While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

> A lower percentage of children eligible are touching the system at least once.

> An even lower percentage of children are in ongoing care (5 or more visits).

> Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures INCREASED by $267,464,956 (16.8%).
Yearly MHSA revenue has INCREASED by $229,463,817 (17.2%).

Overall Takeaways
- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

Overall Takeaways
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• The childhood poverty rate is steady (net -0.01%).

• Total cases opened per year has DECREASED by 6,569.
• Probation data includes only children who received child welfare funded out-of-home care services.

• The County’s HS graduation rate INCREASED by 2.02%

• Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 56,704 (7.3%).
• Enrollment b/c of Emotional Disturbance DECREASED by 0.2%.
AMADOR COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 8 (11.1%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

Chart 2

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS INCREASED by 1 (0.48%).

Chart 3

- Includes all 0-20 year old youth, not only those in foster care.

Chart 4

- Penetration rate DECREASED by 0.63%.
- Engagement rate DECREASED by 0.27%.

Chart 5

- The County's penetration rate for SMHS DECREASED by 0.63%
- The State's penetration rate DECREASED by 0.29%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).

» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
- Revenue increases have outpaced expenditure increases.
- Yearly MHSA expenditures INCREASED by $165,358 (6.3%).
- Yearly MHSA revenue has DECREASED by $358,708 (14.9%).

**Overall Take-Aways**

- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

**OVERALL TAKE-AWAYS**

- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.12%).
It is ABOVE the state rate by 0.73%.

Total cases opened per year has DECREASED by 18.
Probation data includes only children who received child welfare funded out-of-home care services.
Some probation cases were masked by source.
Penetration rate DECREASED by 0.48%.
Foster Youth eligible for SMHS INCREASED by 36 (6.2%).
Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care.
Unique count is determined by SD/MC services billed.
Unique children receiving SMHS DECREASED by 4 (0.16%).

Penetration rate DECREASED by 0.48%.
Engagement rate DECREASED by 0.30%.

> While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
> A lower percentage of children eligible are touching the system at least once.

> An even lower percentage of children are in ongoing care (5 or more visits).
> Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS INCREASED by 36 (6.2%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.
• Yearly MHSA expenditures INCREASED by $1,294,138 (13.8%).
• Yearly MHSA revenue has INCREASED by $590,451 (5.8%).

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.14%).
It is BELOW the state rate by 1.2%.

Total cases opened per year has DECREASED by 13.
Probation data includes only children who received child welfare funded out-of-home care services.
- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 65 (42.5%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

- Includes all 0-20 year old youth, not only those in foster care.
- Unique children receiving SMHS INCREASED by 23 (8.58%).

- Penetration rate DECREASED by 0.03%.
- Engagement rate INCREASED by 0.31%.

- While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

- An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $224,705 (7.9%).
• Yearly MHSA revenue has INCREASED by $229,653 (10.5%).
• Revenue increases have outpaced expenditure increases.

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.

For FY13-17, the County’s average Closing Balance of MHSA funds was $4,442,187.

The County’s Subaccount Allocation has INCREASED by $320,565 (33.3%).

For FY14-18, the Subaccount Allocation INCREASED by $45,317 (144%).
• The changes in youth by race are mostly flat.
  • Data include 0-20 year old residents.

• The childhood poverty rate is steady (net 0.23%).
  • It is BELOW the state rate by 2.5%.

• Total cases opened per year has DECREASED by 4.
  • Probation data includes only children who received child welfare funded out-of-home care services.
  • Some probation cases were masked by source.
**DEL NORTE COUNTY**

**CHILDREN & YOUTH SERVICES DASHBOARD**

---

### Chart 1

**Child Welfare Caseload and Foster Care SMHS Eligibility**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 44 (36.4%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

---

### Chart 2

**All Unique Children and Youth Receiving SMHS**

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS INCREASED by 77 (21.57%).

---

### Chart 3

**All Children and Youth Receiving 1+ and 5+ SMHS**

- Includes all 0-20 year old youth, not only those in foster care.

---

### Chart 4

**Penetration and Engagement Rates for All Children and Youth Receiving SMHS**

- Penetration rate INCREASED by 0.99%.
- Engagement rate INCREASED by 0.56%.

---

### Chart 5

**All Children and Youth Penetration Rate of SMHS vs State**

- The County’s penetration rate for SMHS INCREASED by 0.99%
- The State’s penetration rate DECREASED by 0.29%

---

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).

» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $151,061 (6.1%).
• Yearly MHSA revenue has INCREASED by $979,056 (72.1%).
• Revenue increases have outpaced expenditure increases.

Chart 6

Chart 7

• For FY13-17, the County’s average Closing Balance of MHSA funds was $4,063,734.

Chart 8

Chart 9

• The County’s Subaccount Allocation has INCREASED by $368,500 (33.1%).
• For FY14-18, the Subaccount Allocation INCREASED by $58,694 (188%).

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
BACKGROUND INFORMATION

**Chart 10**

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

**Chart 11**

- The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

**Chart 12**

- The childhood poverty rate is steady (net -0.28%).
- It is ABOVE the state rate by 9.01%.

**Chart 13**

- The County's HS graduation rate INCREASED by 2.39%
- It is BELOW the state rate by 1.99%

**Chart 14**

- Total cases opened per year has DECREASED by 23.
- Probation data includes only children who received child welfare funded out-of-home care services.

**Chart 15**

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 65 (9.6%).
- Enrollment b/c of Emotional Disturbance INCREASED by 0.20%.
Foster Youth certified eligible for SMHS.
Foster Youth eligible for SMHS DECREASED by 17 (5.0%).
Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care.
Unique count is determined by SD/MC services billed.
Unique children receiving SMHS DECREASED by 324 (40.40%).

Includes all 0-20 year old youth, not only those in foster care.

Penetration rate DECREASED by 2.42%.
Engagement rate DECREASED by 1.87%.

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).
Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $1,832,640 (32.9%).
• Yearly MHSA revenue has INCREASED by $2,732,549 (68.6%).
• Revenue increases have outpaced expenditure increases.

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• The childhood poverty rate is steady (net 0.06%).
• It is BELOW the state rate by 7.5%.

• The County's HS graduation rate INCREASED by 0.59%
• It is ABOVE the state rate by 6.40%

• Total cases opened per year has DECREASED by 12.
• Probation data includes only children who received child welfare funded out-of-home care services.
- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS INCREASED by 95 (4.3%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS INCREASED by 1,536 (22.86%).

- Includes all 0-20 year old youth, not only those in foster care.
- Penetration rate INCREASED by 0.40%.
- Engagement rate INCREASED by 0.37%.

- While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

- An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

- The County's penetration rate for SMHS INCREASED by 0.40%
- The State's penetration rate DECREASED by 0.29%.
Yearly MHSA expenditures INCREASED by $6,467,764 (16.2%).
Yearly MHSA revenue has INCREASED by $15,897,042 (66.5%).
Revenue increases have outpaced expenditure increases.

For FY13-17, the County’s average Closing Balance of MHSA funds was $76,781,573.

The County’s Subaccount Allocation has INCREASED by $6,038,405 (21.0%).

For FY14-18, the Subaccount Allocation INCREASED by $1,302,733 (105%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net 0.14%).
It is ABOVE the state rate by 13.21%.

Total cases opened per year has DECREASED by 66.
Probation data includes only children who received child welfare funded out-of-home care services.
Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS INCREASED by 3 (3.5%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS INCREASED by 51 (15.32%).

Includes all 0-20 year old youth, not only those in foster care.

Penetration rate INCREASED by 0.50%.
- Engagement rate INCREASED by 0.20%.

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $707,677 (28.3%).
• Yearly MHSA revenue has INCREASED by $1,285,828 (55.4%).
• Revenue increases have outpaced expenditure increases.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Some probation cases were masked by source.

The childhood poverty rate is steady (net 0.14%).
It is ABOVE the state rate by 4.13%.

Total cases opened per year has DECREASED by 10.
Probation data includes only children who received child welfare funded out-of-home care services.
Some probation cases were masked by source.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 112 (14.2%).
Enrollment b/c of Emotional Disturbance DECREASED by 0.3%.
HUMBOLDT COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

**Chart 1**

<table>
<thead>
<tr>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Caseload and Foster Care SMHS Eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Care SMHS Eligible</td>
<td>CW Caseload</td>
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<tr>
<td>498</td>
<td>571</td>
<td>578</td>
<td>589</td>
</tr>
<tr>
<td>367</td>
<td>414</td>
<td>412</td>
<td>425</td>
</tr>
</tbody>
</table>

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS INCREASED by 58 (15.8%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

**Chart 2**

<table>
<thead>
<tr>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
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</thead>
<tbody>
<tr>
<td>All Unique Children and Youth Receiving SMHS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Youth Receiving SMHS</td>
<td>Penetration Rate</td>
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<td></td>
</tr>
<tr>
<td>1,204</td>
<td>1,125</td>
<td>1,100</td>
<td>1,161</td>
</tr>
<tr>
<td>6.23%</td>
<td>5.49%</td>
<td>5.18%</td>
<td>5.34%</td>
</tr>
</tbody>
</table>

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 43 (3.57%).

**Chart 3**

<table>
<thead>
<tr>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children and Youth Receiving 1+ and 5+ SMHS</td>
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<td></td>
</tr>
<tr>
<td>Children w 1+ SMHS</td>
<td>Children w 5+ SMHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,204</td>
<td>1,254</td>
<td>1,100</td>
<td>1,161</td>
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<tr>
<td>876</td>
<td>795</td>
<td>824</td>
<td>873</td>
</tr>
</tbody>
</table>

- Includes all 0-20 year old youth, not only those in foster care.

**Chart 4**

<table>
<thead>
<tr>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penetration and Engagement Rates for All Children and Youth Receiving SMHS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1+ Penetration Rate</td>
<td>5+ Engagement Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.23%</td>
<td>5.49%</td>
<td>5.18%</td>
<td>5.34%</td>
</tr>
<tr>
<td>4.53%</td>
<td>3.88%</td>
<td>3.88%</td>
<td>4.02%</td>
</tr>
</tbody>
</table>

- Penetration rate DECREASED by 0.88%.
- Engagement rate DECREASED by 0.51%.

**Chart 5**

<table>
<thead>
<tr>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children and Youth Penetration Rate of SMHS vs State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penetration Rate - County</td>
<td>Penetration Rate - State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.23%</td>
<td>5.49%</td>
<td>5.18%</td>
<td>5.34%</td>
</tr>
<tr>
<td>4.42%</td>
<td>4.28%</td>
<td>4.13%</td>
<td>4.13%</td>
</tr>
</tbody>
</table>

- The County's penetration rate for SMHS DECREASED by 0.88%
- The State's penetration rate DECREASED by 0.29%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $826,513 (14.3%).
• Yearly MHSA revenue has INCREASED by $1,425,988 (26.6%).
• Revenue increases have outpaced expenditure increases.

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
BACKGROUND INFORMATION

**Chart 10**

*All Children and Youth Population Change by Race*

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

**Chart 11**

*All Children and Youth Receiving SMHS by Race*

- The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

**Chart 12**

*Childhood Poverty Rate*

- The childhood poverty rate is steady (net -0.16%).
- It is BELOW the state rate by 0.4%.

**Chart 13**

*High School Graduation Rate vs State*

- The County’s HS graduation rate INCREASED by 4.19%
- It is ABOVE the state rate by 0.86%

**Chart 14**

*Welfare and Probation-Supervised Child Welfare Cases Opened in a FY*

- Total cases opened per year has INCREASED by 98.
- Probation data includes only children who received child welfare funded out-of-home care services.

**Chart 15**

*Special Education & Emotional Disturbance Enrollment*

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 261 (8.2%).
- Enrollment b/c of Emotional Disturbance INCREASED by 1.70%.
Foster Youth certified eligible for SMHS.
Foster Youth eligible for SMHS INCREASED by 36 (8.3%).
Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0–20 year old youth, not only those in foster care.
Unique count is determined by SD/MC services billed.
Unique children receiving SMHS INCREASED by 862 (30.49%).

Penetration rate INCREASED by 1.26%.
Engagement rate INCREASED by 0.82%.

While the number of children in MediCal has grown by over 30% statewide, there are fewer children in foster care.
A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).
Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
- Yearly MHSA expenditures INCREASED by $1,160,911 (14.6%).
- Yearly MHSA revenue has INCREASED by $495,057 (7.7%).

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.
BACKGROUND INFORMATION

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- The childhood poverty rate is steady (net 0.06%).
- It is ABOVE the state rate by 9.55%.

- The County's HS graduation rate INCREASED by 3.23%
- It is ABOVE the state rate by 2.28%

- Total cases opened per year has DECREASED by 21.
- Probation data includes only children who received child welfare funded out-of-home care services.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 538 (12.8%).
- Enrollment b/c of Emotional Disturbance DECREASED by 0.1%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 4 (20.0%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

Chart 3

- Includes all 0-20 year old youth, not only those in foster care.

Chart 4

- Penetration rate INCREASED by 1.31%.
- Engagement rate INCREASED by 1.01%.

Chart 5

- The County's penetration rate for SMHS INCREASED by 1.31%
- The State's penetration rate DECREASED by 0.29%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).

» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $89,320 (5.3%).
• Yearly MHSA revenue has INCREASED by $562,368 (52.0%).
• Revenue increases have outpaced expenditure increases.

OVERALL TAKE-AWAYS
• There have been striking increases in utilization and acuity for children across the state.
• State and Federal Policy actions have increased MediCal Enrollment by over 30%.
• Penetration and access rates have declined from already low rates.
• Base non-federal revenues have increased significantly.
• The penetration and access rates for children in foster care have remained flat.
**BACKGROUND INFORMATION**

**Chart 10**

All Children and Youth Population Change by Race

- The changes in youth by race are mostly flat.
- Some probation cases were masked by source.
- Data include 0-20 year old residents.

**Chart 11**

All Children and Youth Receiving SMHS by Race

- The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

**Chart 12**

Childhood Poverty Rate

- The childhood poverty rate is steady (net 0.13%).
- It is BELOW the state rate by 6.0%.

**Chart 13**

High School Graduation Rate vs State

- The County's HS graduation rate INCREASED by 9.97%
- It is BELOW the state rate by 43.10%

**Chart 14**

Welfare and Probation-Supervised Child Welfare Cases Opened in a FY

- Total cases opened per year has DECREASED by 16.
- Probation data includes only children who received child welfare funded out-of-home care services.
- Some probation cases were masked by source.

**Chart 15**

Special Education & Emotional Disturbance Enrollment

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 34 (8.4%).
- Emotional Disturbance enrollment was masked by the data source.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 99 (20.8%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care.
• Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS INCREASED by 74 (8.34%).

• Penetration rate DECREASED by 0.00%.
• Engagement rate DECREASED by 0.00%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
- Yearly MHSA expenditures increased by $795,861 (11.8%).
- Yearly MHSA revenue has increased by $594,477 (10.1%).

For FY13–17, the County’s average Closing Balance of MHSA funds was $9,741,413.

The County’s Subaccount Allocation has increased by $1,019,071 (59.6%).

For FY14–18, the Subaccount Allocation increased by $162,861 (111%).

- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 12

• The childhood poverty rate is steady (net -0.10%).
• It is ABOVE the state rate by 7.37%.

Chart 13

• The County’s HS graduation rate INCREASED by 0.23%
• It is BELOW the state rate by 2.52%

Chart 14

• Total cases opened per year has DECREASED by 211.
• Probation data includes only children who received child welfare funded out-of-home care services.

Chart 15

• Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 215 (6.8%).
• Enrollment b/c of Emotional Disturbance INCREASED by 0.70%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 99 (20.8%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care.
Unique count is determined by SD/MC services billed.
Unique children receiving SMHS INCREASED by 74 (8.34%).

Penetration rate has remained unchanged.
Engagement rate has remained unchanged.

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).
Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

The County's penetration rate for SMHS DECREASED by 0.04%
The State's penetration rate DECREASED by 0.29%.
- Yearly MHSA expenditures INCREASED by $795,861 (11.8%).
- Yearly MHSA revenue has INCREASED by $594,477 (10.1%).

### Chart 6
**Total MHSA Subaccount Revenues and Expenditures (non-federal)**

<table>
<thead>
<tr>
<th></th>
<th>FY12-13</th>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHSA Revenues</td>
<td>$6,752</td>
<td>$5,173</td>
<td>$7,316</td>
<td>$6,109</td>
<td>$7,548</td>
</tr>
<tr>
<td>MHSA Expenditures</td>
<td>$5,870</td>
<td>$7,216</td>
<td>$5,879</td>
<td>$7,517</td>
<td>$6,464</td>
</tr>
</tbody>
</table>

### Chart 7
**Closing Balance of All MHSA Subaccounts**

<table>
<thead>
<tr>
<th></th>
<th>FY12-13</th>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,839</td>
<td>$10,839</td>
<td>$10,233</td>
<td>$10,018</td>
<td>$10,018</td>
<td></td>
</tr>
</tbody>
</table>

- For FY13-17, the County’s average Closing Balance of MHSA funds was $9,741,413.

### Chart 8
**Behavioral Health Subaccount Allocation (non-federal)**

<table>
<thead>
<tr>
<th></th>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
<th>FY17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,711</td>
<td>$1,795</td>
<td>$1,996</td>
<td>$2,528</td>
<td>$2,730</td>
<td></td>
</tr>
</tbody>
</table>

- The County’s Subaccount Allocation has INCREASED by $1,019,071 (59.6%).

### Chart 9
**Behavioral Health Subaccount Growth (non-federal)**

<table>
<thead>
<tr>
<th></th>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
<th>FY17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>$146</td>
<td>$433</td>
<td>$219</td>
<td>$306</td>
<td>$309</td>
<td></td>
</tr>
</tbody>
</table>

- For FY14-18, the Subaccount Allocation INCREASED by $162,861 (111%).

- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

### OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.10%).
It is ABOVE the state rate by 7.37%.

- Total cases opened per year has DECREASED by 211.
- Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 215 (6.8%).
Enrollment b/c of Emotional Disturbance INCREASED by 0.70%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 100 (0.5%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care.

Includes all 0-20 year old youth, not only those in foster care.

Penetration rate DECREASED by 0.14%.
Engagement rate DECREASED by 0.13%.

The County’s penetration rate for SMHS DECREASED by 0.14%
The State’s penetration rate DECREASED by 0.29%.

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).

Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $74,246,580 (16.2%).
• Yearly MHSA revenue has DECREASED by $12,407,534 (3.1%).

For FY13-17, the County’s average Closing Balance of MHSA funds was $572,444,701.

The County’s Subaccount Allocation has INCREASED by $88,635,794 (22.2%).

For FY14-18, the Subaccount Allocation INCREASED by $15,312,862 (149%).

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.09%).
- It is ABOVE the state rate by 2.49%.

Total cases opened per year has DECREASED by 1,993.
- Probation data includes only children who received child welfare funded out-of-home care services.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 9,948 (5.1%).
- Enrollment b/c of Emotional Disturbance DECREASED by 0.2%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS INCREASED by 1 (33.3%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care.
• Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS INCREASED by 53 (110.42%).

• Penetration rate INCREASED by 2.35%.
• Engagement rate INCREASED by 1.34%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $114,168 (6.9%).
• Yearly MHSA revenue has DECREASED by $773,703 (82.5%).

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• The childhood poverty rate is steady (net -0.43%).
• It is BELOW the state rate by 7.7%.

• Total cases opened per year has DECREASED by 13.
• Probation data includes only children who received child welfare funded out-of-home care services.

• Special Education enrollment has remained steady.
• Special Education enrollment has DECREASED by 6 (2.8%).
• Emotional Disturbance enrollment was masked by the data source.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS INCREASED by 5 (1.1%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care.
• Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS INCREASED by 957 (35.26%).

• Includes all 0-20 year old youth, not only those in foster care.

• Penetration rate INCREASED by 0.63%.
• Engagement rate INCREASED by 0.30%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures increased by $2,806,262 (15.0%).
Yearly MHSA revenue has increased by $2,625,163 (18.6%).

For FY13-17, the County’s average Closing Balance of MHSA funds was $18,021,670.

The County’s Subaccount Allocation has increased by $6,180,230 (73.2%).

For FY14-18, the Subaccount Allocation decreased by $536,364 (30%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
BACKGROUND INFORMATION

Chart 10

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

Chart 11

- The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

Chart 12

- The childhood poverty rate is steady (net -0.03%).
- It is ABOVE the state rate by 0.66%.

Chart 13

- The County's HS graduation rate INCREASED by 3.15%
- It is ABOVE the state rate by 1.74%

Chart 14

- Total cases opened per year has INCREASED by 100.
- Probation data includes only children who received child welfare funded out-of-home care services.

Chart 15

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 1,027 (11.7%).
- Enrollment b/c of Emotional Disturbance DECREASED by 0.1%.
- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 87 (3.5%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 576 (4.60%).

- Penetration rate DECREASED by 0.34%.
- Engagement rate DECREASED by 0.30%.

- While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

- An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $21,402,842 (16.5%).
• Yearly MHSA revenue has INCREASED by $38,399,278 (39.7%).
• Revenue increases have outpaced expenditure increases.

Chart 8

• The County’s Subaccount Allocation has INCREASED by $18,266,512 (58.5%).

Chart 9

• For FY14-18, the Subaccount Allocation DECREASED by $1,867,047 (35%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS

• There have been striking increases in utilization and acuity for children across the state.
• State and Federal Policy actions have increased MediCal Enrollment by over 30%.
• Penetration and access rates have declined from already low rates.
• Base non-federal revenues have increased significantly.
• The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

The childhood poverty rate is steady (net 0.04%).
• It is BELOW the state rate by 3.6%.

Chart 14
- Total cases opened per year has INCREASED by 245.
- Probation data includes only children who received child welfare funded out-of-home care services.

Chart 15
- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 4,016 (7.1%).
- Enrollment b/c of Emotional Disturbance INCREASED by 0.10%.
- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 69 (20.1%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 200 (24.30%).

Includes all 0-20 year old youth, not only those in foster care.

Penetration rate DECREASED by 1.01%.
- Engagement rate DECREASED by 0.68%.

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

- The County's penetration rate for SMHS DECREASED by 1.01%
- The State's penetration rate DECREASED by 0.29%.
• Yearly MHSA expenditures INCREASED by $2,483,577 (22.3%).
• Yearly MHSA revenue has INCREASED by $5,510,627 (68.2%).
• Revenue increases have outpaced expenditure increases.

• Mental Health Services Act receipts and reserves have grown.
• 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
• There have been striking increases in utilization and acuity for children across the state.
• State and Federal Policy actions have increased MediCal Enrollment by over 30%.
• Penetration and access rates have declined from already low rates.
• Base non-federal revenues have increased significantly.
• The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.03%).
It is BELOW the state rate by 10.0%.

Total cases opened per year has DECREASED by 120.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 916 (11.0%).
Enrollment b/c of Emotional Disturbance DECREASED by 0.5%.
**SACRAMENTO CHILDREN & YOUTH SERVICES DASHBOARD**

**Chart 1**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS **DECREASED** by 643 (19.7%).
- Statewide, eligible Foster Youth **INCREASED** by 3.0%.

**Chart 2**

- Includes 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS **DECREASED** by 444 (4.21%).

**Chart 3**

- Includes all 0-20 year old youth, not only those in foster care.

**Chart 4**

- Penetration rate **DECREASED** by 0.59%.
- Engagement rate **DECREASED** by 0.55%.

**Chart 5**

- The County's penetration rate for SMHS **DECREASED** by 0.59%
- The State's penetration rate **DECREASED** by 0.29%.

> While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

> A lower percentage of children eligible are touching the system at least once.

> An even lower percentage of children are in ongoing care (5 or more visits).

> Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures INCREASED by $9,349,080 (18.1%).
Yearly MHSA revenue has INCREASED by $12,689,739 (32.4%).
Revenue increases have outpaced expenditure increases.

For FY13-17, the County’s average Closing Balance of MHSA funds was $96,905,680.

The County’s Subaccount Allocation has INCREASED by $11,034,397 (22.0%).

For FY14-18, the Subaccount Allocation INCREASED by $2,152,561 (152%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
There have been striking increases in utilization and acuity for children across the state.
State and Federal Policy actions have increased MediCal Enrollment by over 30%.
Penetration and access rates have declined from already low rates.
Base non-federal revenues have increased significantly.
The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• The childhood poverty rate is steady (net 0.04%).
• It is ABOVE the state rate by 1.35%.

• Total cases opened per year has DECREASED by 364.
• Probation data includes only children who received child welfare funded out-of-home care services.

• The County's HS graduation rate INCREASED by 0.56%
• It is BELOW the state rate by 1.93%
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 1,337 (26.9%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care.
• Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS INCREASED by 336 (2.93%).

• Includes all 0-20 year old youth, not only those in foster care.

• Penetration rate DECREASED by 0.24%.
• Engagement rate DECREASED by 0.13%.

RIVERSIDE COUNTY
CHILDREN & YOUTH SERVICES DASHBOARD

Chart 1
Child Welfare Caseload and Foster Care SMHS Eligibility

- Foster SMHS Eligible
- CW Caseload

FY13-14: 6,718
FY14-15: 6,512
FY15-16: 5,910
FY16-17: 5,071

FY13-14: 4,962
FY14-15: 4,611
FY15-16: 4,216
FY16-17: 3,625

Chart 2
All Unique Children and Youth Receiving SMHS

- Youth Receiving SMHS
- Penetration Rate

FY13-14: 2.88%
FY14-15: 2.86%
FY15-16: 2.71%
FY16-17: 2.65%

Chart 3
All Children and Youth Receiving 1+ and 5+ SMHS

- Children w/ 1+ SMHS
- Children w/ 5+ SMHS

FY13-14: 11,478
FY14-15: 12,042
FY15-16: 11,958
FY16-17: 11,814

FY13-14: 7,703
FY14-15: 7,997
FY15-16: 8,024
FY16-17: 8,062

Chart 4
Penetration and Engagement Rates for All Children and Youth Receiving SMHS

- 1+ Penetration Rate
- 5+ Engagement Rate

FY13-14: 2.88%
FY14-15: 2.86%
FY15-16: 2.71%
FY16-17: 2.65%

FY13-14: 1.94%
FY14-15: 1.90%
FY15-16: 1.82%
FY16-17: 1.81%

Chart 5
All Children and Youth Penetration Rate of SMHS vs State

- Penetration Rate - County
- Penetration Rate - State

FY13-14: 4.42%
FY14-15: 4.28%
FY15-16: 4.13%
FY16-17: 4.13%

FY13-14: 2.88%
FY14-15: 2.86%
FY15-16: 2.71%
FY16-17: 2.65%

- The County's penetration rate for SMHS DECREASED by 0.24%
- The State's penetration rate DECREASED by 0.29%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures increased by $23,818,609 (31.6%).
Yearly MHSA revenue has increased by $17,692,688 (25.7%).

For FY13-17, the County's average closing balance of MHSA funds was $86,361,663.

The County's subaccount allocation has increased by $13,741,692 (51.6%).
For FY14-18, the subaccount allocation increased by $2,052,090 (100%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.01%).
It is ABOVE the state rate by 0.38%.

Total cases opened per year has DECREASED by 1,555.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 5,569 (10.2%).
Enrollment b/c of Emotional Disturbance DECREASED by 0.5%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS INCREASED by 1,282 (24.2%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care.
• Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS DECREASED by 1,004 (6.30%).

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $14,394,837 (17.1%).
• Yearly MHSA revenue has DECREASED by $6,795,803 (9.7%).

For FY13-17, the County’s average Closing Balance of MHSA funds was $93,782,966.

The County’s Subaccount Allocation has INCREASED by $19,792,665 (57.5%).

For FY14-18, the Subaccount Allocation INCREASED by $731,796 (19%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
• There have been striking increases in utilization and acuity for children across the state.
• State and Federal Policy actions have increased MediCal Enrollment by over 30%.
• Penetration and access rates have declined from already low rates.
• Base non-federal revenues have increased significantly.
• The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net 0.05%).
It is ABOVE the state rate by 4.32%.

Total cases opened per year has INCREASED by 223.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 3,509 (6.6%).
Enrollment b/c of Emotional Disturbance DECREASED by 0.2%.
CHILDREN & YOUTH SERVICES DASHBOARD

**Chart 1**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 1,054 (27.7%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

**Chart 2**

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 2,479 (14.30%).

**Chart 3**

- Includes all 0-20 year old youth, not only those in foster care.

**Chart 4**

- Penetration rate DECREASED by 0.99%.
- Engagement rate DECREASED by 0.72%.

**Chart 5**

- The County's penetration rate for SMHS DECREASED by 0.99%.
- The State's penetration rate DECREASED by 0.29%.

> While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

> A lower percentage of children eligible are touching the system at least once.

> An even lower percentage of children are in ongoing care (5 or more visits).

> Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
San Diego County Children & Youth Services Dashboard

- Yearly MHSA expenditures INCREASED by $20,490,923 (15.7%).
- Yearly MHSA revenue has INCREASED by $28,618,700 (23.7%).
- Revenue increases have outpaced expenditure increases.

Chart 6

- The County's Subaccount Allocation has INCREASED by $23,863,613 (50.2%).
- For FY13-17, the County's average Closing Balance of MHSA funds was $132,385,768.

Chart 7

OVERALL TAKE-AWAYS

- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

Chart 8

- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.

Chart 9
**BACKGROUND INFORMATION**

**Chart 10**

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

**Chart 11**

- The changes in youth by race are mostly flat.

**Chart 12**

- The childhood poverty rate is steady (net 0.06%).
- It is BELOW the state rate by 3.2%.

**Chart 13**

- The County’s HS graduation rate INCREASED by 1.37%.
- It is BELOW the state rate by 1.89%

**Chart 14**

- Total cases opened per year has DECREASED by 940.
- Probation data includes only children who received child welfare funded out-of-home care services.

**Chart 15**

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 9,182 (13.2%).
- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 297 (23.8%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS INCREASED by 155 (4.14%).

- Penetration rate INCREASED by 0.06%.
- Engagement rate DECREASED by 0.09%.

- While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

- An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

- The County’s penetration rate for SMHS INCREASED by 0.06%
- The State’s penetration rate DECREASED by 0.29%.
Yearly MHSA expenditures INCREASED by $4,446,755 (15.0%).
Yearly MHSA revenue has INCREASED by $6,013,821 (22.8%).
Revenue increases have outpaced expenditure increases.

The County's Subaccount Allocation has INCREASED by $11,956,190 (48.4%).

For FY13-17, the County's average Closing Balance of MHSA funds was $22,567,396.

For FY14-18, the Subaccount Allocation INCREASED by $3,727,893 (588%).

For FY12-13 FY13-14 FY14-15 FY15-16 FY16-17
$29,698 $23,077 $34,145 $23,735 $27,440
Thousands of Dollars

$26,319 $26,161 $32,669 $26,721 $32,333

MHSA Revenues MHSA Expenditures

$24,682 $25,896 $33,926 $36,638
Thousands of Dollars

FY13-14 FY14-15 FY15-16 FY16-17

$634 $1,558 $2,846 $4,362

$K

FY13-14 FY14-15 FY15-16 FY16-17

Behavioral Health Subaccount Allocation Growth (non-federal)

Behavioral Health Subaccount Allocation (non-federal)

OVERALL TAKE-AWAYS

There have been striking increases in utilization and acuity for children across the state.
State and Federal Policy actions have increased MediCal Enrollment by over 30%.
Penetration and access rates have declined from already low rates.
Base non-federal revenues have increased significantly.
The penetration and access rates for children in foster care have remained flat.

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.38%).
It is BELOW the state rate by 8.6%.

Total cases opened per year has DECREASED by 220.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 650 (8.5%).
Enrollment b/c of Emotional Disturbance INCREASED by 0.5%.
**San Joaquin County**

**Children & Youth Services Dashboard**

### Chart 1

**Child Welfare Caseload and Foster Care SMHS Eligibility**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 91 (5.3%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

### Chart 2

**All Unique Children and Youth Receiving SMHS**

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 530 (11.81%).

### Chart 3

**All Children and Youth Receiving 1+ and 5+ SMHS**

- Includes all 0-20 year old youth, not only those in foster care.

### Chart 4

**Penetration and Engagement Rates for All Children and Youth Receiving SMHS**

- Penetration rate DECREASED by 0.62%.
- Engagement rate DECREASED by 0.23%.

### Chart 5

**All Children and Youth Penetration Rate of SMHS vs State**

- The County's penetration rate for SMHS DECREASED by 0.62%
- The State's penetration rate DECREASED by 0.29%

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).

» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures INCREASED by $4,947,546 (18.3%).
Yearly MHSA revenue has INCREASED by $296,447 (1.3%).

Overall Takeaways
- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 10

All Children and Youth Population Change by Race

- The childhood poverty rate is steady (net -0.03%).
- It is ABOVE the state rate by 2.59%.

Chart 12

Childhood Poverty Rate

- Special Education enrollment has INCREASED by 2,120 (11.4%).
- Enrollment b/c of Emotional Disturbance DECREASED by 0.2%.

Chart 14

Welfare and Probation-Supervised Child Welfare Cases Opened in a FY

- Total cases opened per year has DECREASED by 4.
- Probation data includes only children who received child welfare funded out-of-home care services.

Chart 15

Special Education & Emotional Disturbance Enrollment

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 2,120 (11.4%).
- Enrollment b/c of Emotional Disturbance DECREASED by 0.2%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS INCREASED by 25 (6.3%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS INCREASED by 66 (4.28%).

• Penetration rate DECREASED by 0.13%.
• Engagement rate DECREASED by 0.23%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

The County's penetration rate for SMHS DECREASED by 0.13%
The State's penetration rate DECREASED by 0.29%.
**OVERALL TAKE-AWAYS**

- Yearly MHSA expenditures **INCREASED** by $1,604,967 (14.8%).
- Yearly MHSA revenue has **INCREASED** by $1,901,132 (21.8%).
- Revenue increases have outpaced expenditure increases.

- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.

- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

**Chart 6**

- **Total MHSA Subaccount Revenues and Expenditures (non-federal)**

  - FY12-13: $10,859
  - FY13-14: $8,441
  - FY14-15: $11,683
  - FY15-16: $9,813
  - FY16-17: $12,464

  - MHSA Revenues
  - MHSA Expenditures

**Chart 7**

- **Closing Balance of All MHSA Subaccounts**

  - FY12-13: $7,840
  - FY13-14: $7,276
  - FY14-15: $11,343
  - FY15-16: $11,937
  - FY16-17: $12,199

- For FY13-17, the County’s average Closing Balance of MHSA funds was $10,118,923.

**Chart 8**

- **Behavioral Health Subaccount Allocation (non-federal)**

  - FY13-14: $7,093
  - FY14-15: $7,442
  - FY15-16: $8,274
  - FY16-17: $8,664
  - FY17-18: $9,357

- The County’s Subaccount Allocation has **INCREASED** by $2,264,230 (31.9%).

**Chart 9**

- **Behavioral Health Subaccount Growth (non-federal)**

  - FY13-14: $158
  - FY14-15: $807
  - FY15-16: $374
  - FY16-17: $539
  - FY17-18: $507

- For FY14-18, the Subaccount Allocation **INCREASED** by $349,120 (221%).
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.09%).
It is BELOW the state rate by 7.9%.

Total cases opened per year has DECREASED by 9.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 311 (6.8%).
Enrollment b/c of Emotional Disturbance DECREASED by 0.5.
**San Mateo County**

**Children & Youth Services Dashboard**

**Chart 1**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 87 (22.8%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

**Chart 2**

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 681 (25.98%).

**Chart 3**

- Includes all 0-20 year old youth, not only those in foster care.

**Chart 4**

- Penetration rate DECREASED by 1.45%.
- Engagement rate DECREASED by 0.70%.

**Chart 5**

- The County’s penetration rate for SMHS DECREASED by 1.45%
- The State’s penetration rate DECREASED by 0.29%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).

» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $4,152,801 (15.9%).
• Yearly MHSA revenue has INCREASED by $615,372 (2.6%).

• The County's Subaccount Allocation has INCREASED by $5,930,607 (77.0%).

• For FY13-17, the County's average Closing Balance of MHSA funds was $17,733,556.
• For FY14-18, the Subaccount Allocation DECREASED by $373,628 (26%).

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
San Mateo County Children & Youth Services Dashboard

Background Information

• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

Chart 10

All Children and Youth Population Change by Race

- Special Education enrollment has INCREASED by 798 (7.3%).
- Enrollment b/c of Emotional Disturbance INCREASED by 0.2%.

Some recipient numbers were masked by source.

The changes in youth by race are mostly flat.

Data include 0‐20 year old residents.

The childhood poverty rate is steady (net 0.02%).
- It is BELOW the state rate by 9.6%.

Chart 12

Childhood Poverty Rate

- The County’s H.S graduation rate DECREASED by -0.67%
- It is ABOVE the state rate by 4.78%

Chart 13

High School Graduation Rate vs State

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 798 (7.3%).
- Enrollment b/c of Emotional Disturbance INCREASED by 0.2%.

Chart 14

Welfare and Probation-Supervised Child Welfare Cases Opened in a FY

- Total cases opened per year has DECREASED by 224.
- Probation data includes only children who received child welfare funded out-of-home care services.

Chart 15

Special Education & Emotional Disturbance Enrollment
**Chart 1**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 142 (24.6%).
- Statewide, eligible Foster Youth INCREASED by 3.0%

**Chart 2**

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS INCREASED by 86 (3.77%).

**Chart 3**

- Includes all 0-20 year old youth, not only those in foster care.

**Chart 4**

- Penetration rate DECREASED by 0.31%.
- Engagement rate DECREASED by 0.56%.

**Chart 5**

- The County's penetration rate for SMHS DECREASED by 0.31%
- The State's penetration rate DECREASED by 0.29%

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).

» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $3,320,632 (18.0%).
• Yearly MHSA revenue has INCREASED by $788,744 (3.9%).

- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Some recipient numbers were masked by source.

The childhood poverty rate is steady (net 0.01%).
It is BELOW the state rate by 2.7%.

Total cases opened per year has DECREASED by 237.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 326 (4.1%).
Enrollment b/c of Emotional Disturbance INCREASED by 0.8%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 303 (20.6%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care.
• Statewide, eligible Foster Youth INCREASED by 1,627 (18.24%).

• Penetration rate INCREASED by 0.75%.
• Engagement rate INCREASED by 0.52%.

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).
Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

The County’s penetration rate for SMHS INCREASED by 0.75%
The State’s penetration rate DECREASED by 0.29%.
Yearly MHSA expenditures INCREASED by $11,117,174 (15.1%).
Yearly MHSA revenue has INCREASED by $21,685,132 (36.6%).
Revenue increases have outpaced expenditure increases.

Over the years, there have been striking increases in utilization and acuity for children across the state. State and Federal Policy actions have increased MediCal Enrollment by over 30%. Penetration and access rates have declined from already low rates. Base non-federal revenues have increased significantly. The penetration and access rates for children in foster care have remained flat.

Overall Take-Aways

- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.
BACKGROUND INFORMATION

Chart 10

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

Chart 11

- The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

Chart 12

- The childhood poverty rate is steady (net -0.06%).
- It is BELOW the state rate by 9.0%.

Chart 13

- The County’s H.S graduation rate INCREASED by 1.47%
- It is ABOVE the state rate by 2.27%

Chart 14

- Total cases opened per year has DECREASED by 2.
- Probation data includes only children who received child welfare funded out-of-home care services.

Chart 15

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 2,499 (8.2%).
- Enrollment b/c of Emotional Disturbance INCREASED by 0.1%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 51 (17.2%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS DECREASED by 378 (19.08%).

• Penetration rate DECREASED by 1.34%.
• Engagement rate DECREASED by 0.97%.

• The County's penetration rate for SMHS DECREASED by 1.34%.
• The State's penetration rate DECREASED by 0.29%.

> While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
> A lower percentage of children eligible are touching the system at least once.

> An even lower percentage of children are in ongoing care (5 or more visits).
> Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures INCREASED by $1,610,093 (13.7%).
Yearly MHSA revenue has INCREASED by $3,691,244 (41.6%).
Revenue increases have outpaced expenditure increases.

For FY13-17, the County's average Closing Balance of MHSA funds was $8,709,152.

The County's Subaccount Allocation has INCREASED by $396,602 (3.8%).

For FY14-18, the Subaccount Allocation INCREASED by $473,769 (237%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net 0.07%).
It is BELOW the state rate by 4.6%.

Total cases opened per year has DECREASED by 20.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 341 (6.2%).
**Chart 1**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 158 (24.3%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

**Chart 2**

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 409 (22.70%).

**Chart 3**

- Includes all 0-20 year old youth, not only those in foster care.

**Chart 4**

- Penetration rate DECREASED by 1.81%.
- Engagement rate DECREASED by 1.31%.

**Chart 5**

- The County's penetration rate for SMHS DECREASED by 1.81%
- The State's penetration rate DECREASED by 0.29%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).

» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
• Yearly MHSA expenditures INCREASED by $1,099,089 (14.2%).
• Yearly MHSA revenue has INCREASED by $2,124,203 (30.2%).
• Revenue increases have outpaced expenditure increases.

OVERALL TAKE-AWAYS
• There have been striking increases in utilization and acuity for children across the state.
• State and Federal Policy actions have increased MediCal Enrollment by over 30%.
• Penetration and access rates have declined from already low rates.
• Base non-federal revenues have increased significantly.
• The penetration and access rates for children in foster care have remained flat.

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net 0.27%).
It is ABOVE the state rate by 4.28%.

Total cases opened per year has DECREASED by 23.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 346 (10.2%).
Enrollment b/c of Emotional Disturbance INCREASED by 0.9%. 

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible INCREASED by 1.
- Statewide, eligible Foster Youth INCREASED by 3.0%.

- Includes all 0-20 year old youth, not only those in foster care.
- Population receiving SMHS were masked by source.

- While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

- An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

- Population receiving SMHS were masked by source.
- The State’s penetration rate DECREASED by 0.29%.
• Yearly MHSA expenditures INCREASED by $28,472 (1.9%).
• Yearly MHSA revenue has INCREASED by $408,042 (56.5%).
• Revenue increases have outpaced expenditure increases.

OVERALL TAKE-AWAYS

» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
• The changes in youth by race are mostly flat.
• Data include 0-20 year old residents.

• The childhood poverty rate is steady (net -0.02%).
• It is BELOW the state rate by 8.8%.

• Total cases opened per year has DECREASED by 7.
• Probation data includes only children who received child welfare funded out-of-home care services.
• Probation cases were masked by the source data.

• Special Education enrollment continues to climb.
• Special Education enrollment has INCREASED by 4 (9.5%).
• Emotional Disturbance enrollment was masked by source.
**Chart 1**

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 32 (22.7%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

**Chart 2**

- Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 6 (2.18%).

**Chart 3**

- Includes all 0-20 year old youth, not only those in foster care.

**Chart 4**

- Penetration rate DECREASED by 0.51%.
- Engagement rate DECREASED by 0.69%.

**Chart 5**

- The County’s penetration rate for SMHS DECREASED by 0.51%
- The State’s penetration rate DECREASED by 0.29%

*While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.*

*A lower percentage of children eligible are touching the system at least once.*

*An even lower percentage of children are in ongoing care (5 or more visits).*

*Already low penetration rates have declined in almost all counties as the number of eligible children has increased.*
• Yearly MHSA expenditures INCREASED by $274,360 (9.9%).
• Yearly MHSA revenue has INCREASED by $1,078,241 (53.9%).
• Revenue increases have outpaced expenditure increases.

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
» There have been striking increases in utilization and acuity for children across the state.
» State and Federal Policy actions have increased MediCal Enrollment by over 30%.
» Penetration and access rates have declined from already low rates.
» Base non-federal revenues have increased significantly.
» The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

The childhood poverty rate is steady (net 0.16%).
- It is ABOVE the state rate by 5.52%.

Total cases opened per year has INCREASED by 2.
- Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 69 (9.9%).
- Enrollment b/c of Emotional Disturbance DECREASED by 0.5%.
- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS DECREASED by 32 (6.2%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS DECREASED by 199 (11.06%).

- Penetration rate DECREASED by 0.75%.
- Engagement rate DECREASED by 0.56%.

- The County's penetration rate for SMHS DECREASED by 0.75%.
- The State's penetration rate DECREASED by 0.29%.

- While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

- An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures increased by $2,255,907 (13.9%).
Yearly MHSA revenue has increased by $4,231,454 (30.6%).
Revenue increases have outpaced expenditure increases.

For FY13-17, the County’s average Closing Balance of MHSA funds was $21,549,718.

The County’s Subaccount Allocation has increased by $4,207,975 (41.2%).

For FY14-18, the Subaccount Allocation increased by $454,290 (146%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

There have been striking increases in utilization and acuity for children across the state.
State and Federal Policy actions have increased MediCal Enrollment by over 30%.
Penetration and access rates have declined from already low rates.
Base non-federal revenues have increased significantly.
The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net -0.13%).
It is BELOW the state rate by 3.4%.

Total cases opened per year has DECREASED by 61.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 200 (2.6%).
Enrollment b/c of Emotional Disturbance DECREASED by 1.2%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS INCREASED by 78 (9.3%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS DECREASED by 187 (4.39%).

Includes all 0-20 year old youth, not only those in foster care.

Penetration rate DECREASED by 0.60%.
• Engagement rate DECREASED by 0.38%.

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
• A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).
• Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

The County’s penetration rate for SMHS DECREASED by 0.60%
• The State’s penetration rate DECREASED by 0.29%.
Yearly MHSA expenditures INCREASED by $3,187,319 (15.4%).

Yearly MHSA revenue has INCREASED by $7,762,730 (51.3%).

Revenue increases have outpaced expenditure increases.

For FY13-17, the County's average Closing Balance of MHSA funds was $25,255,340.

The County's Subaccount Allocation has INCREASED by $4,817,559 (44.3%).

For FY14-18, the Subaccount Allocation INCREASED by $566,391 (84%).

Mental Health Services Act receipts and reserves have grown.

2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS

- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
BACKGROUND INFORMATION

**Chart 10**

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

**Chart 11**

- The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

**Chart 12**

- The childhood poverty rate is steady (net 0.19%).
- It is ABOVE the state rate by 2.10%.

**Chart 13**

- The County’s HS graduation rate INCREASED by 1.75%
- It is ABOVE the state rate by 0.90%

**Chart 14**

- Total cases opened per year has DECREASED by 135.
- Probation data includes only children who received child welfare funded out-of-home care services.

**Chart 15**

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 934 (6.7%).
- Enrollment b/c of Emotional Disturbance INCREASED by 0.1%.
While the number of children in MediCal has grown by over 30% statewide, there are fewer children in foster care.

A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).

Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures INCREASED by $396,390 (12.4%).
Yearly MHSA revenue has INCREASED by $1,586,613 (74.9%).
Revenue increases have outpaced expenditure increases.

For FY13-17, the County’s average Closing Balance of MHSA funds was $2,834,498.

The County’s Subaccount Allocation has INCREASED by $401,668 (25.4%).

For FY14-18, the Subaccount Allocation INCREASED by $87,464 (120%).

Mental Health Services Act receipts and reserves have grown.
2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
The changes in youth by race are mostly flat.
Data include 0-20 year old residents.

The childhood poverty rate is steady (net 0.61%).
It is ABOVE the state rate by 9.11%.

Total cases opened per year has DECREASED by 75.
Probation data includes only children who received child welfare funded out-of-home care services.

Special Education enrollment continues to climb.
Special Education enrollment has INCREASED by 227 (15.8%).
Enrollment b/c of Emotional Disturbance INCREASED by 0.5%.
Engagement penetration statewide, includes chart.

- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS INCREASED by 45 (4.0%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.

Unique children receiving SMHS INCREASED by 2 (1.39%).

While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.

A lower percentage of children eligible are touching the system at least once.

An even lower percentage of children are in ongoing care (5 or more visits).

Already low penetration rates have declined in almost all counties as the number of eligible children has increased.
Yearly MHSA expenditures INCREASED by $3,163,247 (16.0%).
Yearly MHSA revenue has INCREASED by $8,182,296 (58.2%).
Revenue increases have outpaced expenditure increases.

- The County’s Subaccount Allocation has INCREASED by $8,012,168 (46.1%).
- For FY14-18, the Subaccount Allocation DECREASED by $809,960 (37%).

- For FY13-17, the County’s average Closing Balance of MHSA funds was $38,451,368.
- Mental Health Services Act receipts and reserves have grown.
- 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.
- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

- The childhood poverty rate is steady (net -0.19%).
- It is ABOVE the state rate by 14.07%.

- Total cases opened per year has DECREASED by 152.
- Probation data includes only children who received child welfare funded out-of-home care services.

- Special Education enrollment continues to climb.
- Special Education enrollment has INCREASED by 1,854 (19.9%).
- Enrollment b/c of Emotional Disturbance INCREASED by 0.1%.
• Foster Youth certified eligible for SMHS.
• Foster Youth eligible for SMHS DECREASED by 102 (10.2%).
• Statewide, eligible Foster Youth INCREASED by 3.0%.

• Includes all 0-20 year old youth, not only those in foster care. Unique count is determined by SD/MC services billed.
• Unique children receiving SMHS INCREASED by 510 (13.69%).

• Penetration rate INCREASED by 0.15%.
• Engagement rate INCREASED by 0.01%.

» While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
» A lower percentage of children eligible are touching the system at least once.

» An even lower percentage of children are in ongoing care (5 or more visits).
» Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

The County’s penetration rate for SMHS INCREASED by 0.15%
The State’s penetration rate DECREASED by 0.29%.
• Yearly MHSA expenditures INCREASED by $6,856,884 (22.0%).
• Yearly MHSA revenue has DECREASED by $3,888,297 (10.6%).

• Mental Health Services Act receipts and reserves have grown.
• 2011 Realignment has doubled in most jurisdictions.

OVERALL TAKE-AWAYS
• There have been striking increases in utilization and acuity for children across the state.
• State and Federal Policy actions have increased MediCal Enrollment by over 30%.
• Penetration and access rates have declined from already low rates.
• Base non-federal revenues have increased significantly.
• The penetration and access rates for children in foster care have remained flat.
Special Education enrollment has INCREASED by 1,128 (6.7%).
• Enrollment b/c of Emotional Disturbance INCREASED by 0.2%.

The childhood poverty rate is steady (net 0.22%).
• It is BELOW the state rate by 5.0%.

The County’s HS graduation rate INCREASED by 2.89%
• It is ABOVE the state rate by 3.12%

Total cases opened per year has DECREASED by 75.
• Probation data includes only children who received child welfare funded out-of-home care services.
- Foster Youth certified eligible for SMHS.
- Foster Youth eligible for SMHS INCREASED by 10 (4.7%).
- Statewide, eligible Foster Youth INCREASED by 3.0%.

- Includes all 0-20 year old youth, not only those in foster care.
- Unique count is determined by SD/MC services billed.
- Unique children receiving SMHS INCREASED by 55 (4.77%).

- Penetration rate DECREASED by 0.22%.
- Engagement rate DECREASED by 0.29%.

- While the number of children in MediCal has grown by over 30% state wide, there are fewer children in foster care.
- A lower percentage of children eligible are touching the system at least once.

- An even lower percentage of children are in ongoing care (5 or more visits).
- Already low penetration rates have declined in almost all counties as the number of eligible children has increased.

- The County's penetration rate for SMHS DECREASED by 0.22%
- The State's penetration rate DECREASED by 0.29%.
- Yearly MHSA expenditures INCREASED by $689,508 (9.1%).
- Yearly MHSA revenue has DECREASED by $274,310 (3.8%).

**OVERALL TAKE-AWAYS**

- There have been striking increases in utilization and acuity for children across the state.
- State and Federal Policy actions have increased MediCal Enrollment by over 30%.
- Penetration and access rates have declined from already low rates.
- Base non-federal revenues have increased significantly.
- The penetration and access rates for children in foster care have remained flat.

» Mental Health Services Act receipts and reserves have grown.
» 2011 Realignment has doubled in most jurisdictions.
BACKGROUND INFORMATION

Chart 10

- The changes in youth by race are mostly flat.
- Data include 0-20 year old residents.

Chart 11

- The changes in youth by race are mostly flat.
- Some recipient numbers were masked by source.

Chart 12

- The childhood poverty rate is steady (net 0.13%).
- It is ABOVE the state rate by 5.24%.

Chart 13

- The County’s HS graduation rate DECREASED by -0.33%
- It is BELOW the state rate by 7.94%

Chart 14

- Total cases opened per year has DECREASED by 73.
- Probation data includes only children who received child welfare funded out-of-home care services.

Chart 15

- Special Education enrollment continues to climb.
- Special Education enrollment has DECREASED by 17 (0.8%).
- Enrollment b/c of Emotional Disturbance DECREASED by 0.5%.
Appendix A: Data Sources and Notes

All data included here represent the most recent data available from the primary source as of the retrieval date. In some cases, it is noted that the data are several years old, although it is the latest available. It is also possible that source data has been updated since the retrieval date.

**Chart 1: Children and Youth; Foster Care Eligibility vs Child Welfare Caseload**

This chart shows the total number of foster children and youth eligible for Medi-Cal funded SMHS in the county. Foster care enrollment is comprised of children and youth who are removed from their home by a county agency. This number does not include beneficiaries that receive SMHS through in-home services.


*Some counties did not have reports available at DHCS.*

**Chart 2: All Unique Children and Youth Receiving SMHS**

This number shows the number of children and youth in the county receiving at least one encounter under the SMHS/EPSDT benefit. Unduplicated (“unique”) count of beneficiaries receiving SMHS is identified by SD/MC claims for Specialty Mental Health Services. The penetration rate is that number divided by the total population of eligible children.


*The sample size in some counties for some fiscal years is too small to report.*

**Chart 3: All Children and Youth Receiving 1+ and 5+ SMHS**

This chart displays the total number of children and youth in the county who received at least one Specialty Mental Health Service during the year, and the number who received five or more such services during the year.


*The sample size in some counties for some fiscal years is too small to report.*

**Chart 4: Penetration and Engagement Rates for All Children and Youth Receiving SMHS**

This chart shows the Penetration Rate and Engagement Rate for all children and youth in the county eligible for Medi-Cal services.


*The sample size in some counties for some fiscal years is too small to report.*

**Chart 5: All Children and Youth Penetration Rate of SMHS vs State**

This chart displays the percentage of eligible children and youth who received at least one service under the SMHS benefit as compared to the state levels. Data includes 1-20 year olds.


*The sample size in some counties for some fiscal years is too small to report.*

**Chart 6: Total MHSA Subaccount Revenues and Expenditures (non-federal)**

Revenue figures include MHSA-related revenue reported in County Annual Revenue and Expense Reports (RERs), including MHSA fund distributions and local interest earnings on those distributions. (In FY15-16 RERs, interest was only reported as a total and not by MHSA component as in previous and subsequent years.)

Expenditures represent MHSA-funded programs costs from various programs. (Counties are required to report as expenditures the costs of any goods or services received during the reporting period, whether those costs have yet been paid or invoiced. Hence, reported expenditures may not include contractual encumbrances or other obligations for future expenditures.)


*Yuba County data is the total of Sutter and Yuba, per the MHSOAC reporting standard.*
Chart 7: Closing Balance of All MHSA Subaccounts
This chart depicts the year end closing balances of the county’s total MHSA funded services. It includes the state required cash savings and all other unspent MHSA allocations.
* Yuba County data is the total of Sutter and Yuba, per the MHSAOAC reporting standard.

Chart 8: Behavioral Health Subaccount Allocation (non-federal)
This chart displays the amount of state dollars provided per year to the county for delivery of Specialty Mental Health Services to children and youth.
* Yuba County data is the total of Sutter and Yuba, per the MHSAOAC reporting standard.

Chart 9: Behavioral Health Subaccount Growth (non-federal)
The chart shows the year over year increase or decrease in state Medicaid dollars provided to the county for all youth.
* Yuba County data is the total of Sutter and Yuba, per the MHSAOAC reporting standard.

Chart 10: All Children and Youth Population Change by Race
This chart displays the total children and youth population provided by the California Department of Finance annual population estimates. Data includes residents that are 1-20 years old.
* Some figures are masked by the source data to prevent possible identification of recipients.

Chart 11: All Children and Youth Receiving Services by Race
The chart displays the total number of children and youth in the county who are receiving Specialty Mental Health Services under the EPSDT entitlement over the last four years.
* Some figures are masked by the source data to prevent possible identification of recipients.

Chart 12: Change in Childhood Poverty Rate
This chart shows any change over the last four years in the number of children living at or below the federal poverty level.

Chart 13: High School Graduation Rate vs State
This data represents the percentage of all youth in the county successfully completing public high school as a four-year adjusted cohort, meaning students receiving a HS diploma as a percentage of the number of students entering 9th grade, adjusted for departures and entries during those four years.

Chart 14: Welfare and Probation Supervised Child Welfare Cases Opened in FY
The chart provides detail on welfare and/or probation supervised child welfare case openings for a specified year. It does not provide data on all children who received juvenile probation services. It only provides data on those probation-served children who received child welfare funded out-of-home care services.

Chart 15: Special Education & Emotional Disturbance Enrollment
This chart shows both the total number of students with an active IEP, and of that number, the students who received services that had an Emotional Disturbance identification. The line graph is students with an ED diagnosis as a percentage of all students in Special Education.
Appendix B: Glossary of Terms and Acronyms

Childhood Poverty Rate Calculation
Childhood poverty rate is calculated by dividing the number of youth in an identified area as being in poverty by the number of all youth in the same area. Poverty data from the U.S. Census Bureau’s American Community Survey (ACS) and population data from The California Department of Finance. Source: [http://cssr.berkeley.edu/ucb_childwelfare/PopulationPoverty.aspx](http://cssr.berkeley.edu/ucb_childwelfare/PopulationPoverty.aspx)

County Behavioral Health Subaccount Allocation
State funds provided to counties to provide Medi-Cal Specialty Mental Health Services (SMHS), including the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, and the following Substance Use Disorder programs: Drug Medi-Cal (DMC), Non-DMC, Drug Court Operations and Services, and Perinatal Drug Services and Treatment. The Medi-Cal SMHS program, including the EPSDT benefit, and the DMC program are federal entitlements. Counties are required to provide all SMHS and DMC services to which Medi-Cal beneficiaries are entitled without caps. The Department of Finance (DOF), in consultation with the Department of Health Care Services and the California State Association of Counties, has selected a standard methodology, called the rolling base methodology, for calculating the allocation schedule for the Behavioral Health Subaccount. Source: ACIL

Emotional Disturbance
Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: An inability to learn which cannot be explained by intellectual, sensory, or health factors; An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; Inappropriate types of behavior or feeling under normal circumstances; A general pervasive mood of unhappiness or depression; or A tendency to develop physical symptoms or fears associated with personal or school problems. The term does not include children who are socially maladjusted, unless it is determined that they exhibit one or more of the above characteristics. Source: [https://data1.cde.ca.gov/dataquest/dataquest.asp](https://data1.cde.ca.gov/dataquest/dataquest.asp)

Engagement Rate Calculation
The engagement rate is intended to measure ongoing engagement with the specialty mental health system. It is calculated by taking the total number of children and youth who received five (5) or more SMHS’ in a FY and dividing that by the total number of Medi-Cal eligible children and youth for that FY. Source: [https://data1.cde.ca.gov/dataquest/dataquest.asp](https://data1.cde.ca.gov/dataquest/dataquest.asp)

FY: Fiscal Year
California State government operates on a fiscal year running from July 1st to June 30th. Source: [https://www.dhcs.ca.gov/services/MH/Documents/OCW00-20180625-Statewide-SUPFinal.pdf](https://www.dhcs.ca.gov/services/MH/Documents/OCW00-20180625-Statewide-SUPFinal.pdf)

MHSA Funds: Mental Health Services Act Funds
California voters passed the Mental Health Services Act in November 2004, providing increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. The act imposes a 1% income tax on personal income in excess of $1 million. Much of the funding will be provided to county mental health programs to fund programs consistent with their local plans. Additional MHSA resources are managed and distributed by the state’s MHSA Oversight and Accountability Commission. Source: [https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx)
Closing Balance of MHSA Funds

Revenue and Expenditure Reports (RERs) are submitted annually by counties to the MHSOAC and provide fund balance statements only for County distributions specifically from MHSA funds (including any interest earned). The RERs contain the MHSA revenues they receive, the expenditures they make on MHSA programs (including other funding sources, such as Medi-Cal Federal Financial Participation, Realignment funds, and other funding sources), and the end-of-year MHSA funds left over (“Closing Balance”).

Counties are required to hold a portion of their MHSA funds in a “Prudent Reserve” account. These funds are available for expenditure only upon certification of extraordinary financial circumstances by the Department of Health Care Services.

Source: [https://mhsoac.ca.gov/fiscalreporting-tool](https://mhsoac.ca.gov/fiscalreporting-tool)

Penetration Rate Calculation

Penetration rates provide a measure of initial contact with the specialty mental health system. The penetration rate is calculated by taking the total number of children and youth who received one (1) or more SMHS in a FY and dividing that by the total number of Medi-Cal eligible children and youth for that FY. This does not include non-specialty mental health services provided in Medi-Cal Managed Care System.

Source: [https://data1.cde.ca.gov/dataquest/dataquest.asp](https://data1.cde.ca.gov/dataquest/dataquest.asp)

SD/MC

The Short-Doyle/Medi-Cal claim process system allows Counties to obtain reimbursement of funds for medically necessary SMHS provided to Medi-Cal-eligible beneficiaries and also to Healthy Families subscribers diagnosed as Seriously Emotionally Disturbed (SED). The DHCS Mental Health Services Division oversees the SDMC claim processing system.

Source: [https://www.dhcs.ca.gov/services/MH/Pages/MH-Medi-CalMentalHealthPolicy(MCMHP)Background.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MH-Medi-CalMentalHealthPolicy(MCMHP)Background.aspx)

Special Education

Intellectual Disability (MR), Hard of Hearing (HH), Deaf (DEAF), Speech or Language Impairment (SLI), Visual Impairment (VI), Emotional Disturbance (ED), Orthopedic Impairment (OI), Other Health Impairment (OHI), Specific Learning Disability (SLD), Deaf-Blindness (DB), Multiple Disability (MD), Autism (AUT), and Traumatic Brain Injury (TBI) count as special education.

Source: [https://www.dhcs.ca.gov/services/MH/Documents/00-20190304-Statewide-SUP-Final.pdf](https://www.dhcs.ca.gov/services/MH/Documents/00-20190304-Statewide-SUP-Final.pdf)

SMHS: Specialty Mental Health Services

Medi-Cal Specialty Mental Health Services (SMHS) are special health care services for people with a mental illness or emotional problems that a regular doctor cannot treat. These services include crisis counseling, individual/group/family therapy, medication management, and recovery services.

The SMHS program is “carved-out” of the broader Medi-Cal program and operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act. As the single state Medicaid agency, DHCS is responsible for administering the Medi-Cal SMHS Waiver Program which provides SMHS to Medi-Cal beneficiaries through County Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries in their counties that meet medical necessity criteria, consistent with the beneficiaries’ mental health treatment needs and goals.

Source: [https://www.dhcs.ca.gov/services/MH/Documents/00-20190304-Statewide-SUP-Final.pdf](https://www.dhcs.ca.gov/services/MH/Documents/00-20190304-Statewide-SUP-Final.pdf)

1+ SMHS

Children and Youth with an Open Child Welfare Case receiving 1 or more SMHS in a fiscal year, as established in Medicaid claims data.

5+ SMHS

Children and Youth with an Open Child Welfare Case receiving 5 or more SMHS in a fiscal year, as established in Medicaid claims data.

YOY: Year Over Year

Year over year calculations examine the change of a metric from one year to the next. The net change between the second and first year is divided by the number from the first year, creating a percentage change from one year to the next.