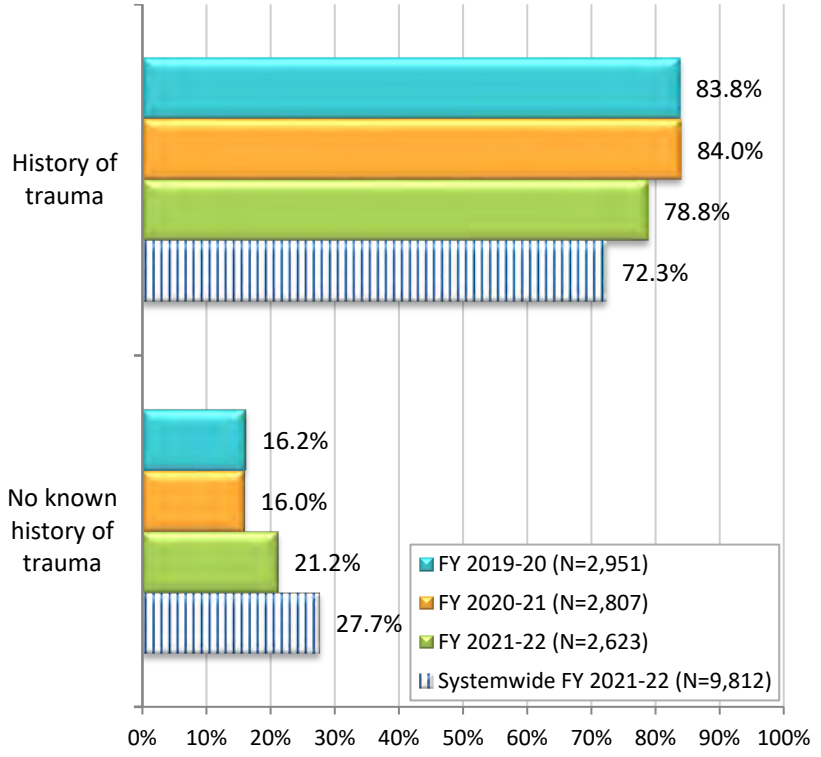
*TAY Sexual Orientation**

1,791 (59%) TAY clients served by CYFBHS identified as heterosexual during FY 2021-22 (as compared to 62% in FY 2020-21). Sexual orientation was unreported or declined to state for 16% of the TAY population in FY 2021-22, as compared to 17% in FY 2020-21.



TAY History of Trauma

Previous experience of **traumatic events** was reported by clinicians for 2,623 clients (87% of the TAY population) in FY 2021-22; of these 2,623 clients, 2,067 (79%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.

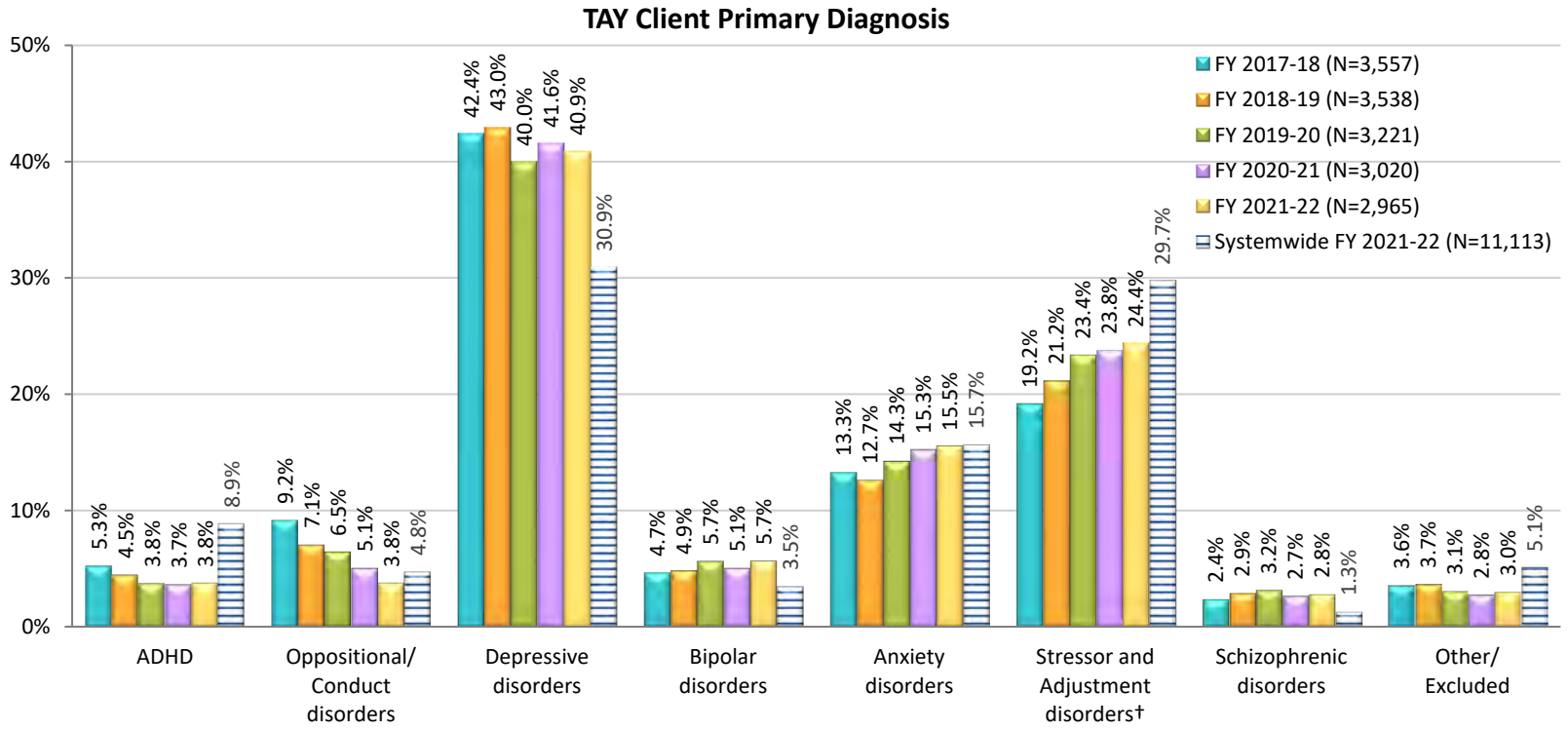


**Not Reported category includes Fee-for-Service providers for whom data were not available.*
†Asexual was added as a response option in FY 2021-22.

Who Are We Serving?
Transition Age Youth

*TAY Primary Diagnosis**

The most common primary diagnoses among age TAY clients served by CYFBHS in FY 2021-22 were: Depressive disorders (n=1,213, 41%), Stressor and Adjustment disorders (n=723; 24%), and Anxiety disorders (n=461; 16%).

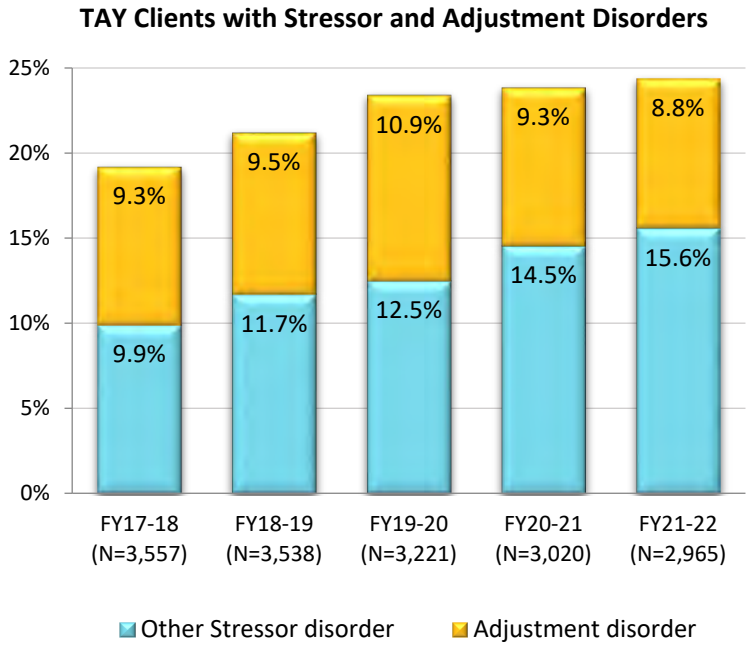


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

Who Are We Serving?
Transition Age Youth

*TAY Stressor and Adjustment Disorders**

As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Stressor disorder diagnosis among TAY clients has increased steadily over the past five years, from 10% in FY 2017-18 to 16% in FY 2021-22.



*TAY Co-occurring Substance Use***

In the CYFBHS system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form. In FY 2021-22, 37% of TAY youth had a co-occurring substance use issue.

FY 2021-22 CYFBHS Youth	TAY Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**37% (1,125 of 3,030)**	**25% (1,798 of 7,113)**
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†	54% (610 of 1,125)	46% (827 of 1,798)
Received services from SUD program	14% (154 of 1,125)	12% (218 of 1,798)
CYFBHS youth who received services from SUD program who also had dual diagnosis	75% (115 of 154)	68% (149 of 218)

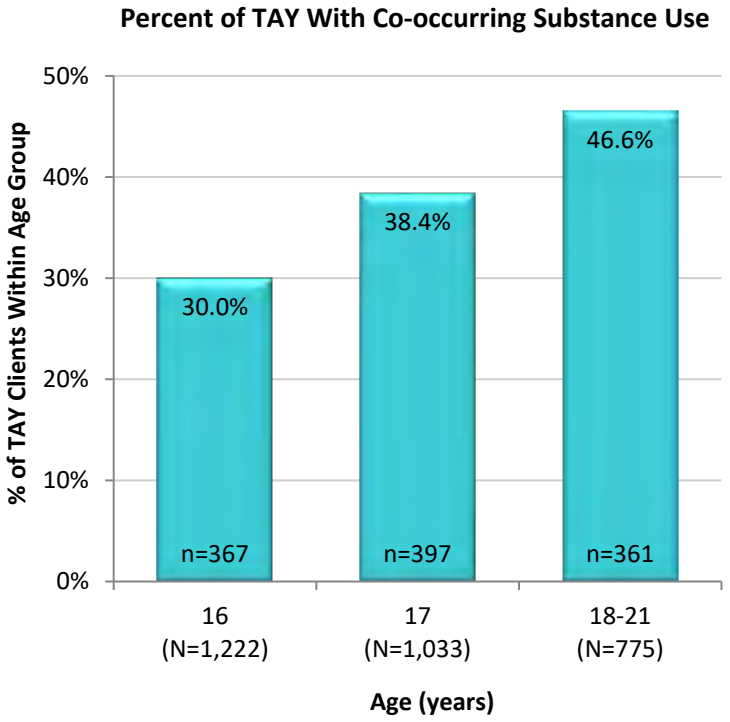
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2021; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Who Are We Serving?
Transition Age Youth

367 of 1,125 TAY clients (33%) with a co-occurring substance use problem were age 16. 702 of 1,125 (62%) TAY clients with a co-occurring substance use problem identified as Hispanic.

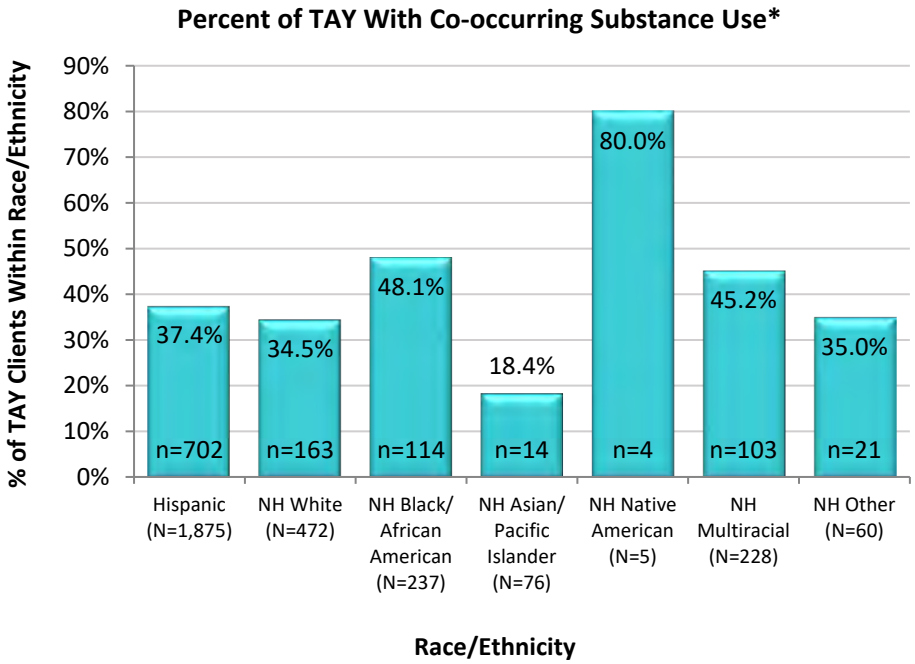
TAY Co-occurring Substance Use—Age

Approximately 30% of 16-year-olds and 38% of 17-year-olds who received services from the CYFBHS system were identified as having a substance use issue.



TAY Co-occurring Substance Use—Race/Ethnicity

Among TAY clients for whom race/ethnicity was reported, Native American TAY served by CYFBHS had the highest proportion of co-occurring substance use (4 of 5 clients, 80%); however, due to the very low number of youth this must be interpreted with caution. Asian/Pacific Islander TAY had the lowest proportion (14 of 76 clients, 18%).

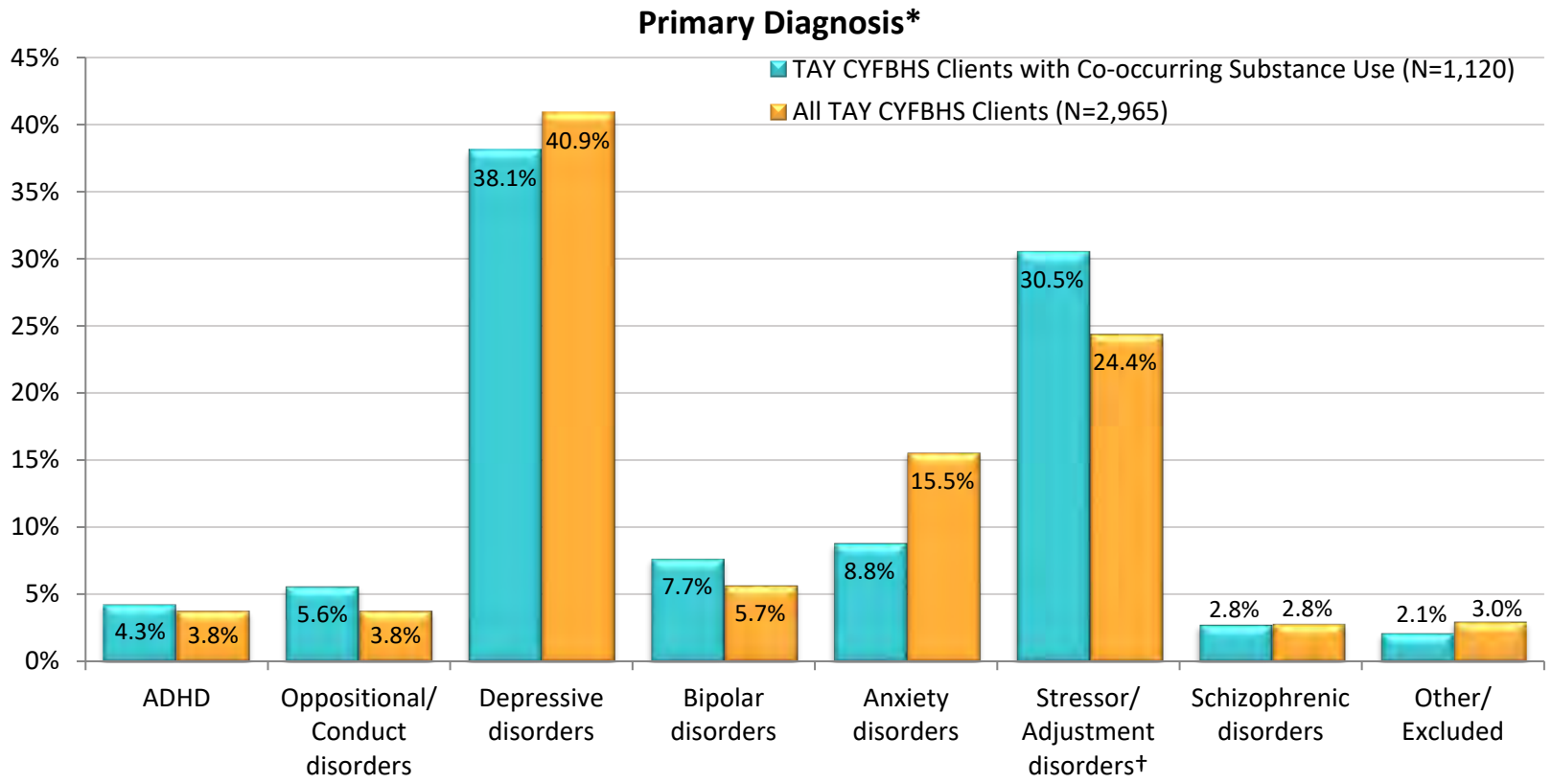


**Clients with unknown race/ethnicity were excluded from this analysis.*

Who Are We Serving?
Transition Age Youth

TAY Co-occurring Substance Use and Primary Diagnosis

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



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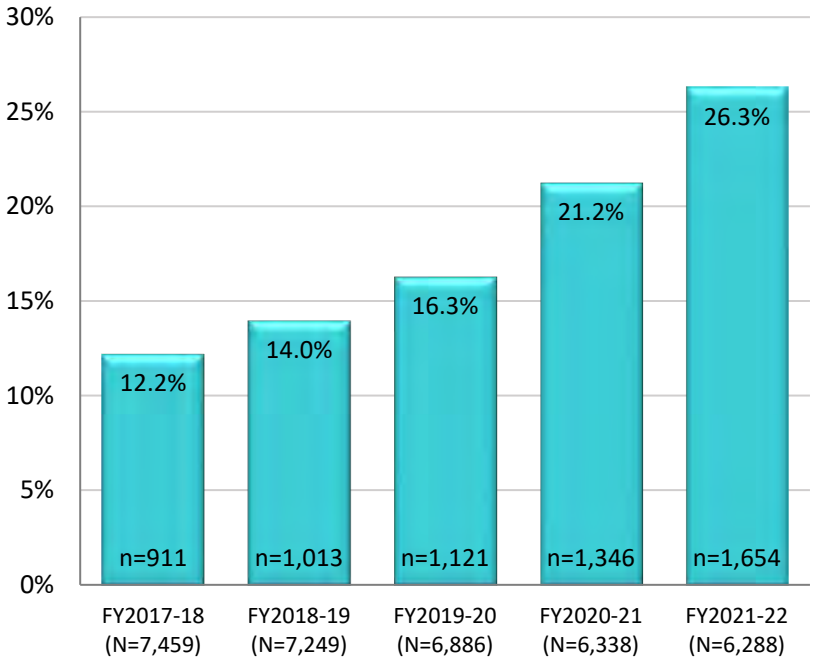
Who Are We Serving?
LGBTQ+ Youth

Age of LGBTQ+ Clients (13+ years)

1,654 LGBTQ+ youth (who identified as non-heterosexual or non-cisgender) ages 13 and up were served in FY 2021-22, representing 26% of 6,288 youth ages 13 and up in the CYFBHS population.

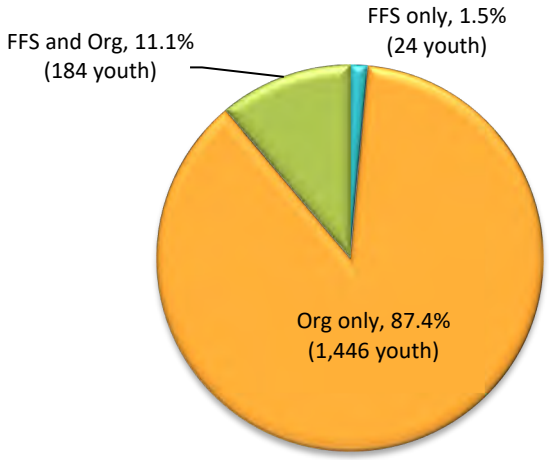
Number of LGBTQ+ Clients Ages 13+ Served



Fiscal Year (Total CYFBHS Clients Ages 13+)

LGBTQ+ Client Service Provider Type

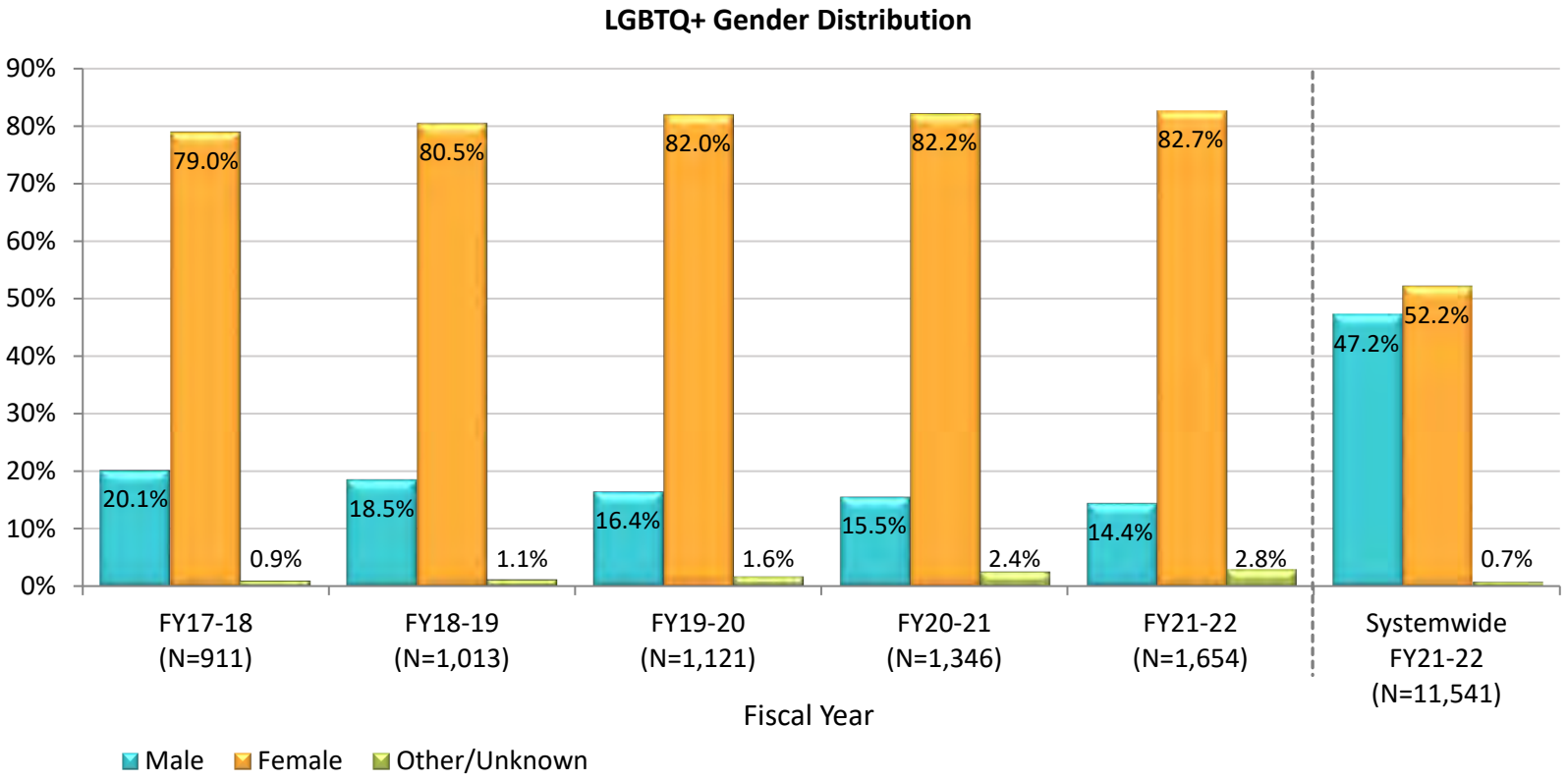
The majority (87%) of LGBTQ+ clients were served *only* by Org providers in FY 2021-22.



Who Are We Serving?
LGBTQ+ Youth

LGBTQ+ Client Gender

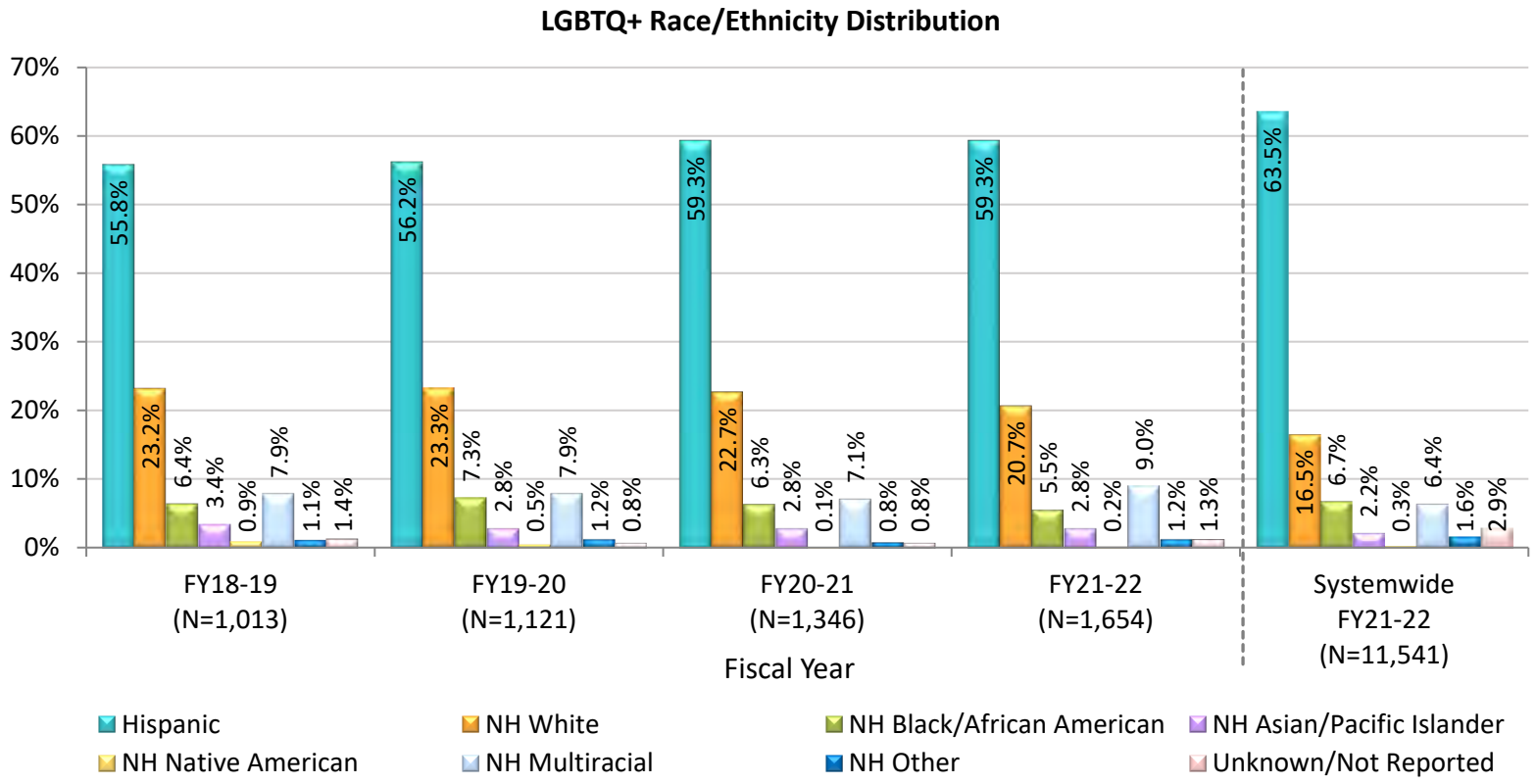
1,368 (83%) LGBTQ+ clients who received CYFBHS services in FY 2021-22 were female. The female-male ratio is much more pronounced among LGBTQ+ youth as compared to CYFBHS systemwide averages. Gender was reported as unknown or non-binary for 47 (3%) clients.



Who Are We Serving?
LGBTQ+ Youth

LGBTQ+ Client Race/Ethnicity

- 980 (59%) LGBTQ+ clients who received CYFBHS services in FY 2021-22 were identified as Hispanic.
- More White and Multiracial clients, and less Hispanic clients, identified as LGBTQ+ as compared to the CYFBHS systemwide averages.

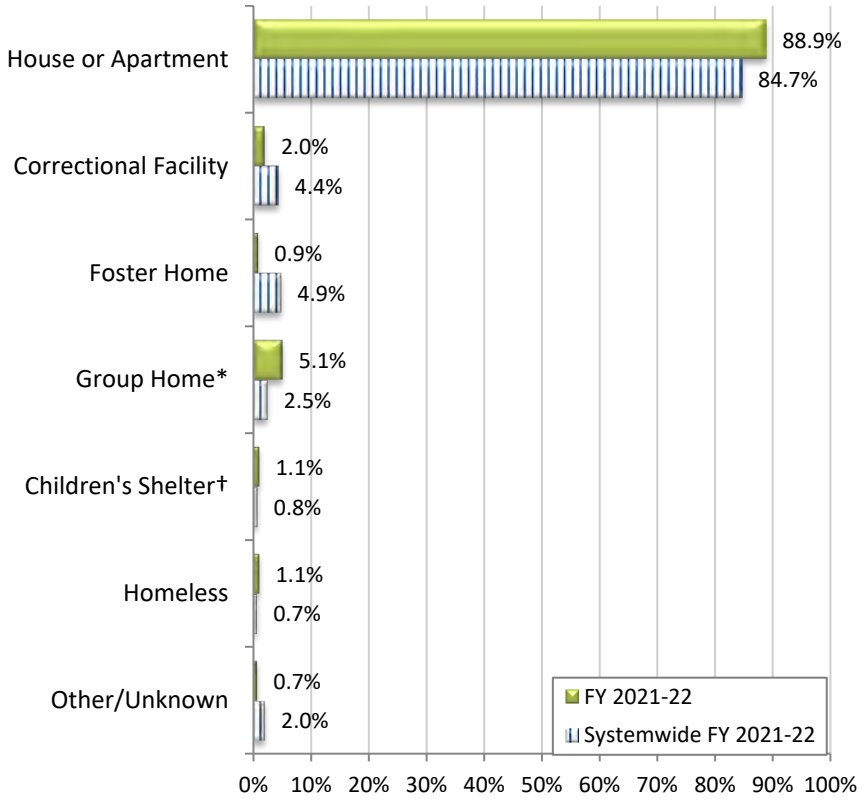


LGBTQ+ (13+ years) (N=1,654)

Who Are We Serving?
LGBTQ+ Youth

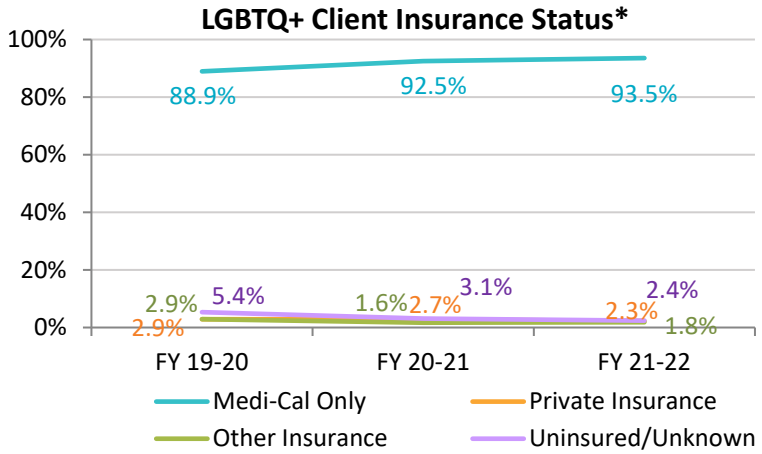
LGBTQ+ Client Living Situation

1,471 (89%) LGBTQ+ clients served by CYFBHS lived in a family home or apartment at some point during FY 2021-22. 85 (5%) LGBTQ+ clients lived in a Group Home in FY 2021-22, twice the proportion of the CYFBHS systemwide average of 2.5%.



LGBTQ+ Health Care Coverage

1,547 (94%) LGBTQ+ clients who received services from CYFBHS during FY 2021-22 were covered exclusively by Medi-Cal. This is in alignment with 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.



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

LGBTQ+ Primary Care Physician (PCP) Status†

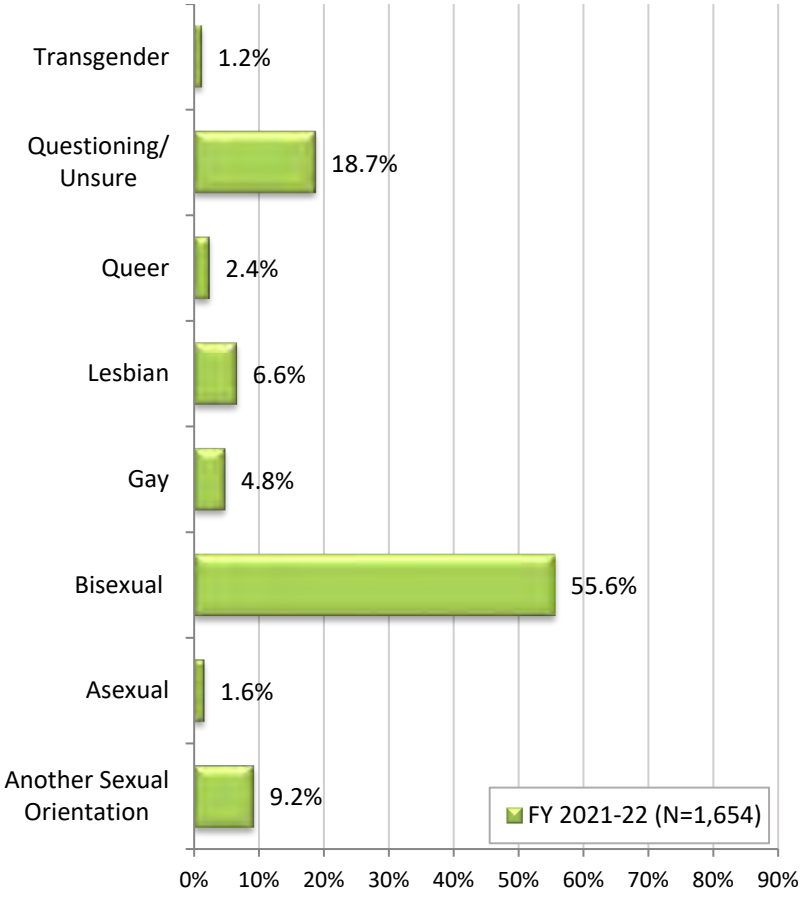
Of the 1,629 LGBTQ+ clients for whom PCP status was known, 1,556 (96%) had a PCP in FY 2021-22. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

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

Who Are We Serving?
LGBTQ+ Youth

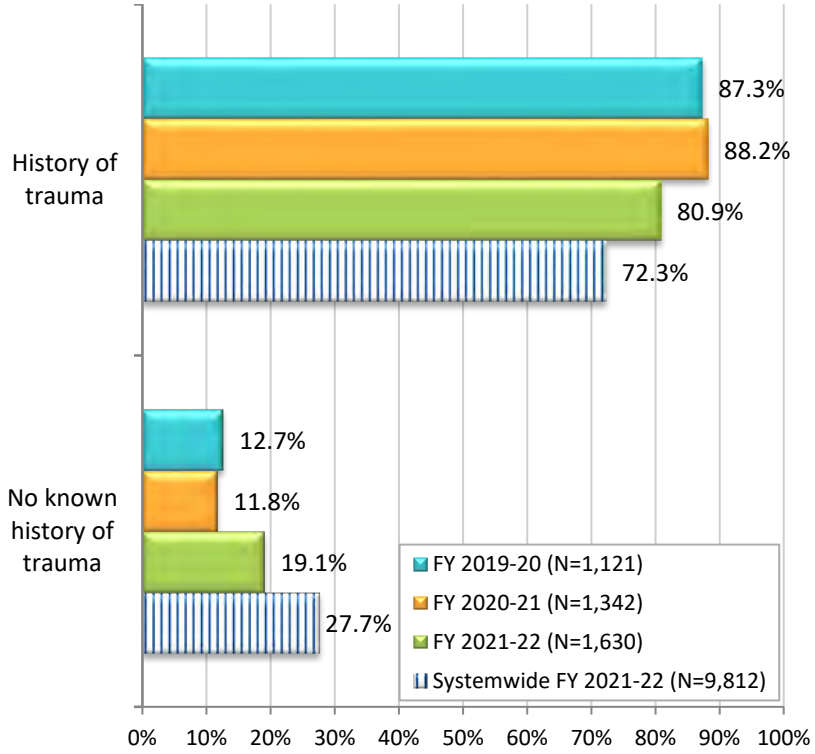
LGBTQ+ Sexual Orientation

919 (56%) LGBTQ+ clients served by CYFBHS identified as bisexual during FY 2021-22.



LGBTQ+ History of Trauma

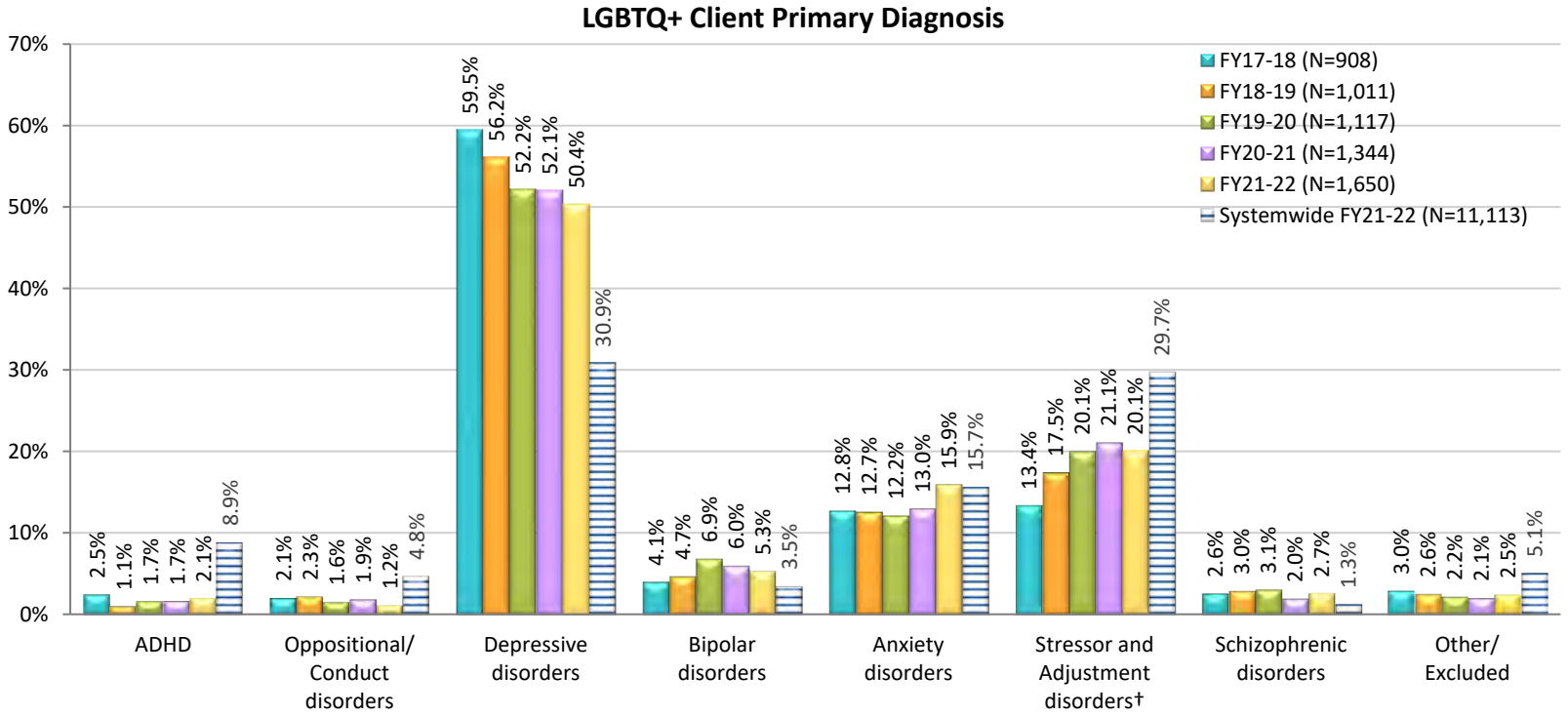
Previous experience of **traumatic events** was reported by clinicians for 1,630 clients (99% of the LGBTQ+ population) in FY 2021-22; of these 1,630 clients, 1,318 (81%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.



Who Are We Serving?
LGBTQ+ Youth

*LGBTQ+ Primary Diagnosis**

The most common primary diagnoses among LGBTQ+ clients served by CYFBHS in FY 2021-22 were: Depressive disorders (n=831, 50%), Stressor and Adjustment disorders (n=331; 20%), and Anxiety disorders (n=262; 16%). Rates of Depressive disorder diagnoses were far greater than the CYFBHS systemwide average.



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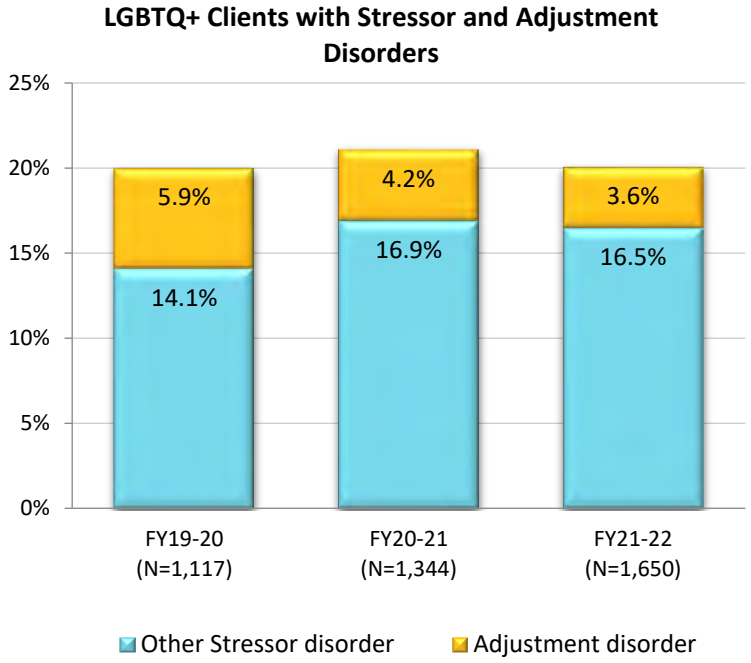
LGBTQ+ (13+ years) (N= 1,654)

Who Are We Serving?
LGBTQ+ Youth

*LGBTQ+ Stressor and Adjustment Disorders**

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



*LGBTQ+ Co-occurring Substance Use***

In the CYFBHS system, co-occurring substance use is operationally defined as a dual diagnosis (concomitant substance use diagnosis) and/or involvement with Substance Use Disorder (SUD) services and/or endorsement of substance abuse-related items on the Behavioral Health Assessment (BHA) form. In FY 2021-22, 29% of LGBTQ+ youth had a co-occurring substance use issue.

FY 2021-22 CYFBHS Youth	LGBTQ+ Percent (n of N)	Systemwide Percent (n of N)
Had co-occurring substance use issue (dual diagnosis and/or SUD services and/or BHA item endorsement)	**29% (484 of 1,654)**	**25% (1,798 of 7,113)**
CYFBHS Youth with Co-occurring Substance Use Issue	**LGBTQ+ Percent (n of N)**	**Systemwide Percent (n of N)**
Had dual diagnosis through mental health program†	38% (186 of 484)	46% (827 of 1,798)
Received services from SUD program	7% (35 of 484)	12% (218 of 1,798)
CYFBHS youth who received services from SUD program who also had dual diagnosis	71% (25 of 35)	68% (149 of 218)

**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
***Substance Use methodology was enhanced in FY21-22; data are not comparable to previous years.*
†These youth may have received substance use counseling as part of their EPSDT mental health services.

Where Are We Serving?

In FY 2021-22, CYFBHS served clients in six HHSA regions.*

Demographics By Region	Central		East		North Central		North Coastal		North Inland		South		Systemwide‡	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Total Number of Clients†	*2,352*	**20%**	*1,891*	**16%**	*1,352*	**12%**	*1,332*	**12%**	*2,090*	**18%**	*2,450*	**21%**	*11,541*	**100%**
Age														
Age 0-5	*183*	**8%**	*154*	**8%**	*114*	**8%**	*146*	**11%**	*216*	**10%**	*289*	**12%**	*1,117*	**10%**
Age 6-11	*818*	**35%**	*572*	**30%**	*323*	**24%**	*418*	**31%**	*549*	**26%**	*618*	**25%**	*3,311*	**29%**
Age 12-17	*1,221*	**52%**	*1,063*	**56%**	*779*	**58%**	*689*	**52%**	*1,200*	**57%**	*1,348*	**55%**	*6,338*	**55%**
Age 18+	*130*	**6%**	*102*	**5%**	*136*	**10%**	*79*	**6%**	*125*	**6%**	*195*	**8%**	*775*	**7%**
Gender														
Female	*1,208*	**51%**	*1,024*	**54%**	*643*	**48%**	*716*	**54%**	*1,156*	**55%**	*1,228*	**50%**	*6,019*	**52%**
Male	*1,130*	**48%**	*854*	**45%**	*699*	**52%**	*611*	**46%**	*911*	**44%**	*1,210*	**49%**	*5,445*	**47%**
Other/Unknown	*14*	**1%**	*13*	**1%**	*10*	**1%**	*5*	**0%**	*23*	**1%**	*12*	**0%**	*77*	**1%**
Race/Ethnicity														
Hispanic	*1,708*	**73%**	*940*	**50%**	*599*	**44%**	*836*	**63%**	*1,293*	**62%**	*1,915*	**78%**	*7,329*	**64%**
NH White	*136*	**6%**	*508*	**27%**	*319*	**24%**	*324*	**24%**	*439*	**21%**	*169*	**7%**	*1,906*	**17%**
NH Black/African American	*224*	**10%**	*132*	**7%**	*136*	**10%**	*36*	**3%**	*98*	**5%**	*141*	**6%**	*777*	**7%**
NH Asian/Pacific Islander	*76*	**3%**	*23*	**1%**	*77*	**6%**	*10*	**1%**	*30*	**1%**	*32*	**1%**	*249*	**2%**
NH Native American	*2*	**0%**	*4*	**0%**	*6*	**0%**	*5*	**0%**	*13*	**1%**	*1*	**0%**	*33*	**0%**
NH Multiracial	*128*	**5%**	*156*	**8%**	*159*	**12%**	*68*	**5%**	*125*	**6%**	*90*	**4%**	*733*	**6%**
Other/Unknown	*78*	**3%**	*128*	**7%**	*56*	**4%**	*53*	**4%**	*92*	**4%**	*102*	**4%**	*514*	**4%**
Most Common Diagnoses														
Total Valid Diagnoses	*2,262*	**96%**	*1,755*	**93%**	*1,280*	**95%**	*1,276*	**96%**	*2,002*	**96%**	*2,324*	**95%**	*11,113*	**96%**
Depressive Disorders	*731*	**32%**	*524*	**30%**	*392*	**31%**	*432*	**34%**	*635*	**32%**	*703*	**30%**	*3,436*	**31%**
Stressor & Adjustment Disorders	*628*	**28%**	*598*	**34%**	*404*	**32%**	*313*	**25%**	*549*	**27%**	*792*	**34%**	*3,306*	**30%**
Anxiety Disorders	*385*	**17%**	*236*	**13%**	*176*	**14%**	*232*	**18%**	*376*	**19%**	*329*	**14%**	*1,740*	**16%**
Attention Deficit Hyperactivity Disorders	*202*	**9%**	*169*	**10%**	*116*	**9%**	*117*	**9%**	*168*	**8%**	*213*	**9%**	*989*	**9%**

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

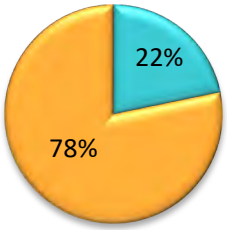
Where Are We Serving?
SchooLink Services

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 35 Specialty Mental Health Services SchooLink contracts that deploy clinicians to school campuses. Additionally, 8 SUD contractors provide SchooLink services.

*Clients Receiving SchooLink Mental Health Services.**

2,511 (22%) of 11,541 CYF clients served during FY 2021-22 received at least one school site service, as compared to 408 (3%) of 12,132 in FY 2020-21.

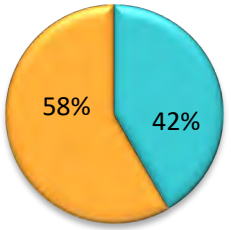
Of these 2,511 clients, 15 (<1%) received non-treatment services only, as compared to 6 (1%) of 408 in FY 2020-21.‡



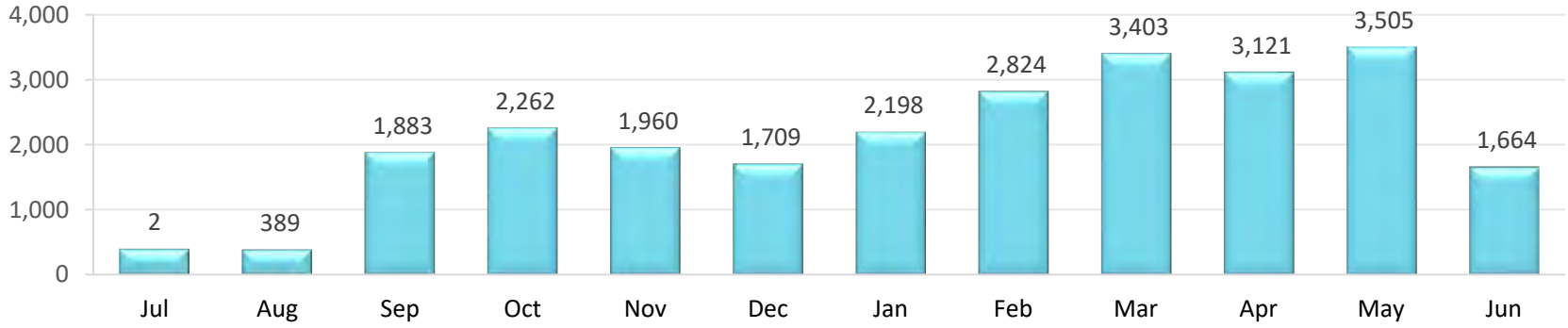
Mental Health Treatment Services Provided in Schools.†

350 of 840* schools (42%) in the County of San Diego had at least one school site treatment service during FY 2021-22, as compared to 113 (14%) of 791 in FY 2020-21.

Non-treatment services were provided at 4 additional schools, as compared to 2 in FY 2020-21.‡



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



**Data Source: CCBH Extract 2/09/2023*
†Data Source: CA Department of Education, FY 2021-22
‡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 2021-22 (N =2,496)†*

Of 42 school districts in San Diego County, 29 obtained onsite SchooLink services.

School District/Site	N	%	School District/Site	N	%
Alpine Union School District	0	0.0%	National School District	15	0.6%
Bonsall Unified School District	1	0.0%	Oceanside Unified School District	91	3.5%
Borrego Springs Unified School District	1	0.0%	Poway Unified School District	6	0.2%
Cajon Valley Union School District	35	1.3%	Ramona Unified School District	94	3.6%
Cardiff School District	0	0.0%	Rancho Santa Fe Elementary School District	0	0.0%
Carlsbad Unified School District	1	0.0%	San Diego County Office of Education	45	1.7%
Chula Vista Elementary School District	47	1.8%	San Diego Unified School District	1,095	41.8%
Coronado Unified School District	0	0.0%	San Dieguito Union High School District	19	0.7%
Dehesa School District	0	0.0%	San Marcos Unified School District	86	3.3%
Del Mar Union School District	0	0.0%	San Pasqual Union School District	0	0.0%
Encinitas Union School District	24	0.9%	San Ysidro School District	23	0.9%
Escondido Union School District	236	9.0%	Santee School District	30	1.1%
Escondido Union High School District	75	2.9%	Solana Beach School District	0	0.0%
Fallbrook Union Elementary School District	54	2.1%	South Bay Union School District	9	0.3%
Fallbrook Union High School District	18	0.7%	Spencer Valley School District	0	0.0%
Grossmont Union High School District	96	3.7%	Sweetwater Union High School District	26	1.0%
Jamul-Dulzura Union School District	0	0.0%	Vallecitos School District	0	0.0%
Julian Union School District	3	0.1%	Valley Center-Pauma Unified School District	0	0.0%
Julian Union High School District	0	0.0%	Vista Unified School District	213	8.1%
La Mesa-Spring Valley School District	113	4.3%	Warner Unified School District	9	0.3%
Lakeside Union School District	10	0.4%	Preschools	0	0.0%
Lemon Grove School District	22	0.8%	Private Schools	87	3.3%
Mountain Empire Unified School District	38	1.4%			

**Data Source: CCBH Extract 2/09/2023*

†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. 40% of SchooLink clients received at least 10 services on the school campus in FY 2021-22. 30% of school sites served 10 clients or more in FY 2021-22.

Number of Clients by Service Range

Services Provided	*Number of Clients (N=2,496)*	*Percent of Clients*
1	144	5.8%
2-5	716	28.7%
6-9	634	25.4%
10-19	778	31.2%
20-29	137	5.5%
30-39	31	1.2%
40-49	18	0.7%
50-59	9	0.4%
60-69	10	0.4%
70-79	7	0.3%
80-89	2	0.1%
90-99	4	0.2%
100+	6	0.2%

59.9% of clients received <10 services

40.1% of clients received 10+ services

Number of Schools by Unique Clients Served

Clients Served	*Number of Schools (n=350)*	*Percent of Schools*
1	64	18.3%
2-5	105	30.0%
6-9	77	22.0%
10-19	81	23.1%
20-29	12	3.4%
30-39	7	2.0%
40-49	3	0.9%
50-59	1	0.3%
60-69	0	0.0%
70+	0	0.0%

70.3% of schools served <10 clients

29.7% of schools served 10+ clients

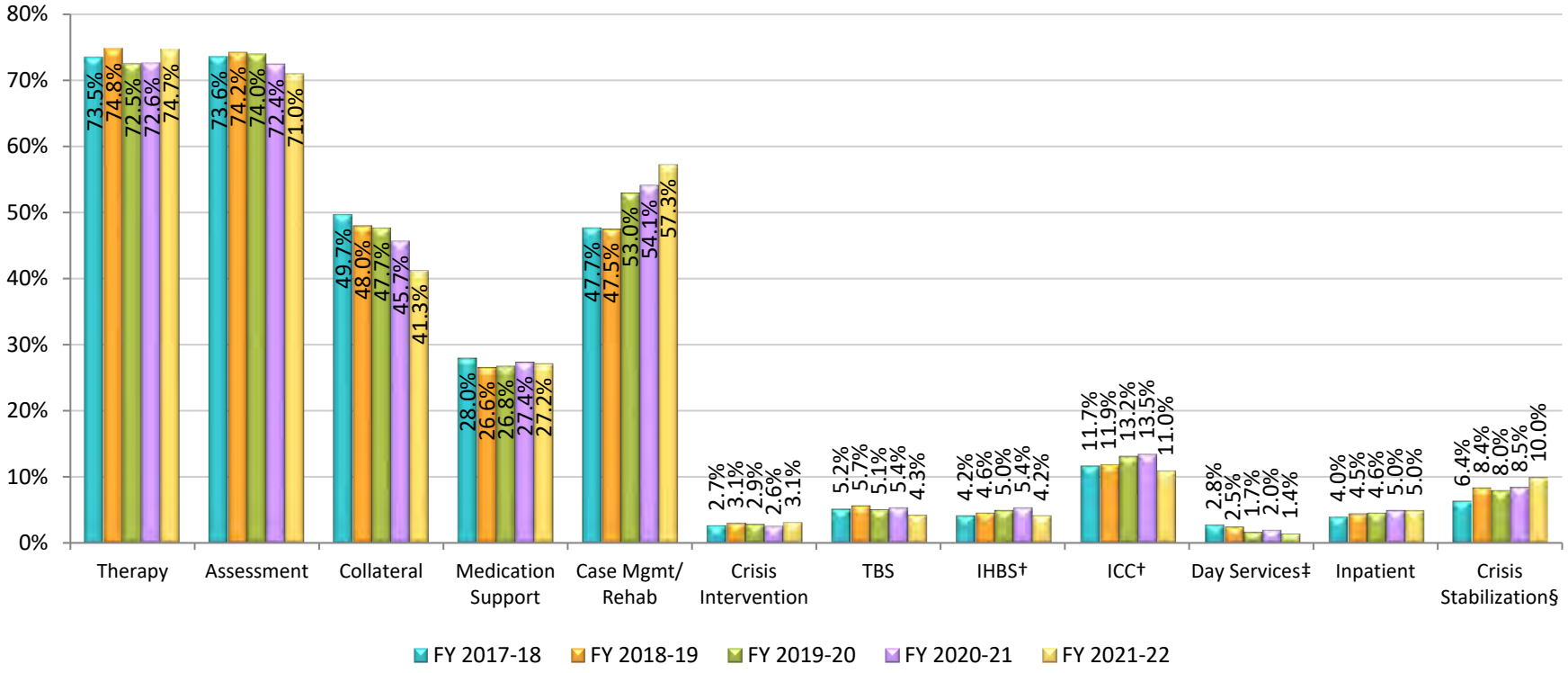
**Data Source: CCBH Extract 2/09/2023*

What Kind of Services Are Being Used?

Types of Services Used

Children and youth may receive multiple services in the course of a year, and the amount and type of each service received can vary widely by client. In FY 2021-22, Therapy, Assessment, and Case Management services were the highest utilized. **Trending across the past five years**, the percentage of clients receiving Collateral, Assessment, TBS, and Day Services has declined, and the percentage of clients receiving Case Management, Inpatient, and Crisis Stabilization services has increased.

Percentage of Clients Receiving Each Type of Service*



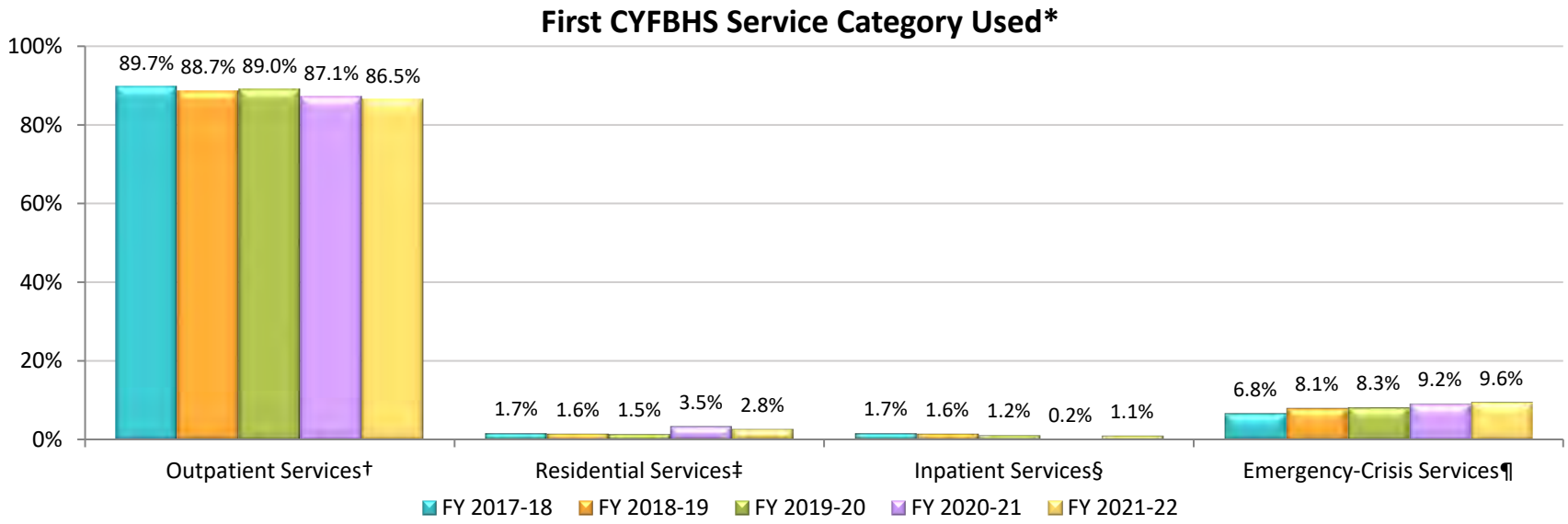
**These data reflect the service type received by the client rather than the modality of the service provider and may not be directly comparable to provider-level data.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to 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, introduction of MCRT services in January 2021, 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.



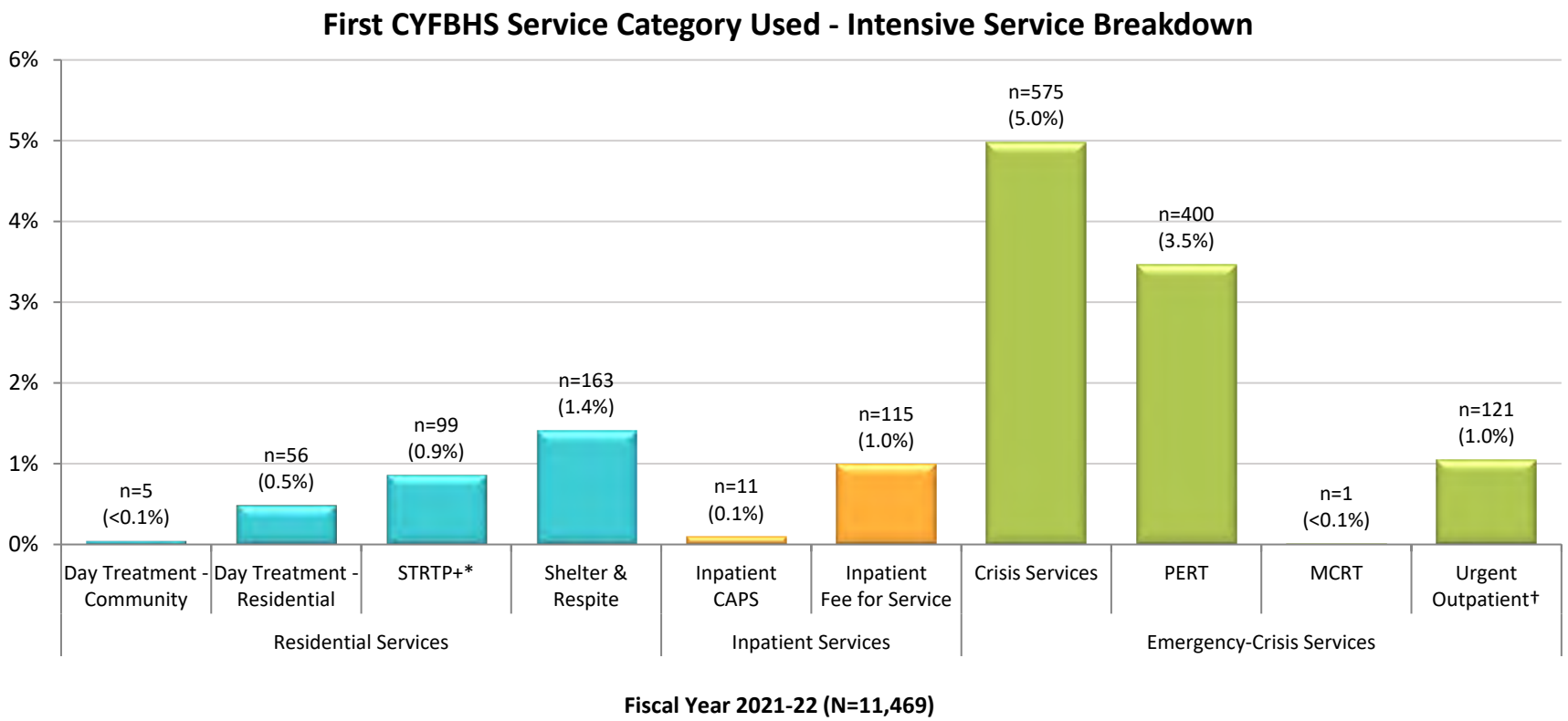
**Specific service types vary across fiscal years.*
†In FY 2021-22, Outpatient Services included: all Outpatient programs (including Outpatient Fee-for-Service programs), Wraparound programs, Juvenile Forensic Service programs, and Therapeutic Behavioral Services programs.
‡In FY 2021-22, Residential Services included: Day Treatment, STRTP+ (Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, San Pasqual Academy) and Shelter & Respite.
§In FY 2021-22, Inpatient Services included: Inpatient Contracted programs and Inpatient Fee-for-Service programs.
¶In FY 2021-22, Emergency-Crisis services included: Crisis Stabilization, PERT, MCRT, and Urgent Outpatient services.

What Kind of Services Are Being Used?

First Service Ever Used by CYFBHS Clients Active in FY 2021-22—Intensive Services

First service ever received in CYFBHS (from FY 2008-09) was identified for 11,469 youth in FY 2021-22; 1,546 (13%) entered the CYFBHS system by way of an intensive service; this is comparable to 1,556 (13%) of 12,063 in FY 2020-21.

1,097 (71%) of these 1,546 youth entered the system via Emergency-Crisis Services. Approximately half of the 1,097 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.

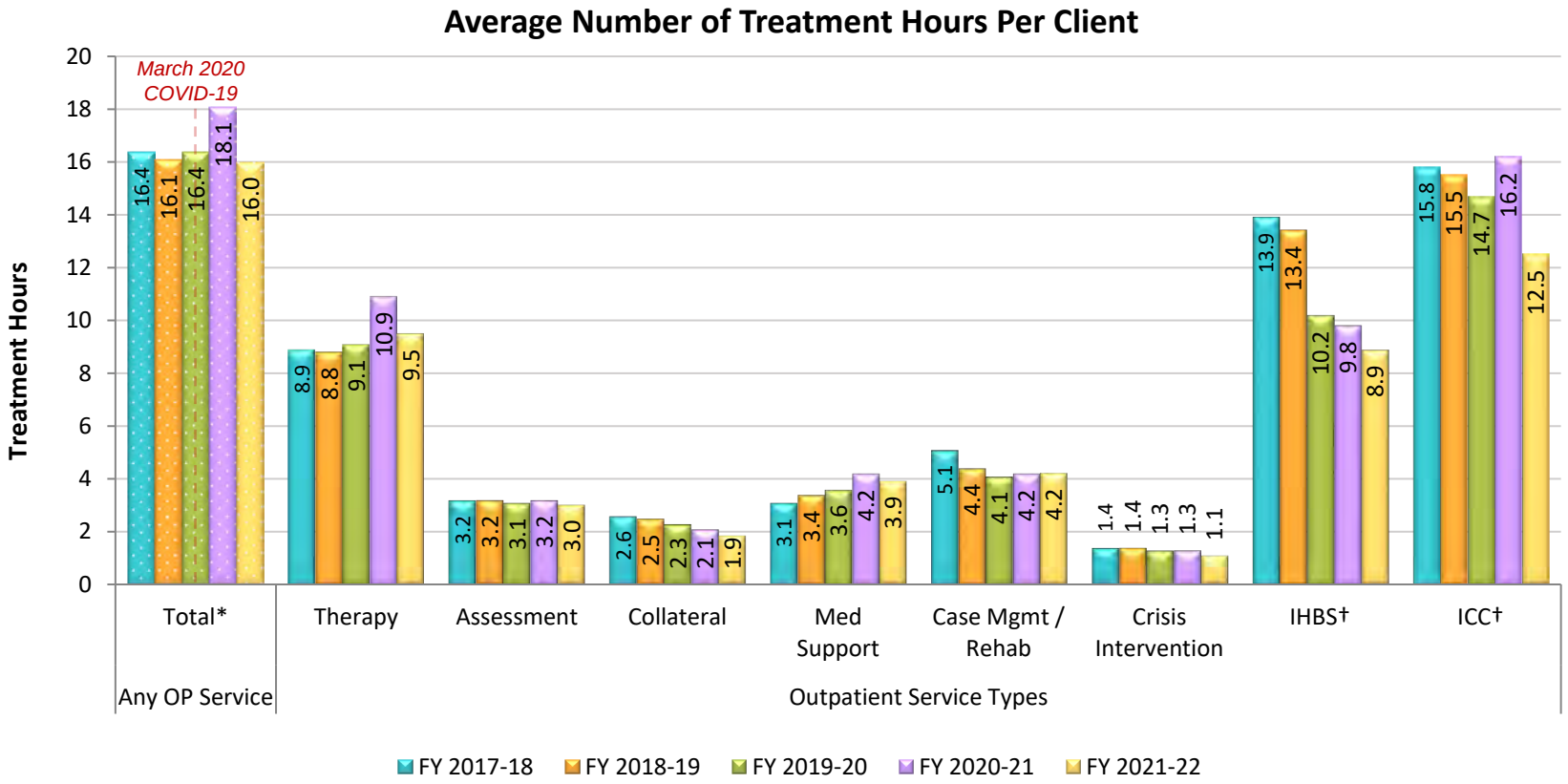


**STRTP+ includes: Short-term Residential Treatment Programs, Psychiatric Health Facilities, Closed Treatment Facilities, and San Pasqual Academy.*
†Urgent Outpatient services are limited to Emergency Medication Management Services as of FY 2021-22.

What Kind of Services Are Being Used?

Outpatient Service Treatment Hours

On average, clients received **16 hours of Outpatient Services** in FY 2021-22. As compared to the previous fiscal year, Case Management service treatment hours stayed the same. All other outpatient service treatment hours decreased. The decrease in ICC service treatment hours was most notable, from 16.2 hours in FY 2020-21 to 12.5 hours in FY 2021-22.



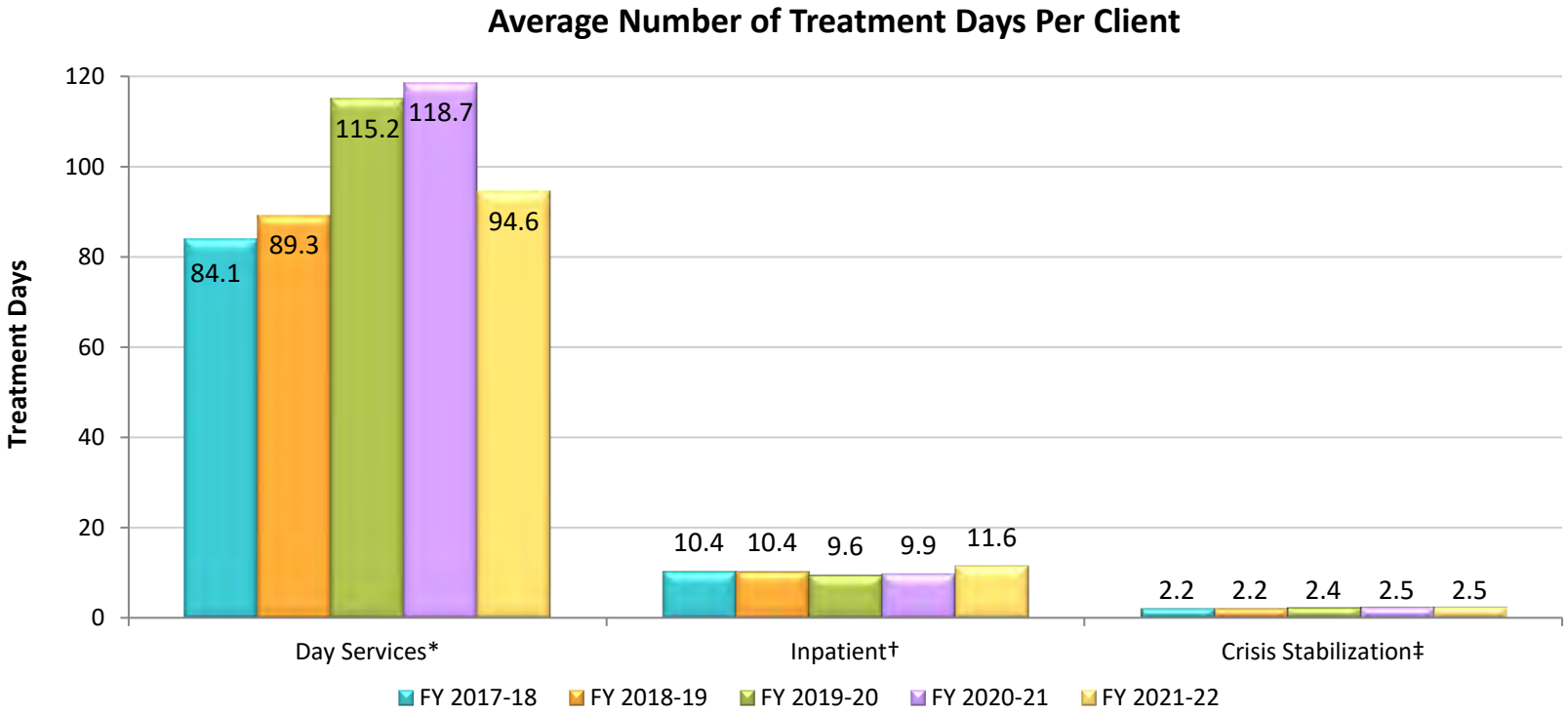
**Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.*
†IHBS (Intensive Home Based Services) and ICC (Intensive Care Coordination) programs initiated in August 2013 as part of Pathways to Well Being.

What Kind of Services Are Being Used?

Service Treatment Days

The average number of treatment days in **Day Services (94.6 days)** decreased 20% following a 2-year increase that aligned with the beginning of the COVID-19 pandemic. **Inpatient** treatment days (11.6 days) increased 17% from 9.9 days in FY 2020-21 following a 2-year decrease that aligned with the beginning of the COVID-19 pandemic.

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

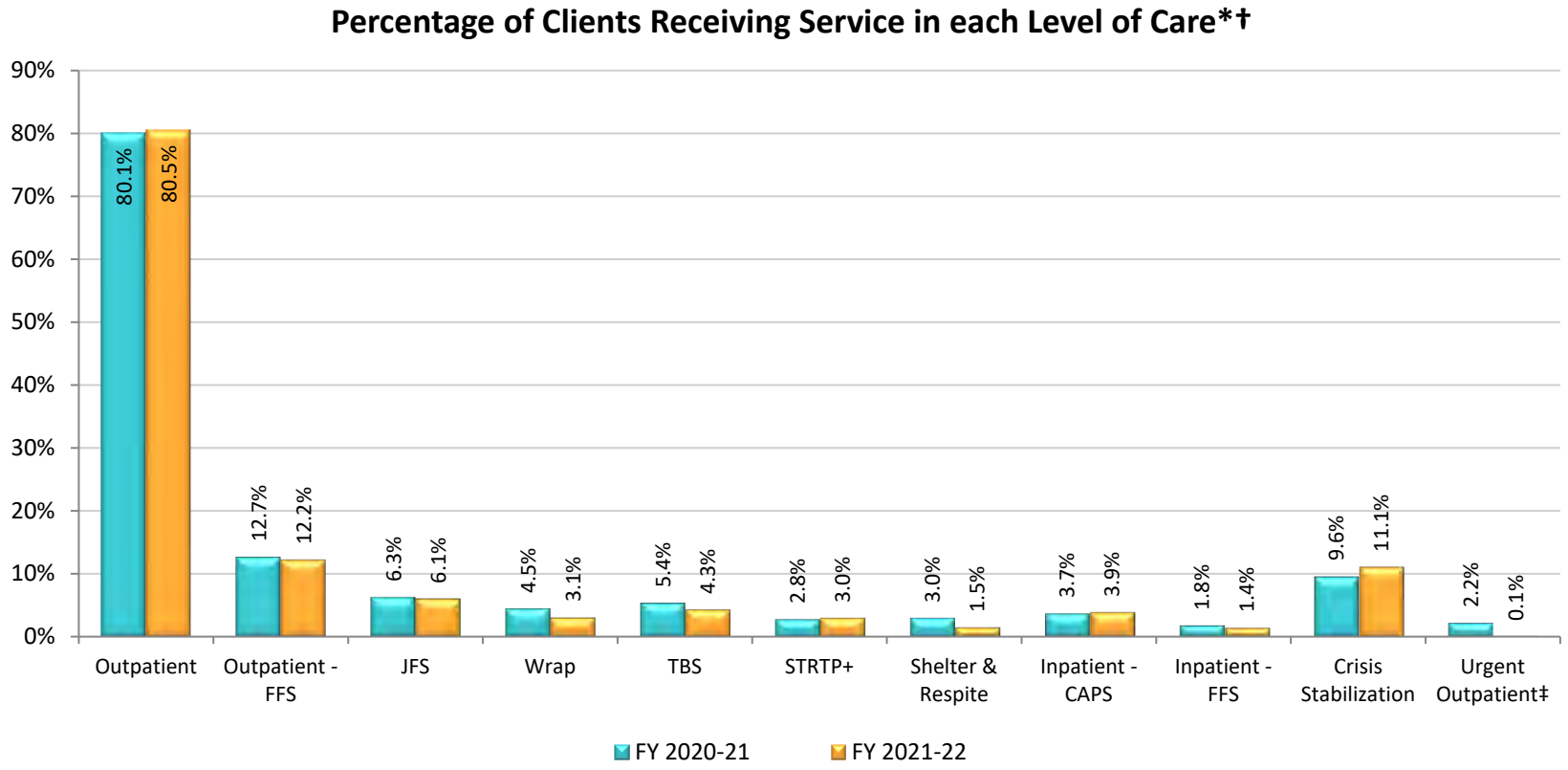


**In FY 2017-18, day services further unbundled from day services to outpatient services, with a return to some day services in FY 2019-20.*
†Inpatient service providers include Rady CAPS, Aurora, Sharp Mesa Vista, and any out-of-County hospitals utilized.
‡Crisis Stabilization days may be artificially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

What Kind of Services Are Being Used?

Level of Care (LOC)

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



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

What Kind of Services Are Being Used?

Average Length of Service (ALOS) by Level of Care

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

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

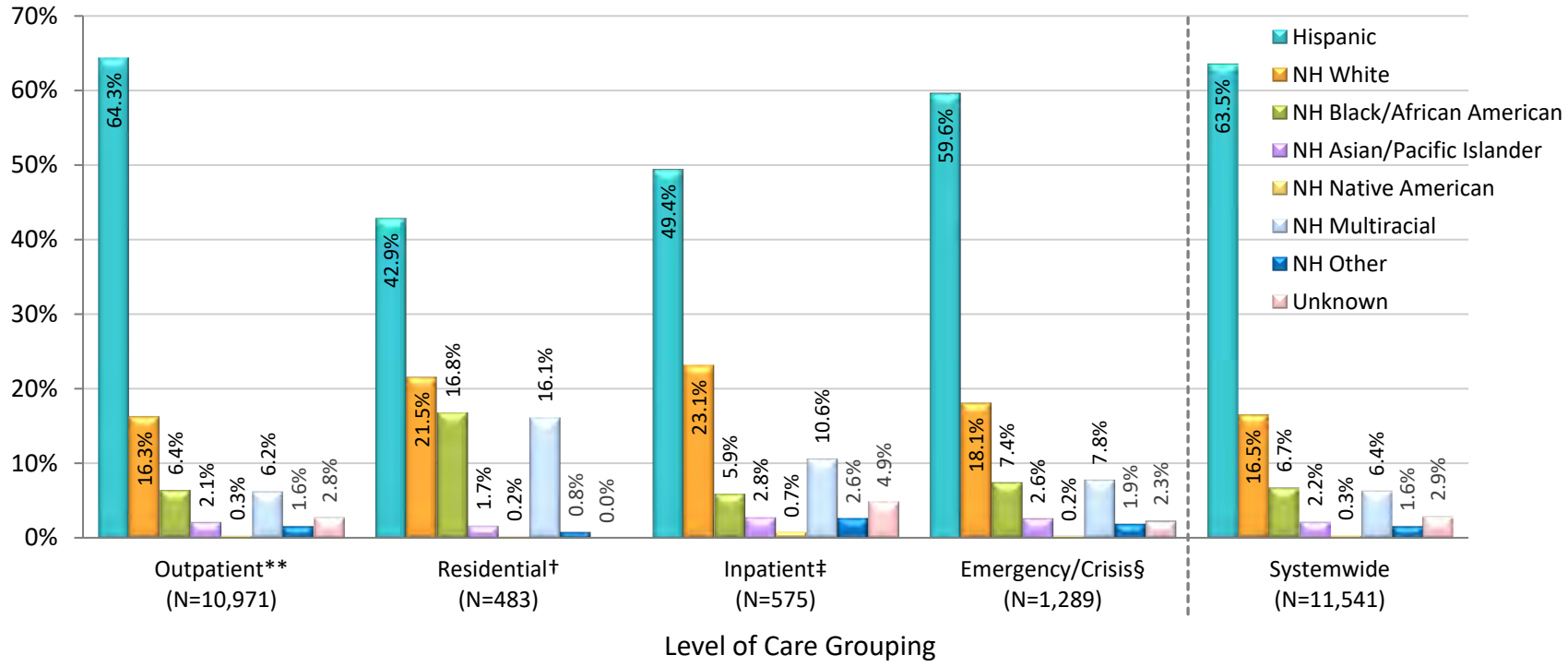
Average Length of Service by Level of Care						
	Clients (duplicated)			ALOS (days)		
Outpatient Services	**FY 2020-21**	**FY 2021-22**	***CHANGE (n)***	**FY 2020-21**	**FY 2021-22**	***CHANGE (days)***
Outpatient	6,281	5,882	*-399*	200.8	202.3	*1.5*
Outpatient - Fee for Service	479	445	*-34*	175.8	163.6	*-12.2*
Juvenile Forensic Services	638	598	*-40*	80.4	77.9	*-2.5*
Wraparound	367	266	*-101*	235.6	231.8	*-3.8*
Therapeutic Behavioral Services (TBS)	535	407	*-128*	117	115.3	*-1.7*
Residential Services	**FY 2020-21**	**FY 2021-22**	***CHANGE (n)***	**FY 2020-21**	**FY 2021-22**	***CHANGE (days)***
Short Term Residential Therapeutic Programs+	181	232	*51*	210.7	211.5	*0.8*
Shelter & Respite	341	158	*-183*	37	51.5	*14.5*
Inpatient Services	**FY 2020-21**	**FY 2021-22**	***CHANGE (n)***	**FY 2020-21**	**FY 2021-22**	***CHANGE (days)***
Inpatient - CAPS	447	442	*-5*	6.7	6.5	*-0.2*
Inpatient - FFS	216	156	*-60*	9.7	6.7	*-3*
Emergency/Crisis Services	**FY 2020-21**	**FY 2021-22**	***CHANGE (n)***	**FY 2020-21**	**FY 2021-22**	***CHANGE (days)***
Crisis Stabilization*	1,163	1,281	*118*	2.6	1.8	*-0.8*
Urgent Outpatient†	267	9	*-258*	15.5	1	*-14.5*

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

What Kind of Services Are Being Used?

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

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



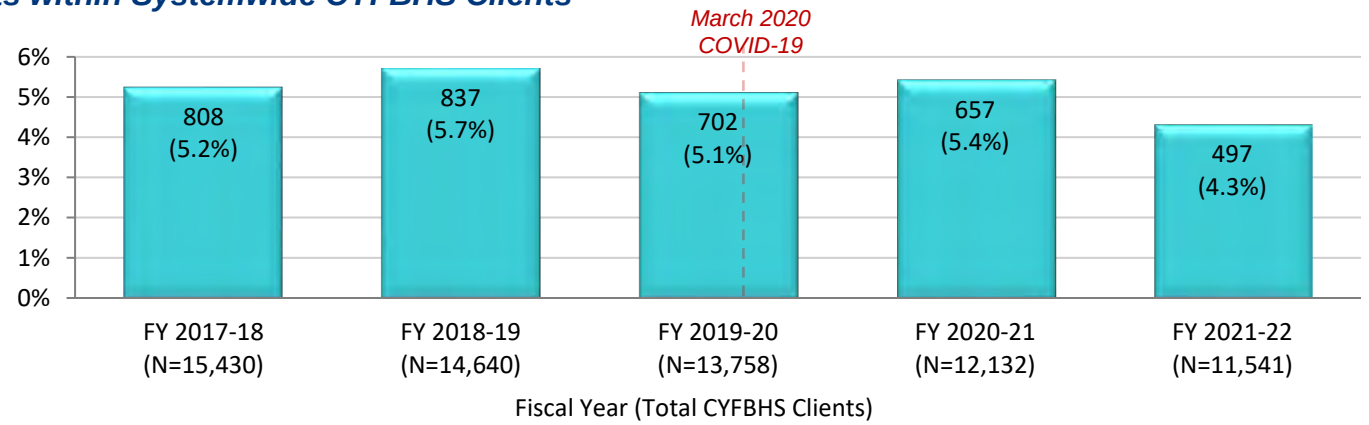
NH=Non-Hispanic
**Clients may have received services in more than one level of care.*
***Outpatient includes: Outpatient Contracted, Outpatient Fee-for-Service, Wraparound, Juvenile Forensic Service, and Therapeutic Behavioral Services programs.*
†Residential includes: STRTP+ (Short-term Residential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

What Kind of Services Are Being Used?

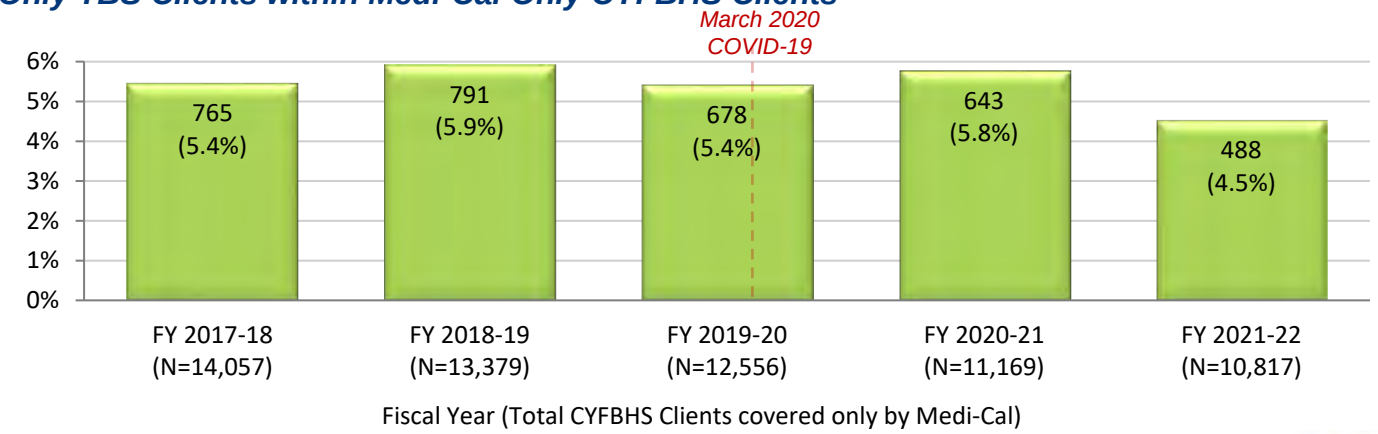
Therapeutic Behavioral Services (TBS)

TBS services are ancillary intensive coaching services designed to help stabilize environments or avoid the need for a more restrictive level of care. TBS services were initiated in CYFBHS in 2001 for Medi-Cal beneficiaries upon the establishment of the service in California following a class action settlement agreement. In FY 2021-22, 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



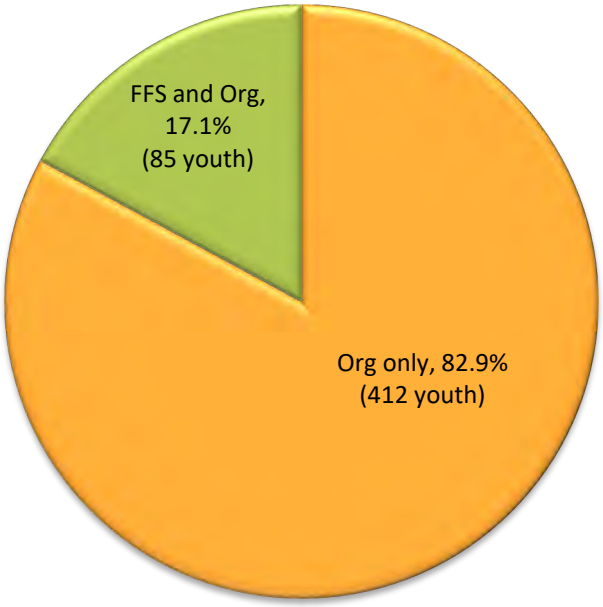
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

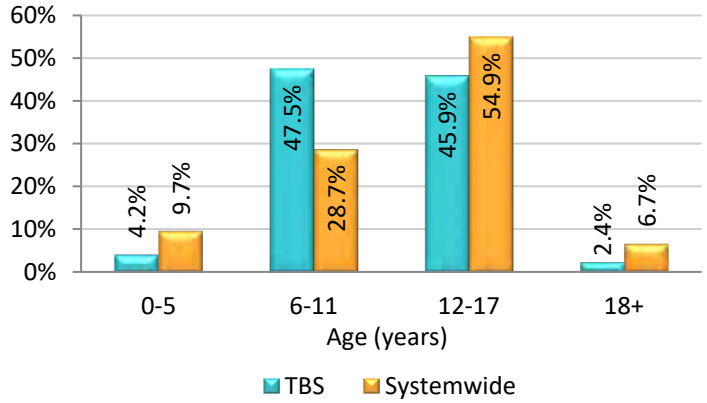
Clients receiving TBS services were younger and less likely to be female than the systemwide averages.

Service Provider Type

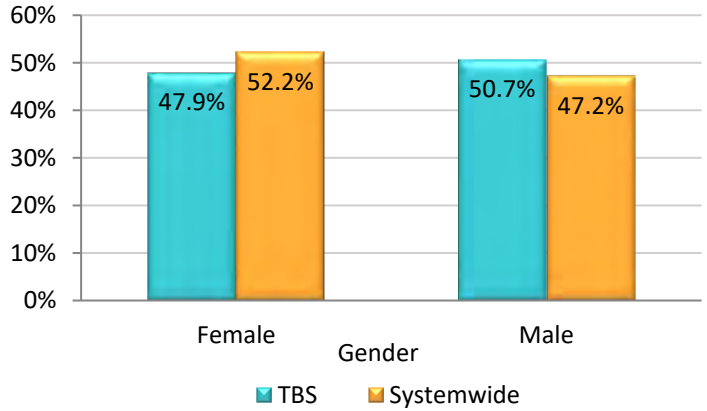
TBS requires a Specialty Mental Health Provider (SMHP). The majority (83%) of CYFBHS TBS clients were served *only* by Org providers in FY 2021-22. No TBS clients were served exclusively by FFS providers in the fiscal year; this was also true in FY 2020-21.



TBS Client Age (N=497)



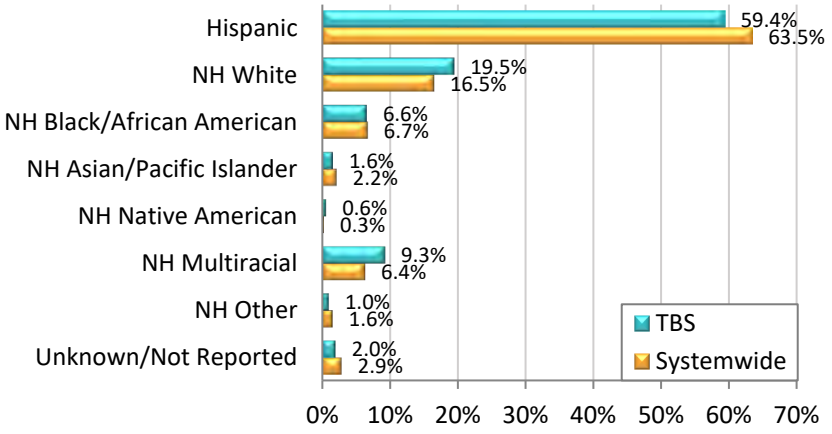
TBS Client Gender (N=497)



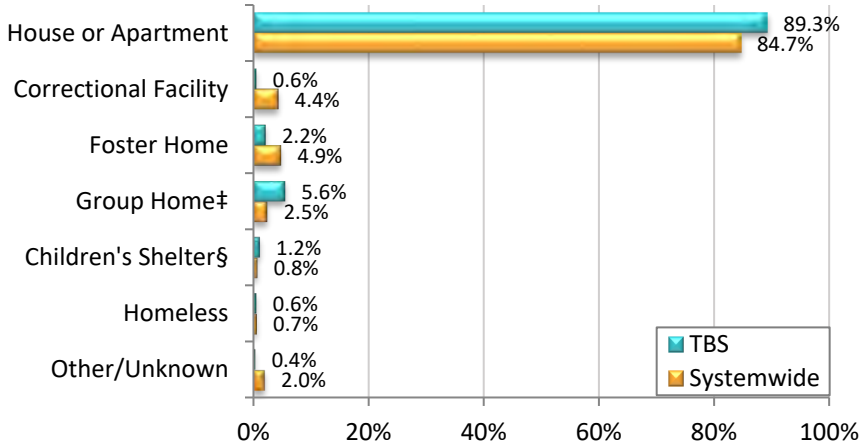
What Kind of Services Are Being Used?

Therapeutic Behavioral Services (TBS)

TBS Client Race/Ethnicity (N=497)

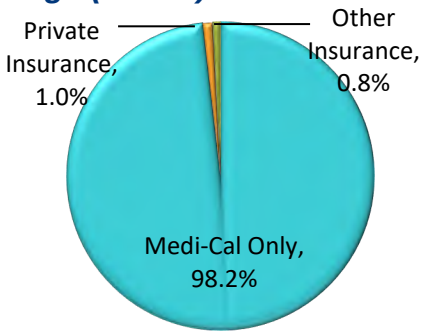


TBS Client Living Situation (N=497)†



TBS Client Health Care Coverage (N=497)

488 (98%) clients who received TBS from CYFBHS during FY 2021-22 were covered exclusively by Medi-Cal, no change from 98% in FY 2020-21. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.

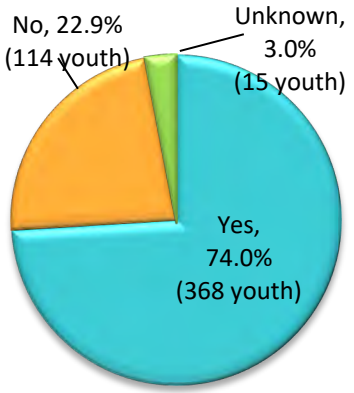


*TBS Client Primary Care Physician (PCP) Status**

Of the 494 TBS clients for whom PCP status was known, 482 (98%) had a PCP in FY 2021-22, no change from 98% in FY 2020-21. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

*TBS Client History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 482 clients (97% of the TBS population) in FY 2021-22; of these 482 clients, 368 (76%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.



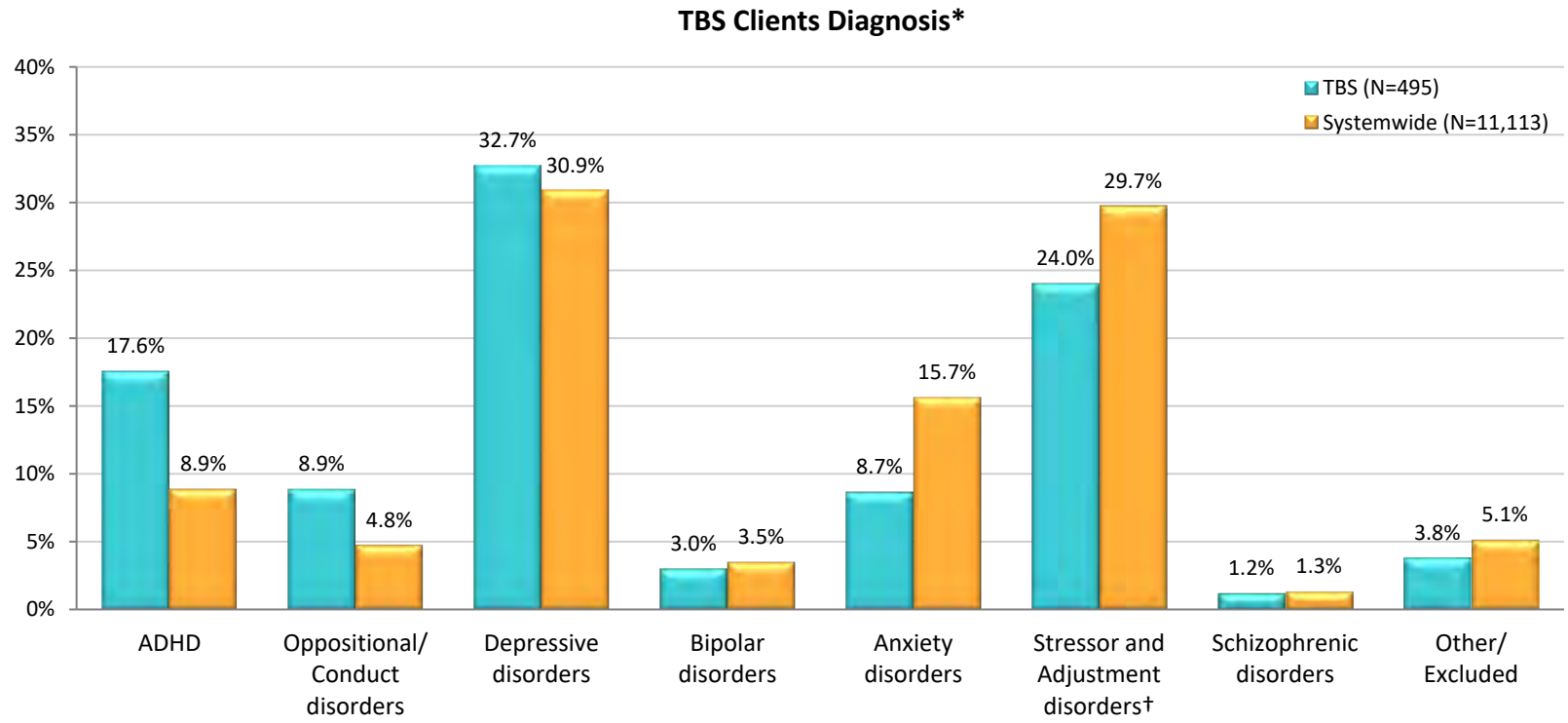
**Unknown category includes Fee-for-Service providers for whom data were not available.*
†Most recent living situation recorded in the fiscal year; TBS service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority 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 2021-22 was Depressive disorders (33%). TBS clients were twice as likely to have an ADHD diagnosis. The rate of Stressor/Adjustment disorder (24%) increased from 21% in FY 2020-21 but remained proportionately less than the systemwide average of 30%. These clients were less likely to have an Anxiety disorder, and more likely to have an Oppositional/Conduct disorder, than CYFBHS clients overall.



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; 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.

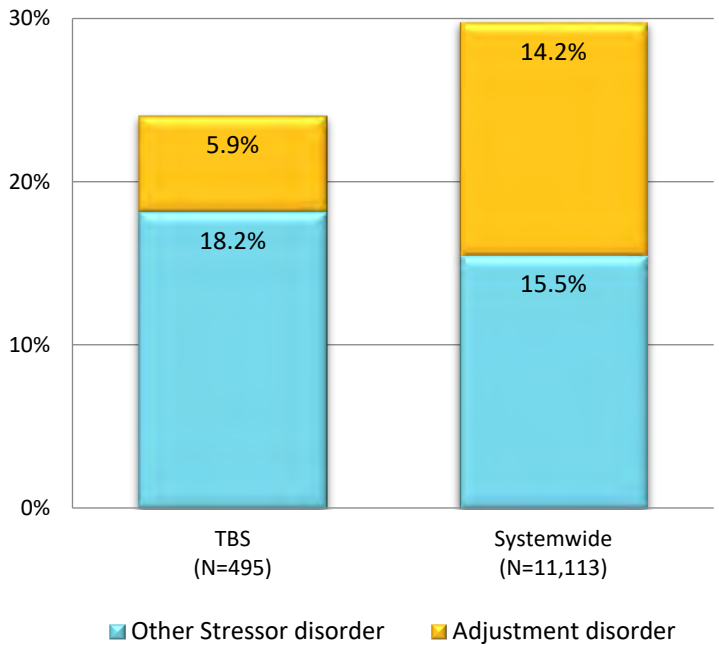
What Kind of Services Are Being Used?

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 2021-22, as compared to CYFBHS overall.

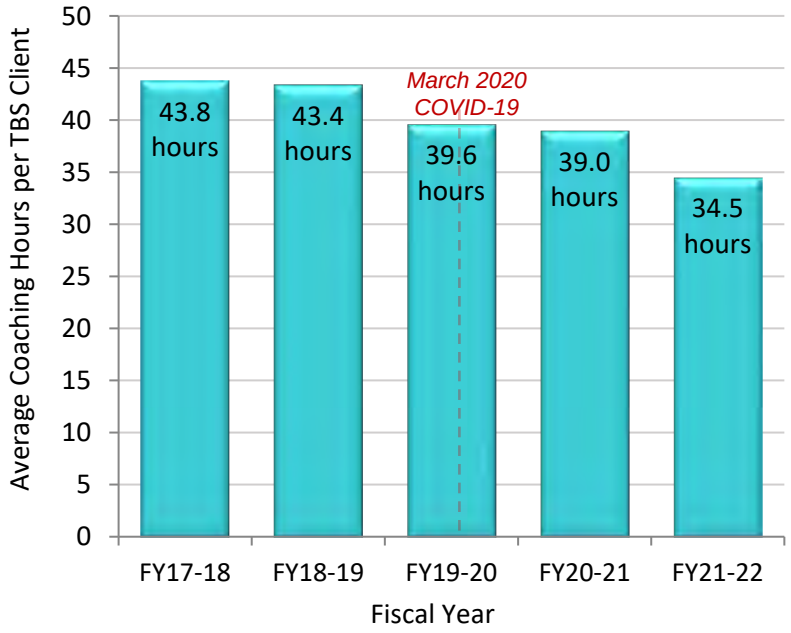
TBS Clients with Stressor and Adjustment Disorders



Coaching Hours for TBS Clients†

393 (79%) of 497 TBS clients receiving coaching as part of their services. The average number of coaching hours (34.5) per TBS client in FY 2021-22 decreased more than 9 hours from FY 2017-18.

The ALOS for a TBS client discharging in FY 2021-22 was 115 days; by comparison, the ALOS for a TBS client discharging in FY 2020-21 was 117 days (see page 83).



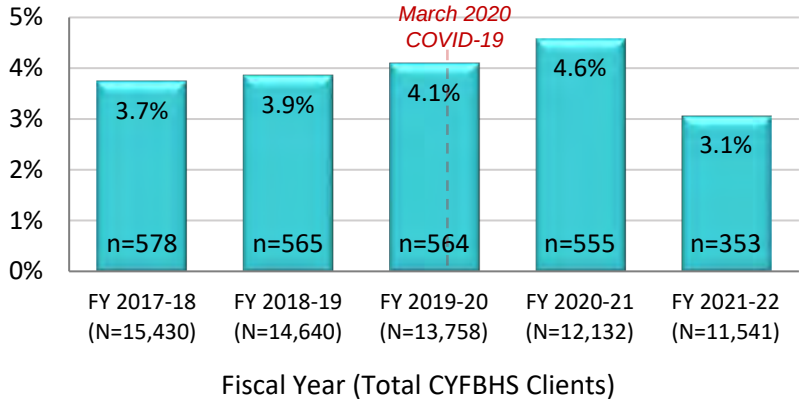
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Coaching hours are identified by service code 47: "TBS Intervention"

What Kind of Services Are Being Used?

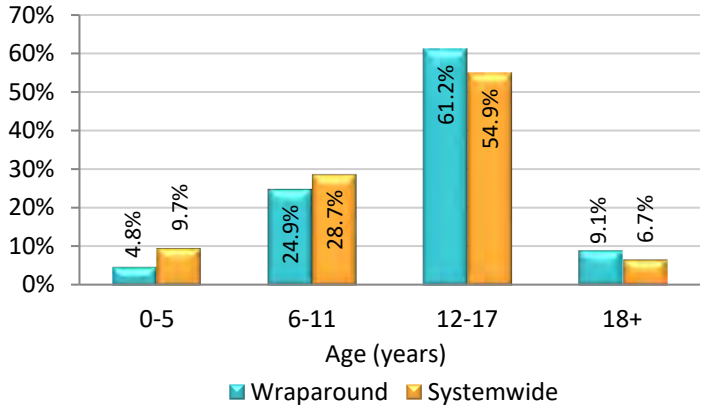
Wraparound Programs

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

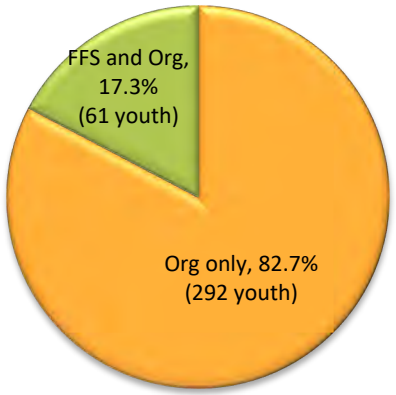
Clients in Wraparound Programs



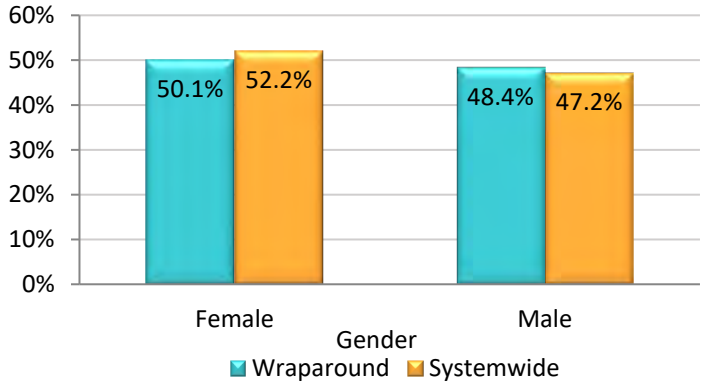
Wraparound Program Clients Age (N=353)



Service Provider Type



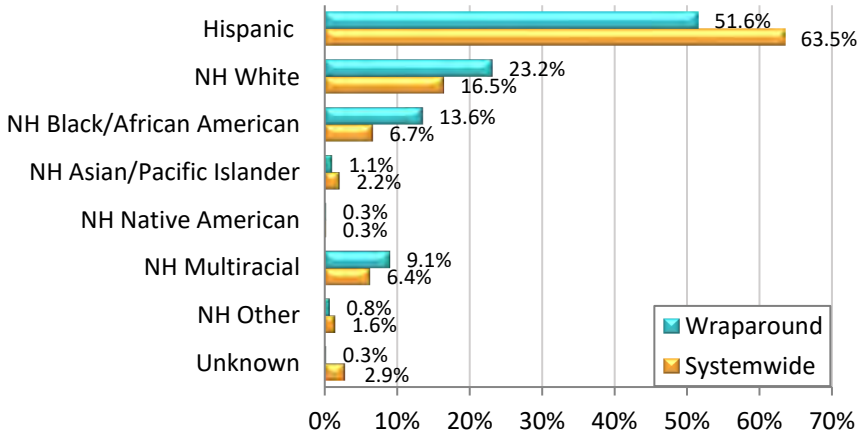
Wraparound Program Clients Gender (N=353)



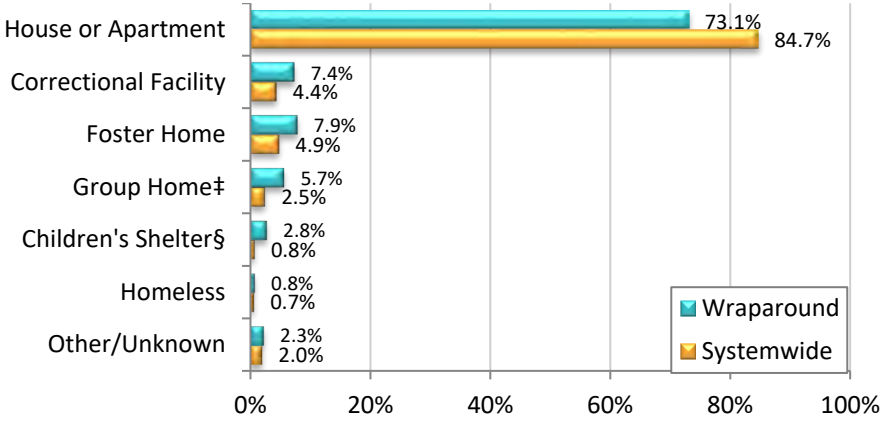
What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Race/Ethnicity (N=353)

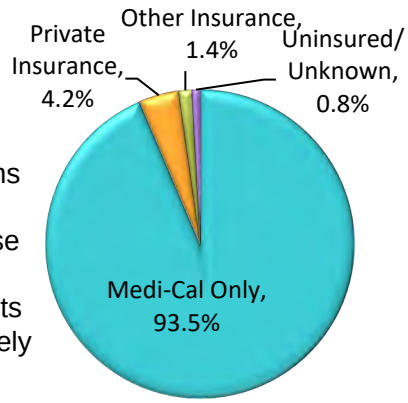


Wraparound Program Clients Living Situation (N=353)†



Wraparound Program Clients Health Care Coverage (N=353)

330 (93%) clients who received services from Wraparound programs during FY 2021-22 were covered exclusively by Medi-Cal, an increase from 91% in FY 2020-21. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.

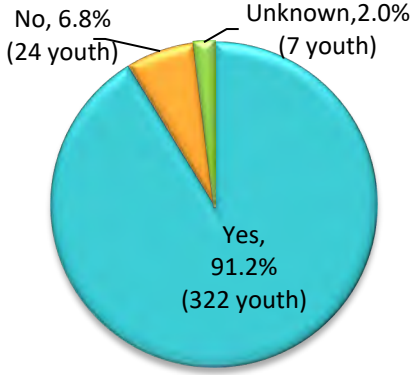


Wraparound Program Clients Primary Care Physician (PCP) Status*

Of the 347 clients in Wraparound programs for whom PCP status was known, 334 (96%) had a PCP in FY 2021-22, no change from 96% in FY 2020-21. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

Wraparound Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 346 clients (98% of the Wraparound population) in FY 2021-22; of these 346 clients, 322 (93%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.



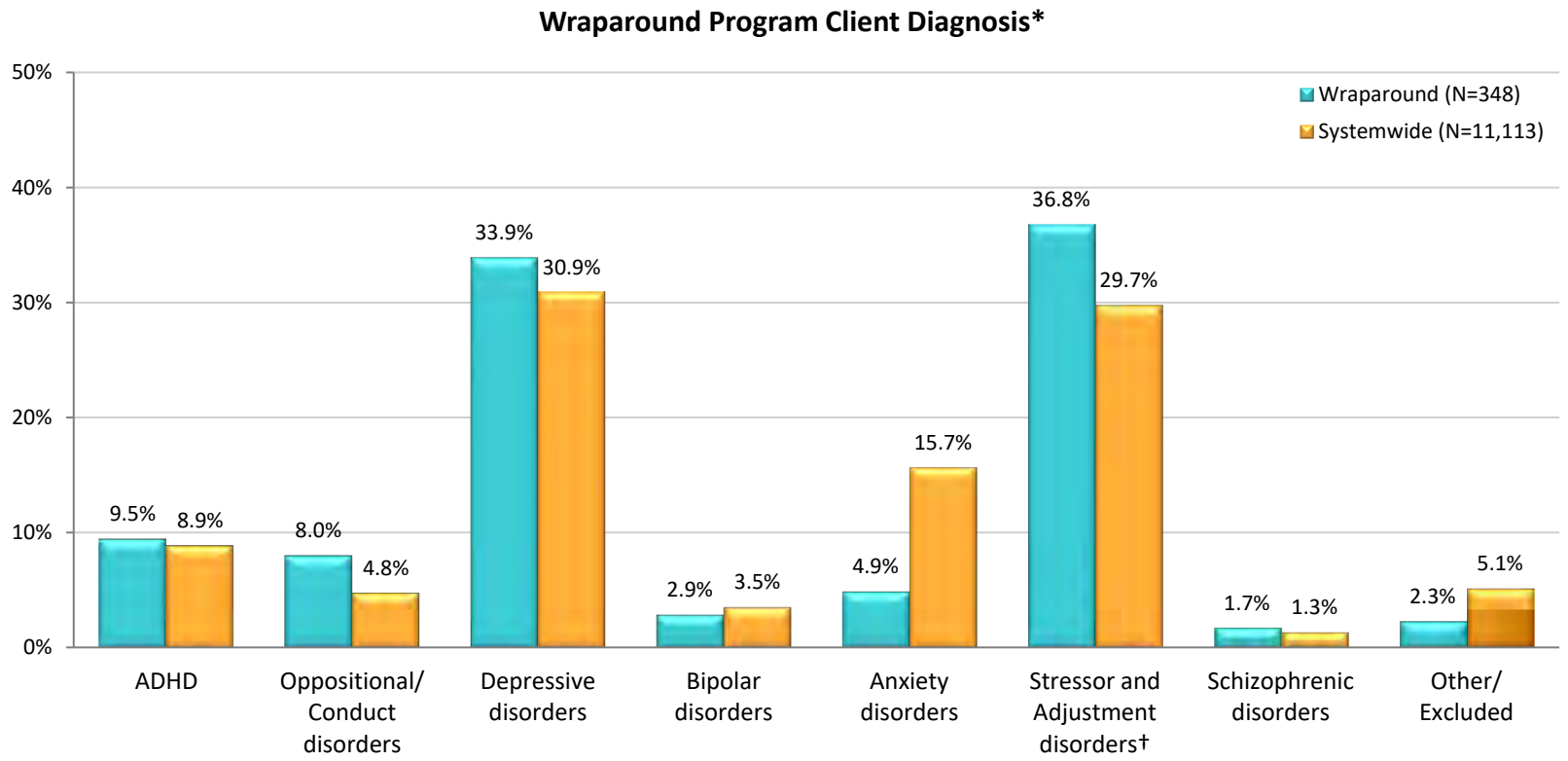
*Unknown category includes Fee-for-Service providers for whom data were not available.
†Most recent living situation recorded in the fiscal year; Wraparound service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority 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 2021-22 were Stressor and Adjustment (37%) and Depressive disorders (34%). These clients were far less likely to have an Anxiety disorder, and more likely to have a Stressor and Adjustment, Oppositional/Conduct, or Depressive disorder, as compared to CYFBHS clients overall.



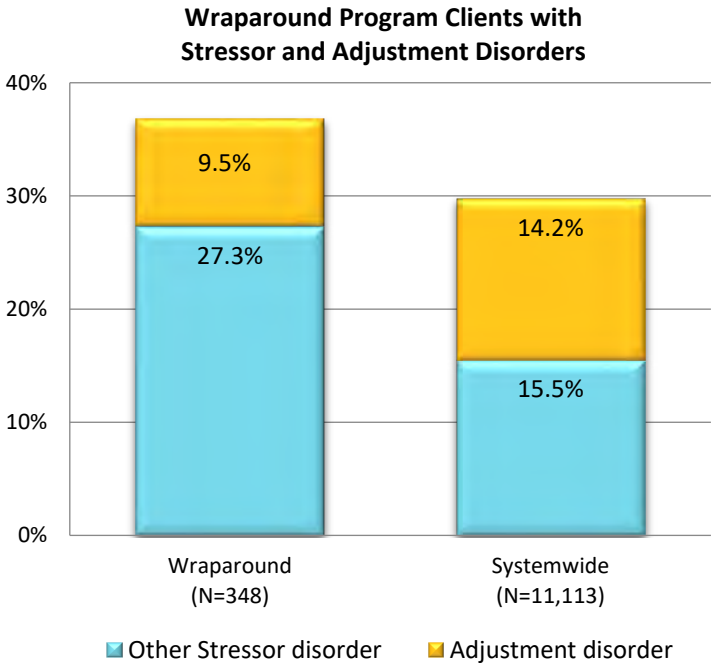
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

Wraparound Programs

Wraparound Program Clients Stressor and Adjustment Disorders*

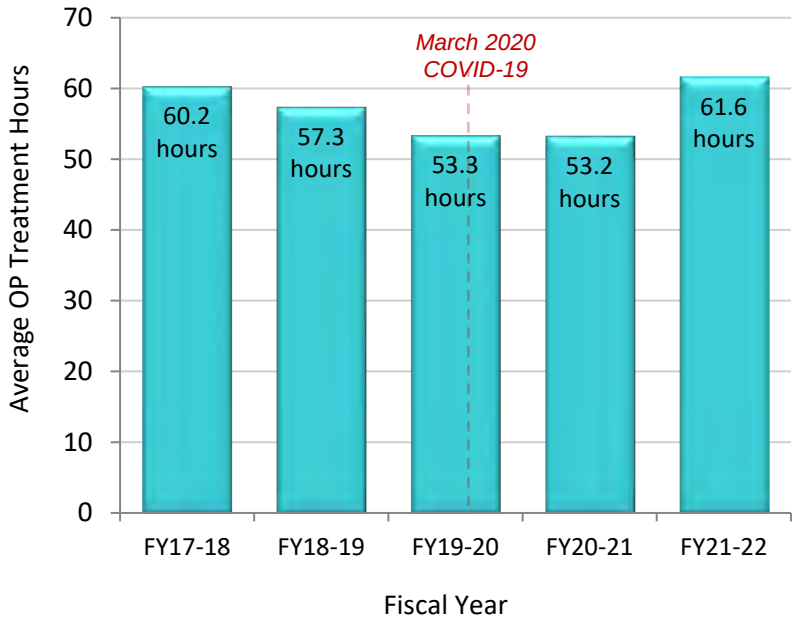
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among Wraparound Program clients in FY 2021-22, as compared to CYFBHS overall.



Outpatient Treatment Hours for Clients in Wraparound Programs†

The average number of Outpatient hours for clients in Wraparound programs increased from 53 hours in FY 2020-21 to 62 hours in FY 2021-22.

The ALOS for a Wraparound Program client discharging in FY 2021-22 was 232 days; by comparison, the ALOS for a Wraparound client discharging in FY 2020-21 was 236 days (see page 83).



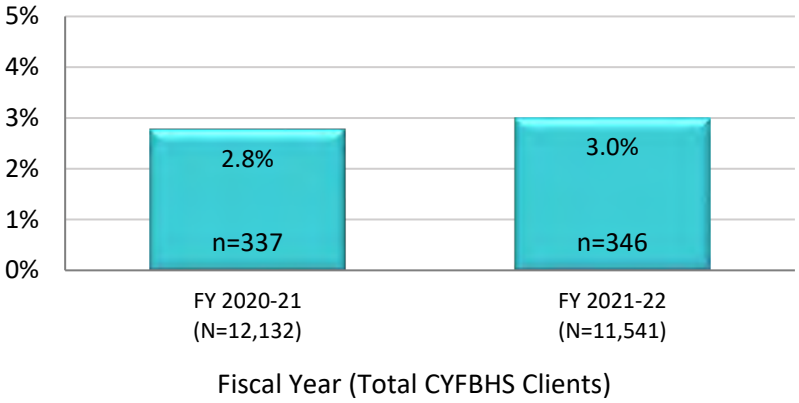
*Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
†Total average treatment hours per client provided at any level of OP service, excluding TBS services which are reported separately.

What Kind of Services Are Being Used?

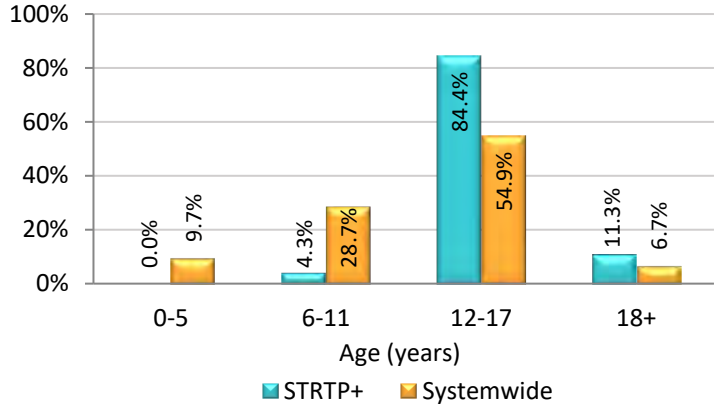
STRTP+ Programs

Short-Term Residential Therapeutic Programs Plus (STRTP+) is a level of care comprised of STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF), and San Pasqual Academy. These are residential settings where youth receive short-term intensive services in order to stabilize and return to a home-based family setting. STRTP+ was established as a CYFBHS LOC in FY 2020-21. The majority (88%) of STRTP+ clients were served *only* by Org providers in FY 2021-22.

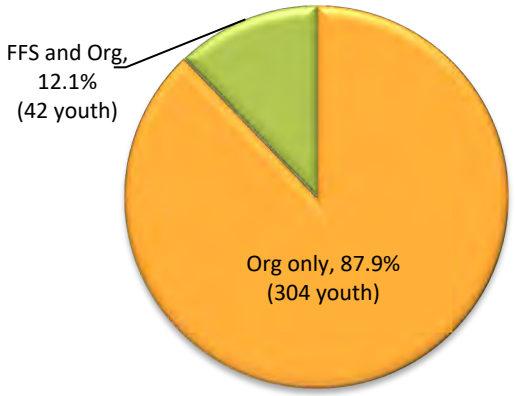
Clients in STRTP+ Programs



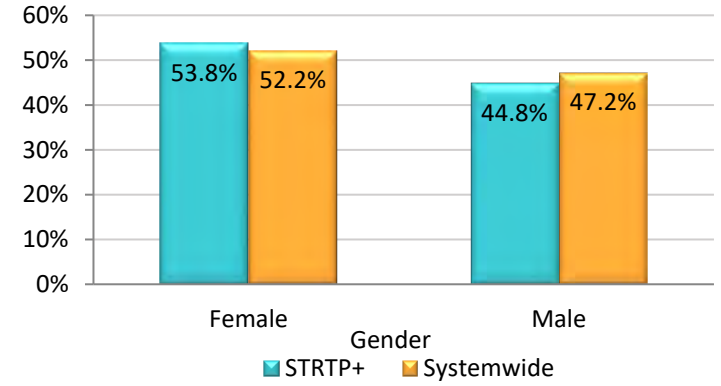
STRTP+ Program Clients Age (N=346)



Service Provider Type



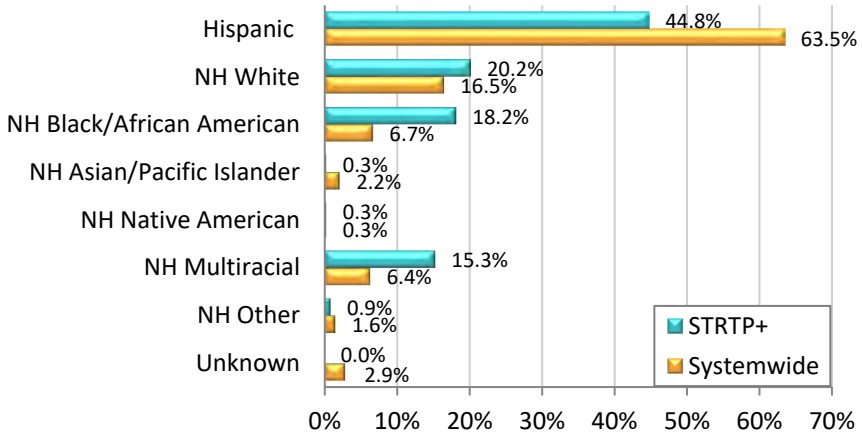
STRTP+ Program Clients Gender (N=346)



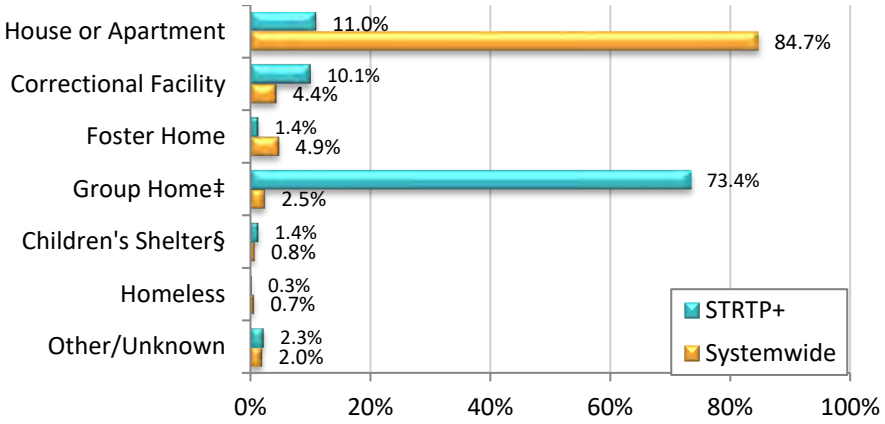
What Kind of Services Are Being Used?

STRTP+ Programs

STRTP+ Program Clients Race/Ethnicity (N=346)

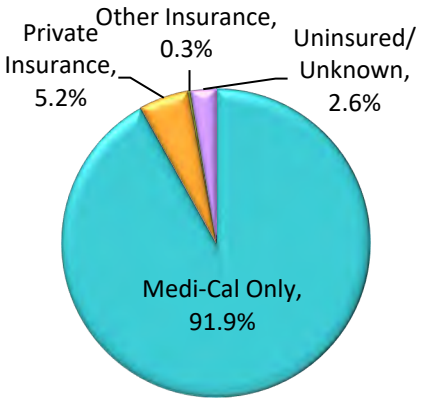


STRTP+ Program Clients Living Situation (N=346)†



STRTP+ Program Clients Health Care Coverage (N=346)

318 (92%) clients who received services from STRTP+ programs during FY 2021-22 were covered exclusively by Medi-Cal. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.

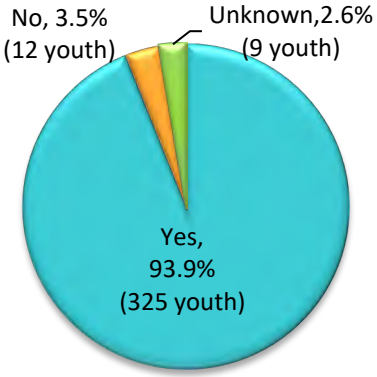


STRTP+ Program Clients Primary Care Physician (PCP) Status*

Of the 338 clients in STRTP+ programs for whom PCP status was known, 318 (92%) had a PCP in FY 2021-22. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

STRTP+ Program Clients History of Trauma*

Previous experience of **traumatic events** was reported by clinicians for 337 clients (97% of the STRTP+ population) in FY 2021-22; of these 337 clients, 325 (96%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.



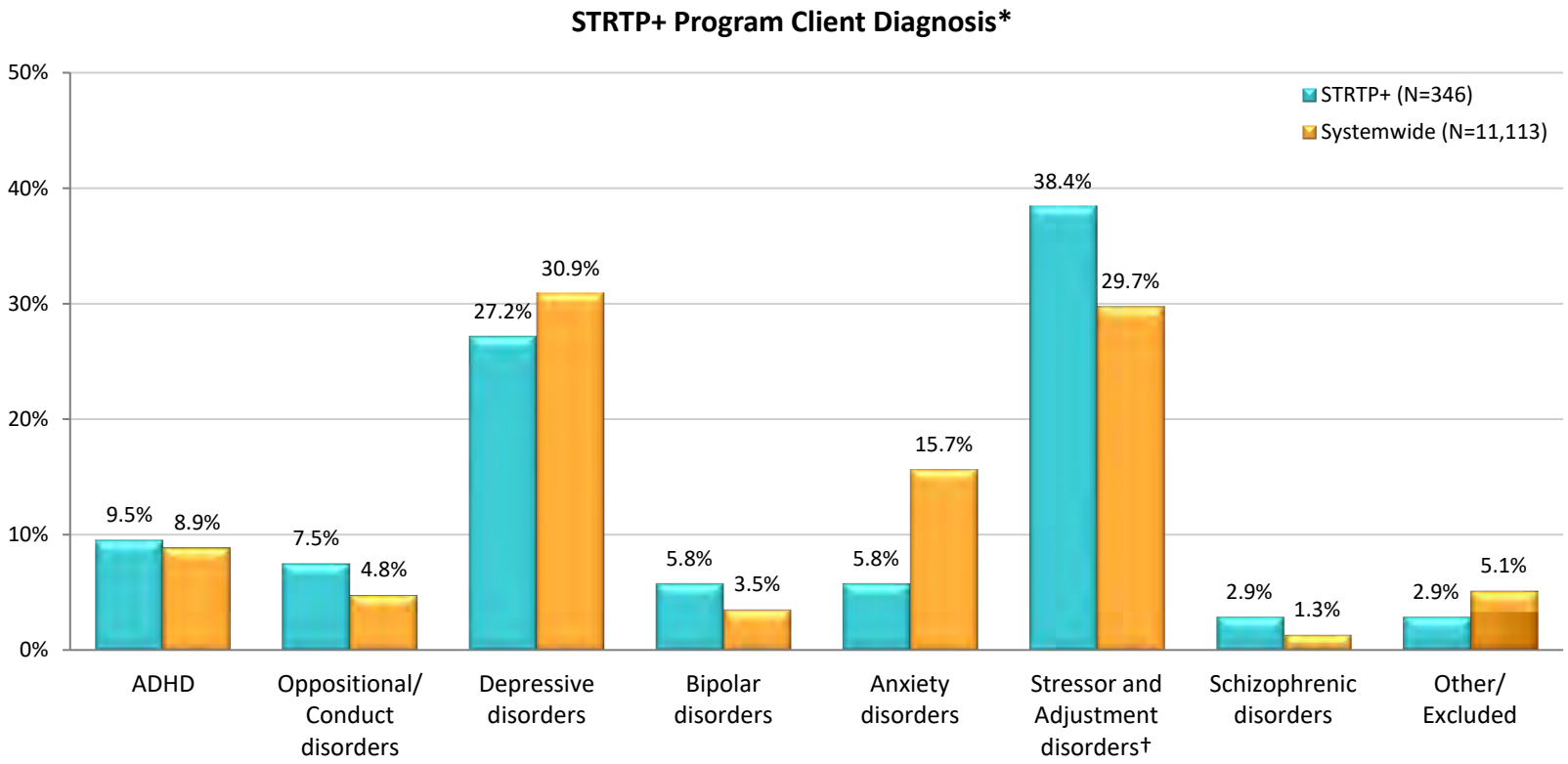
*Unknown category includes Fee-for-Service providers for whom data were not available.
†Most recent living situation recorded in the fiscal year; Wraparound service may have preceded placement.
‡Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
§The majority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

What Kind of Services Are Being Used?

STRTP+ Programs

*STRTP+ Program Clients Primary Diagnosis**

The most common diagnoses for STRTP+ Program clients in FY 2021-22 were Stressor and Adjustment (38%) and Depressive disorders (27%). These clients were less likely to have a Depressive or Anxiety disorder, and more likely to have a Stressor and Adjustment, Oppositional/Conduct, or Bipolar disorder, as compared to CYFBHS clients overall.



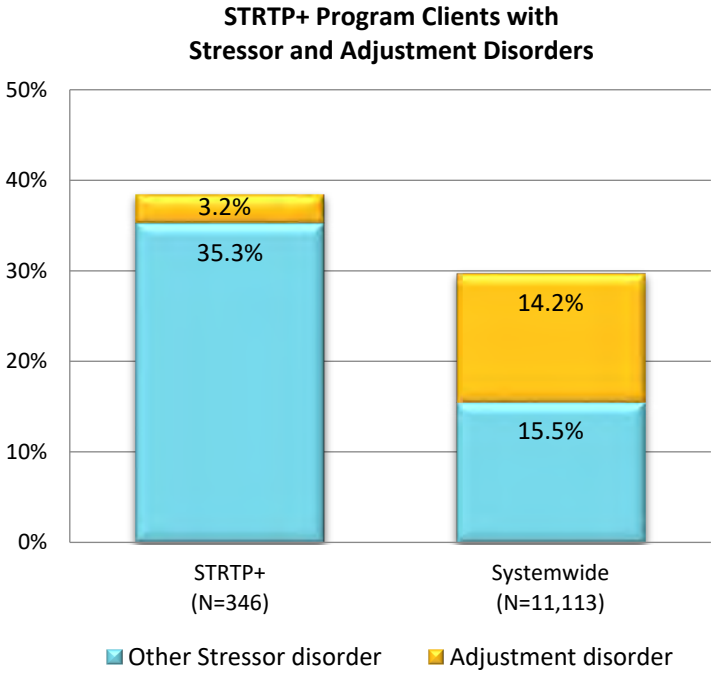
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

STRTP+ Programs

STRTP+ Program Clients Stressor and Adjustment Disorders*

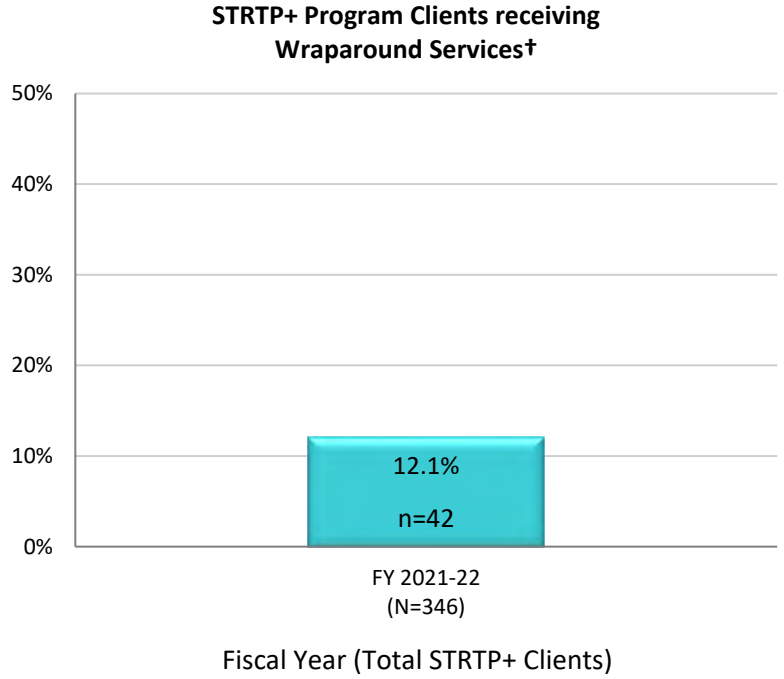
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among STRTP+ Program clients in FY 2021-22, as compared to CYFBHS overall.



Wraparound Connection for Clients in STRTP+ Programs

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

In FY 2021-22, 42 (12%) of STRTP+ clients also received Wraparound services at some point during the fiscal year.



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Wraparound service may have been prior, concurrent, or subsequent to STRTP+ episode.

What Kind of Services Are Being Used?

The Integrated Core Practice Model

The Core Practice Model (CPM) was issued in March 2013, by the state of California, in response to the Katie A class action lawsuit filed in 2002, which sought to improve the provision of specialty mental health services for foster youth. The CPM was revised and renamed the Integrated Core Practice Manual (ICPM) by the state in May 2018. The ICPM provides practical guidance and direction to support County child welfare, juvenile probation, behavioral health agencies, and their partners in the delivery of timely, effective, and collaborative services. The ICPM is intended to facilitate a common strategic and practical framework that integrates service planning, delivery, coordination, and management involved in multiple service systems. The model describes the philosophical shift in practice through increased collaboration between systems and families. The overarching philosophy emphasizes the importance of teamwork and mutually shared goals that promote safety, permanency and well-being. Within San Diego County, the lawsuit settlement was the catalyst to further advance the collaboration between Child 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 17-18	FY 18-19	FY 19-20	FY 20-21#	FY 21-22#
Total Clients‡ with Open Assignment	774	940	736	477	309

Clients Eligible for Enhanced Services*†¶

	FY 17-18	FY 18-19	FY 19-20	FY 20-21#	FY 21-22#
Total Clients‡ with Open Assignment	819	744	850	841	816
Pathways Service					
ICC	593	622	682	702	694
IHBS	211	209	224	265	287

**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.

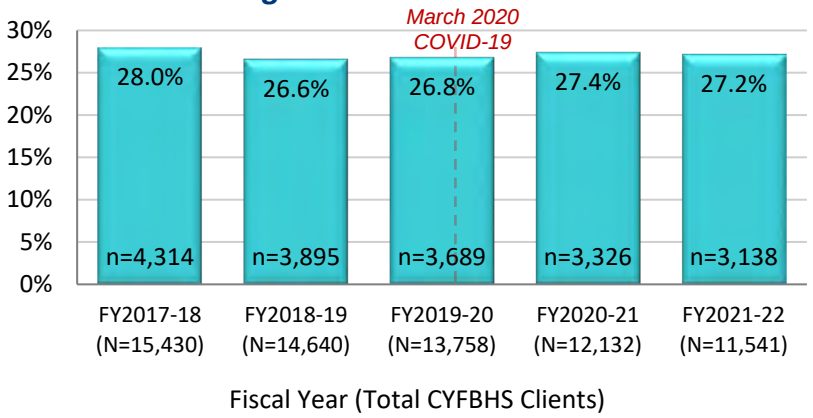
Locally, ICC and IHBS were launched in August 2013. As of 7/1/2016, the state expanded ICC and IHBS services to be available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity for these services.

What Kind of Services Are Being Used?

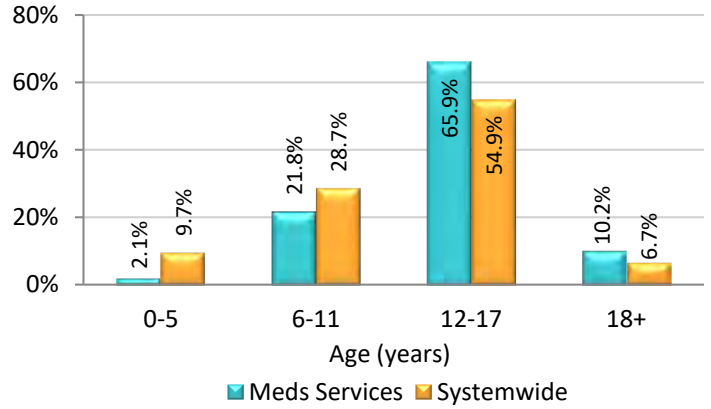
Medication Services*

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 2021-22, no change from 84% in FY 2020-21. In FY 2021-22, <1% of these clients received medication services with no other concurrent services. This section summarizes demographics and client data for all children and youth who received any medication services during the fiscal year.

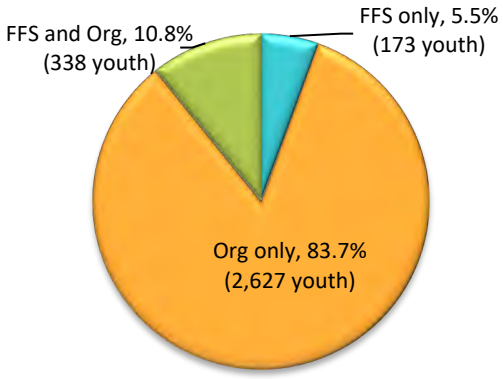
Clients Receiving Medication Services from CYFBHS



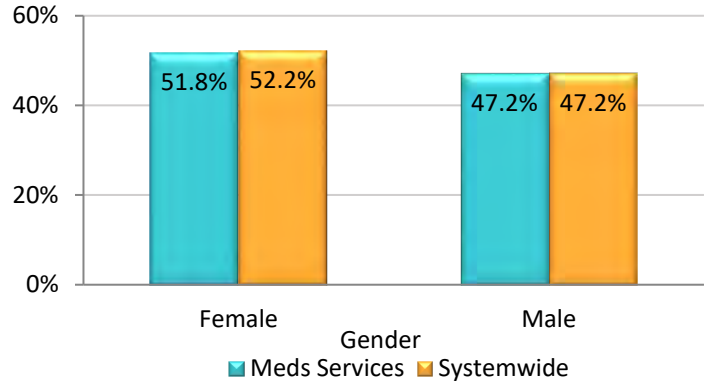
Medication Services Clients Age (N=3,138)



Service Provider Type



Medication Services Clients Gender (N=3,138)

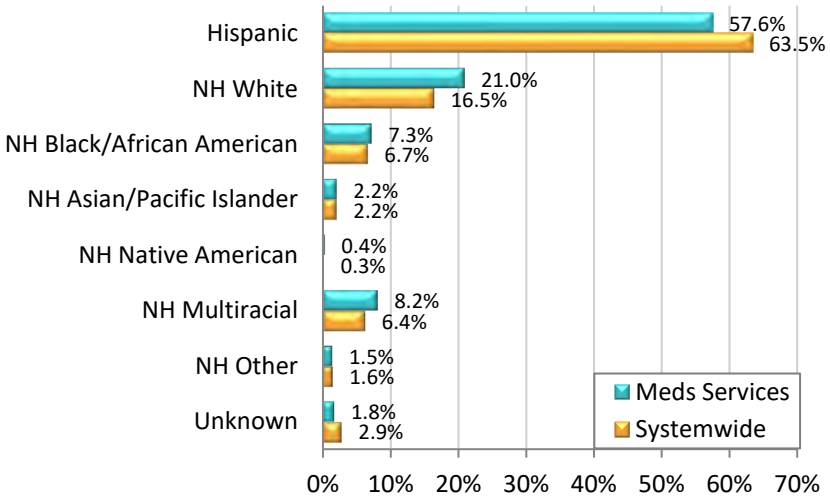


**Some clients may receive medication services outside of the CYFBHS system.*

What Kind of Services Are Being Used?

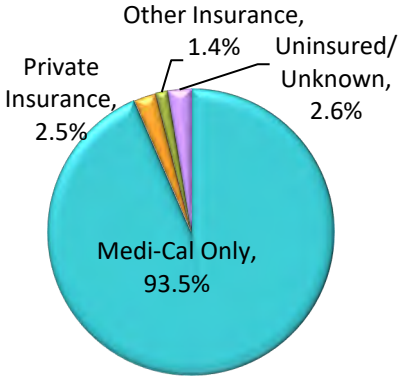
Medication Services*

Medication Services Clients Race/Ethnicity (N=3,138)



Medication Services Clients Health Care Coverage (N=3,138)

2,934 (93%) clients who received medication services in CYFBHS during FY 2021-22 were covered exclusively by Medi-Cal, a slight increase from FY 2020-21 (92%). By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.

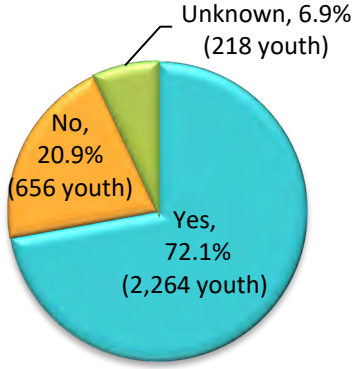


Medication Services Clients Primary Care Physician (PCP) Status†

Of the 2,959 clients who received medication services for whom PCP status was known, 2,835 (96%) had a PCP in FY 2021-22, the same as 96% in FY 2020-21. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

Medication Services Clients History of Trauma†

Previous experience of **traumatic events** was reported by clinicians for 2,920 clients (93% of the medication services population) in FY 2021-22; of these 2,920 clients, 2,264 (78%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.



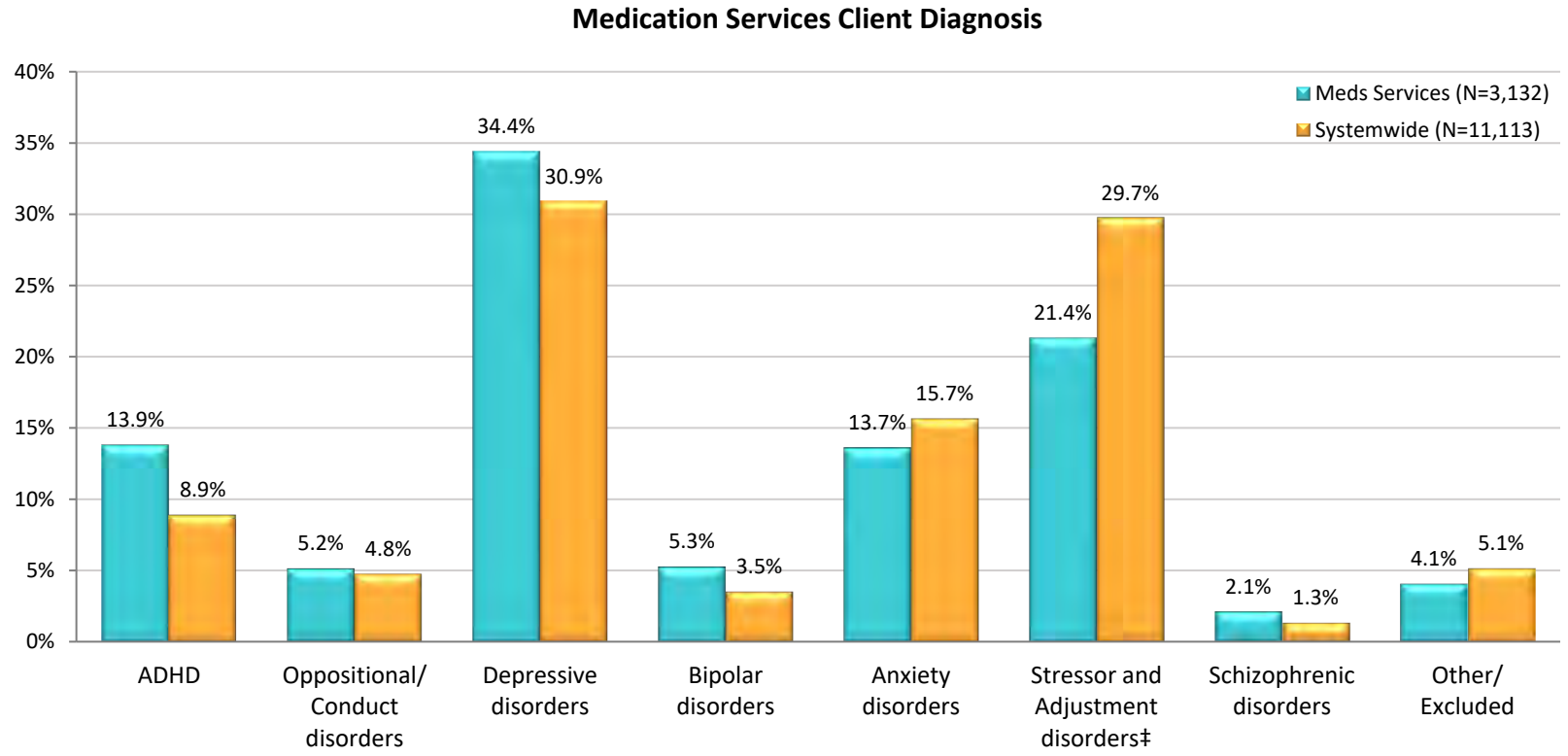
**Some clients may receive medication services outside of the CYFBHS system.*
†Unknown category includes Fee-for-Service providers for whom data were not available.

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 2021-22 were Depressive disorders (34%). These clients were more likely than CYFBHS clients overall to have ADHD, Depressive, Bipolar, or Schizophrenic disorder. They were less likely to be diagnosed with Stressor/Adjustment or Anxiety disorders.



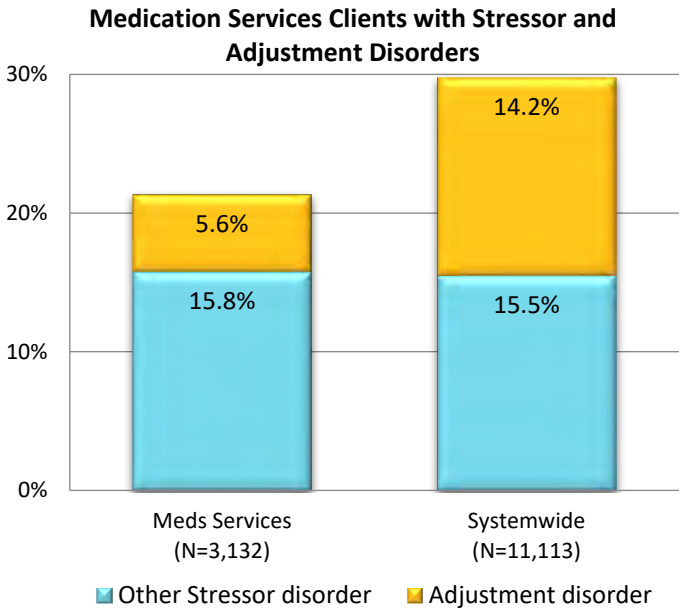
**Some clients may receive medication services outside of the CYFBHS system.*
†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
‡In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

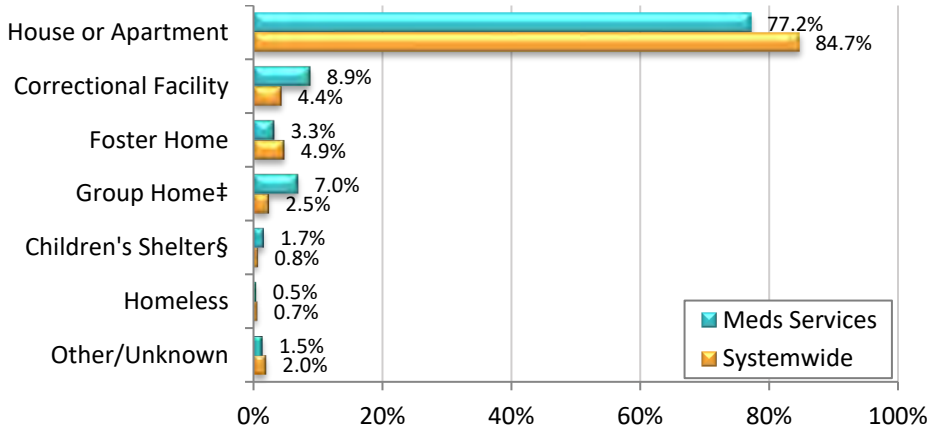
*Medication Services**

Medication Services Clients with Stressor and Adjustment Disorders†

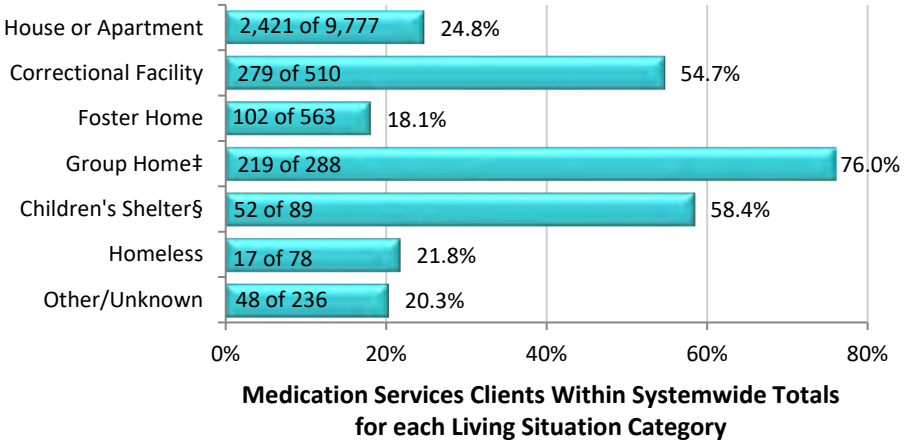
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis was proportionally less among clients receiving Medication Services in FY 2021-22, as compared to CYFBHS overall.



Medication Services Clients Living Situation (N=3,138)



Medication Services Clients Within Living Situation



Medication Services Clients Within Systemwide Totals for each Living Situation Category

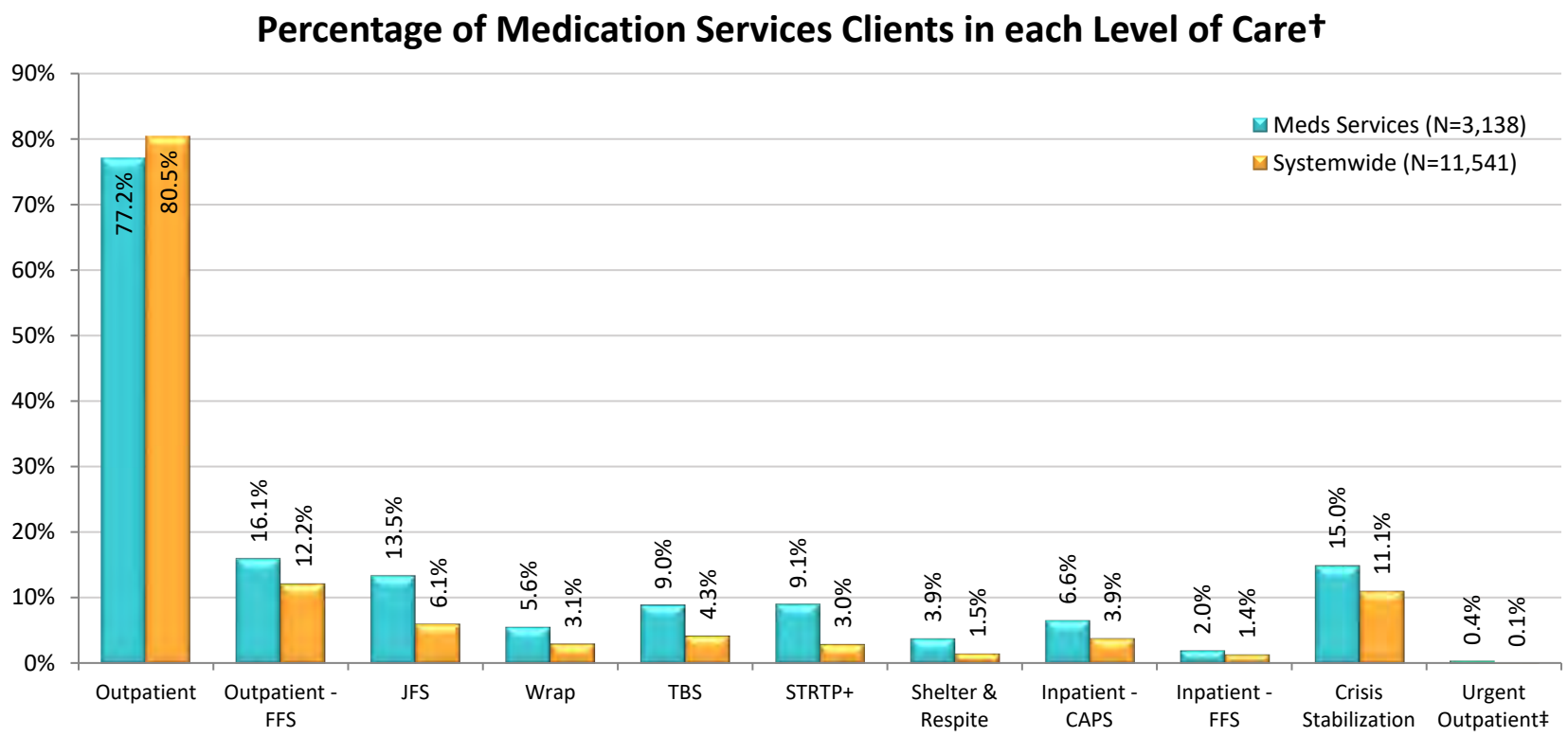
**Some clients may receive medication services outside of the CYFBHS system.*
†Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.
‡Group Home includes Residential Treatment Centers and Short-Term 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.



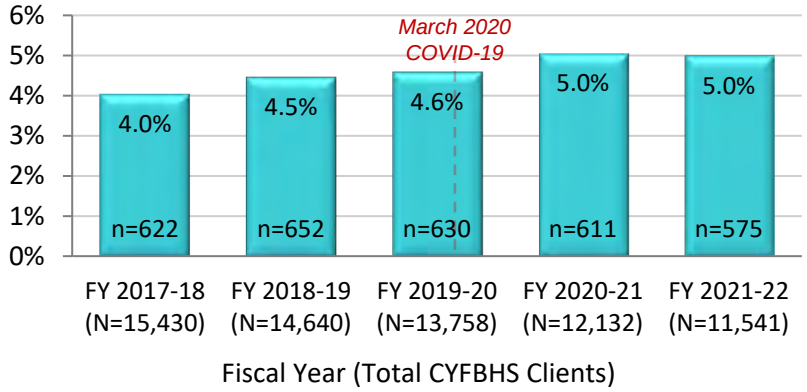
**Some clients may receive medication services outside of the CYFBHS system.*
†Clients may have received services in more than one level of care.
‡Urgent Outpatient services are limited to Emergency Medication Management Services as of FY 2021-22.

What Kind of Services Are Being Used?

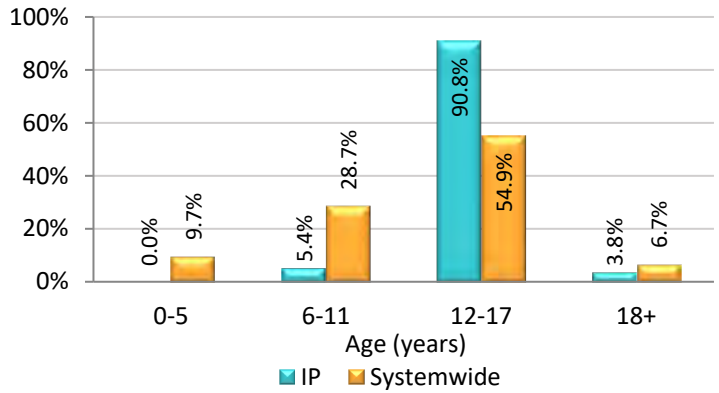
Inpatient (IP) Services

CYFBHS provides inpatient services to children and adolescents under age 18. The proportion of clients receiving IP services did not change from 5.0% (611) in FY 2020-21 to 5.0% (575) in FY 2021-22. 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.

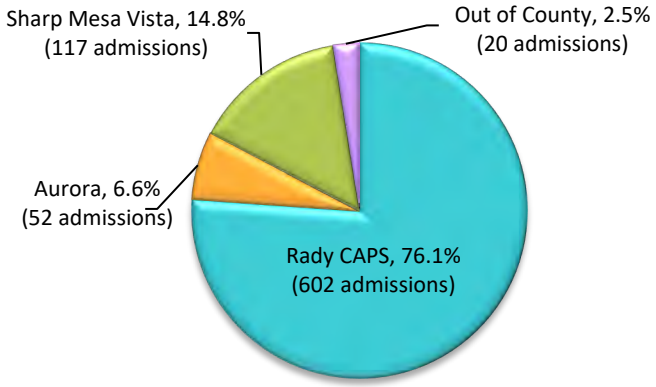
Clients Receiving IP Services



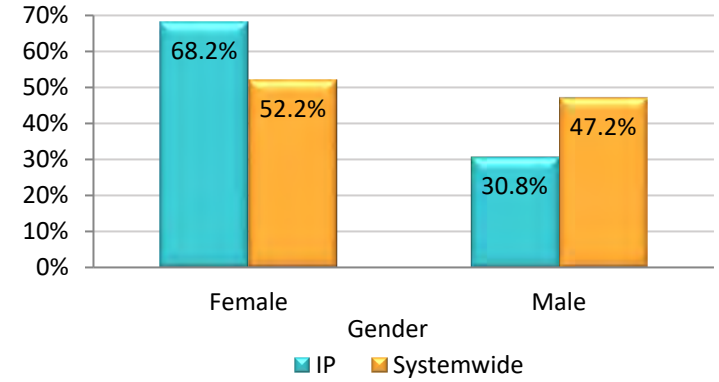
IP Clients Age (N=575)



*Admissions by Provider (N=791)**



IP Clients Gender (N=575)

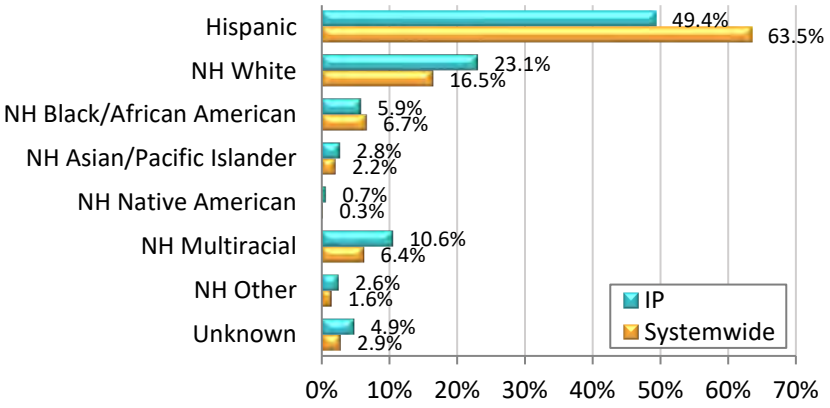


**Includes duplicated clients within and between providers.*

What Kind of Services Are Being Used?

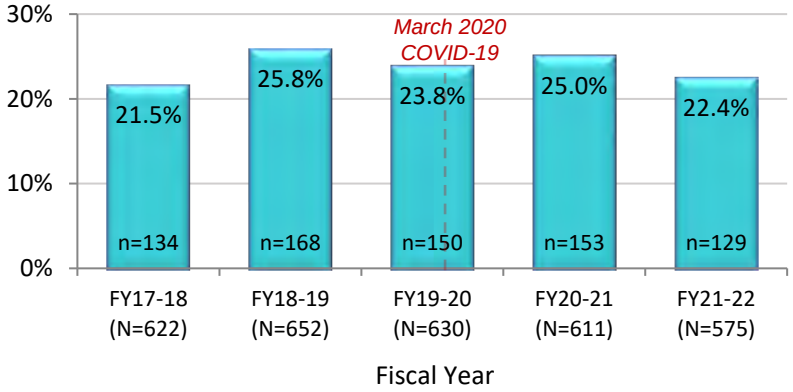
Inpatient (IP) Services

IP Clients Race/Ethnicity (N=575)



Recurring IP Episodes (Readmission)

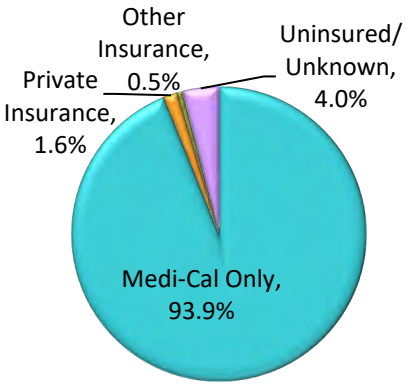
129 (22%) of 575 children receiving IP services had more than one IP episode in FY 2021-22; a decrease from 153 (25%) of 611 in FY 2020-21.



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

IP Clients Health Care Coverage (N=575)

540 (94%) CYFBHS clients who received IP services during FY 2021-22 were covered exclusively by Medi-Cal. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.

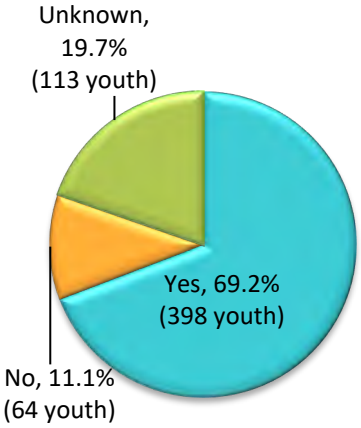


*IP Clients Primary Care Physician (PCP) Status**

Of the 486 IP clients for whom PCP status was known, 462 (95%) had a PCP in FY 2021-22. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

*IP Clients History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 462 clients (80% of the IP population) in FY 2021-22; of these 462 clients, 398 (86%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.

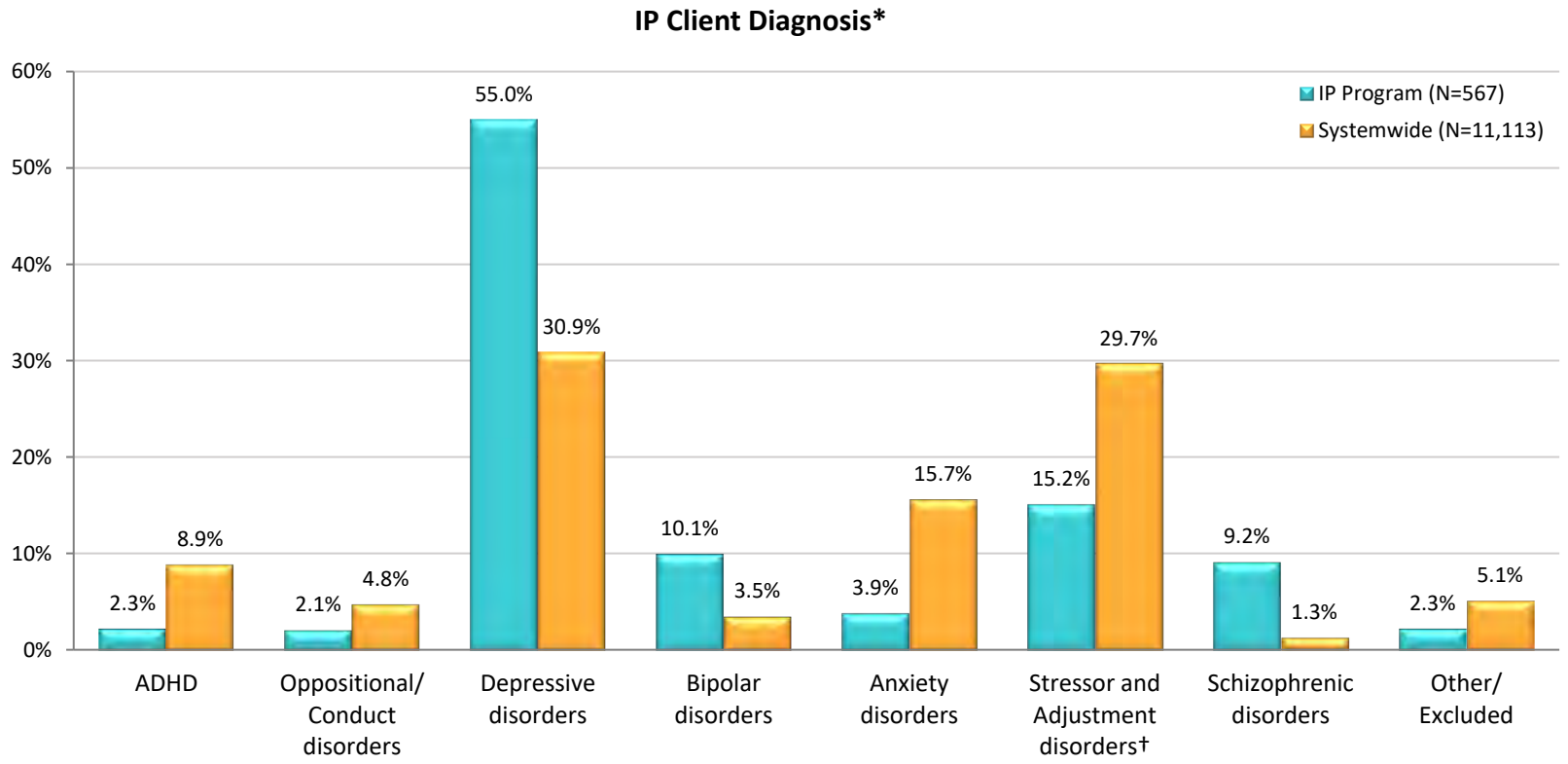


What Kind of Services Are Being Used?

Inpatient (IP) Services

*IP Clients Primary Diagnosis**

The most common diagnosis for clients receiving IP services in FY 2021-22 was Depressive disorders (55%); this is a decrease from 58% in FY 2020-21 but still much higher than the systemwide average of 31%. IP clients were less likely than CYFBHS clients overall to have ADHD, Oppositional/Conduct, Anxiety, or Stressor and Adjustment disorders. These youth were more likely to have a Depressive, Bipolar or Schizophrenic disorder.



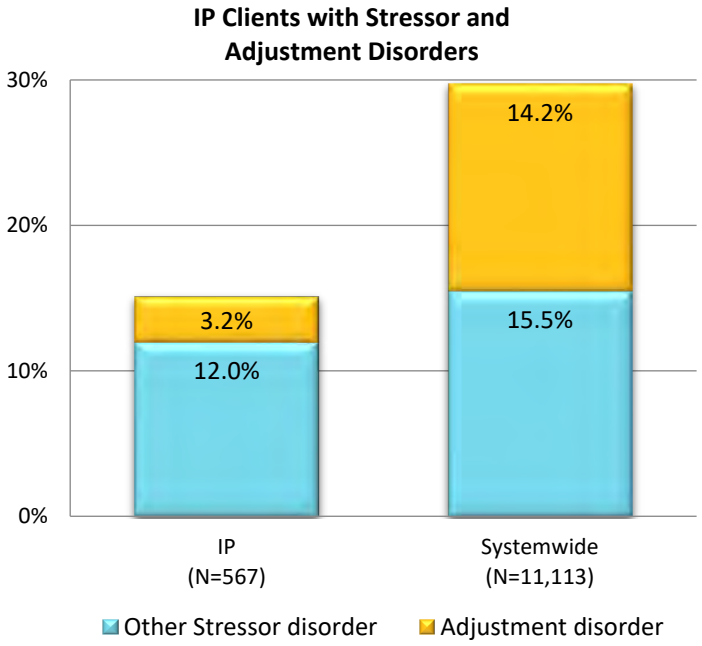
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

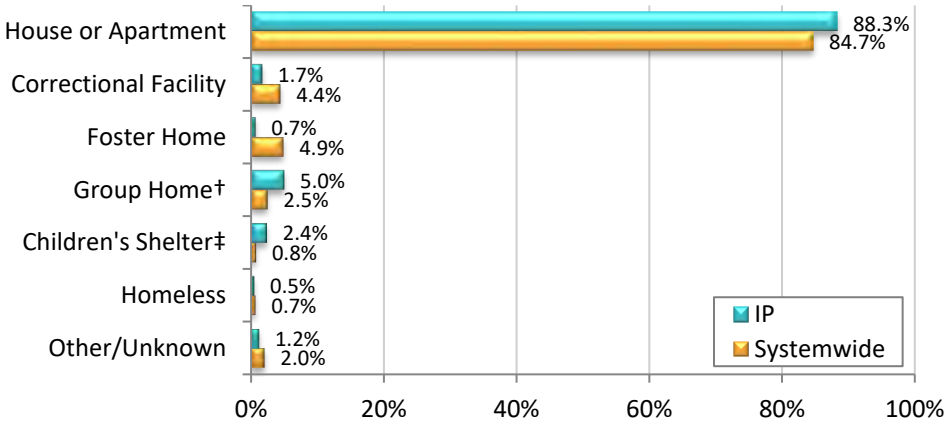
Inpatient (IP) Services

*IP Clients with Stressor and Adjustment Disorders**

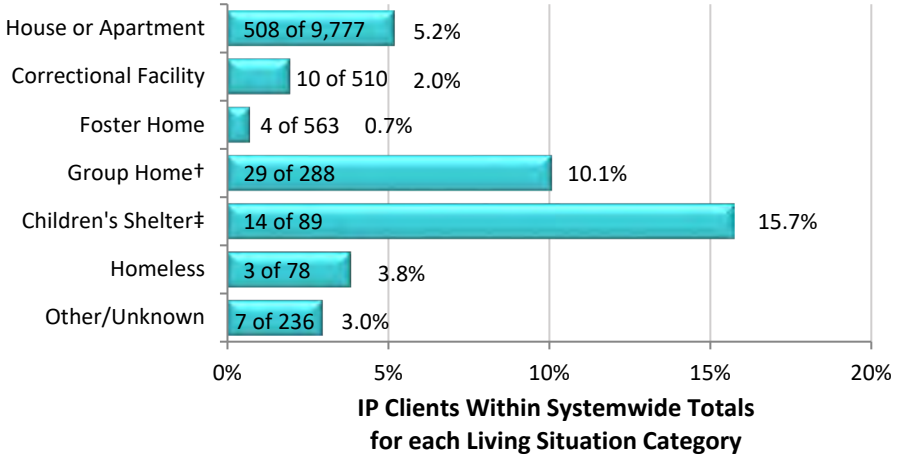
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving IP services in FY 2021-22 was much lower than CYFBHS overall.



IP Clients Living Situation (N=575)



IP Clients Within Living Situation



**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients are served by Polinsky Children's Center.

What Kind of Services Are Being Used?

Urgent Outpatient (UO) Services

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

- 14 (<1%) of 11,541 unduplicated clients received Urgent Outpatient services in FY 2021-22
  - A decrease from 267 (2.2%) of 12,132 in FY 2020-21.
  - As of FY 2021-22, UO is comprised of the Emergency Medication Management program only. Crisis, Intervention & Response (CIR) team programs are no longer included in the UO level of care.

Psychiatric Emergency Response Team (PERT)

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

- 1,273 youth under the age of 18 received PERT services in FY 2021-22, as compared to 1,218 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.

- 168 youth under the age of 18 received MCRT services in FY 2021-22*, as compared to zero youth between January and June 2021.

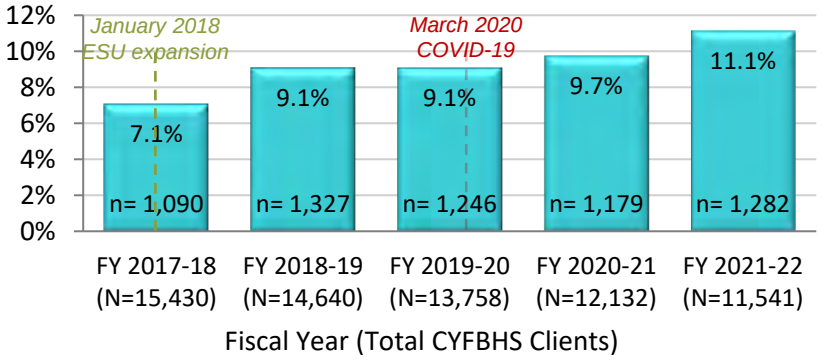
**These youth may have been served by the Adult/Older Adult Behavioral Health Services system*

What Kind of Services Are Being Used?

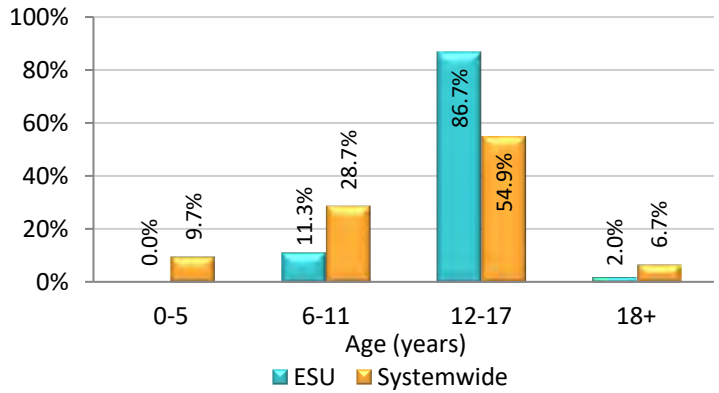
Emergency Screening Unit (ESU)

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 7% (1,090) in FY 2017-18 to 11% (1,282) in FY 2021-22. The proportion of females receiving ESU services is greater than the CYFBHS systemwide average.

*Clients Receiving Services from ESU**

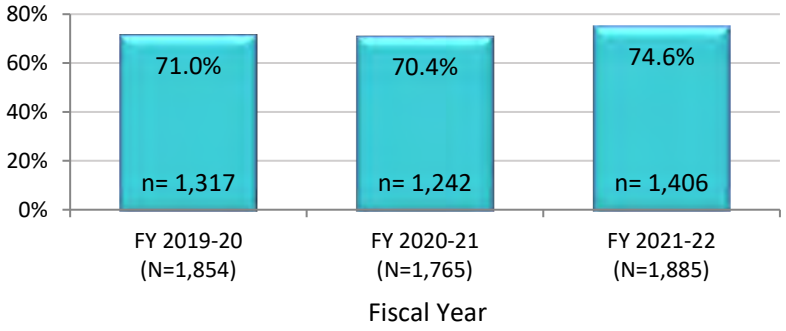


*ESU Program Clients Age (N=1,282)**

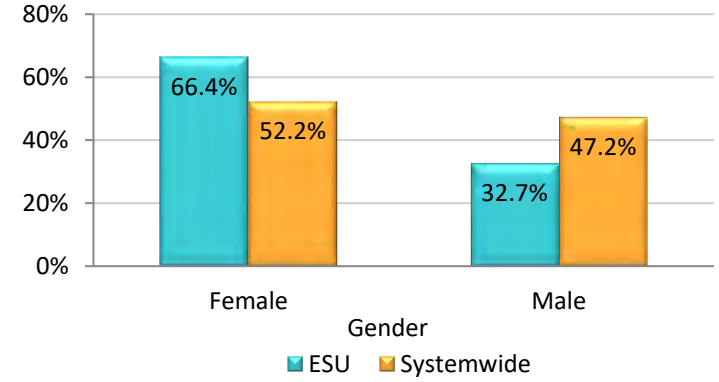


Diversion†

Of 1,885 ESU visits‡ in FY 2021-22, 1,406 (75%) were diverted from an IP admission.



*ESU Program Clients Gender (N=1,282)**

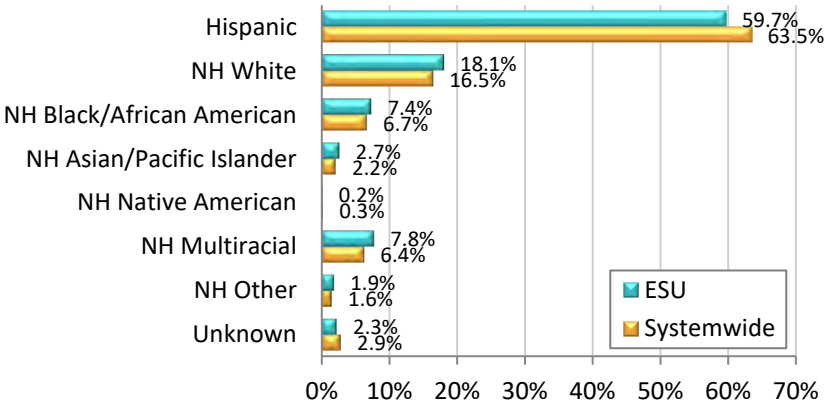


**ESU unduplicated client count includes direct admits.*
†Data Source: OPTUM: CO 26-C ESU Emergency Screening Report (8/10/2022)
‡ESU visits include duplicated clients and direct admits.

What Kind of Services Are Being Used?

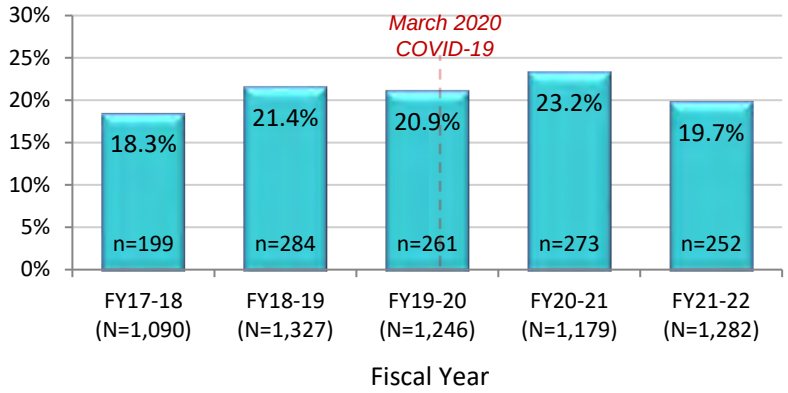
Emergency Screening Unit (ESU)

ESU Clients Race/Ethnicity (N=1,282)



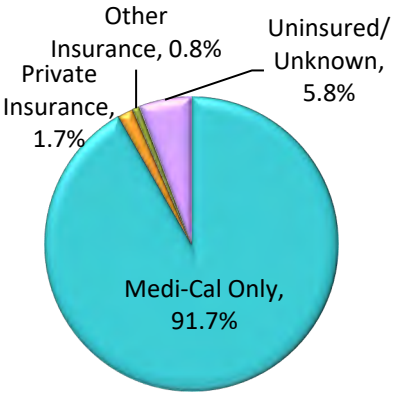
Recurring ESU Visits (Readmission)

252 (20%) of 1,282 children receiving services from ESU had more than one ESU visit in FY 2021-22; a decrease from 273 (23%) of 1,179 in FY 2020-21.



ESU Clients Health Care Coverage (N=1,282)

1,176 (92%) CYFBHS clients who received services from ESU during FY 2021-22 were covered exclusively by Medi-Cal, an increase from 90% in FY 2020-21. By comparison, 94% of CYFBHS clients systemwide were covered exclusively by Medi-Cal in FY 2021-22.

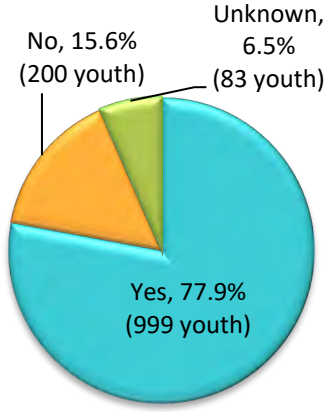


*ESU Clients Primary Care Physician (PCP) Status**

Of the 1,208 ESU clients for whom PCP status was known, 1,150 (95%) had a PCP in FY 2021-22, a slight increase from 94% in FY 2020-21. By comparison, 96% of CYFBHS clients systemwide had a PCP in FY 2021-22.

*ESU Clients History of Trauma**

Previous experience of **traumatic events** was reported by clinicians for 1,199 clients (94% of the ESU population) in FY 2021-22; of these 1,199 clients, 999 (83%) had a **history of trauma**. By comparison, 72% of CYFBHS clients systemwide for whom this information was known had a **history of trauma** in FY 2021-22.



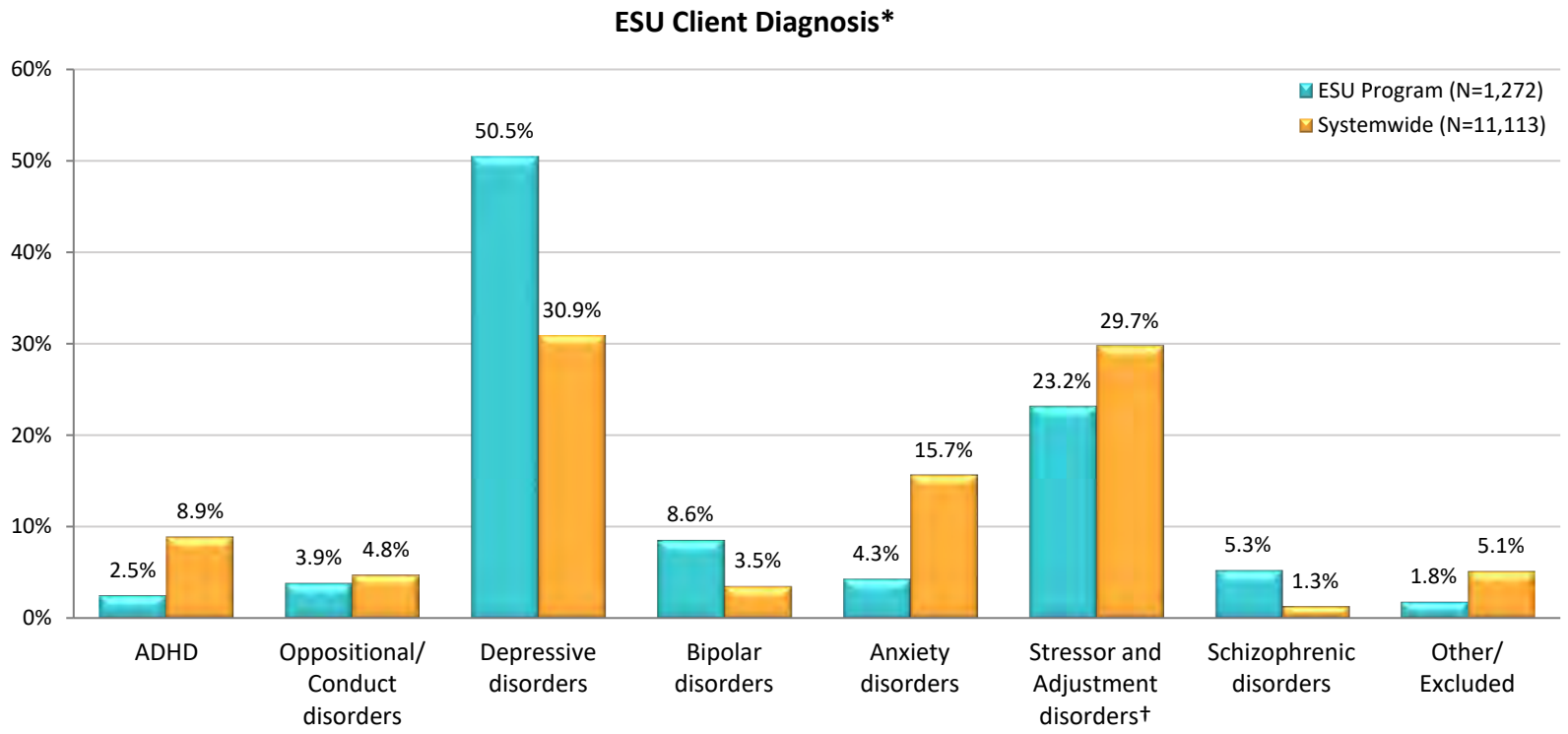
**Unknown category includes Fee-for-Service providers for whom data were not available.*

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 2021-22 was Depressive disorders (50%); a decrease from 52% in FY 2020-21, and much higher than the systemwide average of 31%. The rate of Stressor/Adjustment disorder (23%) did not change from the previous FY and remained proportionately less than the systemwide average of 30%. ESU clients were far less likely than CYFBHS clients overall to have ADHD or an Anxiety disorder, and more likely to have a Bipolar or Schizophrenic disorder.



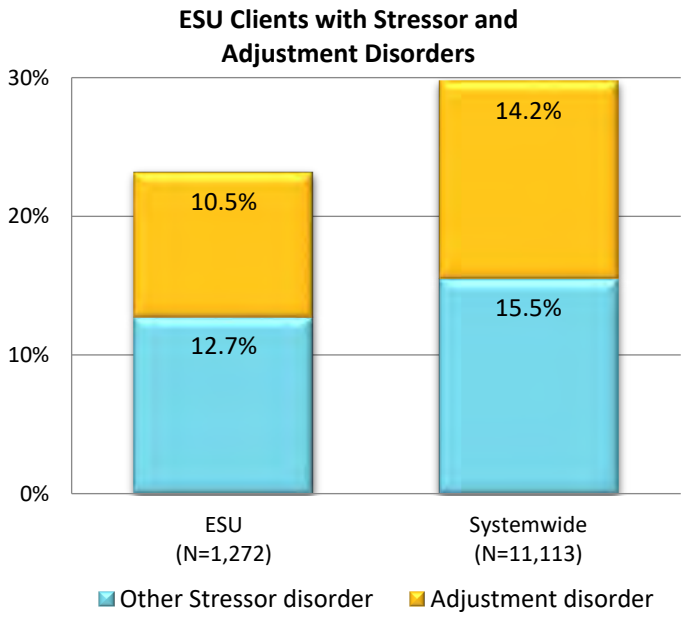
**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
†In alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category.

What Kind of Services Are Being Used?

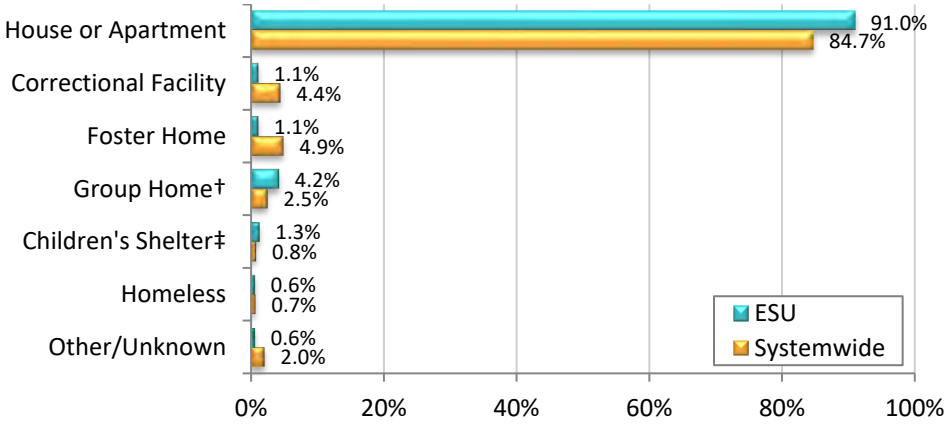
Emergency Screening Unit (ESU)

*ESU Clients with Stressor and Adjustment Disorders**

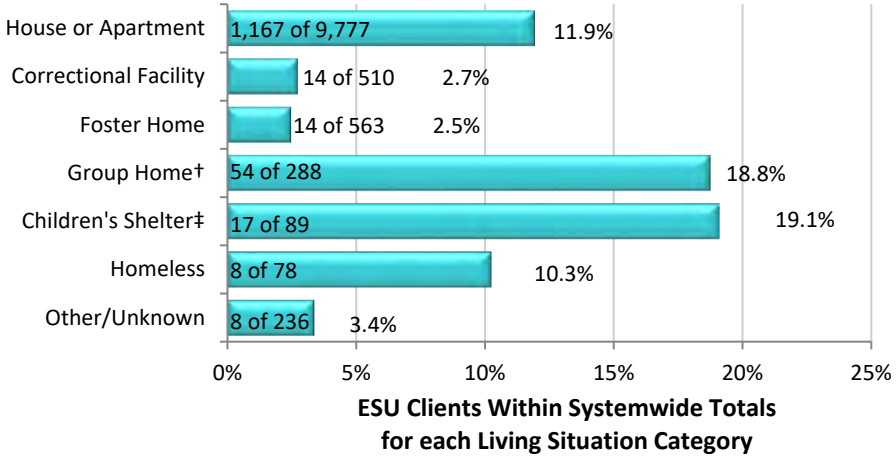
As of May 2013, in alignment with ICD-10 and DSM-5, Adjustment disorders and PTSD/Other acute stress reaction are classified together within the Stressor and Adjustment disorders category. The rate of Adjustment disorder diagnosis among clients receiving services in the ESU in FY 2021-22 was less than CYFBHS overall.



ESU Clients Living Situation (N=1,282)



ESU Clients Within Living Situation

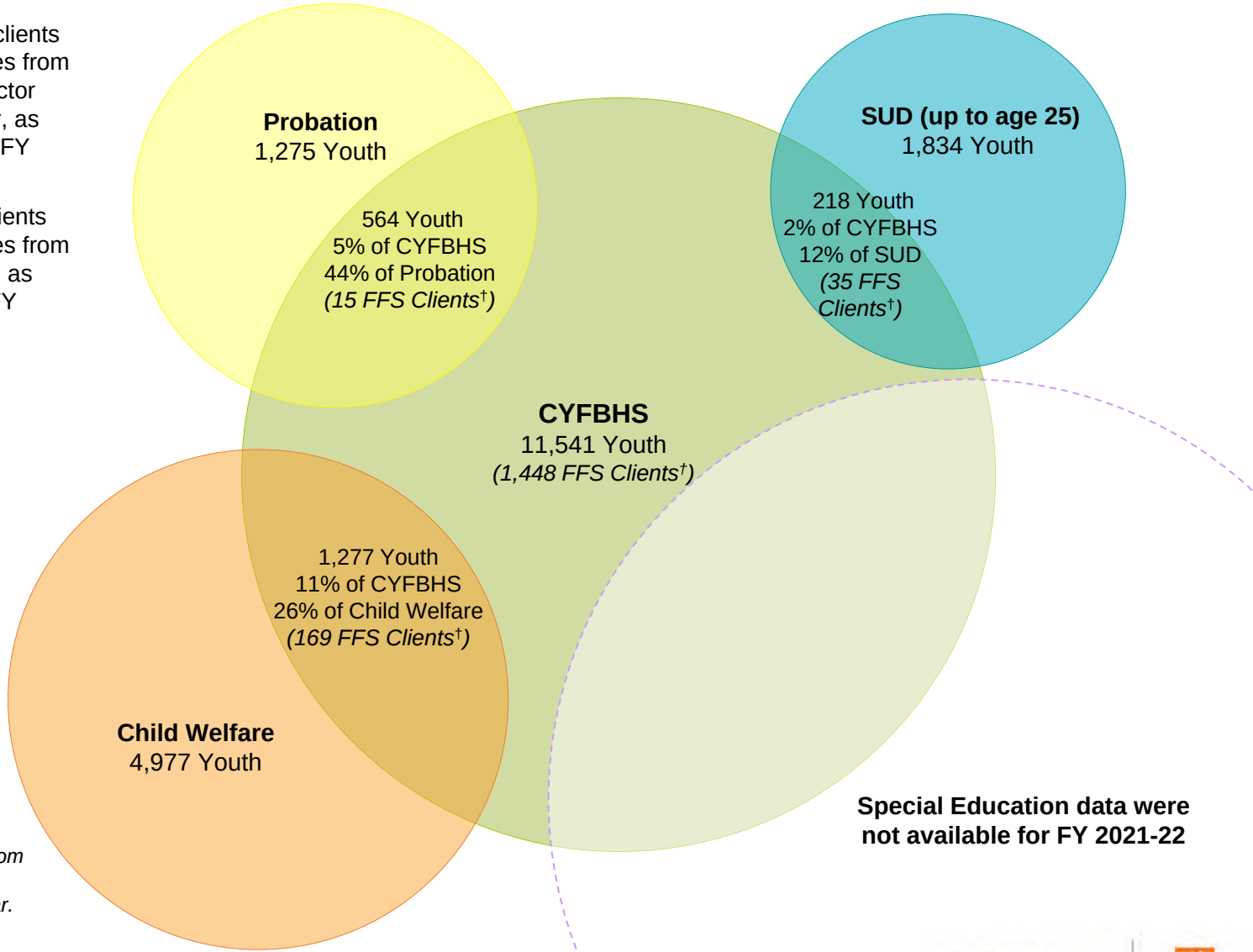


**Primary DSM-5 diagnosis from the last episode of service prior to June 30, 2022; or, the most recent valid diagnosis. Invalid/Missing diagnoses are excluded.*
† Group Home includes Residential Treatment Centers and Short-Term Residential Therapeutic Programs.
‡The majority of Children's Shelter clients 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**

- 11% of CYFBHS clients also received services from the Child Welfare sector during the fiscal year, as compared to 14% in FY 2020-21.
- 5% of CYFBHS clients also received services from the Probation sector, as compared to 6% in FY 2020-21.
- 2% of CYFBHS clients also received services from the SUD sector during the fiscal year, as compared to 2% in FY 2020-21.



Special Education data were not available for FY 2021-22

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

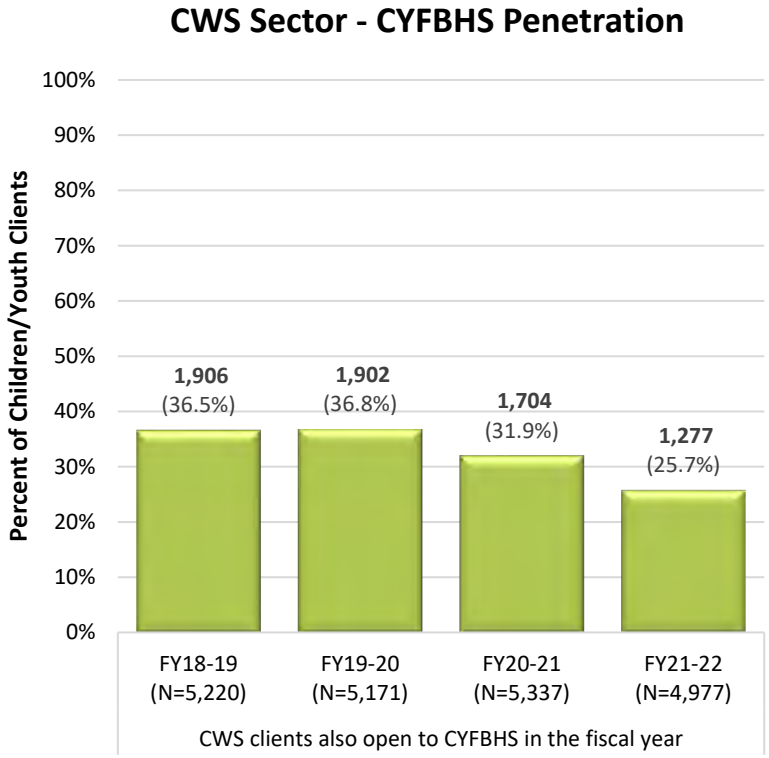
†Number of clients who received any services from a Fee-for-Service (FFS) provider in the fiscal year.

What Kind of Services Are Being Used?

Service Use by Children Involved in More than One Public Sector

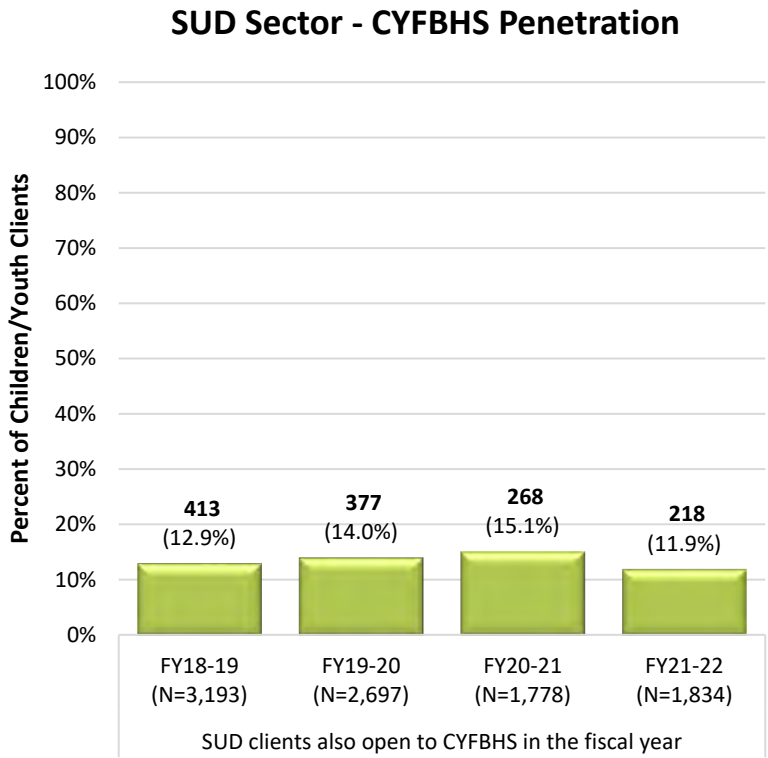
CYFBHS and Child Welfare Services (n=1,277)

- The proportion of youth in Child Welfare Services also receiving services from CYFBHS (26%, n=1,277) decreased by 6 percentage points as compared to FY 2020-21 (32%, n=1,704).



CYFBHS and SUD (n=218)

- The proportion of youth in the Substance Use Disorder sector also receiving services from CYFBHS (12%, n=218) decreased by 3 percentage points as compared to FY 2020-21 (15%, n=268).

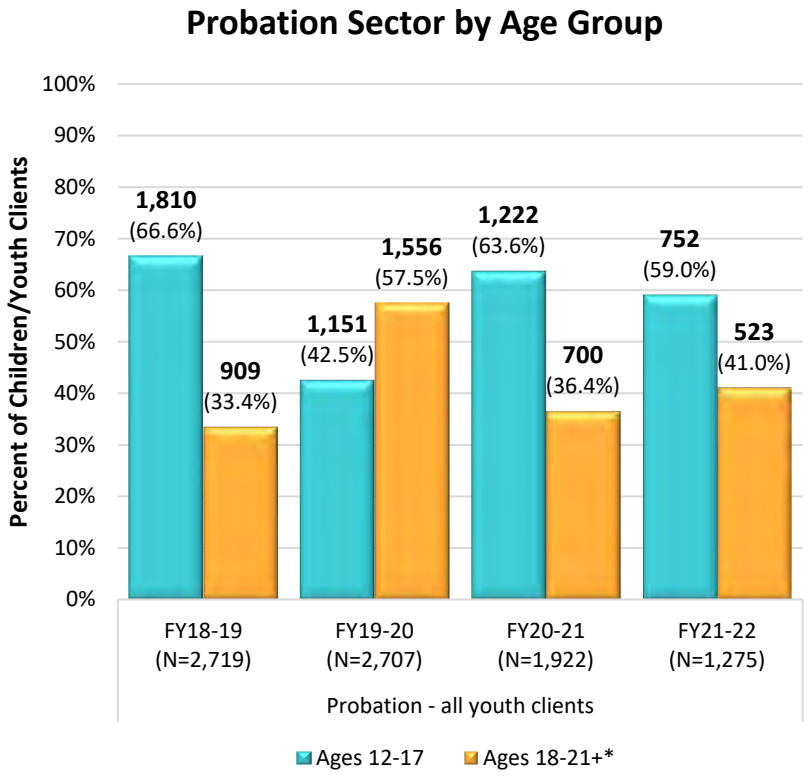


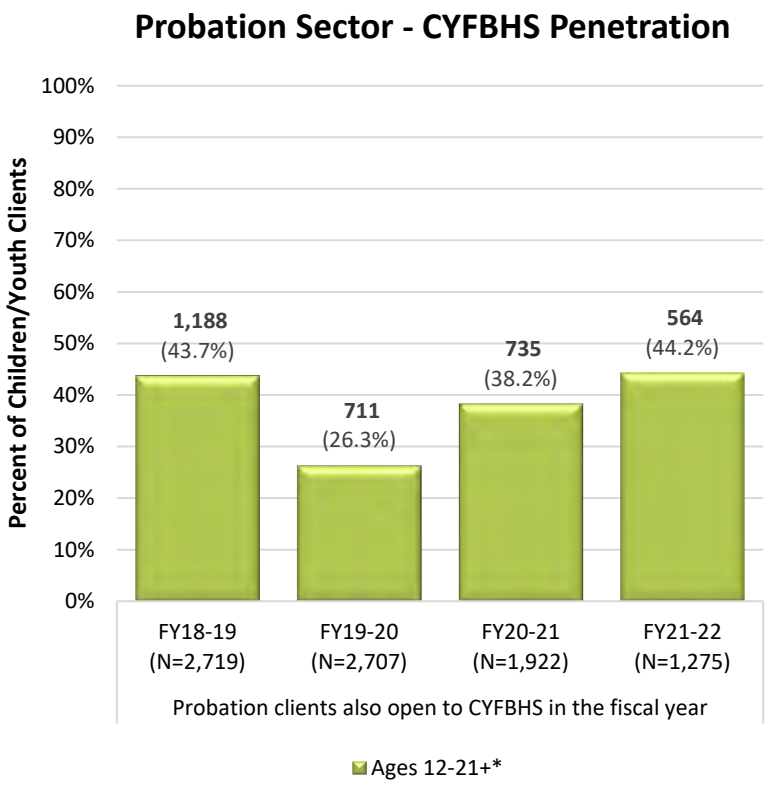
What Kind of Services Are Being Used?

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

CYFBHS and Probation (n=564)

- The proportion of youth in Probation also receiving services from CYFBHS (44%, n=564) increased 4 percentage points as compared to FY 2020-21 (38%, n=735). Age distribution of youth in Probation has fluctuated over the past four years. Potential effects of the COVID-19 pandemic beginning March 2020 are still under evaluation.



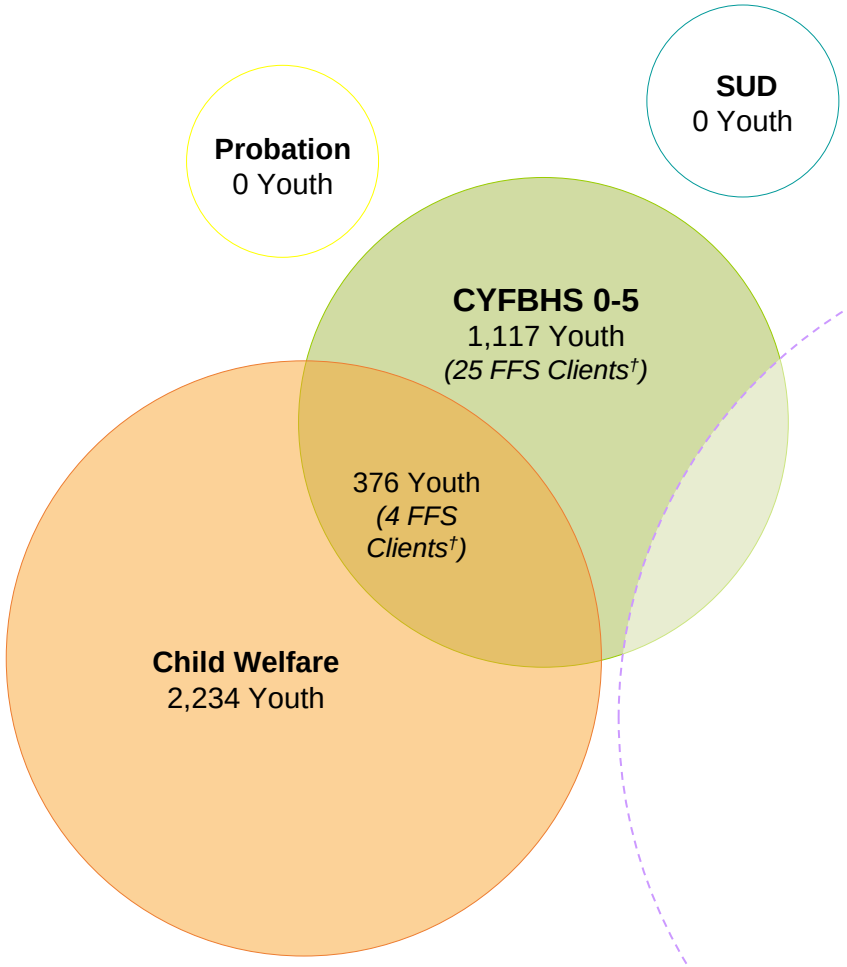


**Less than 0.1% of the youth Probation population was over the age of 21.*

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 0-5*

- 34% of CYFBHS clients ages 0-5 also received services from the Child Welfare sector during the fiscal year, as compared to 37% in FY 2020-21.
- No age 0-5 CYFBHS clients were open to the Probation or SUD sectors in FY 2021-22; this was also true in FY 2020-21.



Special Education data were not available for FY 2021-22

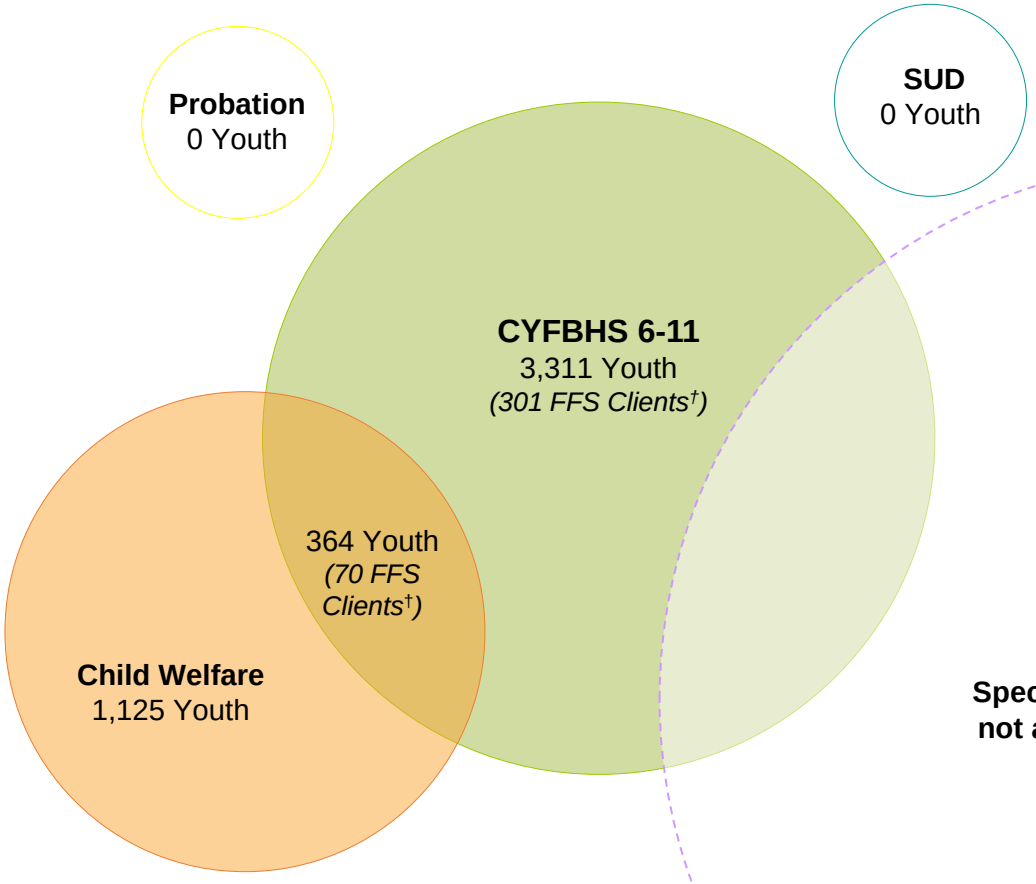
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

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

What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 6-11*

- 11% of CYFBHS clients ages 6-11 also received services from the Child Welfare sector during the fiscal year, as compared to 12% in FY 2020-21.
- No age 6-11 CYFBHS clients were open to the Probation or SUD sectors in FY 2021-22; this was also true in FY 2020-21.



Special Education data were not available for FY 2021-22

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

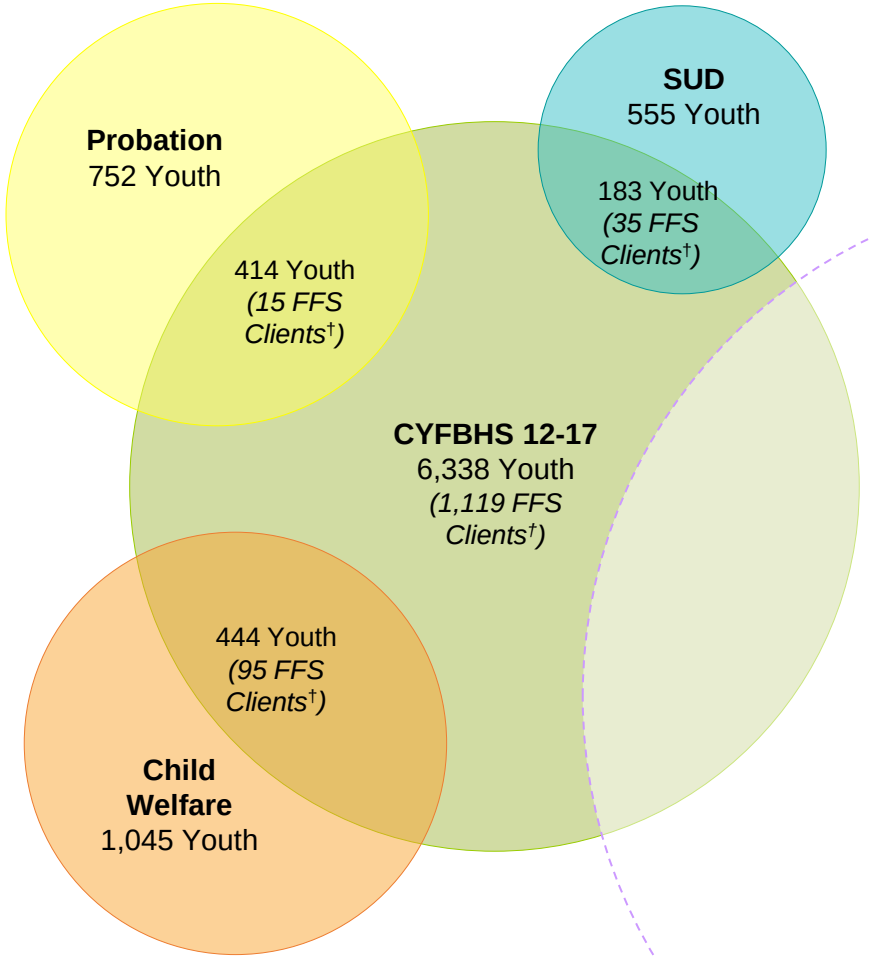
What Kind of Services Are Being Used?

CYFBHS and Other Sectors – Ages 12-17*

- 7% of CYFBHS clients ages 12-17 also received services from the Child Welfare sector during the fiscal year, as compared to 10% in FY 2020-21.
- 7% of CYFBHS clients ages 12-17 also received services from the Probation sector during the fiscal year, as compared to 9% in FY 2020-21.
- 3% of CYFBHS clients ages 12-17 also received services from the SUD sector during the fiscal year, as compared to 4% in 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.

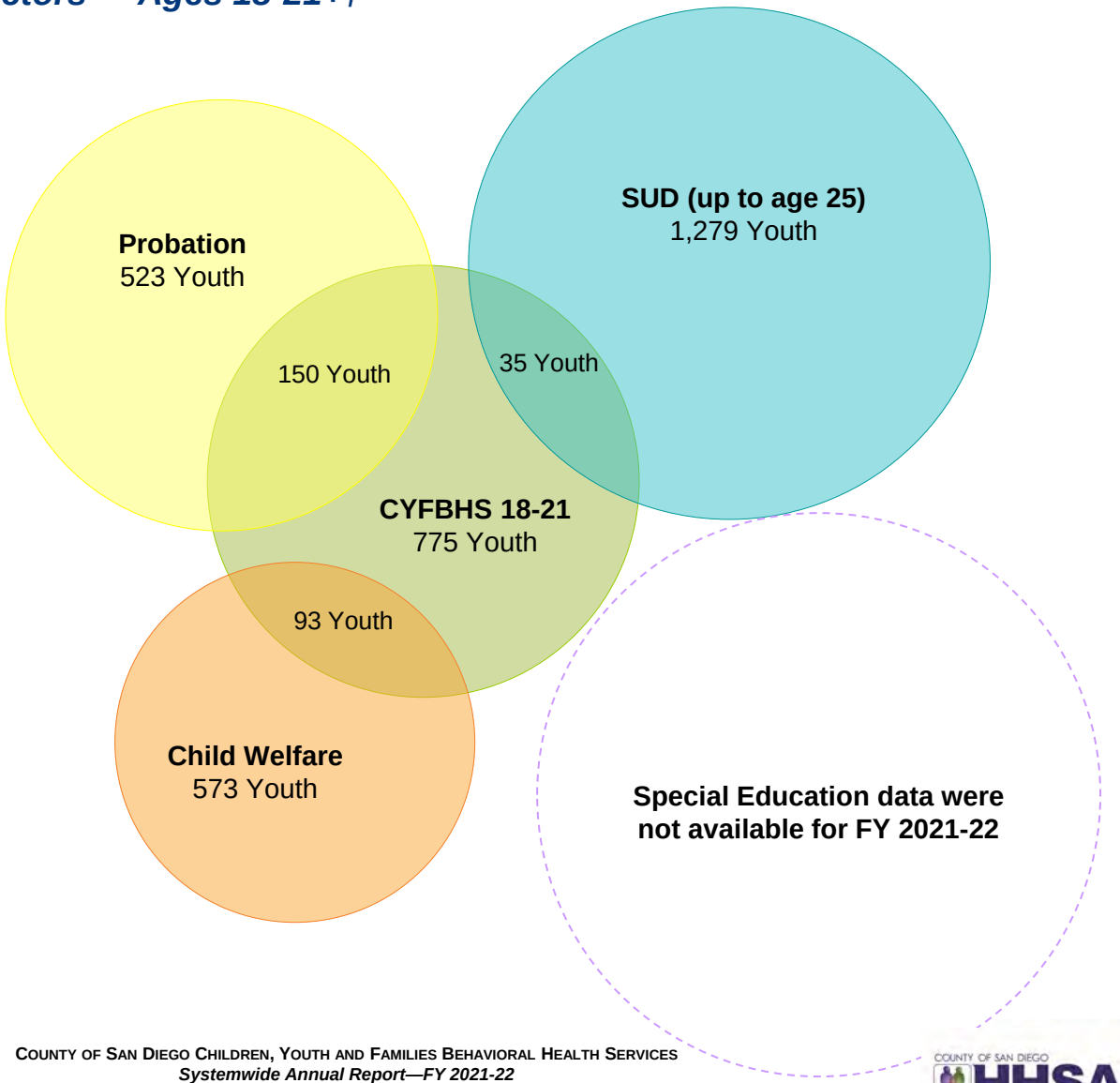


Special Education data were not available for FY 2021-22

What Kind of Services Are Being Used?

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

- 12% of CYFBHS clients ages 18-21 also received services from the Child Welfare sector during the fiscal year, as compared to 15% in FY 2020-21.
- 19% of CYFBHS clients ages 18-21 also received services from the Probation sector during the fiscal year, as compared to 19% in FY 2020-21.
- 5% of CYFBHS clients ages 18-21 also received services from the SUD sector during the fiscal year, as compared to 4% in FY 2020-21.



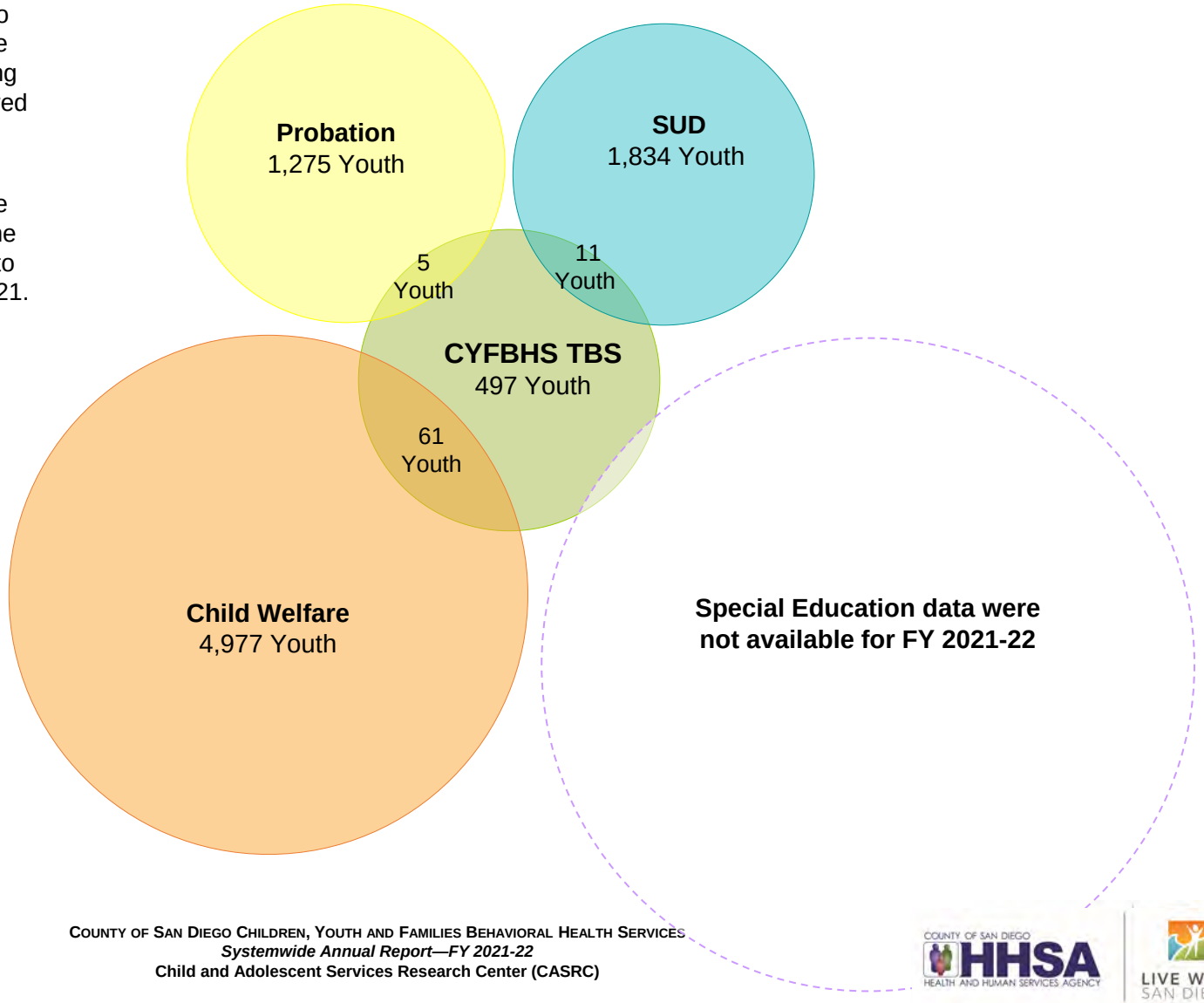
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

†Less than 0.01% of the CYFBHS population was over the age of 21.

What Kind of Services Are Being Used?

*CYFBHS TBS Programs and Services From Other Sectors**

- 12% of TBS clients also received services from the Child Welfare sector during the fiscal year, as compared to 18% in FY 2020-21.
- 1% of TBS clients also received services from the Probation sector during the fiscal year, as compared to less than 1% in FY 2020-21.
- 2% of TBS clients also received services from the SUD sector during the fiscal year, as compared to less than 1% in FY 2020-21.

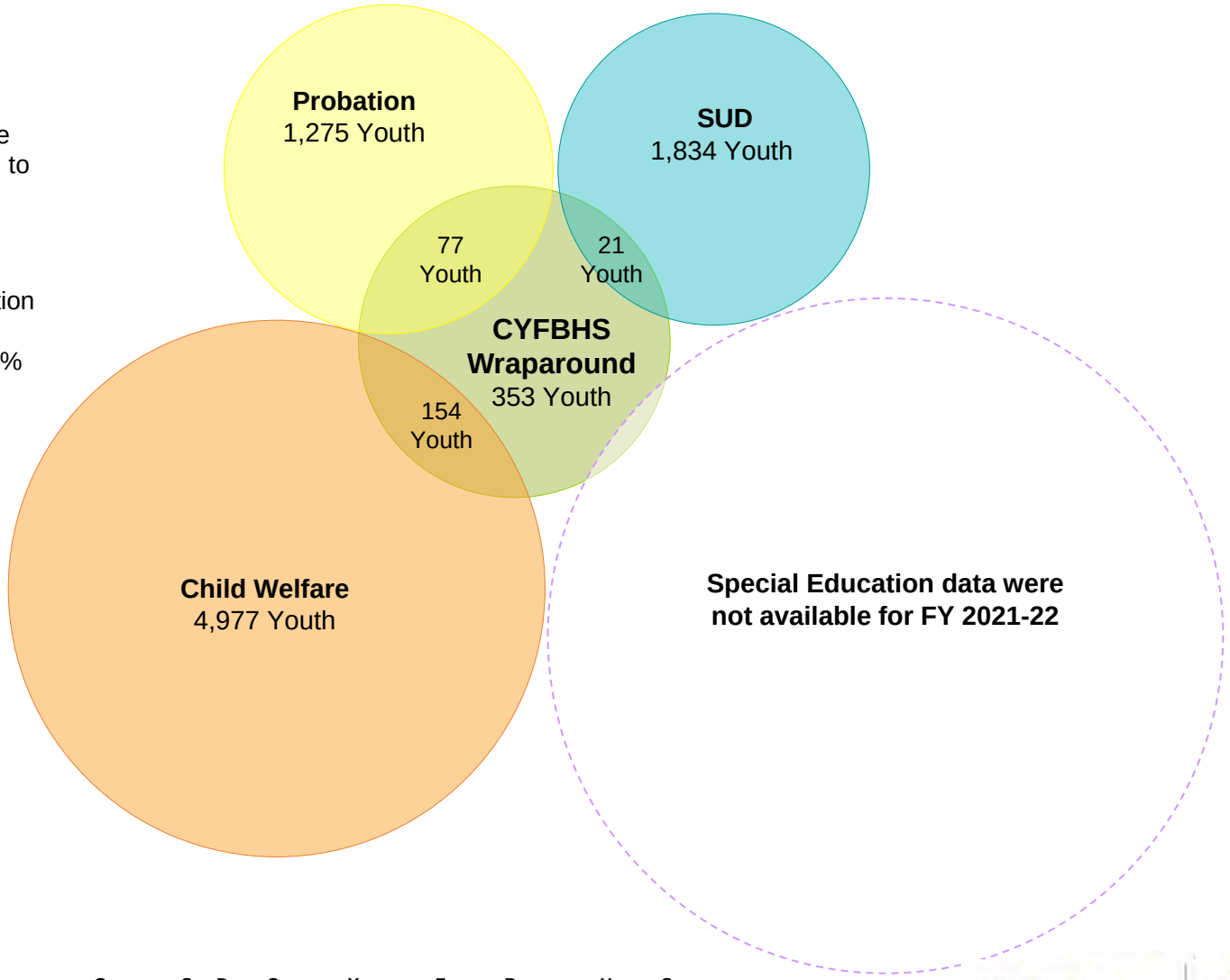


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Wraparound Programs and Services From Other Sectors**

- 44% of Wraparound clients also received services from the Child Welfare sector during the fiscal year, as compared to 35% in FY 2020-21.
- 22% of Wraparound clients also received services from the Probation sector during the fiscal year, as compared to 26% in FY 2020-21.
- 6% of Wraparound clients also received services from the SUD sector during the fiscal year, as compared to 9% in FY 2020-21.

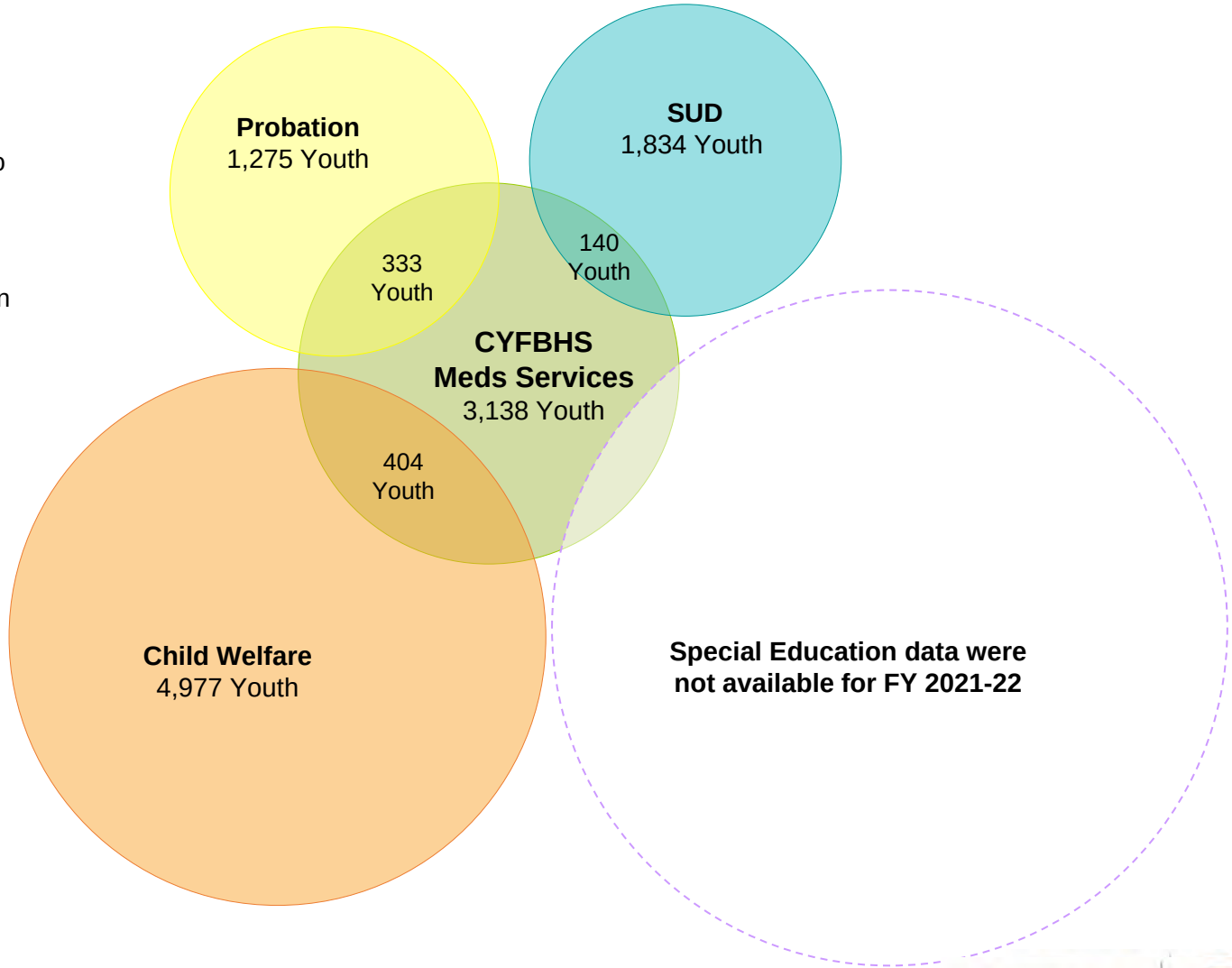


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Medication Services and Services From Other Sectors**

- 13% of Meds Services clients also received services from the Child Welfare sector during the fiscal year, as compared to 17% in FY 2020-21.
- 11% of Meds Services clients also received services from the Probation sector during the fiscal year, as compared to 12% in FY 2020-21.
- 4% of Meds Services clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2020-21.

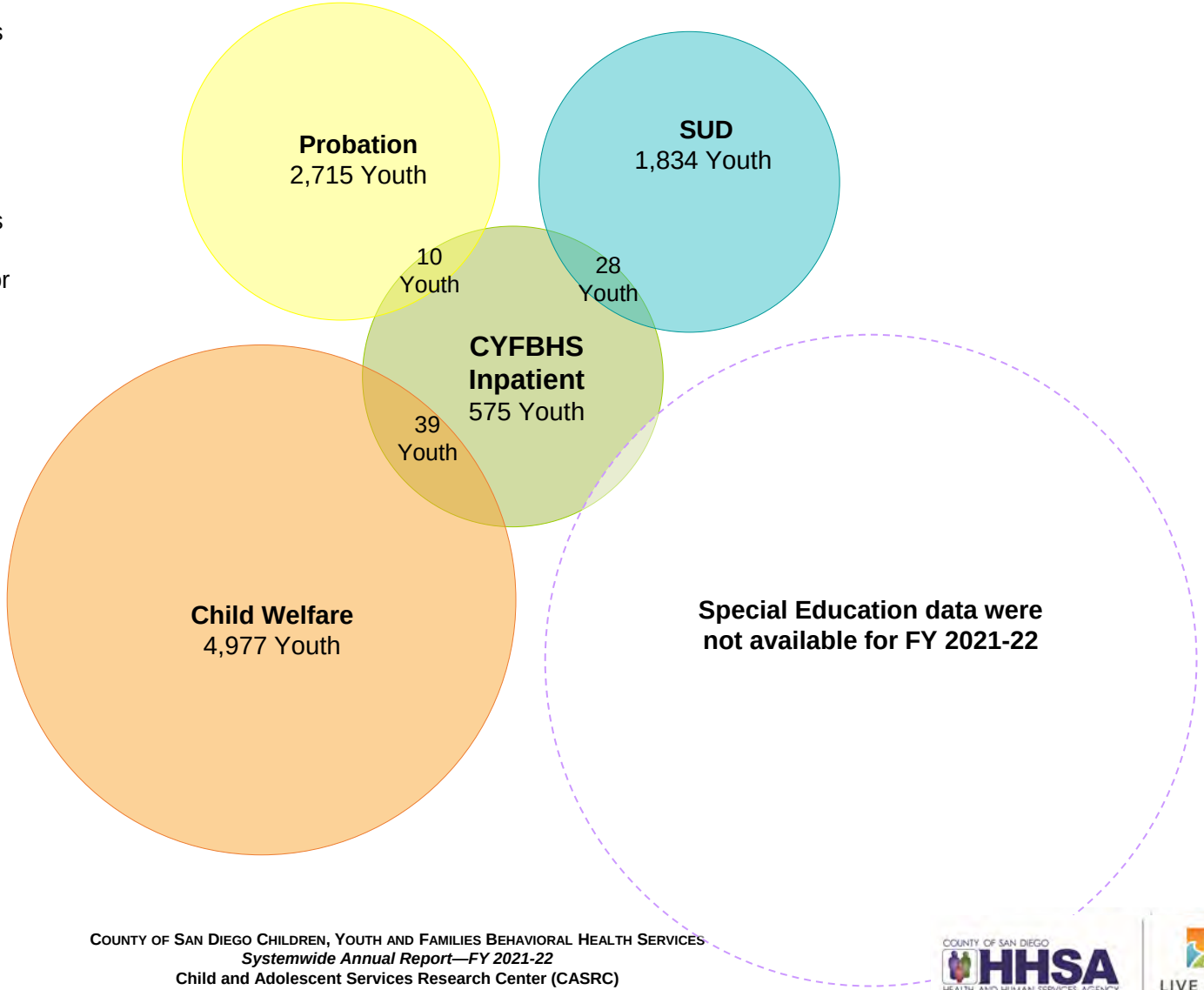


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

*CYFBHS Inpatient Programs and Services From Other Sectors**

- 7% of Inpatient clients also received services from the Child Welfare sector during the fiscal year, as compared to 11% in FY 2020-21.
- 2% of Inpatient clients also received services from the Probation sector during the fiscal year, as compared to 4% in FY 2020-21.
- 5% of Inpatient clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2020-21.

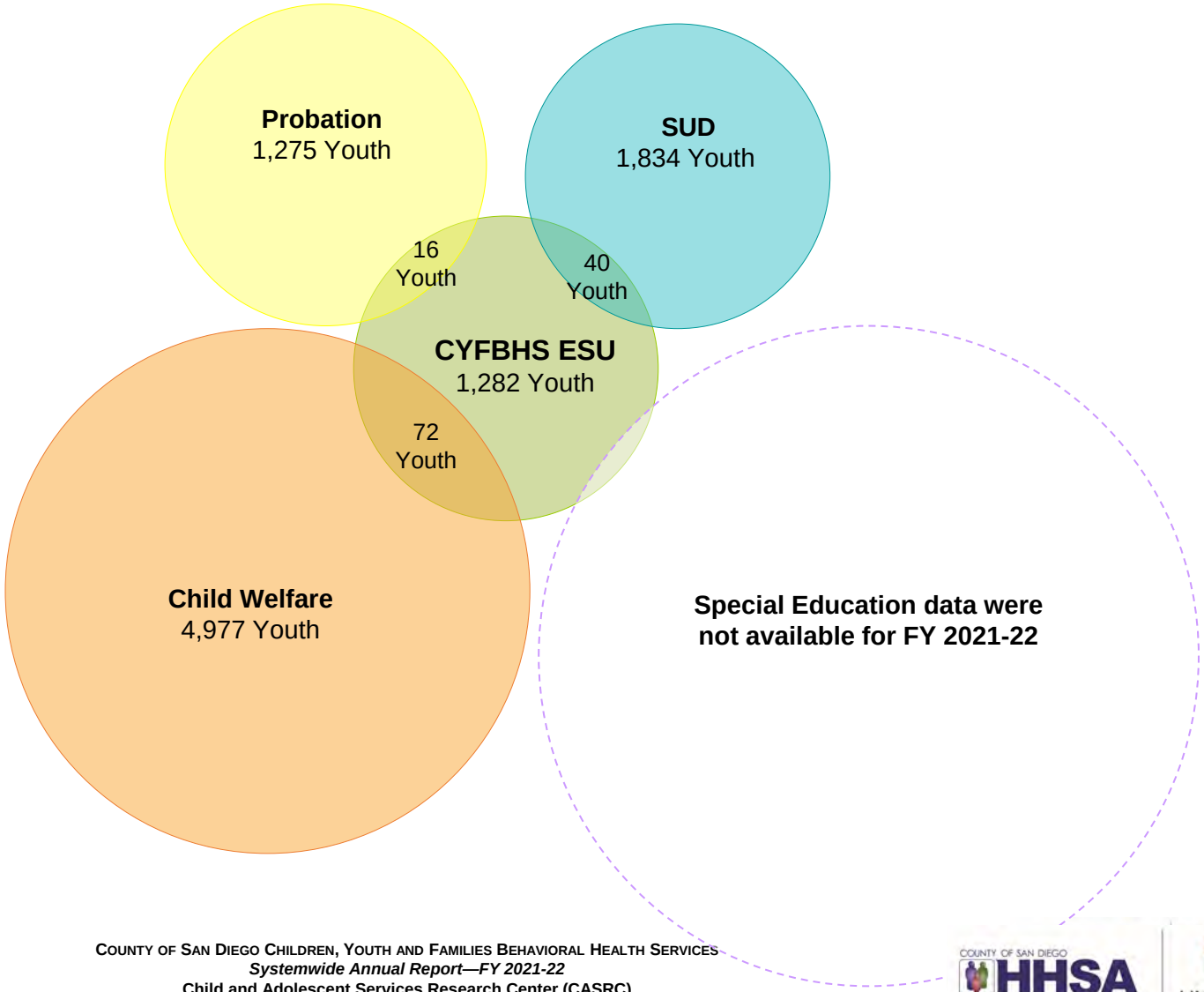


**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

What Kind of Services Are Being Used?

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

- 6% of ESU clients also received services from the Child Welfare sector during the fiscal year, as compared to 10% in FY 2020-21.
- 1% of ESU clients also received services from the Probation sector during the fiscal year, as compared to 3% in FY 2020-21.
- 3% of ESU clients also received services from the SUD sector during the fiscal year, as compared to 5% in FY 2020-21.



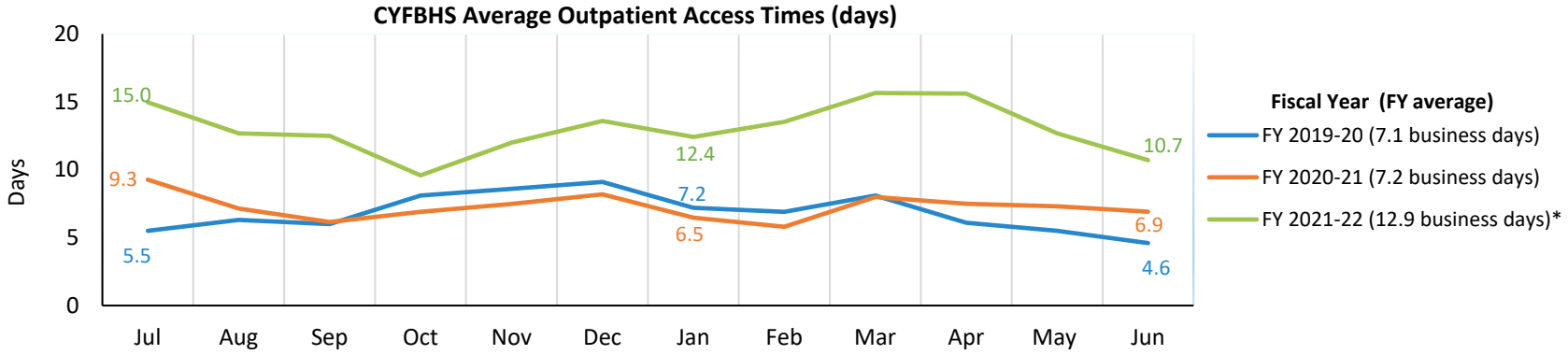
**Data demonstrate overlap in services between BHS and other entities; no relationship between these entities is represented.*

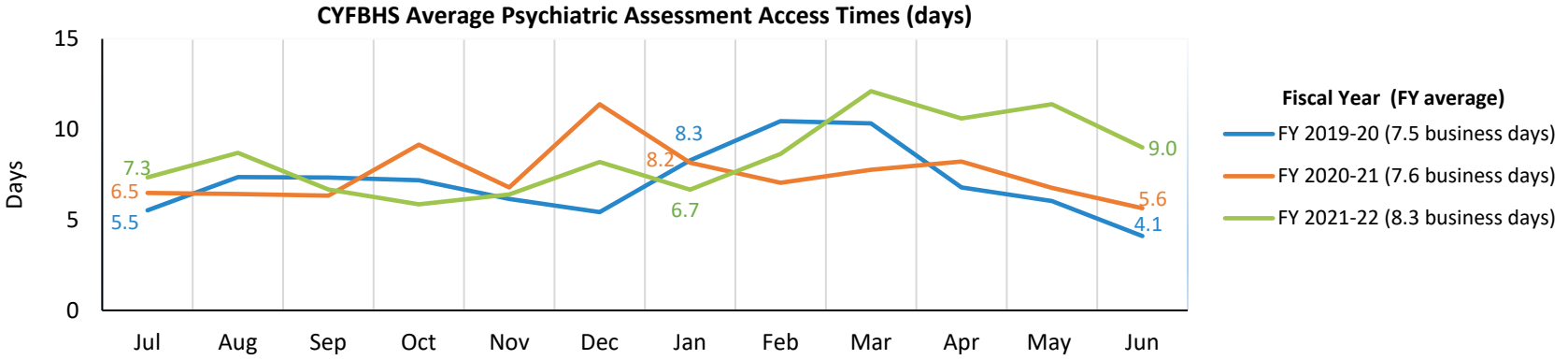
How Quickly Can Clients Access Services?

Access Time

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

In FY 2021-22, children waited an average of **12.9 business days** to access an outpatient appointment. Average psychiatric assessment appointment access time was **8.3 business days** in FY 2021-22. By way of context, DHCS access time standards are 10 business days for routine outpatient assessment and 15 business days for psychiatric assessment.





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

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 2021-22, 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 2021-22 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.

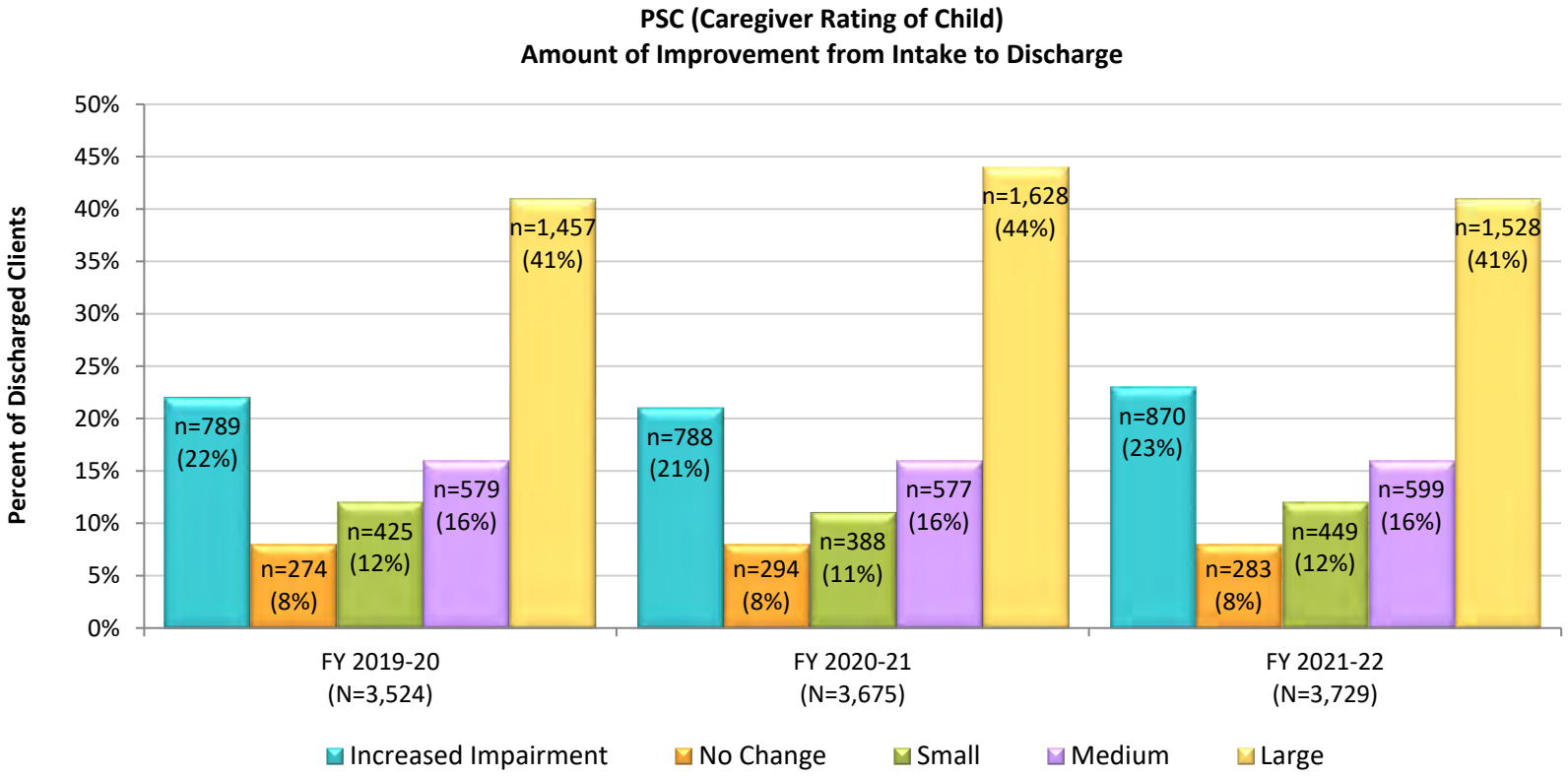
- *Clinically Significant Improvement*

  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

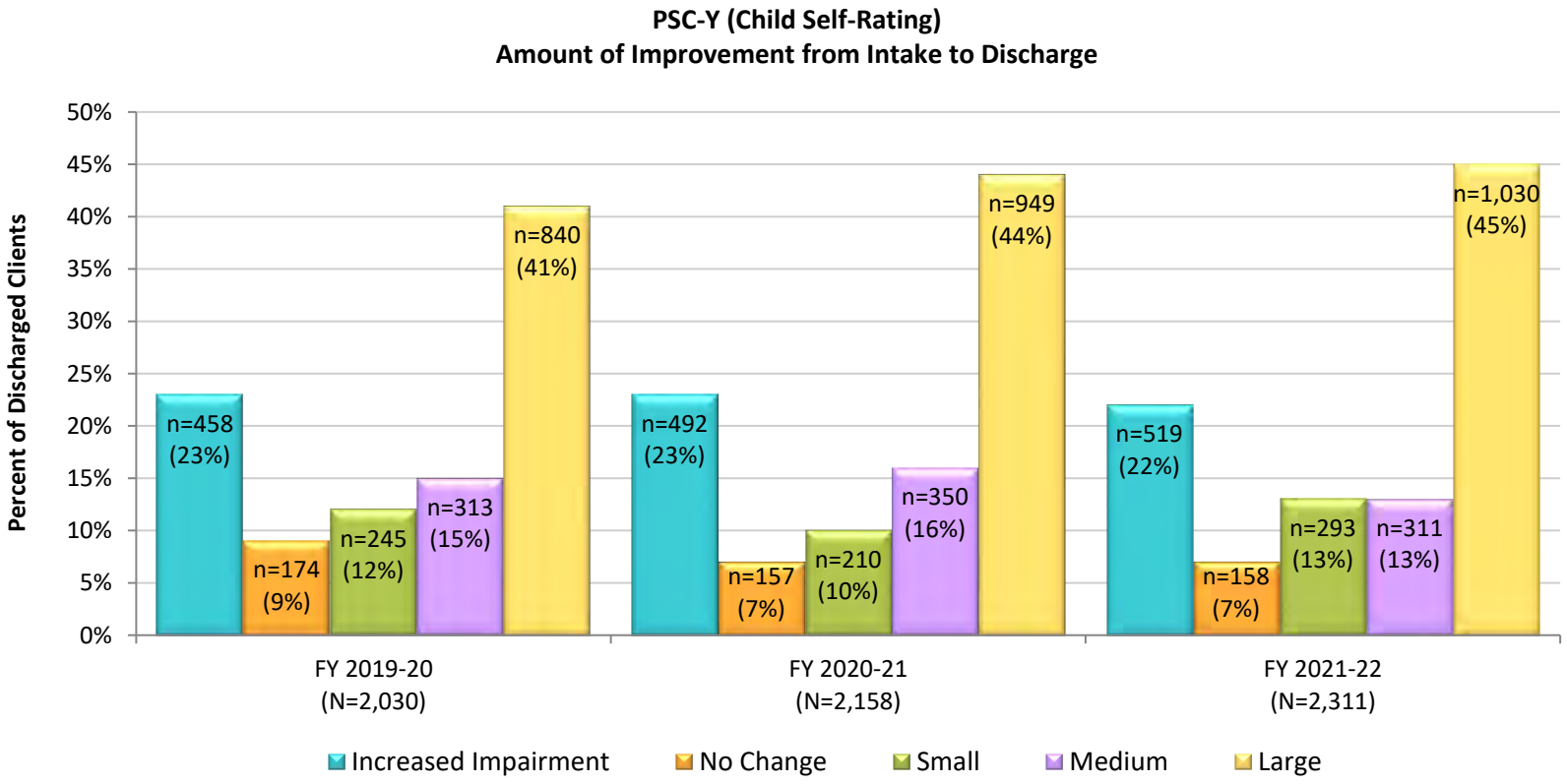
Amount of improvement on the PSC was evaluated for eligible youth discharged from services in FY 2021-22 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), 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 2021-22 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).

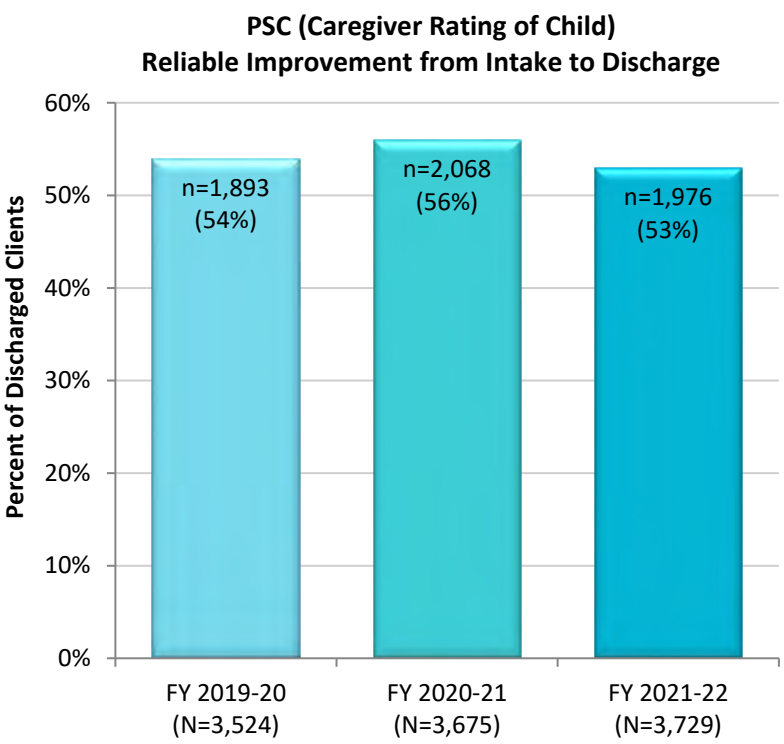


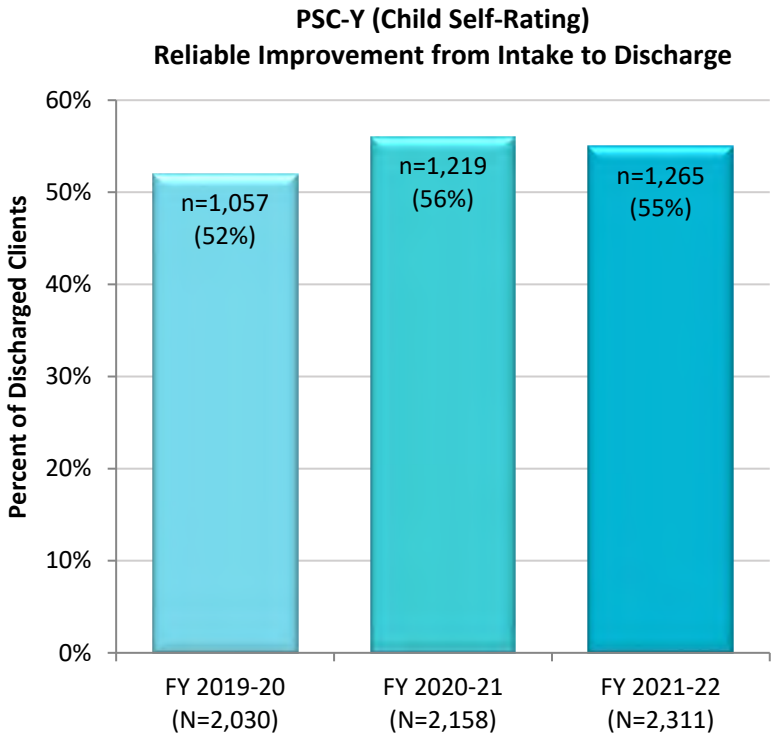
Are Clients Getting Better?

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 2021-22 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Caregiver and report of reliable improvement have remained relatively consistent over the past three years.

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





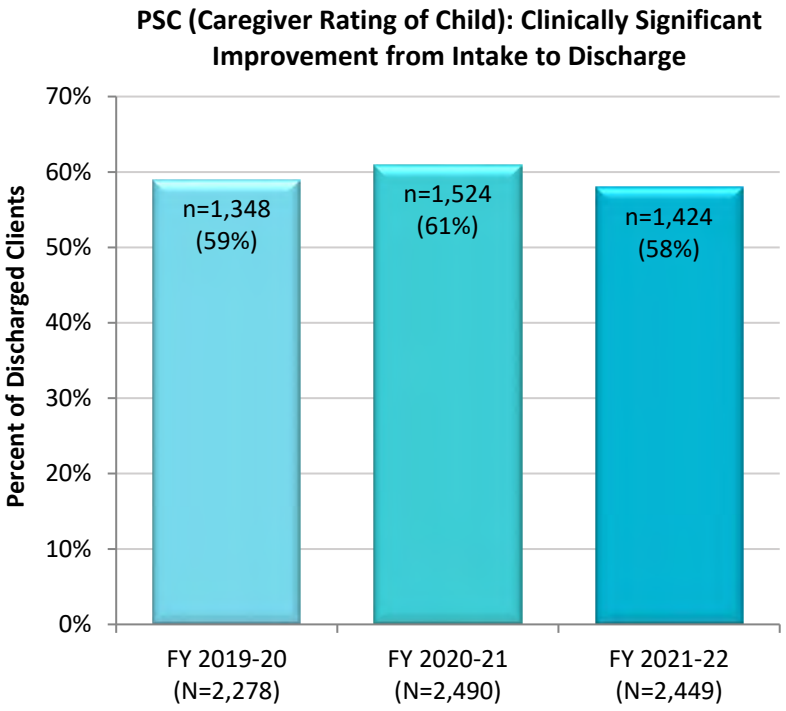
[3]Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. Clinical child psychology and psychiatry, 20(1), 39-52.

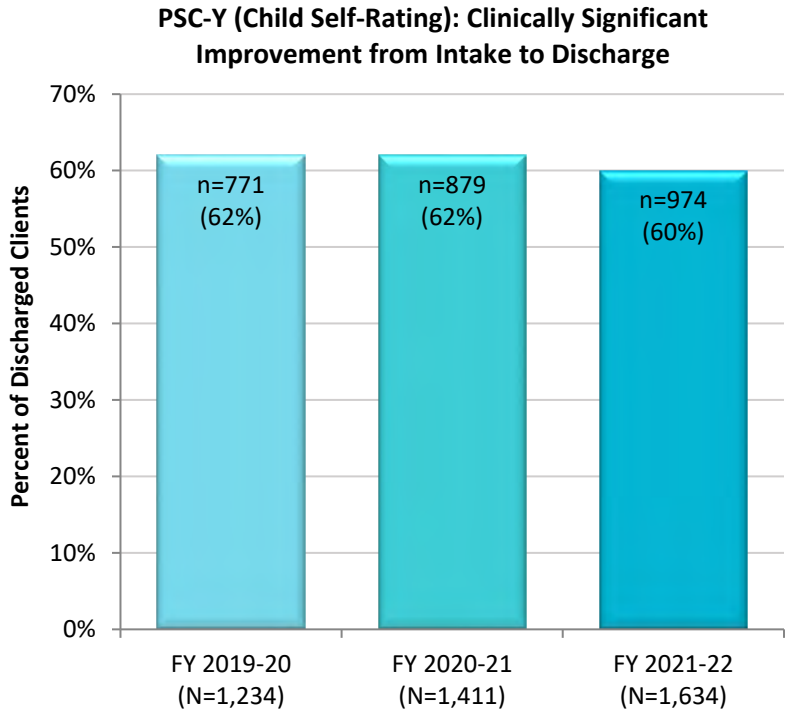
Are Clients Getting Better?

Pediatric Symptom Checklist (PSC) – Clinically Significant Improvement

Clinically significant improvement as measured by the PSC (6+ point improvement on at least one of the three subscales or the total scale score *and* crossing the clinical cutoff threshold) was evaluated for eligible youth discharged from services in FY 2021-22 who were **above the clinical cutoff** at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed. Caregiver and youth report of clinically significant improvement have remained relatively consistent over the past three years

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





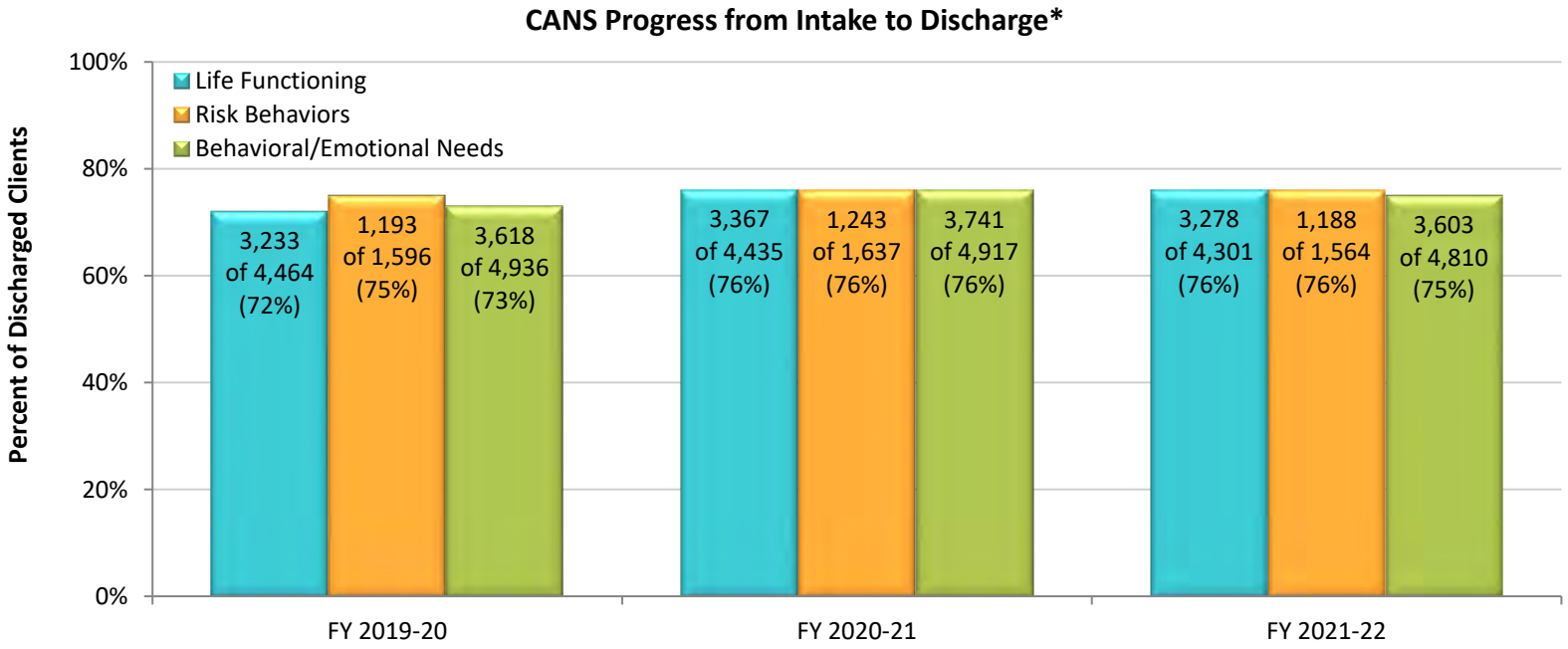
[3]*Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. Clinical child psychology and psychiatry, 20(1), 39-52.*

Are Clients Getting Better?

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

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. CANS progress at discharge was evaluated for eligible youth discharged from services in FY 2021-22 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).



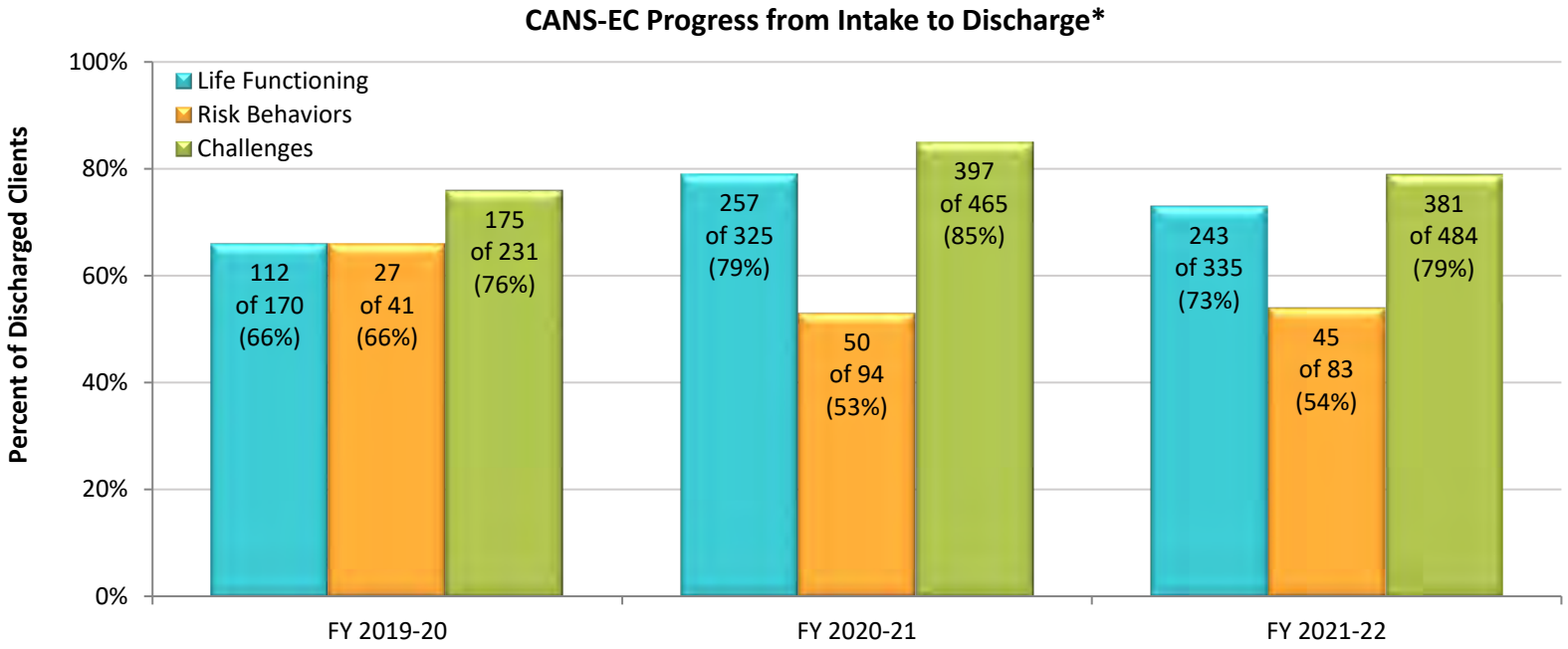
**Progress is measured for each domain independently, based on the number of youth for whom a need was identified within the domain.*

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 2021-22 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

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



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

Are Clients Getting Better?

Readmission to High-Level Services

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

Inpatient (IP) Services*

- 129 (22%) of the 575 clients who received IP care had more than one IP episode (ranging from 2 to 7) in FY 2021-22—a **decrease** from 25% (153 of 611) in FY 2020-21.
  - Of the 129 clients with more than one IP episode, 70 (54%) were re-admitted for IP services within 30 days of the previous IP discharge. IP readmission methodology was enhanced in FY 2021-22 and is not directly comparable to previous years.

Emergency Screening Unit (ESU) Services

- 252 (20%) of the 1,282 clients who received care from the ESU had more than one ESU episode (ranging from 2 to 17) in FY 2021-22—a **decrease** from 273 (23%) of 1,179 in FY 20-21.
  - Of the 252 clients with more than one ESU episode, 129 (51%) were re-admitted to the ESU within 30 days of the previous ESU discharge—a slight increase from 50% (137 of 273) in FY 2020-21.

Diversion†

- Of 1,885 ESU visits‡ in FY 2021-22, 1,406 (75%) were diverted from an IP admission—an **increase** from 70% (1,242 of 1,765) in FY 2020-21.

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.

- Of 6,836 discharged clients in FY 2021-22, 3,565 (52%) met goals, 1,979 (29%) partially met goals, and 1,292 (19%) did not meet goals within the service period.

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

Are Clients Satisfied With Services?

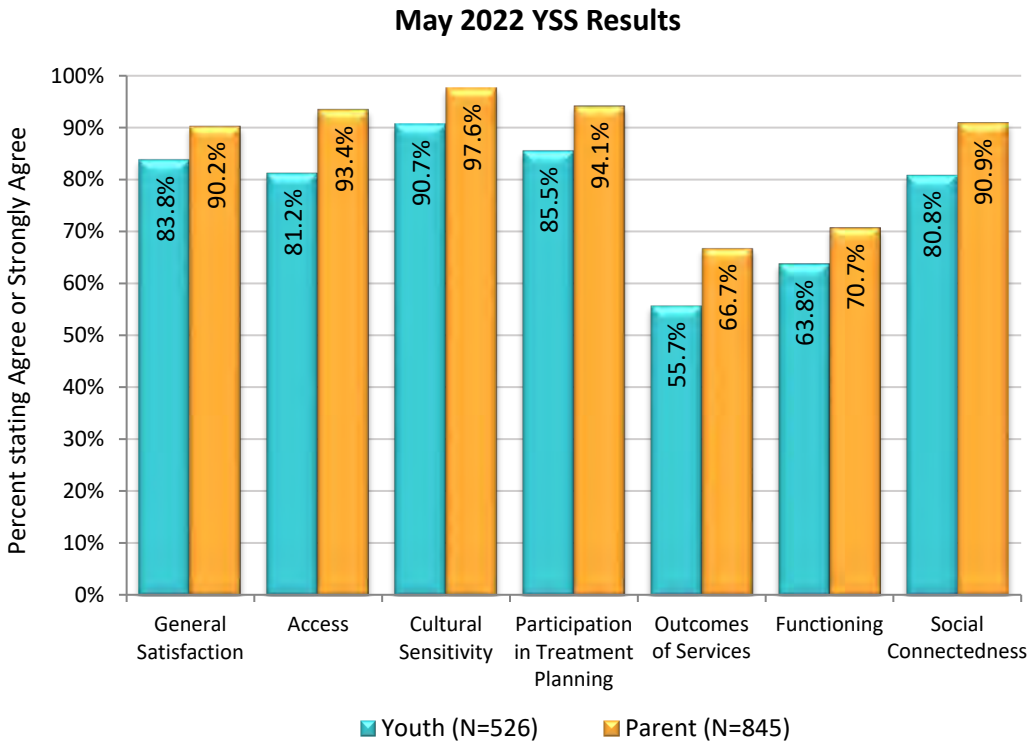
The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a state-mandated survey administered to mental health clients ages 13 and older, as well as the parents/caregivers of youth receiving services regardless of age. Youth and their caregivers report their degree of satisfaction with mental health services received. In FY 2021-22 the YSS was administered to clients during two 1-week periods: the first in December 2021 and the second in May 2022; data from the May 2022 administration (1,371 completed surveys) were analyzed.

YSS Satisfaction questions were grouped into seven domains:

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

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

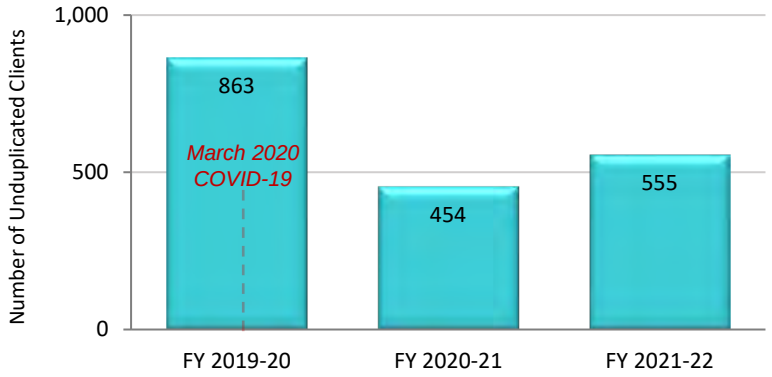
ASAM Criteria

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.

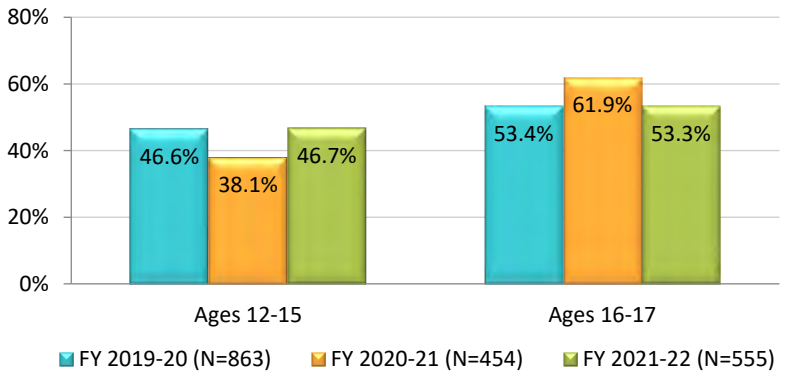
Substance Use Disorder (SUD) – Youth

Substance Use Disorder (SUD) programs provided services to 555 unduplicated youth under the age of 18 in FY 2021-22. This represents a 35% decrease from FY 2019-20 and is likely due in part to pandemic-related school closures in 2020.

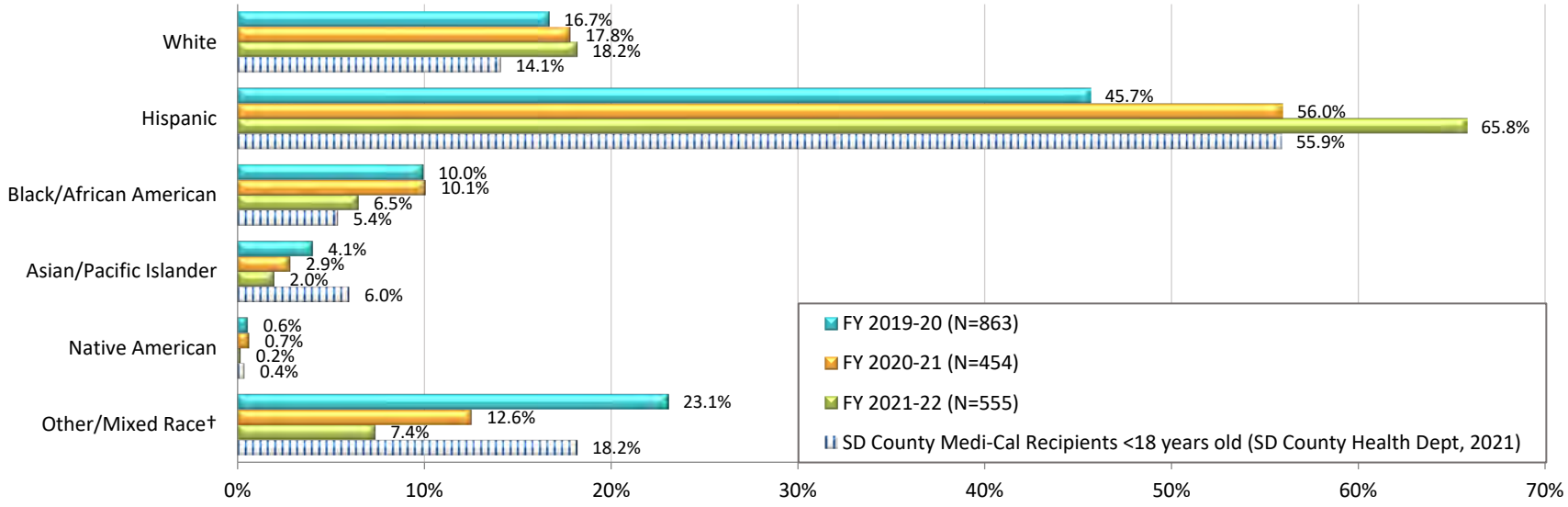
Number of SUD Youth Clients Served (N=555)*



SUD Youth Client Age (N=555)*



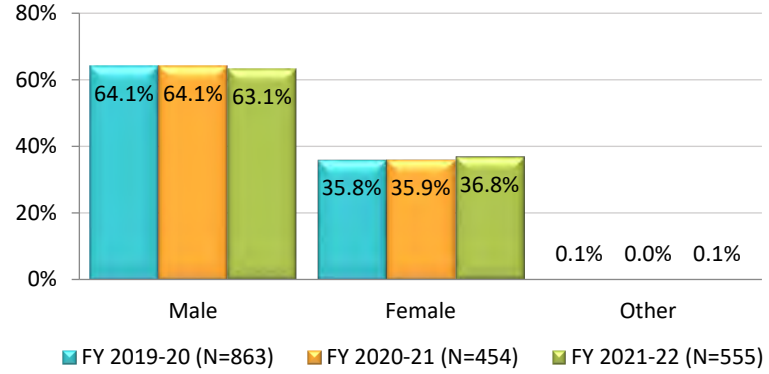
SUD Youth Client Race and Ethnicity (N=555)*



Data Source: SanWITS

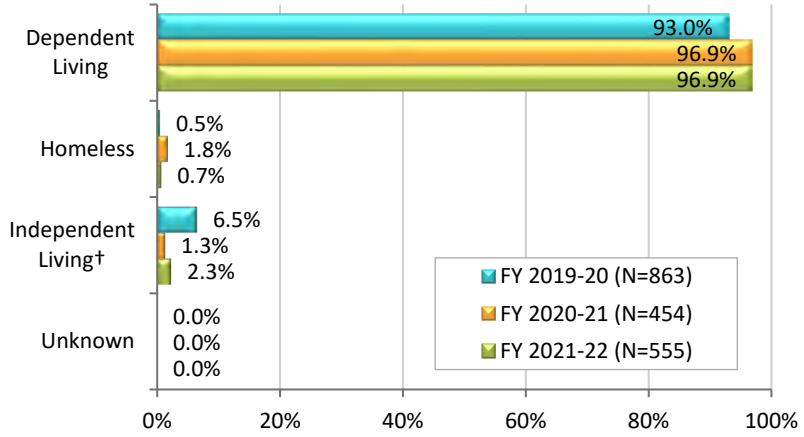
Substance Use Disorder (SUD) – Youth

SUD Youth Client Gender (N=555)*

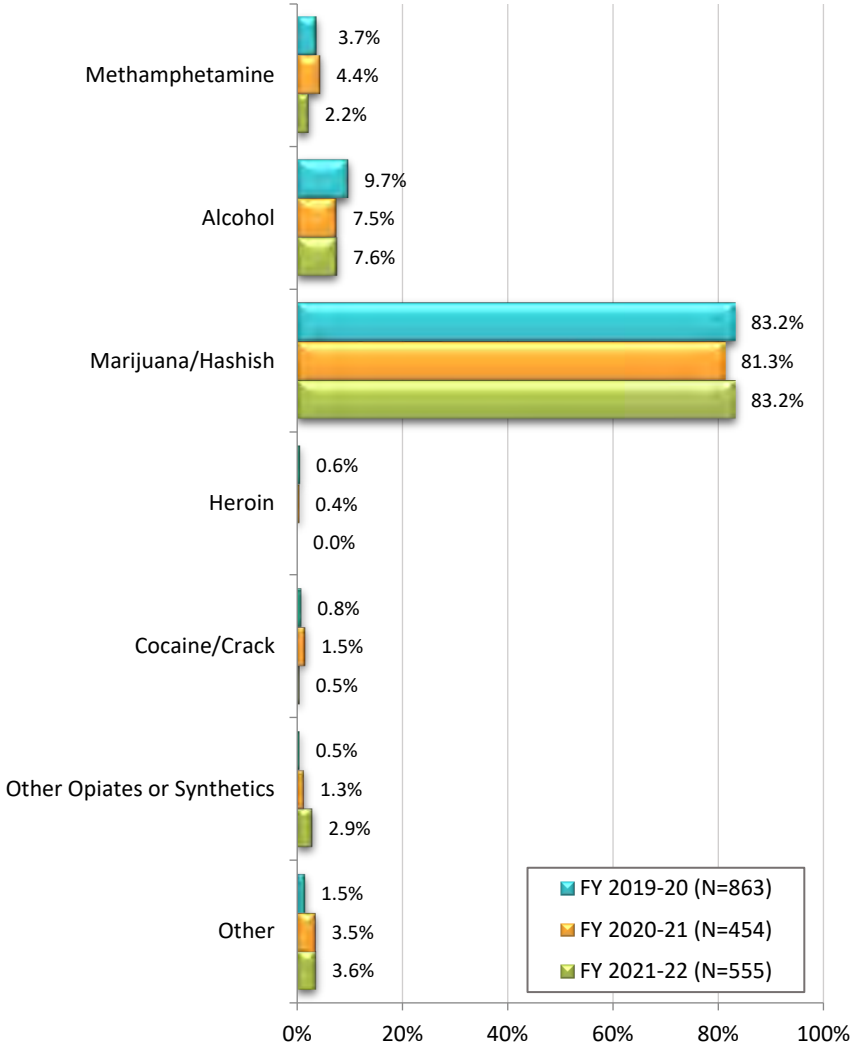


SUD Youth Client Living Situation (N=555)*

While the proportion of youth living as dependents with family is largely stable, there was an increase in clients living independently for youth in FY 2021-22.



SUD Youth Client Primary Substance Used (N=555)*



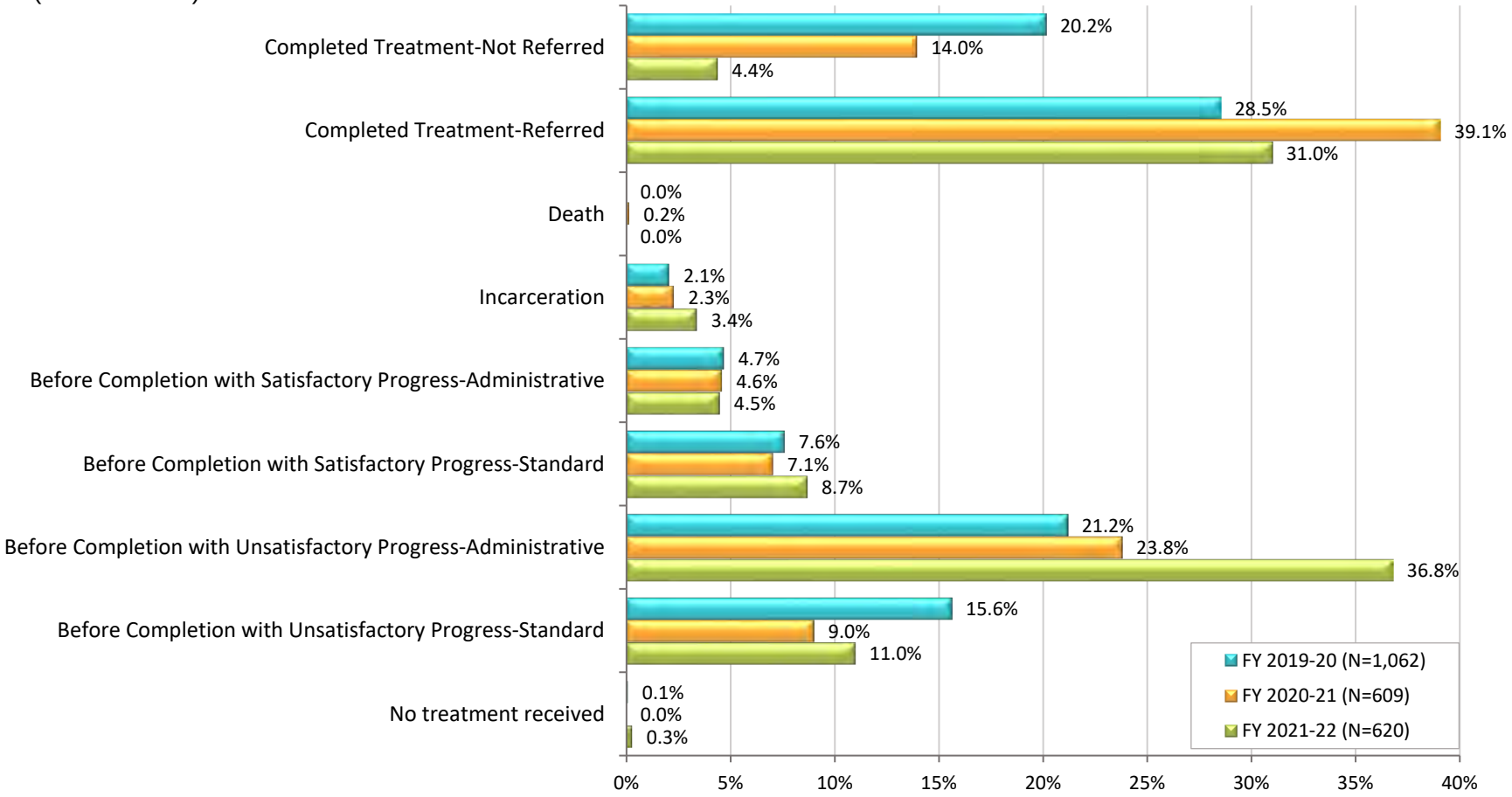
Data Source: SanWITS

†The majority of clients identified as living independently in 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=620)†‡*

The most common SUD youth discharge type in FY 2021-22 was discharge before treatment completion with unsatisfactory progress (administrative).



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

Substance Use Disorder (SUD) – Youth

Other SUD Services for Teens

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

What Kind of Services Are Being Used?

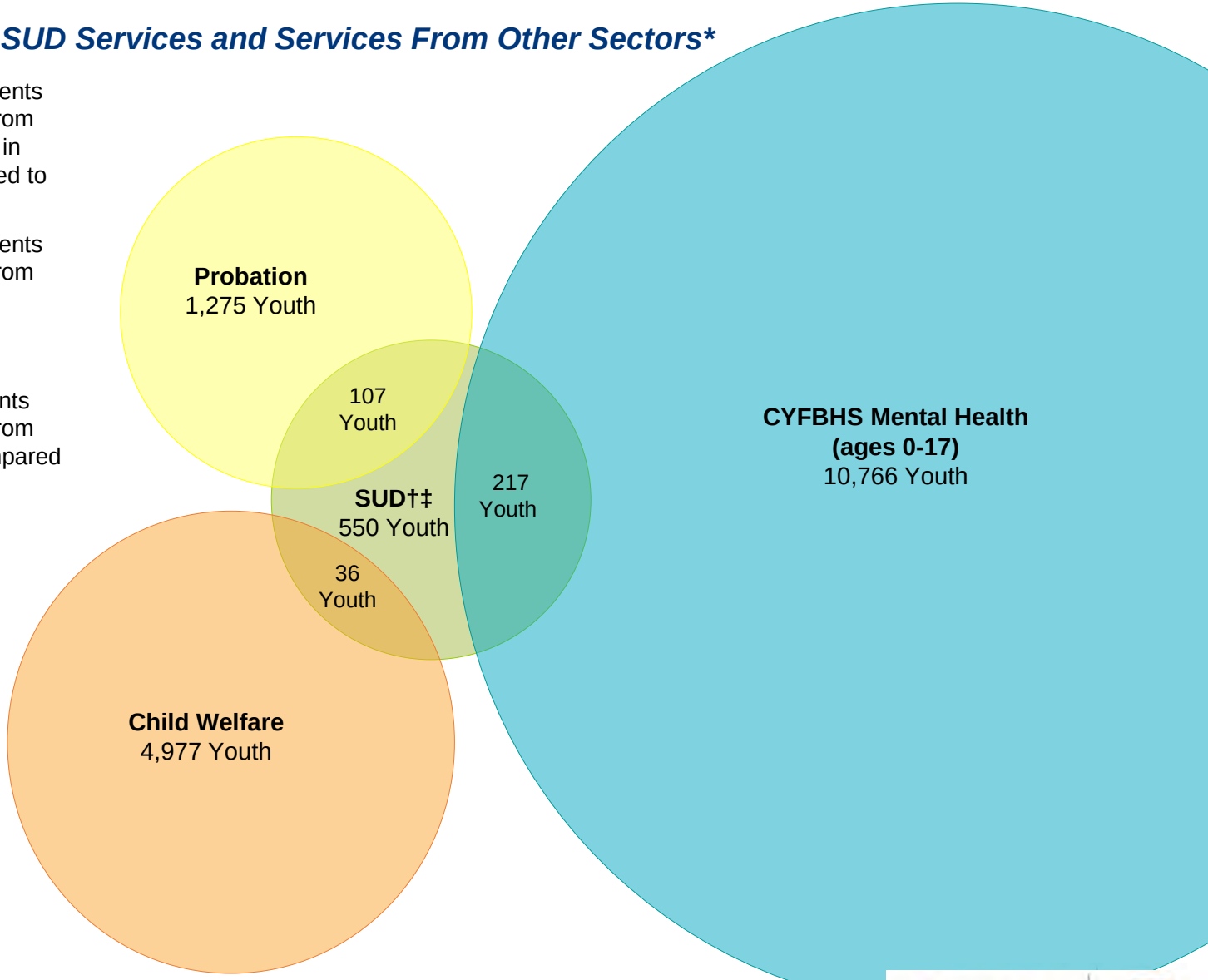
*Youth Receiving SUD Services and Services From Other Sectors**

- 39% of SUD youth clients also received services from CYFBHS Mental Health in FY 2021-22, as compared to 52% in FY 2020-21.
- 19% of SUD youth clients also received services from the Probation sector, as compared to 37% in FY 2020-21.
- 7% of SUD youth clients also received services from the CWS sector, as compared to 12% in FY 2020-21.

**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.

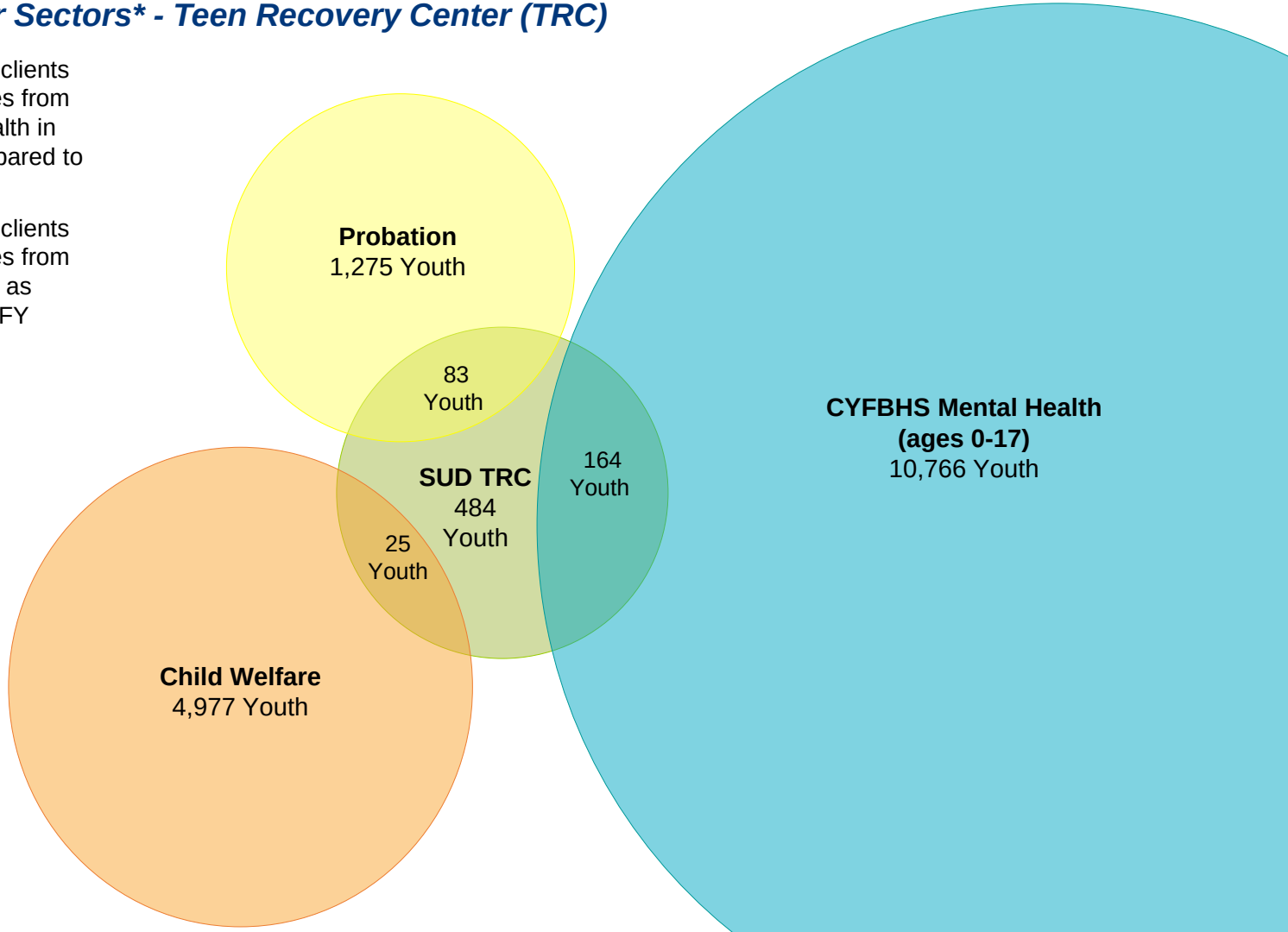


What Kind of Services Are Being Used?

Substance Use Disorder Other Sector Use

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

- 34% of SUD TRC clients also received services from CYFBHS Mental Health in FY 2021-22, as compared to 51% in FY 2020-21.
- 17% of SUD TRC clients also received services from the Probation sector, as compared to 35% in FY 2020-21.
- 5% of SUD TRC clients also received services from the CWS sector, as compared to 12% in FY 2020-21.



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

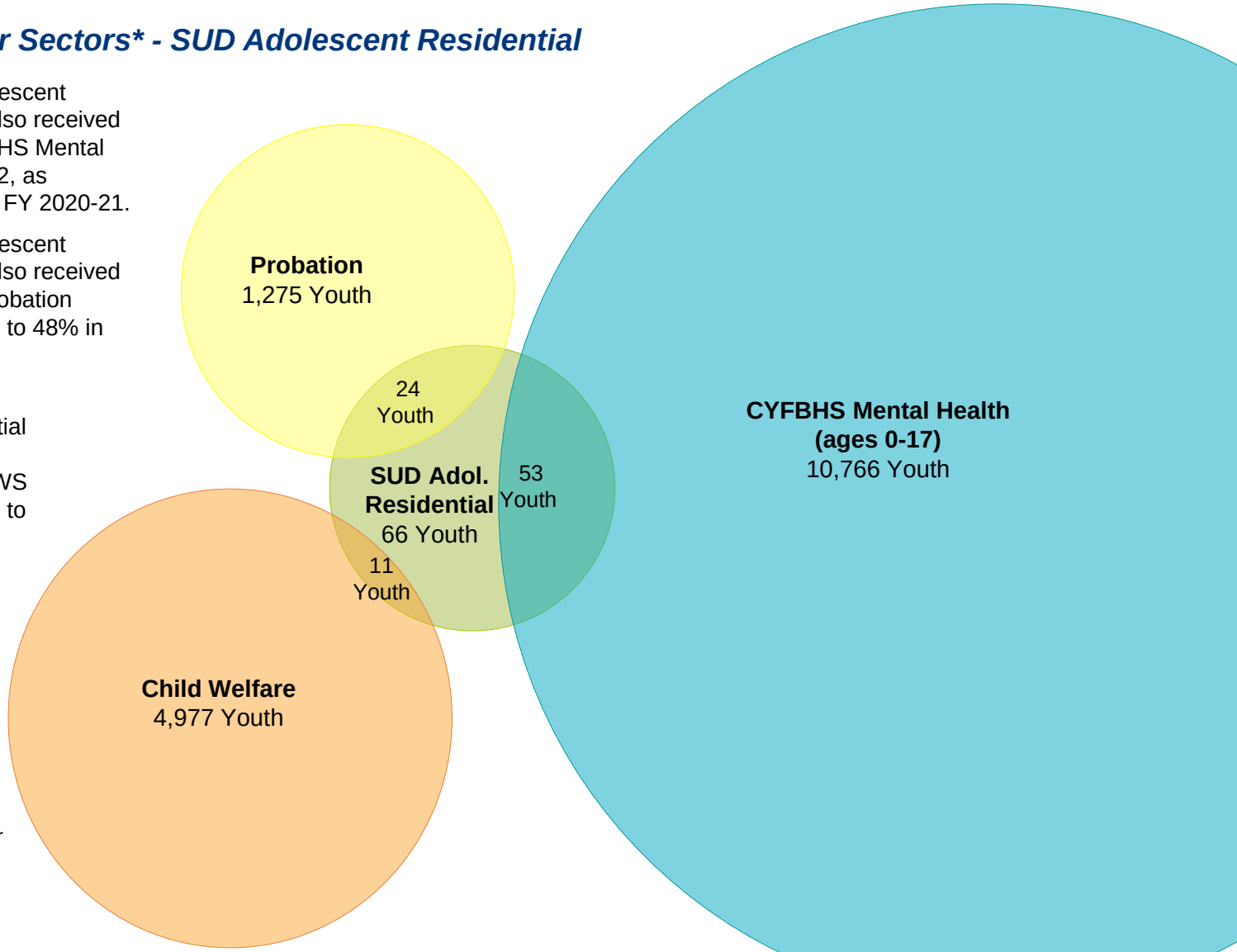
What Kind of Services Are Being Used?

SUD and Other Sectors - SUD Adolescent Residential*

- 80% of SUD Adolescent Residential clients also received services from CYFBHS Mental Health in FY 2021-22, as compared to 63% in FY 2020-21.
- 36% of SUD Adolescent Residential clients also received services from the Probation sector, as compared to 48% in FY 2020-21.
- 17% of SUD Adolescent Residential clients also received services from the CWS sector, as compared to 13% in FY 2020-21.

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

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



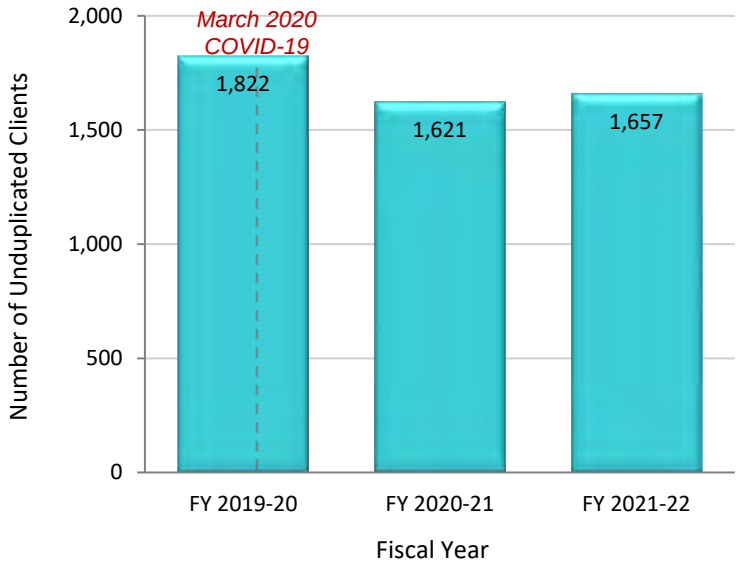
Substance Use Disorder (SUD)
Perinatal Services

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

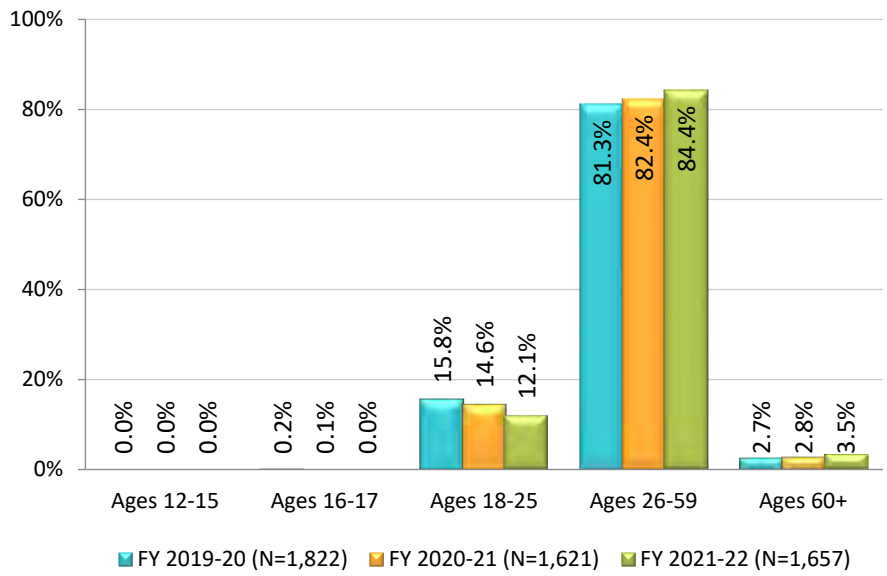
The Perinatal SUD treatment programs support the additional needs of mothers through parenting classes, behavioral health screening and intervention for children, life skills, healthy relationships, recovery groups, education, transportation, care coordination, linkage and coordination with physical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

Perinatal SUD programs provided services to 1,657 unduplicated perinatal women and teens in FY 2021-22.

*Number of Perinatal SUD Clients Served (N=1,657)**



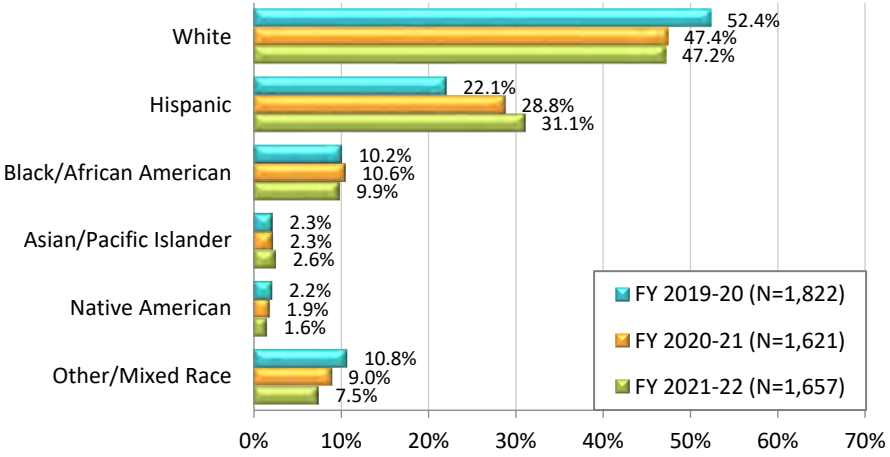
*Perinatal SUD Client Age (N=1,657)**



**Data Source: SanWITS*

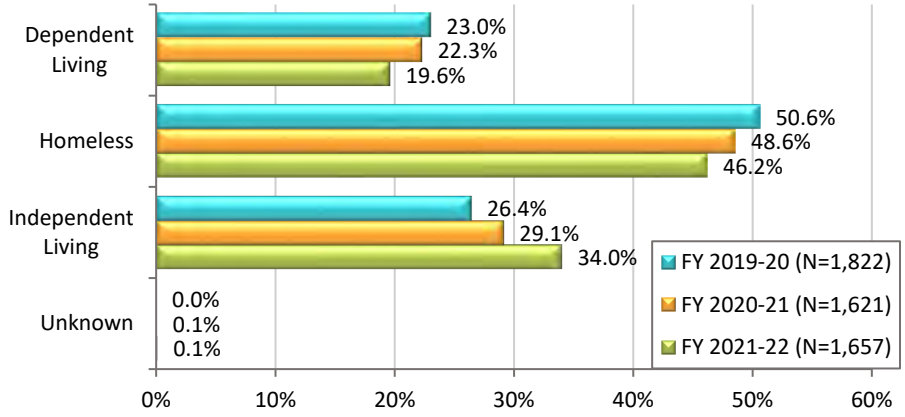
Substance Use Disorder (SUD)
Perinatal Services

*Perinatal SUD Client Race/Ethnicity (N=1,657)**



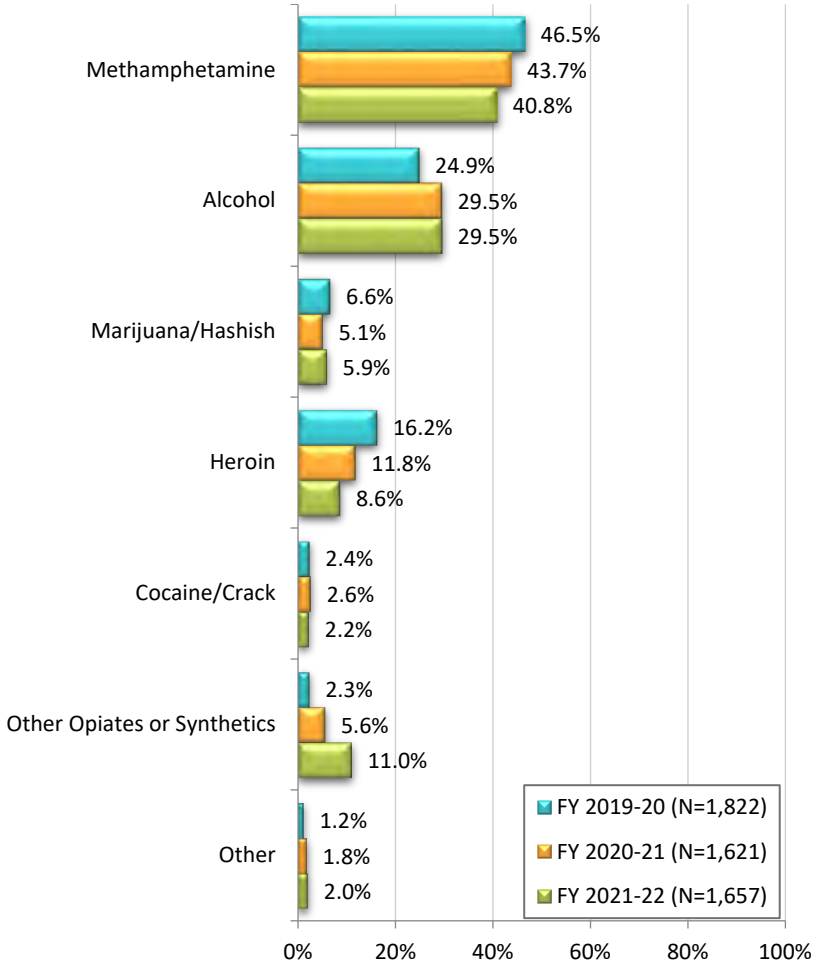
*Perinatal SUD Client Living Situation (N=1,657)**

46% of Perinatal SUD clients were experiencing homelessness during FY 2021-22.



**Data Source: SanWITS*

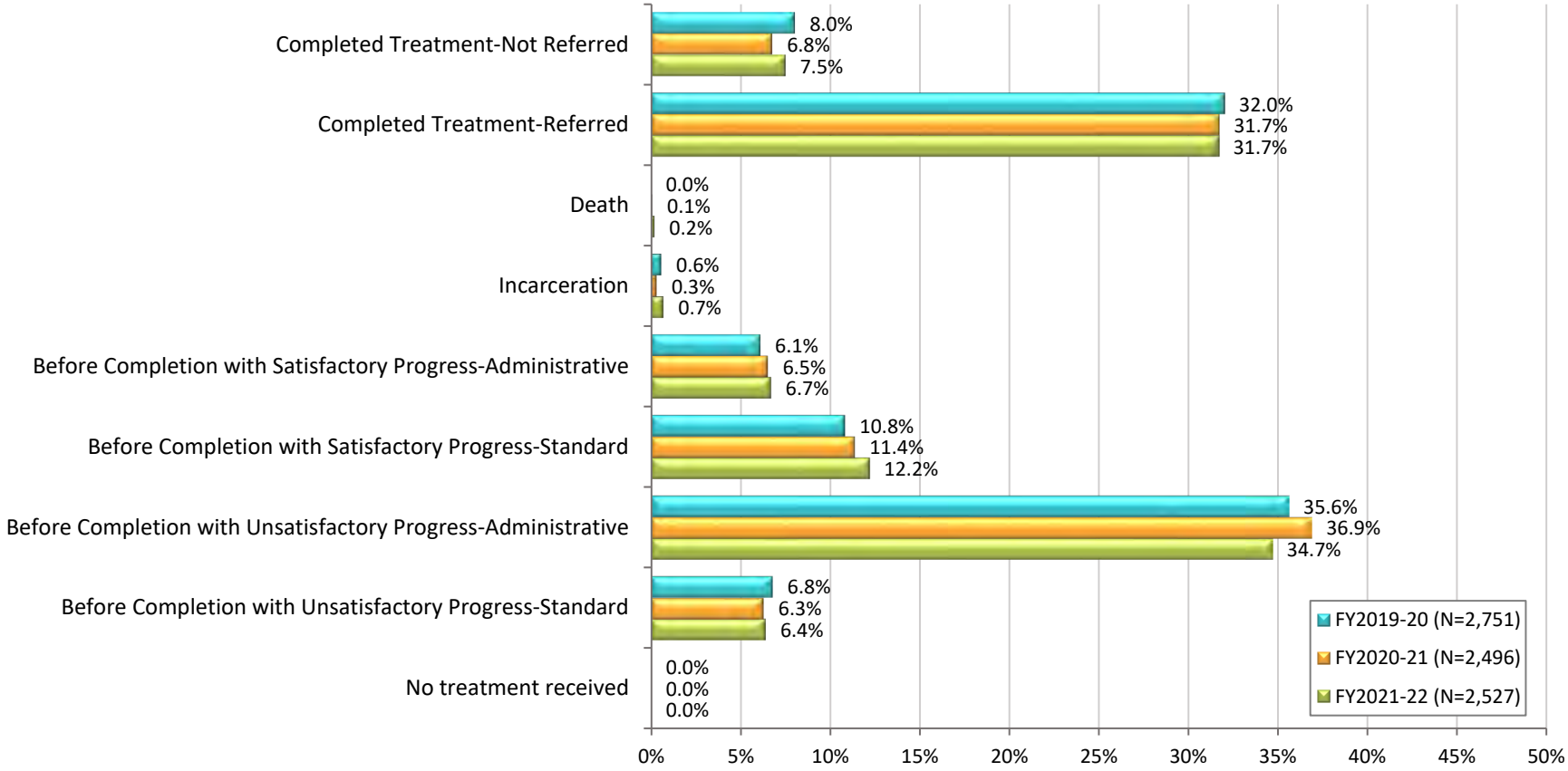
*Perinatal SUD Client Primary Substance Used (N=1,657)**



Substance Use Disorder (SUD)
Perinatal Services

Perinatal SUD Client Type of Discharge (N=2,527)†‡*

The most common Perinatal SUD discharge type in FY 2021-22 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?

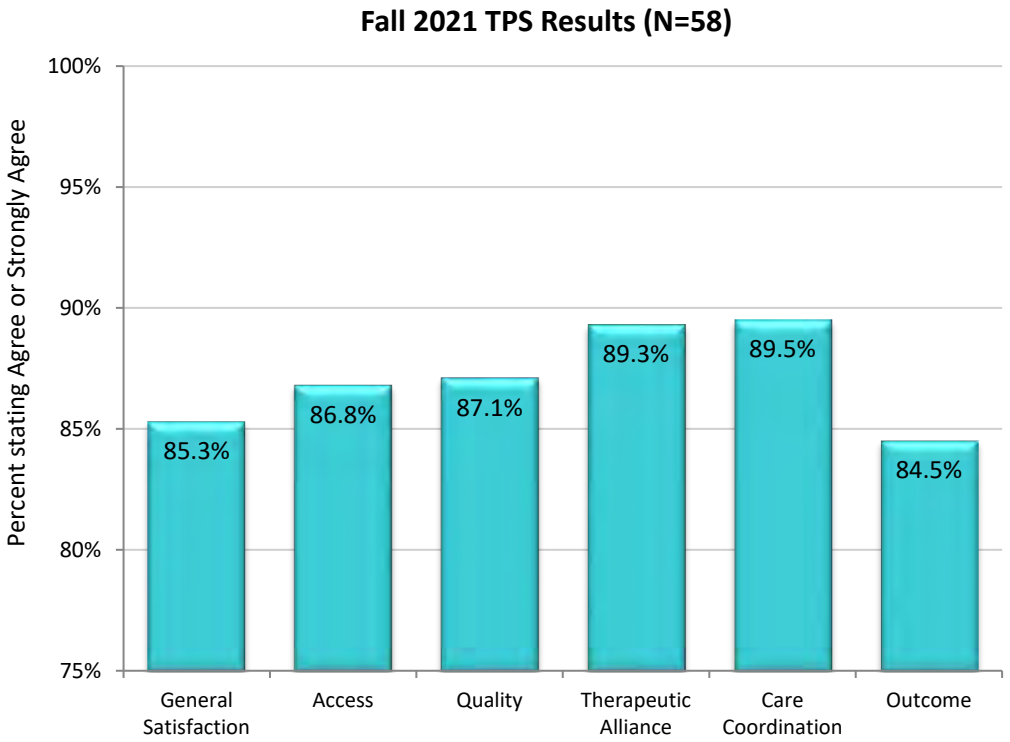
The Youth Treatment Perception Survey (TPS)—Satisfaction By Domain

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 2021-22 the TPS was administered in December 2021. Data from 58 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 Care Coordination domain*.
- Youth clients were least satisfied on the *Outcome Service* domain.



NOTE: Not every youth completed responses for every domain.

Are Clients Satisfied With Services?

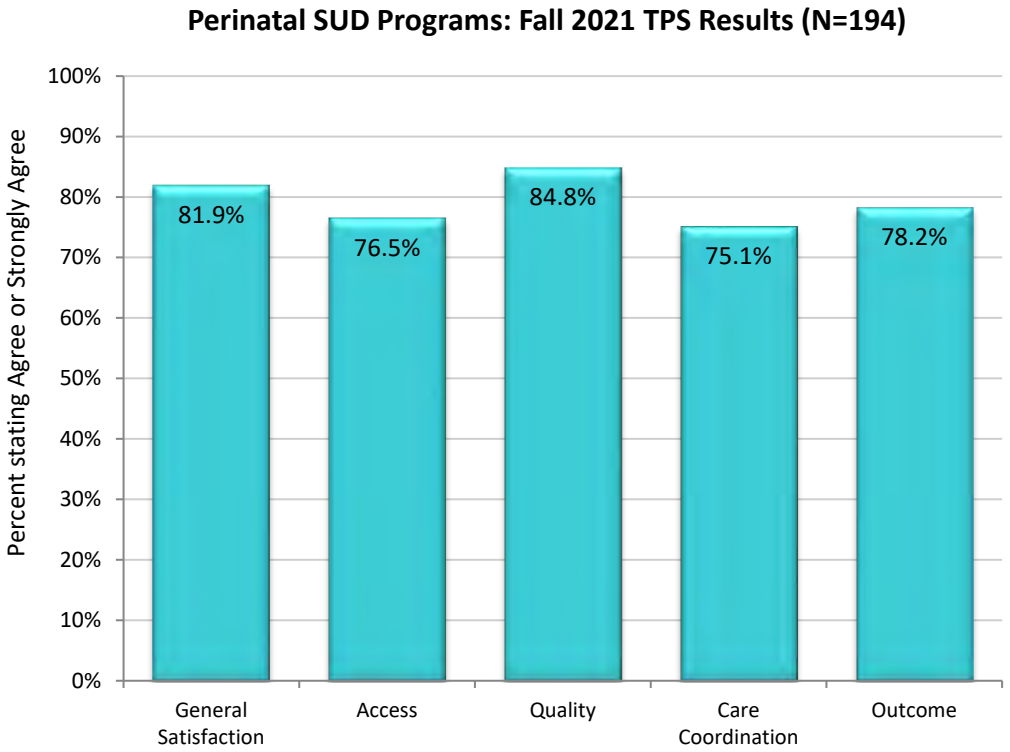
The Treatment Perception Survey (TPS)—Satisfaction By Domain

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 2021-22 the TPS was administered in December 2021. Data from 194 completed surveys collected at Perinatal SUD programs were analyzed.

Individual items on the TPS were grouped into five domains:

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

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



NOTE: Not every client completed responses for every domain.

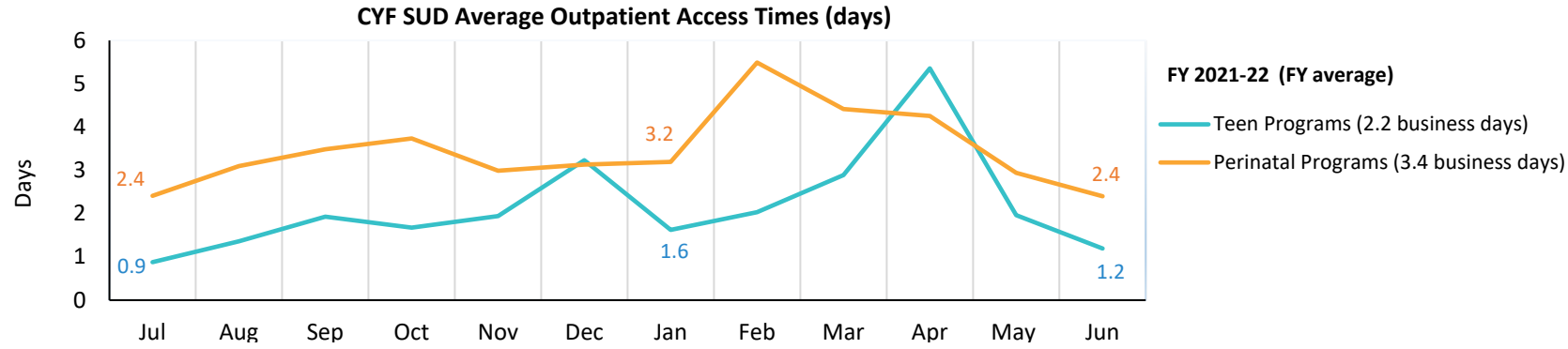
How Quickly Can SUD Clients Access Services?

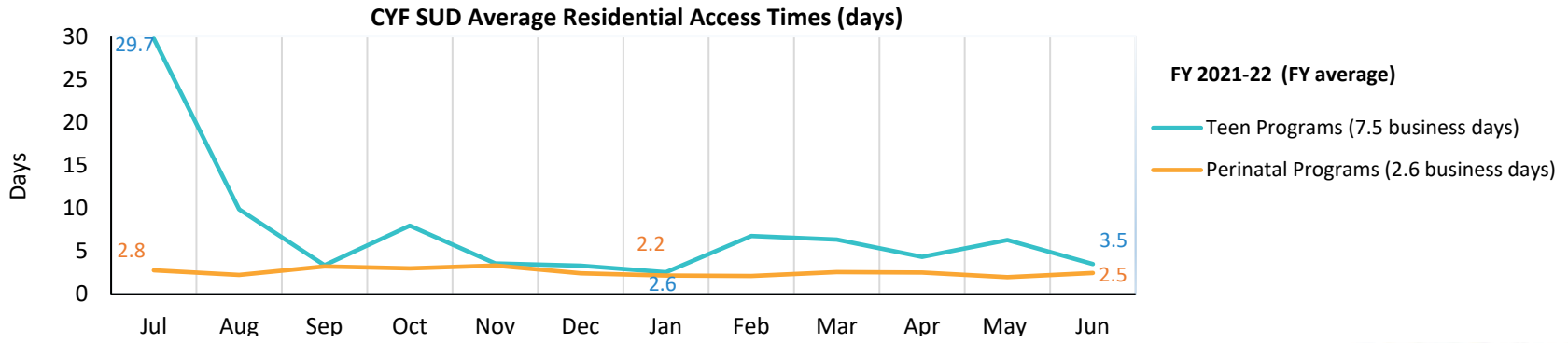
Access Time

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

In FY 2021-22, youth in SUD Teen programs waited an average of **2.2 business days** for outpatient services and **7.5 business days** for residential services, which indicates an increase from an average wait time of 1.9 business days for outpatient services but a decrease from an average wait time of 8.1 business days for residential services in FY 2020-21.

In FY 2021-22, clients in SUD Perinatal programs waited an average of **3.4 business days** for outpatient services and **2.6 business days** for residential services, compared to 3.0 business days for outpatient services and 1.3 business days for residential services in FY 2020-21.

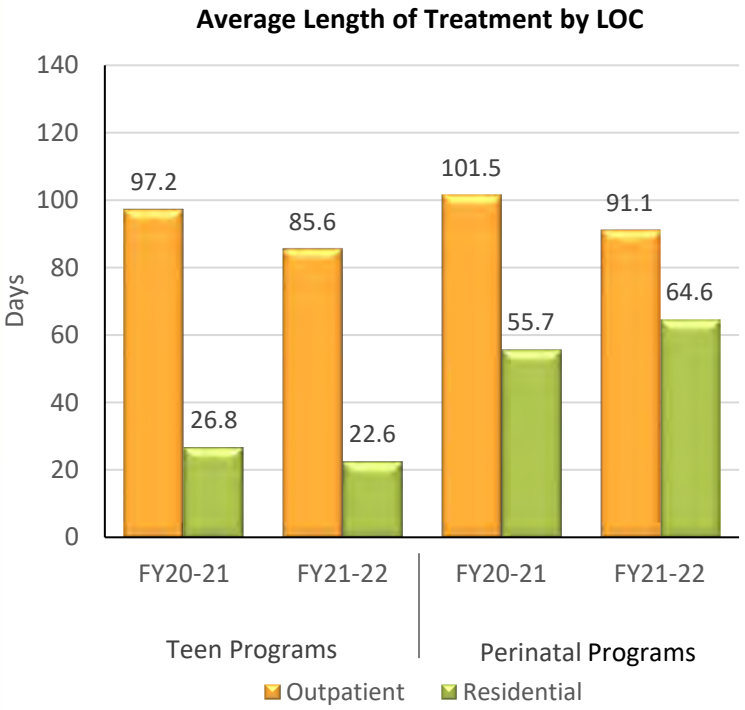


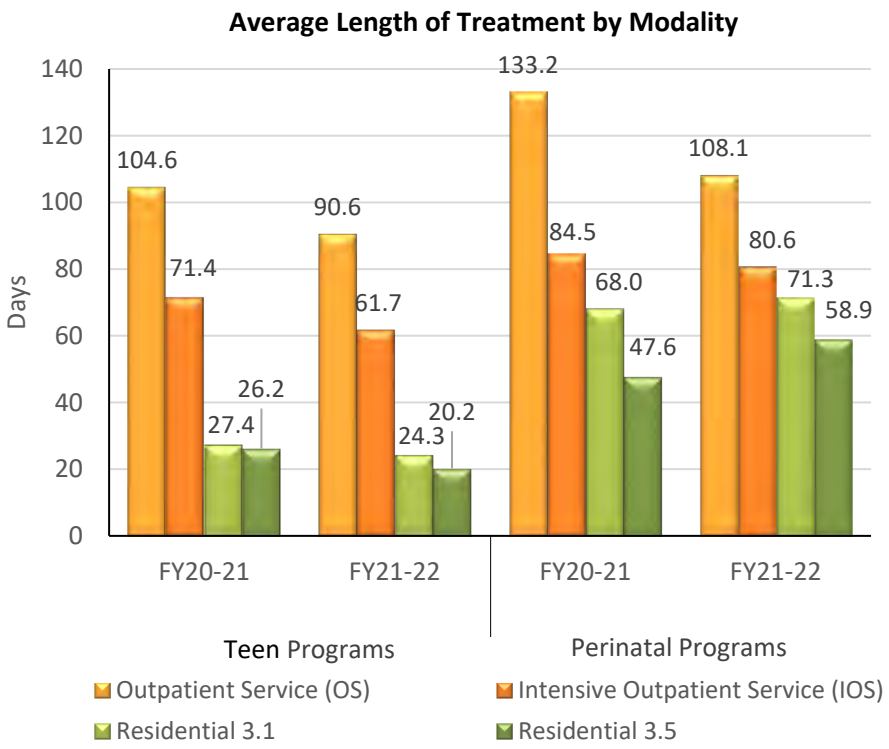


Substance Use Disorder (SUD)
Level of Care (LOC) and Modalities

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

*Average Length of Treatment**



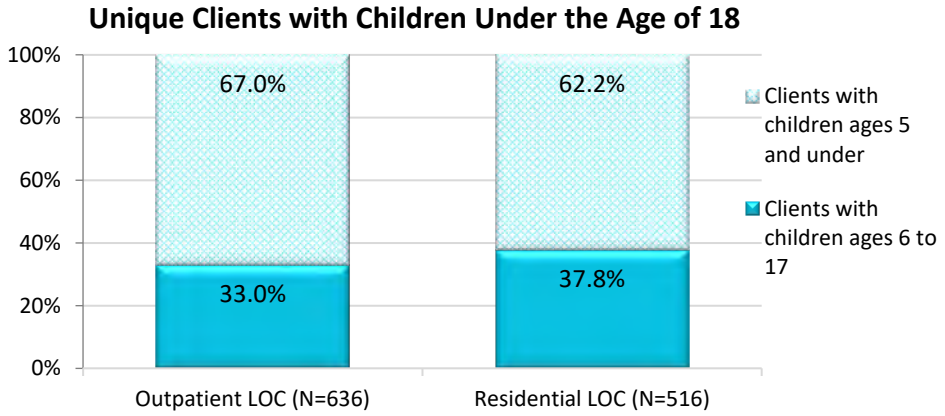


**Clients may be served in multiple levels of care or modalities.*

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

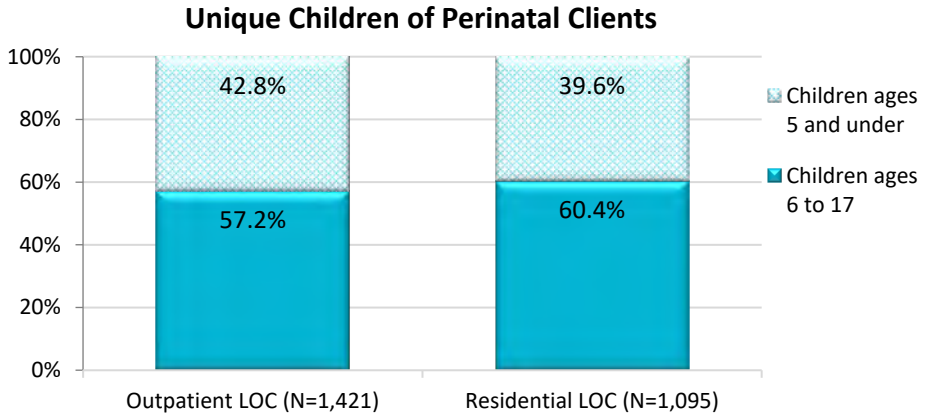
*Perinatal Services: Clients with Children in FY 2021-22**

LOC	Modality	Number of Clients w/ Children	
		0 to 18	5 and under†
Outpatient	OS	334	231
	IOS	458	300
Residential	RES 3.1	317	193
	RES 3.5	354	224



*Perinatal Services: Children of Clients in FY 2021-22 **

LOC	Modality	Number of Children	
		0 to 18	5 and under†
Outpatient	OS	748	321
	IOS	1,018	432
Residential	RES 3.1	683	261
	RES 3.5	743	304



**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 2021-22)	CYF SUD Programs	Perinatal	Teens
Outpatient	1,430	892	538
Residential	950	852	98

Unique clients by Modality (FY 2021-22)	CYF SUD Programs	Perinatal	Teens
Outpatient Services (OS)	941	467	474
Intensive Outpatient Services (IOS)	732	642	90
Residential 3.1 (RES 3.1)	585	518	67
Residential 3.5 (RES 3.5)	623	584	39

**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 individuals with mental illness who are experiencing homelessness and their families**.**

Innovations

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

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

MHSA

MHSA Components, continued

Workforce Education and Training (WET)

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

WET has five categories:

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

Capital Facilities and Technological Needs (CFTN)

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

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

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

MHSA Components, continued

Prevention and Early Intervention (PEI) Programs

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

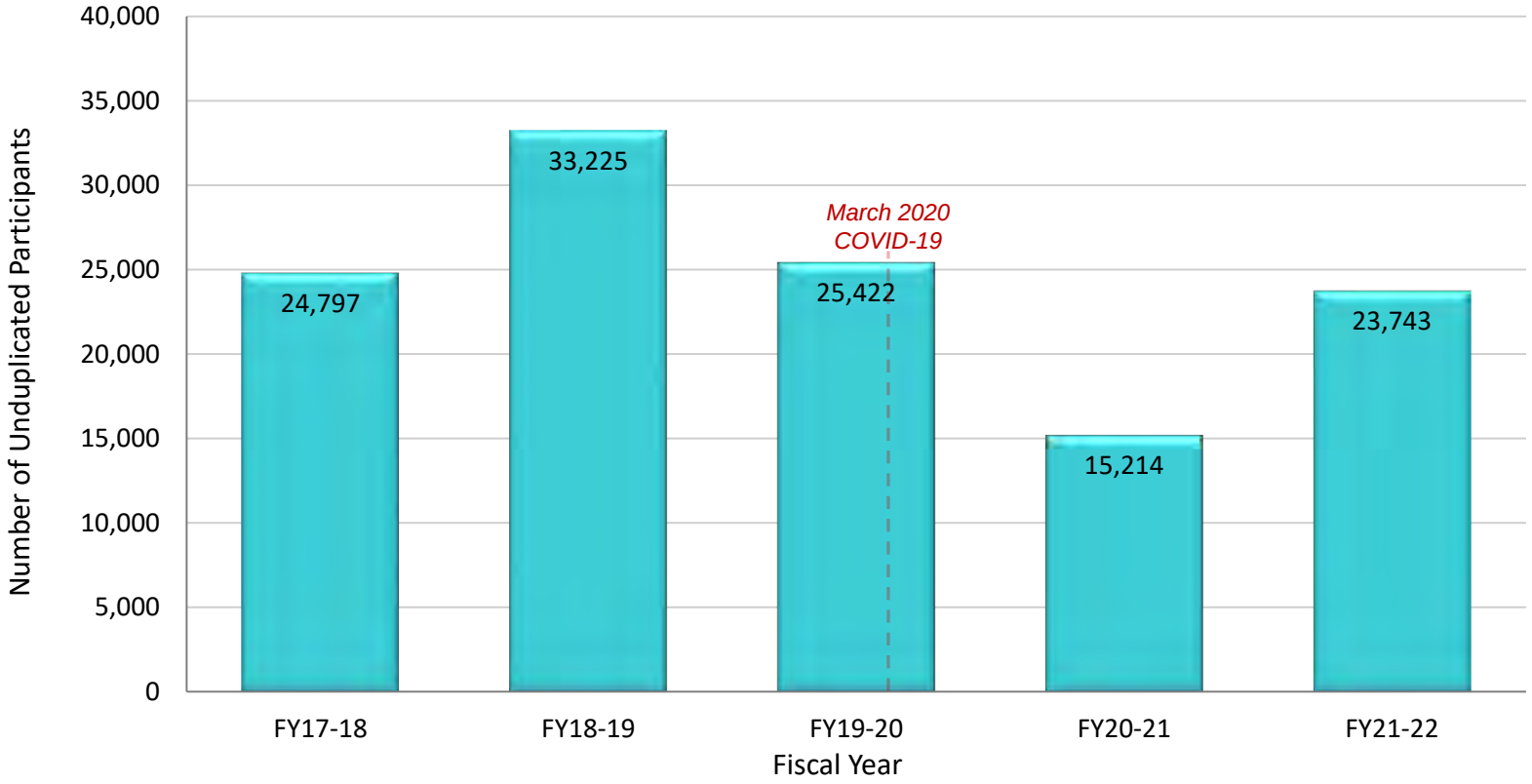
In FY 2021-22, San Diego County funded 14 programs to provide PEI services for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. **PEI youth and family participants comprise a 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 2021-22
Community County-Wide Violence Response Team
Community Services for Families
Positive Parenting Program (Triple P)
KickStart
Dream Weaver Consortium: Indian Health Council Program
Dream Weaver Consortium: Southern Indian Health Council Program
Dream Weaver Consortium: San Diego American Indian Health Center
Incredible Years East County Program
Incredible Years North Coastal Program
Incredible Years North Inland Program/PROMOTE!
Incredible Years South Program
Incredible Years SDUSD Central/South Eastern Program
Incredible Years SDUSD Central/North Central Program
HERE Now Program

MHSA Components, continued

More than 23,000 youth and family PEI participants were served in FY 2021-22. 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 Demographics (N=23,743)

Age (years)	N	%	▲
0-15	13,981	59%	3%
16-25	3,260	14%	9%
26-59	4,002	17%	-11%
60 and older	179	1%	0%
Prefer not to answer	1,381	6%	1%
Unknown/Missing	940	4%	-1%
Gender	**N**	**%**	**▲**
Female	10,439	44%	-13%
Male	7,410	31%	-5%
Prefer not to answer	214	2%	1%
Other/Unknown/Missing	5,380	23%	17%

Race	N	%	▲
White	6,678	28%	3%
Black/African-American	1,200	5%	0%
Asian	2,423	10%	4%
Pacific Islander	177	1%	0%
American Indian/Alaska Native	413	2%	-1%
Multiracial	2,556	11%	7%
Other	823	4%	-1%
Prefer not to answer	442	2%	1%
Unknown/Missing*	9,031	38%	-13%
Ethnicity	**N**	**%**	**▲**
Hispanic or Latino	8,810	37%	-10%
Non-Hispanic or Non-Latino	8,949	38%	7%
More than one ethnicity	4,498	19%	7%
Other	136	1%	-1%
Prefer not to answer	442	2%	1%
Missing	908	4%	-2%

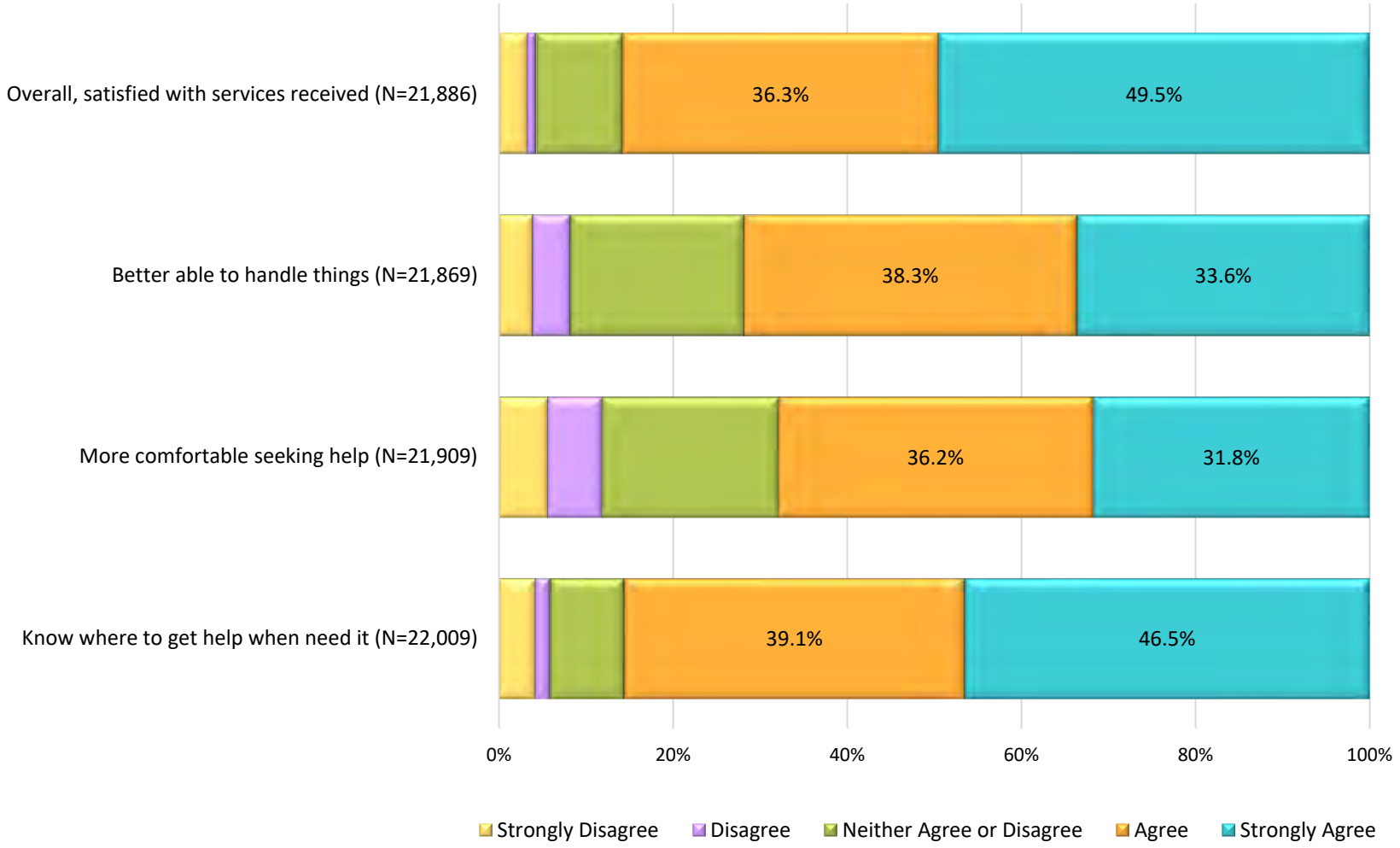
▲ = *Percentage point change from previous fiscal year.*

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

MHSA PEI

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 and/or involvement with SUD and/or endorsement of any of the following substance abuse-related items on a BHS Behavioral Health Assessment (BHA) form: "Does client have a co-occurring condition;” “Recommendation for further substance use treatment;” “Stages of Change: Substance Use Recovery” (Active or Maintenance response).
- **Collateral services** include case consultations, teacher or other professional consultations, attendance at Individualized Education Program (IEP) meetings or any other conversations related to the client and treatment plan.
- **Crisis stabilization services** are short term and are provided by the Emergency Screening Unit (ESU) for children and adolescents throughout San Diego County. Services are available 24 hours / 7 days a week.
- **Day Services** are designed to provide alternatives to 24–hour care and supplement other modes of treatment and residential services. These service functions are the following: (a) Day Care Intensive Services, (b) Day Care Habilitative Services, (c) Vocational Services, (d) Socialization Services

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

Glossary of Terms

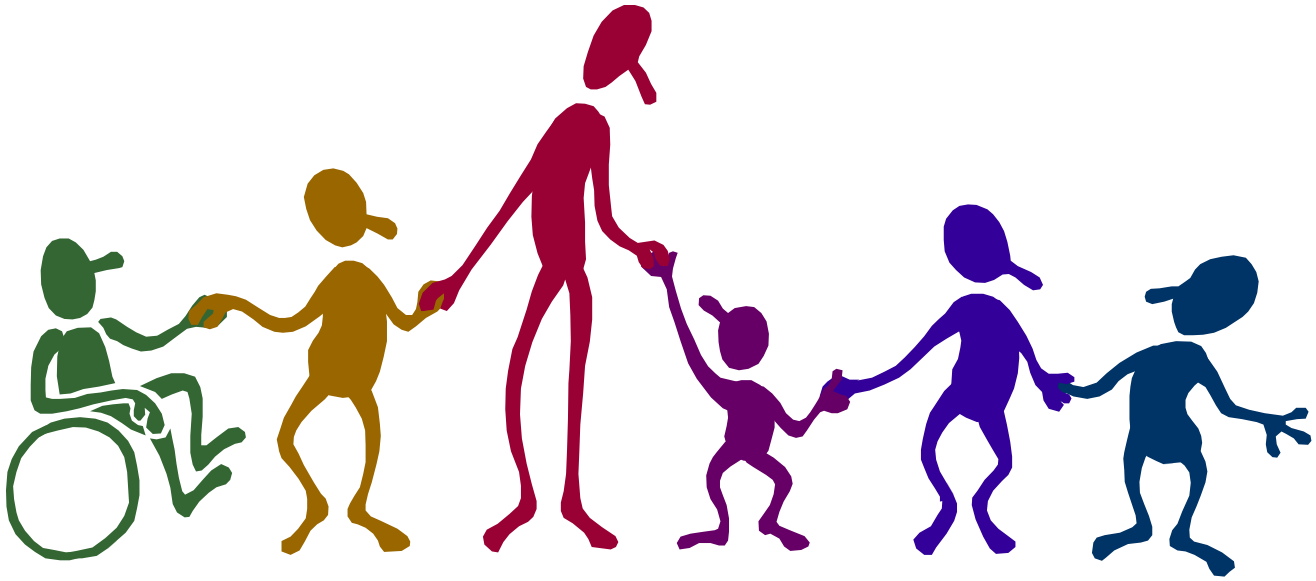
- **Juvenile Forensic Services** are provided primarily in Probation institutions within San Diego County. Juvenile Forensic Services include assessment, individual therapy, crisis intervention, consultation, and treatment services to children and adolescents who are involved with the Juvenile Court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

References

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

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

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



Contact Us

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

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

Appendices

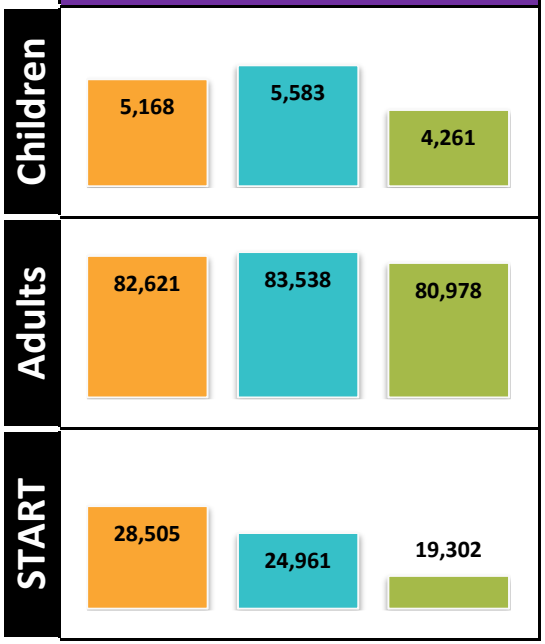
Appendix A:

Hospital Dashboard 3 Year Trend

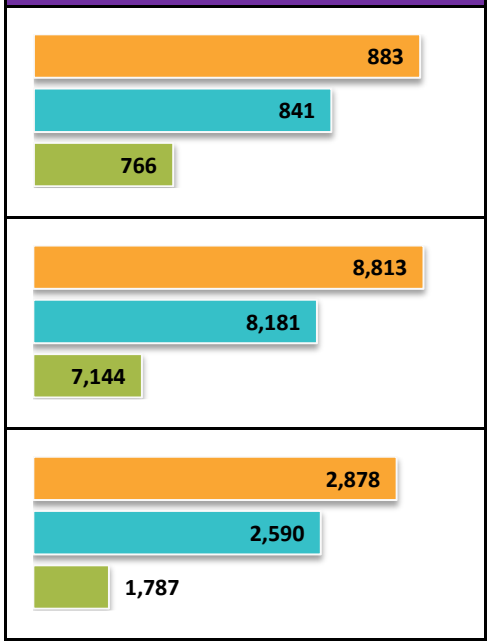
Hospital Dashboard 3 Year Trend

FY 2019-20 | FY 2020-21 | FY 2021-22

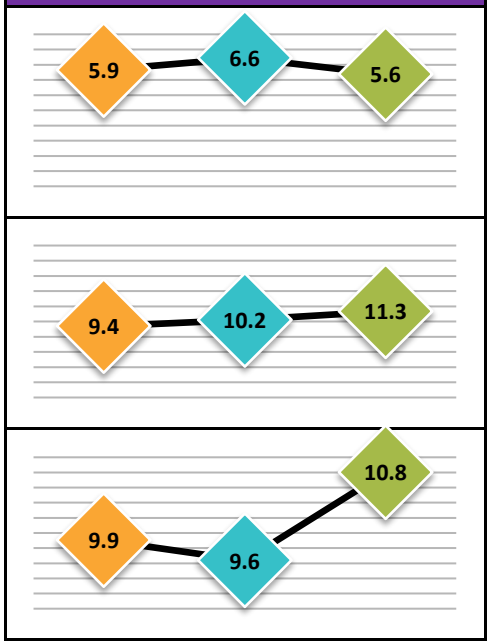
Days



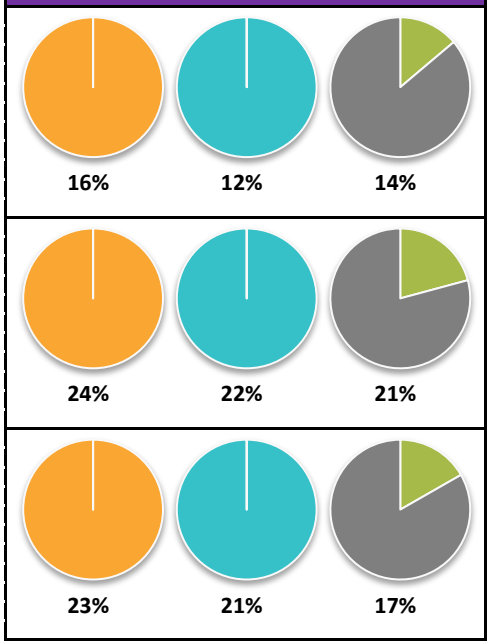
Discharges



Average Length of Stay



Readmission Rate



PERT

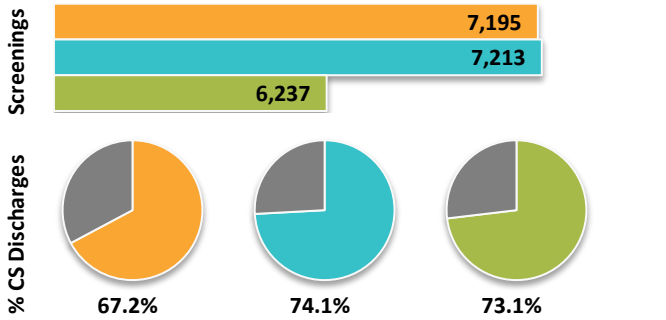
Children

Contacts	1,920	1,606	1,742
FFS & CAPS Admits	131	83	58
ESU Visits	506	500	619

Adults

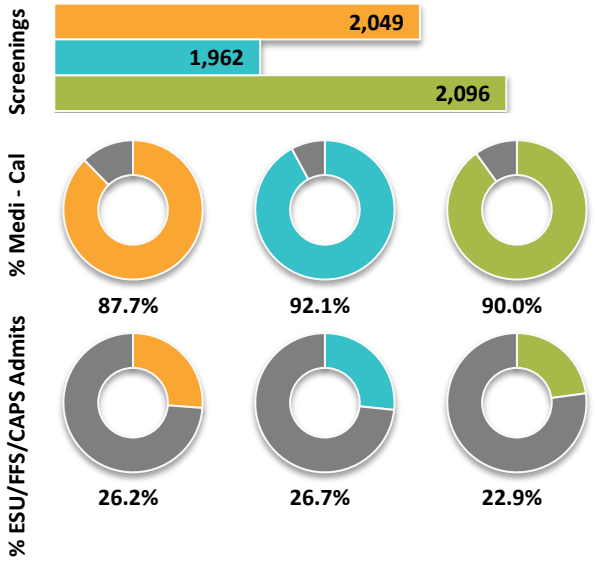
Contacts	11,144	11,155	9,268
FFS Admits	946	729	522
EPU Screenings	1,082	1,063	928
PERT-EPU-SDCPH	382	402	364

EPU



Medi-Cal Only	56.1%	60.3%	62.5%
Medicare Only	3.7%	2.1%	1.7%
Medi-Medi	8.7%	9.7%	11.0%
Other	31.5%	27.9%	24.8%

ESU



Data Source: CO-3A, CO3B, CO-3D, CO-22A, CO-4A, CO-4B, CO-22A, CO-3E, CO-26A, CO-26B, CO-26C. **BHS Data Science (DP,AT) | 12/13/2022**

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 21-22

FY 2021-22 YTD (7/1/2021-6/30/2022)	Unduplicated Clients by Client Category	Clients by Services Type	
Category	**Total**	**ICC**	**IHBS**
Katie A Class	295	78	25
Katie A Subclass	810	691	285
Unduplicated Non-CWS Clients		613	207
Total Clients		1,382	517
CFT Meetings			
Total CFT Meetings		4,464	16

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	199	54
Katie A Subclass	847	702	261
CWS-Katie A Subclass	1		
Unduplicated Non-CWS Clients		916	374
Total Clients		1,817	689
CFT Meetings			
Total CFT Meetings		8,553	34

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	602	265	49
Katie A Subclass	836	689	229
Unduplicated Non-CWS Clients		1,083	448
Total Clients		2,037	726
CFT Meetings			
Total CFT Meetings		7,697	81

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	802	233	22
Katie A Subclass	740	630	195
Unduplicated Non-CWS Clients		1,071	477
Total Clients		1,934	694
CFT Meetings			
Total CFT Meetings		7,583	132

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		1,215	1

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	849	82	13
Katie A Subclass	763	658	244
Unduplicated Non-CWS Clients		1,155	511
Total Clients		1,895	768
CFT Meetings			
Total CFT Meetings		1,807	18

Path-1 Pathways to Wellbeing Monthly Summary Report
Compilation of this report was transferred from County QI PIT to Optum Reporting/Analytics in fiscal year 20-21 using newly requested logic. As such, this should be considered when comparing to prior deliverables.
The summary report displays the following data by month and month- year to date.
Clients by Client Category with Open Assignment (Orange Section)
• Katie A Sub Class Category - Rank # 1
• Katie A Class Category – Rank # 2
• 15 CWS-Katie A Subclass – Rank #3
This section has been changed from counting assignments to counting unique clients. Clients in this section have an open assignment and an open client category in the period for Katie A/Pathways. All clients with both of these are counted regardless of services received in the month. If clients have multiple overlapping client categories in the period, they are ranked in the order stated above and only the top rank is considered.
Clients by Services and Client Category (Blue Section)
• By ICC Service Code (82/882)
• By IHBS Service Code (83/883)
This section counts unique clients and uses the same rank logic as above for grouping. Client in this section have a service for ICC or IHBS and a client category of Katie A/Pathways in the period. If the client has a service for ICC or IHBS and no active Katie A client category, they are counted in the Unduplicated Non-CWS Clients category.
Total CFT Meetings Unduplicated by Client And Service Date
This section counts unique CFT meetings by client and day. Therefore if a client has more than one CFT meeting over multiple days, each meeting will count. If meetings are billed by multiple servers in a single day, then the meeting would only be counted once

Appendices

Appendix C:

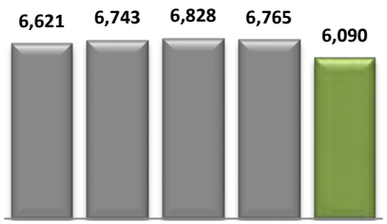
FY 2020-21 Performance Dashboards

Q1 Mental Health Performance Dashboard - CYF

FY 2021-22 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



6,090	Clients Served in Q1 (-10.0%)
149	Katie A. Class (-24.4%)
518	Katie A. Subclass (5.9%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.0	Urgent Assessments	NA‡
14.1	Routine Assessments	7.6

Mental Health (Days)	Average Access Times† By Language	Psychiatric (Days)
13.4	English (1681 inquiries)	7.9
19.6	Spanish (209 inquiries)	6.2
17.5	Not Reported (6 inquiries)	NA‡
5.8	Arabic (4 inquiries)	NA‡
4.0	Mandarin (3 inquiries)	5.0

*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*

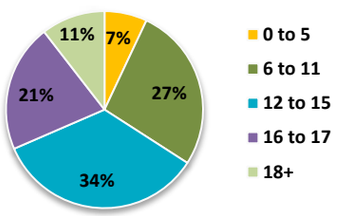
Mental Health Services	N	%	▲
Emergency/Crisis	324	5%	-2%
Inpatient	172	3%	0%
Juvenile Forensic Services	371	6%	1%
Outpatient	5,197	85%	-4%
Shelter and Respite	68	1%	N/A
Short-Term Residential Therapeutic Program+†	230	4%	1%
Therapeutic Behavioral Services	238	4%	0%
Wraparound	249	4%	0%

Inpatient Discharges (<18 years; N=186)	N	%	▲
Without Readmission	165	89%	0%
30 Day Readmission	21	11%	0%
7 Day Connection to Services	86	46%	4%
30 Day Connection to Services	114	61%	-2%

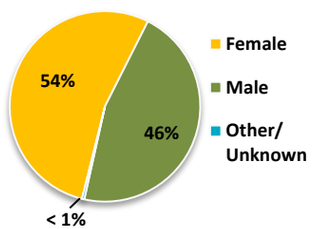
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

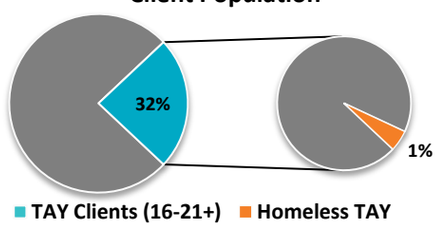
Age



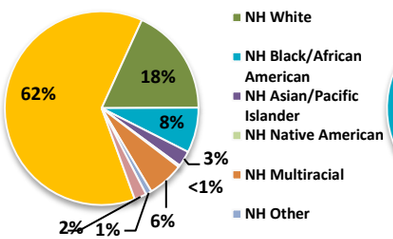
Gender



Client Population

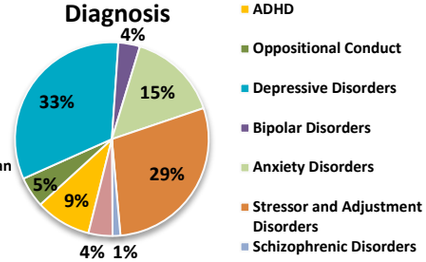


Race/Ethnicity*



*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n = 196

Quality of Life

Client Indicator	▲
94% Attend School	1%
94% Are Insured by Medi-Cal†	2%
99% Are Housed	0%
85% Have a Primary Care Physician	2%
60% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	6%
56% 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 10/2021 2) CYF mHOMS: PSC 10/2021 3) SDBHS : Q1 FY 2021-22 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q1 FY 2021-22 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

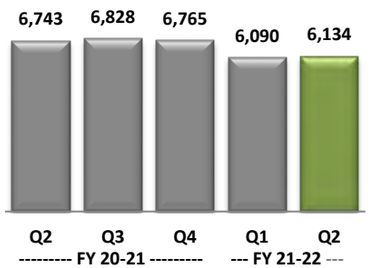
Report Date: 12/06/2022

Q2 Mental Health Performance Dashboard - CYF

FY 2021-22 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



6,134	Clients Served in Q2 (0.7%)
119	Katie A. Class (-20.1%)
474	Katie A. Subclass (-8.5%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.2	Urgent Assessments	NA‡
12.0	Routine Assessments	6.8
Mental Health (Days)	**Average Access Times† By Language**	**Psychiatric (Days)**
11.8	English (1934 inquiries)	7.2
13.4	Spanish (253 inquiries)	4.5
4.2	Not Reported (13 inquiries)	NA‡
5.0	Mandarin (4 inquiries)	3
2.5	Other Non-English (2 inquiries)	NA‡

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

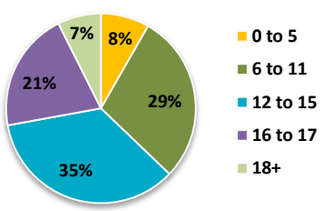
Utilization by Program Type*

Mental Health Services	N	%	▲
Emergency/Crisis	429	7%	2%
Inpatient	182	3%	0%
Juvenile Forensic Services	322	5%	-1%
Outpatient	5,363	87%	2%
Shelter and Respite	60	1%	0%
Short-Term Residential Therapeutic Program+†	207	3%	-1%
Therapeutic Behavioral Services	228	4%	0%
Wraparound	185	3%	-1%
Inpatient Discharges (<18 years; N=203)	**N**	**%**	**▲**
Without Readmission	183	90%	1%
30 Day Readmission	20	10%	-1%
7 Day Connection to Services	76	37%	-9%
30 Day Connection to Services	112	55%	-6%

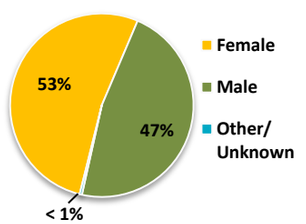
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

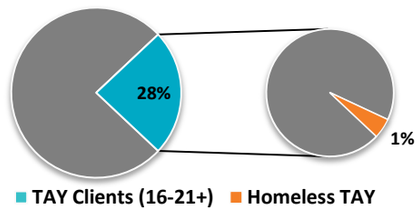
Age



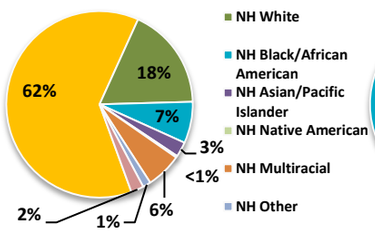
Gender



Client Population

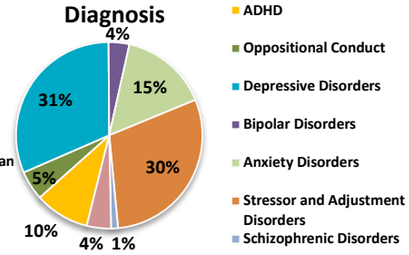


Race/Ethnicity*



*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n =171

Quality of Life

Client Indicator	▲
94% Attend School	0%
93% Are Insured by Medi-Cal†	-1%
99% Are Housed	0%
85% Have a Primary Care Physician	0%
53% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-7%
54% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	-2%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 1/2022 2) CYF mHOMS: PSC 1/2022 3) SDBHS : Q2 FY 2021-22 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q2 FY 2021-22 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 12/06/2022

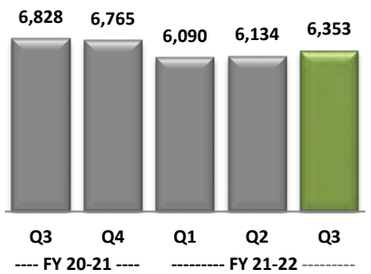
Q3 Mental Health Performance Dashboard - CYF

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

FY 2021-22 | **County of San Diego Behavioral Health Services** | **Children, Youth & Families**

Client Counts

Clients Served



6,353	Clients Served in Q3 (3.6%)
144	Katie A. Class (21%)
421	Katie A. Subclass (-11.2%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.0	Urgent Assessments	NA‡
14.1	Routine Assessments	9.2

Mental Health	Average Access Times† By Language	Psychiatric (Days)
13.9	English (1838 inquiries)	8.7
16.3	Spanish (258 inquiries)	12.2
8.1	Not Reported (15 inquiries)	NA‡
4.8	Arabic (4 inquiries)	NA‡
11.0	Other Non-English (3 inquiries)	NA‡

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

Utilization by Program Type*

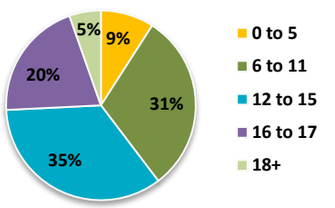
Mental Health Services	N	%	▲
Emergency/Crisis	364	6%	-1%
Inpatient	156	2%	-1%
Juvenile Forensic Services	334	5%	0%
Outpatient	5,607	88%	1%
Shelter and Respite	59	1%	0%
Short-Term Residential Therapeutic Program+†	190	3%	0%
Therapeutic Behavioral Services	238	4%	0%
Wraparound	127	2%	-1%

Inpatient Discharges (<18 years; N=177)	N	%	▲
Without Readmission	144	81%	-9%
30 Day Readmission	33	19%	9%
7 Day Connection to Services	77	44%	7%
30 Day Connection to Services	107	60%	5%

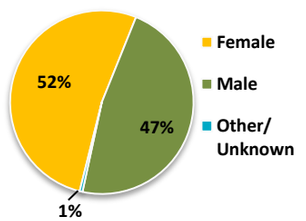
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

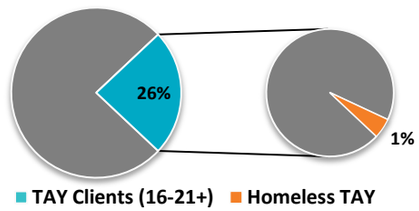
Age



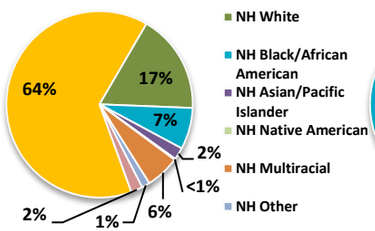
Gender



Client Population

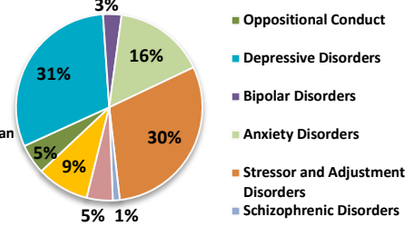


Race/Ethnicity*



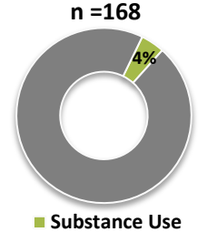
*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n =168



Quality of Life

Client Indicator	▲
95% Attend School	1%
94% Are Insured by Medi-Cal†	1%
99% Are Housed	0%
83% Have a Primary Care Physician	-2%
54% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	1%
51% of Caregivers Reported Improvement in Youth Feelings and Behavior After Treatment	-3%

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

BHS Performance Dashboard Report | Source: HSRC & CASRC
CYFBHS Data Sources: 1) CCBH 4/2022 2) CYF mHOMS: PSC 4/2022 3) SDBHS : Q3 FY 2021-22 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q3 FY 2021-22 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

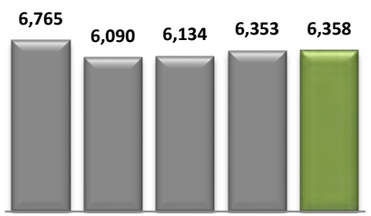
Report Date: 12/06/2022

Q4 Mental Health Performance Dashboard - CYF

FY 2021-22 | County of San Diego Behavioral Health Services | Children, Youth & Families

Client Counts

Clients Served



6,358	Clients Served in Q4 (0.1%)
141	Katie A. Class (-2.1%)
435	Katie A. Subclass (3.3%)

Access

Mental Health	Average Number of Days* for Access	Psychiatric
0.5	Urgent Assessments	NA‡
12.7	Routine Assessments	10.5

Mental Health	Average Access Times† By Language	Psychiatric (Days)
12.6	English (1469 inquiries)	10.3
13.8	Spanish (187 inquiries)	12.5
14.7	Not Reported (7 inquiries)	NA‡
4.0	Vietnamese (4 inquiries)	5.0
6.0	Madarin (2 inquiries)	5.0

*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*

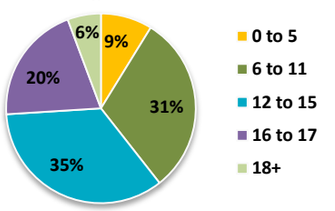
Mental Health Services	N	%	▲
Emergency/Crisis	365	6%	0%
Inpatient	184	3%	1%
Juvenile Forensic Services	335	5%	0%
Outpatient	5,600	88%	0%
Shelter and Respite	66	1%	0%
Short-Term Residential Therapeutic Program+†	199	3%	0%
Therapeutic Behavioral Services	195	3%	-1%
Wraparound	135	2%	0%

Inpatient Discharges (<18 years; N=208)	N	%	▲
Without Readmission	174	84%	2%
30 Day Readmission	34	16%	-2%
7 Day Connection to Services	85	41%	-3%
30 Day Connection to Services	116	56%	-5%

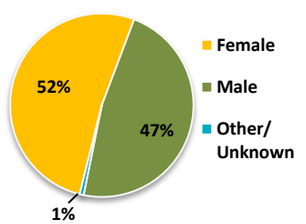
▲= Percentage point change from previous quarter.
*Clients may have been seen in more than one Program in the quarter.
†Includes STRTPs, Community Treatment Facilities (CTF), Psychiatric Health Facilities (PHF) and San Pasqual Academy.

Demographics

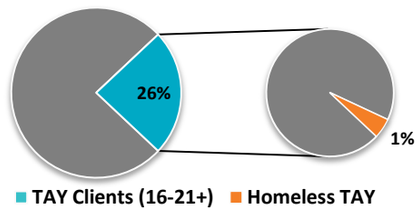
Age



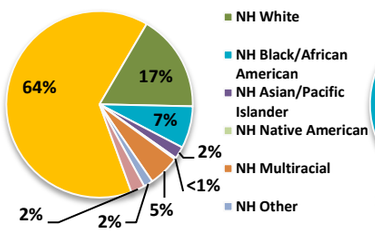
Gender



Client Population

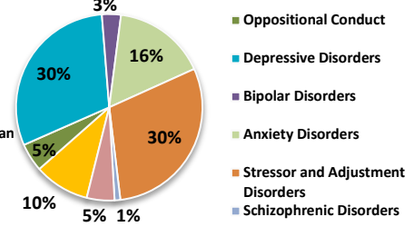


Race/Ethnicity*



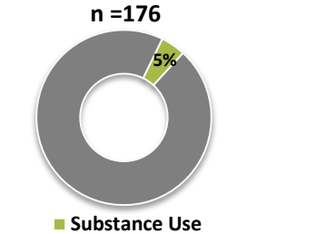
*NH refers to Non-Hispanic/Latino

Diagnosis



Substance Use (12+)

n =176



Quality of Life

Client Indicator	▲
95% Attend School	0%
94% Are Insured by Medi-Cal†	0%
99% Are Housed	0%
85% Have a Primary Care Physician	2%
52% of Youth Reported Improvement in Their Feelings and Behavior After Treatment	-2%
51% 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 8/2022 2) CYF mHOMS: PSC 8/2022 3) SDBHS : Q4 FY 2021-22 Access Time Analysis - CYF
Data Source (ages 0-17): OPTUM: Q4 FY 2021-22 Client Services After Psychiatric Hospital Discharge Report
NOTE: Percentages may not add up to 100% due to rounding.

Report Date: 12/06/2022

Appendices

Appendix D:

FY 2020-21 Special Populations Report

FY 2021-22 Special Populations Report - CYF

County of San Diego Behavioral Health Services

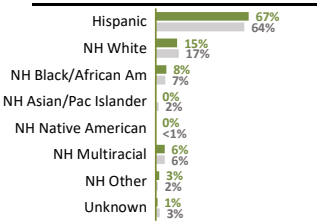
Children, Youth & Families

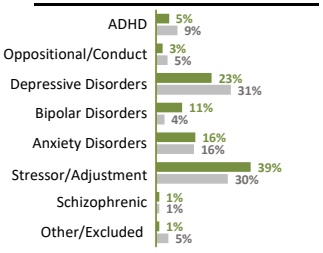
Homeless (1% n=78)

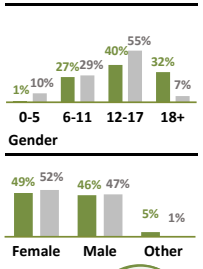
HOMELESS CYF

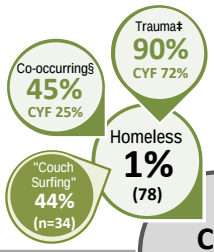
LOC†	%	CYF%
Outpatient Services	77%	89%
JFS	4%	6%
Wraparound	4%	3%
TBS	4%	4%
Residential	1%	4%
Emergency/Crisis	10%	11%
Inpatient	4%	5%

Insurance	%	CYF%
Medi-Cal Only	92%	94%
Any Private Insurance	3%	2%
Other	0%	1%
Uninsured/Unknown	5%	4%







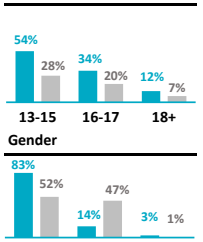


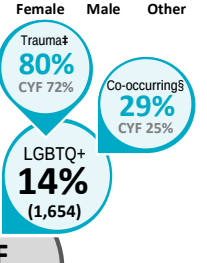
LGBTQ+ (14% n=1,654)

LGBTQ+ CYF

LOC†	%	CYF%
Outpatient Services	89%	89%
JFS	4%	6%
Wraparound	4%	3%
TBS	6%	4%
Residential	9%	4%
Emergency/Crisis	26%	11%
Inpatient	12%	5%

Sexual/ Gender Identity	13-15 (n=898)	16-17 (n=557)	18+ (n=199)
Lesbian	6%	7%	6%
Gay	4%	4%	8%
Bisexual	54%	59%	53%
Transgender	1%	1%	5%
Queer	2%	4%	2%
Questioning	22%	15%	15%
Asexual	2%	2%	1%
Other	9%	9%	11%



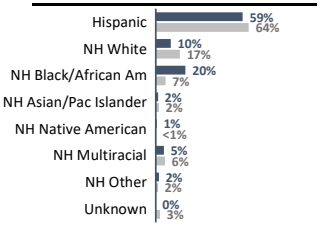


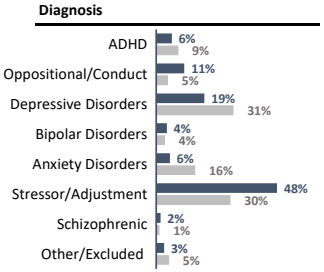
Probation & CYFBHS (5% n=520)

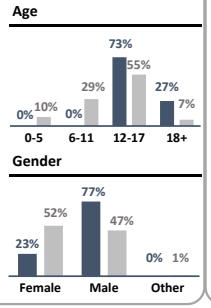
PROBATION/CYF CYF

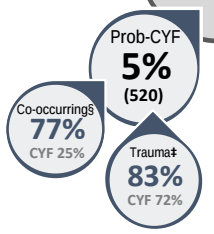
LOC†	%	CYF%
Outpatient Services	20%	89%
JFS	88%	6%
Wraparound	14%	3%
TBS	1%	4%
Residential	13%	4%
Emergency/Crisis	3%	11%
Inpatient	2%	5%

Insurance	%	CYF%
Medi-Cal Only	81%	94%
Any Private Insurance	4%	2%
Other	2%	1%
Uninsured/Unknown	13%	4%







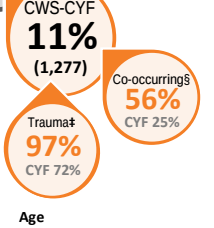


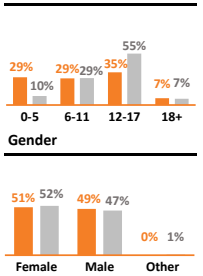
Child Welfare Services & CYFBHS (11% n=1,277)

CWS/CYF CYF

LOC†	%	CYF%
Outpatient Services	80%	89%
JFS	9%	6%
Wraparound	12%	3%
TBS	5%	4%
Residential	21%	4%
Emergency/Crisis	6%	11%
Inpatient	3%	5%

Insurance	%	CYF%
Medi-Cal Only	96%	94%
Any Private Insurance	3%	2%
Other	<1%	1%
Uninsured/Unknown	1%	4%





*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.
‡Trauma percentage excludes clients for whom history of trauma was unknown.
§Co-occurring percentage excludes clients under the age of 12.
Please note: Sexual orientation and gender identity are currently only evaulated for clients ages 13 and up.
Data may be impacted starting March 2020 due to COVID-19. This report is limited to Mental Health Services Clients

Report Date: 03/26/2023

CASRC (AEC, CB, SCV) Data Sources: CCBH 10/2022, Child Welfare Services 12/2022, Probation 1/2023

FY 2021-22 Special Populations Report - CYF

County of San Diego Behavioral Health Services

Key Findings

Homeless (1% n=78)

- Only 78 youth experiencing homelessness were served in the CYFBHS system in FY 2021-22. These data should be interpreted with caution due to the very small number.
- Youth experiencing homelessness were more likely than the CYFBHS systemwide averages to be over the age of 18, and have a stressor/adjustment disorder diagnosis.
- Ninety percent of youth experiencing homelessness were reported to have a history of trauma, as compared to 72% systemwide.
- Youth experiencing homelessness were less likely to receive outpatient services.
- Forty-five percent of youth ages 12+ experiencing homelessness were identified as having a co-occurring substance use issue, as compared to 25% systemwide.

LGBTQ+ (14% n=1,654)

- Sexual orientation and gender identity are currently evaluated only for youth ages 13 and up.
- LGBTQ+ youth were more far 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 percent of LGBTQ+ youth were diagnosed with a depressive disorder, as compared to 30% in the CYFBHS systemwide average.
- Twenty-nine percent of LGBTQ+ youth ages 13+ were identified as having a co-occurring substance use issue, as compared to 25% systemwide.

CYF
N = 11,541

Probation & CYFBHS (5% n=520)

- Youth open to both the Probation and CYFBHS sectors were more likely than the CYFBHS sytemwide averages to be older, male, and Black/African American.
- These youth were twice as likely to be diagnosed with an oppositional/conduct disorder as compared to the CYFBHS systemwide average. The rate of stressor/adjustment disorder diagnosis among these youth has increased from 28% in FY 2019-20 to 48% in FY 2021-22.
- Youth open to both the Probation and CYFBHS sectors were the primary utilizers of outpatient Juvenile Forensic Services.
- Seventy-seven percent of youth ages 12+ open to both the Probation and CYFBHS sectors were identified as having a co-occurring substance use issue, as compared to 25% systemwide.

Child Welfare Services & CYFBHS (11% n=1,277)

- Youth open to both the Child Welfare and CYFBHS sectors were more likely to be younger and less likely to be Hispanic, as compared to CYFBHS systemwide averages.
- These youth were most likely to have a diagnosis of stressor/adjustment disorder.
- Youth open to both the Child Welfare and CYFBHS sectors were more likely to receive residential services than any other CYF Special Population.
- These youth were more likely than any other CYF Special Population to have experienced trauma.
- Fifty-six percent of youth ages 12+ open to both the Child Welfare and CYFBHS sectors were identified as having a co-occurring substance use issue, as compared to 25% systemwide.

CYF Special Populations Report | CASRC (AEC, CB, SCV) | Data Sources: CCBH 10/2022, Child Welfare Services 12/2022, Probation 1/2023
Please note: Data may be impacted starting March 2020 due to COVID-19. This report is limited to Mental Health Services clients.

Report Date: 03/26/2023

3-Year Trend

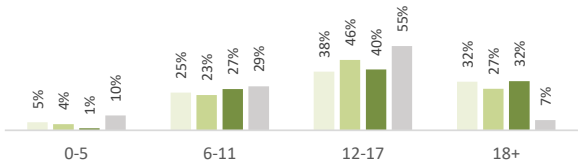
Special Populations Report - CYF

County of San Diego Behavioral Health Services

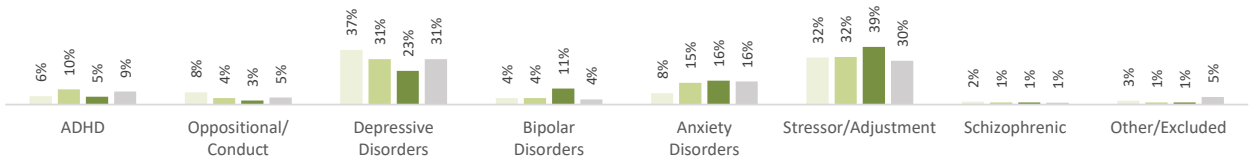
FY 2019-20 (N=170) | FY 2020-21 (N=74) | FY 2021-22 (N=78) | Systemwide FY 2021-22 (N=11,541)

Homeless

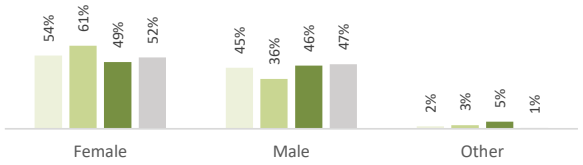
Age (years)



Diagnosis

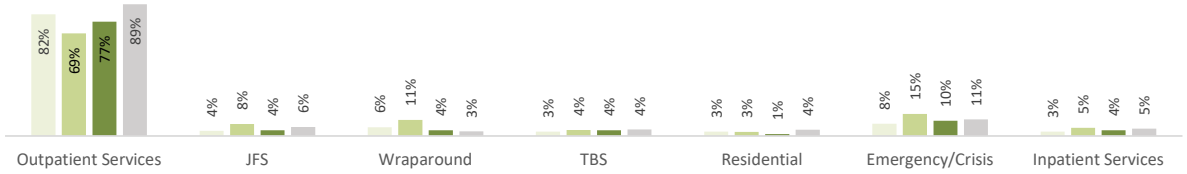


Gender

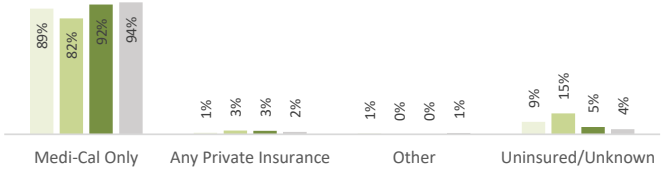


Race/Ethnicity*

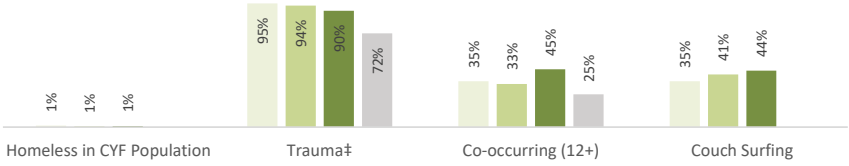
Level of Care†



Insurance



Special Population Characteristics



CYF Special Populations Report | CASRC (AEC, CB, SCV) | Data Source: CCBH 10/2022
**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: 03/26/2023

3-Year Trend

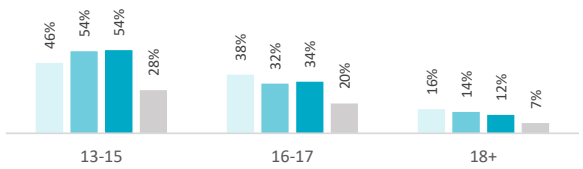
Special Populations Report - CYF

County of San Diego Behavioral Health Services

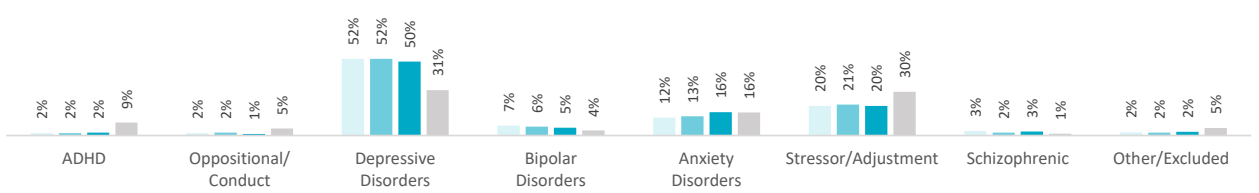
FY 2019-20 (N=1,121) | FY 2020-21 (N=1,346) | FY 2021-22 (N=1,654) | Systemwide FY 2021-22 (N=11,541)

LGBTQ+

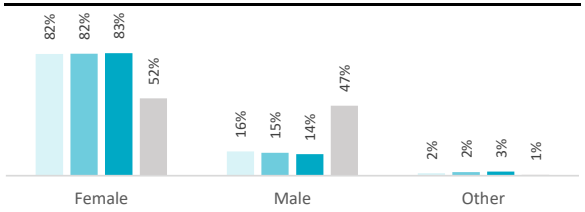
Age (years)



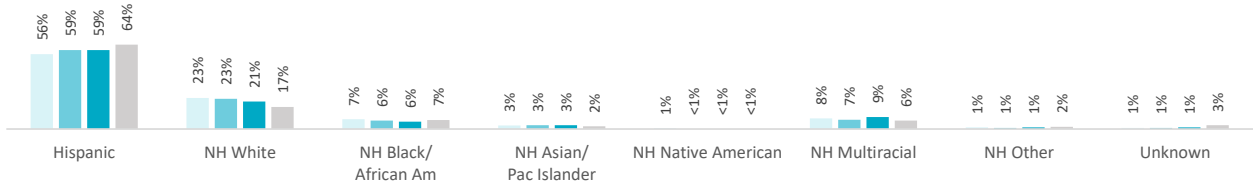
Diagnosis



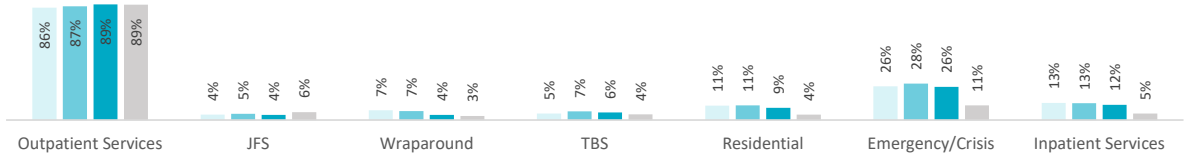
Gender



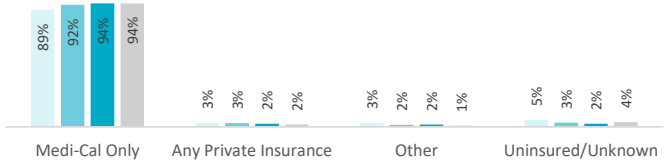
Race/Ethnicity*



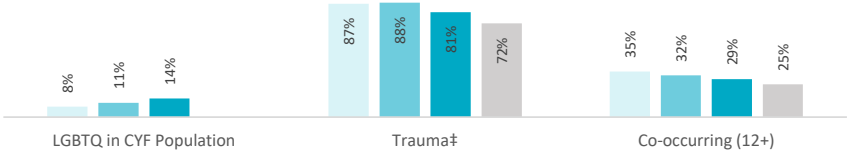
Level of Care†



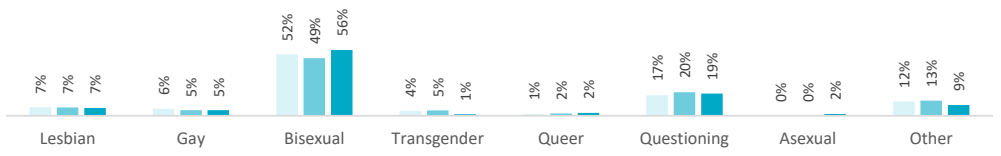
Insurance



Special Population Characteristics



Orientation



CYF Special Populations Report | CASRC (AEC, CB, SCV) | Data Sources: CCBH 10/2022
**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: 03/26/2023

3-Year Trend

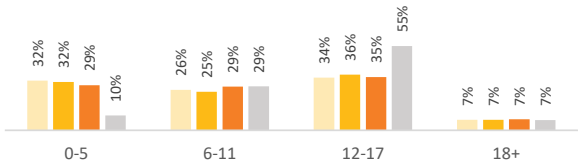
Special Populations Report - CYF

County of San Diego Behavioral Health Services

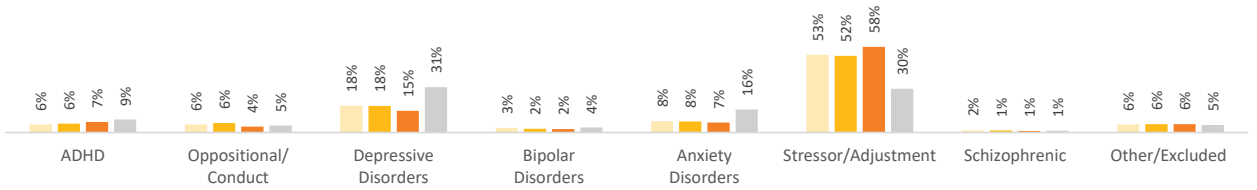
FY 2019-20 (N=1,902) | FY 2020-21 (N=1,704) | FY 2021-22 (N=1,277) | Systemwide FY 2021-22 (N=11,541)

Child Welfare Services & CYFBHS

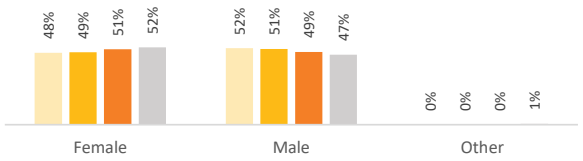
Age (years)



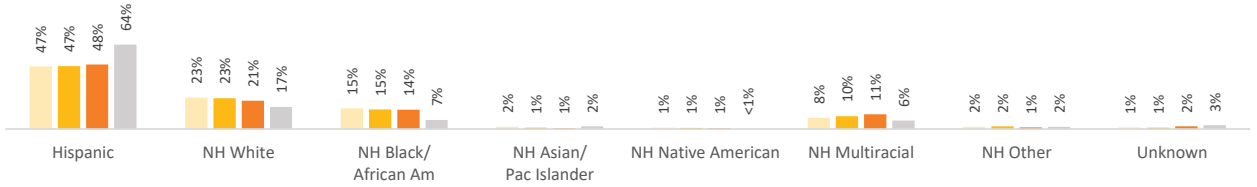
Diagnosis



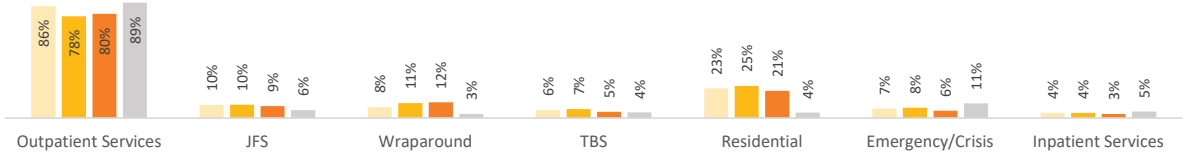
Gender



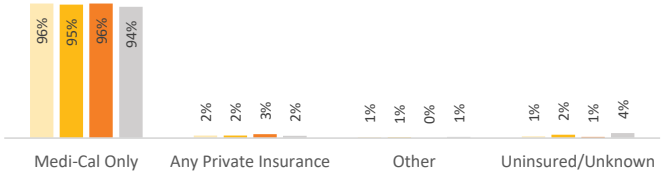
Race/Ethnicity*



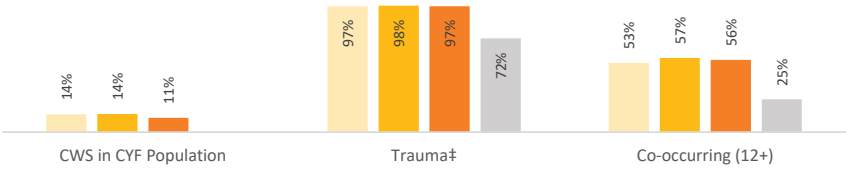
Level of Care†



Insurance



Special Population Characteristics



CYF Special Populations Report | CASRC (AEC, CB, SCV) | Data Sources: CCBH 10/2022, Child Welfare Services 12/2022
**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: 03/26/2023

3-Year Trend

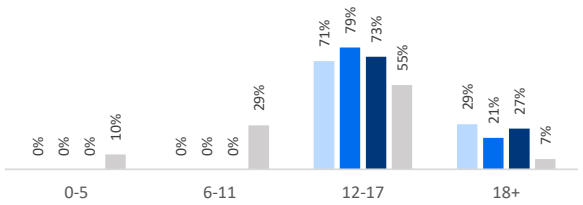
Special Populations Report - CYF

County of San Diego Behavioral Health Services

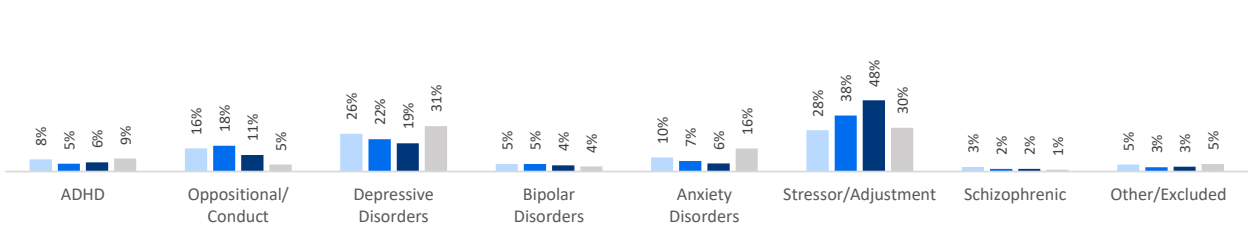
FY 2019-20 (N=711) | FY 2020-21 (N=735) | FY 2021-22 (N=520) | Systemwide FY 2021-22 (N=11,541)

Probation-BHS

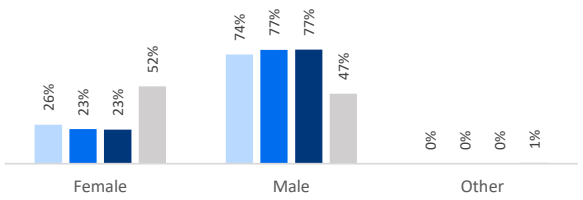
Age (years)



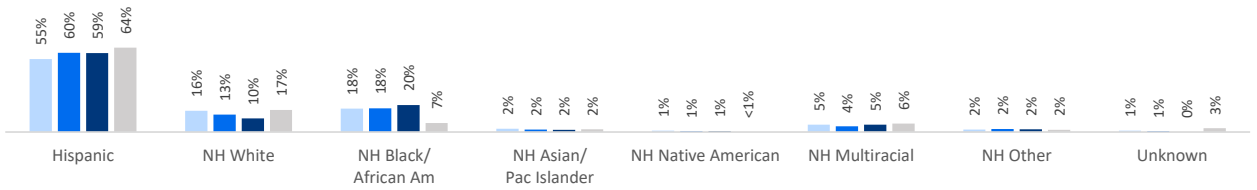
Diagnosis



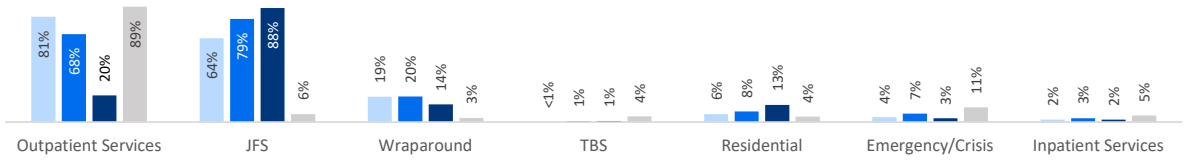
Gender



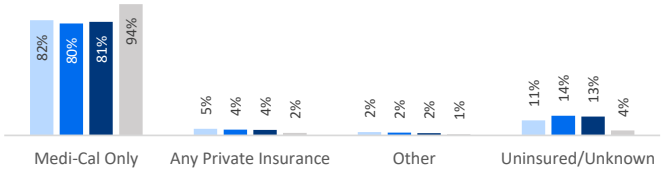
Race/Ethnicity*



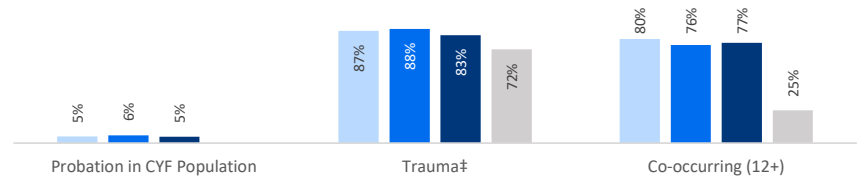
Level of Care†



Insurance



Special Population Characteristics



CYF Special Populations Report | CASRC (AEC, CB, SCV) | Data Sources: CCBH 10/2022, Probation 1/2023
**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: 03/26/2023

Appendices

Appendix E:

FY 2020-21 Areas of Influence Report

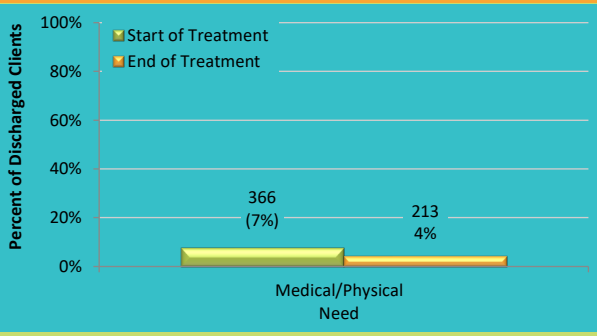
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2021-22

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2021 and June 2022. 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=5,067)

Physical Activity
Connection to Health Home
Healthy Food
Immunizations

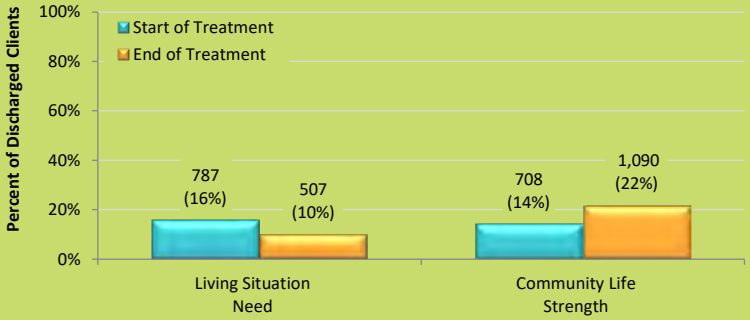


CANS items
Medical/Physical Need

COMMUNITY (N=5,067)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

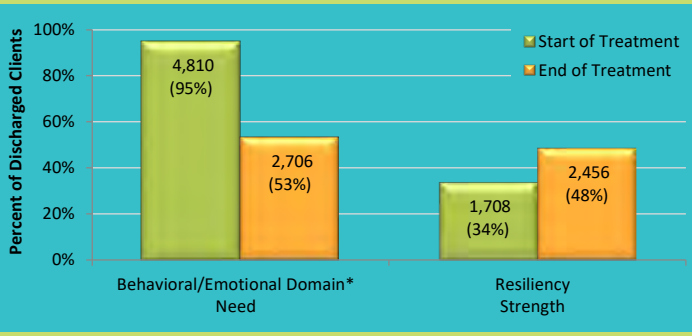
CANS items
Living Situation Need
Community Life Strength



STANDARD OF LIVING (N=5,067)

Access to Healthcare
Access to Behavioral Health Services

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

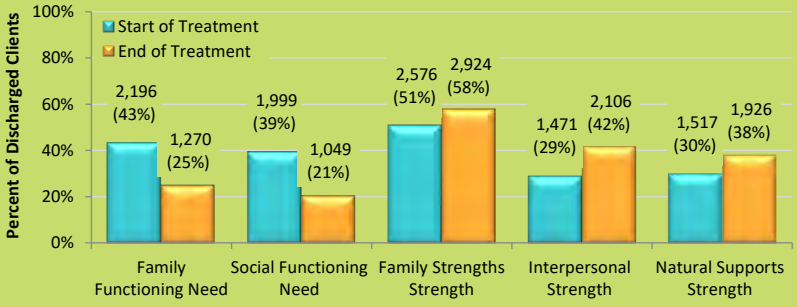


CANS items
Behavioral/Emotional Need
Resiliency Strength

SOCIAL (N=5,067)

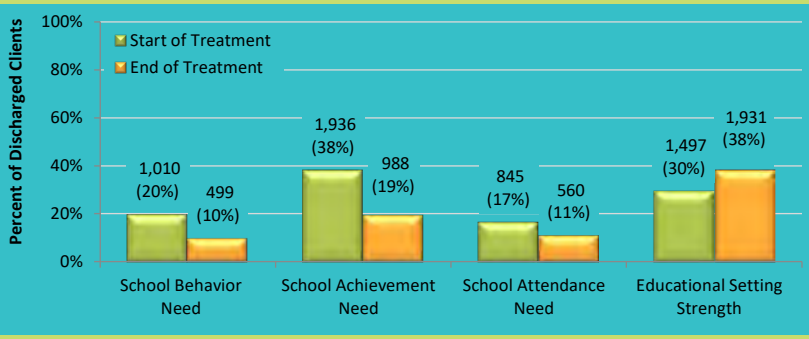
Supportive Families
Nurturing Communities
Connection to Natural Supports

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



KNOWLEDGE (N=5,067)

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