

**SYSTEM OF CARE: CHILDREN, YOUTH & FAMILIES Fiscal Year 2020 (July 1, 2019 – June 30, 2020)**

MHSA Component/Program	Target Population	FY20 Target Number Served	FY20 Actual Number Served	Outcome Highlights	*FY20 Annual Budget (MHSA)	**FY20 Actual Expenditure (MHSA)	Payroll (County)	CBO	Object 2 (service agreements)	Total
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<b>Community Services and Supports (CSS) - Full Service Partnership (FSP)</b>										
Intensive Children's FSP	Youth Intensive Full Service Partnership (IFSP) services were developed as a step up in care for youth who need a higher level of care than maintenance full service partnership (FSP) could provide. Services are for youth ages 6-15 who may have had multiple psychiatric hospitalizations, involvement with juvenile probation system, involvement with child welfare system or multiple system involvement.	100	43	<ul style="list-style-type: none"> <li>Intensive Full Service Partnership program launched in October 2020 and clients were able to get more intensive services when needed but there is not yet enough data to show the areas of improvement.</li> <li>21% of clients served successfully discharged from the program.</li> </ul>	\$ 2,251,011	\$ 621,550	\$ -	\$ 621,550	\$ -	\$ 621,550
Maintenance Children's FSP	Full Service Partnership (FSP) provides services to children 6 through 15 who may have high acuity needs that traditional outpatient or intensive outpatient services are unable to support. Services are intended to support children and their family where a team approach to service delivery, is more conducive to their needs.	160	196	<ul style="list-style-type: none"> <li>70% of consumers successfully discharged from the program</li> <li>4% of consumers reported an improvement in their behavioral/emotional needs</li> <li>12% of consumers reported a reduction of risk factors</li> <li>10% of consumers reported that their life function domain improved.</li> </ul>	\$ 710,846	\$ 508,254	\$ -	\$ 508,254	\$ -	\$ 508,254
Intensive TAY FSP	TAY Intensive Full Service Partnership (IFSP) services were developed as a step up in care for TAY who need a higher level of care than maintenance full service partnership (FSP) could provide. Services are for youth and young adults ages 16 through 25 who may have had multiple psychiatric hospitalizations, involvement with juvenile probation/criminal justice system, involvement or past involvement with child welfare system or multiple system involvement.	100	49	<ul style="list-style-type: none"> <li>Intensive Full Service Partnership program launched in October 2020 and clients were able to get more intensive services when needed but there is not yet enough data to show the areas of improvement.</li> <li>20% of clients successfully discharged from the program.</li> </ul>	\$ 2,618,696	\$ 822,601	\$ -	\$ 822,601	\$ -	\$ 822,601

\* Estimated Budget Projections on MHSA Published Plans.

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Maintenance TAY FSP	FSP provides services to youth and young adults ages 16-25 who may have high acuity needs that traditional outpatient services are unable to support. Services are intended to support youth and their family where a team approach to service delivery, is more conducive to their needs.	240	305	<ul style="list-style-type: none"> <li>61% of consumers successfully discharged from the program</li> <li>6% showed improvements in behavioral/ emotional needs</li> <li>16% of consumers reported a reduction of risk factors</li> </ul>	\$ 782,208	\$ 752,921	\$ -	\$ 752,921	\$ -	\$ 752,921
<b>CSS - General System Development (GSD) Outpatient Services for Children and Youth</b>										
Children and Family Outpatient/Intensive Outpatient Services	Children and Family Outpatient and Intensive Outpatient services providers behavioral health support to children/youth ages 6 through 21 and their family who may be referred from various community resources such as, but not limited to: Primary Care Physicians, Education, Child Welfare, Caregivers/Family members, etc.	3117	5,110 Total (1,009 in Intensive Outpatient, & 4,101 in F&C Outpatient)	<ul style="list-style-type: none"> <li>1: Outpatient &amp; Intensive Outpatient Programs responded quickly &amp; appropriately to the Pandemic.</li> <li>2: Outpatient &amp; Intensive Outpatient Programs exceeded contracted successful discharge rate requirement of 60% or more (71% in IOP (n=530) &amp; 66% in OP (n=2003)).</li> <li>3: Outpatient &amp; Intensive Outpatient served more clients than contracted.</li> </ul>	\$ 4,635,063	\$ 2,431,539	\$ -	\$ 2,431,539	\$ -	\$ 2,431,539
TAY Outpatient Services/LGBTQ Outpatient Services	Transitional Age Youth Outpatient services provides behavioral health support to youth ages 16 through 25 who may be referred from various community resources such as, but not limited to: Primary Care Physicians, Educational Settings, Child Welfare, Probation, Caregivers/Family members, etc. TAY outpatient services include specialty services for LGBTQ youth.	330	456	<ul style="list-style-type: none"> <li>64% successfully discharged.</li> <li>10% of consumers reported improvement in their behavioral and emotional needs</li> <li>25% of consumers reported a reduction of risk factors</li> <li>10% reported a increase functioning in their life domains.</li> </ul>	<i>(combined Children Outpatient/TAY Outpatient)</i>	\$ 1,135,011	\$ 222,914	\$ 1,135,011	\$ -	\$ 1,357,925

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Specialty Services: Integrated MH/SUD, Ethnic Specific Services	Integrated Outpatient services provides services to all youth ages 6 to 21 years old who have both mental health and substance use conditions; Ethnic Outpatient: African American, African Heritage, Asian, Cambodian, Latinx, Vietnamese, Middle Eastern, Native American, South-East Asian Clients 6 to 21 years old	156	358 Total (168 in F&C Ethnic Outpatient, & 190 in F&C Integrated)	<ul style="list-style-type: none"> <li>1: Integrated Outpatient &amp; Ethnic Outpatient Programs responded quickly &amp; appropriately to the Pandemic.</li> <li>2: Ethnic Outpatient Program exceeded contracted successful discharge rate requirement of 60% or more (91% in Ethnic OP (n=90)).</li> <li>3: Integrated Outpatient served more clients than contracted.</li> </ul>	\$ 416,123	\$ 97,494	\$ -	\$ 97,494	\$ -	\$ 97,494
Specialty Services: Eating Disorders for Children, Youth and Adults	Eating Disorder Services are provided in a continuum which includes residential, partial hospitalization, intensive outpatient and outpatient services.	15	21 youth 5 adults	<ul style="list-style-type: none"> <li>Adults and youth have had access to much needed specialized services. Recovery is possible with treatment which these services provide.</li> </ul>	\$ 2,000,000	\$ 1,369,393	\$ -	\$ -	\$ 1,369,393	\$ 1,369,393
Foster Care Development	The Foster Care Development program behavioral health services for children and youth placed at the Receiving, Assessment, and Intake Center (RAIC), a facility operated by Social Services Agency. Services include assessment, emotional support, brief counseling, linkages and referrals to the children's system of care.	200	628 children/ youth	<ul style="list-style-type: none"> <li>100% of children have received a behavioral health screening and been referred for appropriate services and supports.</li> </ul>	\$ 1,446,596	\$ 938,084	\$ 938,084	\$ -	\$ -	\$ 938,084
Independent Living Program (ILP)	ILP services are targeted to support youth that have child welfare involvement and are in process of transitioning out of that system.	78	48	<ul style="list-style-type: none"> <li>Since the beginning of this program there have been more programs created to serve this population. However, this year we were able to create a collaborative partnership with the Katie A program and the</li> </ul>	\$ 27,386	\$ 6,821	\$ -	\$ 6,821	\$ -	\$ 6,821

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				HUB and increased the number of clients served from last year <ul style="list-style-type: none"> <li>35% of clients successfully discharged from the program.</li> </ul>						
Commercially and Sexually Exploited Children (CSEC) - Transformation Team	The program for Commercially Sexually Exploited Children (CSEC) provides services and behavioral health to support to children, youth and young adults ages 10-24 to help recover from emotional, physical, and sexual trauma. Referral to the CSEC program occurs through a number of community sources and systems partners including the Probation and Child Welfare. Services include, assessment, Trauma-Focused Cognitive Behavioral Therapy, Case Management, Medication Management, Coordination w/ youth advocates and Public Health Nurses. A multi-disciplinary treatment team meets weekly to coordinate and provide culturally competent care. This program began in FY19.	100	62 youth	<ul style="list-style-type: none"> <li>The program has worked with CSEC youth to ensure their safety from sexual exploitation. Youth have receive trauma-informed care and support.</li> <li>100% of youth in the program are connected with an advocate, a clinician, a public health nurse, and child welfare/probation support as needed.</li> <li>The program was new in FY19, and FY20 has a limited data set with matched pairs.</li> <li>100% of CANS data showing decreased oppositional and anger control</li> <li>50% of CANS data showing improvement in family functioning, social functioning, and decision making.</li> </ul>	\$ 886,449	\$ 408,180	\$ 405,944	\$ -	\$ 2,237	\$ 408,180
<b>CSS - GSD - Juvenile Justice Development</b>										

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Services for Juvenile Justice Involved Youth	<p>The Juvenile Competency Development (JCD) Program aims to remediate youth determined incompetent to stand trial. This program focuses on education and training services.</p> <p>The Youth Integrative Treatment Program (YTIP) provides youth services in the Juvenile Justice system to support their behavioral health and overall well-being. They gain skills to be successful in the community after leaving the William F. James Ranch. The program utilizes an integrated co-occurring model that includes individual, group, family therapy, case management, and other rehabilitative services.</p>	140	80 youth	<ul style="list-style-type: none"> <li>When youth return to the community after in-custody, or other types of placement they have access to comprehensive and coordinated services and support.</li> <li>For JCP, 100% youth engaged and successfully completed the process of competency development.</li> <li>For YTIP, 100% youth engaged in behavioral health services to support their transition to community-based services.</li> <li>80% successful discharge rate.</li> <li>CANS data reflects 92% of youth with no actionable items in the areas of family functioning</li> <li>92% in the area of decision making.</li> <li>98% in the area of oppositional behavior</li> <li>93% in the area of anger control</li> <li>75% in the area of social functioning.</li> </ul>	\$ 2,023,249	\$ 2,155,446	\$ 1,156,526	\$ 971,014	\$ 27,906	\$ 2,155,446
TAY Triage to Support Reentry	Program supports TAY as they exit jail or EPS as return to their communities, identifies psychosocial needs of TAY, increases connectedness to TAY services, reduces rates of recidivism and use of EPS		N/A	<ul style="list-style-type: none"> <li>Program did not launch in FY2020 due to services overlapping with new and existing programs/services.</li> </ul>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>CSS - GSD Crisis and Drop In Services</b>										

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Children's Mobile Crisis (Uplift)	Mobile Crisis services provide crisis intervention, stabilization and resource connections for children and youth 4-17 years old. Mobile crisis team can assess for an LPS hold (WIC 5150) and facilitate an admission to Crisis Stabilization Unit or an inpatient psychiatric hospital. The service is available 24/7 to all regions of the county.	200	702	<ul style="list-style-type: none"> <li>Mobile Crisis received 2897 call and responded in community to 702.</li> <li>The diversion rate from hospitalization was 70%. In January 2021 Mobile Crisis started new program Mobile Response and Stabilization Services (MRSS) which will provide a larger array of services, including 30 days post stabilization and mobile response for situations where a crisis is not occurring.</li> </ul>	\$ 1,253,828	\$ 1,419,546	\$ -	\$ 1,419,546	\$ -	\$ 1,419,546
TAY Crisis and Drop- In Center	Youth and young adults ages 16 through 25 who are in need of crisis supports or drop-in services	165	182	<ul style="list-style-type: none"> <li>More clients received support services this fiscal year compared to last.</li> <li>Due to the pandemic, support services could not continue in the traditional fashion.</li> <li>Staff became creative with their service delivery and youth served were able to maintain their progress in services and showed positive change in their life functioning, as evident by an 11% increase on their CANS life functioning domain.</li> </ul>	\$ 1,219,664	\$ 1,060,033	\$ -	\$ 1,060,033	\$ -	\$ 1,060,033
TAY Interdisciplinary Services Team	TAY Interdisciplinary Service Team (IST) services provide a comprehensive support system to youth and young adults ages 16 through 25 who may need a lower level of support than		N/A Start date 7/1/20	<ul style="list-style-type: none"> <li>7/1/20 Start Date</li> </ul>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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MHS Component/ Program	Target Population	FY20 Target Number Served	FY20 Actual Number Served	Outcome Highlights	*FY20 Annual Budget (MHS)	**FY20 Actual Expenditure (MHS)	Payroll (County)	CBO	Object 2 (service agreements)	Total
	traditional outpatient services but continue to need services to help maintain their progress. Services provided supports the overall development of the youth/young adult which may benefit a TAY individual who may continue to need additional supports to access educational, vocational, mental health, or substance use services but do not require the intensity of traditional outpatient services.									
<b>CSS TOTAL</b>							<b>\$ 2,723,467</b>	<b>\$ 9,826,785</b>	<b>\$1,399,536</b>	<b>\$13,949,788</b>

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<b>Prevention and Early Intervention (PEI)</b>										
Support for Parents	Children ages birth through 5 and their family who may have involvement with DFCS, medical concerns or may benefit from increased opportunities for parent-child engagement.	2,000	NFP = 179 ROR = 13,149 DAC = 277 Triple P = 729	<ul style="list-style-type: none"> <li>Triple P services have been able to continue within our system of care through virtual meetings. In a partnership with Triple P America and County of Orange we have been able to support translation of materials into Vietnamese to support our Vietnamese community.</li> <li>NFP saw 43 families graduate their program this fiscal year and 23 of those attended their graduation. An increase from previous years.</li> <li>ROR provided the most amount of books to families during well child checks then in previous years. Even through the pandemic, books have been made available for families as they come to their well child checks.</li> </ul>	\$ 760,000	\$ 601,148	\$ -	\$ -	\$ 601,148	\$ 601,148
Raising Early Awareness Creating Hope (REACH)	Youth and young adults, ages 10-25, who are clinical high risk for psychosis.	86	104	<ul style="list-style-type: none"> <li>To improve program's service delivery, direct services staff received training and support on evidence-based practices such as Cognitive Behavior Therapy for Psychosis, Multi Family</li> </ul>	\$ 1,613,726	\$ 816,436	\$ -	\$ 815,941	\$ 495	\$ 816,436

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				Generational Group, Individual Placement Services, and certification in the use of the Structured Interview for Psychosis Risk assessment tool. <ul style="list-style-type: none"> <li>Majority of youth and young adults at program discharged were not at risk of suicide, homelessness, school failure or dropout, incarceration, or unemployment.</li> <li>More than half of youth discharged the program successfully.</li> </ul>						
School Linked Services (SLS) PEI				<ul style="list-style-type: none"> <li>Program is separated into 4 SLS Components (PEI, SLS BH, UE, FE)</li> </ul>	\$ 9,417,241	\$ 9,891,371	\$ 2,462,245	\$ 12,092,960	\$ 1,162,771	\$ 15,717,976
School Linked Services Family Engagement	Universal access to prevention and early intervention services for students and families.	N/A	6,980	<ul style="list-style-type: none"> <li>Family Engagement program adapted to shelter in place orders by teleworking and transitioned processes to virtual referrals to meet the needs of the students and families.</li> <li>79.4% of referrals were linked to services.</li> </ul>						
School Linked Services (SLS) PEI Strengthening Families	All students ages 6-18 attending a PEI designated school, their siblings, and their families	2072	1,349	<ul style="list-style-type: none"> <li>Students receiving services improved in their behavioral and emotional well-being as evidence by a 18% reduction in CANS Behavioral and Emotional domain score</li> </ul>						
School Linked Services	Students ages 6-18 with Medi-Cal or unsponsored attending a SLS designated	864	1,066	<ul style="list-style-type: none"> <li>Students receiving services improved in their behavioral and</li> </ul>						

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Behavioral Health	school			emotional well-being as evidence by a 13% reduction in CANS Behavioral and Emotional domain score						
School Linked Services Unconditional Education	Rosemary Elementary School and Fremont High School struggling students, including students with disabilities, students who experience chronic stress and trauma, students who are English language learners, students in foster care, and systems-involved youth	45	26	<ul style="list-style-type: none"> <li>Program prevented school failure and drop out. Students remained attending school.</li> </ul>						
Services for Children 0-5	KidConnections services provides early childhood mental health supports to children birth through age 5 and their family. Services include a continuum of services from family specialty -home visitors, Therapeutic services and Targeted Diagnostic assessments dependent on the needs of the child and family.	1,100	2,110	<ul style="list-style-type: none"> <li>This fiscal year saw more children and families served than previous two fiscal years.</li> <li>2034 referrals were made to community resources and services such as FIRST 5 Family Resource Centers, School Districts, Early Start, and San Andreas Regional Center.</li> <li>Because of the pandemic, Providers learned various and creative ways to support telehealth services to this very young population to support engagement for both child and caregiver.</li> <li>Families showed 82% improvement in parent-child interactions and children showed 68% reduction in aggression and 96% of families remained intact with no DFCS involvement.</li> </ul>	\$ 588,527	\$ 659,397	\$ 586,928	\$ -	\$ 72,470	\$ 659,397

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<b>PEI TOTAL</b>							\$ 3,049,172	\$ 15,958.074	\$ 1,836,884	\$ 17,794,957

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